

How the roles of HIV-specialist pharmacists could evolve

Ali Grant

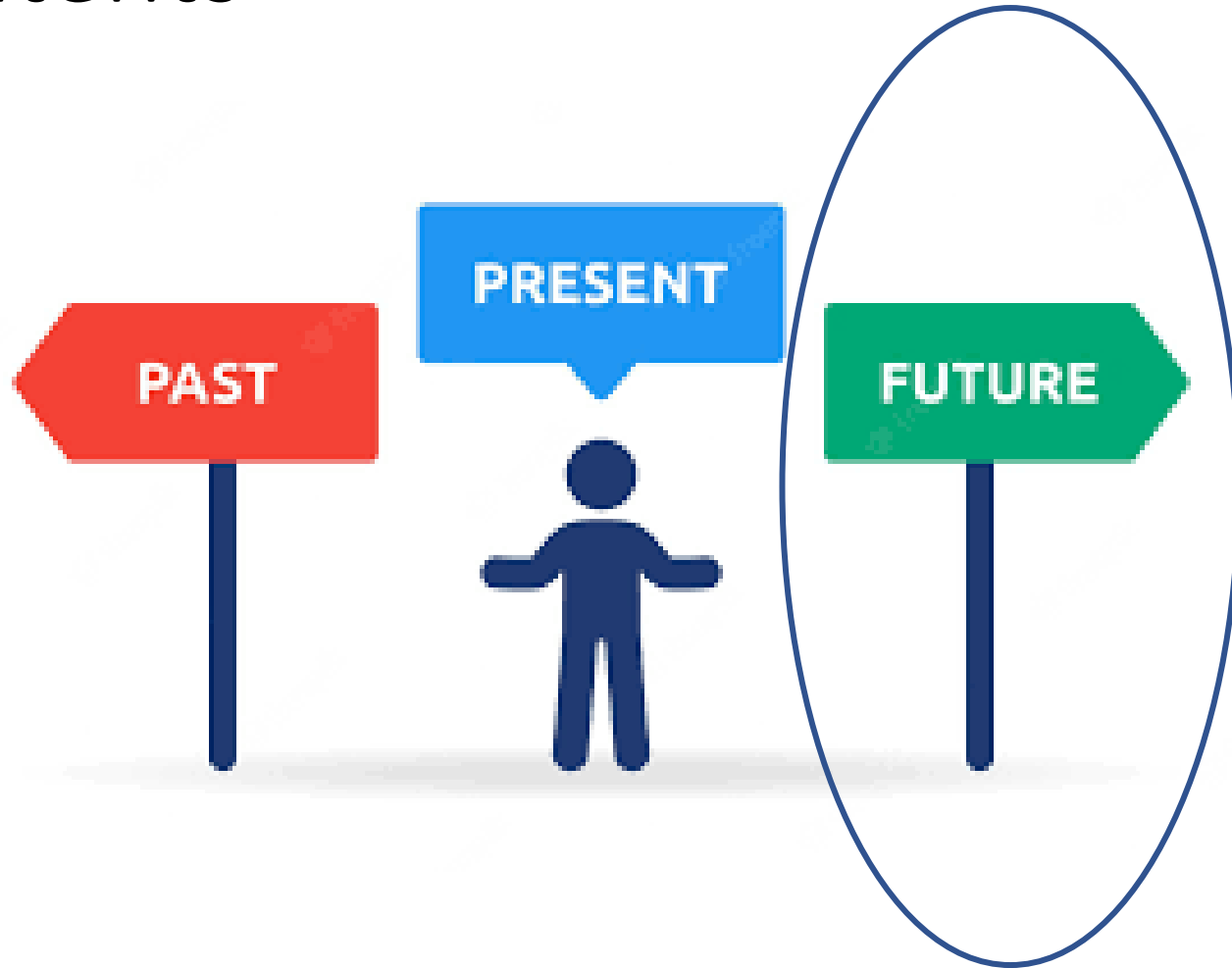
Guy's & St. Thomas' NHS Foundation Trust

Conflict of Interest

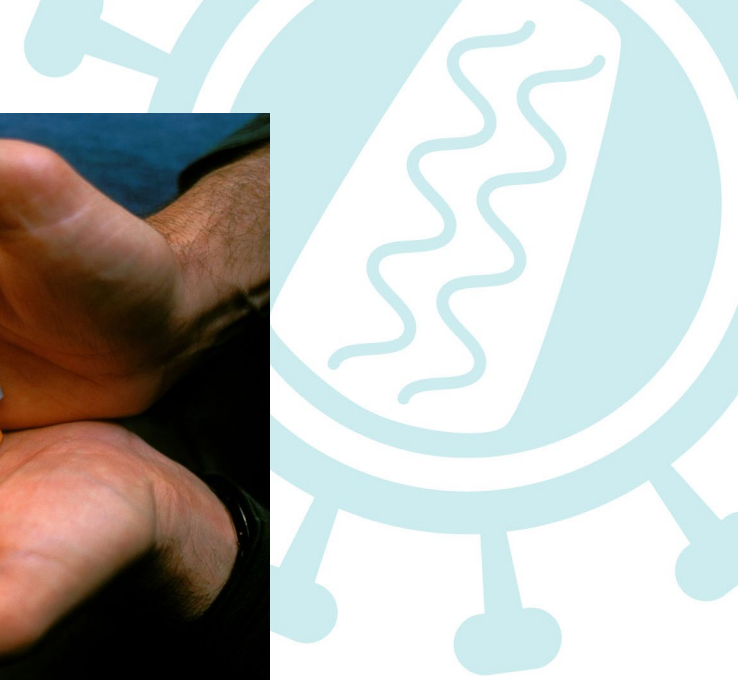
In relation to this presentation, I declare that I have no conflict of interest

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Contents



Past



Present



Future



FAST-TRACK

ENDING THE AIDS EPIDEMIC BY 2030



THE FOURTH 90

90%

diagnosed

90%

on treatment

90%

virally suppressed

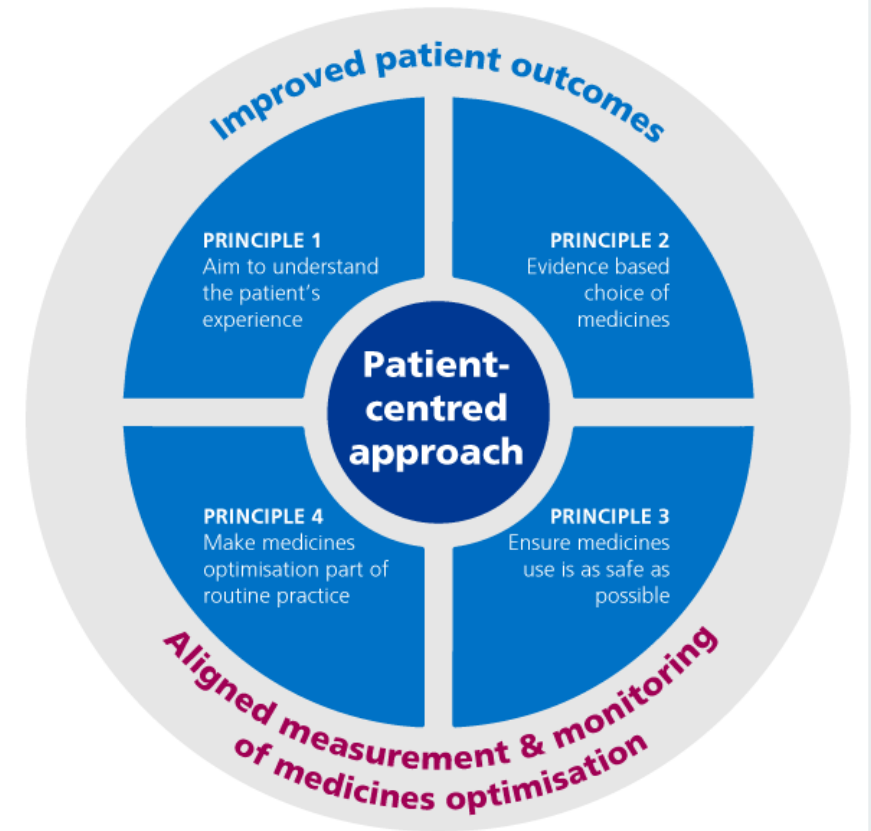
90%

good health-related
quality-of-life



Person-centred care

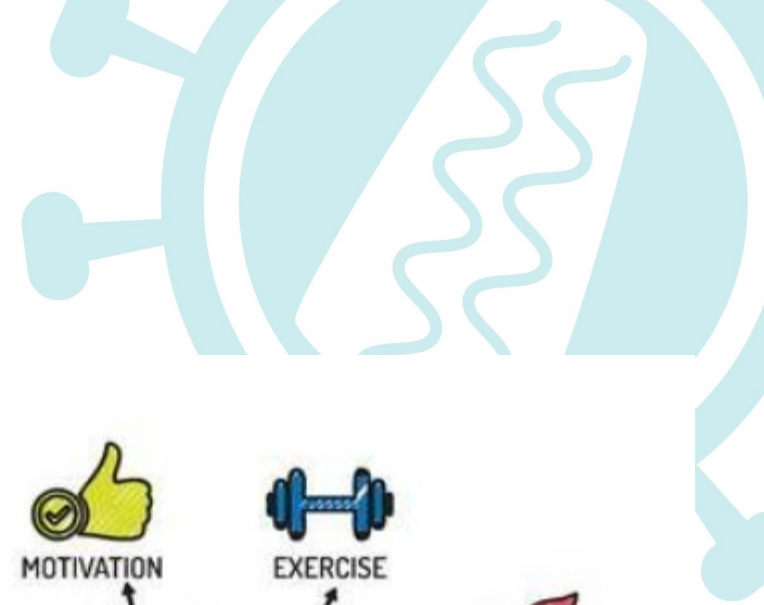
- NHS Longterm Plan
- RPS Vision for pharmacy professionals 2030
- Tools to help stratify patients
 - PAMs
 - PROMs
 - PIFU



Long-term condition management

- 1/3 PLWH are living with ≥ 2 co-morbidities (in addition to HIV)
- Meds optimisation
 - 30-50% meds for LTCs are not taken as intended
 - Right drug, right patient, right time and engagement from patient and clinical team
 - Ongoing process



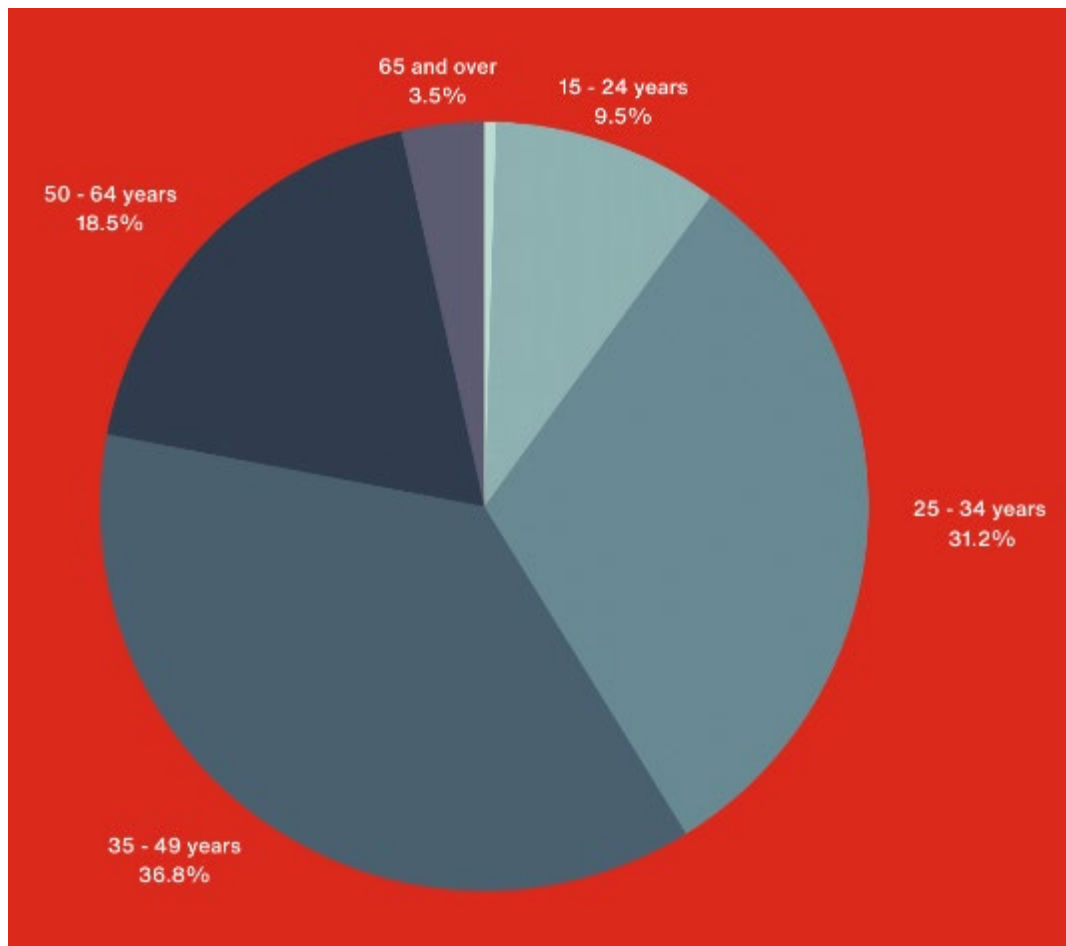


Disease prevention

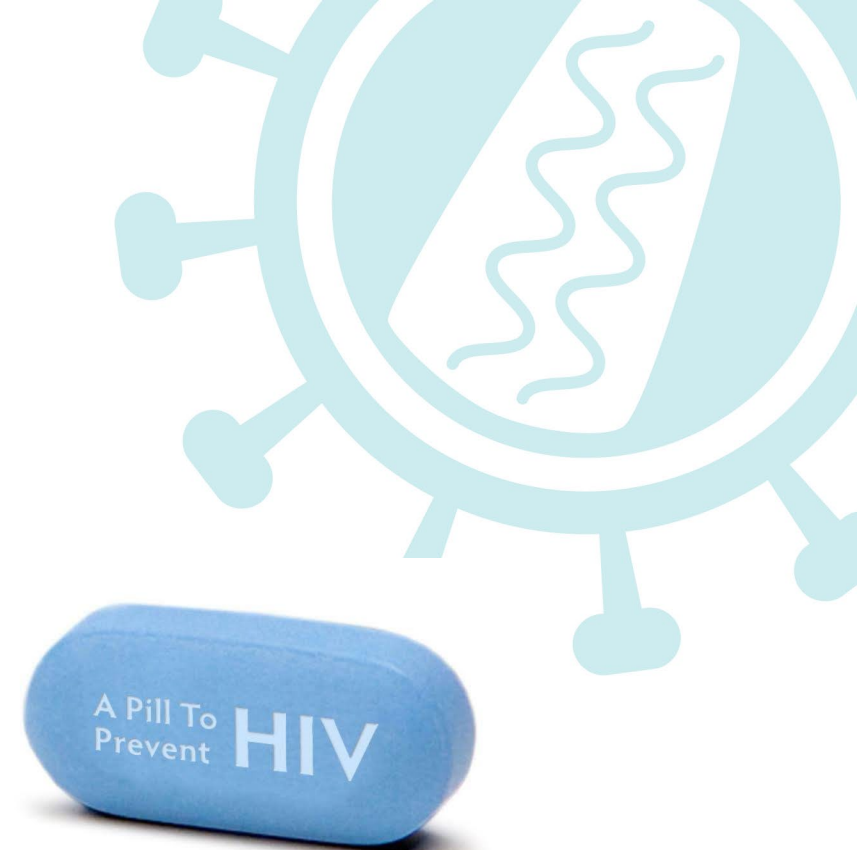
- ‘Prevention is better than cure!’
- Holistic care
- Ageing patient cohort
 - Risk of geriatric syndromes
- Working as integrated care providers
 - Improving health outcomes
 - Reducing health inequalities



PrEP



2019: Age at HIV diagnosis



Patient: Jim, 58-yr man

- HIV diagnosed 1985
- Highly HIV-treatment experienced
- CD4 459, VL ND
- PMHx:
 - HIV myelopathy – walks with 2 crutches
 - CV disease: MI, IHD, HTN
 - DM 2
 - IBD / GORD
- Total co-meds (not including ART) = 18
- Under the care of 6 consultants as well as a number of other HCPs



Summary

- Person-centred approach to care
- Medication optimisation in LTC management
 - Including de-prescribing where appropriate
- Preventing ill health

- Expansion of pharmacist-led clinics
- Enabled by improvement in IT systems/technology!



THANK
YOU





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