Mrs Fiona Wallis
Monkgate Health Centre, York
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**Monkgate Health Centre, York**

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| Date   | April 2015 |
Fiona Wallis
Lead Nurse HIV
York & Scarborough

HIV Related Stigma
WE’RE NOT IN 1984 ANYMORE, TO±O.

Ref: positivelypositive.ca
HIV Stigma

- Definitions
- HIV Testing
- Focus on rural health care
- Partnership working
- GP Liaison
What is HIV Stigma?

• It means different things to different people

• UNAIDS Define it as ‘A Process of Devaluation’

• Report awaited from Positive Voices.

• HIV Stigma Index Recruitment (2015)
Discrimination

• Discrimination can be defined as the behaviour resulting from stigma.
• It is described in the HIV Stigma Index (2009) as Enacted Stigma and in the context of HIV can adversely affect how and when some access services
**Figure 1: Negative feedback between stigmatisation, self-esteem & participation in social activities (Taylor & Field: 1993)**
BHIVA Testing Guidelines & Stigma

• If you live in an area where there is an HIV prevalence >2 per 1000; HIV testing is offered at GP registration or on medical admissions unit.
• If you do not live in such an area then you have to meet certain criteria or disclose potential risk behaviours to be offered such testing.
• In certain cases due to the pressure of rural norms and fear of stigmatisation patients do not disclose to partners, GPs, or medical admission units any risk behaviour. For some people this can feel like stigmatisation before they even take the test.
• My question is ‘Would universal testing reduce stigmatisation of HIV? ……… and reduce late diagnosis.'
National AIDS Trust Statement 2014

• Evidence shows that, outside of the HIV clinic, people living with HIV experience stigma and discrimination in healthcare settings with alarming frequency. As the main healthcare provider in the UK and a trusted source of information, the NHS has a key role in tackling HIV stigma

• NAT 2014
In UK 3 pieces of legislation that affect people with HIV

• UN Special Assembly dedicated to HIV/AIDS: An international human rights framework; UK signed up to it in 2001
• UK Disability Discrimination Act: 1995, 2005
• The Offences Against the Persons Act: The Act that provides the potential criminalisation of HIV transmission
Rural Health Care & Stigma

• ‘In rural health care settings stigma takes on special importance because of the overlapping & interdependent relationships that exists in small communities.’

(Tummala & Roberts 2010)
York & North Yorkshire

- Population 800,751 over 3,605 sq miles
- BAE groups: York: = 9.8%
  N. Yorks: = 7.6%
- HIV seroprevalence:
  - York: 0.73 per 1000 (2013)
  - North Yorkshire 0.53% (2013)
- Late Diagnosis 56% (Yorkshire & the Humber 2013)
York & North Yorkshire Current Patient Cohort

• 271 Patients
• Approximately 1/3 are female and 2/3 male
Think about this……..

• You have been coming to the HIV clinic for several years, you never see your GP; following recent blood tests the clinic want to write to your GP to request that he manages your lipid and hypertension issues and because of potential drug interactions they wish to disclose your HIV +ve status to your GP.

• You have not told anyone else about your status

• Cool so far???
Carry on thinking……

• You live in a small village of 200 people and a friend is the receptionist in the GP surgery. You share child minding responsibilities with her

• Still cool???
Partnership working to Breakdown Stigma

• Right person with the right skill for the right task at the right time. (Case management model)

• HIV clinic responsibility to check partner services have correct policies & procedures in place.

• HIV specialists need to act as advocates

• HIV specialists need to support transition to other services
Challenges of getting the correct outcome and trying to challenge stigma

HIV Testing of the Children

• Due to perceived stigma by the parents many of whom refused to take their children to the GP for testing; an agreement was developed with the TB team that the nurses would accept referrals for HIV testing.
GP Liaison

• Individualised
• Right practitioner for the right job in the right place
• Breaks dependency on HIV clinic and promotes trust in other services.
• January 2015 patients can register with a GP outside their practice boundary
• Regular two way correspondence between GP & HIV health care provider
In Summary…

• HIV stigma is alive and well
• HCPs have a responsibility to break down barriers and advocate for their patients:
  • “act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care” (NMC The Code, 2015)
  • “make the care of your patient your first concern” (GMC Good Medical Practice, 2013)
And Finally…

• “HIV is nothing to be ashamed of but stigma and bias shame us all” (adapted from a quote by Bill Clinton)
Acknowledgements

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• Tracy Thackeray North Yorkshire AIDS Action
• Tom Doyle Yorkshire MESMAC
References


• National AIDS Trust, HIV in the UK www.nat.org.uk

21st Annual Conference of the British HIV Association (BHIVA)

21–24 April 2015

The Brighton Centre, Brighton, UK