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marking World AIDS Day

QUEEN ELIZABETH II CONFERENCE CENTRE
LONDON

FHIVA Case Study – Primary and Secondary collaboration

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Jim - History

- Jim, 39, diagnosed HIV positive in 2008
  - CD4 257 VL 40,567
- History of IV crack cocaine use (still using)
- Lives in a hostel above Great Chapel Street Medical Centre.
- Hep C positive (genotype 3a)
- Previous HIV clinic in NW London Hospital
  - On & off ARV's (ran out and stopped)
- 2011 - Transferred care to 56 Dean Street
  - CD4 376 VL 125 000

Jim - Initial assessment

- Poor Attendance - Did Not Attend (DNA) most appointments.
- Sept 2012 - Referred to CNS (HIV Community) – failed to be in for 3 appointments, poor communication with hostel staff (need for constant reminders)
- Supported by Turning Point for methadone script (85mls daily). Arranged joint visit but he attends erratically.
- Lives in a hostel above GP surgery, see him occasionally for wound dressing, general health, bloods etc.
- Oct 2012 – On CNS (HIV Community) assessment – stated he wanted to have ARV's, but had run out (was given 2 months and made them last 4) seems to understand adherence, appears to be motivated, happy to be supported by CNS. To see in 2 weeks….
- Unable to contact for the rest of 2012.

2013 - A pattern?

- 10th Jan DNA Letter sent, no response to CNS
- 17th Jan DNA Letter sent, GP surgery messaged will encourage him to attend
- 29th Jan DNA Letter sent, CNS visit encouraged to attend, offered escort to clinic
- 12th Feb DNA Letter sent
- 26th Feb DNA - Told hostel staff he was attending for bloods, GP messaged.
- 12th April – GP/HIV Clinic commenced in restarted on ARV's
- 10th May DNA – encouraged to come to clinic
- 14th June DNA but seen by CNS
- 19th July DNA – encouraged to come down but refused, seen in his room
- 23rd Aug DNA – encourage to come down but tired
- 27th Sept – seen in HIV/GP clinic referred to dietician (weight loss)
- 25th Oct – ARV's in dosette boxes and arranged to be dispensed by local pharmacy (Boots)

Jim – What are the issues

- Failed to attend HIV clinic (300 yards away)
- After discussion with GP & practice nurse a monthly clinic started in the GP surgery (based underneath the hostel) to offer HIV/Hep C testing clinic & sexual health screening supported by HIV Consultant, Health Adviser, Sexual Health Nurse, Community CNS & Nurse Practitioner from the clinic.
- Jim attended the first appointment but DNA for the next 6 months
- CNS (HIV Community) & Practice nurse meet – decide to link ARV's to daily methadone script, arranged with local pharmacy. CNS to put ARV's in dosette boxes with a covering letter. Dietician arranged a script for Ensure to be given at the same time.
- Undetectable VL achieved for the first time since 2011.

Jim in 2014

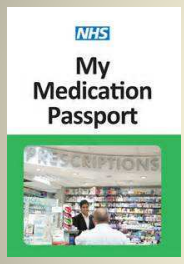
- **March 2014 - admitted to hospital. Candida endocarditis required valve replacement (commenced Fluconazole & Warfarin).**
- **States he has been drug free for 18 months (1 relapse)**
- **Moved from Great Chapel St hostel to Victoria (Gee's Pharmacy dispensing medication). Managing Warfarin independently**
- **Then…Relocated to Queens Park - community pharmacy refuse to dispense ARV's with methadone.**
- **Self-medicating – CNS refilling dosette boxes and monitoring adherence.**
- **CD4 361 (21.7%) VL <40.**

Medication Compliance Aids (MCAs) – always the answer?

- **Evidence for improved patient outcomes?**
  - *Cochrane review 2011, CHUMS report*
- **Medicines stability**
  - *Data? UKMI Medicines Compliance Aids Database*
  - *Generics vs Branded*
  - *Unlicensed once removed from manufacturer's container*
- **How do we accommodate different providers of medication?**
  - *Patient may be prescribed medication by GP and hospital clinic(s)*
- **Often initiated during an inpatient stay**
  - *Who will continue to provide the service post d/c?*
  - *Generates large volume of work for CNS*
- **Education from pharmacist during inpatient to help Jim better understand his medication and take more control**
  - *Patient motivation, improved understanding, ownership*

Other Aids to Adherence (and communication)

- My Medication Passport



- Adherence 'apps'
- Annual medication review *(BHIVA Standards 2013)*
  - *Take into consideration adherence and difficulties with medication*

Hospital Pharmacy link with Community Services

- **CNS, GP, Community Pharmacy, Methadone provider (other hospital pharmacists/MDT)**
- **Patient education**
- **Ensure discharge summary contains clear summary of changes made to medications during inpatient stay**
  - *Including;*
    - *reasons for changes?*
    - *follow up plan?*
    - *who will prescribe?*
    - *what was supplied?*
    - *how was this supplied? (MCA stopped/started?)*
    - *who will supply?*
    - *points of contact?*
    - *management of drug interactions*

What have we learnt?

- Working in collaboration with a GP and local drug and alcohol services have brought new patients to the clinic (now average 6-8 a month) Service users feel at ease accessing HIV/Hep C services at their GP Centre rather than an unknown clinic.
- Multidisciplinary Collaboration can help individuals to maintain adherence but it takes time and effort.
- Services have to be flexible and responsive – clinic timings and place may need to change.
- Engagement - Find a hook. Encourage and build upon patient relationships (can take months/years to embed)

With huge thanks to….

TURNING POINT
inspired by possibility

Great Chapel Street Medical Centre

Boots

56 DEAN STREET

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