

Barriers and facilitators to the implementation of Cabotegravir + Rilpivirine long-acting injectable HIV treatment among healthcare providers: baseline qualitative findings from the ILANA study

R. Hayes^{1,2}, C. Mwendera^{1,3}, V. Apea^{1,4,5}, S. Papparini^{1,2}, C. Orkin^{1,4,5}, ILANA Writing Group

¹SHARE Collaborative, Queen Mary University of London, London, United Kingdom, ²Wolfson Institute of Population Health, Queen Mary University of London, London, United Kingdom, ³University of Liverpool, Liverpool, United Kingdom, ⁴Blizard Institute, Queen Mary University of London, London, United Kingdom, ⁵Barts Health NHS Trust, Department of Infection and Immunity, London, United Kingdom

Category: 43

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Background: This study explores the early experiences of barriers and facilitators to the implementation of Cabotegravir + Rilpivirine long-acting injectable HIV treatment (CAB+RPV LA) among healthcare providers (HCPs) participating in the ILANA implementation study.

Methods: ILANA is examining the acceptability and feasibility of implementation of CAB+RPV LA in clinics and community settings. From August to November 2022, semi-structured baseline interviews were conducted with HCPs from six HIV clinics in the UK across Brighton, Liverpool, and London participating in ILANA. The interviews were analysed using reflexive thematic analysis.

Results: Thirteen HCPs were interviewed, including doctors, nurses, and pharmacists. All participants felt that CAB+RPV LA would offer substantial benefits for their service users, including: removal of daily reminder of their HIV status; reduced pill fatigue; and increased privacy about treatment use.

Initial barriers to implementation included: HCP anxieties about switching service user participants to a new regimen; the additional burden created by CAB+RPV LA delivery on clinical resources and time; and lack of clarity about novel delivery in community settings.

Facilitators included: ongoing, open, and accessible communication with service user participants; high acceptability of CAB+RPV LA to service user participants once initiated; and the adoption of tools and strategies to aid implementation. The latter included: establishing working groups; virtual screening and results management apps; a range of staff information resources; dedicated staff time for CAB+RPV LA provision; and flexibility in appointment scheduling.

Conclusions: HCPs had initial anxieties about CAB+RPV LA but these were mostly assuaged when treatment commenced and service user participants found it highly acceptable. Enabling ongoing, open, and accessible communication with trusted staff members was a key facilitator in reassuring service user participants and managing expectations around treatment. While the implementation of CAB+RPV LA has increased the demand on clinical resources and time, HCPs have found tools and strategies to manage this, and feel positive about the benefits of CAB+RPV LA for service users. HCPs felt more hesitant about delivery of CAB+RPV LA in community settings, and increased information and planning is required to facilitate community roll-out.

Ethical research declaration: Yes

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