



Health
South Eastern Sydney
Local Health District

SESLHD HIV and
Sexual Health Programs

State of Play

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The companion document to the HIV and Sexual Health Strategy 2019 – 2024 is
SESLHD HIV and Sexual Health Programs: State of Play 2019

Directorate of Planning, Population Health and Equity
South Eastern Sydney Local Health District

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SESLHD HIV and Sexual Health Programs: State of Play

This document describes the current overarching trends in South Eastern Sydney Local Health District's (SESLHD) current models of care targeted at priority populations, and outlines how SESLHD manages the most extensive HIV and sexual health services and health promotion and prevention programs in NSW. Across Australia, progress continues to be made to minimise and manage the health burden caused by human immunodeficiency virus (HIV) and sexually transmitted infections (STI), and in no other Local Health District is this concerted effort as evident as in South Eastern Sydney. SESLHD has long been the hub for prevention, health promotion and for service delivery, expertise, and advice to both local residents and the broader Australian and international community.

Working in partnership with the Government and non – Government sector, SESLHD continues to play a standout role in the national response to HIV and STIs. SESLHD provides healthcare to approximately 40% of people living with, or seeking treatment for, HIV in NSW. As well as the programs and services delivered within the District, statewide services administered include the AIDS Dementia and HIV Psychiatry Services (ADAHPS), the NSW STI Programs Unit (STIPU) and clinical support to the Justice Health and Forensic Mental Health Network (JHFMHN). SESLHD also leads the State in a range of innovative sexual health and HIV health promotion programs and projects addressing prevention, education and access to testing and treatment.

The SESLHD HIV and Related Programs (HARP) Unit

The HIV and Related Programs Unit (HARP) Unit provides coordination, governance and performance monitoring for HIV, sexual health and viral hepatitis services and programs across SESLHD. These services and programs provide the full spectrum of care encompassing health promotion, health protection, disease prevention, diagnosis, treatment and care, and are delivered from multiple sites and settings in the community and on hospital campuses. The HARP Unit also provides support to the Illawarra Shoalhaven Local Health District (ISLHD) and St Vincent's Health Network (Darlinghurst).

The HARP Unit coordinates and leads sector collaboration and regular consultation with key partners to address key statewide and local priorities. The Unit coordinates partnerships with non-government organisations, General Practitioners (GP), Primary Health Networks, consumers and other relevant agencies to improve health outcomes for priority populations.

Two governance committees are coordinated by the HARP Unit which oversee the coordination of prevention, treatment and care delivered by local and statewide HIV, sexual health and viral hepatitis services and external service providers such as non-government organisations and GPs. These multidisciplinary committees provide governance and oversight for emerging issues and challenges presented by these complex disciplines. These committees also provide an opportunity to foster collaborations between health promotion staff, clinicians, managers and key stakeholders which share the responsibility of HIV, STI and viral hepatitis prevention, treatment and care.

Overseen by the HARP Manager, the Unit has three distinct functions:

1. Services Development and Informatics for the sector;
2. HIV, Hepatitis and Sexual Health Promotion program design, implementation and coordination; and
3. Harm Reduction and Viral Hepatitis program design, implementation and coordination. Each program has its own portfolio yet work collectively to achieve the objectives that underpin the Unit's principals and functions.

The **Informatics and Service Development team** are responsible for the management of the HIV and sexual health and viral hepatitis services data. This includes collation, analysis and reporting of data for health intelligence and performance purposes at both a District and State level. The team works closely with the Service's data managers, SESLHD Health ICT and the Business Intelligence and Efficiency Unit (BIEU), to identify processes and activities of emerging priority population's health needs and preferences and to inform the development, implementation and evaluation of population based prevention programs. The team also works with the HIV and sexual health services, health care providers and relevant stakeholders on service development activities to enable evidence based practice, policy and protocol development, innovation and research.

The **HARP Health Promotion team** provides SESLHD with a population health approach to prevention, sexual health education and support accessing testing and treatment for HIV and STIs.

There are several universal population health programs supporting young people to better access condoms, sexual health information and pathways to testing and treatment. The programs include capacity building the youth sector and community organisations in sexual health, sexual health peer education outreach programs and a condom distribution program.

A range of programs target priority populations, including Aboriginal young people, culturally and linguistically diverse (CALD) populations, particularly gay men and men who have sex with men (MSM), International students and young people identifying as LGBTQI.

Partnerships are crucial to the success of these programs and include but are not limited to working with: youth services, local councils, Universities and other tertiary institutions, schools with high Aboriginal populations, Aboriginal community and sporting organisations, multicultural, migrant and refugee organisations, homelessness services and LGBTQI organisations.

The HARP Health Promotion team also work in partnership with the Kirketon Road Centre, Sydney Sexual Health Centre and Short Street Centre to provide outreach STI testing in settings frequented by and supportive of young people. A wide range of young people and other priority populations are reached through this process which helps break down stigma associated with STI testing, normalising testing and providing appropriate referral pathways to ongoing testing and treatment.

The **Harm Reduction and Viral Hepatitis team** is responsible for the program management and strategic support of Needle and Syringe Programs (managed by the Kirketon Road Centre); dedicated hepatitis C funding streams; hepatitis C prevention and health promotion programs. This includes social marketing campaigns, education and capacity building initiatives focusing on youth, Aboriginal, CALD and other population groups impacted by viral hepatitis. The team facilitates collaboration between health and other relevant service providers for the delivery of population based hepatitis B and C health promotion programs.

SESLHD administers a range of HIV & STI services

SESLHD health services, programs, and interventions range from those targeted at population-level prevention and health promotion to specialised services for HIV and STI clients with complex healthcare needs and comorbidities. They are provided in a range of settings across South Eastern Sydney, including in historically significant regions for the HIV and STI sector (such as King's Cross, Darlinghurst, and Surry Hills) as well as on hospital campuses.

Services are delivered at six bricks-and-mortar HIV and STI service locations and five clinics, as well as through a range of state-wide teams and units (delivering local outreach, health promotion, and research activities)

This section provides additional detail about several high-profile SESLHD HIV and STI services.

Sydney Sexual Health Centre

Sydney Sexual Health Centre provides high volumes of community-oriented sexual health services and education

Sydney Sexual Health Centre (SSHC) is a leading sexual health service for STI and HIV testing, treatment and management, pre-exposure prophylaxis (PrEP) supply and services including triage for priority populations and presentations. SSHC delivers the highest proportion of HIV and STI-related occasions of service (OOS) in SESLHD and caters to the highest number of unique clients. The service is staffed by HIV and sexual health doctors nurses, counsellors and health promotion officers.

SSHC is located in the CBD, on the grounds of the heritage-listed Sydney Hospital building. Although SSHC has high client throughput and manages a significant client load, there is little room for expansion or for new initiatives in clinic service provision. Any plans the clinic staff may have for new models of service provision are tempered by the capacity of the building, which due to its age and size limitations, will have escalating maintenance and renovation needs over time.

Although SSHC provides services to a variety of priority populations, it is particularly well-regarded for its services for sex workers, particularly those from CALD backgrounds. For example, SSHC hosts dedicated language clinics for Chinese and Thai sex workers; a Multicultural Health Promotion Project providing outreach and education to other culturally and linguistically diverse sex workers; and the Xpress Clinic for asymptomatic STI screening.

In addition to its lead role as a sexual health service within SESLHD, SSHC has a state-wide memorandum of understanding (MOU) with the Justice Health and Forensic Mental Health Network, Far West LHD, and Western NSW LHD, where it provides HIV and sexual health services. SSHC also successfully manages and resources the NSW Sexual Health Info line (SHIL) and – in collaboration with ACON – helps deliver the Oxford St and Surry Hills a[TEST] clinics. SSHC also provides a self testing service at a sex on premises venue (SOPV) and a youth clinic at Bondi Junction headspace.



“SSHC is a fantastic service - I had a STI two months ago and was treated very well - the staff were very open, very personable, very friendly and very quick to offer me testing immediately - it's a very consistent service.”

SESLHD client consultation

“I got the perfect treatment and still go [to SSHC] for my sexual health and mental health needs... they're a life-saver.”

SESLHD client consultation

The Kirketon Road Centre (KRC) is well-known for its history of providing judgment-free healthcare to critical priority populations

Kirketon Road Centre (KRC) is an iconic healthcare service, in operation since 1987, which attracts the second largest proportion of OOS and unique clients in SESLHD. The service has a long history as a trusted, judgement-free healthcare provider to a range of marginalised priority populations, including many who live or work in the immediate vicinity of the service. Its key priority populations include homeless people (including young people), Aboriginal people, sex workers, and people who inject drugs, including people who identify across several of these categories.

KRC is located in a heritage-listed, 100-year-old building in Darlinghurst, directly opposite the iconic King's Cross Coca-Cola sign.

The service is staffed by a multidisciplinary team of specialist HIV clinicians, nurses, counsellors, health education and health promotion officers and researchers.

Like many of its SESLHD peers, KRC's services include testing and treatment for HIV, STI and coinfection but they also include NSP, methadone access, housing assistance, youth clinics and primary health care services for 'at risk' young people, and Aboriginal health programs. KRC staff facilitate group workshops on safe injecting, opioid overdose prevention, and naloxone training. KRC is also active in public health research, health promotion and community development work – this includes providing tours to international visitors to support research and workforce development. Despite the quality of services that KRC delivers, the current building and consultation spaces have low accessibility (i.e. no wheelchair access) and over the life of this Strategy will be in need of substantial renovations and maintenance.

Additional services managed by KRC include the Needle Clean Up program; the a[TEST] King's Cross Rapid HIV testing clinic; Clinic 180 in Potts Point; and KRC South, (a primary NSP site) located at Sutherland Hospital. KRC also runs a range of outreach clinics to the following services: NSW Users and AIDS Association (NUAA), The Medically Safe Injecting Centre (MSIC), Edward Eager Lodge, Wayside by the Sea Bondi, Oasis Youth Service and Twenty10 youth service. In addition KRC provides 7 days out of house street-based outreach, often utilising its mobile clinic bus.



“I want to say thank you to all the [Kirketon Road] staff who made me feel so comfortable.”

SESLHD client consultation

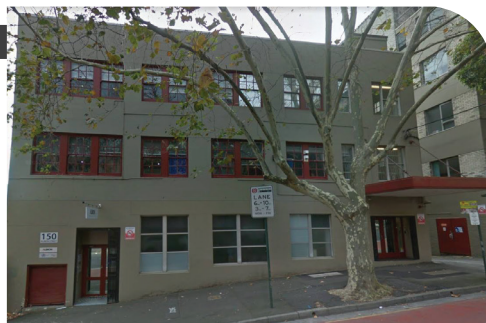
The Albion Centre (Albion) is a multidisciplinary public health care facility with world-leading HIV expertise

The Albion Centre (Albion) is a renowned specialist HIV service, with a primary focus on HIV, STI, and viral hepatitis testing and management, with a focus on healthcare for high-risk populations and complex care clients. It provides a full range of HIV services, from health education through to multidisciplinary care. Albion is staffed by specialist clinicians, nurses, pharmacists, psychologists, social workers, researchers, and dietitians.

Albion supports high-caseload GP practices and provides training and healthcare worker education courses in HIV, hepatitis, and infection control in its capacity as a WHO Collaborating Centre. It also provides HIV clinical support for HIV service provision in Southern NSW and Murrumbidgee LHDs. Albion has been in operation since 1985, in its original premises on the corner of Albion and Crown Streets in Surry Hills, where it was established due to its proximity to the communities most affected at the height of the HIV epidemic. Since the mid-1980s, Albion has expanded to meet the growing needs of a large client population with complex health care needs. Albion has a long history of working with people from vulnerable or marginalised backgrounds. This includes gay men and MSM with complex healthcare and social care needs, as well as homeless clients, refugees, Aboriginal people, and people of CALD backgrounds. Albion's location is still highly convenient for clients (especially those who have used the service since its establishment). Improved accessibility will be needed in future to cater for less mobile and older clients. In addition to its core HIV, sexual health, and coinfection services, Albion manages several additional programs. These include T150, a specialist HIV and Sexual Health Service providing holistic care for the transgender and gender diverse (TGD) community. The Albion Statewide Telephone Hotlines, the NSW Needle Clean-Up and HIV information lines, and the Ankali Project (Ankali). For over 35 years, Ankali has been providing social and emotional support to people living with HIV. As the needs of people living with HIV (PLHIV) have changed, Ankali has evolved and continues to play a critical role in providing comprehensive care and support for socially isolated PLHIV. Ankali coordinates and trains a network of Sydney volunteers who are 'matched' to HIV-positive SESLHD clients, to provide them with emotional and social support.

Ankali currently has over 100 volunteers and over 120 clients, where the latter receive up to five hours of support each week or fortnight.

Ankali clients are mostly aged over 45 years, may be on disability pensions and may have complex mental health, alcohol, or other drug dependency issues. Ankali provides the opportunity for both volunteers and clients to form close and lasting bonds. The service offers a range of contact methods including social activities such as going for coffee, walks, or to the cinema.



“Ankali have saved my life - just being able to go and talk.”

SESLHD client consultation

Short Street Centre St George Hospital Campus

Short Street Centre and Short Street Outreach Caringbah provide HIV and sexual health services to the Southern half of the District



The Short Street Centre and Short Street Outreach Caringbah provides HIV and STI testing and treatment. The Short Street Centre is based on the St George Hospital campus and Short Street Outreach Caringbah is a part-time outreach clinic based at Sutherland Hospital. Both services are public sexual health clinics, staffed by a multidisciplinary team of specialist HIV and sexual health clinicians, nurses and social workers. Aside from STI and HIV testing, the clinic provides care management for gay men and MSM, CALD clients, commercial sex workers, young people, people who inject drugs, people living with HIV/AIDS and Aboriginal people. Due to their location in the Southern sector of SESLHD, where there is a paucity of HIV and STI specialist services and S100 prescribing GPs, Short Street plays an out sized role in providing sexual health care to clients from across a large geographical region.

Waratah Clinic St George Hospital Campus

The Waratah HIV Clinic and Inpatient Care provides inpatient and outpatient HIV services to the Kogarah region



The Waratah Clinic is based on the campus of St George Hospital in Kogarah, and is a specialist service, providing wide-ranging care to people living with HIV in the Kogarah region. The Clinic provides HIV inpatient and outpatient services, a monthly dietitian clinic, pre-conception counselling, HIV ambulatory care and a co-infection service, including outpatient services via the Liver Clinic. It also hosts a regular support group and coffee club for gay Men and MSM. It is staffed by specialist HIV clinicians, nurses, clinical trials nurses and social workers.

Prince of Wales Hospital

Prince of Wales Hospital Care and Outpatients provides outpatient and inpatient HIV care in the Randwick region



Prince of Wales HIV Hospital Care and Outpatients is a hospital-based service offering HIV expertise and complex healthcare in the Eastern region of SESLHD. Prince of Wales services include care and treatment options for HIV, hepatitis C and co-infection, as well as health monitoring, medication adherence assessment and support via an ambulatory outpatient and inpatient care service. The facility is staffed by specialist HIV clinicians, nurses, and counsellors.

Other services at the Prince of Wales Hospital include access to a clinical nurse consultant, social worker, and Aboriginal Liaison Officer, as well as nutritional, physiotherapy, and clinical trial services. The service offers post Exposure prophylaxis (PEP) and PrEP assessment, monitoring and screening, treatment for STIs, and coordination and management of paediatric and adolescent patients transitioning to adult care. The hospital also provides a consultative service to the Royal Hospital for Women and the Sydney Children's Hospital, and an outreach service is provided for incarcerated clients, in the Justice Health and Forensic Mental Health Network both within and outside SESLHD itself.

The HIV Outreach Team provide a proactive, attentive service for PLHIV with complex healthcare and social needs



The HIV Outreach Team (HOT) is an outreach-based service that provides much-needed health and social care services to PLHIV with complex needs – its primary focus is to provide services to improve their independence, quality of life, and wellbeing. HOT is staffed by a multidisciplinary team of nurses, dietitians, social workers, an occupational therapist, and a dedicated consumer representative. The service provides confidential and free of charge support for people living with, or closely affected by HIV across SESLHD and ISLHD. Adopting an integrated and coordinated case management approach, HOT services include advocacy, counselling, health education and monitoring, outreach and clean needle and syringe distribution, occupational therapy functional assessment and interventions, assistance with coordinating housing and medical appointments, medication adherence and management, nursing assessment and interventions and nutritional assessment and management.

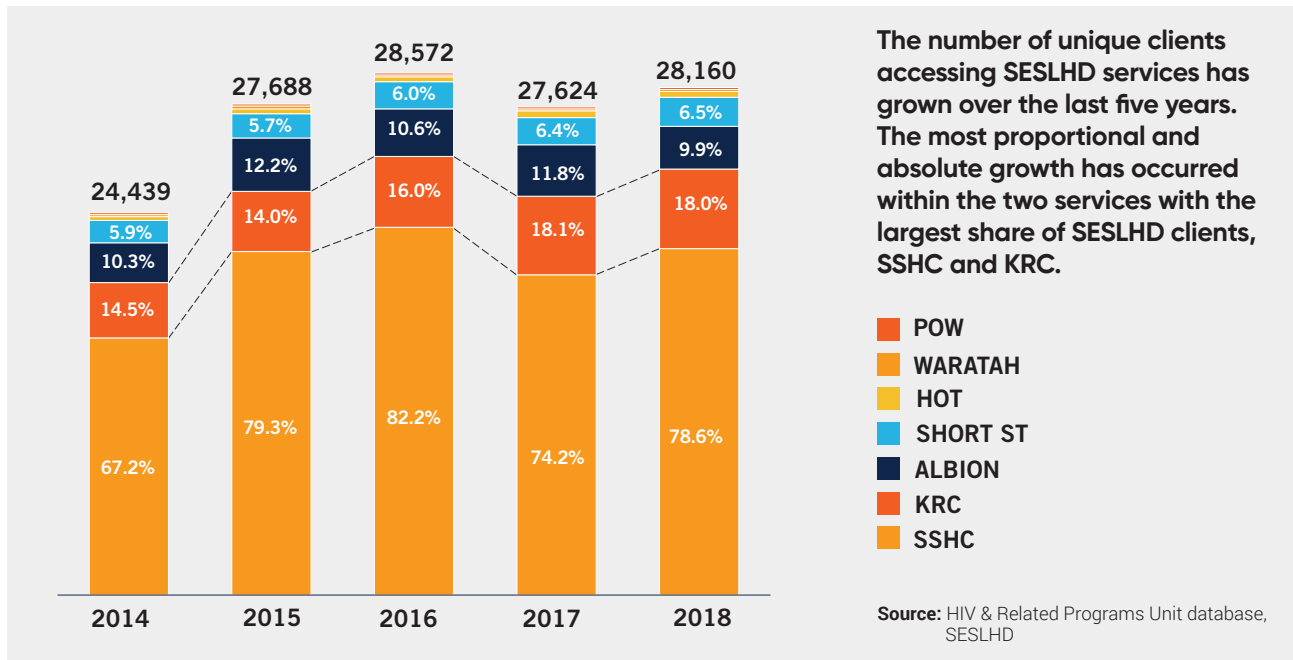
SESLHD's HIV and STI services are adapting to cater to a diverse and growing client population

This section contains an overview of recent trends in SESLHD's service delivery and key subpopulations within its client base. It does not cover all subpopulations for HIV and STI in SESLHD, however it does provide further analysis relating to priority populations in the SESLHD context where data has been available

SESLHD's services and client populations are growing, but at different rates across its mix of services

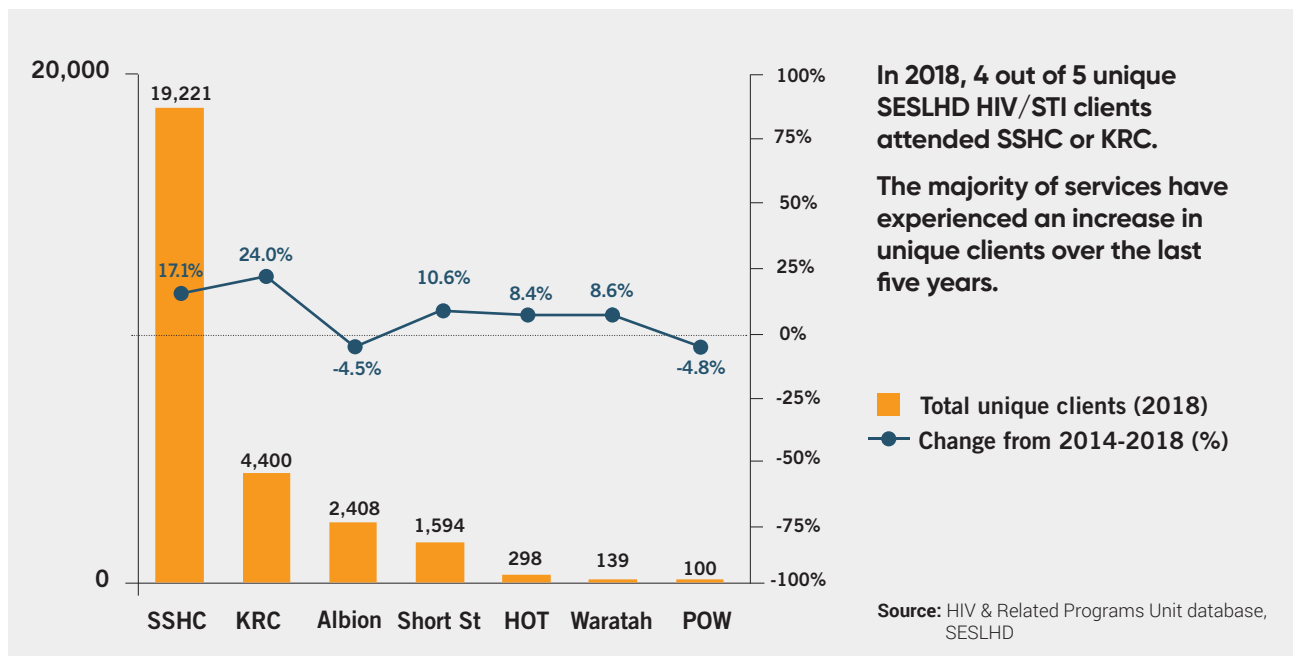
South Eastern Sydney is a large, diverse, and growing district. Population growth is projected to reach nearly one million by 2023, within the life of this Strategy.¹ This population growth is expected across all Local Government Areas (LGA), with the largest proportional increases in Bayside Council and Sydney LGA.¹ To date, this population growth has been visible in progressive growth at SESLHD's HIV and STI services. Over the past five years, the growth is evident in terms of both unique client numbers and non-admitted patient occasions of service (NAPOOS). Growth in unique client numbers is visible at the majority of SESLHD services but has been most pronounced – in absolute terms, and in terms of the overall share of the client population – at SSHC and KRC (Figure 1). For example, although SSHC has long been SESLHD's largest sexual health service, SSHC's share of SESLHD's HIV and STI client population has increased from 67% in 2014 to nearly 79% in 2018.

FIGURE 1 PROPORTION AND NUMBER OF SESLHD HIV/STI CLIENTS, BY YEAR (2014 - 2018)



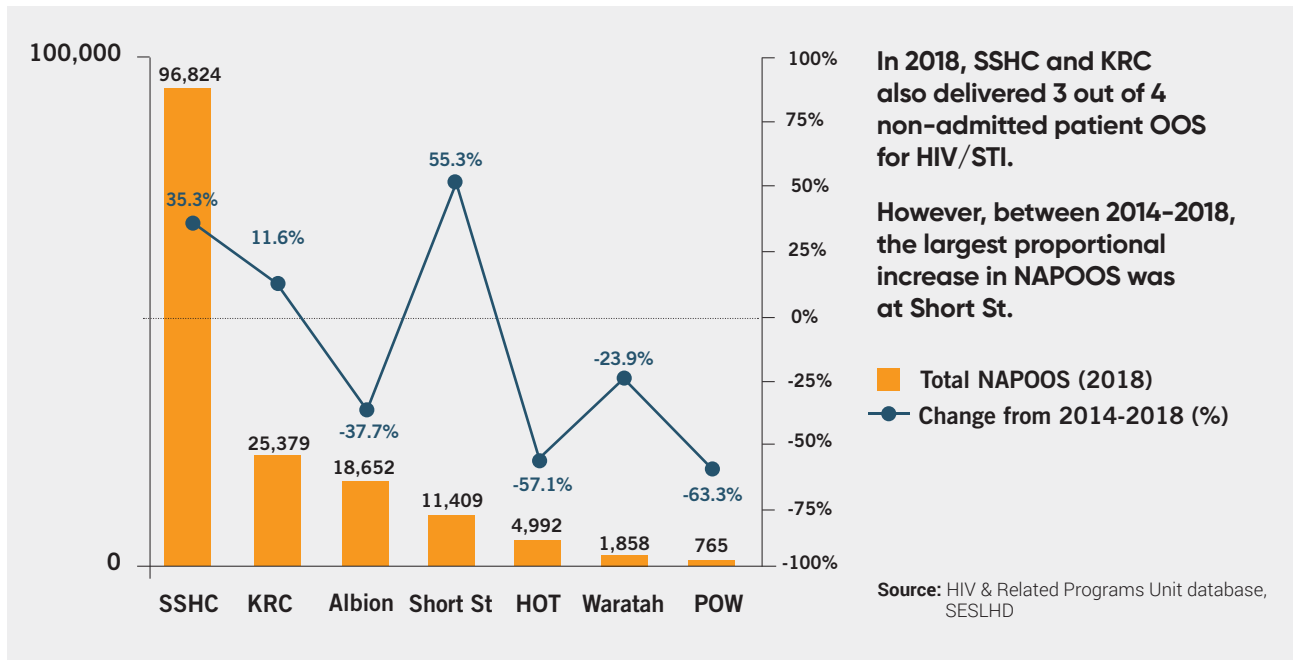
Within individual services, the proportional increase in clients attending individual services from 2014 to 2018 is visible across most SESLHD HIV and STI services (Figure 2). Although the absolute increase in clients is also highest at SSHC, the highest proportional increase in unique clients over the five-year period has occurred at KRC (24% growth since 2014).

FIGURE 2 NUMBER OF CLIENTS (2018) AND PROPORTIONAL CHANGE (2014 - 2018), BY SERVICE



Together these increases are significant: in 2018, SSHC and KRC provide care to more than 80% of the unique clients who access SESLHD's HIV and STI services. Across several SESLHD services, this proportional increase is similarly evident in the percentage change in NAPOOS from 2014 to 2018 (Figure). Once again, SSHC and KRC account for the lion's share of SESLHD HIV/STI services — over 75% of NAPOOS in 2018. However, the proportional increase in NAPOOS has been most profound at Short Street, which over five years has experienced a proportional increase of over 55%, from 7,348 NAPOOS delivered in 2014 to over 11,000 in 2018. This surge reflects the service's prominent and growing role serving a geographically large area in the Southern sector of the District.

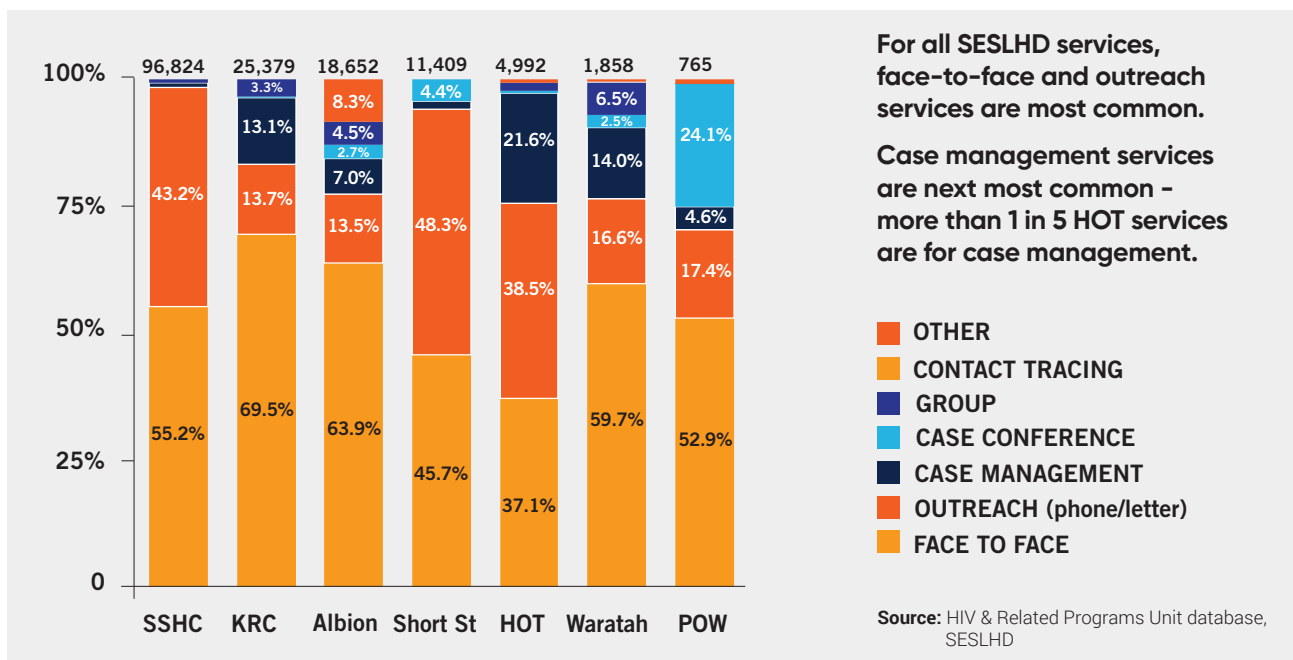
FIGURE 3 NUMBER OF NAPOOS (2018) AND PROPORTIONAL CHANGE (2014 - 2018), BY SERVICE



Simultaneously, there were significant five year decreases at Albion (-38%, from roughly 30,000 in 2014), the HIV Outreach Team (-57%, from roughly 11,600 NAPOOS in 2014), and Prince of Wales (-63%, from 2,100 NAPOOS in 2014, acknowledging that this service also provides inpatient services). It is pertinent to note that the decrease in NAPOOS aligns with their transition to the Statewide Electronic Medical Record (eMR) data reporting system and that over the same period, these three services experienced a relatively minor change in unique clients – indeed, HOT experienced an 8% increase.

Despite their varying levels of service output, the mode of service delivery across SESLHD services remains somewhat similar – most services were delivered face-to-face in 2018 (Figure).

FIGURE 4 NAPOOS ACCORDING TO SESSION TYPE, BY SERVICE (2018)

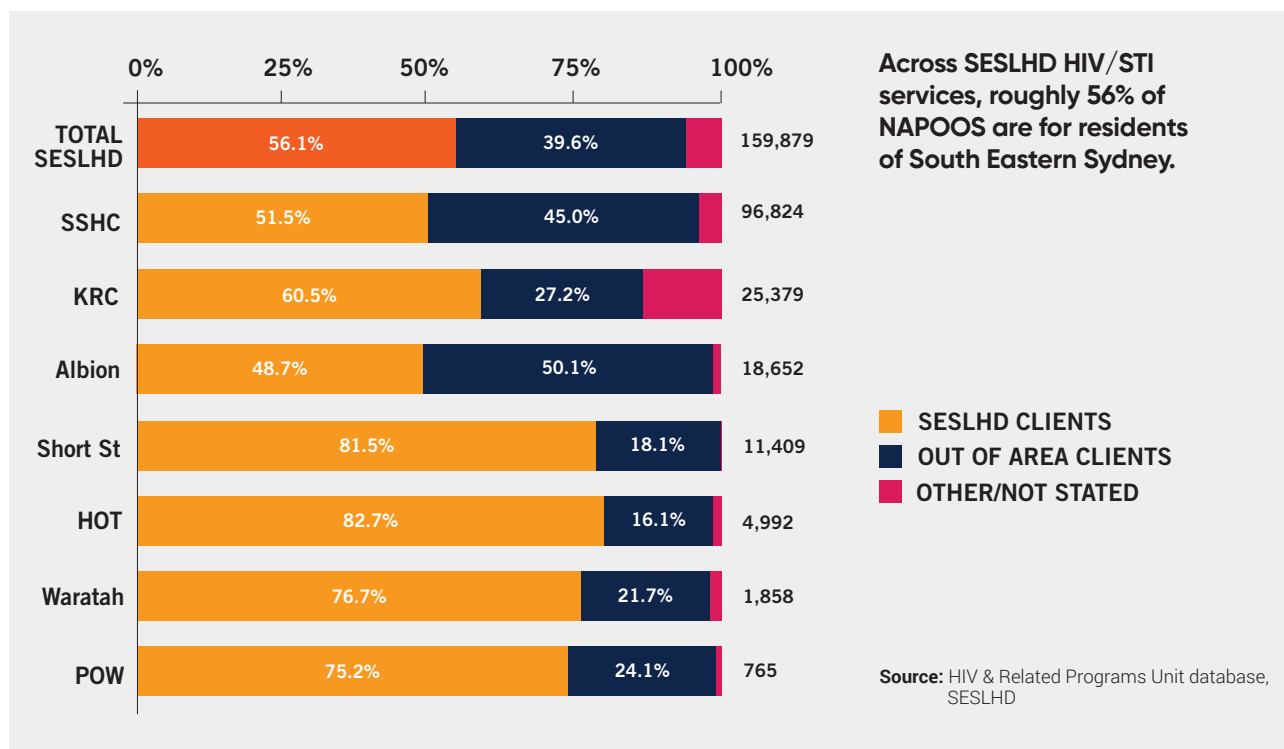


The two exceptions were Short Street and HOT, whose main delivery format was via phone or letter (including telehealth). This was the second most common service delivery format for all other services. There are a range of other service types offered across SESLHD services – for examples, there were 125 instances of contact tracing recorded across four services (with the majority at SSHC).

SESLHD is funded to provide services to out of area clients, which represent a significant proportion of their overall client population

SESLHD's national and regional prominence as a source of expertise in sexual health and HIV mean that it is also a hub for these services — accordingly, a significant proportion of its services are delivered to clients who reside outside of SESLHD. Overall, 56% of NAPOOS at SESLHD HIV and STI services are attributed to local residents, with nearly 40% attributed to clients from out of area. This includes clients from neighbouring LHDs, who may commute to SESLHD services for a variety of factors (including client's personal relationship with the services or the services' reputations for no-judgment healthcare).

FIGURE 5 PROPORTION OF NAPOOS ATTRIBUTED TO SESLHD RESIDENTS, OVERALL AND BY SERVICE (2018)



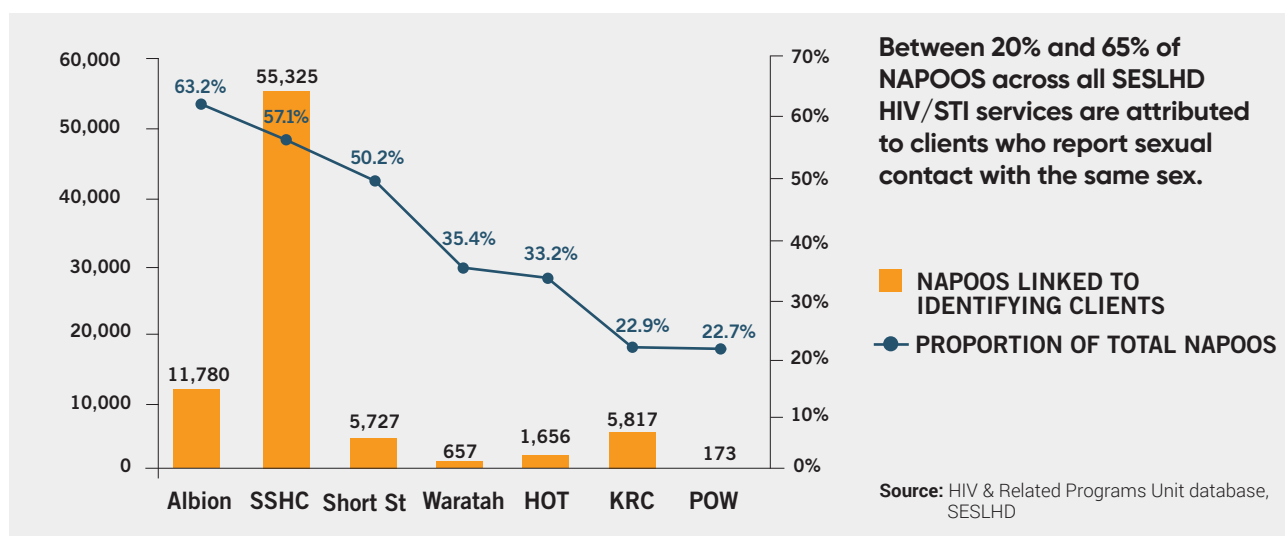
Unsurprisingly, the two services which attract the highest proportion of out of area clients — Albion (50%) and SSHC (45%) — are both centrally-located and historically significant. There is strong anecdotal evidence to suggest that is due to both their convenience (for example, SSHC is located in the CBD) and their strong track records delivering care in a discrete manner, tailored to the needs of various priority populations.

By contrast, HOT and Short Street serve the strongest majority of local residents (83% and 82% respectively). For HOT, this is due to their focus on outreach to vulnerable local residents. For Short Street, this is due to their role as a hub in the Southern sector of SESLHD, where they provide specialised sexual health and HIV care and treatment to a large geographical segment of the District.

Gay men and MSM are still a critical population in the South Eastern Sydney area, as well as the broader LGBTQI community

Gay men and MSM are a significant focus of this HIV and STI Strategy, not least because South Eastern Sydney is (and has long been) a hub for the LGBTQI community and for gay men in particular. Analysis of NAPOOS at SESLHD services in 2018 indicates that a high proportion of clients across all HIV and STI services report having sexual contact with the same sex (Figure 6). These clients accounted for just over 50% of all NAPOOS in 2018. Moreover, in some services, a notable majority of all NAPOOS are attributed to clients who report same sex sexual contact: at Albion, a service with a historically high level of trust among the local LGBTQI community in Surry Hills and Darlinghurst, they represent more than 63% of all NAPOOS.

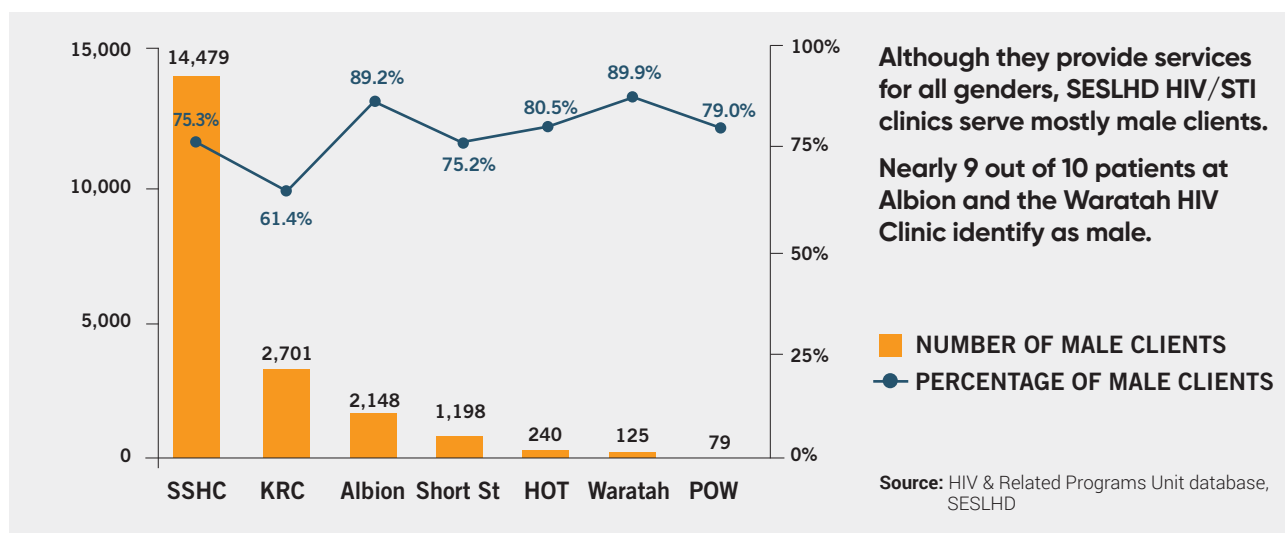
FIGURE 6 PROPORTION OF NAPOOS ATTRIBUTED TO CLIENTS WHO REPORT SEXUAL CONTACT WITH THE SAME SEX (2018)



The lowest proportion of NAPOOS attributed to clients reporting same-sex contact were in Prince of Wales and KRC at 23% respectively: nearly one in four. In 2017, more than three-quarters of NAPOOS for the HARP Unit were for MSM.²

Simultaneously, a significant majority of SESLHD's HIV and STI service clients identify as male (Figure 7). At Albion and Waratah, this proportion is as high as 90% of all clients – the lowest, at KRC, is still more than three out of five clients. The service with the highest proportion of clients who did not identify as male or female, or whose gender was unknown, was KRC (1.2%).

FIGURE 7 PROPORTION OF CLIENTS WHO IDENTIFY AS MALE, BY SERVICE (2018)



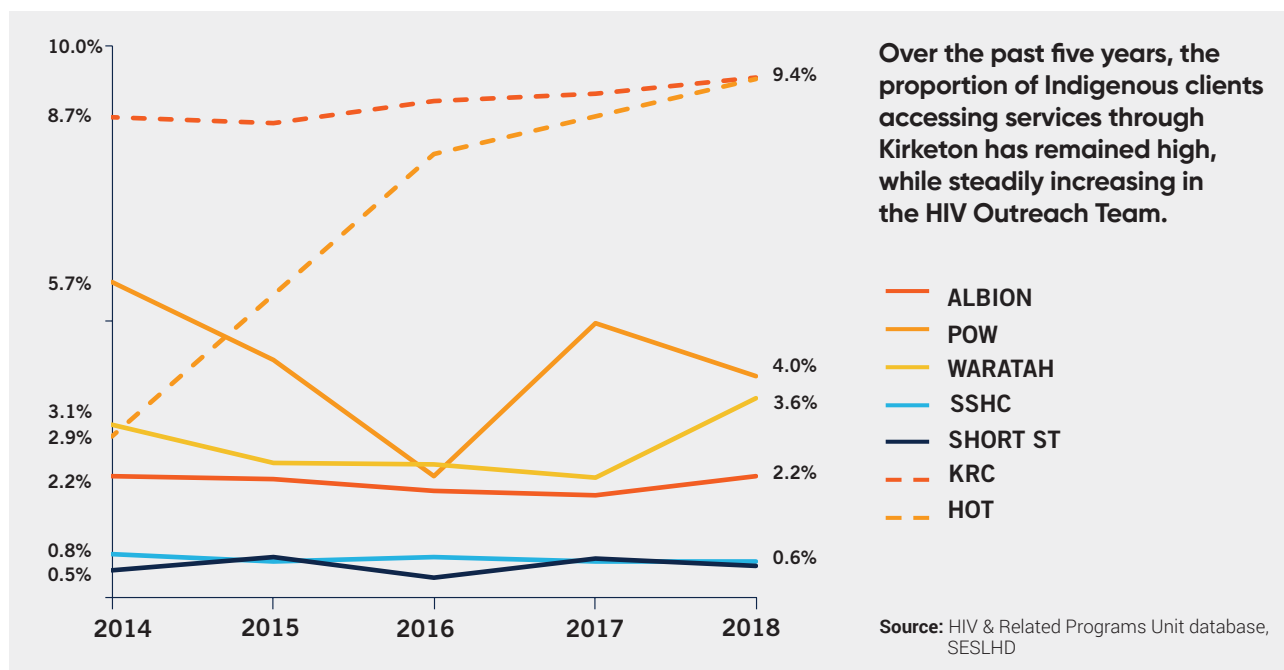
There is a need for a parallel focus on at-risk clients from culturally and linguistically diverse backgrounds

Both overall, and within the subpopulation of gay men and MSM, there is a strong and continuing need for SESLHD services to cater to at-risk clients with CALD backgrounds. At the state-wide level, there has been a recent rise in the proportion of new HIV notifications coming from foreign-born residents.³ Simultaneously, evidence from SESLHD and state-wide indicates that the successes in HIV prevention and treatment occurring for Australian-born gay men and MSM are not being translated into similar successes among their foreign-born and CALD counterparts. Approximately 30% of the population of SESLHD were born in a non-English speaking country.⁴ The number of these residents is highest in Randwick and Georges River LGAs,⁵ although substantial numbers (including international students) reside in Sydney and Sutherland LGAs.⁶ In 2017, 54% of SESLHD NAPOOS were for clients born overseas.

Some SESLHD services are particularly well trusted amongst local Aboriginal and Torres Strait Islander populations

Aboriginal and Torres Strait Islanders are an important focus of the HIV and STI Strategy, with a particular focus at the services where Indigenous clients are most strongly represented. Although just under 1% of SESLHD's population identify as Indigenous, Indigenous clients are a critical subpopulation for SESLHD services: roughly 2.25% of SESLHD clients are Indigenous, and nearly 4.5% of NAPOOS in 2018 were attributed to clients who identify as Indigenous. In 2017, Aboriginal and Torres Strait Islander clients accessing SESLHD services increase by 9%, the highest increase recorded since 2012. Historically, KRC has attracted a high and steady proportion of Indigenous clients: over the past five years, nearly one in ten KRC clients have identified as Indigenous (Figure 8). For many years, this has been a significantly higher proportion of clients than in the majority of other SESLHD services, where the proportion has typically varied from 0.5% to 5% of the total client population. However, over the past five years, the proportion of Indigenous clients accessing services through HOT has increased steadily and rapidly: from 2.9% in 2014 to 9.4%, equal to KRC, in 2018. This trend suggests that HOT is building an increasingly trustworthy relationship within SESLHD Indigenous communities.

FIGURE 8 PROPORTION OF CLIENTS WHO IDENTIFY AS INDIGENOUS (2014 – 2018)

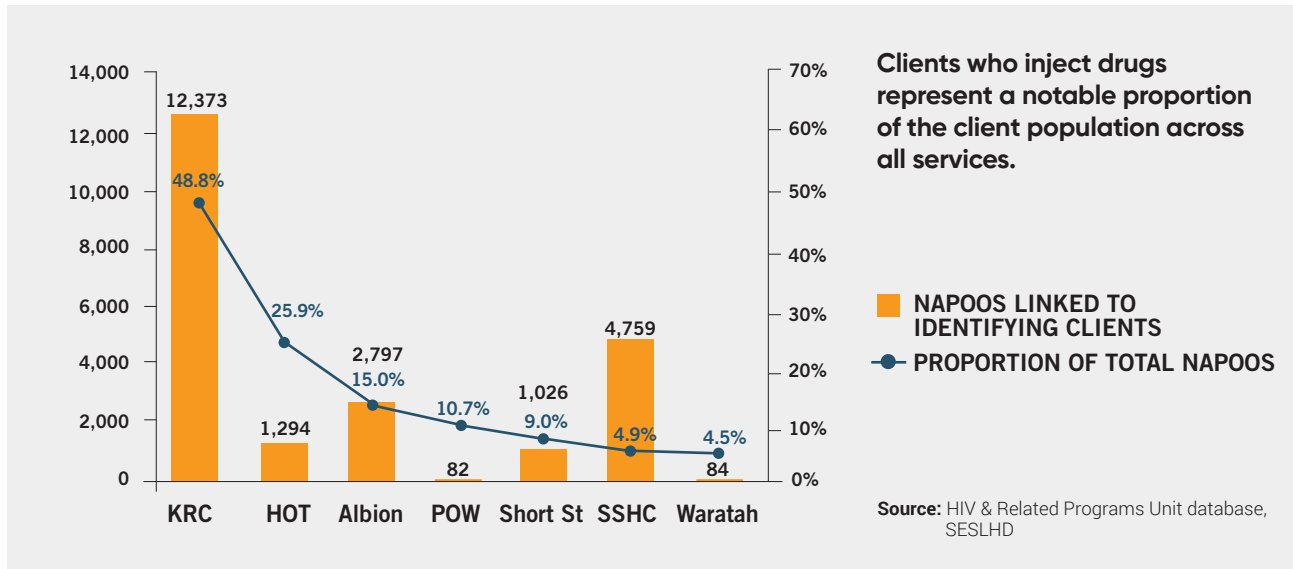


A significant proportion of SESLHD clients are engaged in injecting drug use

People who inject drugs (PWID) are another population who are strongly represented among the SESLHD client population. In 2018, 14% of all SESLHD NAPOOS were attributable to clients who reported injecting drug use. This is most evident at KRC, clients who inject drugs accounted for nearly half of all NAPOOS (Figure 9). However injecting drug use is also relatively prevalent among HOT and Albion clients, where 26% and 15% of NAPOOS respectively were attributed to clients who inject drugs.

At SSHC and Waratah Clinic, where the lowest relative proportion are attributable to PWID, this subpopulation still represents nearly one in twenty NAPOOS.

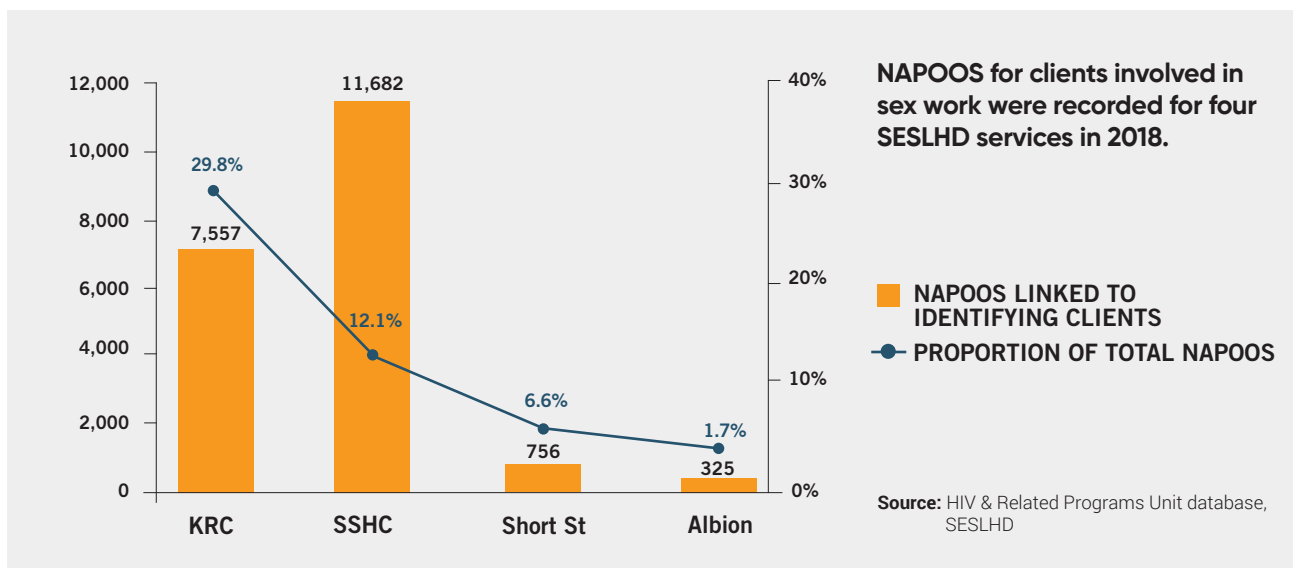
FIGURE 9 PROPORTION OF NAPOOS ATTRIBUTED TO CLIENTS WHO INJECT DRUGS (2018)



A comparable proportion of SESLHD NAPOOS are attributable to clients involved in sex work - however the choice of service is more specific

In 2018, nearly 13% of SESLHD HIV/STI NAPOOS were attributable to clients involved in sex work. Although the highest absolute number of services for clients involved in sex work was at SSHC (11,682), the highest proportion was at KRC, where three out of ten NAPOOS were provided to clients involved in sex work.

FIGURE 10 PROPORTION OF NAPOOS ATTRIBUTED TO CLIENTS INVOLVED IN SEX WORK (2018)



Ageing HIV-positive clients are an increasing (and increasingly important) focus for the HIV sector in SESLHD

Ageing PLHIV are an increasingly important subpopulation in HIV treatment and care. The fastest growing age group in SESLHD are residents aged 70 and over – the approximately 190,000 residents aged 65+ are expected to increase by 11% within 5 years and by 23% within 10 years.¹ The relative increase in older residents will differ by LGA, with the largest relative increases expected in the Bayside Council and Sydney LGAs. Additionally, the largest population of older residents will continue to be based in Sutherland LGA, with around one in four older SESLHD residents projected to be living in this LGA by 2021.

Health service and community partners

SESLHD HIV and STI services partner with – and mutually support – a range of internal and external agencies, including Statewide service providers and community-based NGOs.

The success of SESLHD's range of established HIV and STI services is inextricable from their successful collaborations with service providers and community partners throughout the SESLHD region. SESLHD works in collaboration with the NSW state government, community-based organisations, non-government organisations (NGOs), and primary healthcare services to deliver its day-to-day services and programs. It leverages these relationships to build the capacity of the HIV and STI sector across the region, as well as to strengthen its own service offerings across health promotion, clinical treatment, and ongoing care. A range of SESLHD's key partners are profiled below.

a[TEST] clinics are peer-driven, community-based testing centres focused on gay men and MSM

Community-based a[TEST] clinics provide walk-in and appointment-based rapid HIV and STI testing throughout the inner-city regions of Sydney, focusing on the priority population of gay men and MSM. a[TEST] is managed by ACON in collaboration with their clinical partners: SSHC, KRC, and Royal Prince Alfred Hospital in Newtown. There are three a[TEST] locations within SESLHD, as well as a fourth in neighbouring SLHD. The rapid service aims to simplify and streamline the process of HIV and STI testing, to encourage regular testing among at-risk populations. Clients can enter details into an electronic kiosk at their appointment, and this information is used to deliver their results via phone, SMS, email, or regular post. ACON also support users of their a[TEST] clinics by providing bi-lingual peers. a[TEST] clinics do not provide STI or HIV management. Instead, they facilitate referrals to linked HIV and sexual health services – namely the range of SESLHD specialist services. Clients with a new HIV diagnosis made at the clinic are personally accompanied to an appropriate HIV service to ensure continuity of care.

St Vincent's Health Network partners with SESLHD services to deliver acute and tertiary HIV care in the inner-city region

St Vincent's Health Network (SVHN) has a long history at the forefront of HIV/AIDS. Located in Darlinghurst, close to a variety of SESLHD's own well-established services, SVHN is a key partner in the delivery of HIV services in SESLHD—particularly in the provision of emergency or acute care, or care for clients with complex healthcare needs and co-morbidities. SVHN services include an inpatient clinic, nursing care, psychology, occupational therapy, HIV neurology, HIV neuropsychology, day treatment, social work support, dietician services, and HIV prevention services including PrEP and PEP. Additional specialist clinics include the HIV complex care clinic, anoscopy clinic, hep C outreach clinic, STI testing and treatment, rapid HIV testing, and clinical trials for HIV and hepatitis C coinfection. SVHN also have an outpatient service, referred to as Immunology B Ambulatory Care (IBAC).

Sydney Children's Hospital extends SESLHD's service specialising in treatment and care for children and families affected by HIV

The Paediatric HIV Service at Sydney Children's Hospital (SCH) is the state-wide leader in the management of paediatric HIV. Located in Randwick, it is the only service of its kind in Australia to provide HIV treatment, prevention and care, case management, psycho-social support, research, reproductive counselling, consultation and education programs for children and families affected by HIV. The service also runs Camp Goodtime and Positive Kids camps, initiatives aimed at reducing isolation and foster peer support for people living with HIV. In providing its necessary and well-respected services, SCH faces several issues that are particularly critical for its target group—although some relate to HOT's work case-managing adolescent PLHIV. These include managing migrant mother-child HIV transmission and supporting teenagers to plan their HIV disclosure.

The Public Health Unit identifies, prevents and minimises public health risk to the community

The Public Health Unit monitors and conducts surveillance of diseases listed under the Public Health Act 2010, which must be notified to the Unit by medical practitioners, hospitals and laboratories when they are diagnosed. These notifiable diseases include HIV (which is notified directly to the Ministry of Health), bacterial STIs (such as chlamydia, gonorrhoea and syphilis) and viral hepatitis. This team works with general practitioners (GPs), other community-based health care providers, hospital clinicians, childcare and aged care facilities and members of the public to assist in the prevention and control of diseases that may pose a public health risk including the investigation of outbreaks and single cases of high-priority infectious disease.

Adahps provides targeted support to clients with HIV-related cognitive impairment and complex mental healthcare needs

Adahps (the AIDS Dementia and HIV Psychiatry Service) is a state-wide public health service for NSW residents who have HIV-related cognitive impairment and complex needs, such as mental illness, and drug, and alcohol dependence. Adahps provide case management, neuropsychological assessments, brokerage programs, peer support and education, and supported accommodation for PLHIV. Although SESLHD have a strong and long-standing partnership with Adahps, the service increasingly prioritises regional areas of NSW, where there are fewer pre-existing services for PLHIV. Adahps also provides incarcerated PLHIV with support through the Persons in Custody HIV Community (ReferralPICS) Program. PICS is run in partnership with Justice Health and Forensic Mental Health Network.

The NSW STI Programs Unit provides state-wide leadership in STI health promotion and service delivery

The New South Wales Sexually Transmissible Infections Programs Unit (STIPU) was established by the Ministry of Health to assist coordination and implementation of state-wide STI services. STIPU focuses on assisting sexual health services to orientate service delivery toward priority populations, strengthening the capacity of GPs to manage STIs within the primary care setting, and promote community awareness through state-wide, multi-channel STI information campaigns. The service's work includes resource development, clinical guideline development and state-wide working group facilitation. The unit has made significant contributions to HIV service development, for example the STI/HIV Testing Tool is a clinical resource developed to support GPs in conducting STI and HIV testing, brief risk assessments and sexual history, contact tracing, and accessing available resources and additional support. STIPU hosts the NSW Health website; Playsafe, which is targeted to increase young people's understanding of safer sex practices and event-based outreach rapid testing services.

STIPU also runs an innovative Festivals Project which partners with sexual health services across NSW at various music festivals to provide STI testing; for example, in 2018, an STI testing stand was set up at Splendour in the Grass, an Australian music festival. The health initiative performed 1,000 tests over the duration of the three-day festival. Users at this event were young people, who were provided results firstly by a personal telephone call, then followed up routinely over a two-week period.

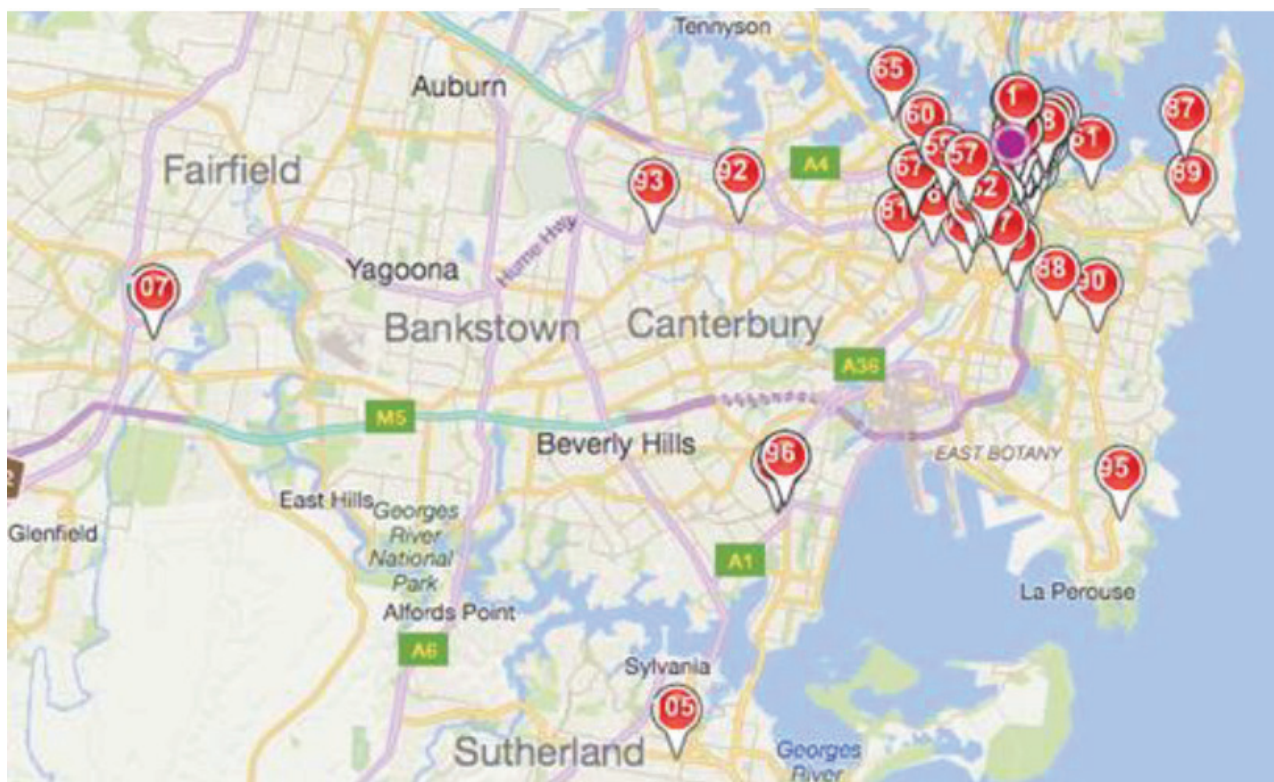
Sexual Health Info Link provides SESLHD and NSW residents with greater access to sexual health information and support

Sexual Health Info Link (SHIL) is a state-wide telephone and internet-based information and referral service, whose priority audience are PWID, sex workers, MSM, young people, and health providers themselves. SHIL offers telephone-based support with trained sexual health nurses. Nurse Netty, an avatar-based online support function with a 24-hour turnaround, is accessed via the Playsafe website. Other SHIL services include providing information on locating gay-friendly GPs and PrEP access. SHIL staff also work closely with GPs who have made new HIV diagnoses, and in these cases, provide advice on how and where ongoing care can best be provided, depending on the skills, knowledge, and confidence that each GP has in managing their patient's care needs.

SESLHD has strong relationships with well-trusted S100 general practices

There are several well-known and highly experienced S100 GP practices with HIV-prescribing GPs in SESLHD, clustered within the inner-city region (Figure 11). The current number of HIV-prescribing general practices (and the number of HIV-prescribing GPs that they employ) are as follows: East Sydney Doctors (13), Taylor Square Private Clinic (10), Holdsworth House (9), Maxcare (3), and ten other practices with one S100-prescribing GP at each. 7 All named practices are located in Darlinghurst, in close proximity to many SESLHD services. There is a notable dearth of S100 prescribers in the Southern reaches of the District.

FIGURE 11 MAP OF SESLHD S100 PRESCRIBING GENERAL PRACTICES



Nonetheless, these GPs have strong and sustained profiles in their local community. The three largest S100 practices – East Sydney Doctors, Taylor Square and Holdsworth House (Figure 12) – are well-resourced, with many of their GPs having previously worked or trained in HIV sexual health services such as Albion, KRC and SSHC. Over their years in business, the high-profile of these practices has been buoyed by word-of-mouth, networking with public HIV and sexual health services, and promotion via NGOs such as ACON. According to client consultation, the strong loyalty felt to many of these services is due to the stigma felt at other, non-HIV focused GPs, as well as long-term GP-client relationships, and a highly rated level of HIV clinical expertise. Although the bulk of clients using these S100 GP practices are local residents, their client populations also include many non-SESLHD residents.

The services provided differ slightly between practices, but in general, all are equipped to provide or facilitate linkages to comprehensive specialist GP HIV and STI care. Accordingly, there is a strong two-way relationship between these services and SESLHD specialist services. Many newly-diagnosed clients who have been provided initial care and treatment at a SESLHD service are provided with a referral to one of these S100 GP practices. Simultaneously, the GPs draw on SESLHD's specialised knowledge and complex care capabilities to provide care to a subsection of their client population. A challenge faced by each service is that they support a small percentage of PLHIV with very complex care support services, for whom they may be required to collaborate with several specialists and allied health services.

FIGURE 12 CASE STUDY GP (HOLDSWORTH HOUSE)



S100 prescribers

Among mainstream services, Holdsworth House is trusted source of HIV expertise


Established 25 years ago, Holdsworth House offers access to one of the largest groups of HIV GP specialists. The practice offers an extensive range of services, including psychiatry (with specialty experience in addiction medicine), psychology, dietetics, podiatry, physiotherapy, and dermatology. It also meets an identified gap for PLHIV with its own dental services.

As an integrated practice offering holistic care, online bookings, and in-house access to most of the providers required by PLHIV, appointments are available to leading renal, hepatology, thoracic, immunology, infectious diseases, haematology, gastroenterology, anoscopy and sleep specialists. Clinical research activity is also an important role within this practice which has interest areas in antiretroviral therapy (ART) therapy, dermatology, immunology, and respiratory medicine.

SESLHD has long-standing relationships with non-government and community organisations and among priority populations

As regularly indicated in the HIV and STI Strategy, a critical contribution to SESLHD's current model of care comes from NGOs such as ACON, Positive Life, Bobby Goldsmith Foundation (BGF), Sex Workers Outreach Project (SWOP) and NSW Users and AIDS Association (NUAA). Each organisation plays a highly prominent role in promotion, advocacy, support services, counselling, peer support and education for different target groups affected by HIV and STI – their community-based initiatives complement and strengthen the clinical services and support programs delivered by SESLHD (Figure).

FIGURE 13 CASE STUDY NGO (ACON)



NGOs

ACON leads wide-ranging health promotion, support, and advocacy activities

ACON is a health promotion organisation, specialising in a wide range of HIV prevention and support programs for priority populations. As well as a range of support programs, ACON prepares HIV submissions and policy statements, and acts as a hub for advocacy initiatives in mental health, ageing, drug use, HIV and the law, self-testing, ART, and stigma. ACON's programs are responsive to emerging demographic trends: for example, in recognition of the stigma faced by gay Asian men, ACON recently launched a specific support initiative, the Gay Asian Men's Project. It has been successful in providing a safe, non-judgemental, social forum for an at-risk subpopulation, many of whom are impacted by both social isolation and stigma.

SESLHD extend their HIV and STI service output through collaboration with clinical research, evaluation, and policymaking partners

Beyond service delivery partnerships, the SESLHD HIV and STI sector sustains an active research culture through targeted collaboration. Research partnerships are in place with several organisations to optimise this activity, including the University of NSW, the Kirby Institute, St Vincent's Hospital Network, ACON, Positive Life NSW, Bobby Goldsmith Foundation, the Centre for Social Research in Health, HealthProtection NSW, and NSW Government.

Published research outputs are substantial and reflect the internationally leading standing of HIV services and clinicians across SESLHD. Examples of peer-reviewed and leading research activity in HIV medicine include work on the future burden of HIV associated neurocognitive disorder,⁸ co-morbidity and complexity amongst PLHIV,⁹ and emerging HIV management challenges.¹⁰ SESLHD also contributes to NGO position papers and taskforce submissions on priority issues. Examples of this work include improving HIV prevention amongst Asian gay men,¹¹ submissions to the Aged Care Workforce Strategy consultations,¹² and contributing to select other policy- and research-focused projects aimed at enhancing HIV and sexual health services across Australia.

Useful Links

Listed below are links to the websites of key programs and services mentioned throughout the document:

South East Sydney Local Health District

- [Planning, Population Health and Equity](#)
- [HIV & Related Programs](#)
- [Statewide Services \(DPPHE\)](#)
(includes: Albion International Health, Cruise Ship Surveillance Program, ADAHPS, SCHIL and STIPU)

HIV/Sexual Health Services

- [Short Street Centre](#)
- [Waratah Clinic](#)
- [The Albion Centre](#)
- [Sydney Sexual Health Centre](#)
- [The Kirketon Road Centre](#)

Non-Government Organisations

- [ACON](#)
- [Positive Life NSW](#)
- [Bobby Goldsmith Foundation](#)

Appendices

Appendix A Summary of consultation

The development of this Strategy was rooted in a consultation process with clients, collaborators, staff, and SESLHD executives affected by and involved in the delivery of HIV and STI services. Consultation was conducted between February and August 2018, and the process was developed in collaboration with SESLHD's Director and Deputy Director of Planning, Population Health and Equity.

A wide range of individual and organisational stakeholders were identified and invited to contribute to this consultation process. Between face-to-face and phone-based interviews, in both individual and group settings, a total of 91 individuals contributed to the consultation findings summarised below (Table 1).

Consultation focused on current experiences of SESLHD HIV and STI services. It has been de-identified to protect the confidentiality of individual participants. Involvement in the process was supported through promotion by ACON, the Bobby Goldsmith Foundation, Positive Life, the Sydney Sexual Health Centre, the Kirketon Road Centre, the Albion Centre, the Short Street Clinic, and St Vincent's Health Network.

This Appendix

The following sections summarise the key themes and quotes from the Strategy consultation process. Some of the consumer quotes provided in this Appendix have previously been excerpted in the body of the HIV and STI Strategy and the State of Play Appendix.

Key findings of client consultation

Throughout the interview process, the most common subject areas raised by clients included:

1. The importance of specialised HIV and STI services
2. Stigma and access limitations in the health sector
3. Disclosure of sexuality and/or HIV status
4. Limitations in access to gay-friendly services in the outer suburbs of SESLHD.

TABLE 1: CONSULTATION PARTICIPATION SUMMARY

Clients	18
Sexual health service staff	18
HIV specialist and hospital services	19
GPs and nurses (from S100 prescribing practices)	7
NGOs	10
HARP Unit	9
NSW Health	8
CESPHN	2
Total	91

The importance of specialised HIV and STI services

KEY THEMES	<ul style="list-style-type: none">• SESLHD services are consistently rated as highly valuable, one-stop shops, and described as very effective in meeting client needs.• Client loyalty to an HIV and sexual health service is extremely high – few consumers changed their providers once they had sourced their care needs, indicating consistent, long-term performance.• As consumers' needs become more complex, they may access multiple HIV and sexual health services, most commonly where mental health support services are provided in addition to HIV and sexual health services.• Staff across all SESLHD HIV and sexual health services are described as open, knowledgeable, non-judgemental, welcoming, and supportive.• Access to HIV and sexual health services met most needs, although an extension of opening hours as well as access to online appointments was suggested by several consultation participants.• The Sydney Sexual Health Centre, The Albion Centre, Kirkeaton Road Centre, Short St Clinic, Holdsworth House, Taylor Square Clinic, East Sydney Doctors, and a[Test] clinics were the most commonly-mentioned services.
CONSUMER REFLECTIONS	<ul style="list-style-type: none">• "I use SSHC – they're very open, very personal, very private. They're good at answering questions and calling back. They always have appointments available."• "Always use Albion – they are 100% brilliant in every way – the doctors, nurses, chemists, reception. They call me by name – there's no judgement. They're always there."• "I was tested and diagnosed at SSHC – I got perfect treatment and still go there for my sexual and mental health needs – I get compassionate access to meds – they're a life-saver."• "Holdsworth House are great"• "The Taylor Square GPs are the best!"• "Ankali have saved my life – just being able to go and talk – I drop in every now and then –haven't had a worker for a while."• "ACON have kept me alive – my counsellor stayed with me through my crystal meth addiction, 6 jobs in 6 months, a lot of drug sex, and STIs. The support was amazing – I got given tools that worked – I started yoga. I'd tried other regional addiction places which were good but there was always that stigma about HIV."• "I've been using Taylor Square for 20 years – the nutritionist there is teaching me how to cook –I need to put on weight. I also get help from a social worker and psych there. I relied on my partner [now deceased] and have been very reclusive for a long time and don't have any friends. It's no good telling me to go online and go clubbing."
CONSUMER SUGGESTIONS	<ul style="list-style-type: none">• More online access to services is needed – like live chats online or SMS communication for appointments – filling in an online form is just so old-fashioned!"

Stigma and access limitations in the health sector

HOSPITAL SETTINGS	<ul style="list-style-type: none">• “Two years ago, I took my partner to ED after a fall with a nasty head gash – the nurse said: “I’m not touching him – he’s infectious.” I asked if they were doing neuro obs on him (as an ex-nurse) and was told “we’re watching him” as they stayed on the other side of the room.”• “When I was in a private hospital recently, I had a smoker’s cough – a young nurse said out loud to the other nurses: “can you catch AIDS from a cough?””• “As a smaller, obviously Asian gay, I feel a lot lower in the pecking order than Anglo bigger guys. I came out in my early 20s – my family know but never acknowledge this at all. I had to get PEP recently and went to ED as SSHC was closed – I had to explain to an ED nurse what had happened, which was hard to do – she was really unsympathetic and made me feel very uncomfortable – then I waited for 2 hours. It was a really stressful experience. If this is what it was like for me, it would have put other people off from even bothering about PEP – there need to be longer opening hours with clinics instead.”• “I was diagnosed 12 years ago – told by a doctor and left in a room to wait for a counsellor – 2hours later, no one had come, and I walked down the street in tears – I was suicidal.”
COMMUNITY PHARMACY	<ul style="list-style-type: none">• “I asked for PrEP at the Museum Station Chemist Warehouse – they’d never heard of it (and I’d never heard of Truvada). They said it was the first time anyone had ever asked for it – and this was the city – imagine asking for this out somewhere like Campbelltown!”• “I tried once to get my medication when I was in [major NSW regional town]. They got my prescription faxed from RPA in 2 days, then I had to wait another 3 days. It was pretty demoralising. I stick to RPA now – I wouldn’t trust even a community pharmacy to be informed and comfortable about helping, especially in [an inner South-West suburb].”• “I’m not keen at all in using a local community pharmacy – imagine if the other customers knew!”• “I use Albion’s pharmacy – I’m just not keen on using community pharmacies – if they knew all my meds, the whole town would know!”• “I just wouldn’t trust counter staff to be informed or comfortable about HIV – maybe in Erskineville, but not Punchbowl.”
GENERAL PRACTICE	<ul style="list-style-type: none">• “When I was first diagnosed, I didn’t want to see my own GP – I went to Albion – they were very good – I was suicidal and needed a lot of support, which I got then and still get now from there. I told my GP later on, who then said: “I’m really surprised at you – you’re a big boy now!” I never saw him again.”• “I’ve been to see a GP a few times at my local medical centre – in the first consultation, he asked me if I was married – when I said I was gay, he was extremely uncomfortable and didn’t ask anymore questions at all – I was tempted to disclose my HIV status to see how he would react. As a 50-year-old, I was able to manage this – but imagine how traumatised a young 19-year-old would be.”
DENTISTS	<ul style="list-style-type: none">• “I went to what I thought was a gay-friendly dentist – after disclosing my status and discussing my file and that my viral load was zero / undetectable, he came back looking like a space man in protective gear. It was so insulting. Next time I need a dentist, I’ll contact PozLife.”

Disclosure of sexuality and/or HIV status

HOSPITAL SETTINGS

- "I have a lot of internal stress about disclosing – you are constantly trying to work out if you can trust people to be informed about transmission – I'm a person, not a biohazard!"
- "I haven't told my GP – she's also from the Brazilian community – it's a small group – and although she's very professional, everyone knows each other. I've discussed when and if do this with my clinic. Where I come from, it's almost impossible to ever disclose."
- "A lot of gay men struggle with disclosure – they're in the closet or bisexual – usually when I get an STI, these guys are the cause. I still struggle with this myself – I have a pretty good radar who I can tell – about being gay – and being HIV positive."

Limitations in access to gay-friendly services in the outer suburbs of SESLHD

HOSPITAL SETTINGS

- "I'd really like a local GP I could trust – I only use medical centre GPs for coughs and colds."
- "After my partner died six months ago, I went on a list for housing – I need at least \$50K to move into a retirement village, but there don't seem to many gay-friendly ones."

Other themes of consumer consultation included My Health Record and condom use. Consumer understanding of My Health Record was uniformly low, and there was some negative commentary towards condom use as 'old-fashioned' or unpleasant, including some criticism of the current health promotion tactics used to promote condom use (as out-of-date or overly 'cute').

Key findings of S100 GP consultation

Throughout the interview process, the most common subject areas raised by and about accessing HIV and STI healthcare through GPs were as follows:

KEY THEMES

- Loyalty to S100 GPs is extremely high with many consumers describing very strong, personal relationships with the practice as a whole.
- Catchment areas for S100 GP patients are extensive – patients travel from across the district, NSW, interstate and even overseas to receive specialised treatment at these practices. Reasons patients choose to travel include a fear of loss of privacy in smaller rural or regional areas and in close-knit ethnic communities.
- Relationships between S100 GPs, HIV specialists, HIV and sexual health services are well-established, with very strong cross-referral connections in place. S100 GP practices also have effective networks in place with leading HIV and sexual health support organisations and groups such as ACON, BGF, Positive Life and Ankali.
- Non-S100 GP experiences were commonly described as unsatisfactory in meeting patient's health support requirements. Clients cited stigma, inadequate STI screening / testing practices, unfamiliarity with HIV support needs, and overall lack of HIV and STI management experience.

Key findings of SESLHD service staff consultation

Throughout the interview process, the most common subject areas raised by staff were as follows:

STRATEGIC PLANNING AND COLLABORATION

- Nursing manager: "We don't get told much about other services – you find out what's available by setting up informal networks."
- Nursing manager: "We've been running nurse-led clinics which are very successful – HIV monitoring, Hep C clinics – these could be something that other services could be sharing in, as well as doing some common training."
- LHD manager: "There's a great common passion in following our agreed strategy but no collaboration across the services themselves. Why not collaborate? Duplication is evident."
- Nursing manager: "We'd probably be concerned about the loss of our respective identities – it would need facilitating and would need to start with a clear agreement on what the objectives of collaborating were."
- Nursing manager: "We need a formalised approach to sharing resources, like business rules, practices, etc. As an example, all the major services are having to deal with transitioning clients from using a nurse-led service to now using community pharmacies. The ASHM training sessions were good, but each of us is managing differently."
- Staff member: "If we get someone who's used a different clinic we have to ask the client permission, then call up the other service; then they have to retrieve it, either tell us what we need or scan it and send it over to us, so we can enter it into our records. I would be so much easier if we all had common record systems – there's absolutely no reason why not."
- Senior clinician: "We tried this before – we got a thinktank going to encourage collaboration – but it died from lack of impetus, without anyone to resource it."

Key findings of SESLHD service staff consultation (cont'd)

<p>WORKFORCE PLANNING AND DEVELOPMENT</p>	<ul style="list-style-type: none"> • Nursing manager: "My main management challenge is recruitment – we'll advertise in March, hire someone in June and it will then take them another 3 months to be effective." • Senior clinician: "It would be great to see registrars rotating across the centres. Although as it takes them around 3 months to find their feet, 12-month contracts are too short – we need the LHD to agree to 24-month contracts for this to work." • Nursing manager: "There are not many options for training staff – other than the 2-day ASHM course, there's a Sexual Health certificate at Uni – we need more access to an advanced sexual health training program." • Nursing manager: "Change is difficult – resistance is high to doing things differently. But we need to – as an example, we're recruiting new nurses and will be waiting a while to get them up to speed – the ASHM course isn't on for a while. It's a struggle to find staff – you can either get HIV trained or STI trained staff – not both. Another issue is that our own HIV/STI workforce is ageing." • Nursing manager: "Staff burnout is a big issue – the opportunity to offer placements across different services would be a fantastic morale boost – but it needs to be well supported. It would be better with mid-level to senior nurses where they take less time to get up to speed – they're the people we most often lose."
<p>COLLABORATION IN RECRUITMENT AND JOB ROTATION</p>	<ul style="list-style-type: none"> • Nursing manager: "Last year in an external review, there were a lot of issues identified with staff burnout and retention. We added a new rostering resource which has helped, but the otherservices must all have similar issues – we only hear about these very informally – if one of us makes the effort to take the initiative." • Nursing manager: "It would be great for morale if there were opportunities for placements across different places – one of my team did a sexual health role in Broken Hill for six weeks and came back completely refreshed." • Senior clinician: "It would be a very powerful rotating combination – Albion for HIV management, Kirketon for PWID, hep C and hard-to-reach patients, and SSHC for a lot of STI and PrEP experience."
<p>INCREASING THE USE OF ALLIED HEALTH SERVICES</p>	<ul style="list-style-type: none"> • Nutritionist: "Clinical care can sometimes be very HIV-focused and forget to consider a lot of other holistic health issues, like poor oral health impact nutrition; bone density impact of ART; HAND impact on group participation; skin issues; eating disorders and isolation; financial hardship and malnutrition; as well as support needs with smoking cessation and financial management. Nutrition support may also need to consider more complex issues like transgender client preferences in body shape." • Nutritionist: "Unfortunately, we get very few referrals from clinicians. And in reviewing client histories recently at this service, in around 2/3rds of cases, there was no height and weight measured – other common gaps were BP and blood lipids." • Nursing manager: "Another activity we tried to set up but failed, was a nurse-led review clinic where we invited referrals from clinicians and looked at clients' nutrition and mental health needs. We also started looking at quantifying complexity of care – a tough one. But doctors weren't that keen on the idea – there was a sense of "they're my clients."" • Nutritionist: "Three out of four clients with HIV are using complementary medicines –considering a joint nutrition-pharmacy review of their use may be a future part of medication reviews. Nutritional support in our clients becomes more complex with multiple co-morbidities."

Key findings of SESLHD service staff consultation (cont'd)

RELATIONSHIPS WITH GENERAL PRACTICE	<ul style="list-style-type: none">• Nursing manager: "We really need an Enhanced GP Model in place – we frequently see people who saw their own GP, who didn't do much for them – especially their sexual histories – it's so important to do opportunistic HIV/STI testing, but we see GPs who are just not interested."• HIV specialist: "One of the barriers that seems to impact GPs in getting involved in HIV care is their own acceptance of the lifestyle and risk-taking profiles of patients."• Nursing manager: "We try and triage our clients and identify where we could refer them on to GPs for ongoing care – a lot are very reluctant and want to stay with us – if they prefer to do this, our policy is keep them and manage them here."
HIV AND AGEING	<ul style="list-style-type: none">• HIV specialist: "No-one's dying of AIDS anymore. Aged care needs are now the next challenge. Acceptance of HIV by aged care services is very low – there is very low involvement and understanding of need. Ageing with HIV can add ten years to your actual age in terms of other co-morbidities."

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Health
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