

# Implementing Research into Practice HIV Rehabilitation Services

Chelsea and Westminster Hospital   
NHS Foundation Trust

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# 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

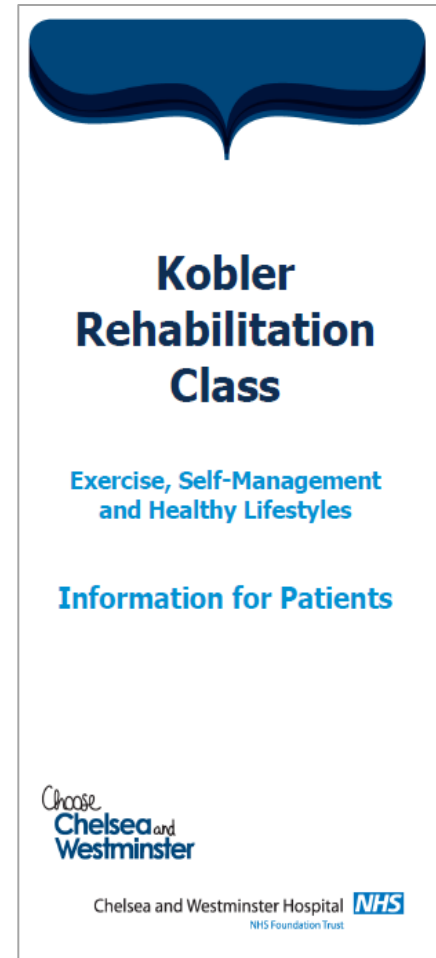
Specialist HIV Outpatient Physiotherapy

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 present, followed by the hospital's name and the 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



THE COCHRANE  
COLLABORATION<sup>®</sup>

 **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



*Fillipas et al: Supervised exercise for people with HIV*

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

Soula Fillipas<sup>1</sup>, Leonie B Oldmeadow<sup>1</sup>, Michael J Bailey<sup>2</sup> and Catherine L Cherry<sup>1,2,3</sup>  
<sup>1</sup>Alfred Hospital <sup>2</sup>Monash University <sup>3</sup>Barnet Institute Australia

[Open Access](#)



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

Andrea Petróczi<sup>1,2</sup>, Kim Hawkins<sup>3</sup>, Gareth Jones<sup>3</sup> and Declan P. Naughton<sup>1</sup>

### 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

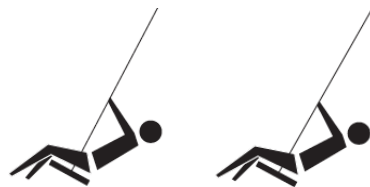
Andrea Petróczi<sup>1,2</sup>, Kim Hawkins<sup>3</sup>, Gareth Jones<sup>3</sup> and Declan P. Naughton<sup>1</sup>

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 Jones<sup>1</sup>, Kim Hawkins<sup>1</sup>, Rebecca Mullin<sup>1</sup>, Tamás Nepusz<sup>2</sup>, Declan P. Naughton<sup>3</sup>, Paschal Sheeran<sup>4</sup> and Andrea Petróczi<sup>3,4\*</sup>

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  
Volume X Number X  
Month XXXX xx-xx  
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<http://qhr.sagepub.com>  
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<http://online.sagepub.com>

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

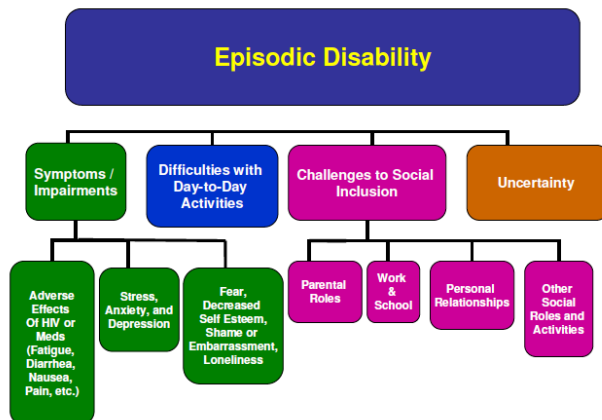
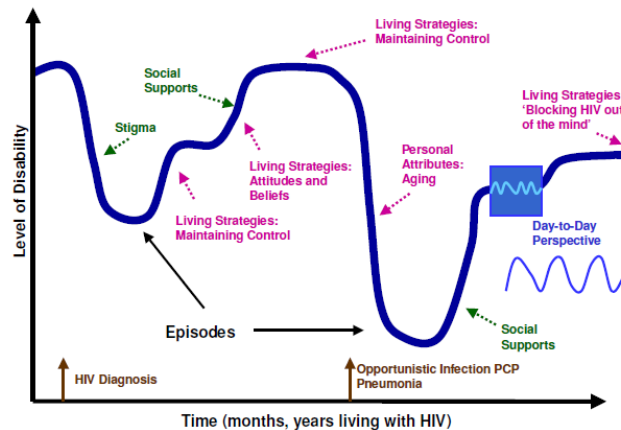
Client driven service improvements



# 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



Chelsea and Westminster Hospital   
NHS Foundation Trust



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[www.bhiva.org/RHIVA.aspx](http://www.bhiva.org/RHIVA.aspx)

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[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)



[www.wcpt.org/node/49580](http://www.wcpt.org/node/49580)