

# Developing HIV nurses

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Welcome to the first *HIV Nursing* of the year. If 2018 was the year of PrEP, U=U and the reduction in sexual health and HIV services, one can only wonder what is instore for us in 2019!

As people with HIV continue to age, we are still experiencing and managing the long-term effects of, not only of HIV, but the ART used. Last year we looked at the complex nature of ageing with HIV such as the development of other co-infections, chronic illnesses, risk and health issues highlighting cardiac, bone, renal and liver complications and the resulting polypharmacy presenting new challenges. Developing the next generation of HIV nurses is vital to our continued survival and therefore, it's timely that we look at the nurse's role within research and audit, and as a non-medical prescriber (NMP).

The introduction of novel treatments continues and this year we should see, amongst others, the launch of injectable antiretrovirals and further two-drug regimens to the market. With this in mind we look at the role of the nurse prescriber, something more of us are taking on or thinking of studying. Gary Barker-Begley looks at the educational and support needs of nurse NMPs working within HIV care. Traditionally the nurse has administered medication to a doctor's prescription, we are the dispenser, the encourager, the adherence supervisor and now we can be the prescriber. But in practice what does this entail? In his study Gary clearly demonstrates the development of this role, looking at two surveys highlighting the continued need for training and support to enhance and ensure this role continues.

In a companion piece Anna Kime's review of a competency framework for NMPs caring for people with HIV discusses the recent introduction of the Royal Pharmaceutical Society's *Competency Framework for all Prescribers* to promote safe prescribing practice and prevent errors. The enhanced role of the nurse in HIV and that of nurse prescriber would not be here without research and audit and Hilary Piercy's article 'A participatory approach to developing the HIV Nursing Research Strategy' looks at the development of a dedicated strategy. Research has been one of the three main aims of NHIVNA but since inception in 1998 we have rarely developed this area of work. The strategy involved many NHIVNA members and the results highlighted the need for funding and support, and is a testament to the forward-thinking executive

driving research, and this year, education forward. We now have a research strategy and separate funding to support NHIVNA members to develop audit and research.

We are always on the lookout for a good story and having read one on line we asked the author to develop this for the journal and Jackie Morton's personal viewpoint 'What triggered my heart attack?' is an insightful case that Jackie brings to life. With all we have discussed over the past few years around cardiac health, risk factors and the need for joined-up care Jackie's experience clearly shows the intricacies of risk, not just the obvious factors such as weight, smoking and diet. There are some real learning points here as Jackie drills down all aspects of her life that may have contributed to her heart attack.

Jhia Teh *et al* present case series of infertility amongst young women with perinatally acquired HIV, some with fertility issues, who have been living with HIV and have been on medication from birth. Is there a risk to their fertility? This study although small shows no difference to that of the general population but having seen issues like these cases on numerous occasions we, and people living with HIV often relate them to antiretroviral use or HIV itself. I suppose it's the easy answer.

Finally, this issue's CPD article discusses 'HIV and cancer' something that we are seeing more and for people living longer with HIV, as with an ageing general population, it is a real concern. This CPD will enable you to explore the implications of a cancer diagnosis and factors to consider when talking to people living with HIV.

We are fast approaching the 21st NHIVNA conference and I look forward to not only seeing you there but the great work that nurses across the UK are doing in research, audit and case studies. I want to encourage you to think about interesting, unique, frustrating, successful people you manage and support and develop them into case studies. Write these up for the journal as they provide great learning points for all and show the excellence and scope of the work we do. Please send us your feedback on [info@hivnursing.net](mailto:info@hivnursing.net) and let us know your thoughts.

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