

Treatment Officer Network

Meeting 28 April 2020

<https://napwha.org.au/treatment-officer-network-2020/>

Dr Liz Crock (HIV Clinical Nurse Consultant) provided members with a question and answer (Q&A) session that allows members to better understand the referral processes and navigating social services for ancillary care arrangements for clients living with HIV.

Dr. Liz Crock commences the session by providing a snapshot of her role as one of five nurses specialising in HIV care at [Bolton Clarke](#) (a not-for-profit aged-care health provider; and merger of RSL Care in Queensland and what was formerly the RDNS – Royal District Nursing Service in Victoria). This HIV team also works under the organisation’s umbrella of ‘Homeless Persons’ program comprising a further 40 nurses across Melbourne (co-located in homelessness services; drug and alcohol services). It also links into a general service of 1,000 nurses across Melbourne and the Mornington Peninsula – where daily nurse visits for room care, diabetes, continence issues – can be accessed.

Liz also explains how Bolton Clarke’s services, such as the 24-hour nursing support line – are fully integrated with the HIV community services at [Thorne Harbour Health](#) (formerly the Victorian AIDS Council) – including medical transport, legal and counselling support. Referrals into the HIV care program can come from anywhere – GPs, partners, and even self-referral.

This shared care model of case management is more often represented with complex-HIV clients – with 2,000 clients at any one time; and 50% being long-term HIV survivors, some who can be isolated and have multiple co-morbidities. The client base represents a diverse population – from refugees and asylum seekers; women; about 15% with housing or homeless issues.

NAPWHA [at 07:00 min]: *What is emerging [for clients] at the pointy end [during this COVID-19 global outbreak] with social isolation?*

Liz explains that with the approaching COVID-19 lockdown restrictions, her team could predict and make a list of clients who would be most affected – cases where people were getting anxious or panicking; not wanting to go out to their doctor; people with mental health issues.

With Thorne Harbour Health, Liz’s HIV team were able to put in measures very quickly – putting a plan for certain clients, including daily visits. She reports that Campbell [Thorne Harbour Health’s Community Support Liaison] has been receiving less calls in the past weeks it seems that clients have settled down [into the lockdown].

Liz says that ‘overall – things have seemed to calm down now’ – however, she anecdotally recounts one phone call that her HIV team received after-hours from one client – a refugee women of non-English speaking background – who they thought was having a psychotic episode. however, it turned out that after getting in an interpreter, the team realised that the woman was reacting to her mother who had freaked out when she came home with grocery shopping that day, shrieking, “you came back with the virus.” The police had been called.

National Association of People with HIV Australia

NAPWHA is Australia’s peak non-government organisation representing community-based groups of people with HIV. Its membership of national networks and state-based organisations reflects the diverse make-up of the HIV-positive community and enables NAPWHA to confidently represent the positive voice in Australia.

Kirsty Machon question [at 10:00 min]: *What is the plan for someone [a client] who is quite isolated?*

[During COVID19 lockdown] Liz informs that her HIV Team (and/or volunteers from Thorne Harbour) are still conducting daily visits for some clients; and transport is still happening through Thorne Harbour Health [in Melbourne]. With some of the clients already living in an isolated way, there is very minimal COVID19 transmission risk, and masks are occasionally worn.

Thorne Harbour's Positive Living Centre pantry service is doing food drops for some clients. Other agencies – such as Church-run services in Melbourne suburbs – are also doing food parcels for the community.

Kirsty Machon question [at 13:30 min]: *How are similar referral HIV service pathways doing in other States and Territories [during this lockdown time]?*

Liz answers by saying that she had recently spoken with other nursing services in Sydney and Brisbane in this regard. Not all States and Territories are as well funded in these HIV shared-care services – Northern Territory, for instance where HIV services are not that extensive, or where HIV nurse-specific services aren't funded. Sydney does have that shared-care network, however, it's geographically concentrated to the innercity. There is a similar HIV Nurse team service in South Australia – [RDNS \(Silver Chain\)](#) in Adelaide.

NAPWHA [at 16:00 min]: *What is the future role of Nurse Practitioners in their scope of care?*

Liz prefaces that she qualified as a Nurse Practitioner 12 months ago but hasn't yet been employed as one as yet.

Nurse Practitioners have been previously able to prescribe ARVs to the extent of HIV PEP and PrEP. Recent changes, commencing 1 April 2020, [Nurse Practitioners are included as authorised prescribers for HIV, hepatitis B and hepatitis C medicines](#) if they complete Community Prescribing of Section 100 HIV accreditation training (this continuing medical education can be obtained through ASHM – a recognised national education-provider). There is, however, a waitlist for this training [which will mean that it will be a few months before NPs start S100 Prescribing] – and there are also other complications as the ASHM training curriculum is transposed from face-to-face model to online training during this COVID-19 era.

Liz explains that one of possible areas of practice for NPs could be, for instance, flu vaccinations. Another is outreach services (with the homeless) for COVID19 testing.

Liz continues to say that in terms of day-to-day work – Nurse Practitioners could be streamlining processes, e.g. writing medical charts in lieu of or in collaboration with a hospital doctor or GP, so that medications could be administered. Liz also uses the example of a benefit that NPs could make on-the-spot assessments for outreach services.

Kirsty Machon question [at 21:00 min]: *Is there an expanding scope for NPs to do the follow-up and on-going testing required for PrEP prescribing?*

Liz describes some of the bureaucracy and other structural barriers for NPs – e.g. provider numbers – allowing for the ordering of test kits, for instance – can only be obtained in private practice. A discussion ensues with Dr John Rule and Liz about the La Trobe University [PozQoL Scale tool](#) (Positive Quality of Life) which can be incorporated into a survey or program evaluation – or integrated with clinical CRMs.

National Association of People with HIV Australia

NAPWHA is Australia's peak non-government organisation representing community-based groups of people with HIV. Its membership of national networks and state-based organisations reflects the diverse make-up of the HIV-positive community and enables NAPWHA to confidently represent the positive voice in Australia.