

Speaker Name	Statement
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The changing face of HIV and how to meet difficult to reach patients

3122745

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HIV in Hackney

- o HIV is a significant clinical and public health issue for Hackney. Effective therapy plus continuing new infections means more people than ever before are living with HIV and are getting older.
- o The prevalence rate of 8.1 per 1,000 population aged 15-59 years one of the highest in England.
- o 1,647 Hackney residents received care for HIV in 2015, an increase of 21% since 2011

HIV in Hackney

- Jonathan Mann clinic sees about 1,200 people for HIV care of whom half are women and a majority are from ethnic minority communities.
- Many have multiple and complex needs for physical, mental, emotional and social care.



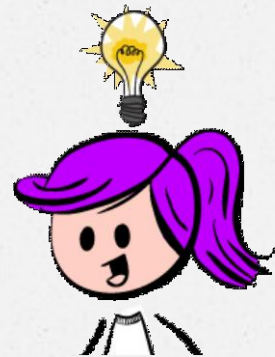
Retention in care

- 94%(67/76) retained in care 12 months after diagnosis
- 94%(929/986 9pts RIP) retained in care in the following year

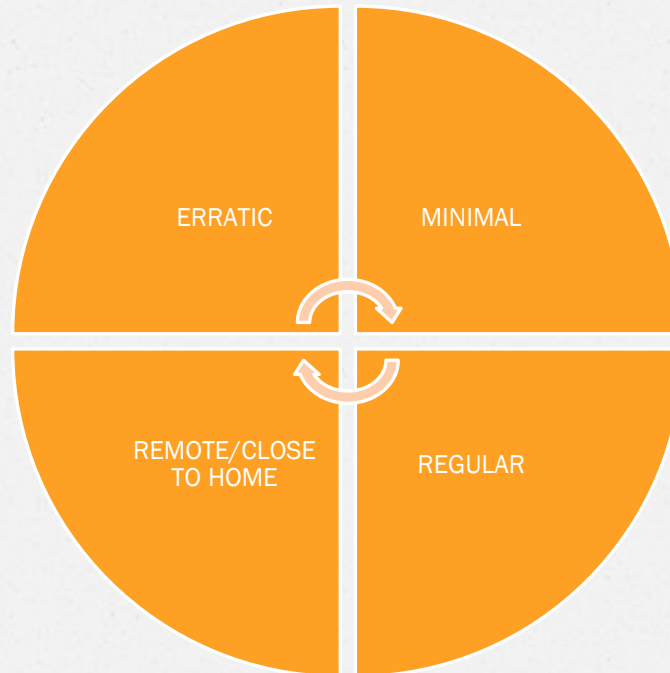


Things to think about!

- Does non attendance at clinic equate to not being in care?
- How often does a person need to access services to be deemed engaged in care ?
- Who is the right person to deliver that care ?

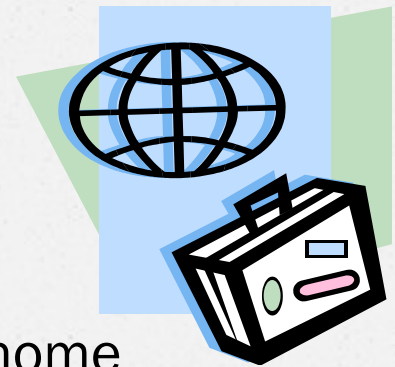


Types of engagement in care



Minimal Attendance

- o Bloods twice a year(some once yearly)
- o Annual medical review
- o Medicines on local delivery
- o Tele clinic for results via email or text
- o Do not access support services
- o TEXT reminders for appts
- o Rebook/cancel appts independently
- o Never run out of meds
- o Maintain undetectable viral load
- o May travel frequently or live away from home



Regular Attendance

- o Bloods twice a year
- o Annual Dr review
- o CNS review
- o Attend clinic for support services ie social care/psychology/ peer support
- o Active in patient forum
- o Taking part in research
- o Text reminders re appt
- o Local delivery or HUH pharmacy pick up
- o May need recalling to rebook appts if DNA



Remote/Close to home Attendance

- o Majority of HIV care delivered away from the clinic
- o Bloods taken in community by CNS
- o Local delivery for meds often involving the community pharmacist
- o Adherence support and side effect management by CNS
- o Clinical advice via virtual clinics and MDT discussion
- o Shared electronic records for JMC registered patients
- o Joint appointments i.e. WDP/Mildmay day care/Open doors/TB team



Erratic Attendance

- o Miss many appts
- o Change mobile numbers and address frequently so miss text reminders
- o Run out of meds/treatment interruptions
- o Walk in for care
- o Clash of commitments ie housing and clinic appt same day
- o Mental ill health interfere with ability to make decisions
- o Alcohol and drug misuse influencing
- o Deterioration in cognition
- o Reliance upon others



Tactics to keep or re engage patients in care

- o Social care appointments
- o Peer navigators via Positively UK
- o Psychology
- o Psychiatry liaison
- o Dietician
- o Integrated sexual and reproductive health service
- o In reach clinics provided by 3rd sector i.e. Positive East
- o Baby milk scheme



Tactics to keep or re engage patients in care

- o Travel Reimbursement
- o In reach hypertension clinic
- o In patient liaison nurse
- o MSM (chem sex) Peer Mentor
- o Mental health appt
- o Test and treat
- o NMP available for SOS scripts(that's me!)



JMC Teamwork

- o Fortnightly newly diagnosed /transfer meeting
- o CDQ at baseline
- o Weekly viral load virtual clinic and inpatient meeting
- o Monthly MDT meeting
- o Monthly virtual psychiatry liaison clinic
- o Monthly virtual clinic for social support referrals for community CNS
- o Monthly antenatal MDT
- o Lost to follow up exercises twice a year
- o Mortality and morbidity meetings
- o GP letters



Jonathan Mann
1947-1998

Stigma must be
addressed if STI's and HIV
are to be overcome.

Human rights are central
to stopping the HIV
epidemic.

