Integrating peer support within NHS clinics - a London Fast-Track Cities Initiative (FTCI) project

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TP06: Integrating peer support within NHS clinics: a London Fast-Track Cities Initiative (FTCI) Project

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Background

- 2018 BHIVA Standards of Care recommend peer support to improve self-management and engagement in care
- FTCI London convened 3-year ‘improvement collaborative’ projects between HIV charities and NHS clinics to improve access to peer support
- Chelsea and Westminster Foundation Trust partner with Positively UK, Plushealth and NAZ London to cover its 4 London clinics
- COVID delayed launch by 3 months and necessitated shift to remote support
July 2020 – November 2022: Approaches & challenges

1. Integrate in-house peer support pathways for newly diagnosed (ND) and those at risk of disengaging from care, aiming to retain >90% in care, with a VL<50
2. Three peer workers (2FTE) received NHS contracts, emails, access to Trust EPR
3. Data collected on uptake of peer support, interventions and onward referrals
4. Shortening the support pathway: in-house e-referral; move from opt-in to opt-out support offer; team inclusion in MDT/staff teaching; e-comms and surveys
5. Challenges: new IT system (data reporting/appointments); COVID/MPX/lack of clinic space limited in-person support; raising awareness of service
Results & Conclusions

• Referrals increased steadily from 1/month to 12/month over 15 months
• Move from opt-in (HCP referral) to opt-out (direct peer contact) for ND increased uptake from 18% to 33%. Switch to weekly ND reports doubled uptake (67%)
• 287 patients supported over 28 months (66% of referrals)
• 86% still engaged in care (appointments within 6 months)
• VL<50 increased from 71% at referral to 90% following support
• Referrals broadly represent cohort, except 47% BAME background (34% in cohort)
• Next step: integrate peer support within initial ND appointment (esp. via ED test)
Conflict of Interest

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

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