

# SURVEY REPORT

**PositiveLifeNSW**  
the voice of people with HIV since 1988

*People living with  
HIV and access to  
health care in NSW  
– A Community  
Survey - 2015*

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This report was authored by Lance Feeney on behalf of Positive Life NSW and ASHM

June 2015

Positive Life NSW would like to acknowledge the following agencies for distributing the survey link:

ACON  
Pozhet  
Multicultural HIV and Hepatitis C Service  
HIV Related Programs Units (Local Health Districts)  
Bobby Goldsmith Foundation (BGF)  
NSW Sexually Transmissible Infections Program Unit (STIPU)  
Sex Worker Outreach Project (SWOP)  
NSW Users & AIDS Association (NUAA)  
HIV/AIDS Legal Centre Inc. (HALC)

Positive Life NSW would like to acknowledge ASHM for help with developing the survey instrument.

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# Report – PLHIV Access to Health Care in NSW – Consumer Survey 2015

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## Background

The NSW Ministry of Health (NSW MoH) requested Positive Life NSW (PLNSW) produce a discussion paper which explored the future service needs of people living with HIV (PLHIV) in NSW with complex care needs, in relation to HIV specialists and mainstream services.

## This report

This report examines the data from the PLNSW 2015 *PLHIV Access to Health Care in NSW Survey (AHCNSW Survey)*. The data from the survey has been used to inform a discussion paper – *The needs of people living with HIV as they access HIV specialist and mainstream services in NSW – 2015*.

## The Survey

Survey Monkey was used to develop an internet-based community survey - *PLHIV access to health care in NSW* (hereafter referred to as *the survey*). The survey comprised 25 questions, was targeted at PLHIV in NSW and could be completed in less than 2-3 minutes. The survey collected responses from 2<sup>nd</sup> February to 2<sup>nd</sup> March 2015. 256 people completed the survey and 214 of those were HIV-positive. Respondents who were HIV-negative, HIV unknown, or who did not wish to disclose, were exited from the survey and their views unreported.

The survey link was distributed through PLNSW member networks, PLNSW social media (Facebook, Twitter and the PLNSW website), and service provider networks (Pozhets, Multicultural HIV and Hepatitis Service, the HIV and Related Programs Managers, Bobby Goldsmith Foundation, STIPU, Sex Worker Outreach Project, NUAA, HIV/ AIDS Legal Centre, and ACON).

The main lines of inquiry which PLNSW investigated were:

- Access to Service Provision - where PLHIV obtained their primary health care and why they preferred to use a particular service; (p7-8)
- Service Satisfaction - how satisfied PLHIV were with the services they received; (p7)
- Health Care Service Barriers - what concerns or difficulties PLHIV experienced when accessing health care services; (p15-17)
- PLHIV Criteria for Service Access - what were the considerations for accessing health care; (p14)
- Mainstream Service Barriers - if PLHIV experienced difficulties or challenges when referred to mainstream or specialist services, what they might be, and; (p19)
- Factors of Retention in Care – factors relating to the ability of PLHIV to remain engaged in treatment and care (p21).

# Summary Analysis

## Demography of respondents:

**HIV Status** – The majority of survey respondents were HIV-positive (83.59%, n=214). 12.89% were HIV-negative, 2.73% were HIV status unknown, and 0.78% did not wish to disclose.

**HIV treatment** - Most respondents had been prescribed antiretroviral therapy (ART) for 3 or more years (79.66% n=141). 11.86% n=21 has been prescribed ART for 1-3 years and 5.08% n=9 had been prescribed ART for less than 12 months. 3.39% n=6 were not taking ART.

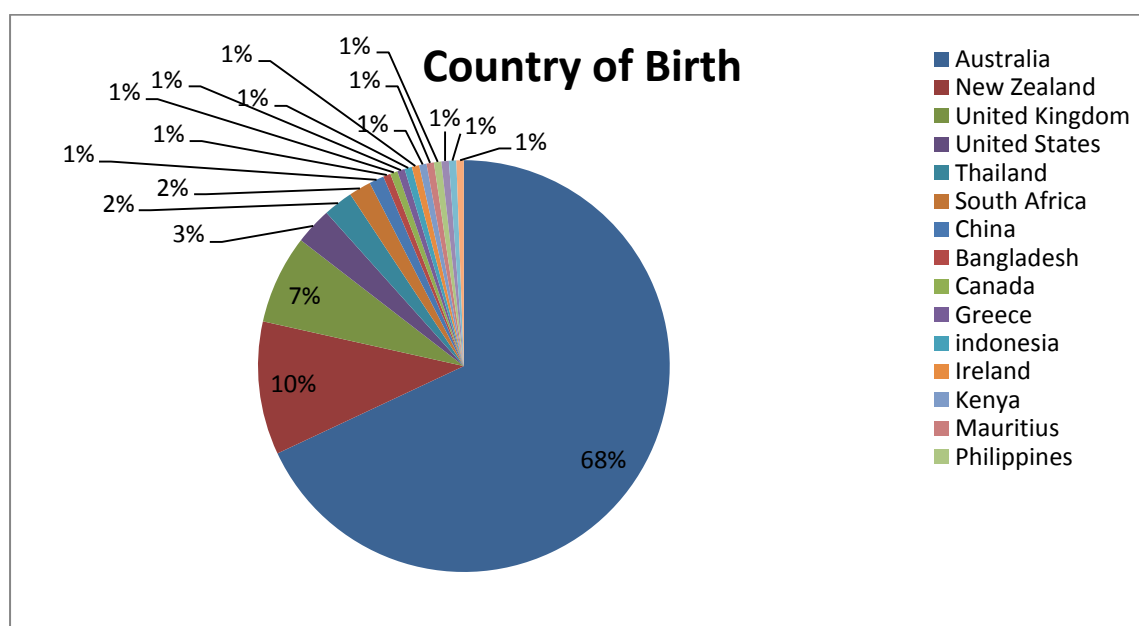
**Gender** – The majority of respondents were male (93.79%, n=166). 6.21% n=11 were female, and no respondents identified as transgender.

**Identity** – The majority of respondents were gay male or homosexual (83.62%, n=148) and 1.69% (n=3) identified as queer (combined homosexual and queer – 85.31%. 3.95% n=7 identified as bisexual and 10.73% n=19 identified as heterosexual or straight.

**Intersex** – 1.16% n=2 respondents identified as intersex, and 2.91% n = 5 preferred not to say.

**Aboriginal and Torres Strait Islander** – 1.71% n=3 identified as Aboriginal, and 0.57% n=1 identified as Torres Strait Islander. 1.71% n=3 did not wish to disclose.

**Country of Birth** – The majority of respondents (88%) were born in English speaking countries, with (68%) born in Australia, 10% in New Zealand, 7% in the United Kingdom and 3% in the United States. The remaining 12% were born in a range of countries with other languages and cultures.

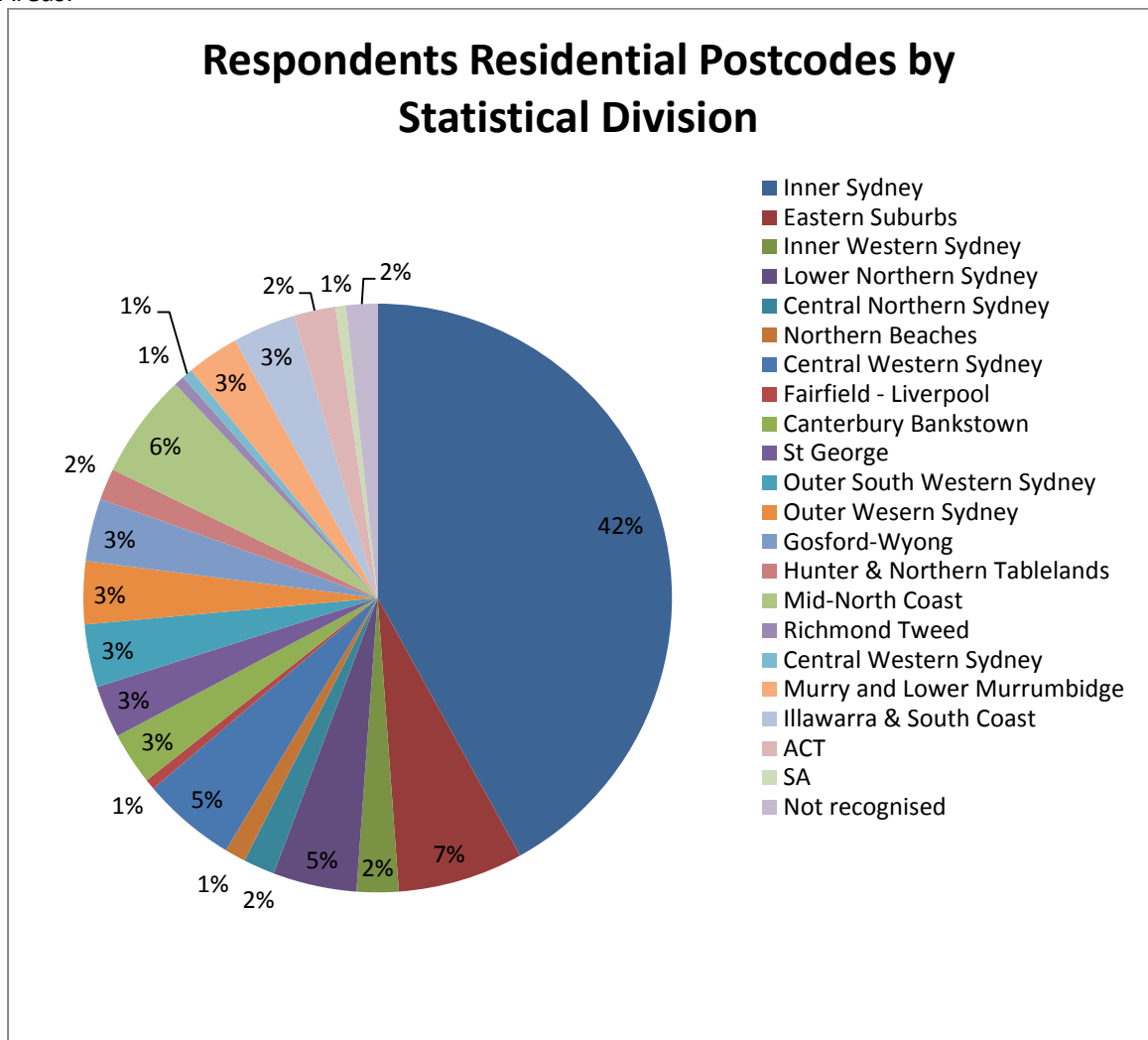


## Residential Post Code by NSW Government Statistical Division

177 respondents identified their residential postcode. Postcodes were divided by NSW Government Statistical Division and Statistical Sub-Division Postcode Mapping<sup>1</sup>. Slightly more than half (56%) resided in Inner Sydney, the Eastern Suburbs, Inner Western Sydney and the Lower Northern Sydney areas. 5% resided in Central Western Sydney and there were approximately even distributions of PLHIV through the middle-ring suburbs stretching from St. George in the east, through Canterbury/Bankstown and into western and outer western Sydney. There were small numbers of

<sup>1</sup> [http://www.training.nsw.gov.au/training\\_providers/training\\_market/doing\\_business/ssd\\_mapping.html](http://www.training.nsw.gov.au/training_providers/training_market/doing_business/ssd_mapping.html)

respondents from regional NSW (16%) with (7%) residing in the Mid-North Coast and Richmond-Tweed Areas.

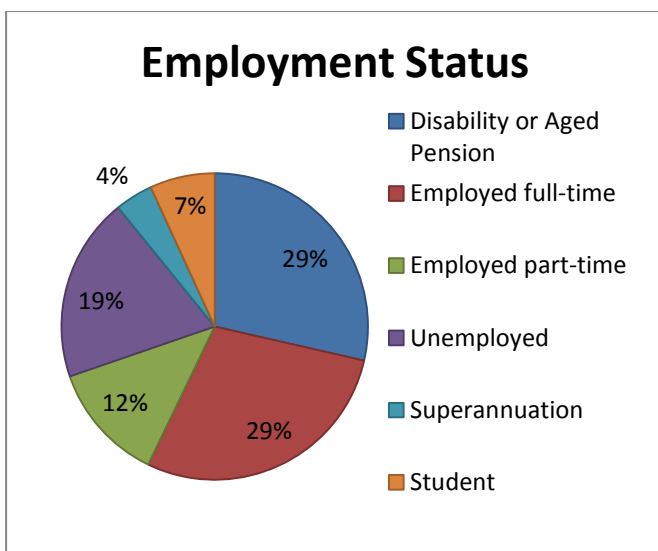


In modelling done by David Wilson (National Centre in Social Research, 2010) the split between metro and regional PLHIV in NSW was estimated to be 80/20<sup>2</sup>.

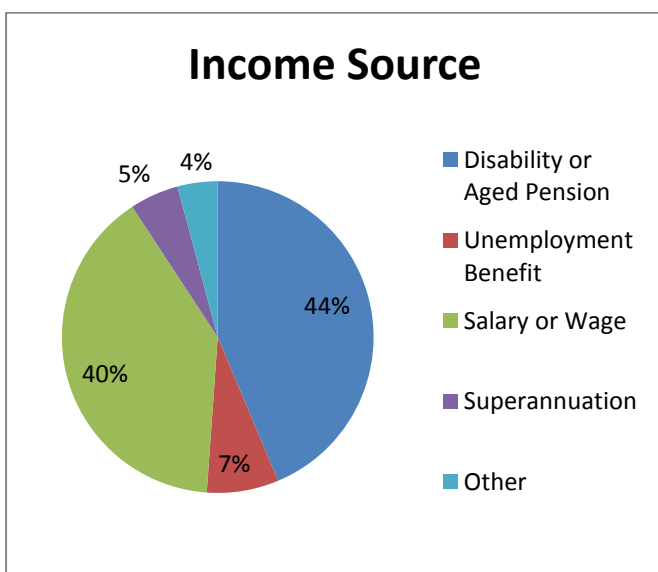
**Language spoken at home** – English was the language most commonly spoken at home (96.55%). The other six respondents used: Thai (1), Indonesian (1), Italian (1), German (1), Swedish (1), and Mandarin (1).

**Employment status** – 28.25% n=50 were employed full-time and 12.43% n=22 were employed part-time (combined = 40.68% n=72). 19.21% n=34 were unemployed. 28.25% n=50 were retired with a pension, while 3.95% n=7 were retired with superannuation. 6.77% identified as student (3.95% full-time and 2.82% part-time). 1.13% n=2 identified as being a carer/home duties.

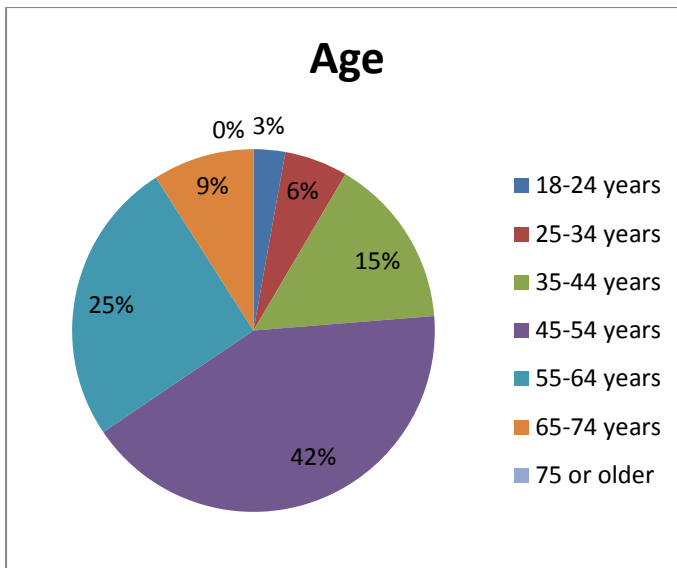
<sup>2</sup> D Wilson, 2010, Mapping HIV Outcomes: geographical and clinical forecasts of number of people living with Hiv in Australia, Numbers of people living with diagnosed HIV by statistical region and year.



**Income Source** – a little less than half of respondents (42.94% n=76) identified their income source as the Disability or Aged Pension. 38.98% n=69 identified their income source as a salary or wage. 7.34% n=13 cited Unemployment Benefit. 1.69% n=3 were supported by a partner/spouse. 9.04% n=16 identified their source of income as ‘Other’ (of these, 9 of the 16 identified superannuation or savings as their income source, 2 were receiving Carers Payment and 1 Aus. Study (financial help to full-time students and Australian Apprentices aged 25 years or more), 1 was self-employed, 2 were supplementing welfare payments by casual work). 3 had no income.



**Age** – Respondents were aged between 18 up to 74. Three quarters were aged between 45 and 64 with a majority of those aged 45-54 (41.81% n=74 and 25% n=45 aged 55-64). 9.04% n=16 were aged 65 to 74 and no respondents were 75 or older. 9% were aged 18-34 years.

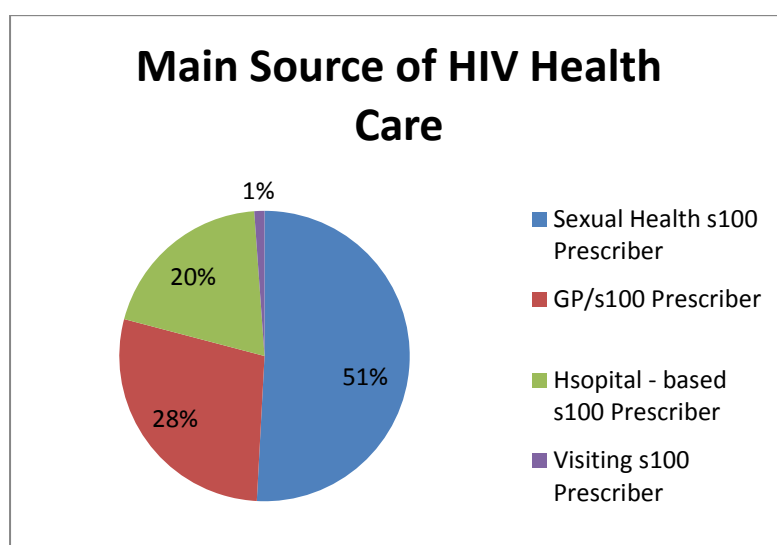




# Healthcare

## Main source of HIV healthcare

More than half of respondents (50.85% n=90) identified their main source of health care as a Sexual Health or HIV Specialist s100 prescriber. A further 19.77% n=35 identified a hospital doctor s100 prescriber as their main source of health care. 70.62% therefore sought health care from a Sexual Health Centre or hospital-based HIV specialist. In contrast, less than a third of respondents (28.25% n=50) identified their main source of health care as coming from a GP s100 prescriber. 1.13% n=2 identified a visiting publically funded s100 prescriber as their primary source of health care and these individuals were located in rural or regional NSW.

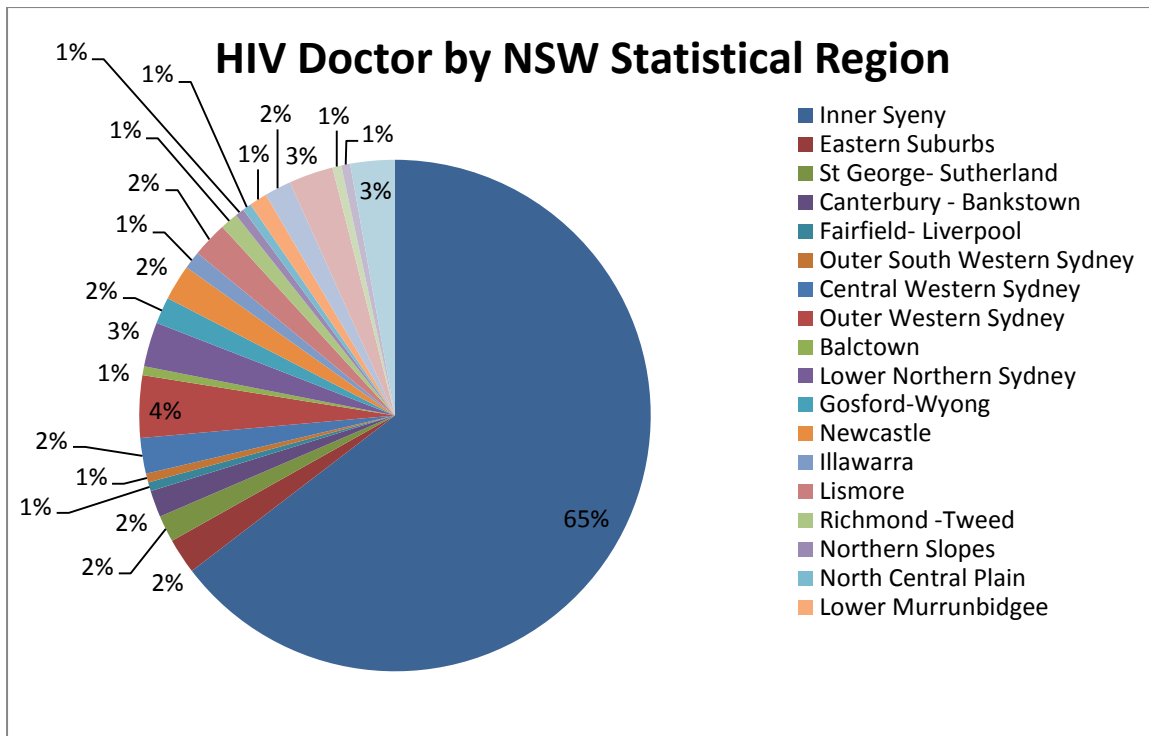


There were high levels of satisfaction with the care services received, with 67.05% n=118 citing that they were very satisfied and a further 24.43% n=43 citing that they were satisfied. 4.55% said they were neutral and there were a small number of respondents who were either unsatisfied (2.27% n=4) or very unsatisfied (1.70% n=3).

## Where respondents see a doctor for their HIV care

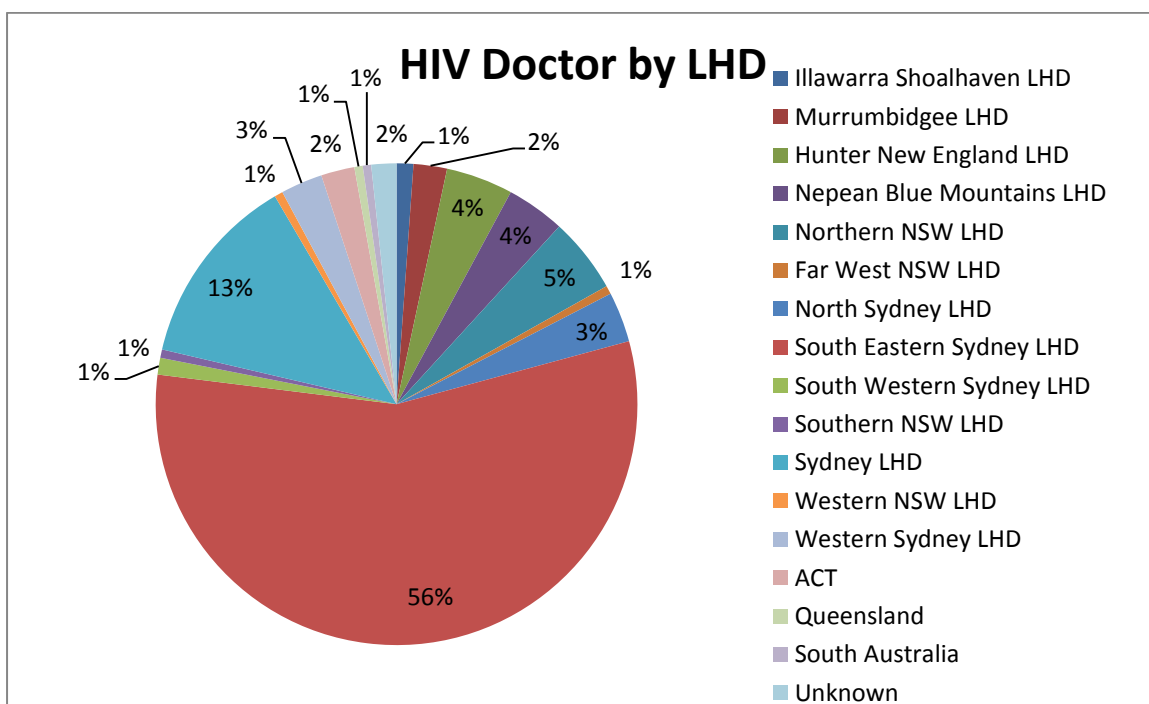
### HIV Doctor by Statistical Region

82% saw a doctor for their HIV care in the Sydney metropolitan area with (65%) of the total seeing a doctor in Inner Sydney and a further 17% seeing a doctors across the metropolitan area (4% of these in Outer Western Sydney). About 10% saw a doctor in rural and regional NSW and 3% used a doctor in the Australian Capital Territory. The postcodes for 3% of respondents were unable to be recognised.



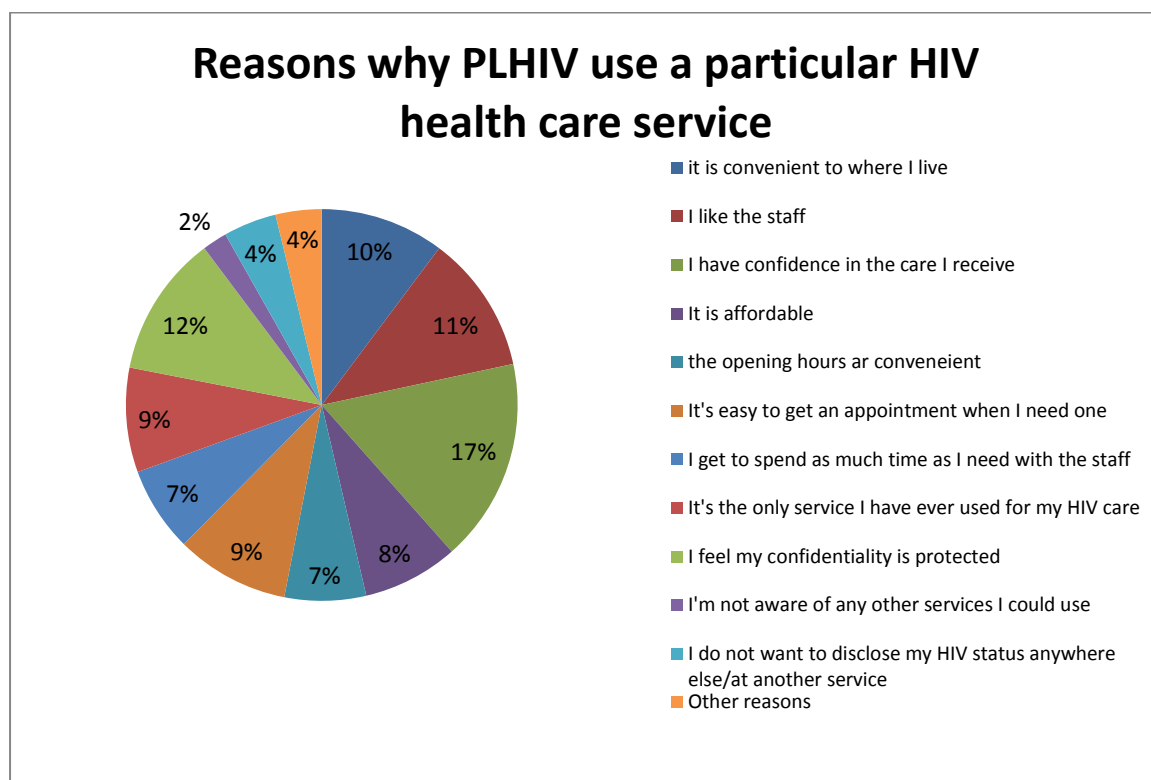
#### HIV Doctor by Local Health District

More than three quarters of respondents used an HIV doctor in the Sydney metropolitan area. 56% seeing a doctor in South Eastern Sydney Local Health District (LHD), 13% seeing a doctor in the Sydney LHD, 3% in North Sydney LHD, and 4% in South Western Sydney LHD. The remaining 24% used a HIV doctor in regional NSW, with 5% seeing a doctor in Northern NSW, 4% in the Nepean and Blue Mountains, 4% in the Hunter New England LHD, 2% in the Murrumbidgee LHD, 1% in Southern NSW, and 1% in War Western NSW. There was 2% respondents were located in the ACT and 1% in Queensland and 1% in South Australia.



### Reasons why PLHIV use a particular service for HIV care

Respondents were asked why they use a particular service for their HIV care. 167 of the 177 HIV-positive respondents answered the question. Multiple answers were possible. Having confidence in the care received was the most frequently cited reason (17%), with protection of confidentiality next (12%) and liking the staff (12%). This was followed by locational convenience (10%) and the reason that they had always used the service for their HIV care (9%) and it was easy to get an appointment when needed (9%). Affordability followed at (8%) with convenience of opening hours (7%) and getting to spend as much time as needed (7%). Only 2% were not aware of another service they could use.



4% (n=26) cited other reasons and these included:

Reasons
They did send me the wrong blood test results this week, I am not pregnant
Close to my work
Feel safe from discrimination
Have no choice it is a country town
Highly Specialised HIV Health Care
I am on clinical trial
I have a brilliant Doctor who I have seen in Private Practice
I have a long term connection with the practice.
It's close to where I work
It's the only close by location. Next is about 45 minute drive
It's the only HIV service since no one will make GPs train on HIV care in Blue Mountains!
It's the only service available to me
It's too tedious to discuss the history of my illness to every doctor if I go to different facilities.
It is where the sexual health clinic is
I've been attending the practice for 15+ years
I've been with this GP/HIV specialist for 18 years. No way I'd change, he knows me better than I know myself.

<b>Knowledgeable Doctor</b>
<b>Long term relationship with Dr</b>
<b>My HIV doctor spans nearly 30 years, too difficult to transfer to other services</b>
<b>Only service accessible without Medicare. On a trial</b>
<b>Personal relationship with GP built up over many years</b>
<b>The only place I can go to for his care</b>
<b>There is no other service in my area</b>
<b>This is the doctors that i ways always going to before i was diagnosed .. so they know all my medical history</b>
<b>Where I was diagnosed</b>

# Health conditions in addition to HIV

Respondents were asked if they had other health conditions in addition to HIV. Of the 169 HIV-positive respondents who answered the question 59% answered yes, and 41% answered no. Of those who answered yes, further detail about co-morbid conditions was provided by 101 respondents.

Analysis of the responses indicates:

- 41% identified none additional health conditions
- 21% identified 1 other condition in addition to HIV
- 14% identified 2 other conditions
- 11% identified 3 other conditions
- 7% identified 4 other conditions
- 2% identified 5 other conditions
- 2% identified 6 other conditions
- 1% identified 8 other conditions
- 2% could not be interpreted/included

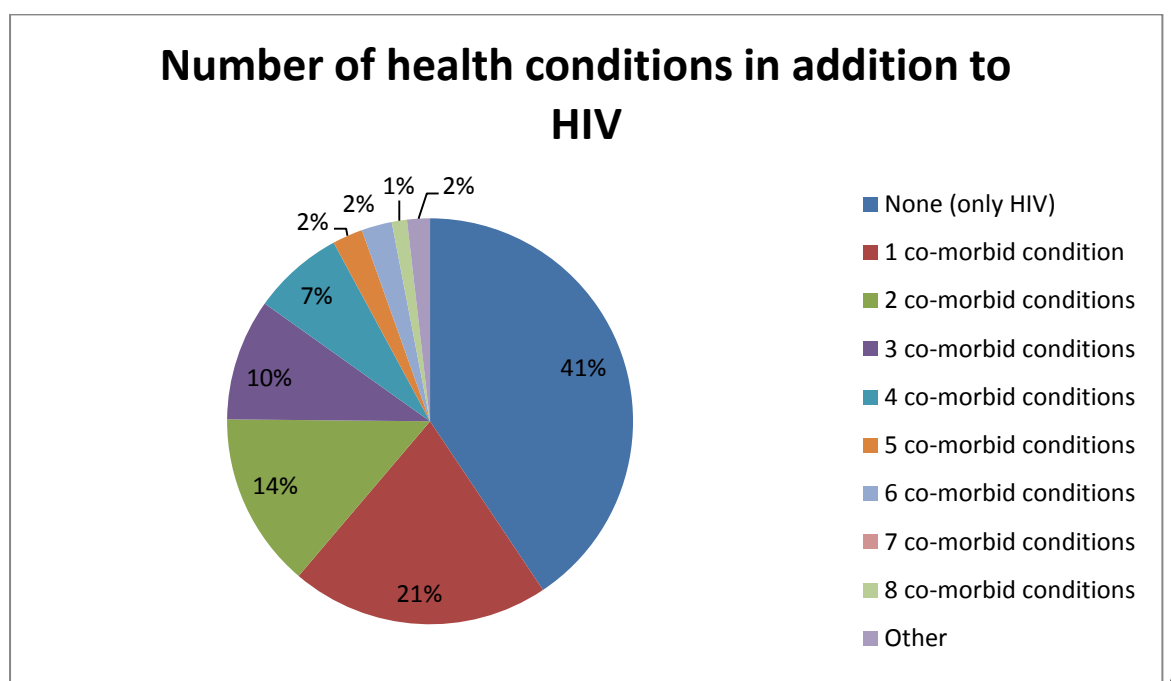
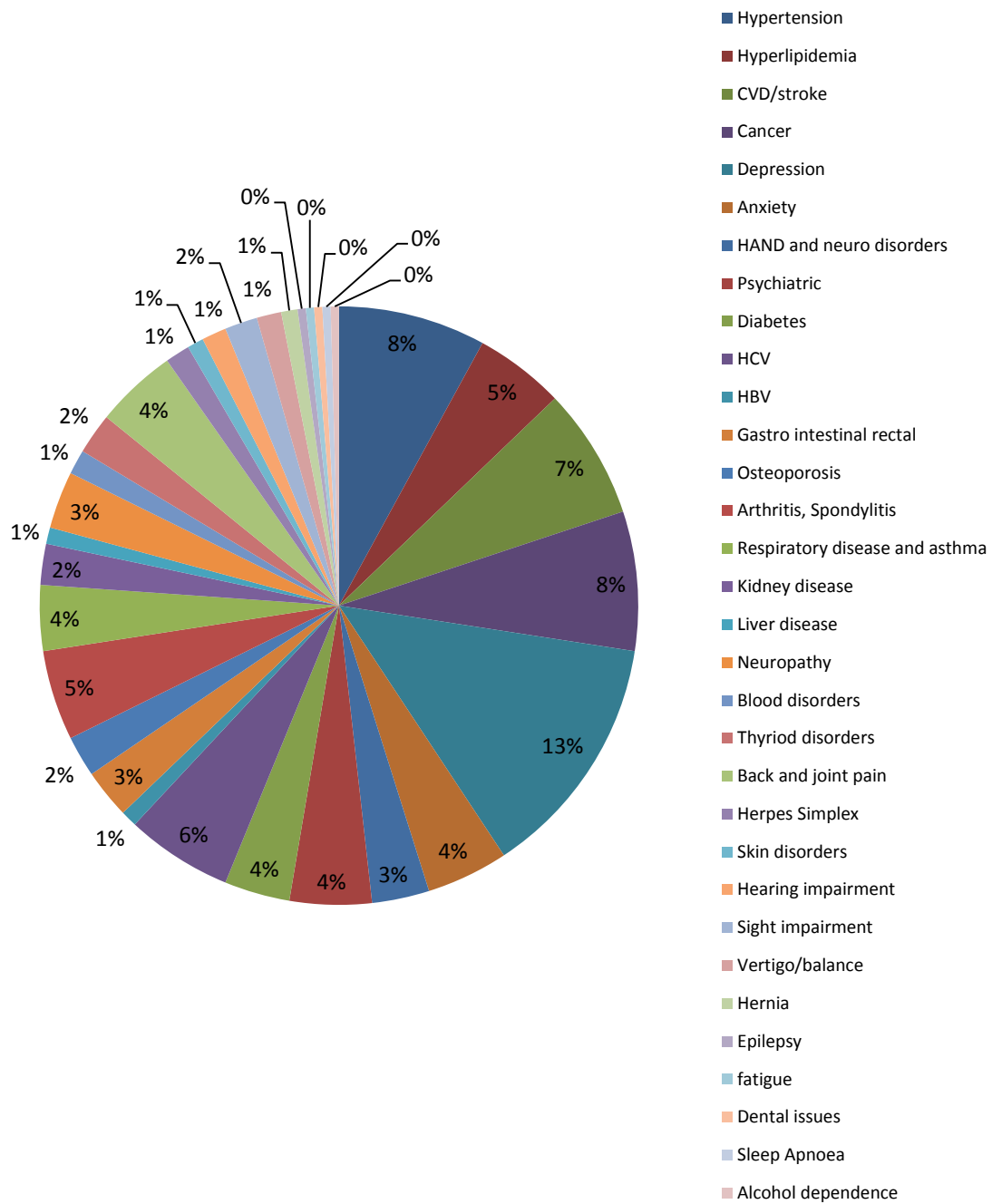


Table 6 below shows the rates of other health conditions in addition to HIV identified by 59% of respondents. The most common conditions were depression 13% and anxiety 4%, followed by hypertension (8%), cancer (8%), cardiovascular disease and stroke (7%), co-infection with HCV (6%), hyperlipidaemia (5%), and arthritis and spondylitis (5%).

Table 6 shows rates of identified health conditions

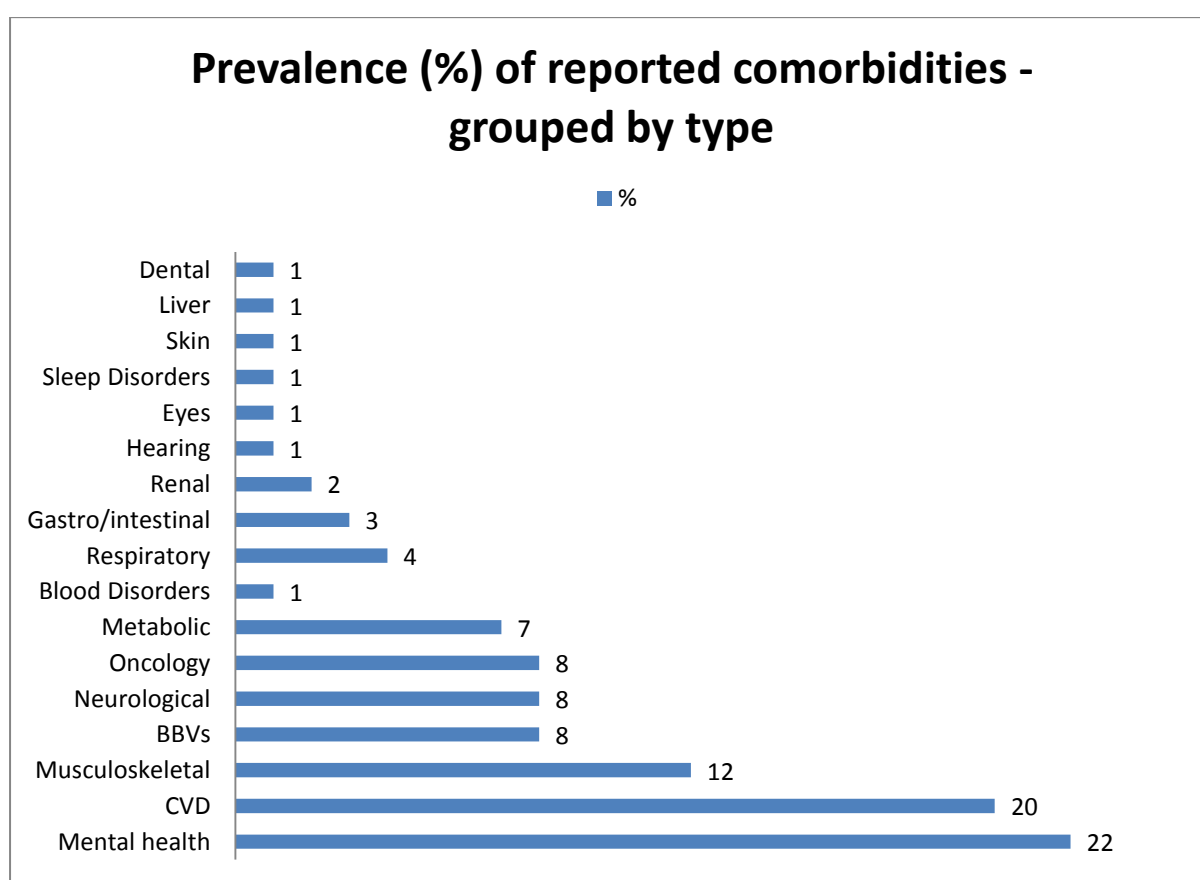
**Table 6 - Rates of other health conditions**



## Prevalence of grouped health conditions

The rates of health conditions were grouped. The following prevalence was noted (see table below):

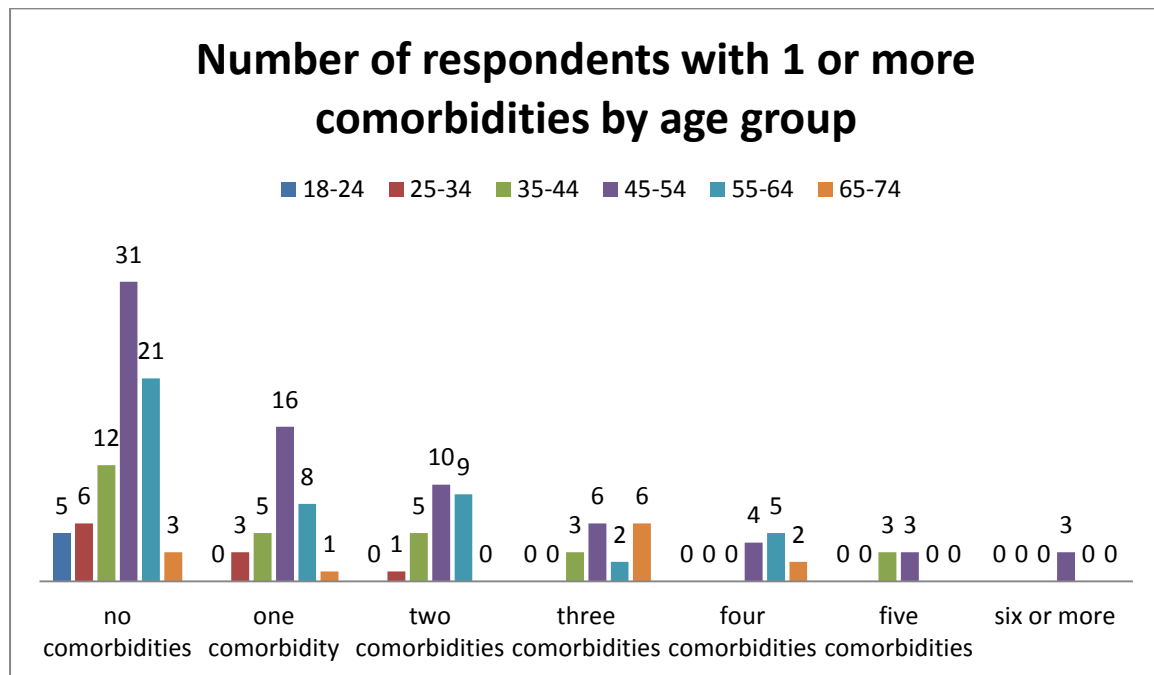
- **Mental health conditions** were most common (22%) included: depression (13%), anxiety (4%), psychiatric (4%) and alcohol dependence (>1%)
- **Cardiovascular disease** (20%) including: hypertension (8%), hyperlipidaemia (5%), heart conditions and stroke (7%)
- **Musculoskeletal conditions** (12%) including: osteoporosis (2%) arthritis and spondylitis (5%), back and joint pain (4%), bursitis/locomotion issues (>1%), hernia (>1%)
- **BBVs** (8%) including: HCV (6%), HBV (1%), herpes (1%)
- **Neurology** (8%) including: HIV-associated neurological disorder (HAND) and other neurological disorders (3%), peripheral neuropathy (3%), epilepsy (>1%), vertigo (1%)
- **Cancers** (8%)
- **Metabolic disorders** (7%) including: diabetes (4%), thyroid disorders (2%), fatigue (>1%)



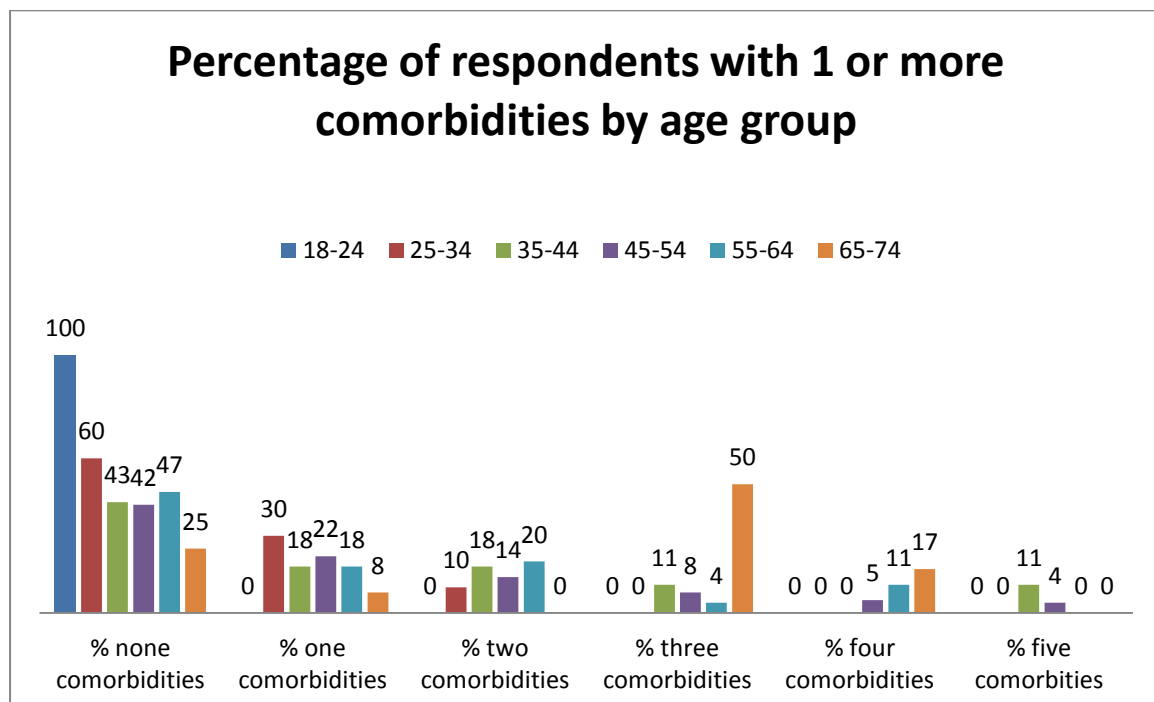
## Rates of comorbidities (in addition to HIV) across age groups

Analysis of respondents identifying comorbidities was conducted by age group. The table below shows the number of respondents divided by age groups with no comorbidities and one to six or more co-morbidity. While the numbers of respondents with no comorbidities increased between those aged 18-64 years, it reduced for those aged 55-65 and there were few respondents with no comorbidities in the 65-74 age groups. Also noted is that the number of respondents identifying one or two comorbidities in addition to HIV increased with age, particularly for those in the 25 to 54 age group, and there were less people identifying one or two comorbidities as age increased. While there were no respondents under 34 years of age with three comorbidities and no respondents

under 44 years of age with four comorbidities, there were increasing numbers of those reporting three or four comorbidities with age (allowing for small numbers).



The percentage of respondents with identified comorbidities by age was also calculated and is described in the table below. It can be seen that while 100% of 18-24 year olds had no comorbidities, the proportion decreased with age with only 25% of those aged 65-74 reporting no comorbidities. Similarly, the rates experiencing only one comorbidity decrease with age from 30% aged 18-24 to 8% aged 65-74. However, the numbers of those identifying two comorbidities or four comorbidities increases with age and 50% of those aged 65-74 identified having three comorbidities.





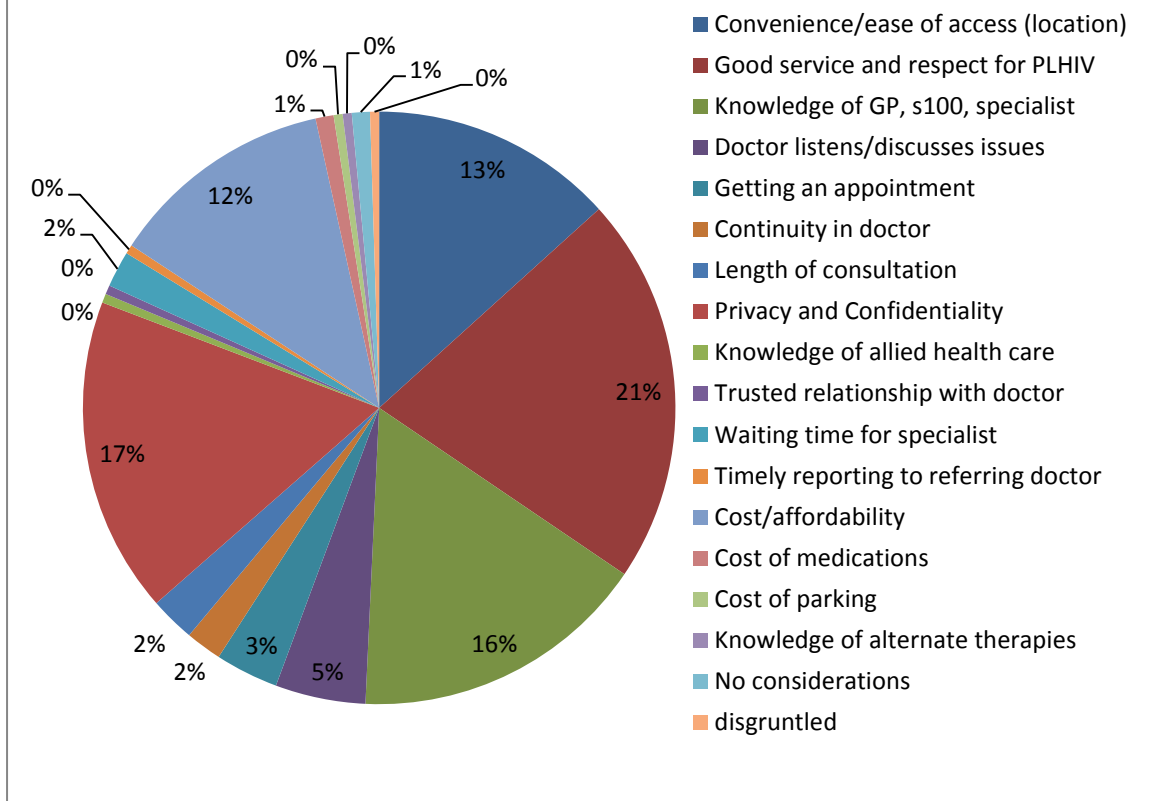
# Access barriers and important considerations for PLHIV

## Important considerations when accessing health care

128 respondents answer this question providing comments across multiple areas. The greatest considerations were: in the quality of service and respect shown to PLHIV by providers (including gay men with HIV) (21%); confidence that privacy and confidentiality would be respected (17%); confidence in the knowledge of the GP, s100 prescriber or specialist (16%); and cost/affordability of GP and specialist (12%). Other issues of concern: were the doctor listens and discusses issues and reaches consensus with the patient (5%); getting a timely appointment with a doctor (3%); continuity of doctor (2%); and adequate length of consultation (2%).

Identified Issues	Number of respondents
Convenience/ease of access (location)	27
Good service and respect for PLHIV	43
Confidence in knowledge (GP, s100, specialist)	33
Doctor who listens and discusses issues	10
Getting an appointment	7
Continuity in doctor	4
Length of consultation	5
Privacy and Confidentiality	35
Knowledge of allied health care	1
Trusted relationship with doctor	1
Waiting time for specialist	4
Timely reporting to referring doctor	1
Cost/affordability of GPs and specialists	25
Cost of medications	2
Cost of parking	1
Knowledge of alternate therapies	1
No considerations	2
disgruntled	1

## Important considerations when accessing health care



### Concerns or difficulties when accessing health care

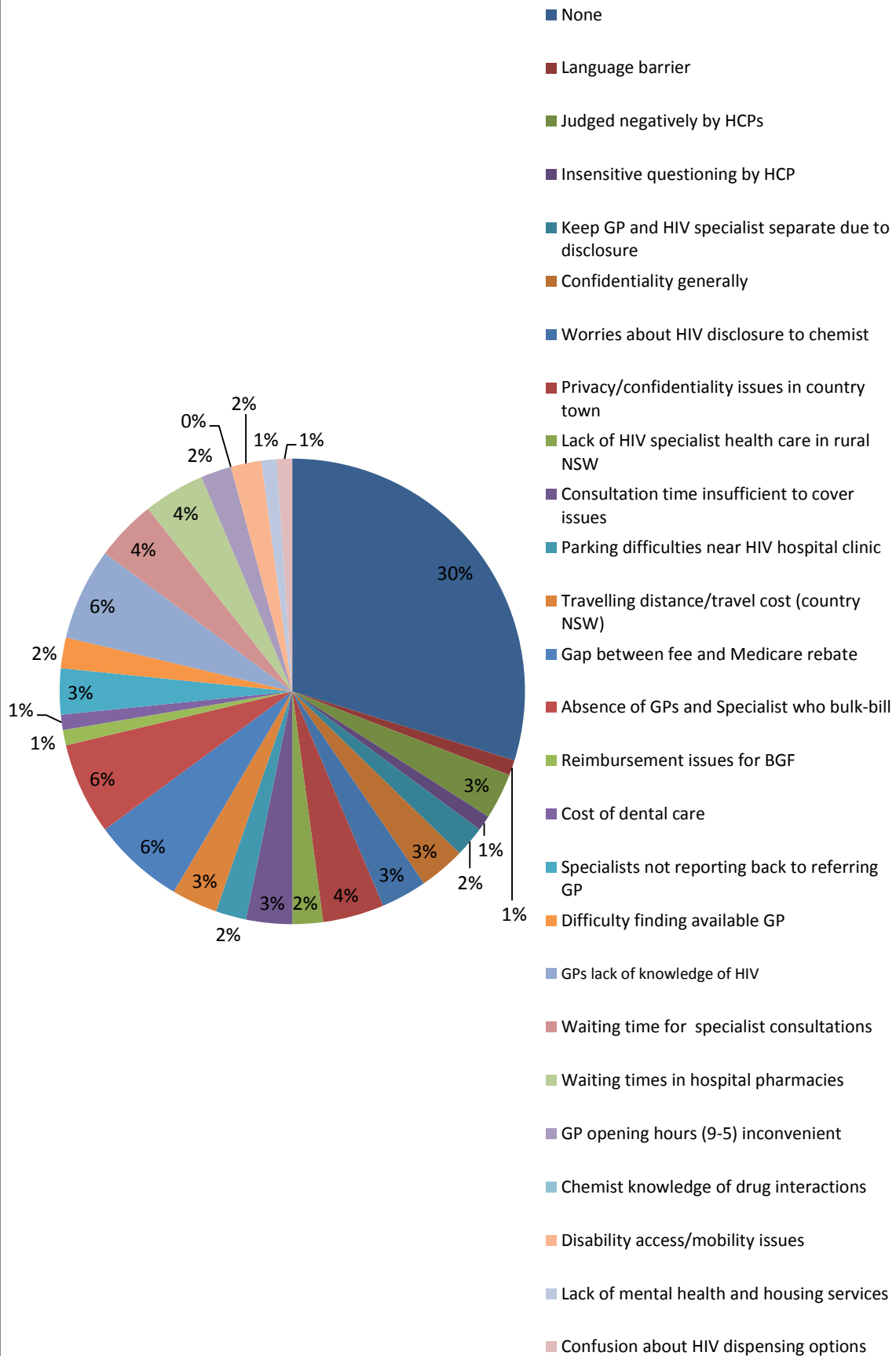
Figure 8 shows respondents concerns or difficulties when accessing health care. 30 had no concerns or difficulties. The remaining 70% reporting difficulties, with 12% identifying issues associated with privacy/confidentiality and disclosure. This included keeping their GP and HIV specialist care separate, particularly in rural NSW, worries about disclosing HIV to chemists and concerns about confidentiality generally. 17% identified the cost of health care as a difficulty, the cost gap between the fee for service and the Medicare rebate being an issue for 6%, 6% citing the absence of GPs and specialists who bulk bill, 3% travel distance and travel cost in rural NSW, 1% the cost of dental care, and 1% reimbursement issues with BGF. 6% of respondents identified GPs lack of knowledge of HIV as an issue and 8% cited waiting time for specialist consultation (4% of which were associated with waiting times in hospital pharmacies and (4%) for waiting times for a specialist consultation. 3% identified consultation times as being insufficient and 3% identified specialist not reporting back to GPs.

Concerns or difficulties when accessing health care (n=95)

Identified issue	Number of respondents
None	28
Language barrier	1
Judged negatively by HCPs	3
Insensitive questioning by HCP	1
Keep GP and HIV specialist separate due to disclosure	2
Confidentiality generally	3

Worries about HIV disclosure to chemist	3
Privacy/confidentiality issues in country town	4
Lack of HIV specialist health care in rural NSW	2
Consultation time insufficient to cover issues	3
Parking difficulties near HIV hospital clinic	2
Travelling distance/travel cost (country NSW)	3
Gap between fee and Medicare rebate	6
Absence of GPs and Specialist who bulk-bill	6
Reimbursement issues for BGF	1
Cost of dental care	1
Specialists not reporting back to referring GP	3
Difficulty finding available GP	2
GPs lack of knowledge of HIV	6
Waiting time for specialist consultations	4
Waiting times in hospital pharmacies	4
GP opening hours (9-5) inconvenient	2
Chemist knowledge of drug interactions	1,
Disability access/mobility issues	2
Lack of mental health and housing services	1
Confusion about HIV dispensing options	1

**Figure 8. Concerns or difficulties when accessing health care**



### Difficulties or challenges experienced when referred to or accessing mainstream or specialist health care (other than HIV health care)

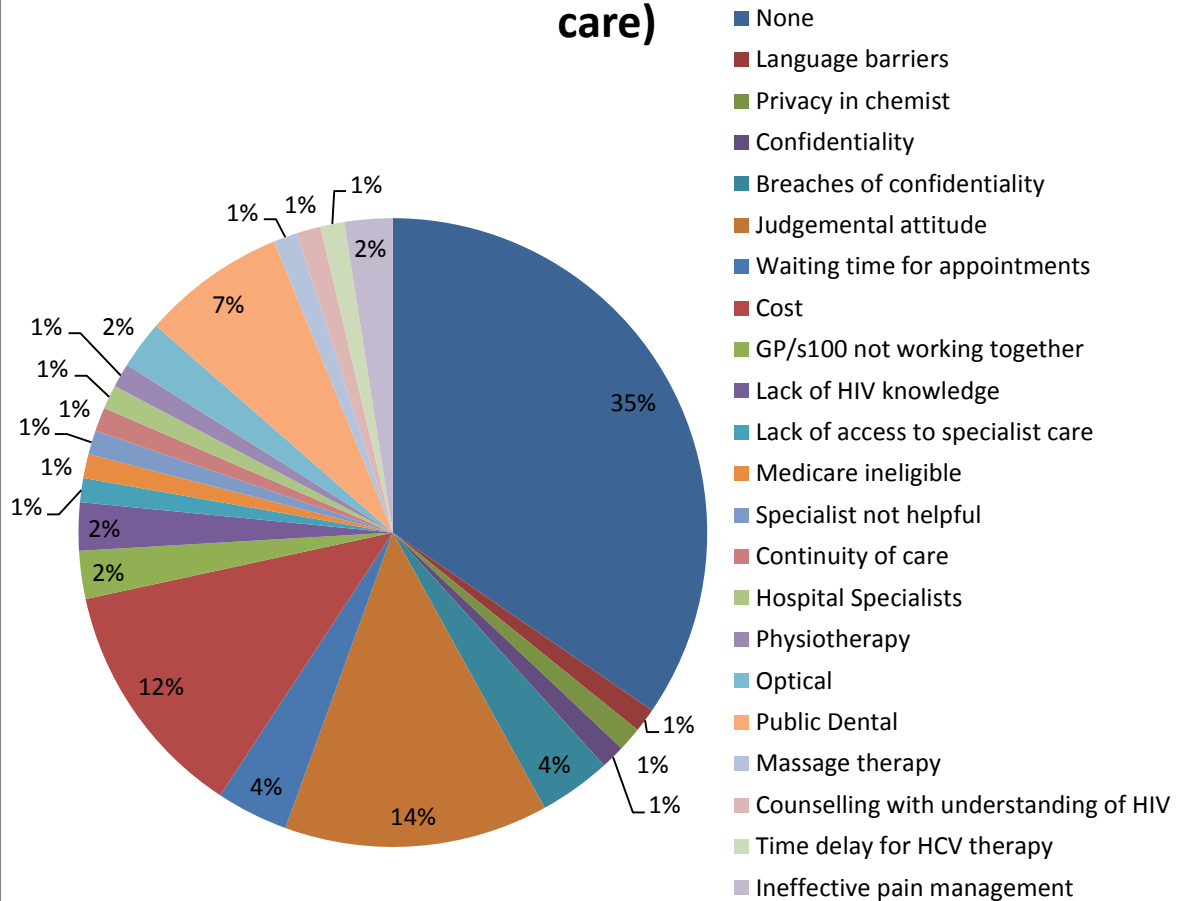
Survey respondents were asked about difficulties or challenges they experienced when referred to or accessing mainstream or specialist health care (other than HIV health care). 80 respondents answered the question. 35% had no difficulties or challenges, however, the remaining 65% did.

The most frequently cited challenge was a judgemental attitude by the health care provider in relation to either HIV infection or being gay (14%). The next most frequently identified difficulty was cost (12%), particularly in relation to finding a bulk billing s100 GP or specialist. Access to public dental services was also an issue for 7% of respondents, while 4% though waiting times for appointments were excessive. Breaches of confidentiality and concerns about confidentiality in general were cited by 6% of respondents.

N=80

Identified Issue	Number of respondents
None	28
Language barriers	1
Privacy/confidentiality in chemist	1
Confidentiality	1
Breaches of confidentiality	3
Judgemental attitude HIV and/or homophobia	11
Waiting time for appointments	3
Cost	10
GP and s100 providers not working together	2
Lack of HIV knowledge	2
Lack of access to specialist care	1
Medicare ineligible	1
Specialist not helpful	1
Continuity of care	1
Hospital Specialists	1
Physiotherapy	1
Optical	2
Public Dental	6
Massage therapy	1
Counselling with understanding of HIV	1
Time delay for HCV therapy	1
Ineffective pain management	2

## Difficulties or challenges experienced when referred to or accessing mainstream or specialist health care (other than HIV health care)



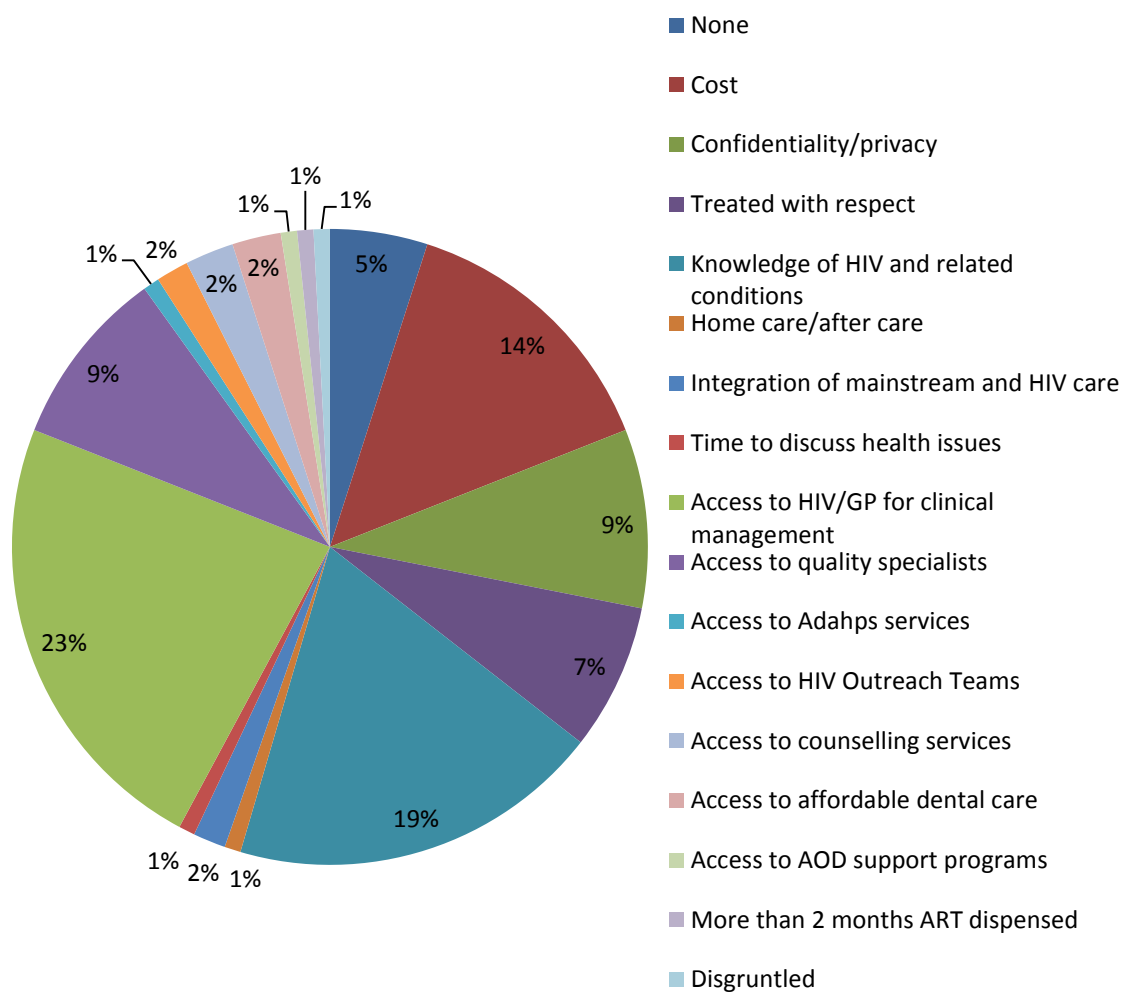
### Needs when accessing specialist and mainstream health, treatment and care services

94 respondents answered the question and 162 skipped the question. Of those who answered, nearly a quarter (23%) identified timely access to a HIV/s100 prescriber/GP as essential to manage their HIV and clinical care. The next largest percentage identified was confidence in the knowledge of GP/s100 prescriber to effectively manage their HIV and other HIV-associated health conditions and refer them appropriately (19%). This was followed by cost/affordability of GPs and specialists (14%), including access to bulk billing health care services, confidence in confidentiality and privacy (9%), and access to specialists (9%). Being treated with respect by health professionals was a need identified by (7%). Other issues were identified less and ranged from 1-2% respectively.

Identified need	Responses
None	6
Cost	17
Confidentiality/privacy	11
Treated with respect	9
Confidence in knowledge of HIV and related health conditions	23

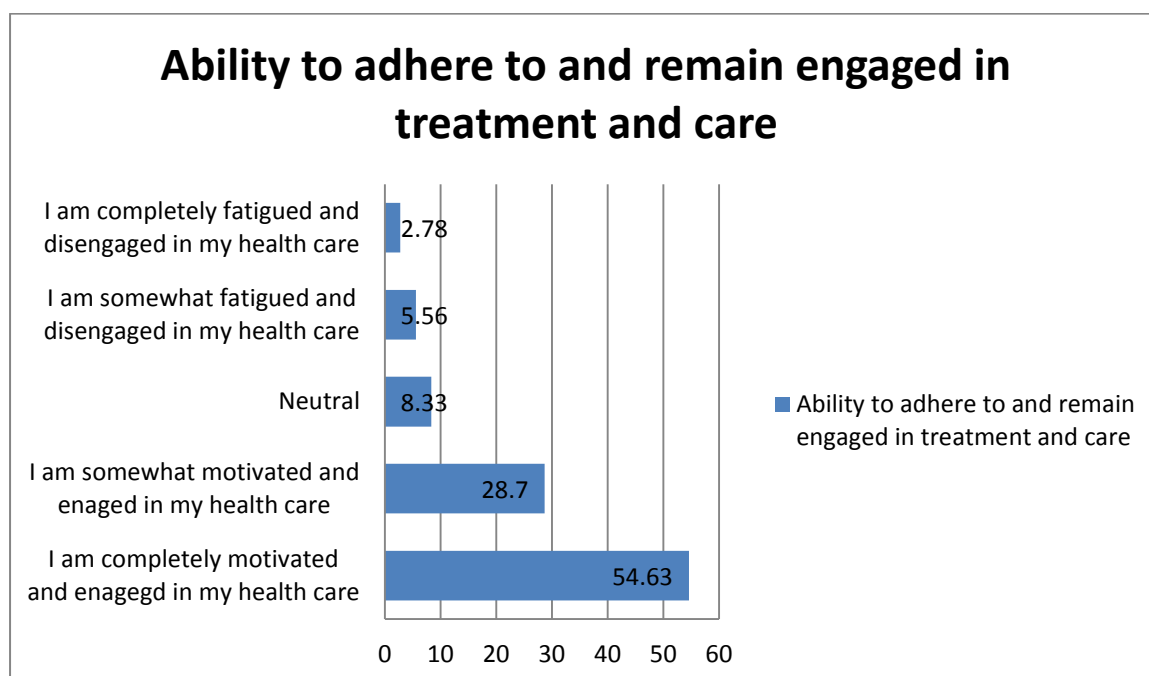
Home care/after care	1
Integration of mainstream and HIV care	2
Time to discuss health issues	1
Access to HIV/GP for clinical management and regular check-ups	28
Access to quality specialists	11
Access to Adahps services	1
Access to HIV Outreach Teams	2
Access to counselling services	3
Access to affordable dental care	3
Access to AOD support programs	1
More than 2 months ART dispensed	1
Disgruntled	1

### Needs when accessing specialist and mainstream health, treatment and care services



# Ability to adhere to and remain engaged in treatment and care

169 respondents answered the question and 87 skipped the question. Of those who answered, slightly more than half (54.63%) reported that they were completely motivated and engaged in their health care, and 28.7% reported they were somewhat motivated and engaged (total =83.33%). 8.33% were neutral. However, 5.56% were somewhat fatigued and disengaged with their health care and a further 2.78% were completely fatigued and disengaged (total = 8.34%). If this proportion is representative and extended to the NSW population with HIV in 2015, that would mean that approximately 900 PLHIV are to some degree fatigued and disengaged in their health care, and some proportion of a further 900 PLHIV (who ranked themselves as neutral) have a potential to become either somewhat or completely fatigued and disengaged in health care as they age and their health deteriorates.



50 respondents provided further information on fatigue with HIV and disengagement.

On Fatigue:

*"I have found memory and fatigue are greatly affecting my ability to manage things. Life is more down than up."*

*"I have issues with fatigue. I am a nurse and find it extremely difficult to maintain my employment due to fatigue and depression."*

*"While fully engaged in my primary HIV regimen, fatigue (physical and mental) has become a large barrier to maintaining or sustaining any motivation and progress on the secondary diagnosis, and currently this situation does not seem to be changing".*

*"I'm sick of thinking of my mortality which feeds my depression".*

*"Fatiguing issue are GPs and other health professionals not spending enough time at appointments and seeming more interested in earning money. In the recent past a specialist who did not know what they were taking about and misdiagnosed me, which put me through hell for over two years and now am so far behind in recovery from a major life threatening event".*



*“While I do suffer from extreme fatigue I have always been a model patient, adhering to protocols and seeing my doctors regularly and as required. I do suffer from a bit of depression and anxiety which has been life-long, but are not completely debilitating”.*

*“I’ve had debilitating bouts of depression lately. It’s unlike me to feel depressed but my illness is grinding me down slowly”.*

*“I have been HIV-positive for 24 years - almost half my life and I try hard to keep up with life as a HIV-positive gay man, but sometimes it gets hard”.*

*“If this country does not give a shit, why should I?”*

*“I’m Just over taking bloody tablets”.*

*“When my depression is bad I really don’t give a fuck”.*

*“I suffer from depression and my health issues become overwhelming sometimes”.*

On comorbidities:

*“I see multiple GPs, psychiatrists, psychologists, cardiologists, HIV doctor and there are continual medication interactions and side effects. No one is maintaining communication across all of these health care providers. I lost my job due to health problems and no help to get back to work. I’m tired of it!”*

*“I adhere to my medication regimen... I’m exhausted by taking so many medications over the last 15 years – and the increasing issues of health maintenance. But, I get up every day and get on with it as cheerful as I can.”*

# Questions requested by ASHM

During development of the survey, ASHM requested that two questions be added to allow respondents the option to 1) suggest locations for community dispensing of HIV medications, and 2) suggest locations for GPs to take up HIV prescribing. The following two tables report on responses to these questions.

## Suggested locations for community dispensing of HIV medications

**Answered: 177**

**Skipped: 79**

Answer Choices	Responses
Yes	41.24%
No	58.76%
Total	<b>177</b>

If you answered yes, please provide details of the chemist you'd like to suggest:

Area	Any/or	Identified
All chemists	1	
The nearest	1	
City	2	You Save Pharmacy, Carrington Street, Wynyard
Neutral Bay	1	
Newtown	4	King Street Pharmacy
Erskineville	2	Erskineville Pharmacy, 1/83 Erskineville Road
Hurstville	1	Chemist Warehouse
Caringbah	1	Chemist Warehouse
Hurlstone Park	1	
Marrickville	3	Blooms Pharmacy Marrickville Road, Marrickville
	1	Marrickville Metro Amcal Pharmacy (shops 18&19
Dulwich Hill	1	Dulwich Hill Pharmacy
Potts Point	1	
King Cross	1	Crest Hotel Pharmacy, Kings Cross
	3	Blake's Pharmacy, Kings Cross
Glebe	1	Glebe Cincotta Discount, 53 Glebe Point Road, Glebe
Waverly	1	Waverly
Bondi	1	Levenson's Pharmacy, 72 Hall Street, Bondi Beach
Paddington	1	
Redfern	1	Gold Cross Pharmacy, Redfern
	1	Chemist Warehouse
	1	Danks Street Discount Pharmacy
Ryde	1	Harrison Pharmacy
Darlinghurst	3	Chemist Warehouse
	1	Priceline Pharmacy
	4	Serafim Pharmacy, Taylor Square
	1	Darlinghurst Medical Centre Pharmacy (under Medical Centre)
	1	Bill Warner Pharmacy
Surry Hills	1	Chemist Warehouse
	2	Blooms Pharmacy, Surry Hills Village

Malabar	1	Malabar Chemist
Broadway	1	Chemworks Broadway Shopping Centre
Parramatta	1	
Arncliffe	1	Arncliffe Pharmacy, Fifth Street, Arncliffe
Waterloo	3	O'Mullanes Pharmacy, Raglan and Cope Streets, Waterloo
Fivedock	1	Chemist Warehouse, Great North Road, Fivedock
Narrabeen	1	Elanora Heights Pharmacy, Elanora Heights
Dungog	1	William River
Armidale	1	Mountainview Pharmacy, Rockvale Road, Armidale
Newcastle, Hamilton	2	Terry White Chemist, Beaumont Street, Hamilton
Batehaven		Batehaven Chemist
Gosford	1	East Gosford Pharmacy
Woy Woy	1	Kuoch Chemist , Blackwall Road, Woy Woy
Leura	1	Best Buy Pharmacy, Leura
Wagga Wagga		Turvey Tops Pharmacy, Turvey Tops Shopping Centre, Fernleigh Road, Wagga Wagga (Many Cooper, Chief Pharmacist/Owner)
Nimbin	1	Nimbin Pharmacy
Picton	1	Picton Medical Centre and Pharmacy
Salamander Bay	1	Amcal Max Salamander Bay
Ocean Shores	1	Ocean Shores Shopping Centre Chemist
Dapto	1	Dapto Mall Pharmacy, Dapto
ACT	2	Capital Chemist, Calwell, 14 Calwell Street Calwell ACT

#### Suggested locations for GP to take up HIV prescribing

18.08% (32) respondents answered the question and provided further information. The table below provides further detail on GPs, medical practices and locations.

Location	Dr/Practice
Arncliffe	Al Zahra Medical Centre
Caringbah	Dr Phong Le
Penrith	Any
Marrickville	Any
Newtown	Any
Redfern	Dr Timothy Diep - Redfern Station Medical
Parramatta	Church Street Medical Practice Parramatta
Darlinghurst	Holdsworth House Medical Practice, Oxford Street, Darlinghurst, 2010
Darlinghurst	East Sydney Doctors
Darlinghurst	Dr Jeremy Bramston
Bribie Island QLD	Any
Bradbury WA	Any
Dapto	Dr Leon wright Dapto Medical & Family Practice
Blue Mountains	Any
Ocean Shores	Ocean Shores Medical Practice, Ocean Shores Shopping Centre
Nelson Bay	Nelson Bay Medical Group (Dr Rebecca Moore)
Scone	Scone medical practice
Wagga Wagga	Dr P Renshaw Peter St Surgery Wagga Wagga

Wagga Wagga  
Armidale

Trail Street Medical Centre Wagga Wagga

Dr Nick Martin Faulkner St. Medical Practice Armidale