

Implementing Research into Practice HIV Rehabilitation Services

Chelsea and Westminster Hospital 
NHS Foundation Trust

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RHIVA
REHABILITATION IN HIV ASSOCIATION

Contents

- HIV Rehabilitation services at Chelsea and Westminster
- HIV specific group Rehabilitation Programme
- The evidence being implemented into practice
- Patient experiences

HIV Rehabilitation Services

Chelsea and Westminster



**Largest HIV Unit
In Europe**

7,615
Outpatients

Inpatient

Joint Therapy Team

Specialist Physiotherapist
Specialist Occupational Therapist
Senior Physiotherapist

Outpatient

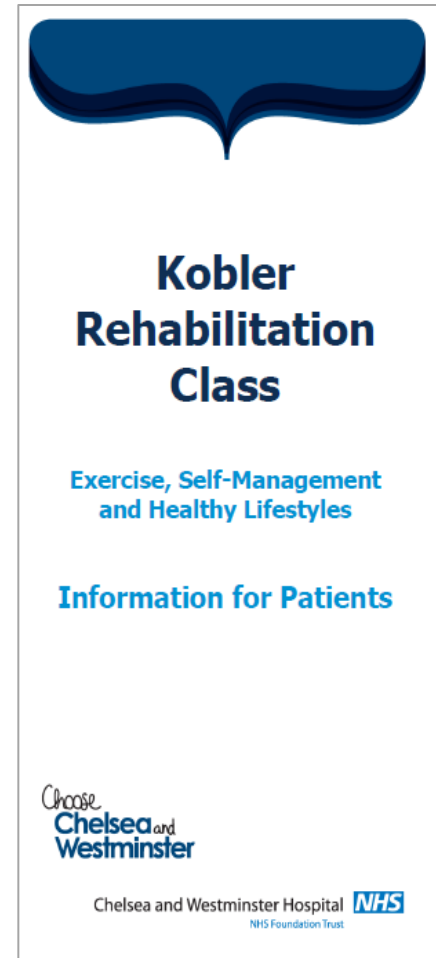
Specialist HIV Outpatient Physiotherapy

1:1 clinic Kobler day Care
Kobler Rehabilitation Class
Hydrotherapy

What is the Kobler Rehabilitation Class

- **Supervised Group Exercise Class**
(Physiotherapy Led and assessed prior to attendance)
- **Twice weekly (Tues/Fri) for 10 weeks**
- **For people living with HIV**
- **Aimed at people with impairments or limitations that restrict participation in regular physical activity**
- **HIV specific “Self-Management Programme”**
- **Outpatients and Inpatients**

Started September 2012



The poster features a dark blue decorative shape at the top. Below it, the title 'Kobler Rehabilitation Class' is written in a bold, dark blue font. Underneath the title, the text 'Exercise, Self-Management and Healthy Lifestyles' is displayed in a smaller, lighter blue font. Further down, 'Information for Patients' is written in a medium blue font. At the bottom of the poster, the 'Choose Chelsea and Westminster' logo is shown, followed by the Chelsea and Westminster Hospital NHS Foundation Trust logo.

**Kobler
Rehabilitation
Class**

Exercise, Self-Management
and Healthy Lifestyles

Information for Patients

Choose
Chelsea
and
Westminster

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Self-Management Programme

Fatigue Management
Pain Management
Stress and Relaxation
Continuing Physical Activity
General Nutrition and Healthy Diet
Living with HIV – Q&A
Goal setting
Confidence and Self-Management
Community Services and Support
Smoking Cessation

→ **Occupational Therapist**
 → **Palliative Care Consultant**
 → **Occupational Therapist**
 → **Physiotherapist**
 → **Dietician**
 → **Advanced Nurse Practitioners**
 → **Psychologist**
 → **Psychologist**
 → **Charities** Positively UK & Patient Forum
 → **Nursing staff**

Multi-Disciplinary Team



British HIV Association
Standards of Care
 for People Living with HIV
 2013



Standard 9: Self-management


People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities.

Putting the Evidence into Practice

Exercise

Evidence



 **Aerobic exercise interventions for adults living with HIV/AIDS (Review)**

O'Brien K, Nixon S, Tynan AM, Glazier R

 **Progressive resistive exercise interventions for adults living with HIV/AIDS (Review)**

O'Brien K, Nixon S, Glazier R, Tynan AM



A six-month, supervised, aerobic and resistance exercise program improves self-efficacy in people with human immunodeficiency virus: A randomised controlled trial

Soula Fillipas¹, Leonte B Oldmeadow¹, Michael J Bailey² and Catherine L Cherry^{1,2,3}
¹Alfred Hospital ²Monash University ³Barnet Institute Australia

[Open Access](#)



HIV Patient Characteristics that Affect Adherence to Exercise Programmes: An Observational Study

Andrea Petróczi^{1,2}, Kim Hawkins³, Gareth Jones³ and Declan P. Naughton¹

Practice

Supervised group exercise

Cardiovascular 60-80% HR-Max

Resistance training 70% 1RM

Flexibility and Balance

Outcome measures

Self recording

Putting the Evidence into Practice

Adherence

Evidence

Open Access

HIV Patient Characteristics that Affect Adherence to Exercise Programmes: An Observational Study

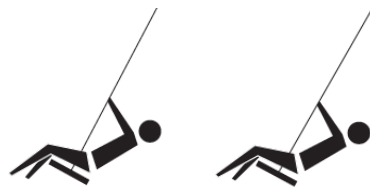
Andrea Petróczi^{*,1,2}, Kim Hawkins³, Gareth Jones³ and Declan P. Naughton¹

HEALTH BEHAVIOR, HEALTH PROMOTION AND SOCIETY Open Access

Understanding how adherence goals promote adherence behaviours: a repeated measure observational study with HIV seropositive patients

Gareth Jones¹, Kim Hawkins¹, Rebecca Mullin¹, Tamás Nepusz², Declan P. Naughton³, Paschal Sheeran⁴ and Andrea Petróczi^{3,4*}

HIV 1:4 not meeting PA recommendations (Fillipas, 2008)



Men **39%**

Women **29%**



Percentage of adults reaching government physical activity recommendations 2008

Practice

1:1 Clinic pre-screen

GAS Goal setting

Psychology input

Continued access to set goals

Patient Advocates

Breaking barriers - bring services to the patients (continuing physical activity session SMP)

Putting the Evidence into Practice

Self-Management

Evidence

Participation, Roles, and the Dynamics of Change in a Group-Delivered Self-Management Course for People Living With HIV

Anne Kennedy
Anne Rogers
Michele Crossley

Qualitative Health Research
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Performance attainment
Empowerment
self-management Vs increased patient responsibility
safe-haven free from stigma
collective wisdom derived from shared experience
experiential learning

Collective defined need and host support may be more important than content/structure

■ Standard 9: Self-management

People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities.

Practice

Semi-structured group sessions

Clearly defined links with host services

Multidisciplinary approach with
Voluntary sector involvement

Sign-posting

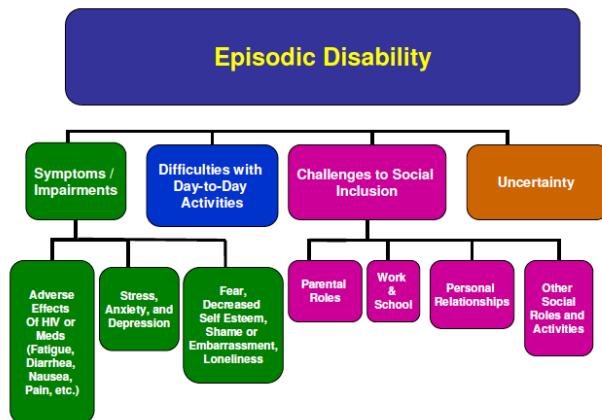
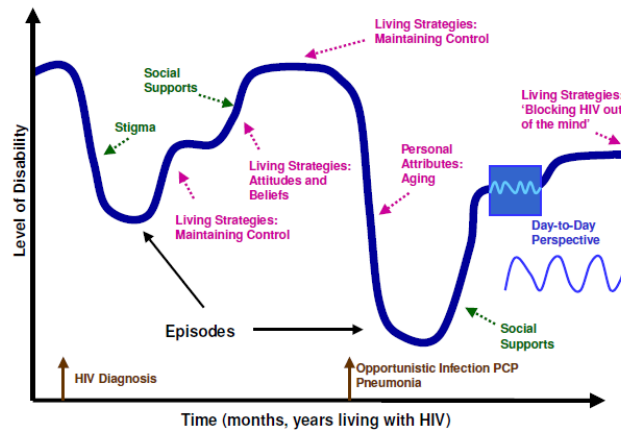
Patient advocates

Client driven service improvements

Putting the Evidence into Practice

Episodic Disability

Evidence



Practice

Outpatient Physiotherapy

(Harding et al, 2012)
poor physical function Vs well-being

Wide source of referrals

1:1 Vs Group

Drop-In service

Patient Advocates

Peer support via group

MDT and Voluntary sector

Conclusion

- Chelsea and Westminster is the Largest HIV Unit in Europe
- Providing specialist inpatient and outpatient rehabilitation services
- Outpatient services are implementing evidence into practice and developing services with innovative strategies in collaboration with service users

 @RehabHIV



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www.bhiva.org/RHIVA.aspx

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