



# WHAT DO PEOPLE WITH HIV EXPECT FROM PRIMARY CARE?

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# OVERVIEW

- Data from the study
- Key issues raised by PLHIV
- Ranking of care models in study
- What PLHIV want of primary care





# DATA SOURCE FROM THE STUDY

- An online survey for service users (167 respondents)
- A focus group for service users (13 participants)
- This primary data was supplemented by a scoping review of the literature on models of care



### Participant characteristics

Table 1: Patient online questionnaire (n 167)

Gender	Male	64%
(98/167)	Female	35%
Ethnicity	White British	54%
(100/167)	Black African	21%
	White Other	13%
	Mixed	5%
	Black British	2%
Age	Range	26-72
(98/167)	Average	48
Years living with HIV	Range	1-33
(98/167)	Average	15
Orientation	Heterosexual	35%
(96/167)	MSM	53%
	Bi-sexual	9%
Location	London	32%
(85/167)	SW England	24%
	East Midlands	11%
	NW England	11%
	East England	8%
	NE England	5%
	SE England	7%
	Wales	1%
	Scotland	0



## TABLE 2: CO-MORBIDITIES EXPERIENCED BY THE SURVEY RESPONDENTS

Diagnosis	Respondents (99/167)
Depression/Anxiety	48%
High Cholesterol	28%
High Blood Pressure	18%
Gastric Condition (reflux/ulcers)	15%
Hepatitis B	13%
Hepatitis C	13%
Osteoporosis	10%
Rheumatoid Arthritis	10%





# EXPECTATIONS

- Knowledge of HIV as a condition
- Confidentiality
- Time to discuss concerns
- Being listened to
- Being seen as a whole person
- Non-judgemental care and having trust in the provider
- Reduction in stigmatisation



# PLHIV RANKING OF CARE MODELS?

1. All care provided at the hospital alongside the HIV clinic. This could involve having a GP in the clinic
2. Continuation with how care is provided now, with the providers at different locations
3. All care being provided at the GP with HIV and other specialists visiting the practice
4. Being in control of their medical records





# STAGES OF CARE

## Stages of care needs;

- Newly diagnosed, acute infection stage requiring intensive input from care providers;
- Treatment phase; testing other's reactions, gaining trust & developing own knowledge of the condition; peer interactions of high importance.
- Chronic disease management; stabilisation of condition with person self managing and reducing input from care providers;
- Ageing, which can bring co-morbidities requiring complex care management models across different specialties





# WAYS IN WHICH PLHIV COULD BE REASSURED ABOUT CONFIDENTIALITY AND NON DISCRIMINATION

- Statute Law ; Data protection Act 1998; Human Rights Act
- Professional standards; GMC; public interest
- Secure record keeping – anonymised if requested
- Recognising discriminatory behaviour
- Educating health professionals
- Treating the individual as a partner in care (not a patient)





# SUMMARY OF WHAT PLHIV EXPECT OF PRIMARY CARE

Factors promoting the quality of care:-

- Enhanced communication between primary care and specialist services
- Shared records or streamlined care pathways
- Knowledgeable practitioners
- Involvement in the care programme
- Recognition of non-HIV conditions, co-morbidities
- Reduction in stigma & discrimination

