



Peer Navigators: can patient-led support contribute to clinical and well-being outcomes?

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Background

HUH is in a high HIV prevalence area with a diagnosed prevalence of 8.11 per 1000 (London average 5.8/1000).

- Approximately 1,100 adults receive HIV care at HUH
- 75% women and 75% from ethnic minority communities
- Approximately 100 new diagnoses are made annually
- Approximately 50 women living with HIV give birth in the hospital
- Significant numbers are within the immigration system, compromising their eligibility for statutory support and increasing their vulnerability
- Poverty, housing and food security are common problems, exacerbated by welfare reforms

We wanted to increase capacity to meet growing support needs by appointing "Peer Navigators" (PNs): patients trained and employed to provide peer support.

Method

Working in partnership with Positively UK, 3 patients were appointed through a competitive selection process. They were trained and accredited, receiving an NVQ Level 2 in Peer Mentoring from the Open College Network. Supervision was provided by the clinic's Social Care Co-ordinator and Positively UK's Peer Case Worker. Peer support was provided during all HIV clinics. PNs worked with patients to identify needs and priorities, set action plans, work towards agreed goals and undertake advocacy with third party agencies. The service was evaluated internally using an outcome star, with patients self-assessing on a 10-point Likert scale upon registration, with reviews throughout, and upon completion of the support programme. Exit interviews with patients assessed to what extent needs had been met.

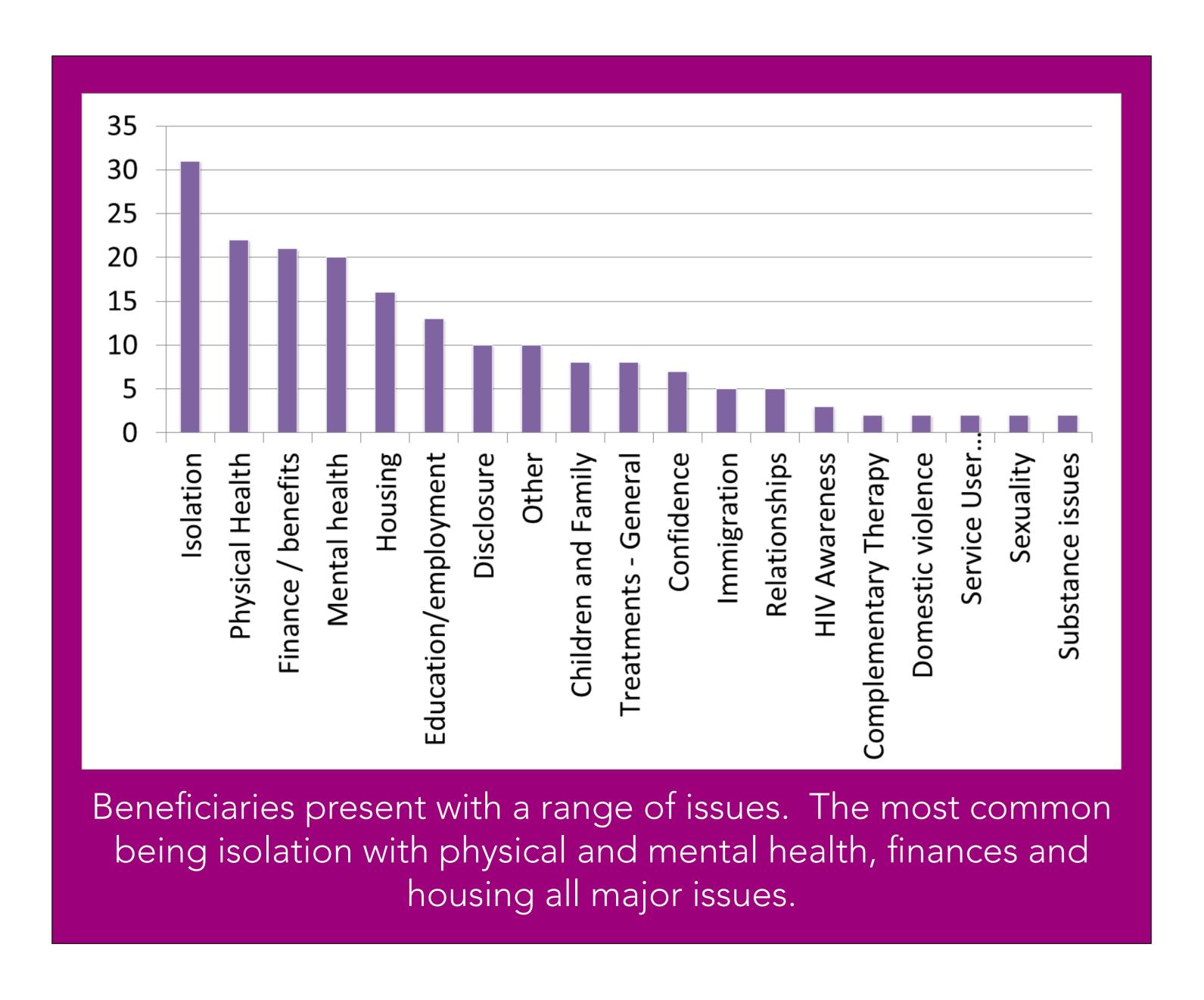
Results

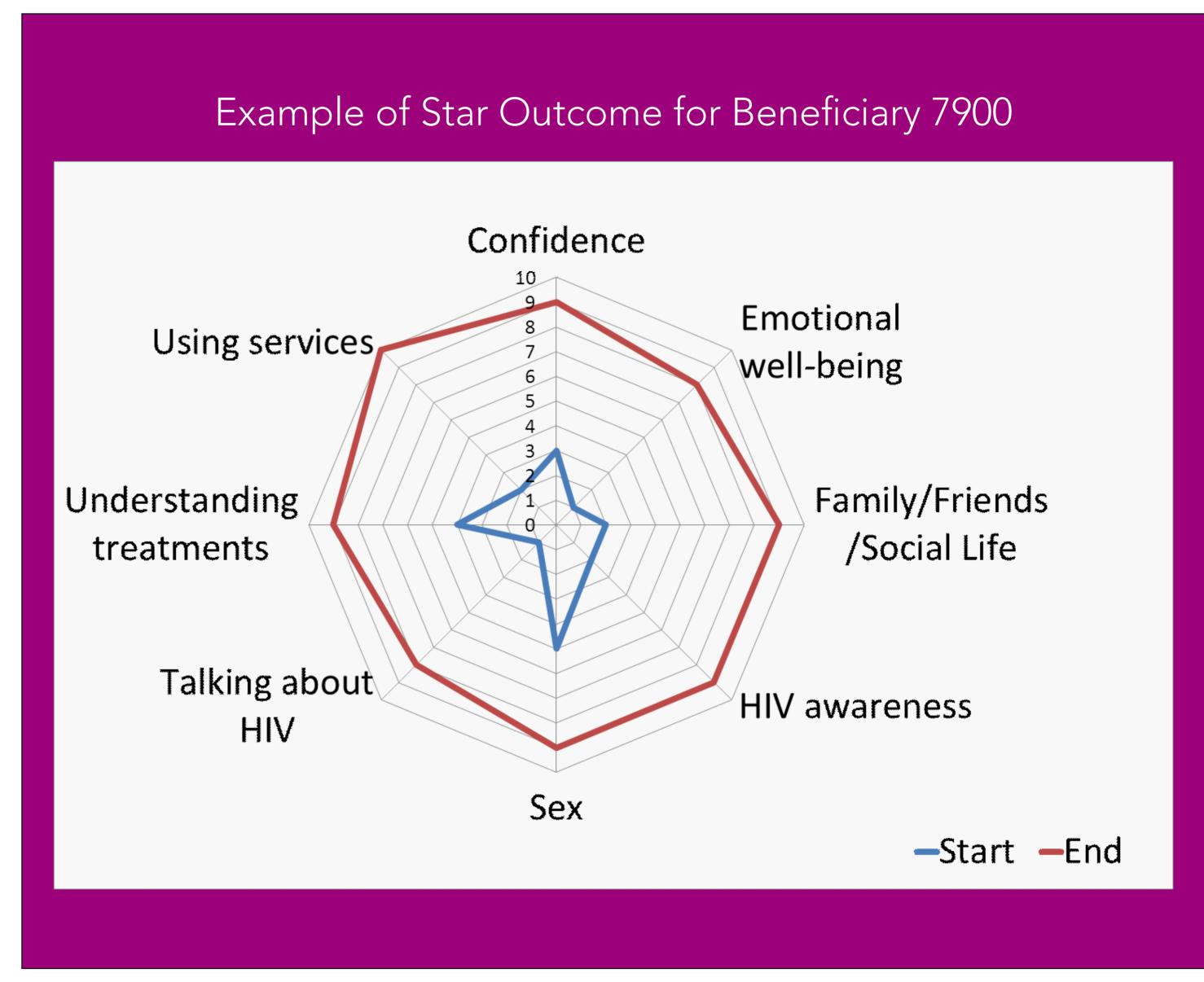
40 patients with high level needs were supported through 200 hours of one-to-one support:

- 70% had increased uptake of services ranging from benefits advice to immigration and hardship support
- 76% reported an increase in disclosure and talking to others about HIV
- 53% reported being in a better financial position
- Adherence to HIV medications was generally high across the cohort, nevertheless just under half said their understanding and adherence had improved, 23% reported a significant improvement
- One Peer Navigator has since gained further employment as a result of the project.

Conclusion

Embedding peer support within the clinic is an effective way of skilling up patients and providing essential peer support, information and advocacy. Collaboration and harnessing the skills of the clinic and voluntary sector were crucial to the success of the project. The Peer Navigator model is replicable and could be rolled out to other centres.





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