MAKING SERVICE ACCESS FAIRER FOR PEOPLE WITH HIV AND COMPLEX CARE NEEDS IN NSW IS OVERDUE

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Background:

PLHIV with complex care needs, face composite challenges including ageing, multimorbidity, mental health conditions, drug and alcohol issues, and non-medical factors such as race, language, culture, socioeconomic status, and place of residence. To improve ART adherence and retention in care for this cohort, Positive Life reviewed the relationships between PLHIV with complex care needs in NSW and the non-government and public HIV services provided to them.

Methods:

The review included a literature review, needs assessment, service mapping exercise, gap analysis, resulting in19 key findings and 11 recommendations for HIV service partners to consider. 21 interviews were conducted with key representatives from Sexual Health Services and non-government organisations. PLHIV population data and care coordination /case management service utilisation data were compared and contrast.

Results:

In NSW, 14% of PLHIV with complex care needs currently receive care coordination services from non-government/publically funded health services, and 4.8% are case managed. Meanwhile, the residential and demographic profile of PLHIV with complex care needs in NSW has changed significantly. Yet, the publically funded HIV service landscape remains largely unchanged since the 1990s. Service legacy arrangements mean that PLHIV in inner Sydney receive levels of care not available to PLHIV elsewhere in Sydney or regional NSW.

Conclusion:

NSW LHDs and NGOs have committed to improve access equity by exploring ways to collaborate and support services who are currently struggling to meet demand and unmet need. Regular service coordination and collaboration meetings (by region) would help identify which services are best placed to complement existing service arrangements and maximise equitable service provision across metropolitan and regional NSW for PLHIV with complex care needs.

Disclosure of Interest Statement:

Nothing to declare