NHS
South West
Clinical Senate

South West Clinical Senate Council, 23rd January 2014, Taunton Rugby Club

The question

'Given the demography of the South West, what would the Clinical Senate consider to be the optimal model/s to deliver HIV care to children and adults with specific reference to:

- *24/7 access to specialist opinion*
- *the issue of late diagnosis*
- *people over 50 years of age'*

The Advice

Adult HIV services
Availability of 24/7 specialist opinion:
Based on the evidence provided, the Senate Council supports the establishment of a single South West HIV Provider Network with two hubs each providing 24/7 specialist opinion. All physicians on these rotas should have experience in the management of patients with HIV though will come from a variety of clinical disciplines.

It is the responsibility of the hubs to coordinate the 24/7 rotas.

Commissioners should ensure that consultants acting in an advisory role work to the standards recommended by the British HIV Association (BHIVA).
The HIV Provider Network should develop a set of Standing Operating Principles (SOPs) covering the following areas:

- Establishing virtual MDTs to support the management of HIV in-patients in care settings where consultants on the 24/7 rota are not providing direct care.
- Frequency with which virtual MDTs should be run will be dependent on illness acuity. For example a patient with an HIV related illness receiving care in an ICU would normally be discussed with a specialist physician within 12 hours of admission and daily thereafter.
- Thresholds for transfer to a specialist HIV in-patient facility

In addition, guidelines covering treatment protocols and psychosocial aspects of care should be unified across the region.
The senate acknowledged that the demographics of HIV are subject to change and that the outcome of the CRG deliberations of what constitutes a minimal caseload to ensure individual and institutional competence has yet to be agreed. It is recommended that the specialist commissioning team review this on an annual basis to reconsider the appropriateness of the South West model.

24/7 rotas need to be in place by the end of March 2014 and the network formalised by the end of the first quarter of the 2014-15 financial year.

Paediatric HIV

The Senate recognises that the HIV team at the Bristol Royal Hospital for Children is the only English NHS service outside London commissioned to provide paediatric HIV care. The Senate noted the good practice of nurse led community support for paediatric patients, which includes outreach and transition.

Commissioners should ensure that all Trusts providing maternity care comply with a single set of guidelines ratified by the HIV team at the Bristol Royal Hospital for Children for prevention of vertical transmission of HIV to include the postnatal testing regimen.

All infants born to mothers known to be HIV positive should be referred to the specialist team based at the Bristol Royal Hospital for Children.

All HIV positive children in the South West should receive care either directly from or as part of a shared care arrangement with the HIV team at the Bristol Royal Hospital for Children.

Existing 24/7 rotas are sufficient for children living with HIV in the South West. However, the Specialist Commissioners should formalise the existing arrangement with St Georges NHS Healthcare Trust, London to provide expertise as required by the end of the first quarter of the 2014-15 financial year.

Late Diagnosis

Testing

The HIV Clinical Network in the South West should work with Public Health England to develop guidance related to targeted screening with the aim of reducing the late diagnosis rate and subsequent risk of onward transmission.

Changes in age related prevalence

The Senate recommends that Public Health England continues to monitor HIV prevalence by age group in order to identify emerging issues relating to the ageing populations with relation to HIV and regularly reviews the mechanisms for informing commissioners of significant changes that may impact on the optimal service model for the delivery of specialist HIV care.

Addendum

Although the Senate was not specifically tasked to consider issues related to either training or social care; issues raised during the meeting were felt to be of sufficient importance to make the following recommendations:

Training

Health care professional should be trained in the following areas:

- Awareness of groups of patients with a high prevalence of HIV.
- The value of targeted opportunistic screening.

- Psychosocial and emotional needs and support for individuals living with HIV and their families.

As the demographic of patients living with HIV changes, the Senate recognises the need to incorporate HIV into appropriate curricula for healthcare workers of all professional backgrounds. Taking into account the ageing demographic of patients, HIV training should also be incorporated into programmes for nursing and residential home workers.
Succession planning must also be considered to ensure continuity of HIV expertise in the region.
The Senate will raise these issues directly with Health Education England (HEE).

Social care
Ensuring that the social care needs of patients living with HIV are met is a considerable task and the Senate was concerned by reports from the Terrence Higgins Trust of stigmatisation and patient harm as a result of funding challenge in social care.
The Senate will raise this issue directly with South West regional social care leaders.

Who was involved