

Information for Clinics

The case for peer support to contribute to the physical and mental health and wellbeing of people living with HIV is well documented and clinics offering peer support make for a genuinely holistic model of care. The 'At the Heart of Health: Realising the value of people and communities' Report looks at person and community centred approaches for health and wellbeing and identifies peer support as one of five interventions that has 'significant potential to enhance the quality of life of people living with long term conditions'.¹

Peer support in clinics means that people with lived experience can supplement clinical support by providing real life examples of the benefit of effective self-management. It offers both newly diagnosed patients and those attending for ongoing care the opportunity to benefit from a joined up approach to care, putting a person centred approach into practice. We know that people living with HIV are twice as likely to suffer with depression and poor mental health as the general population.² We also know, given the stigma resulting from discrimination and ignorance around HIV, that peer support is even more important for this health condition.

Clinics can feel overwhelmed by the idea of setting up peer support as staff and resources are stretched. However, there are examples of some great peer work being undertaken in health care settings. Our general guidance aims to give you the resources you need to integrate a peer approach into your service by helping you to decide the best and most efficient way to get a peer support service up and running in your particular clinic.

How are you going to resource your peer support project?

The barrier to setting up peer support in clinic is rarely a lack of enthusiasm. It is usually resource. Whether you want to set up the provision in house or work in partnership, you are not working from scratch because you are already an organisation with policies and procedures in place. It is a matter of knowing what you already have – and what you might need to implement.

Setting up peer support 'in house'

If you are intending to set up peer support in your clinic, with resources currently available to you – you are not the first to have done this. Therefore one of the first and most useful things you can do is find out who else has set up a similar project already and talk to them about how they have done it.³

¹ At the Heart of Health: Realising the value of people and communities, page 9

² Positively UK States of Mind: Improving Mental Wellbeing in the HIV Community – 2013, Janssen

³ Examples of other clinics includes Bloomsbury, Chelsea and Westminster, St Thomas's, Homerton and Kings in London. Lawson Unit in Brighton, Brownlee Centre in Glasgow, Sheffield Teaching Hospitals and Newcastle Royal Infirmary

The following questions are designed to help you think about what you need to consider for your project:

What is your resource?

Do you have the budget to develop a staff role – or add extra funding to a current role? Having a dedicated staff role is the easiest way to get a project off the ground, but it's not the only way.

Who are your champions?

Who are the people in your clinic that are really passionate about peer support and want to make it happen? It might be clinical staff, or it could be patients who are actively engaged with the clinic and have been lobbying to develop peer support. If you have a group of people who are keen to make it happen, bring them together to help implement your project. Whether you have a dedicated staff member or are developing the service with existing resource, your champions are the people who will make it happen – because they want it to.

What already exists in your organisation?

Policy and procedure – you should already have the policies and procedures you need in house. Information about policies and procedures that apply to peer support are detailed in the resource. If you do not have all the paperwork already in your clinic or more widely in your NHS Trust, you can download the templates from our resource and adapt for your own use.

Does your Trust have a Volunteer Service that could support you? There may already be peer support in another department working with other types of health conditions.

What are your mentors going to do?

Existing models of peer support in clinic are varied, and you need to decide what you want your mentors to do. The best way to execute a successful programme is to work within the constraints of your clinic, rather than be set on a certain type of mentoring that does not fit with the environment you are working in. The following types of support are not exhaustive, but all have been developed in a clinic environment:

Peer Mentors - usually providing one to one support in a safe space in clinic. They may be supporting newly diagnosed or ongoing patients. A feature of this type of support is that it is time bound, and focusses on working with patients to set achievable goals linked to management of their HIV. A good example would be working with a patient over a number of months to help them achieve good adherence to medication. Peer Mentors may also facilitate peer support groups.

Peer Educators – used as a form of health promotion. Peer Educators will be people living with HIV who can engage individuals and/or groups in conversations around issues of concern, seeking to promote health enhancing knowledge and skills and ultimately, behaviour change. They may be used in clinic, or supported by the clinic to engage in health promotion in the community, supported by health professionals.

Peer Navigators – generally based in the clinic, or sometimes a GP surgery. Peer Navigators will have a function similar to Educators and Mentors that is about behaviour change. However a key feature of their role is helping people to access the services and activities that are available in their community.

Peer Support Volunteer – this role title is often interchanged with Peer Mentor, but generally Peer Support Volunteers will be offering semi structured support in a peer support group. They may also be carrying out quite a different volunteer role, but will be identified as having lived experience and therefore able to empathise and chat with patients, offering informal peer support.

To help you decide what model best suits your clinic and the type of peer work that will be carried out, you should consider practical issues, such as:

Space – for one to one work you need to have a room, or rooms available at varied days and times of the week. Where space is limited, consider how a peer support volunteer might operate alongside and share space with a health advisor or other staff member.

Booking system – someone needs to be responsible for booking appointments and rooms, and informing patients and peers of the arrangements. There also needs to be a way for peers and mentees to let each other know if an appointment has to be cancelled.

Access to information – you need to decide whether your peers will have access to patient information and the amount of information they will be privy to. If they will be seeing patient notes then they may need an Honorary Contract. Some organisations will give more access to information than others, depending on the type of support and the relevance of the information shared. Whatever you decide, there needs to be the associated confidentiality and data protection policy – and training of peers to ensure patient information is protected.

Note taking – you need to decide the extent to which peers will be recording, and what they will be recording, where the information will be stored and how they will access it. If the peers are doing any work in the community, you will need to consider what information they carry with them and again, what they record and how they record it.

There are also support and develop issues to consider to help ensure your peers are able to deliver the best service they can. You also have a duty of care towards them, and the patients they are supporting. These are some of the ongoing aspects of working with peers that you need to consider:

Training – how will you ensure that your peers are trained for the particular roles you want to develop, and how will you take care of ongoing training and support?

Support and Supervision – who will be supporting peers and how/when will supervision be offered. If supervision is not offered in clinic through lack of resource and/or expertise, who will offer this? Who will be dealing with issues when they arise and how will difficult decisions around matters such as termination of service be made?

Communication – who will be communicating with the peers and making sure that they are made to feel part of the service you are offering patients and valued for the work they are doing?

Working in partnership

Given that clinics are often busy, pressured environments, developing a model that does not impact significantly on people’s existing workloads is vital to success. It may be possible to work with other organisations or services experienced in training and supporting peer volunteers. Not only can they lend their expertise, but this may lead to the potential for partnership funding and extra resource for your project.

Case study for working in partnership – Homerton Peer Navigator Project

The Peer Navigators service was developed and delivered by Homerton University Hospital in partnership with Positively UK. The programme recruited patients from the clinic’s patient cohort, developed their skills to be expert patients and provide peer support to others in the clinic, as well as help navigate their way through the complex health and social care system. Homerton Hospital’s Social Care Coordinator and the Case Work Manager from Positively UK work as a team providing formal line management, running team meetings and supervision. Both organisations take the lead in areas according to their respective expertise or governance.

Homerton Hospital leads on:

- Honorary contracts for Peer Navigators
- Dedicated working space for Peer Navigators to meet with patients and conduct administrative work
- Access to phone, computer and meeting rooms as required
- Oversight of day to day work

Positively UK leads on:

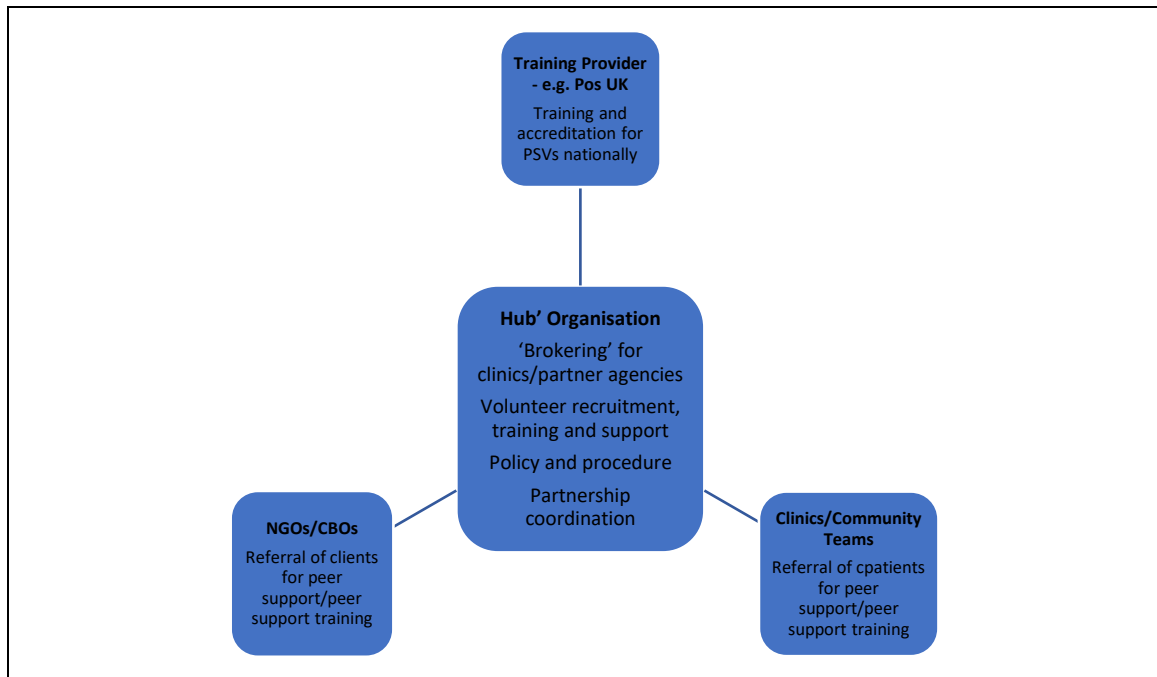
- Training of Peer Navigators
- Group supervision, attended by all case workers at Positively UK
- Being available for one to one meetings with Peer Navigators as required
- Supporting Peer Navigators with personal challenges in their role
- Ongoing professional development.

If there are no community services offering HIV-specific peer support in your area, there may be other types of peer support services that you could benefit from working with. There may be organisations offering peer support for people experiencing mental health problems for example. They will have insight regarding the support and supervision of peer mentors and a collaboration of this kind could be a valuable learning experience for both your clinic and the supporting organisation.

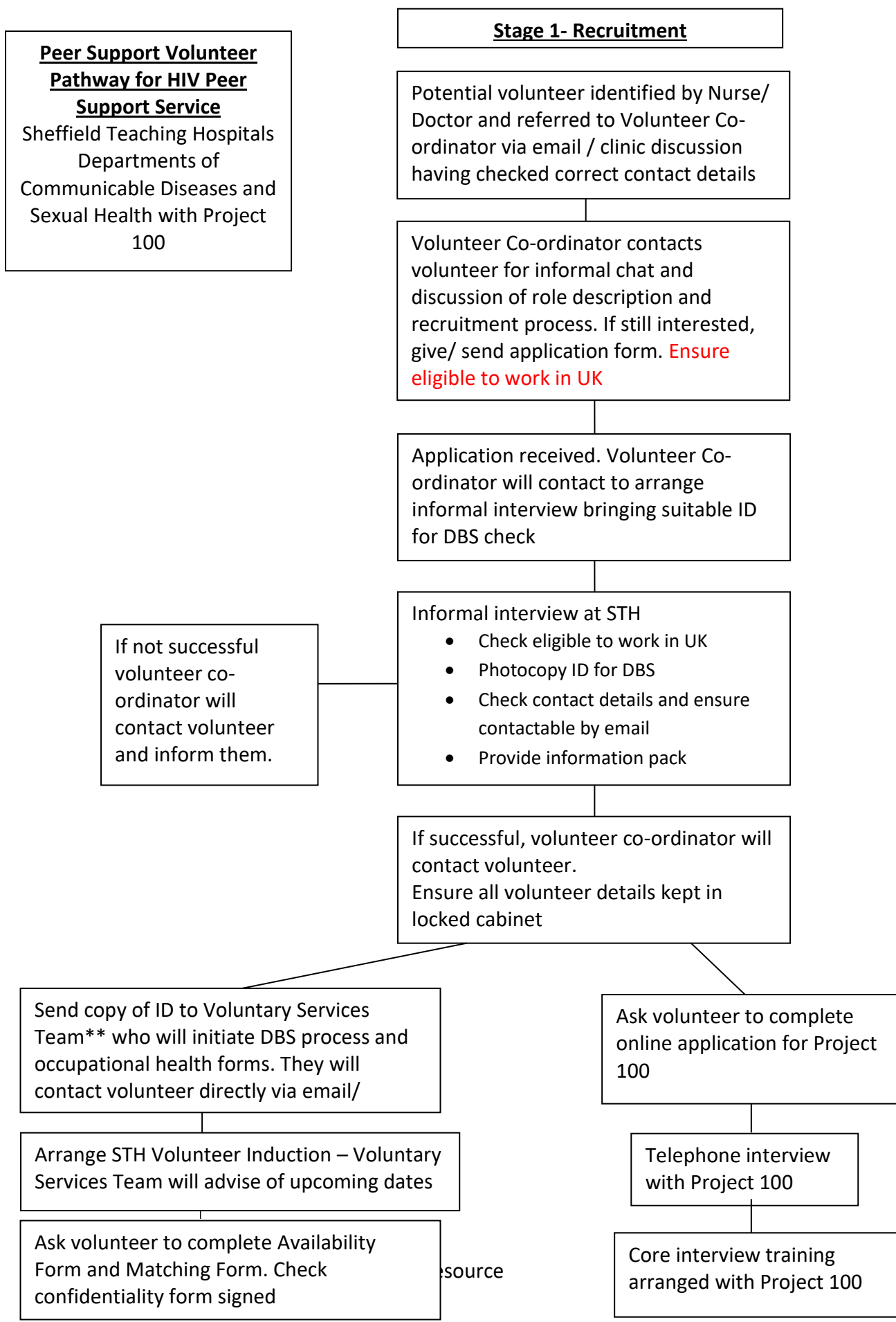
Positively UK and Project 100 have been keen to explore the idea in the regions of a hub and spoke model, the primary aim being to ensure sustainability. This idea has been explored in Sussex and involves organisations and clinics in the area working together and using all the

expertise and resources available regionally to deliver peer support services to people living with HIV.

A Hub and Spoke model for providing HIV Peer Support Services Regionally:



Sheffield Teaching Hospitals Recruitment and Referral Pathways



See Stage 2 Pathway

Stage 2 – Volunteering and Ongoing Support

Peer Support Volunteer Pathway for HIV Peer Support Service

Sheffield Teaching Hospitals
Departments of Communicable
Diseases and Sexual Health with
Project 100

Check Volunteer has received
information pack with key contact
details and peer support guidance
(times of work/ contact details etc)

Volunteer Co-ordinators to complete
an availability chart to outline all
volunteer availability, helping with
matching

Potential client identified by
Doctor/Nurse. Must complete
referral form and send to
Volunteer Co-ordinator

Match Peer Support Worker with client
and them give client's contact details
Volunteer to complete work log at each
client meeting and submit to volunteer
co-ordinator each month

Volunteer co-ordinator will contact
client when a suitable peer support
worker match is found, check still
interested and inform them to expect
contact

Continue to ensure volunteer is accessing
ongoing support and updates at STH through
HIV volunteer co-ordinators/ psychology team

This can sometimes be email contact to check
all is ok

Volunteer access ongoing online
support and training through Project
100, including Open College
Network qualifications