Summary of CWJWP Project Outcomes:

Project aim:

The original project concept was to explore the possibilities of how digital solutions may improve the care of people living with HIV (PLWHIV) in early frailty and/or with co-morbidities.

Project background:

Almost half the people accessing HIV care in the UK in 2022 were aged 50 or over and with the largest clinic cohort of people living with HIV in Europe, Chelsea and Westminster hospital NHS Foundation Trust in London collaborated with Gilead Sciences to better identify digital offerings that may measurably improve the care of people living with HIV in early frailty and/or with co-morbidities and assess the potential impact that implementation of digital technologies could have on several domains, including impact on patient outcomes and the impact on staff and patient time, assessing the ability of people living with HIV to self-care and improvement in clinician knowledge in the management of people living with HIV with complex needs.

The project commenced in December 2020 and was completed in May 2023 (due to Covid-19 related delays) and encompassed the following activities:

Capturing patient voice in patient and Chelsea and Westminster staff questionnaires by identifying knowledge of existing technology, potential technology options and existing patient pathway challenges, bottlenecks and digital improvement opportunities

- Mapping and analysis of Chelsea and Westminster's current care and treatment pathways (both clinical and patient), including generating a baseline of current patient experience for people living with HIV in early frailty and/or living with co-morbidities.
- Delivery of workshops to further identify, explore and examine proposed digital solutions.
- Identification and prioritisation of digital solutions that may measurably enhance patient experience and care for people living with HIV in early frailty and/or living with comorbidities and associated impact of such solutions on improving current care pathway.
- Further to the original objectives it was additionally agreed to design and provide wireframes and architecture for a minimum viable product based on the outputs from the workshops and co-authored report, to enable the Trust to continue working on the development of the digital solution after the project has ended.

Project summary:

Both health care professionals involved in the care of people living with HIV and people attending living with HIV attending the service completed co-designed questionnaires to better understand the current pathway for people living with HIV in early frailty and/or living with comorbidities. The outputs of these questionnaires were then used as to form the basis of a solutions workshop which was held with HCPs from across different therapy areas (all of whom provide services within the HIV speciality).
Multiple digital solutions were discussed ranging from chat bots, patient portals to clinician and patient dashboards.

The outputs of the workshop led to the request to develop a minimum viable product in the form of a clinician dashboard with which the clinicians could identify patients at risk of frailty by being able to collate all of the patient's clinical information such as responses to Patient Reported Outcome Measures and other medical tests in one place and developing an alert algorithm.
The wireframes and architecture for a minimum viable product was co-created by the C&W team, Gilead project team and the appointed agency and on completion was handed to the Trust for them to further develop and implement within their existing IT infrastructure.

Lessons learnt:

- With Integrated Care Providers collaborating using the same electronic patient records and IT systems across an integrated care system, the level of scrutiny and governance in order to implement any digital solution is increased. This needs to be considered when looking at designing any tool for deployment within an NHS trust as if it is not easily integrated into the existing systems it will be unusable.