

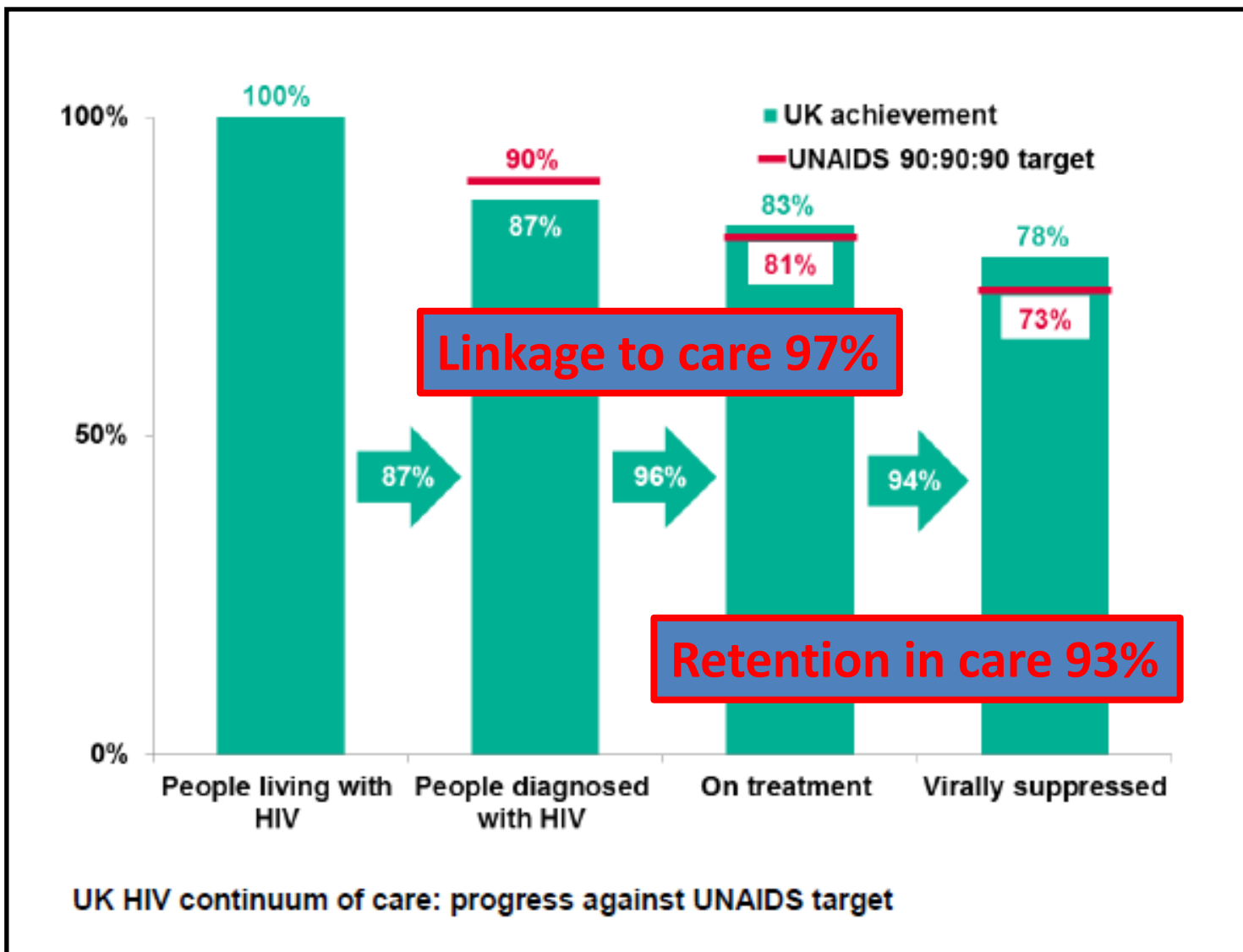
Speaker Name	Statement
Eileen Nixon	No interests to declare
Date :	June 2017

Heterosexual men and women engaging in HIV services

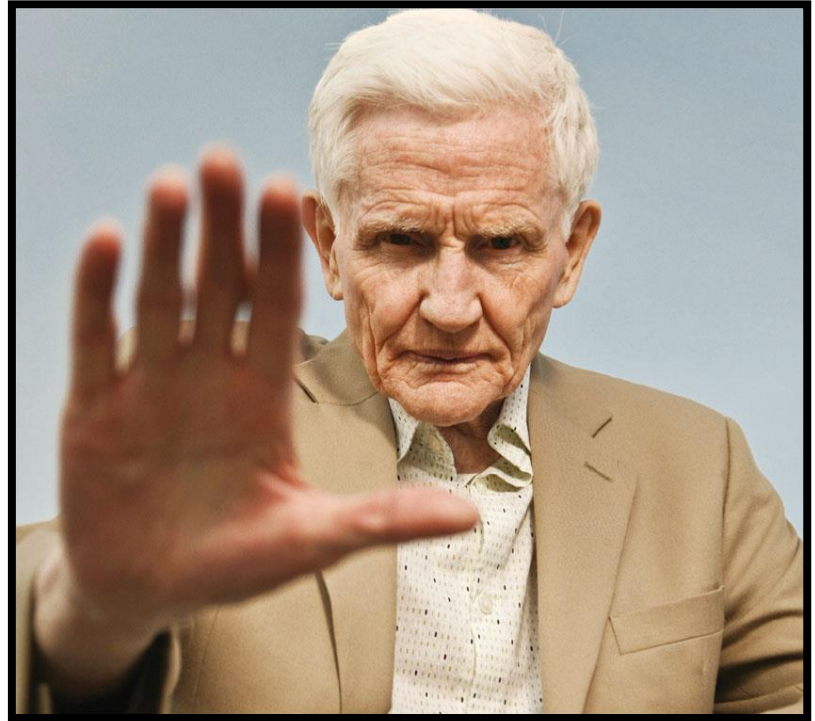
Perspective of a healthcare professional

Eileen Nixon

Brighton and Sussex University Hospitals



Right to decline treatment or care



Tory plans to deny patients the right to refuse treatment are assault on human rights

Peter Kinderman

"D

"You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent"

NHS Constitution 2015

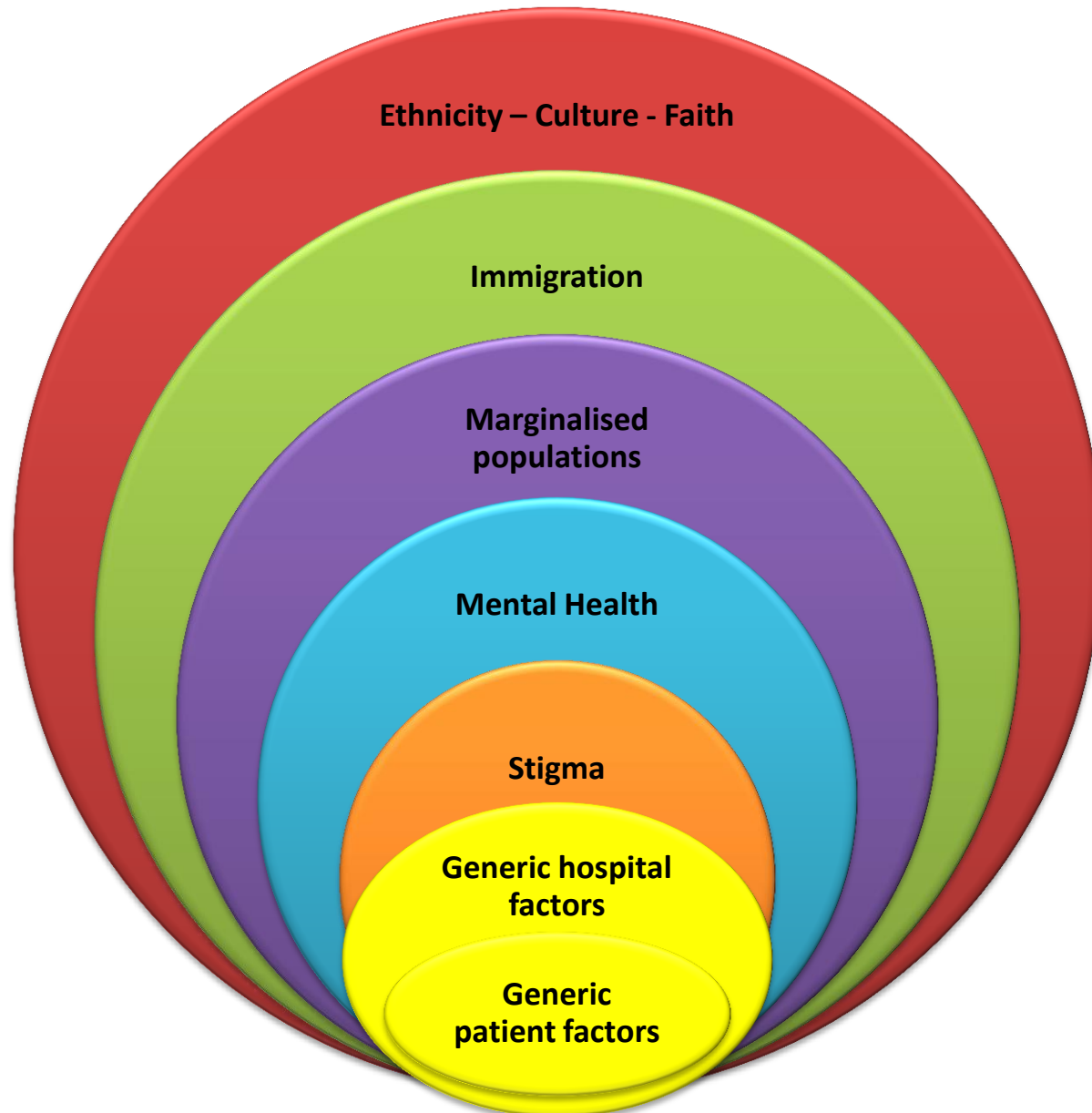
medical help
a recommended
should be reduced."

[https://www.civillibertydemocracy.net/ournhs/peter-kinderman/tory-plans-to-deny-patients-right-to-refuse-treatment-are-assault-on-human-ri.](https://www.civillibertydemocracy.net/ournhs/peter-kinderman/tory-plans-to-deny-patients-right-to-refuse-treatment-are-assault-on-human-ri)

BUT!

1. There are a range of factors that influence patient engagement in HIV treatment and care
2. As healthcare professionals, we need to maximise opportunities for engagement in care
3. Onward transmission of HIV is a concern

Barriers to engaging in HIV care



Stigma (*Naar-King et al, 2007*); Mental Health (*Tobias et al, 2007*); Marginalised populations (*Rajabiun et al, 2007*); Morrison et al, 2011

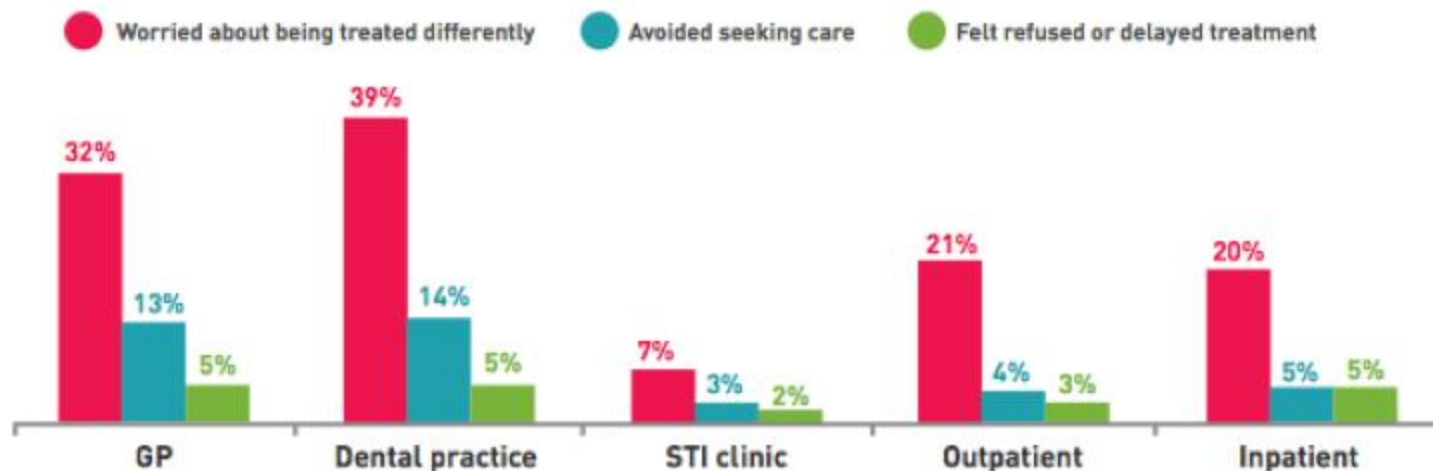
Self-image

Q. In the last 12 months, have you experienced any of the following feelings *in relation to your HIV status?*

N= 1576	YES
Felt ashamed	48%
Felt guilty	45%
Blamed myself	48%
Had low self esteem	48%
Blamed others	23%
Felt suicidal	18%

Almost a third of participants (28%) diagnosed in the last year reported suicidal ideation.

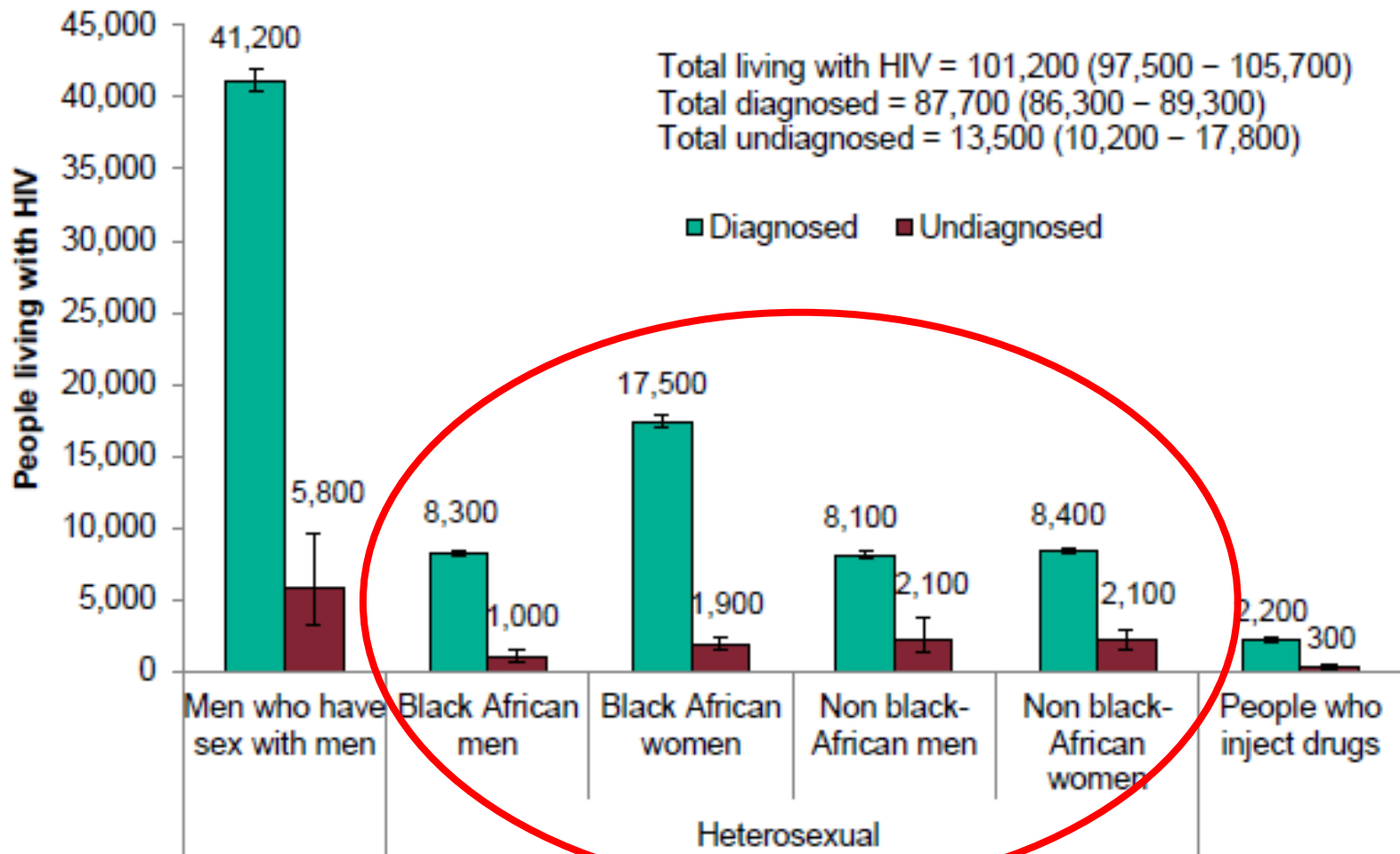
Healthcare setting experiences



Had negative comments from a healthcare worker about your HIV status or PLHIV ?	13%
Felt there was excess attention to using barrier protection (i.e. gloves, masks)?	21%
Been given the last appointment of the day not by choice?	12%

Diverse Epidemic

Figure 2: Estimated number of people living with HIV (both diagnosed and undiagnosed) using the MPES model, all ages: UK, 2015



Reach Study

- Increased retention in care associated with
 - Current ART
 - Later calendar year
 - Shorter time since entry to UK CHIC
- Decreased retention in care associated with
 - Younger age <25, 25-45 v >45 yrs
 - IDU, heterosexual or other mode of transmission
 - Higher nadir CD4 count

Howarth A, Apea V, Michie S, Morris S, Sachikonye M, Mercer C, et al. REACH: a mixed-methods study to investigate the measurement, prediction and improvement of retention and engagement in outpatient HIV care. *Health Serv Deliv Res* 2017;5(13).

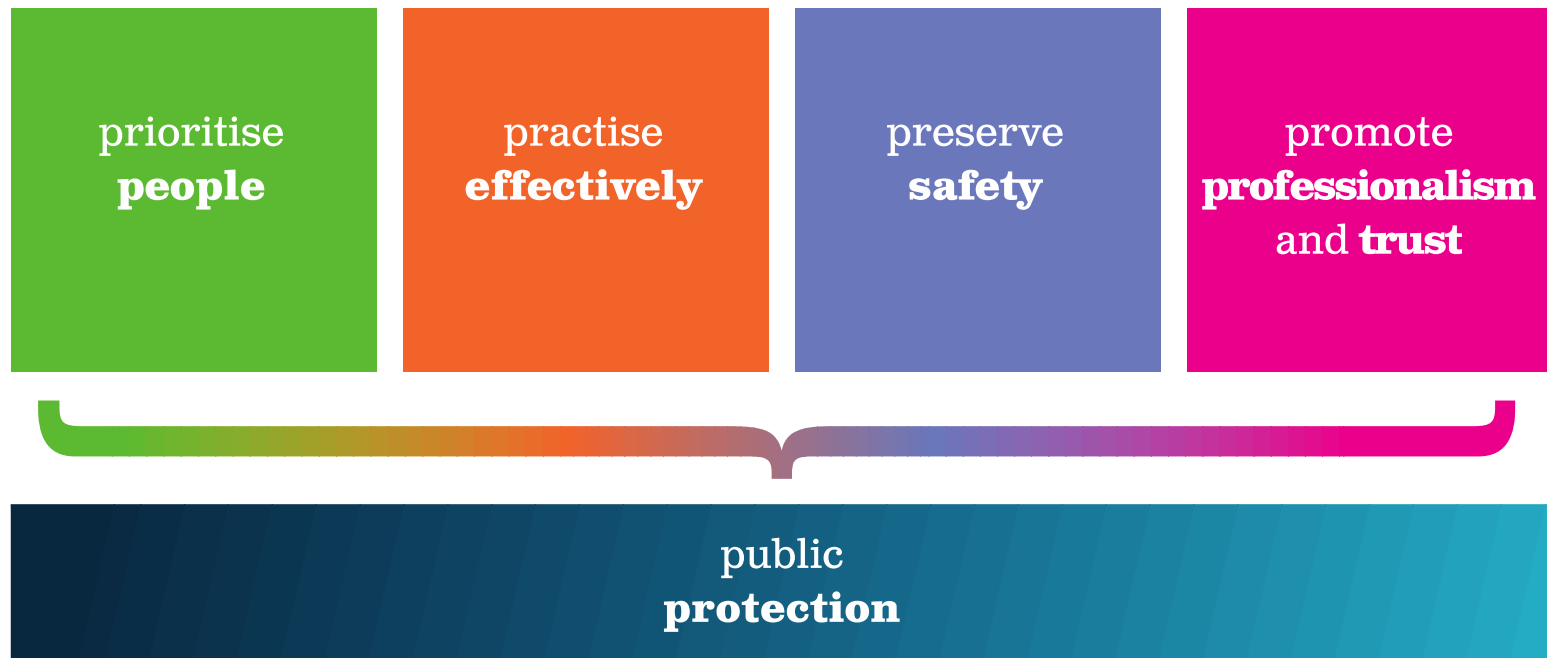
Associations with irregular or non-attendance (aOR)

Factor	Irregular attendance	Non-attendance
Has children	2.53	4.37
Drug and alcohol dependency	2.44	3.36
Not registered with GP	-	4.85
Nurse did not listen	-	2.88

Howarth A, Apea V, Michie S, Morris S, Sachikonye M, Mercer C, et al. REACH: a mixed-methods study to investigate the measurement, prediction and improvement of retention and engagement in outpatient HIV care. *Health Serv Deliv Res* 2017;**5**(13).

One Code, four themes

Together they signify good nursing and midwifery practice with the ultimate aim of public protection.



1.5 respect and uphold people's human rights.

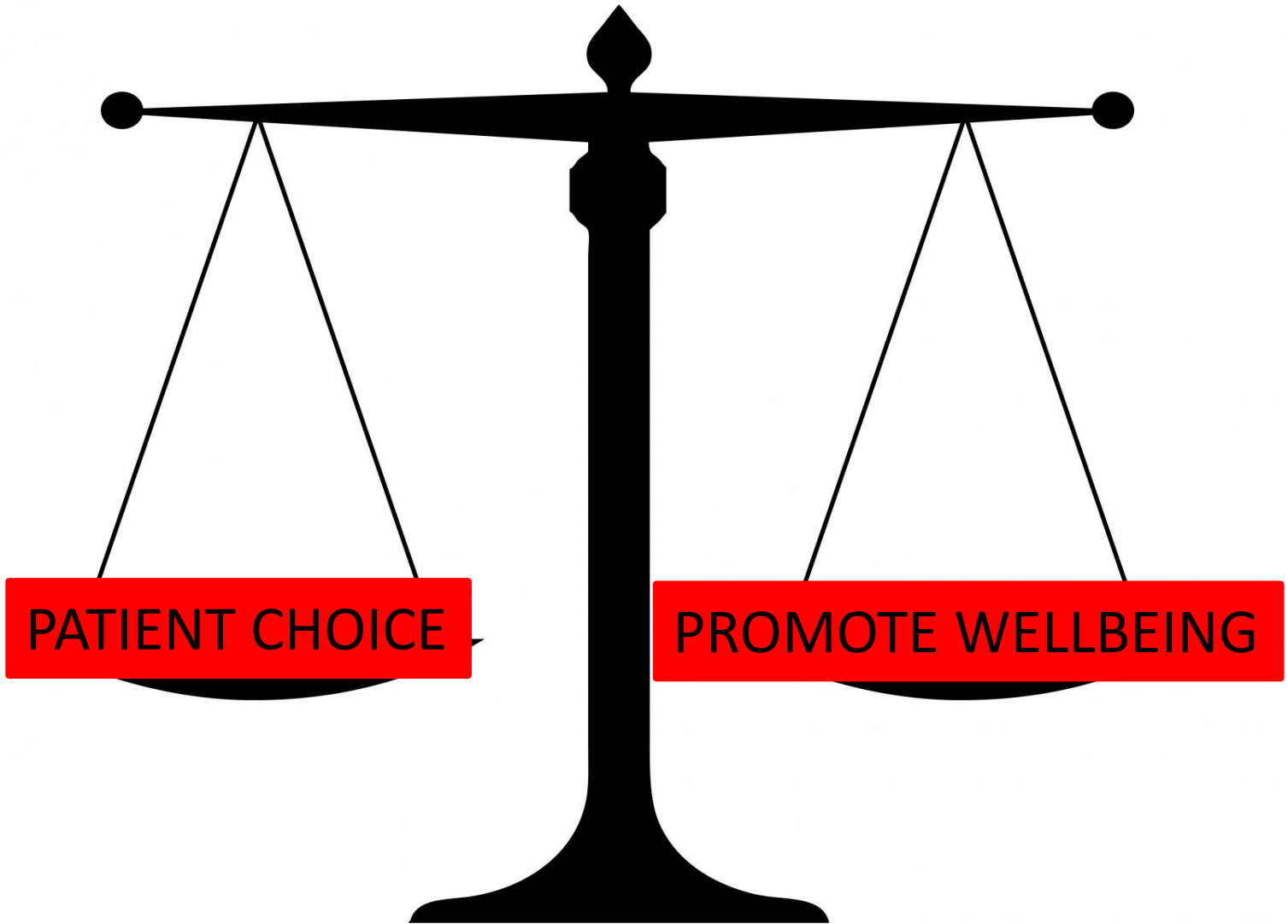


2.5 respect, support and document a person's right to accept or refuse care and treatment

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress



Having the right model of care

- ❖ Open access service
- ❖ How do we respond when people return to care?
- ❖ How do we manage DNAs?
- ❖ What is the clinic waiting room like?
- ❖ Continue to individualise patient care within a holistic model
- ❖ Continue to build trusting relationships with patients
- ❖ Work across organisations and sectors

Conclusions

Multi-factored approach to keeping people engaged in care

Need to understand the specific challenges for heterosexual men and women

Keep working in partnership with patients