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“Don't turn that patient away, they must be seen.” A qualitative exploration of the views of London HIV clinical service providers on HIV care engagement challenges (The SHIELD Study)

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Background

Lifelong engagement in care with effective HIV therapy, is essential to improve health outcomes for individuals and populations. This can be challenging for some people at different times in their lives. Supporting engagement is vital for individuals and for efforts to achieve global targets to end AIDS. During the COVID-19 pandemic, people who had not been in regular care pro-actively contacted their HIV clinic for treatment. The SHIELD Study is an ongoing, mixed methods study aiming to understand shifts in re-engagement (and dis-engagement) during the pandemic to generate generalizable learnings to improve engagement[1].

Methods

We present workstream 1 findings derived from 11 semi-structured qualitative interviews exploring staff perspectives from 11 London-based HIV clinics. We sampled staff based on their involvement in engagement tasks in the clinic.

(i) Interviews explored:
  - existing service-level policies to support engagement in HIV clinical care;
  - changes made during COVID-19
  - staff’s views on dis-engagement and strategies to address it

(ii) Interviews were analysed thematically.

Participants:
- 6 Doctors
- 2 Specialist Nurses
- 2 Health Advisors
- 1 Clinic Manager

Results

Participants discussed interactions at **Person, Service** and **System** levels they regarded as protective or harmful to engagement.

““So very difficult lives, poverty, housing, family problems, immigration issues. So, they have a hefty load of that, combined with some level of stigma. And I think the combination of those, the stigma plus the competing need is quite deadly, because they don't really want to think about the HIV anyway, and they've got other things that they are worried about more, especially if they feel well.”

"And other patients who just literally can’t afford to get here. Yeah it’s not their priority when they’re struggling with other things.”

1 **Person-level:** Participants described how social and economic factors, treatment fatigue, competing priorities, stigma and shame, low self-esteem and past trauma negatively affect engagement.

“I think service that’s tailored to the patient’s needs. Offering patient and MDT in a non judgmental, holistic approach. …patients don’t feel stigmatized or discriminated about HIV, where they feel they can be open and honest, and have a meaningful conversation with that healthcare professional.”

"We have a housing and benefits advisor who comes into service once a week. We have an alcohol drugs worker who comes into the service once a week. We have a masseur reflexologist, who does a couple of sessions a week. We've got a peer support gardening group."

2 **Service-level:** protective values included accessibility, flexibility, non-judgemental and personalised approaches, all considered central to building trust and long-lasting patient-centred relationships; processes to identify struggling patients; providing mental health, peer and non-clinical support services.

“Money. Space. Yeah, clinic capacity.”
“And I think it’s key to have someone in the clinic all the time, whose able to, to really “

“So I think there needs to either be a rapid urgent review of how much you can genuinely protect information in electronic patient records, or I think more realistically and feasibly and acknowledge for the GMC their guidance no longer fits modern technology and modern systems…”

3 **System-level:** participants described harms related to under-prioritisation of engagement and heightened focus on testing, precarious funding for support services, and a lack of reliable data systems and data sharing across clinics.

Conclusion & Recommendations

Staff in HIV services advocated for the need to invest time and resources to identifying, supporting, and re-engaging patients who might be facing challenges in making the most of available care.

We recommend that commissioners and policy makers take this into account and give parity with HIV testing to engagement in care, over the life course.

References

(1) Dakshina S , Orkin C, Dragovic B, Umaipalan A, Apea V. The impact of the COVID-19 pandemic on patient re-engagement within five London HIV centres. Poster LBPEB16, AIDS Conference 2020.

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