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marking World AIDS Day

QUEEN ELIZABETH II CONFERENCE CENTRE
LONDON

Evolving models of HIV care for the 21st Century
An update on clinical networks
& multi-professional aspects of care

HIV Networks in Yorkshire & Humber

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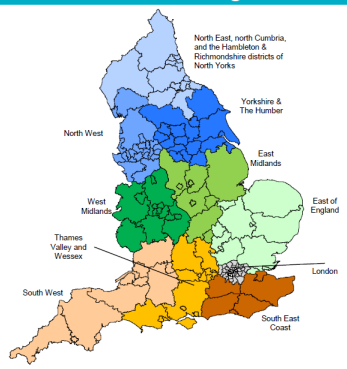
Regional Geography

15,420 sq km

North of England

North of England	Popn (1,000s)	CCGs	HWBs
Cheshire, Warrington and Wirral	1195	6	4
Durham, Darlington and Tees	1167	5	6
Greater Manchester	2636	12	10
Lancashire	1424	8	3
Merseyside	1170	6	5
Cumbria, Northumberland, Tyne and Wear	1910	8	7
North Yorkshire and Humber	1690	8	6
South Yorkshire and Bassetlaw	1427	5	4
West Yorkshire	2235	10	5
Total	14853	68	50

Specialised commissioning hubs



16

Current Provision by Sub-Region

Geography	Population / patients*	Provision Inpatient	Provision Outpatient	Commissioner Key Issues
West Yorkshire	2.6m / 2,176	Leeds Bradford	Leeds Bradford Calderdale & Huddersfield Mid-Yorkshire	- Networked approach - Inpatient interdependencies - 24/7 cover across patch
South Yorkshire and Bassetlaw	1.5m / 1,437	Sheffield	Sheffield Rotherham Barnsley Doncaster & Bassetlaw Chesterfield	- Commissioning formal network - Maintenance against service spec
North and East Yorkshire	1.6m / 575	Hull York	Hull York Community Providers Virgin Care (NLAG pop)	- Networked approach - Outreach arrangements - Catchment population
Total	5.7m / 3,751			

Three HIV networks across Y&H

- **South Yorkshire HIV Network** (SYHN 2009-)
  - Sheffield, Rotherham, Barnsley, Doncaster & Bassetlaw, Chesterfield
- **West Yorkshire HIV network** (WYHIVN 2013- formerly North & West Yorkshire HIV network 2010-13,)
  - Leeds, Bradford, Huddersfield and Calderdale, Mid Yorkshire
- **Humber & York HIV network** (HAYHAN 2013-)
  - Hull, East Yorkshire, North East Lincolnshire, York and North Yorkshire

"One size doesn't fit all !"

SYHN:

- Existing close links between ID & GUM and between STH & linked DGH units
- >1400 pts cared for within the network
- Functional clinical network with identified HIV leads in other specialties – effective MDTs,and referral pathways, real-time advice
- HIV Inpatient care at STH from across SYHN
- LEAP – Lay Expert Advisory Panel
- ANCHIVS study – role of nurse specialists

"One size doesn't fit all !"

WYHIVN:

- Leeds largest cohort in Y&H (>1400). Network >2500 pts
- No pre-existing shared on-call arrangements
- Network – Informal. Started in June 2010. Based around monthly 3 hr meetings (ARV treatment failure cases, Audit and MM, care pathways, CPD/MDT development
- Initial discussions about linkages and ongoing discussions around HIV related inpatient care

"One size doesn't fit all !"

HAYHAN:

- Covers large geographical area of relatively low HIV prevalence population. Network covers around 650 pts
- Managed HIV network
- 2 teaching hospital inpatient facilities in York and Hull 41 miles apart. Video links and virtual MDTs
- The management of Virgin care clinics is difficult in the south Bank and we are attempting to move them back to the hospital site.

Key Issues

- Risks around fragmentation of HIV services if sexual health tendered out
- Benefits of "Working together" initiative in South Yorkshire for networking. This initiative involves 7 Trusts: Barnsley, Chesterfield, D&B, Rotherham, STH, SCH & Mid Yorks
- Impact of reduced funding – rationalisation of inpatient care and outpatient service delivery

Key Issues

Developing a Managed HIV Network for West Yorkshire

- Clinical Lead (1 PA/wk) – JD and spec agreed. Awaiting advertising and appointment
- Network Administrator – A+C 3/4. Based at LTH. JD agreed. Awaiting banding then advertising and appointing.
- Funding these posts – all providers will contribute proportionate to numbers of patients

West Yorkshire HIV Network

Immediate Challenges

- How to charge for MDT advice where patients don't travel across borders
- Funding PEPSE advice out of hours across the network
- Arrangements for partner notification for HIV+ves when GUM and HIV services are separated
- Funding DGHs for IP care for those too ill to transfer or repatriated

West Yorkshire HIV Network

Key Issues

- Benefits of network approach in HAYHAN
  - Rationalisation of inpatient care at 2 sites and outpatient service delivery at 9 sites
  - Formulation of formal MDT – multi professional attendance [job planned at DCC], Resourced, Managed and Frequent
  - If sexual health tendered out – Future of HIV is safe within a specialised commissioning framework

Summary

- Meeting the needs of the patient for specialist care in low prevalence, geographically isolated locations can be challenging
- Developing & maintaining appropriate skill mix
- Formal HIV networks can facilitate MDT working, CPD/PDP, audit/research, clinical governance
- “Virtual” solutions
- Adverse impact of sexual health tendering