Traci Leven Research

NHS Greater Glasgow & Clyde HIV Anti Stigma Staff Campaign Project

Final Report

Prepared for

NHS Greater Glasgow & Clyde

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Contents

1 Introduction

1.1 Background

Due to evidence that some people living with HIV were experiencing stigma and discrimination when using health services, NHS Greater Glasgow & Clyde (NHSGGC) undertook a staff survey in 2013 which explored knowledge and attitudes relating to HIV. The survey highlighted some gaps in knowledge, some concerning attitudes, and training needs among NHSGGC staff.

In light of the survey findings, the HIV +ve Staff Campaign was developed and rolled out over 2015-2016. The campaign aimed to increase knowledge among NHSGGC staff to reduce discriminatory practice when people living with HIV are accessing NHSGGC services. The campaign included the dissemination of messages via various media including posters, leaflets, roadshows, articles in staff news, staff intranet and a dedicated website. Face-to-face staff training was also delivered and on-line training was available via other providers.

A follow-up staff survey was conducted in 2016 with many of the same questions as the 2013 survey in order to be able to measure change/campaign impact.

1.2 The Research

NHSGGC commissioned Traci Leven Research to conduct analysis and report on findings relating to the campaign. The research tasks specified were to:

- Collate documentary evidence to describe the processes of implementation and delivery of the campaign;
- Analyse the results of the 2016 staff survey and compare these (where comparisons can be made) to the 2013 survey results.

1.3 This Report

This report presents the findings from the research. The next chapter details the methodology employed and the information sources. Chapter 3 describes the processes of developing and implementing the campaign. This was informed by documentation review and consultation with key stakeholders. Chapter 4 presents the evidence of outcomes/impacts including the results of the 2016 staff survey and other sources of information on campaign reach and levels of engagement. The final chapter brings together the key messages from the research and makes suggestions for future practice.

2 Methods

2.1 Introduction

This chapter describes the sources of data and methods used in the evaluation.

2.2 Collation of Evidence

Available resources were collated and reviewed, and learning points extracted. The sources included:

- Project plans and action trackers;
- Notes from meetings;
- Google Analytics from the campaign website;
- Summary training report;
- List of comments made on training evaluation forms;
- Roadshows feedback reports and staff comments.

In addition to the information contained in these documents, interviews were conducted with key staff to get a more detailed account of the campaign timeline, and to gain the perception of key stakeholders. The staff interviewed were the project lead (Health Improvement Lead for Sexual Health), the Public Health Programme Manager for HIV (who was part of the campaign working group), and the Sexual Health Advisor who delivered some of the staff training.

2.3 Staff Survey Data Analysis

Data from the online staff survey in 2016 were imported to SPSS for analysis. Data were prepared to correct for input errors, code missing data and derive new variables which re-categorised responses. Open-ended responses were also coded prior to analysis.

Analysis of the 2016 survey data consisted of:

- Running frequencies for all variables;
- Conducting crosstabulations with chi-square tests to explore findings by:
    - Whether staff had direct contact with patients/clients;
    - Area of work (Acute services; Partnerships; Corporate/Bank/Other);
- Comparing findings (where questions were comparable) with the 2013 staff survey.

The 95% confidence interval ($p \leq 0.05$) was used to test for the significance of differences between groups and overall differences between the 2013 and 2016 surveys.

2.4 Comparability of 2013 and 2016 Surveys

Most questions were asked in an identical way in the 2013 and 2016 surveys but some had minor wording changes and four questions changed significantly between the two surveys. Where survey questions changed significantly, comparisons cannot be meaningfully made.

The 2016 survey had a much smaller number of respondents than the 2013 survey (1,245 compared to 3,971). However, the overall profile of staff who answered was very similar, as the table below shows. This allows reliable comparisons between the two surveys.

	2013 Survey		2016 Survey	
	N	**%**	**N**	**%**
Acute	2,259	56.9%	696	55.9%
Partnerships	1,096	27.6%	339	27.3%
Corporate/Bank/Other	616	15.5%	209	16.8%
(no answer)	(1)		(1)	-
Total	3,972	100.0%	1244	100.0%

2.5 Limitations

It is not known how well the 2016 survey respondents represents the whole NHSGGC staff population, but it may be expected that there would be a degree of response-bias favouring those who had engaged with the campaign. This may mean that levels of awareness and engagement may be exaggerated by the survey responses.

It is also acknowledged that an on-line survey will elicit a higher reach among desk-based staff and those who routinely use computers in their work. Paper copies were available, although no-one requested them. As the campaign included a significant amount of electronic content and electronic promotion, campaign reach may have been higher among those with routine access to computers and survey results may therefore inflate actual reach and may not proportionately represent staff who spend less time on computers (e.g. a significant proportion of nursing staff).

The repetition of the survey in 2016 and comparing responses to 2013 is a helpful way of measuring changes in knowledge and attitudes across the three years. However, it is of course recognised that staff will be have exposed to many different messages and experiences in this time and it cannot be assumed that all observed changes can be attribute solely to the campaign.

3 Processes of Development and Delivery of the Campaign

3.1 Introduction

This chapter describes the processes of development and delivery of the HIV Anti Sigma Staff campaign and has been produced from the collation of learning points from the various sources available to the evaluation including documentary evidence and interviews with stakeholders.

3.2 Rationale

Due to new drug treatments, outcomes for those living with HIV have improved radically. As people with HIV have gone on to live longer and healthier lives, NHSGGC are now seeing more people living with HIV attending mainstream services for conditions and illnesses that are unrelated to their HIV.

In 2013, there was emerging evidence of people living with HIV using NHSGGC services experiencing stigma or discrimination. While some cases were reported as formal patient complaints, much of the evidence came through less formal channels, notably via the peer support group and Patient Forum at the Brownlee, the outpatient treatment and care service for adults living with HIV in NHSGGC.

In light of this evidence, a survey of NHSGGC staff was conducted in 2013 to examine what staff knew about HIV and explore their attitudes. The survey was completed by 3,972 staff members and showed some gaps in knowledge about HIV, some concerning attitudes and poor levels of awareness of HIV as a protected characteristic. Most staff who answered agreed that there was a need for training on HIV and less than half felt they had adequate knowledge to ensure they treated HIV positive patients fairly.

3.3 Patient Information and Support

Prior to, and separate from, the staff campaign, there was work done which focussed on patients. This included producing video clips with the Scottish Youth Theatre. Patients were involved in providing the scenarios for the videos, and also in using the clips for training NHS staff.

A Toolkit was developed to provide patients with the confidence and knowledge about their rights when attending NHS appointments. This included, in addition to the video clips, a booklet and written information for the website.

A further strand to the patient-focussed project was planned assertiveness training workshops for patients to help them deal with situations where they felt stigmatised or discriminated against, but these did not go ahead when originally planned, and have still to be implemented.

3.4 Staff Campaign

Aims

The overall project aim was:

To support people living with HIV to have a positive experience of NHSGGC services, which are free from stigma and discrimination, wherever they need or choose to engage.

The intended outcomes were:

- Raise awareness among non-specialist staff that HIV stigma is an issue (Staff will Think);
- Enable staff to reflect on their own practice and recognise behaviours or attitudes that contribute to stigma and discrimination (Staff will reflect)
- Educate staff through training, to prevent stigma and discrimination (Staff will have training)

Working Group

A working group was established to develop and deliver the staff campaign. The working group included:

- the project lead (health improvement lead for sexual health)
- the Peer Support Manager from the Brownlee Centre
- the Public Health programme manager
- the Health Improvement manager for sexual health
- five patient representatives
- members of Corporate Communications
- a representative of the equalities team
- the communications manager from Waverley Care (a Scottish HIV and Hepatitis C charity)

Campaign Plans

The campaign was designed to cover three separate strands '+ve people' '+ve health' and '+ve learning' and made use of the existing platforms such as the staff intranet site – StaffNet and the internal staff magazine – StaffNews.

It was considered important to establish a brand for the campaign, and three logos were designed for each of the three strands

The overall plan was to deliver the campaign in three phases from September 2015 to April 2016.

The first phase sought to raise awareness of the HIV stigma and use the +ve people logo on all materials. The key messages for Phase 1 were:

- People with HIV are not a disparate population.

- Challenge your perception of people living with HIV – Are you prejudice?

The second focussed on targeting staff more directly and encouraging them to question their own practice and update their knowledge about HIV stigma, and used the +ve health logo. The key messages for Phase 2 were:

- Those living with HIV all use mainstream services; they are not **only** treated for HIV.

- NHS Staff will be caring for those living with HIV in their day-to-day work. Some people will know their status; others will not.

- Question their own practice. Standard precautions should always be adhered, so no need to take "Extra" precautions.

- Think about patient dignity and respect.

The third phase had a main focus on promoting training and encouraging staff to be advocates of what they had learned throughout the campaign. The key message for Phase 3 was to attend training and encourage good practice within work teams. The +ve learning logo was intended to be used on all training materials or materials advertising training.

While the emphasis in the third phase was on delivering training, it was intended that there would be some training delivered throughout the campaign. The initial plan was that staff training/learning would be delivered from the outset, with a push for further training towards the end of the campaign, and that those who had already been trained would be champions for the training, supporting others.

Central to the campaign was the use of the patient voice throughout, focusing on real lives and real experiences.

Campaign Delivery

Phase 1 (September to October 2015)

Campaign resources were developed by the Corporate Communications team with input from the working group. A website was also developed for the campaign which included:

- A home page with information on the campaign and a supporting statement from the board Chief Executive
- A '+ve People' sub-page which included
    - Patient stories – positive stories and stories of stigma in healthcare settings
    - Healthcare experiences report
    - Drama videos showing patient scenarios
    - The patient toolkit
- A '+ve Health' sub-page
- A '+ve Learning' sub-page, which included information about face-to-face training opportunities and links to on-line training from three external providers
- A page on HIV related stigma and discrimination
- A page about the 2013 staff survey and the full report on findings
- A page on facts about HIV
- A page showing legal duties to patients including the Patients Rights (Scotland) Act 2011 and the Equalities Act 2010
- A page about standard infections control precautions, with a link to the infection prevention and control page
- A page about the roadshows
- A 'Useful Sites' page with links to other sources of information and support

The campaign launched with a feature in the September 2015 issue of the StaffNews magazine. This included a 'wrap around' on the cover of the magazine featuring two of the posters, as well as articles inside which covered information about the campaign (its rationale, aims and plans), information about advances in treatment for HIV and outcomes for patients, and a case study about someone living with HIV who had experience of being stigmatised and unfairly treated when attending NHS appointments.

Following this, there was news about the campaign in each subsequent month's staff news. There was an electronic copy of the magazine on the StaffNet, and there was a banner and 'hot topics' features on the StaffNet promoting the campaign.

Also during the first phase of the campaign, posters and information cards were sent to all NHSGGC acute services together with an explanatory letter.

Roadshows were delivered at all acute services. They involved staff and patient volunteers manning tables with highly visual banners and posters, and engaging NHS staff in conversations.

Phase 1 also saw the development of staff training which was available from October onwards. A 'suite of training' was developed, which consisted of:

- Online training. Some were not developed by NHSGGC, but links were provided on the campaign website to online training from other sources; other online training components were developed by NHSGGC for e-learning modules on blood borne viruses.
- 3 hour training at set times. These included presentation of the videos developed by patients. These training sessions sought to give staff knowledge about HIV, present and discuss case studies, and challenge or change attitudes/values.
- 1 hour training at participants' own workplace. This was more condensed and focussed on giving information/increasing knowledge.

Key elements of the training included:

- An introductory quiz to test knowledge about HIV;
- Case studies and scenarios including video clips;
- Opportunities for discussions.

Phase 2 (November 2015 to January 2016)

Phase 2 aimed to build on the awareness raised in Phase 1 and to encourage staff to engage with the campaign and learn more about HIV.

During Phase 2, rather than a roadshow, there were week-long displays at the Queen Elizabeth University Hospital and the Glasgow Royal Infirmary. In addition to the displays and having staff available for conversations, 10 one-hour training sessions were offered in a pop-in basis.

New posters were developed and sent to acute services, again with an explanatory letter.

During Phase 2 the campaign continued to be featured in the Staff News and Staff Net.

Phase 3 (February to June 2016)

Initially planned to end in April, Phase 3 was extended until June 2016.

In Phase 3, all staff received information about the campaign and the training available with their payslips. The following message was included in the payslip:

Have you seen our HIV Anti stigma campaign? We want NHSGGC staff to know the facts about HIV & how positive or negative attitudes can have a huge impact on people living with HIV.
Did you know almost 90% of people living with HIV in Scotland are now on treatment and not infectious? No? Then pop along to a 1hr training session. Details at www.HIVStigma.scot

An A5 booklet/factsheet was developed as well as new posters which included information about the available training and HIV fact cards.

News articles continued to appear in the Staff News in Phase 3. In June, this included information about the follow-up staff survey.

3.5 Use of 'The Patient Voice'

Throughout the campaign all the materials, online resources and training content featured the 'patient voice'. Working group members who were interviewed felt that this was a critical feature of the campaign and made it rich and authentic. The images below illustrate the use of the patient voice with two examples which were used as posters and graphics within a z-card leaflet together with information and advice for staff working with patients. Training also used real life patient experiences for scenarios, and the roadshows in workplaces involved patient volunteers meeting with staff to explain their own experiences of using NHS services and experiencing stigma and discrimination.

3.6 Challenges/Difficulties

Working Group

The partnership approach taken in creating the working group had huge benefits, but there were some difficulties encountered while progressing the campaign. Reflections by working group members were that there were perhaps too many members, each with their own perspective and competing priorities, which could lead to delays or difference of opinion on how to proceed. It was felt that the attempt to 'design by committee' sometimes made working practices laborious, particularly as it was important to take account of all viewpoints while staying focused on the aims of the campaign.

While there were some specific issues negotiating the boundaries of the roles and responsibilities of volunteer patient representatives and the paid NHSGGC staff, the inclusion of patients on the working group was of huge value to the campaign, ensuring a legitimate and authentic patient voice, that would otherwise have been difficult to achieve.

Campaign Content

Overall, the project lead felt that they had been too ambitious in trying to cover three phases within such a short time period. With hindsight, she felt that they should have had a simpler campaign. Another working group member said that feedback from clinical staff was that there were too many messages in the campaign, and that it would be better to focus on one or two clear and simple messages – e.g. that staff cannot catch HIV from patients if they use standard infection control precautions.

Training

The greatest challenge in the campaign was in eliciting uptake of training opportunities. The programme lead visited service division meetings to explain about the campaign and the training and to gain support. However, uptake of training was low and 12 planned sessions had to be cancelled. During the campaign, the approach to training changed in response to low uptake of the scheduled three-hour sessions, and more ad-hoc one-hour sessions were delivered to teams of staff at their workplace. Reasons for low uptake and barriers to participation are covered in Chapter 4.

4 Outcomes and Impacts

4.1 Introduction

This chapter presents the results of the 2016 staff survey, with comparisons (where relevant) with the findings from the 2013 survey. Where differences are said to be significant between the two surveys, or where differences are shown for different groups of staff, these differences are significant at the 95% probability level ($p \leq 0.05$).

Also included in this chapter is evidence from documentary sources and interviews with key stakeholders regarding the campaign's reach and levels of engagement.

4.2 Knowledge about HIV

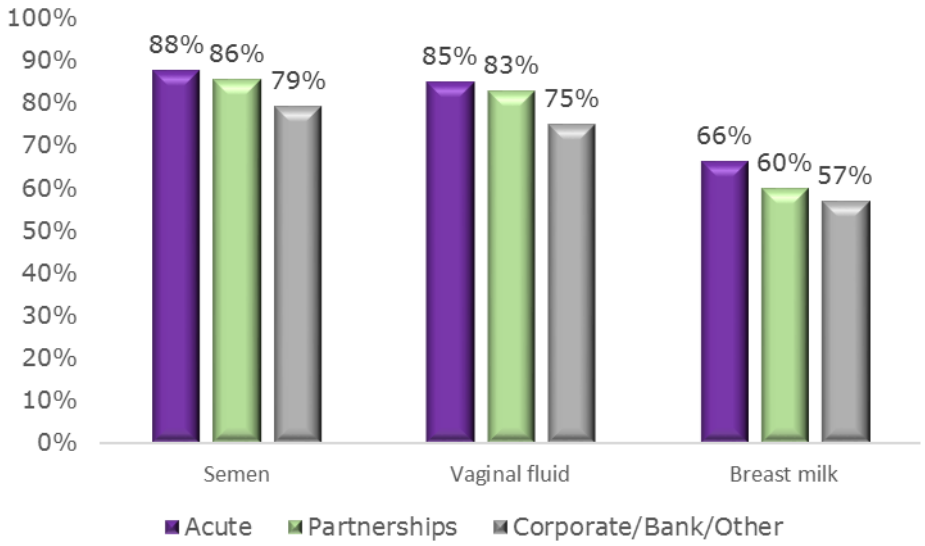
In both the 2013 and 2016 staff surveys, staff were asked to tick which fluids the HIV virus could be found in. HIV is found in blood, semen, vaginal fluid and breast milk. Nearly all (99%) staff in both surveys identified blood, and more than eight in ten in both surveys identified semen and vaginal fluid. Breast milk was the least frequently identified bodily fluid, but there was a significant increase in the proportion who identified this – from 60% in 2013 to 63% in 2016. Overall, there was an increase in the proportion who correctly identified all four fluids, from 59% in 2013 to 62% in 2016.

Table 4.1: Awareness of Fluids where HIV Can be Found – 2013 and 2016

HIV is a blood borne virus found in....?	% aware 2013	% aware 2016	Whether significant change (* denotes significant)
Blood	99%	99%	
Semen	84%	86%	
Vaginal fluid	82%	83%	
Breast milk	60%	63%	*
Correctly identified all four	59%	62%	*

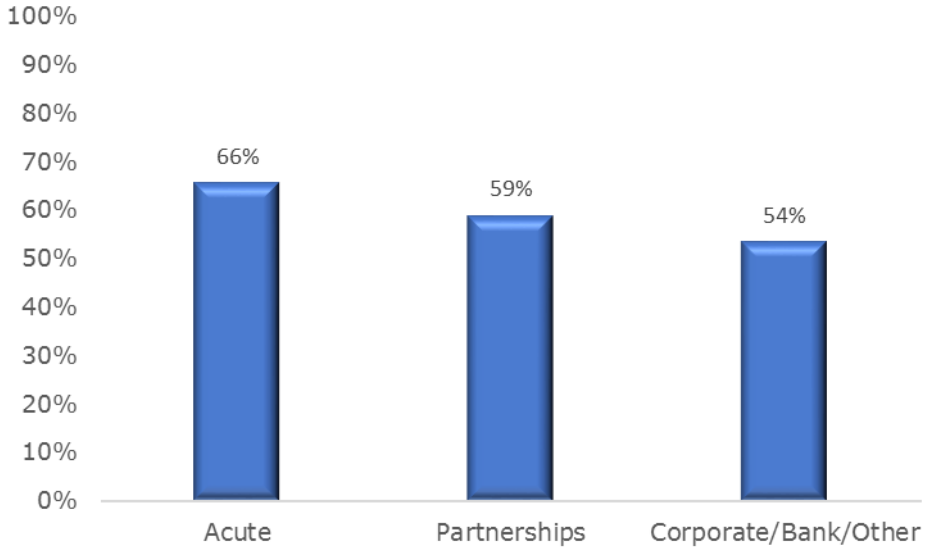
The findings for the 2016 survey show that those working in Acute services were the most likely to be aware that HIV was found in semen, vaginal fluid and breast milk. Those working in Corporate/Bank/Other services were the least likely to be aware that HIV was found in each of these. This is shown in Figure 4.1.

Figure 4.1: Awareness of HIV being Found in Semen, Vaginal Fluid and Breast Milk by Work Area



Overall, two in three (66%) of those working in Acute services recognised that HIV was found in all four fluids, compared to 59% of those in Partnerships and 54% of those in Corporate/Bank/others.

Figure 4.2: Awareness of HIV being Found in All Four Fluids (Blood, Semen, Vaginal Fluid and Breast Milk) by Work Area



There were two true/false statements about HIV which were asked in both the 2013 and 2016 staff surveys. There was no significant change in the proportion who correctly answered these, as Table 4.2 shows.

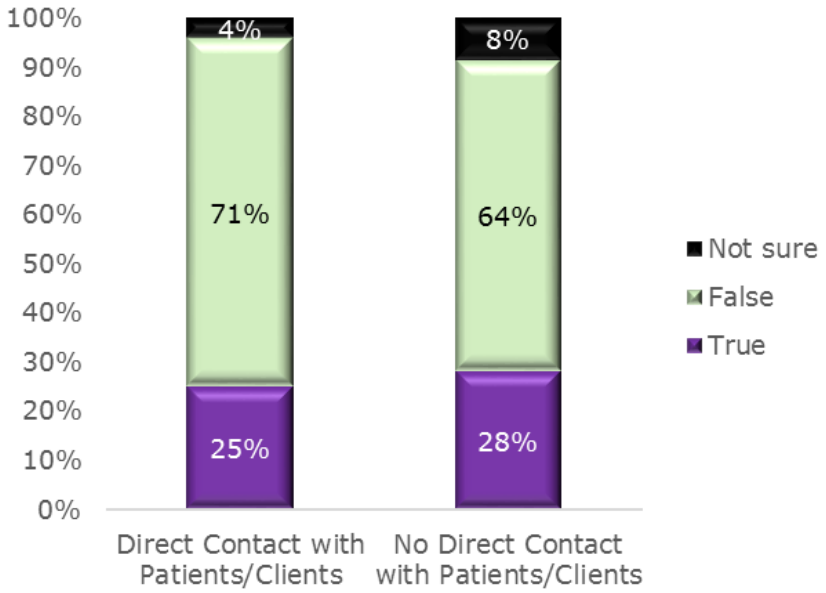
Table 4.2: Proportion who Correctly Answered Statements about HIV – 2013 and 2016

Question	% correctly answered 2013	% correctly answered 2016	Whether significant change (* denotes significant)
HIV can be transmitted via infected bodily fluid if it comes into contact with healthy unbroken skin (correct answer = false)	66%	69%	
People living with HIV are now able to live long and healthy lives (correct answer = true)	97%	96%	

In 2016 a quarter (26%) of staff erroneously believed that HIV can be transmitted via infected bodily fluid if it comes into contact with healthy unbroken skin, while 69% correctly said that it could not, and a remaining 5% were not sure.

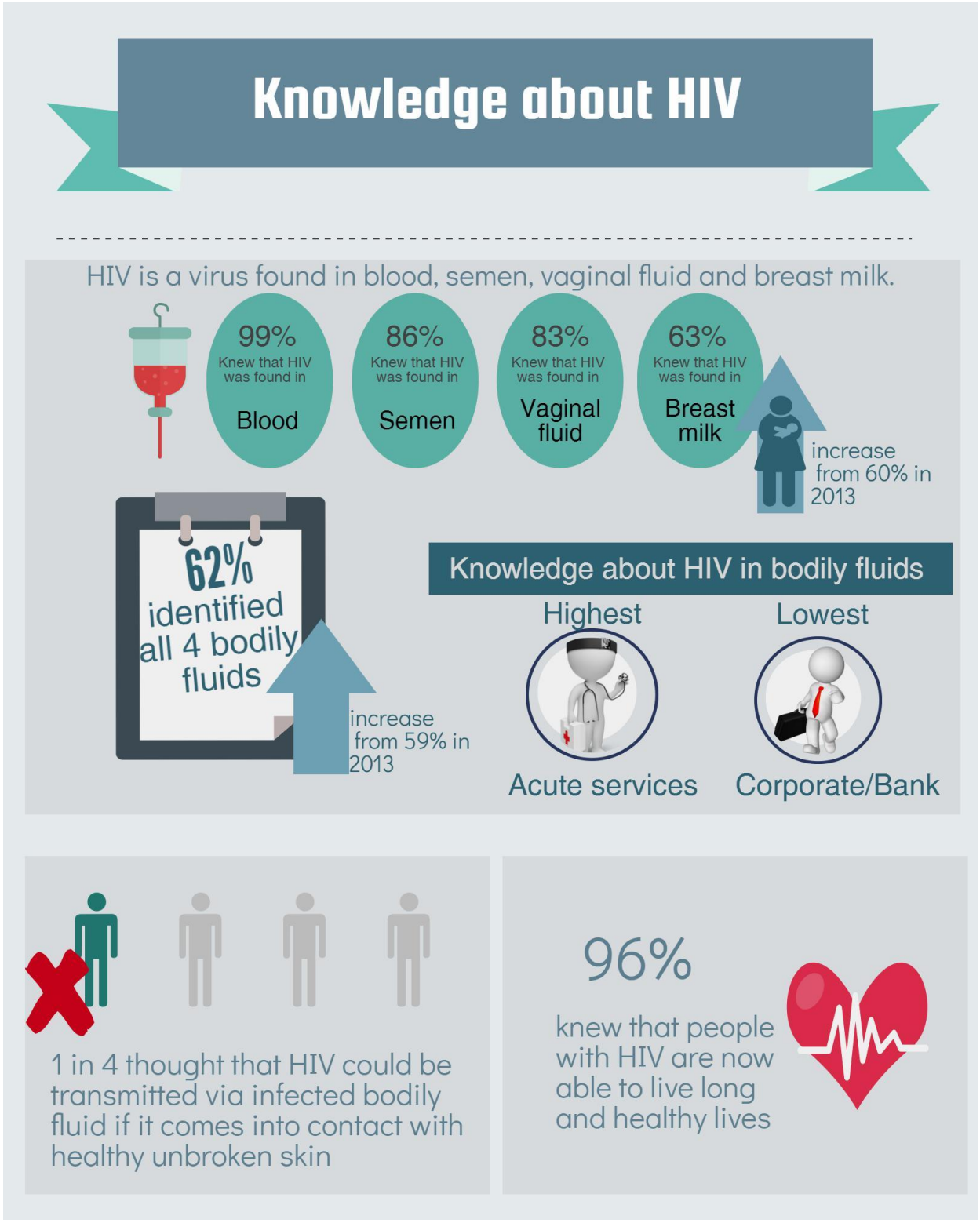
Those whose role involved direct contact with patients/clients were more likely than others to correctly say that HIV could not be transmitted via infected bodily fluid if it comes into contact with healthy unbroken skin. However, even among those who had direct patient/client contact, a quarter (25%) believed that HIV could be transmitted in this way. This is shown in Figure 4.3.

Figure 4.3: Responses to the Statement: "HIV can be transmitted via infected bodily fluid if it comes into contact with healthy unbroken skin" by Whether Have Direct Patient/Client Contact



Most (96%) staff knew that people living with HIV are now able to live long and healthy lives.

Half (50%) said it was true that someone living with HIV and on treatment is very unlikely to pass on the virus. However, more than a quarter (28%) said that this was false and a further 22% said they were not sure.


Knowledge about HIV
HIV is a virus found in blood, semen, vaginal fluid and breast milk.
99%
Knew that HIV was found in
Blood
86%
Knew that HIV was found in
Semen
83%
Knew that HIV was found in
Vaginal fluid
63%
Knew that HIV was found in
Breast milk
increase from 60% in 2013
62%
identified all 4 bodily fluids
increase from 59% in 2013
Knowledge about HIV in bodily fluids
Highest
Lowest
Acute services
Corporate/Bank
1 in 4 thought that HIV could be transmitted via infected bodily fluid if it comes into contact with healthy unbroken skin
96%
knew that people with HIV are now able to live long and healthy lives

4.3 Awareness of HIV Discrimination

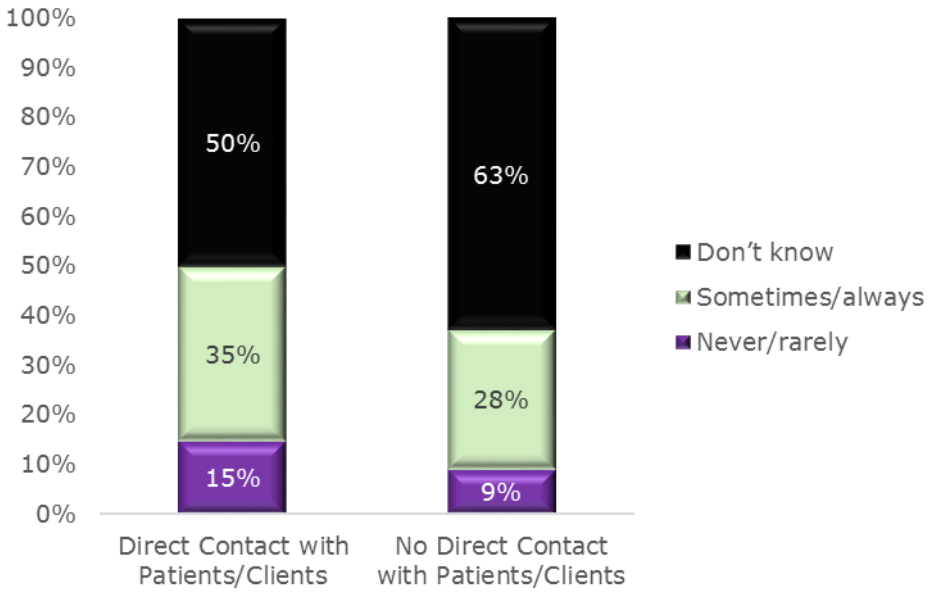
In both 2013 and 2016 staff were asked how often discrimination against people due to their HIV status occurred within NHSGGC. Responses show an increase in awareness of discrimination. The proportion who said they did not know fell from 58% to 53%, while the proportion who said it happened sometimes rose from 25% to 32%. This is shown in Table 4.3.

Table 4.3: Perceived Frequency of Discrimination Against People Due to their HIV Status in NHSGGC – 2013 and 2016

Discrimination against people due to their HIV status occurs within NHSGGC…	% response 2013	% response 2016	Whether significant change (* denotes significant)
Never	9%	5%	*
Rarely	8%	9%	
Sometimes	25%	32%	*
Always	1%	1%	
Don't know	58%	53%	*

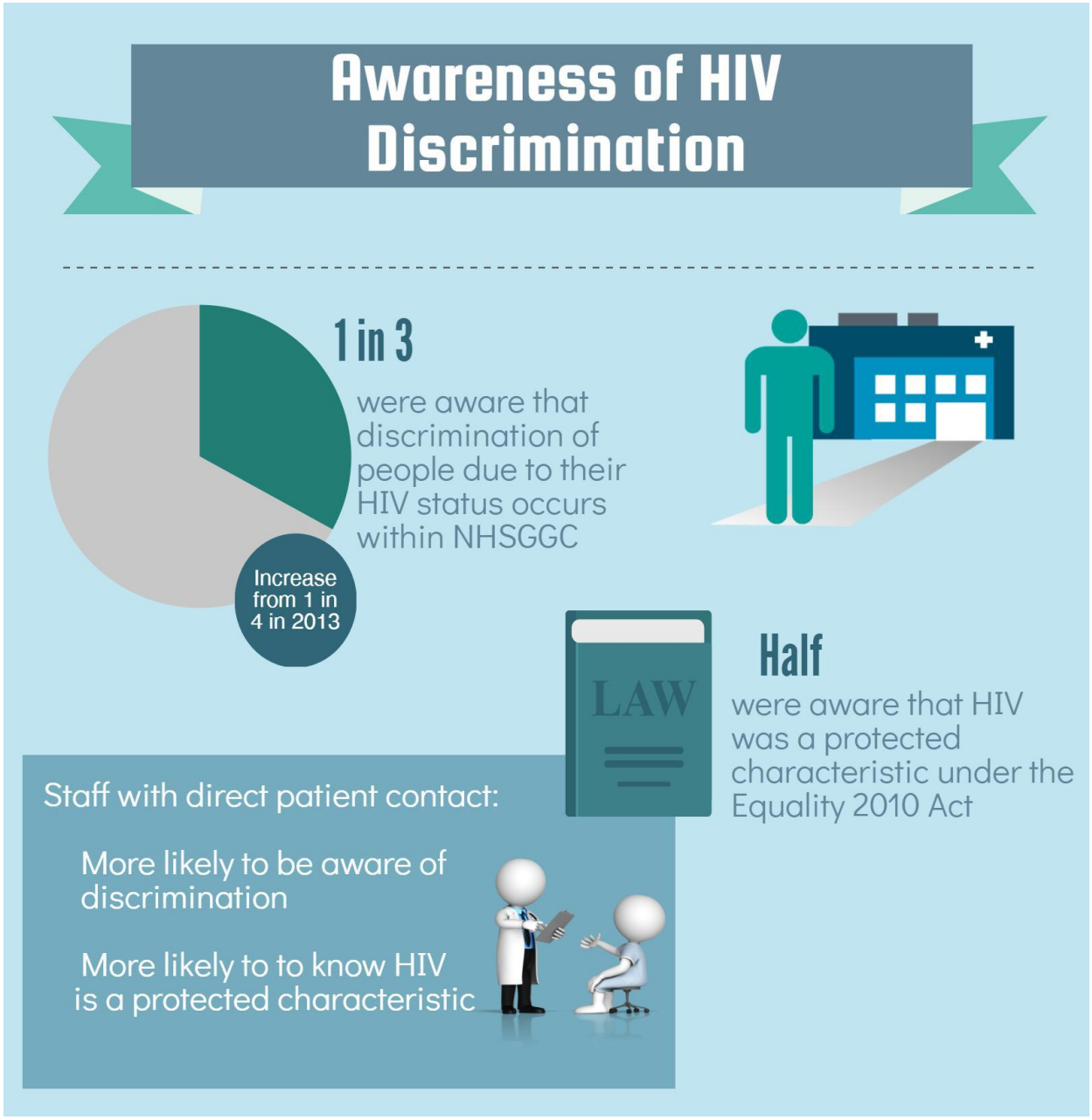
Those who had direct contact with patients/clients were more likely than others to be aware of discrimination of people due to their HIV status, as Figure 4.4 shows.

Figure 4.4: Perceived Frequency of Discrimination Against People Due to their HIV Status in NHSGGC by Whether Have Direct Patient/Client Contact



Half (49%) of staff in 2016 knew that HIV was a protected characteristic under the Equality 2010 Act, while 7% said that it was not and 43% said that they did not know. Although the wording of the questions changed between the surveys, just 33% in 2013 knew that HIV was a protected characteristic and the findings suggest an increase in awareness between the two surveys.

Those who had direct contact with patients/clients were more likely than others to know that HIV was a protected characteristic (52% compared to 42%).



4.4 Attitudes towards People Living with HIV

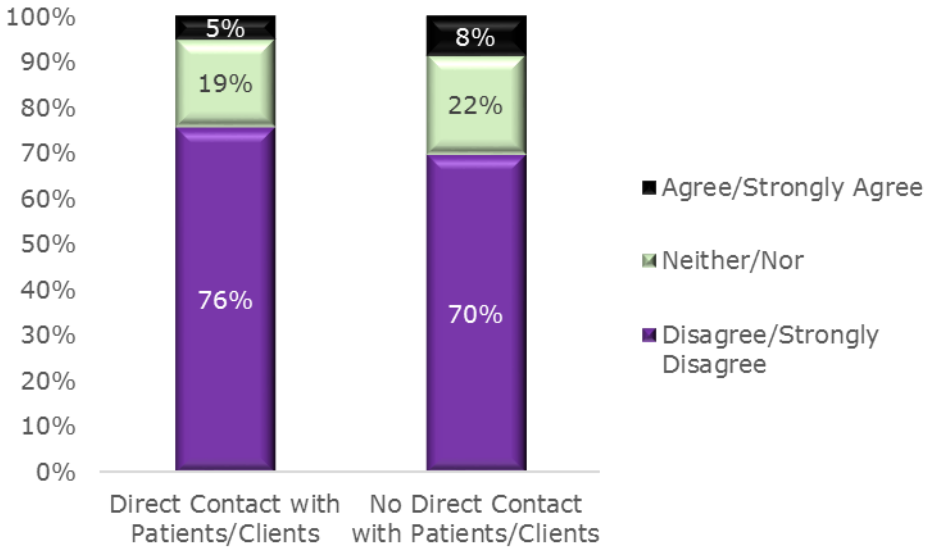
In both the 2013 and 2016 surveys staff members were asked to indicate the extent to whether they agreed or disagreed with three statements about people with HIV to measure attitudes. Table 4.4 shows the proportion who gave a response to each statement which indicated a negative attitude. For each statement, there was a significant drop between 2013 and 2016 in the proportion who indicated a negative attitude.

Table 4.4: Proportion with Negative Attitudes towards People Living with HIV – 2013 and 2016

Statement	% indicating negative attitude 2013	% indicating negative attitude 2016	Whether significant change (* denotes significant)
A woman living with HIV has the same right to get pregnant as a woman who is not HIV positive[1] (disagree/strongly disagree=negative)	15%	9%	*
Most people living with HIV were infected because or irresponsible behaviour (agree/strongly agree= negative)	9%	6%	*
Lots of people come to the UK to get free HIV treatment (agree/strongly agree=negative)	16%	9%	*

Those whose role involved direct contact with patients/clients were less likely than others to agree that most people living with HIV were infected because of irresponsible behaviour, as Figure 4.5 shows.

Figure 4.5: Responses to the Statement 'Most people living with HIV were infected because of irresponsible behaviour' by Whether Have Direct Patient/Client Contact

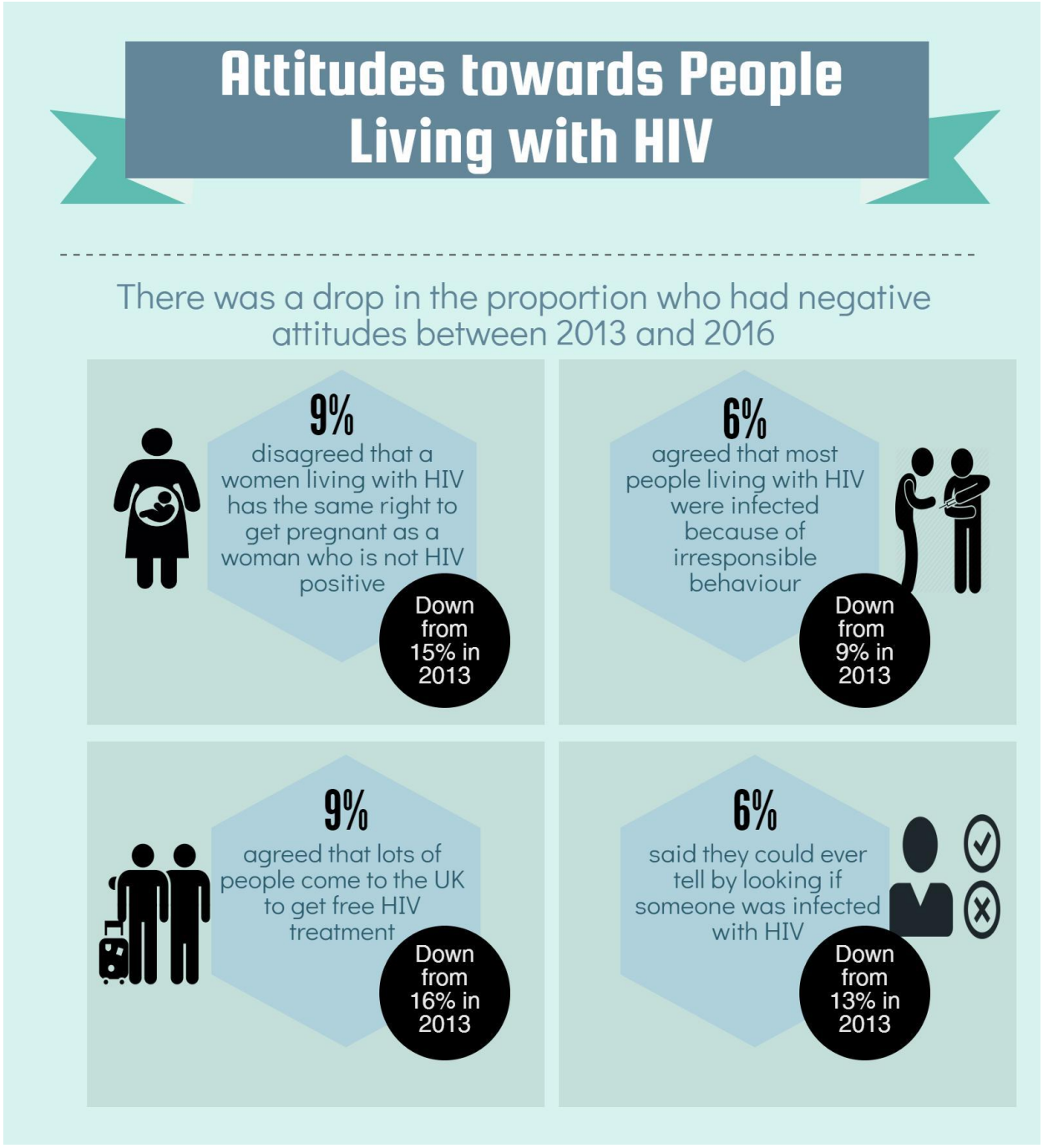


Most (94%) staff members said that they could never tell by looking at someone whether they were infected with HIV. As Table 4.5 shows, there was a decrease between 2013 and 2016 in the proportion who felt they could ever tell by looking whether someone was HIV positive.

[1] The statement changed slightly – the wording in the 2013 survey was 'An HIV positive woman has as much right to get pregnant as a woman who does not have HIV'.

Table 4.5: Reporting Being Able to Tell by Looking if Someone is infected with HIV – 2013 and 2016

I can tell by looking at someone if he/she is infected with HIV	% response 2013	% response 2016	Whether significant change (* denotes significant)
Always/very often/sometimes	2.2%	0.8%	*
Rarely	10.9%	4.8%	*
Never	87.0%	94.4%	*

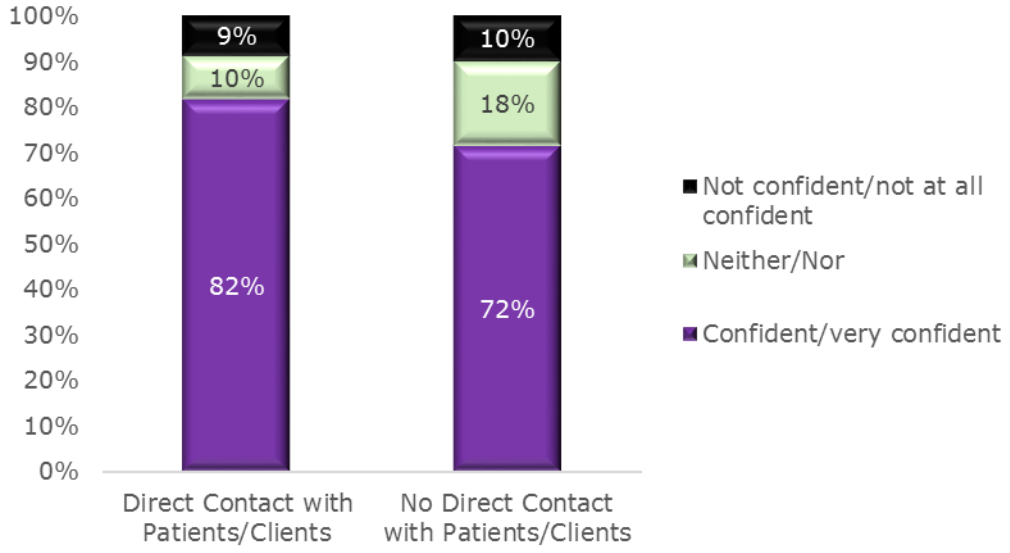


4.5 Caring for People Living with HIV

Excluding those who answered 'not applicable', four in five (80%) staff members said they were confident or very confident that they could effectively relate to and deliver patient care to people living with HIV.

Those whose role involved direct contact with patients/clients were more likely than others to say they felt confident that they could effectively relate to and deliver patient care to people living with HIV (82% compared to 72%).

Figure 4.6: How Confident in Ability to Effectively Relate to and Deliver Patient Care to People Living with HIV by Whether Have Direct Patient/Client Contact

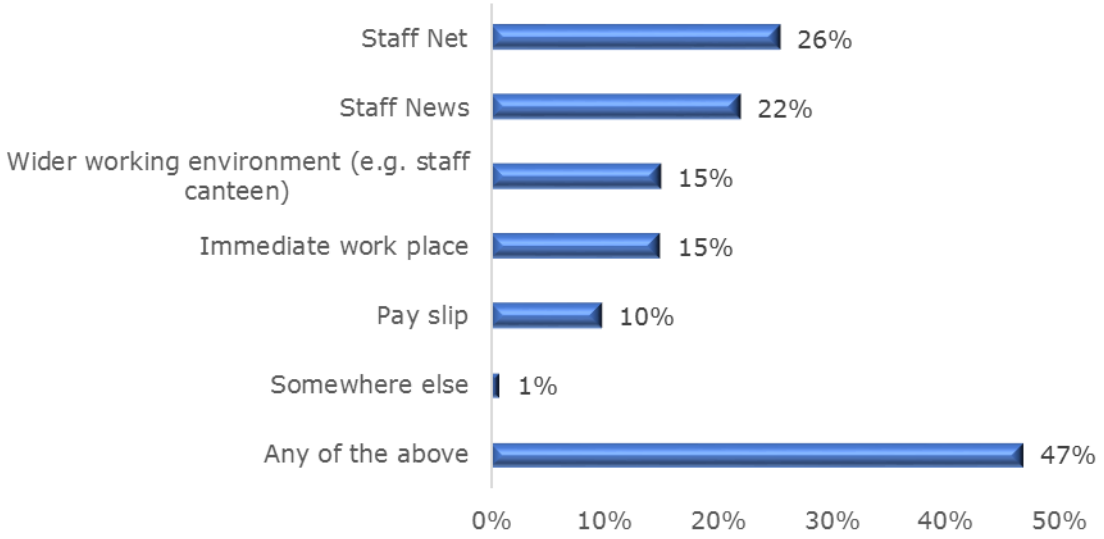


Of those who were able to answer, most (86%) agreed or strongly agreed that 'always using standard precautions ensures you and your patients are protected from infections'. However, 8% disagreed with this and 5% answered 'neither/nor'.

4.6 Campaign Reach

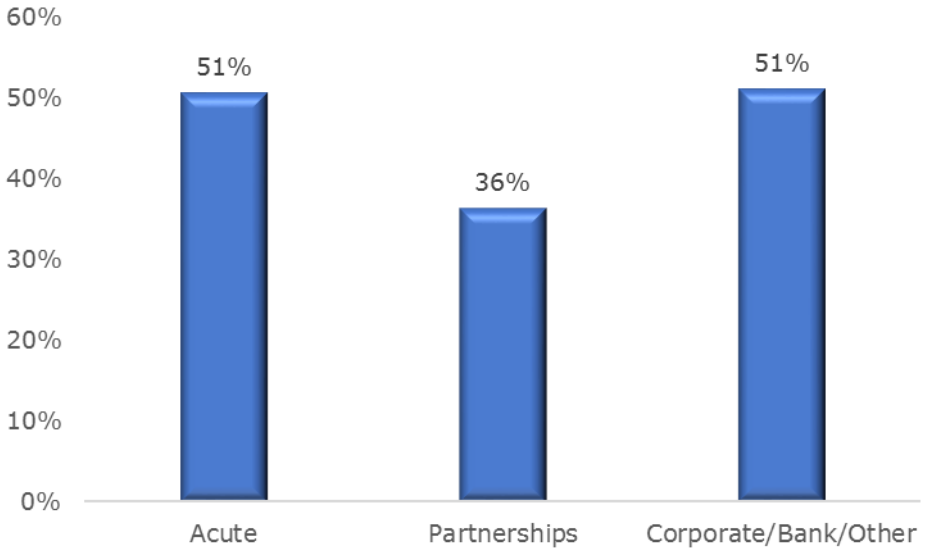
Just under half (47%) of all staff said they had seen the HIV Anti Stigma Staff Campaign in at least one place. The most commonly recalled media in which the campaign had been seen were Staff Net (26%) and Staff News (22%).

Figure 4.7: Where Staff Recalled Seeing the HIV Anti Stigma Staff Campaign



Overall, those working in partnerships were the least likely to recall seeing the campaign – one in three (36%) of those in partnerships had seen the campaign compared to half (51%) of those working in acute services or corporate, bank or other services.

Figure 4.8: Proportion Who Recalled Seeing the Campaign by Area of Work



Those working in corporate/bank/other services were the most likely to have seen the campaign in Staff News. Those working in acute services were the most likely to have seen the campaign in their place or work or wider working environment. Those working in partnerships were the least likely to have seen the campaign in:

- Their immediate place of work (10% partnerships; 14% corporate/bank/other; 18% acute);
- Their wider working environment (8% partnerships; 13% corporate/bank/other; 19% acute);

- Staff News (19% partnerships; 21% acute; 29% corporate/bank/other).

Recall of the campaign in Staff News was more common among those who did not have direct patient/client contact (28%) compared to those who had direct contact with patients/clients (20%).

Roadshows

Feedback from the Health Improvement staff and volunteers who manned the roadshows, reported that the vast majority of staff at every site walked by the stands without engaging, or had only minimal engagement (e.g. picking up a pen). However, the majority of those who did engage felt that the campaign was worthwhile and was needed. Many admitted to poor or out-of-date knowledge. One of the key messages which provoked interest and conversation was the implications of a growing and aging patient group and how this would impact NHS staff and services.

Engagement was much higher over lunchtime (around 12 noon to 2pm) than any other times of the day, and a learning point was that this would be a key time to target in future, particularly for smaller sites. Also, those who ran the roadshows felt it would have been advantageous to have informed staff in advance that they would be attending. It was also felt that, with hindsight, it would have been useful to have had laptops available at stands to demonstrate the campaign website.

Website

Analytics from the period 16th September 2015 to 30th June 2016 show a total of 9,325 page views of the campaign website. There was a sharp spike in website hits in mid-June.

Video Clips

Counts on Youtube show the number of views for each of the video clips (as of 6th April 2017) were:

Clip	Number of Views
NHSGGC HIV Stigma 1: Prejudice	495
NHSGGC HIV Stigma 2: Stigma	1,720
NHSGGC HIV Stigma 3: Sharps	299
NHSGGC HIV Stigma 4: HorribleIV	330
NHSGGC HIV Stigma 5: Collaboration	283

Training Uptake

Summary training records are not clear, but from all sources of information available, the following numbers of training sessions and participants are assumed:

	Number of Sessions	Number of Participants
Scheduled three hour training	2	7
Ad-hoc one or two hour training for staff teams	5	56
One hour 'pop-in' training at roadshows	(10 offered)	2

Thus, in total 65 members of staff received some form of face-to-face training. A further 12 sessions of 3-hour training were planned during the course of the campaign, but these were cancelled due to lack of uptake. Twelve (1%) survey respondents said they had participated in face-to-face training, most (n=10) of these had roles which involved direct contact with patients/clients.

Because some on-line training was offered via links to external training resources, the number of on-line training participants is not known. However, of the 1,196 staff members who completed the survey and answered the questions about training, 64 said they had engaged with online training via the HIV Anti Stigma Staff Campaign. This accounts for 5.4% of survey respondents, and if this is representative of all NHSGGC staff, it would indicate that as many as 2,000 staff members engaged with online training. Google analytics show that the webpage which hosted the links to on-line training received a total of 201 hits between September 2015 and June 2016, although it is possible that other staff members accessed the on-line training without going via the campaign website.

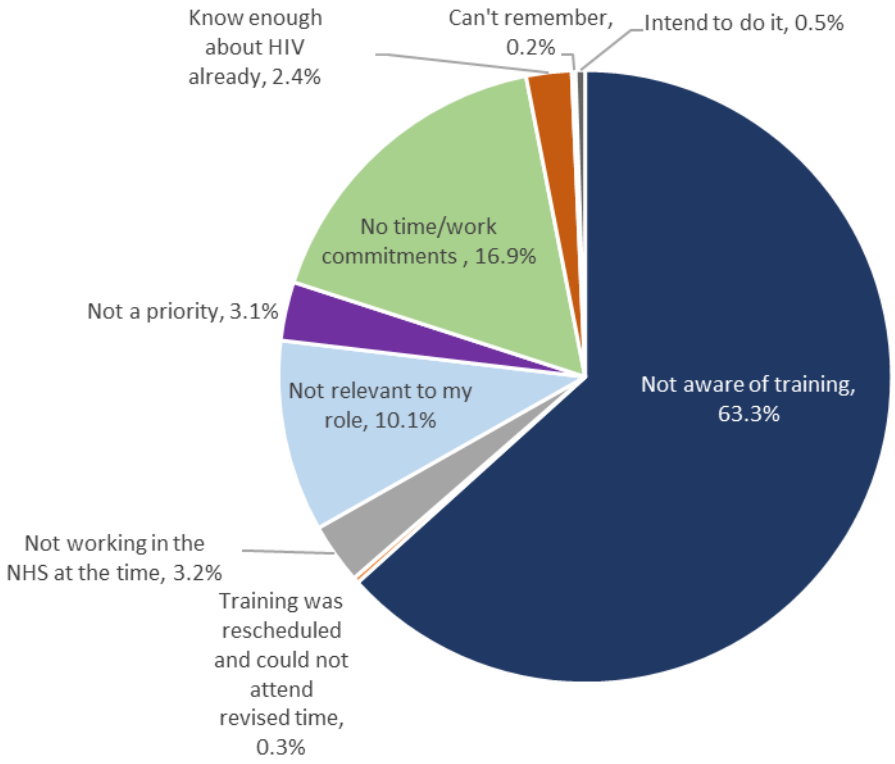
NHSGGC's own online training modules, offered via the Learnpro suite include information about HIV/anti-stigma within two of their Blood Borne Viruses modules: Management of Occupational and Non-Occupational Exposures to Blood Borne Viruses, and Introduction to Blood Borne Viruses. NHSGGC's analysis of the number of participants who successfully completed each of these modules is shown below, broken down by job groups. In the period 2016-2017, 1,288 staff passed the Introduction to Blood Borne Viruses module, and 3,251 passes the Management of Occupational and Non-Occupational Exposures to Blood Borne Viruses.

Management of Occupational and non-occupational exposures to BBV e-module		
Job Family	**2015-2016**	**2016-2017**
Administrative Services	4	44
Allied Health Professionals	51	436
Health Science Services	4	101
Other	6	78
Medical and Dental Support	1	95
Medical Staff	1	26
Nursing and Midwifery	304	2,409
Dentists	0	33
Health Care Sciences	0	29
TOTAL	371	3,251

Introduction to BBVs e-module		
Job Family	**2015-2016**	**2016-2017**
Administrative Services	4	4
Allied Health Professionals	26	47
Health Science Services	21	34
Other, including support services	32	25
Medical and Dental Support	11	15
Medical Staff	4	13
Nursing and Midwifery	537	1,139
Dentists	5	5
Health Care Sciences	6	6
TOTAL	646	1,288

Of the 621 members of staff who answered the survey question on why they did not engage with any of the training, by far the most common reason was that they were not aware of the training (63%). A further 17% said that they had no time to attend and 10% did not regard the training as relevant to their role. The breakdown of reasons for not engaging with training is shown in Figure 4.9.

Figure 4.9: Reasons for Not Engaging with Training/+ve Learning



Feedback from managers to the project lead was often that they struggled to release staff for mandatory training, and it was almost impossible to be able to support training that was not mandatory. Numerous respondents who said they were unaware of the training additionally commented that they would not have been released for training anyway. A typical comment was:

> *"I didn't know about* (the training), *but if I had, I would not have been able to be released from duties as it's difficult to get time to do mandatory training".*

The perception of the trainer who delivered many of the training sessions was that those who attended training had been 'rounded up' by their manager and had been told to attend. Thus, the role of managers in promoting or preventing uptake of training appeared to be crucial.

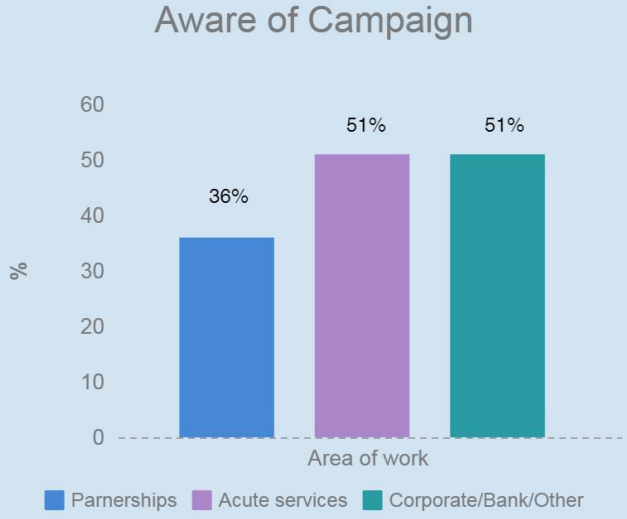
During the 10 sessions offered on a pop-in basis at the displays in QUEH and Glasgow Royal, only two people attended. Staff felt that they did not have the time or that the training was not a priority for them. Nonetheless, staff were generally interested in the displays and were very happy to engage and have conversations with the campaign staff.

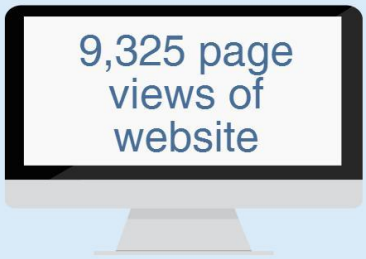
Reach and Engagement

47%

of NHSGGC staff were aware of the campaign

Awareness was lower in partnerships





65 staff members attended face-to-face training

5% of survey respondents had completed on-line training

4.7 Views of the Campaign

Campaign Resources

Those who staffed the roadshows reported that many people 'didn't get' the pop-up banners, although understanding of these appeared to increase as staff began to recognise them from Staffnet and Staff News. A range of interpretations of the messages was described including thinking it was about housing benefits, older people care, having a positive attitude/outlook, or information about HIV testing.

Pens and post-it notes were very popular resources and widely taken.

Numerous responses in the survey highlighted the effectiveness of the campaign resources in using real-life patient experiences to raise awareness of the issues:

"I feel it has been a very useful tool in highlighting the different lives people with HIV live. I think it is good that these posters are on display where patients and relatives can also see them".

"Very effective as it gets across that HIV positive people are still people and should be treated the same".

In some cases the campaign resources were identified as prompting reflection and reconsideration of practices among staff:

"I liked it as it was brightly coloured and shows how people think about those with HIV. Although I sometimes work with people with HIV I have to continually address my own attitudes towards people living with HIV and not automatically assume I am free of discriminating thoughts. The campaign was useful for reminding me of that".

Training

Working group members and trainers were pleased with the training content and format. Trainers were given the opportunity to provide feedback and refinement to the training before delivery started but were overall very happy with the training package.

The trainer who delivered many of the training sessions felt that the one-hour sessions were more effective than the three-hour sessions. The fact that the groups who attended the longer sessions were very small meant that although there was more time for a deeper exploration of issues in the three-hour training, this was somewhat laboured with small numbers for discussions. Nonetheless, the trainer felt that generally the discussion time was one of the most valuable and fruitful elements of the training sessions (of all durations). One limitation of the training was the limited number of scenarios. Although they were effective in highlighting issues of stigma and discrimination, they were not always the most relevant for the staff groups being trained.

Of the 35 delegates who provided feedback on their training, all 35 agreed that the training had met its objective of making staff better informed about HIV. The comments given on the feedback forms revealed that the most commonly reported helpful aspect of the training was the quiz, which revealed gaps in knowledge and highlighted key information and statistics:

"The quiz was a helpful way of providing facts around HIV".

"The quiz was a useful way to learn some interesting and important stats/facts".

Case studies were also frequently cited as helpful in highlighting the patient experience and the difference between good and bad practice.

"The case studies were useful in reflecting on bad practice and the effect this can have on patients".

Among survey respondents who had completed on-line training, most gave positive views and indicated that they found the on-line training helpful and informative and in some cases indicated that it had helped them to reflect on their own practices.

"The online training was very informative and improved my understanding of the condition".

"It was interesting to examine my own views and understanding of HIV and how it affects people".

Overall Views of the Campaign

Of the 198 members of NHSGGC staff who offered views of the campaign in the survey, most (68%) gave positive views such as the campaign being informative, engaging or effective.

"A good campaign to raise awareness, encourage people to challenge their misconceptions".

"Eye catching and thought provoking".

"Good for keeping awareness fresh in mind, particularly now that many HIV people are older".

The other most common types of views offered were that they had not seen/were not aware of the campaign (13%), that they only had a vague/passing awareness of the campaign (6%) or that it did not reach enough people (6%).

4.8 Unmet Training Needs

Survey respondents were asked to indicate any additional training, knowledge or skills they thought they needed around HIV. In total, 116 staff members (9%) gave responses which indicated a desire for training around HIV. The most common responses were a desire for general information or updates about HIV, and many indicated that they would like to do online training with several mentioning a desire for training modules through Learnpro system. Some respondents gave specific types of information/advice they would like. These included:

- Advice regarding onward referral and services for patients with HIV;
- How HIV is spread;
- Drug regimes;
- Treatments for HIV and changes in clinical care;
- How HIV affects people emotionally/mental health issues;
- Advice on whether to include HIV status on clinic booking forms

- Advice on interacting with children who are HIV positive including sensitive history taking
- Information in relation to pregnancy/breastfeeding

4.9 Evidence of Impact

Some survey findings differed significantly when comparing the responses for those who had seen the campaign compared to those who had not. Compared to those who had not seen the campaign, those who had seen the campaign were:

- Less likely to think that HIV could be transmitted if infected body fluids came into contact with healthy unbroken skin (23% compared to 28%);

- More likely to know that HIV was a protected characteristic under the Equality 2010 Act (56% compared to 46%); and

- More likely to be aware that discrimination of people because of their HIV status occurs within NHSGGC (40% compared to 27%).

5 Conclusions and Suggestions

5.1 Expected Outcomes

As shown in Chapter 3, the campaign had three intended outcomes. These are discussed here.

1. **Raise awareness among non-specialist staff that HIV stigma in an issue (Staff will think)**

The campaign aimed to raise awareness among NHSGGC staff that HIV stigma is an issue, and the evidence points to this having been achieved. In 2013, one in four (26%) were aware that discrimination of people due to their HIV status sometimes or always occurs within NHSGGC, but this rose to one in three (33%) in 2016. Most notably, awareness of this type of discrimination was much higher among those who had seen the campaign than those who had not (40% compared to 27%). This clearly demonstrates a rise in awareness of stigma as an issue and evidence of the campaign contributing to this.

Comments made in the survey about the campaign and its messages also highlighted that staff's awareness of HIV stigma had increased.

2. **Enable staff to reflect on their own practice and recognise behaviours or attitudes that contribute to stigma and discrimination (Staff will reflect)**

Survey responses show a significant decrease in negative attitudes towards patients living with HIV and a reduction in the proportion who felt they could tell by looking at someone whether they had HIV. Comments made about the campaign message and training indicated that the campaign had been effective: numerous staff members reported receiving new information, challenging their misconceptions and changing the way they thought about or dealt with people living with HIV. The campaign's content therefore appears to have been effective in this regard.

3. **Educate staff through training, to prevent stigma and discrimination (Staff will have training)**

The delivery of face-to-face training proved very difficult. Despite efforts to elicit support from managers and a flexible and adaptive approach to delivering training, only 65 NHSGGC staff members received training. The most common reasons were that staff were not aware of training opportunities or that they did not have time to attend. Lack of awareness of training is likely to have been due to managers not providing information about it as they were not willing or able to release staff to attend.

Delivery of one-hour sessions within specific teams appeared to work best. The training was very well received and feedback showed that staff found the training sessions informative and provoked reflection about working practices. Nonetheless the small scale of the training delivered is unlikely to have had a significant impact on patient experiences.

Online training was more widely taken up and was more accessible.

5.2 Conclusions

It would be unrealistic to expect all staff to have seen and engaged with the campaign. Survey responses suggest that half of staff were aware of the campaign (although response bias may mean that this over-represents campaign reach). Thus, while the campaign has had some positive impact, many staff members were not reached.

Where change has been observed between 2013 and 2016, these have all been in the right direction. Key changes between the two surveys were:

- some improvement in the knowledge about the way HIV is transmitted;
- a decrease in negative attitudes towards people with HIV;
- an increase in awareness that stigma/discrimination is an issue for patients using NHSGGC services.

However, there remains some work to be done to ensure staff have the appropriate knowledge to aid their non-discriminatory delivery of services to patients living with HIV. For example, one in four thought that HIV could be transmitted though infected body fluids coming into contact with healthy unbroken skin, and this was true even among staff who had direct contact with patients. Also, half were unaware that HIV status was a protected characteristic under equality legislation. As long as these types of misconceptions and gaps in knowledge exist among large sections of staff, patients with HIV are likely to continue to face stigma and discrimination to some extent while using NHSGGC services.

The level of uptake of training is disappointing. The evaluation suggests that the training course is a valuable and effective resource and it is unfortunate that only a very small proportion of staff accessed it.

Overall, the campaign and its resources, methods and training programme appear to have been effective and stimulated progress towards its intended outcomes. However, the extent of its impact has been curtailed by its limitations in reaching staff and particularly in eliciting uptake of training opportunities.

5.3 Suggestions

The survey has highlighted that gaps in knowledge remain among staff and a sizeable proportion of staff recognised the need for more training around HIV.

Suggestions are set out below for future delivery of training.

1. Online training

It is clear that staff are widely and generally unable to commit time to face-to-face training. Survey responses showed that staff were much more likely to have accessed the links to external online training than to have participated in face-to-face training. It is understood that work is already underway to develop e-learning modules based on the campaign's training programme. This seems a logical and valuable approach. The content of the face-to-face training appeared to be appreciated and effective, and it is suggested that online training should seek to replicate this as far as possible including the quiz to highlight information and the video clips to present scenarios. Due to the time pressures of staff, online training resources should, if possible, have the option of being accessed and undertaken in multiple short sessions rather than one longer session.

2. Discussion forum

Although online training would be much more accessible to staff, a key element which would be lost would be the discussion and interaction with other participants. This was felt by the trainer to be one of the most valuable features of the face-to-face training. A suggestion is to host an online discussion forum. Participants of online training could be directed to this on conclusion of the training module and would then have an opportunity to participate in online discussions around the issues raised in the training. The discussion forum would also provide an opportunity for ongoing discussion, information, advice and support after training and would serve as an online community for staff who interact with,

or may interact with, patients living with HIV. However, this would require someone within NHSGGC to act as the moderator of the forum and to provide information/advice as required, and the feasibility of this would therefore be dependent on available resources.

3. Continuation of face-to-face training

Experience during the campaign would suggest that it would not be prudent to schedule any more general face-to-face training. However, if staff resources allowed, it may still be beneficial to have one-hour face-to-face training available for managers to book for whole staff teams – e.g. to be undertaken during scheduled team meeting/development time.

4. Development of new scenarios

Feedback from the trainer suggested that there may be benefit of developing additional scenarios to be used in training (either online or face-to-face). Additional scenarios may be developed which reflect other staff groups and likely situations they will encounter. Scenarios may then be selected from a menu (either by the trainer or by the participant in the case of online training) according to staff needs.

5. Marketing of training opportunities

The evidence from the campaign clearly points to managers being the key to whether staff attend training. More work should be undertaken to engage with managers, explain the benefits of training and point to the availability of online and/or face-to-face training opportunities, including opportunities for teams of staff and for staff development. The availability of flexible online learning modules is also more likely to be effectively promoted directly to staff if they do not necessarily need to be released by their manager to participate (e.g. if they could participate in small blocks). The training should be promoted as an opportunity in relation to Continuing Professional Development.

6. Embed in other training sessions

It is understood that the HIV anti stigma training has already been embedded in the NHSGGC blood borne virus training. It may be useful to explore whether the training (or elements of it) could be embedded in other training programmes, particularly mandatory training. This should include equalities training, particularly in light of the fact that many staff did not know HIV was a protected characteristic.

Appendix A: 2016 Staff Survey Questionnaire

NHSGGC aims to deliver a patient-centred, high quality service to all its users. In order to do so, we would like to ensure that we meet the demands of our patients and staff in delivering high standards of care.

We discovered that many people living with HIV experience stigma and discrimination when attending NHS services and in response to this, we ran a survey in 2013 asking staff what they knew about HIV, their attitudes towards those living with the condition, awareness of discrimination, and their training needs.

From the survey findings, and in collaboration with patients, we developed a staff-facing HIV antistigma campaign which has included road shows, printed materials, and education sessions.

Today we are launching a follow-up survey to find out if NHSGGC staff's experiences, knowledge and training needs have changed as a result of the campaign.

We would really appreciate it if you could spare a few minutes of your time to complete this survey. It doesn't matter if you did not take part in the first survey, your views are important to understand the picture across NHSGGC.

This survey will close on Friday 17th June 2016.

If you have any queries about this survey, or would like a paper copy, please contact Jo Zinger
Health Improvement Lead 0141 211 0326 or email: jo.zinger@ggc.scot.nhs.uk

1. Which part of the Board are you employed in?

Acute	Corporate
Partnerships	Bank
Other Services	

2. Which type of service are you employed in?

Diagnostics	Rehabilitation & assessment
Emergency care/Medical services	Surgery & anaesthetics
Facilities	Women & Children's
Regional services	Acute HQ
Other (please specify)	

3. Which partnership are you employed in?

East Dunbartonshire	Renfrewshire
West Dunbartonshire	Inverclyde
East Renfrewshire	Glasgow City

4. Which service are you employed in?

Specialist Children's Services	Child Protection Unit
Oral Health	Pharmacy
Sexual Health	Homelessness
Mental Health	
Other (please specify)	

5. Which service are you employed in?

Board	Human Resources
Health Information & Technology	Public Health
Finance	
Other (please specify)	

6. On which site are you mainly based?

Beatson	Health Centre/Clinic	Royal Alexandra
Brownlee	Homeopathic Hospital	Royal Hospital for Children Glasgow
Caledonia House	JB Russell	Queen Elizabeth University Hospital
Drumchapel	Leverndale	Sandyford
Dykebar	Lightburn	Stobhill
Gartnavel General	Mansionhouse	ACH Stobhill
Gartnavel Royal	Parkhead Hospital	Vale of Leven
Glasgow Dental Hospital	Ravenscraig	New Victoria
Glasow Royal		Inverclyde Royal Hospital
Other (please specify)		

7. To which staff group do you belong? (Select the one that best describes your main role)

Executive Grades/Senior Manager

Medical/Dental
Doctors in training
Medical/Dental support group (incl. dental nursing, hygienist etc.)
Salaried General Practitioner
Salaried General Dental Practitioner
Pharmacy (incl. pharmacy technicians)

Other therapeutic staff (psychology, counselling, optometry, etc.)

Administration and Clerical (e.g. records staff, clerical services, information, finance, HR, other corporate services and central functions, etc)
Health Improvement
Ambulance
Nursing and midwifery

Support services
Personal and social care
Healthcare science/scientific and technical (incl. BMS, clinical sciences, physiology, etc)
Allied Health Profession (physiotherapy, occupational therapy, radiography, dietetics, speech and language therapy, clinical etc.)

Other (please specify)

8. Does your role involve face-to-face contact with patients/clients?

Yes

No

9. HIV is a blood borne virus found in.....? (Tick all that apply)

Blood
Semen
Vaginal fluid
Breast milk

10. HIV can be transmitted via infected bodily fluid if it comes into contact with healthy unbroken skin?

True
False
Not Sure

11. People living with HIV are now able to live long and healthy lives?#

    True

    False

    Not Sure

12. Someone living with HIV and on treatment is very unlikely to pass on the virus?

    True
    False
    Not Sure

13. Discrimination against patients due to their HIV status occurs within NHSGGC?

    Never
    Rarely
    Sometimes
    Always
    Don't Know

14. HIV is a protected characteristic under The Equality 2010 Act?

    True
    False
    Not Sure

15. A women living with HIV has the same right to get pregnant as a woman who is not HIV positive?

    Strongly disagree
    Disagree
    Neither/nor
    Agree
    Strongly agree

16. Most people living with HIV were infected because of irresponsible behaviour?

    Strongly disagree
    Disagree
    Neither/nor
    Agree
    Strongly agree

17. Lots of people come to the UK to get free HIV treatment?

    Strongly disagree
    Disagree
    Neither/nor
    Agree
    Strongly agree

18. I can tell by looking at someone if he/she is infected with HIV?

    Always
    Sometimes
    Rarely
    Never

19. How confident are you that you can effectively relate to and deliver patient care to people living with HIV?

    Very confident
    Confident
    Neither/nor
    Not confident
    Not at all confident
    Not applicable

20. Always using standard precautions ensures you and your patients are protected from infections, including HIV?

    Strongly disagree
    Disagree
    Neither/nor
    Agree
    Strongly agree

21. Have you seen the HIV Anti Stigma Staff Campaign in..... (Tick all that apply)

    Your immediate work place
    Your wider working environment e.g. staff canteen
    Staff News
    Staff Net
    Your pay slip
    Haven't seen the HIV Anti Stigma Staff Campaign

    Somewhere else (please specify)

22. Please use the space below to tell us what you thought of the campaign

23. Did you engage with any of the training/ +ve learning aspects of the campaign? (Please tick all that apply)

    Online training
    3 hour face-to-face training
    1 hour face-to-face training (organised dates/times)
    1 hour face-to-face training (specified dates for your team)
    1 hour face-to-fact training (drop in session)
    Didn't engage in any of the above

24. Please use the space below to tell us what you thought of the training/ +ve learning aspects of the campaign

25. If you didn't attend any of the training/ +ve learning aspects of the campaign please use the space below to tell us what prevented you from attending

26. Please use the space below to tell us about any additional training, knowledge or skills you think you need around HIV