

HIV Stigma and Discrimination in Primary Care

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Background

Quotes from the Positive Voices Survey 2014

“If you wish, please use the space below to tell us about when you have experienced discrimination because of your HIV status.”

“I had a nurse recommend to another nurse to double-glove because of my status in front of me”

- Man, 24, diagnosed 2013

“My local GP said the nurse would not take my blood because of my HIV status

- Man, 33, diagnosed 2010

“A GP told me I may have to have a medical procedure done in a special ward/hospital because of my HIV. The procedure was difficult enough, I was newly diagnosed in the past two weeks, and I felt the GP was cold towards me when I was feeling incredibly afraid and alone.”

- Woman, 36, diagnosed 2009

“I have been refused dental treatment, I've been referred to other surgeons who would consider operating on a HIV person, I have been referred to the hospital because my GP phlebotomist wouldn't take my blood”

- Male 52, diagnosed 2007

“Went for cervical smear, waited in the cubicle for 2hours because nurses didn't want to take my smear”

- Woman, 51, diagnosed 2006

“Being seen last in the local GP / Hospital phlebotomy clinic for routine blood tests not related to CD4 or viral load.”

- Male 58, diagnosed 1994

Primary Care Stigma Survey: objectives

To generate robust statistical evidence to support communication about the level of stigma and discrimination about HIV which exists in primary care settings

Assess level of awareness/knowledge

Test the hypothesis around lack of awareness amongst GPs about HIV (such as transmission routes) and about the specific needs for HIV patients

Investigate level of stigma and discrimination

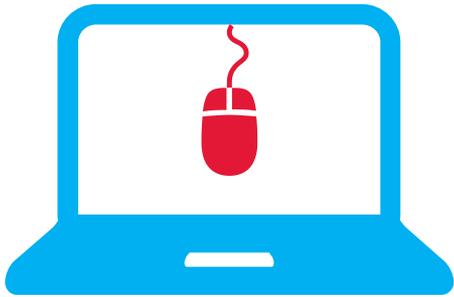
Assess perceived level of stigma and discrimination experienced by HIV patients in primary care to highlight the extent and potential for damaging consequences of the existence of such stigma

Benchmark current skills, training and guidance

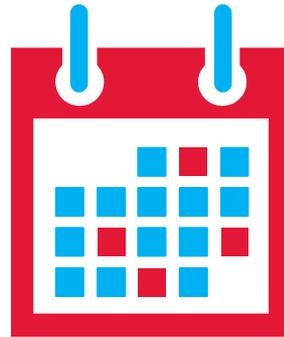
Provide a baseline understanding of the current level of skills and provision of training and guidance for GPs in managing HIV patients

Sample

Primary Care Stigma Survey: methodology



Online collection



Fieldwork Dates
July 24th 2015
to September 15th
2015

With n=3 pilot
interviews prior to
launch



Sample
GPs in England

n=250 respondents

- Quotas on regions/ HIV prevalence areas and gender

Primary Care Stigma Survey: sample description

32% female
68% male



24% part time
76% full time



4% solo practice*
95% group practice

On average, **18.2**
years in practice



Area of special interest:

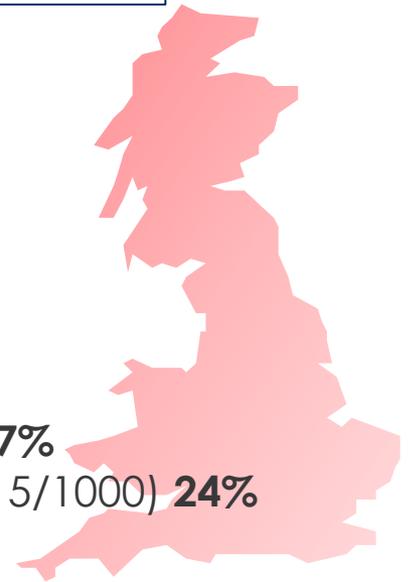
24% sexual health
7% blood borne virus diseases

Region

- Midlands/ East of England **26%**
- London/ South East **31%**
- North England **27%**
- South England **16%**

HIV prevalence

- Very high prevalence (>5/1000) **17%**
- High prevalence (between 2 and 5/1000) **24%**
- Low prevalence (<2/1000) **58%**



Quotas were set up on regions, prevalence area and gender to ensure a representative sample of GPs

*In line with national data (source: Health and Social Care Information Centre. General and personal medical services. England 2002-2012. 21 Mar 2013)

S2. In which clinical settings do you spend the majority of your time? S3. In which region is your practice based? S4. What is your gender? Q1. Approximately, how many years have you been a GP? Q2. Do you currently work full time or part time in your current role? Base: all respondents (n=250)
Ipsos Healthcare HIV Stigma & Discrimination 2015

Current Practice

Prevalence in their area vs. national average

Physicians believe the prevalence of diagnosed HIV infection in their local health authority to be:

	GPs in very high prevalence areas (n=43)	GPs in high prevalence areas (n=61)	GPs in low prevalence areas (n=146)
Above national average	51%	33%	5%
In line with national average	26%	25%	21%
Below national average	16%	33%	62%
Don't know	7%	10%	12%

Q10. Which of the following best describes the prevalence of diagnosed HIV infection in the local health authority where your practice is located? Base: all respondents (n=250)

**Training, confidence and
knowledge**

Only 21% of GPs have had training in the last 2 years; for half of them the local HIV physician was the training provider

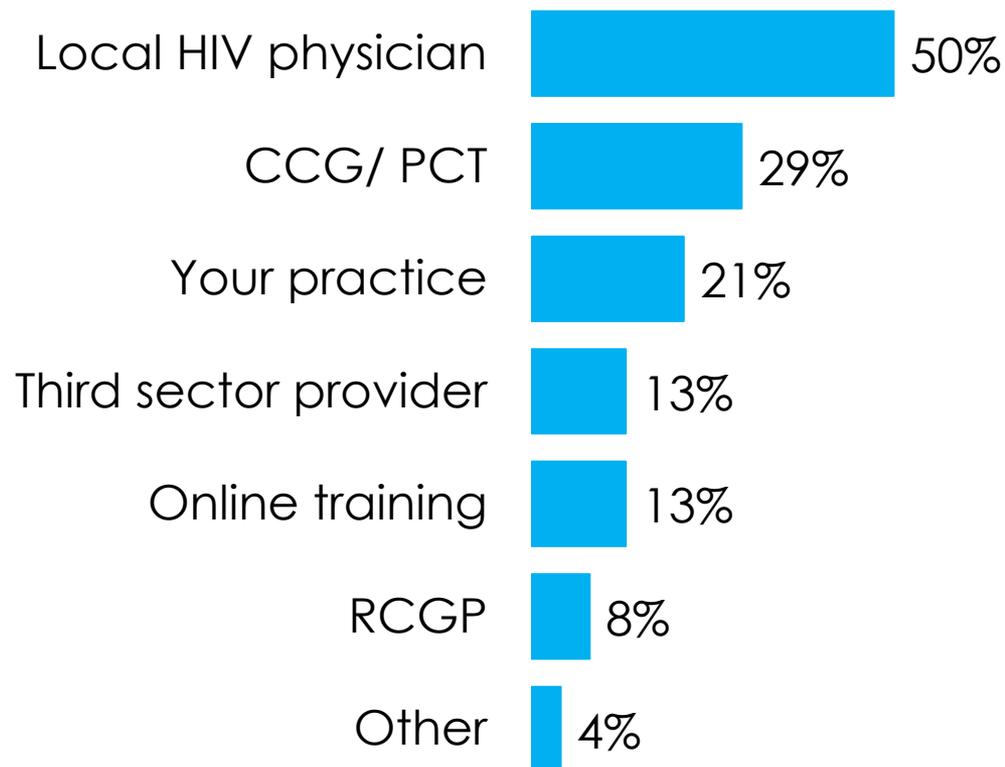
21%

have had training or education in the last 1-2 years on managing the needs of HIV patients in their practice

27% in very high/ high prevalence areas (**28%** in very high prevalence areas; **26%** in high prevalence areas)

16% in low prevalence areas

Training providers



*= significant difference vs. other groups (95% confidence)

Q11 In the last 1-2 years, have you had any training or education with regards to managing the needs of patients with HIV in your practice? Base: all respondents (n=250) Q12 Who/ which agency provided the training? Base: all respondents who had training in the last 1-2 years (n=52)

Confidence in their knowledge

79%

Are confident in their knowledge of HIV transmission

83% in very high/ high prevalence areas (**81%** in very high prevalence areas; **84%** in high prevalence areas)

76% in low prevalence areas

But only

16%

Are confident regarding their knowledge of HIV drug-drug interactions

21% in very high/ high prevalence areas (**30%** in very high prevalence areas; **15%** in high prevalence areas)

12% in low prevalence areas

% of respondents who said very or fairly confident / *= significant difference (95%)

Q14. How confident are you in your knowledge of the routes of HIV transmission? Q15. How confident are you regarding your knowledge of HIV drug-drug interactions? Base: all respondents (n=250)

The lack of direct experience and training are the main concerns for GPs

41%

are **NOT** confident they can manage the primary care needs of people with HIV in their practice

31%* in very high/ high prevalence areas (**26%** in very high prevalence areas; **36%** in high prevalence areas)

48% in low prevalence areas



What could be done to make them more confident?



"It's still such a secretive diagnosis despite the massive progress made in recent years. As it historically has been managed by specialists there has been no motivation to learn more about treating patients as the patients usually present directly to their HIV service" Female, High prevalence area, 10 years in practice



"Better communication with local HIV services as we are often not notified when a patient is diagnosed in the community or hospital" Male, High prevalence area, 34 years in practice



"We need more experience. Currently patients are very well managed by secondary care and tend to go directly to them. They need to be confident that we can manage" Female, Low prevalence area, 15 years in practice

% of respondents who said tend to disagree or strongly disagree or neither agree or disagree/ *= significant difference (95%). Q17. To what extent do you agree with this statement: "I am confident I can manage the primary care needs of people with HIV in my practice". Base: all respondents (n=250) Q18. What could be done to make you more confident about managing the primary care needs of people with HIV in your practice? Base: respondents who are not confident to manage HIV patients (n=102)

Despite their confidence in their knowledge of HIV transmission, only 15% of GPs selected all the correct transmission routes

79% Are confident in their knowledge of HIV transmission

However from this list of potential risks for transmission, **only**

15%

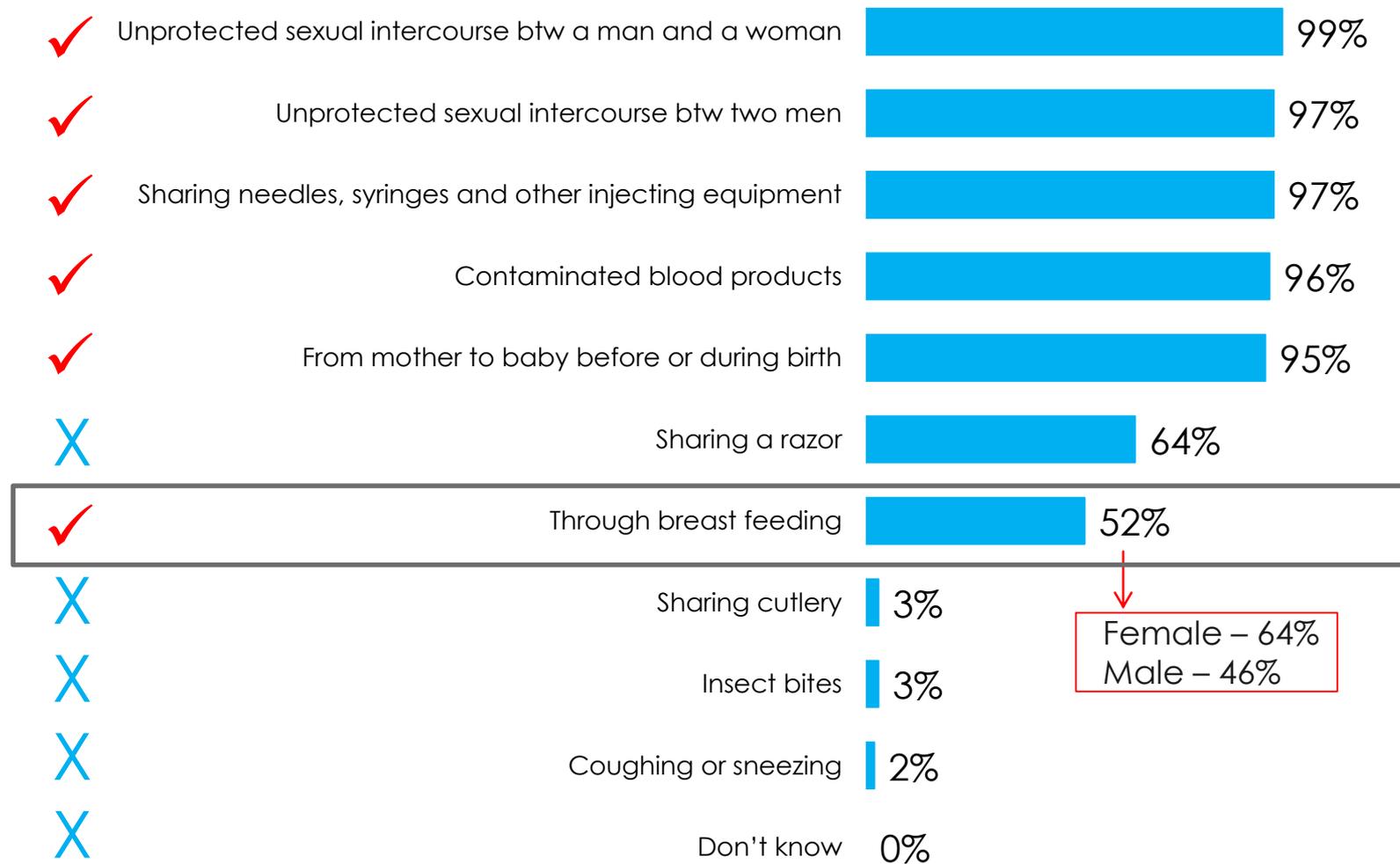
have selected ALL the correct answers

- ✓ Unprotected sexual intercourse between a man and a woman
- ✓ Unprotected sexual intercourse between two men
- ✓ Through breast feeding
- ✓ From mother to baby before or during birth
- x Coughing or sneezing
- ✓ Sharing needles, syringes and other injecting equipment
- ✓ Contaminated blood products
- x Sharing cutlery
- x Insect bites
- x Sharing a razor

% of respondents who said very or fairly confident

Q14. How confident are you in your knowledge of the routes of HIV transmission? Q19. Which of the following are known risks for transmission of the HIV virus? Base: all respondents (n=250)

Sharing a razor and breast feeding are the most common errors



Q19. Which of the following are known risks for transmission of the HIV virus? Base: all respondents (n=250)

Similar pattern with the bodily fluids containing enough HIV to infect someone else

79% Are confident in their knowledge of HIV transmission

However from this list of bodily fluids containing enough HIV to infect someone else, **only**

17%

have selected ALL the correct answers

- ✓ Semen
- ✓ Vaginal fluids, including menstrual blood
- × Sweat
- ✓ Breast milk
- ✓ Blood
- × Saliva
- ✓ Rectal secretions
- × Urine

% of respondents who said very or fairly confident
Q14. How confident are you in your knowledge of the routes of HIV transmission? Q19. Which of the following are known risks for transmission of the HIV virus? Base: all respondents (n=250)

Management of HIV versus other long-term conditions

HIV is seen as a long term chronic condition, however GPs feel less comfortable managing it versus other LTCs

92% Think that these days, stable HIV can largely be managed as a long term chronic condition

90% in very high/ high prevalence areas
(**91%** in very high prevalence areas; **91%** in high prevalence areas)

93% in low prevalence areas

However

45% Think that they are less supported as a GP to manage the primary care needs of people with HIV compared to other long term chronic conditions

42% in very high/ high prevalence areas
(**47%** in very high prevalence areas; **39%** in high prevalence areas)

47% in low prevalence areas

52% Think that they are less knowledgeable about HIV considerations compared to other long term chronic conditions

49% in very high/ high prevalence areas
(**47%** in very high prevalence areas; **51%** in high prevalence areas)

54% in low prevalence areas

% of respondents who said strongly or tend to agree

Q28. To what extent do you agree with the following statement "These days, stable HIV can largely be managed as a long term chronic condition" Q29. Which of the following statements do you agree with? Base: all respondents (n=250)

The care pathway between primary and secondary care for HIV patients

49%

think the care pathway between primary and secondary care is less well established for HIV than with other long term chronic conditions

49% in very high/ high prevalence areas

(51% in very high prevalence areas; 48% in high prevalence areas)

49% in low prevalence areas

Q29. Which of the following statements do you agree with? Base: all respondents (n=250)

Risks and concerns

Transmission

“An undetectable viral load in a person with HIV on stable HIV treatment means that the risk of HIV transmission by that person is almost negligible”

■ Strongly agree ■ Somewhat agree ■ Neither agree or disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know



Top 2: 47%

48% in very high/ high prevalence areas (**44%** in very high prevalence areas; **51%** in high prevalence areas)

47% in low prevalence areas

Q31. To what extent do you agree with this statement: “An undetectable viral load in a person with HIV on stable HIV treatment means that the risk of HIV transmission by that person is almost negligible” Base: all respondents (n=250)

Stigma and discrimination in the NHS

A little bit more than a third of GPs think discrimination of patients due to their HIV status occurs within NHS

“Discrimination of patients due to their HIV status occurs within NHS”

■ Strongly agree ■ Tend to agree ■ Neither agree or disagree ■ Tend to disagree ■ Strongly disagree ■ Don't know



Top 2: 34%

31% in very high/ high prevalence areas (**37%** in very high prevalence areas; **26%** in high prevalence areas)

36% in low prevalence areas

Q39. To what extent do you agree with this statement: “Discrimination of patients due to their HIV status occurs within NHS” Base: all respondents (n=250)

Summary

- Just 21% of GPs have had training in the last 1-2 years on managing the needs of the HIV patients in their practice
 - This has led to increased confidence amongst these GPs
- Whilst GPs do think stable HIV can be managed as a LTC, many have concerns about their own lack of knowledge and the lack of support in managing HIV compared to other LTCs
- DDI appear to be of particular concern
- 4 in 5 GPs are confident about their knowledge of routes of HIV transmission and bodily fluids, yet less than 1 in 5 select all of the correct options
 - The most common misconceptions are around sharing a razor, breast milk and saliva
 - There is a desire amongst GPs to display a non-discriminatory attitude. Whilst it appears that a lack of factual knowledge could be one factor in driving inadvertent discriminatory behaviours amongst a minority of GPs, this is not the sole reason
 - Education is one key factor in increasing GPs' confidence in this area. There is a recognition amongst GPs that they do need greater support in managing their HIV patients

HIV in Primary Care; Doing the Right Thing

- ViiV are working with a GP Task Force to address some of the findings of this survey
- Based on the key insight that GPs aren't 'thinking HIV' our aim is to raise awareness of HIV amongst GPs and use diagnostic testing as a route in to put HIV testing on the radar of GPs
- Currently working on a National and Local campaign with aim of reporting back at the end of 2017