Service evaluation of perceived needs of women living with HIV in the outpatient setting

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Background

The Lawson Unit delivers HIV care to patients in Brighton and Hove. As one of the largest HIV centres in the UK outside London we see 23255 patients, 11% of whom (257/2325) are women.

The unit has a national reputation for innovation in sexual health services including dedicated sexual health clinics for both men who have sex with men (MSM) and transgender patients.

Gender plays an important role in determining vulnerability and ability to access appropriate HIV care.

Since 2012 the Lawson Unit has offered a nurse-led clinic specifically for women living with HIV. This clinic was being underutilised, prompting us to undertake this evaluation.

Aims

- To review use of the currently available services for women.
- To identify the barriers experienced by women living with HIV when accessing outpatient services.
- To evaluate the needs of this group to help plan for future services.

Method

This project consisted of two stages:

1. An audit of current clinic usage was performed over a six month period between January and June 2016.
2. An anonymous patient questionnaire was distributed on an ad-hoc basis to women attending routine HIV outpatient appointments, HIV support services and specific women’s groups. Questionnaires were distributed over a six month period between January and June 2016. The questionnaire was adapted from the WHEC survey, Psarros, A (2014). Women’s Health Equality Consortium: Women’s Voices on Health: Addressing barriers to Accessing Primary Care.

Results – Audit and patient questionnaire

The audit revealed an under utilization of sexual health screening and cervical cytology appointments specifically dedicated to women living with HIV .

50 women then completed the questionnaire, representing 19% (50/257) of our female cohort.

The average age of those completing the questionnaire was 48 years of age (range 46-54) which is representative of our female cohort (graph 2).

Graph 1: Age of women surveyed

Despite a lesser than expected attendance to existing services 50% (25/50) thought a dedicated women’s service would be valuable. Only 44% (2/50) were aware a dedicated service existed.

Barriers to accessing services:

- 32% (16/50) disclosed a disability of who 44% (7/16) reported difficulty accessing our service as a consequence.
- No patients reported difficulties with language or understanding.
- 36% (18/50) lived in households containing children <16 years. Of this group 67% (12/18) were uncomfortable bringing their children to clinic.
- Concerns around knowledge of HIV status, long waits being stressful and sitting with lots of men in the waiting room were reported.
- 44% (22/50) had to take time off work/out of education to attend appointments. Of these women 26% (13/50) stated the prospect of this influenced their decision to attend outpatient appointments.
- 24% (12/50) were influenced by the cost of travel.

Improving future services:

- The morning was identified as the most convenient time for a dedicated women’s health clinic.
- Patients reported a wide range of services that they felt would be useful at a dedicated women’s clinic (graph 3).

Graph 2: Services women would find beneficial

Conclusions

Potential barriers to women attending our service included inadequate disabled access, child and female unfriendly environment as well as long waiting times. This needs to be addressed to make women more comfortable attending with or without their families.

Our current dedicated women’s nurse-led clinic is being underutilised. This is despite 50% of those surveyed reporting that a dedicated service would be valuable. This may relate a lack of awareness of this service.

Future women’s services are now being developed to provide holistic care, addressing both medical and sexual health concerns but also psychological and social wellbeing.