

The role of Peer Support in addressing non-adherence

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Conflict of Interest

In relation to this presentation I declare that I have no conflict of interest

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Positively UK links peer support to clinics

- HIV+ case workers begin clinic outreach in 2000's
- Peer mentoring pilot programme 2012-14, leads to Positively UK & Homerton Hospital in-house Peer Navigator service
- Project 100 (2015-19) delivers National Standards in HIV Peer Support and peer mentor training to >700 people across UK (training still available to Trusts)
- Positive Futures links HIV+ youth workers into transition clinics across London
- Guide to Peer Support Services in Clinics launched in 2022



POSITIVELY UK

The mandate for peer support in healthcare

BHIVA Standards of Care 2013:

Standard 9 - Self Management (Quality Statement):

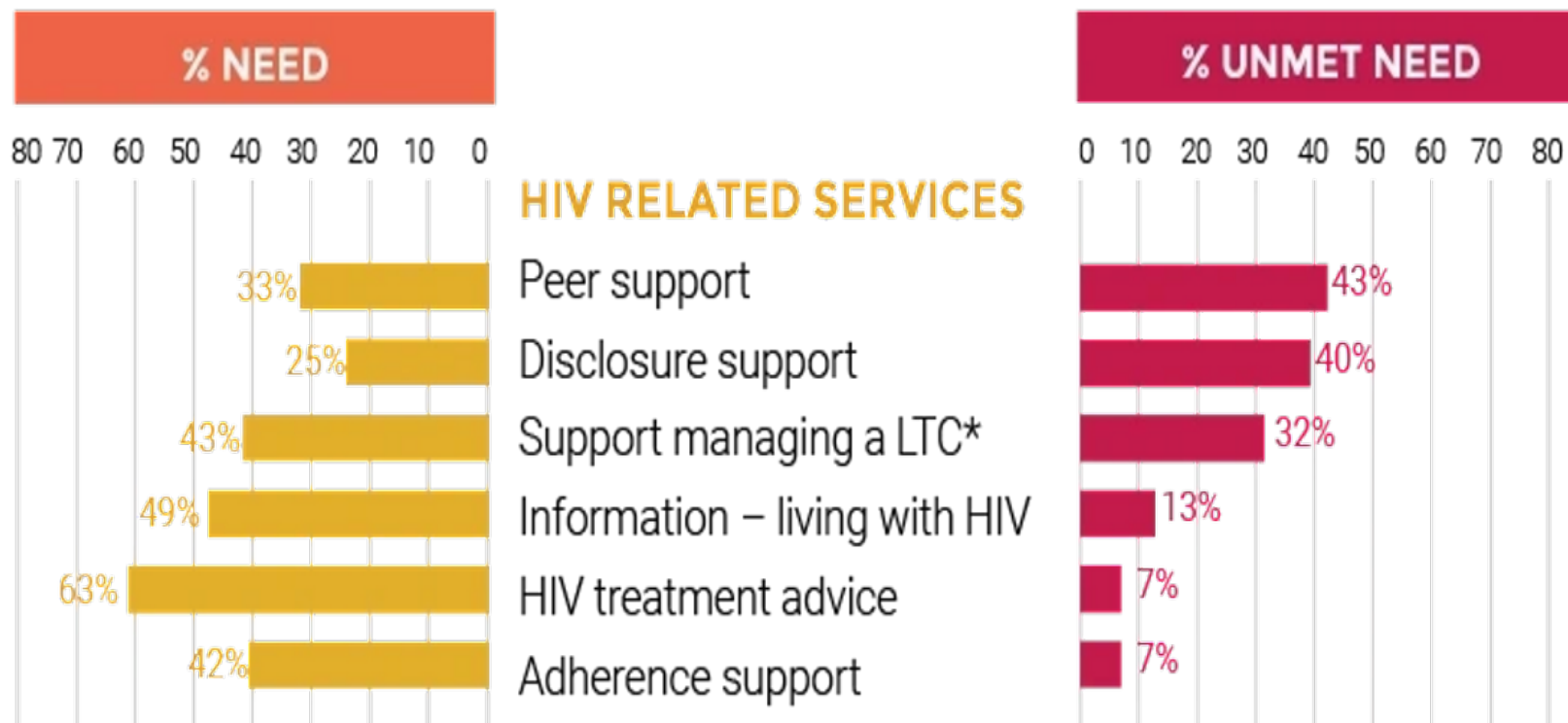
“HIV services should seek to optimise the involvement of skilled peer workers with HIV in service delivery, thus optimising integral peer-to-peer self-management support”

2018 update includes recommendations and auditable outcomes for connecting patients to VSO's and peer support in 7 out of 8 Standards

NHSE's Five Year Forward View (2014) states peer support should be seen as essential to the future of the NHS



Needs of PLHIV: PHE's 2017 Positive Voices survey



London FTCI peer support workstreams

- 12 Improvement Collaborative projects between VSO/NHS begin 2020
- Evolving HIV Care Report recommends integrating peer support in care pathway for London ICSs in 2021
- Empowerment Programme to address internalised stigma and train HIV Ambassadors launched Feb 2022
- Workstreams to address place-based and societal stigma (starting in NHS) utilise lived experience, launch autumn 2022
- Consultant Connect links GP to peer support organisations
- 10% of ED opt-out testing funding earmarked for 3rd sector support



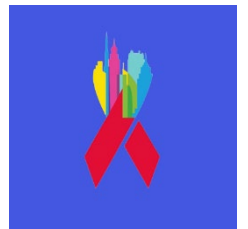
Improvement Collaborative Clinic Outreach

- 2020-23: Metro, Positive East, Positively UK integrate peer support pathways and inclusion in MDT, to improve adherence and reduce LTFU
- QI methodology explores ways to integrate peer support, as well as barriers
- 9-fold increase in referrals from HCPs - 265 patients have accessed support
- >1000 hours of peer support sessions delivered
- One project reports 68% of those referred now have an undetectable viral load



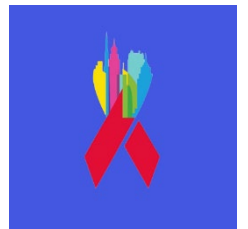
ChelWest peer support integration project to improve adherence and retention in care

- Positively UK, PlusHealth, NAZ Project peer support workers have honorary contracts in the 4 London clinics
- Launched July 2020 as a virtual service via PlusHealth digital platform, post-COVID now face to face in clinics
- 1 to 1 support and group workshops on living well with HIV
- Implemented shift from opt-out to opt-in peer support referrals for newly diagnosed
- >600% increase in referrals in first year



How peer support works in ChelWest clinics

1. Part of pathway for newly diagnosed patients - automatic call from someone living with HIV
2. A referral made at times of difficulty - in-house email referral pathway to peer support team and booked appointment in clinics or online
3. Offer of support to patients on hospital inpatient ward who are late-diagnosed or had dropped out of care/treatment
4. Health advisor team identify patients who have disengaged from care, for personal follow-up from a peer



Empowerment Programme to address HIV stigma – launched Feb 2022

- Six contracts to London-based Voluntary Sector Organisations to deliver empowerment training in 2022
- Primary workstream addresses internalised stigma (Positively UK do this within HIV clinics, out of hours)
- Second will train a team of HIV ambassadors to speak publicly, delivered collaboratively between the VSOs
- HIV Ambassadors will link to wider work to reduce place-based stigma (starting in NHS) and societal stigma through FTCI London



Conclusions

- Targeted peer support can promote better adherence and engagement in care by addressing anxieties about HIV and reducing internalised stigma
- Peer support within clinics shortens the referral pathway and prevents people falling through the gaps
- In-clinic support is easier to manage than HCPs expect, but requires buy-in and support from the team –NHS Trusts with no local VSO implemented this during and since Project 100



Thank you – any questions?

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