

Optimising service delivery for youth born with HIV

Overview:

CYP born with HIV face unique barriers and stigma to their care. It has long been known that HIV control can be variable in adolescence and early adulthood due to a number of factors, but that most people will get back on track with time. In light of this, the Imperial HIV team have set up open access clinics for families & YP to be managed together (parents & children) with transition into adult services. The 900 youth clinic has been evolving to be run by paediatric & adult doctors with an open door policy so that anyone who turns up on a Wednesday afternoon (usually a college or uni half day) will be seen, no matter how long since their last appointment. Staff are trained to be responsive and engaged in a YP care and have adapted to the needs of their YP.

Objectives:

- Continuity of confidential compassionate care
- To reduce the health inequities that exist for their clinic population

Results:

Most young people prefer the adult clinic model to paediatrics, feel it has more flexibility, and like the times of clinic

Learning:

- Organisational willingness is key
- collect data to show it's meaningful
- Read just current practice rather than build new - rejig rather than new funding
- Third sector relationships can be really fruitful (honorary contracts)
- Small research grants can boost the model

More information: Foster C, Ayers S, McDonald S, Frize G, Chhabra S, Pasvol S, Fidler S. Clinical outcomes post transition to adult services in young adults with perinatally acquired HIV infection: mortality, retention in care and viral suppression. AIDS 2020 1;34(2):261-266.

