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Ms Vikki Pearce
MONHICA Project Lead
marking
World AIDS Day
QUEEN ELIZABETH II CONFERENCE CENTRE
LONDON


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Models of Networked HIV Care: a review of the MONHICA meetings

Vikki Pearce & Breda Flaherty
MONHICA Project Leads

Thursday 27 November 2014
Queen Elizabeth II Conference Centre · London

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MONHICA project

- BHIVA funded project to enable a series of facilitated meetings about networks
  - CRG senate member with local clinical leaders
  - Development of networks for the delivery of specialised HIV care
  - Meeting the national HIV service specification

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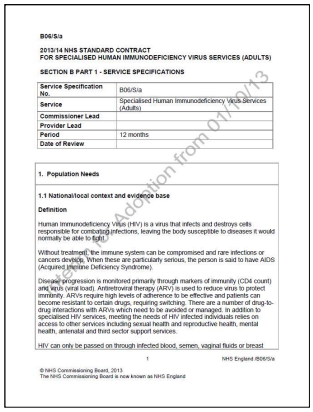
National service specification

The network should be able to demonstrate delivery against the 3 key requirements within the specification

- Networked care with formal protocols for 24/7 consultant cover / on-call arrangements for both outpatients and inpatients achieved through **a) formalised networked arrangements / pathways and b) appropriately staffed / qualified inpatient rota**
- **HIV consultant led MDT arrangements** which include 24/7 access to specialist pharmacy and specialist MDT arrangements including access to virology, community nursing, psychology and social care for patients with adherence issues, drug resistance or detectable viral load. **On site 24/7 access to acute care, ITU , negative pressure rooms and pharmacy (inpatient care) and access to full range of imaging**
- **Outpatient pathways for rapid assessment** of HIV related malignancies and co-morbidities such as dermatological and renal emergencies


B06/S/a

2013/14 NHS STANDARD CONTRACT
FOR SPECIALISED HUMAN IMMUNODEFICIENCY VIRUS SERVICES (ADULTS)

SECTION B PART 1 - SERVICE SPECIFICATIONS

Service Specification No.	B06/S/a
Service	Specialised Human Immunodeficiency Virus Services (Adults)
Commissioner Lead	
Provider Lead	
Period	12 months
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Definition

Human Immunodeficiency Virus (HIV) is a virus that infects and destroys cells responsible for combating infections, leaving the body susceptible to diseases it would normally be able to fight.

Without treatment, the immune system can be compromised and rare infections or cancers develop. When these are particularly serious, the person is said to have AIDS (Acquired Immune Deficiency Syndrome).

Disease progression is monitored primarily through markers of immunity (CD4 count) and virus (viral load). Antiretroviral therapy (ARV) is used to reduce virus to protect immunity. ARVs require high levels of adherence to be effective and patients can become resistant to certain drugs, requiring switching. There are a number of drug-to-drug interactions with ARVs which need to be avoided or managed. In addition to specialised HIV services, meeting the needs of HIV infected individuals relies on access to other services including sexual health and reproductive health, mental health, antenatal and third sector support services.

HIV can only be passed on through infected blood, semen, vaginal fluids or breast

1 NHS England B06/S/a

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The NHS Commissioning Board is now known as NHS England

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Why use a network as a way of working?

- Very few people can do everything to the standard that's needed
- To achieve some things we must rely on other people and services
- Where patients move between services the quality and safety of the handover must be absolutely assured
- HIV specialised care funding needs to be focussed on funding HIV specialised care

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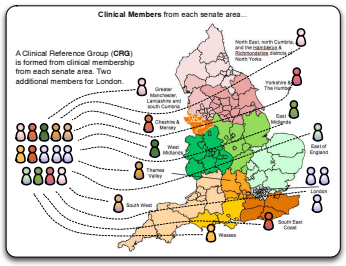
Meetings

- All senate areas held a meeting
- Attendees (10 to 30+)
  - Diverse multi-disciplinary groups
  - Patients
  - Primary care reps
  - SH commissioners / public health
  - Voluntary sector orgs
- Focus / themes
  - Mapping – what do we all do now?
  - Problem solving – what are our big clinical challenges?
  - Structure and function – what do we want our network to look and feel like



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Meeting framework

- All areas presented
  - Local epidemiology
  - Local model(s) of networked care
  - Lessons learned
    - What has worked well and what hasn't
  - Key issues
  - The future
    - What might the service look like in 5 years time

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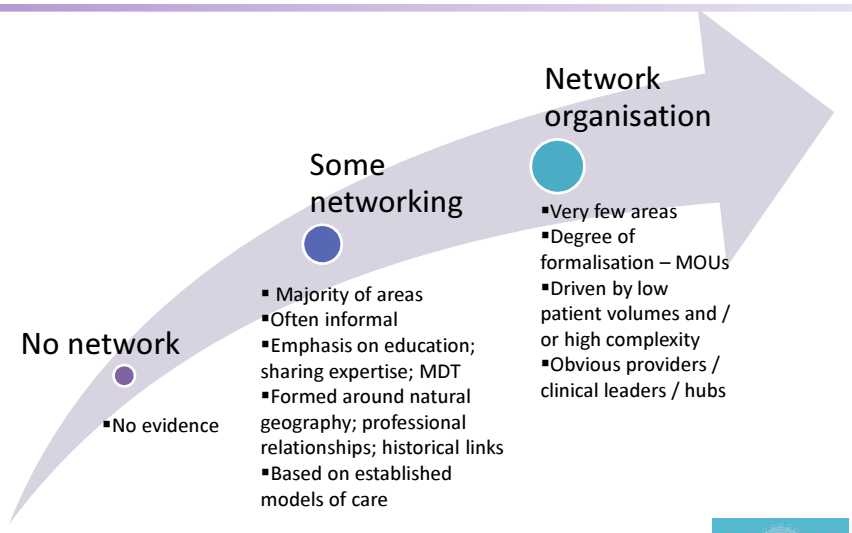
Networking around the country



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Worked well

- ✓ Commissioners and CRG leads working together with local clinical leads to agree agenda
- ✓ Networking opportunities at the events
- ✓ Broad relevant representation at meetings including patients, third sector, primary care
- ✓ Building a comprehensive local picture - understanding what each other does currently
- ✓ A focus on what could be done better together - starting from the premise that networking could bring benefits
- ✓ Working on clinical challenges, e.g. Late diagnosis, mental health,
- ✓ Including clinicians from other senate areas – connections across senates, learning from elsewhere, offer challenge to existing approaches, peer review

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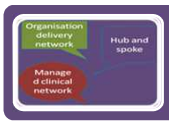
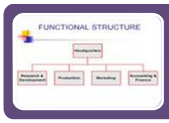
Challenges



Language can get in the way

- Hub and spoke
- Managed clinical network
- ODN



Network infrastructure

- Network management
- Resources
- Time

Role conflict

- CRG rep; clinical lead; service manager; consultant

Commissioning fragmentation

- Collaboration vs competition
- New roles and relationships to develop

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Impetus for changing the model of care and formalising networks

Dissatisfaction ✖ **V**ision ✖ **F**irst steps ➤ **R**esistance

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What next?

- Each area has an action plan
- Analysis and write up
- Commissioning intentions 15/16
- Another round of meetings?

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