

Local Networks in Practice: South West London “SWAGNET”

Derek Macallan

Consultant Physician, Clinical Infection Unit,
St George's Healthcare NHS Trust

Professor of Infectious Diseases, St
George's, University of London

Background - SWAGNET

- **The first Sexual Health Network in the UK**
 - Established in 2002
- **Equal partnership**
 - HIV / GUM / SRH / CaSH
- **Total cost about £100k pa**

SWAGNET Structure

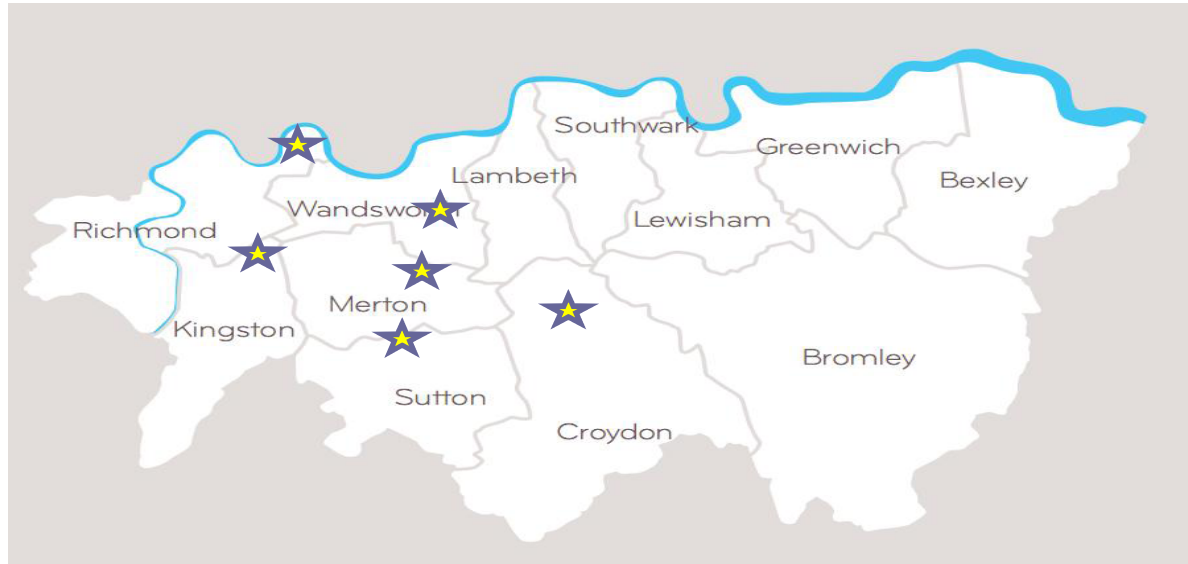
- **Steering Group**
- **7 Subgroups**
 - all inter-professional
 - HIV, GUM, SRH, IT, YP, SHP, Research
- **Taskforces**
 - evolving with need
 - MSM, Partner Notification, HIV testing, Workforce
- **Uni-professional Groups**
- **Clinical Governance**

HIV centres in SWAGNET

- Croydon University Hospital
- Kingston Hospital
- St George's Hospital
 - Including QMH Roehampton
- St Helier / Epsom NHS Trust



SWAGNET and South London



- Things we can do together
- MONHICA
 - Reducing "lost to follow-up" patients
 - Addressing HIV and Mental Health issues
 - Reducing Late Diagnosis
- What is sufficiently "local"?

HIV-focussed activities

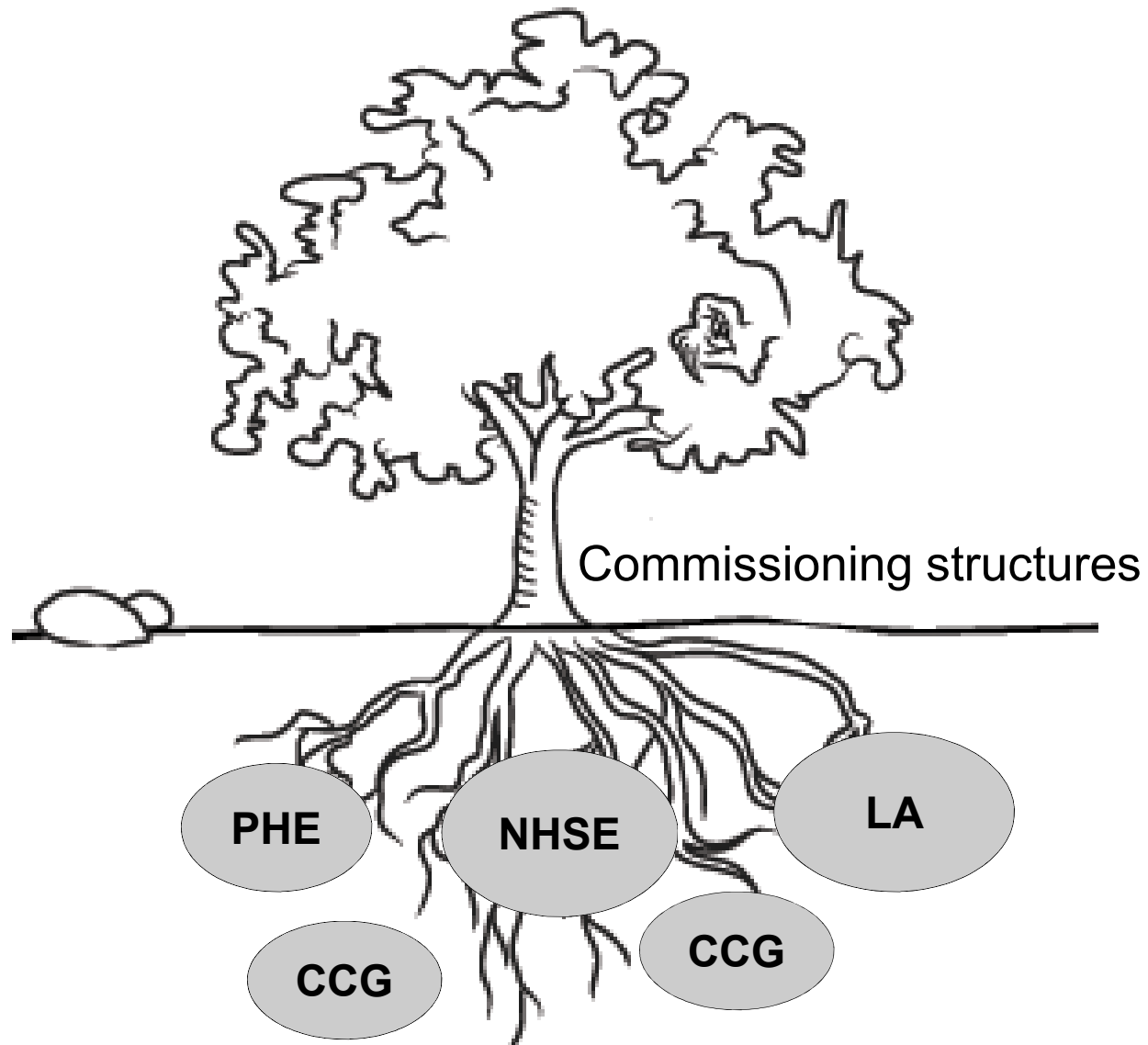
- **ARV Discussion Group / MDT**
- **Joint Mortality & Morbidity Meetings**
- **Sector Pathways**
- **Inpatient Service Provision**
- **Patient Satisfaction & PPE**
- **Training – SWL HIV in Primary Care Course**
- **Audits & Research**
- **South Thames BASHH Region**
- **Engagement at a London Level**
 - **CRG / CAG / EAG**

“Two-faced” networks ...

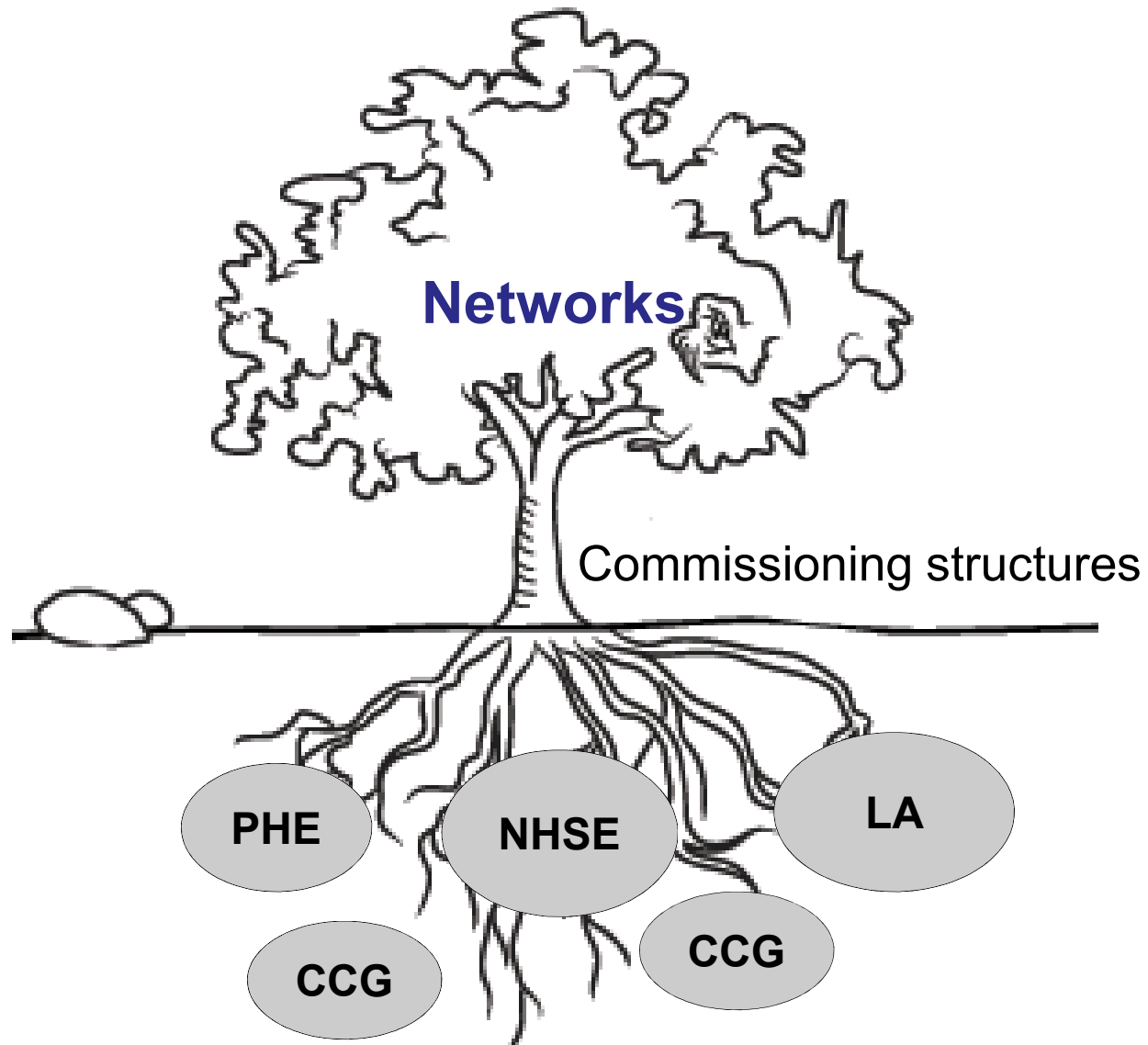


- **Inward**
 - Who are we networking with?
 - How we fit in commissioning structure
- **Outward**
 - How are we serving our patients' interests?

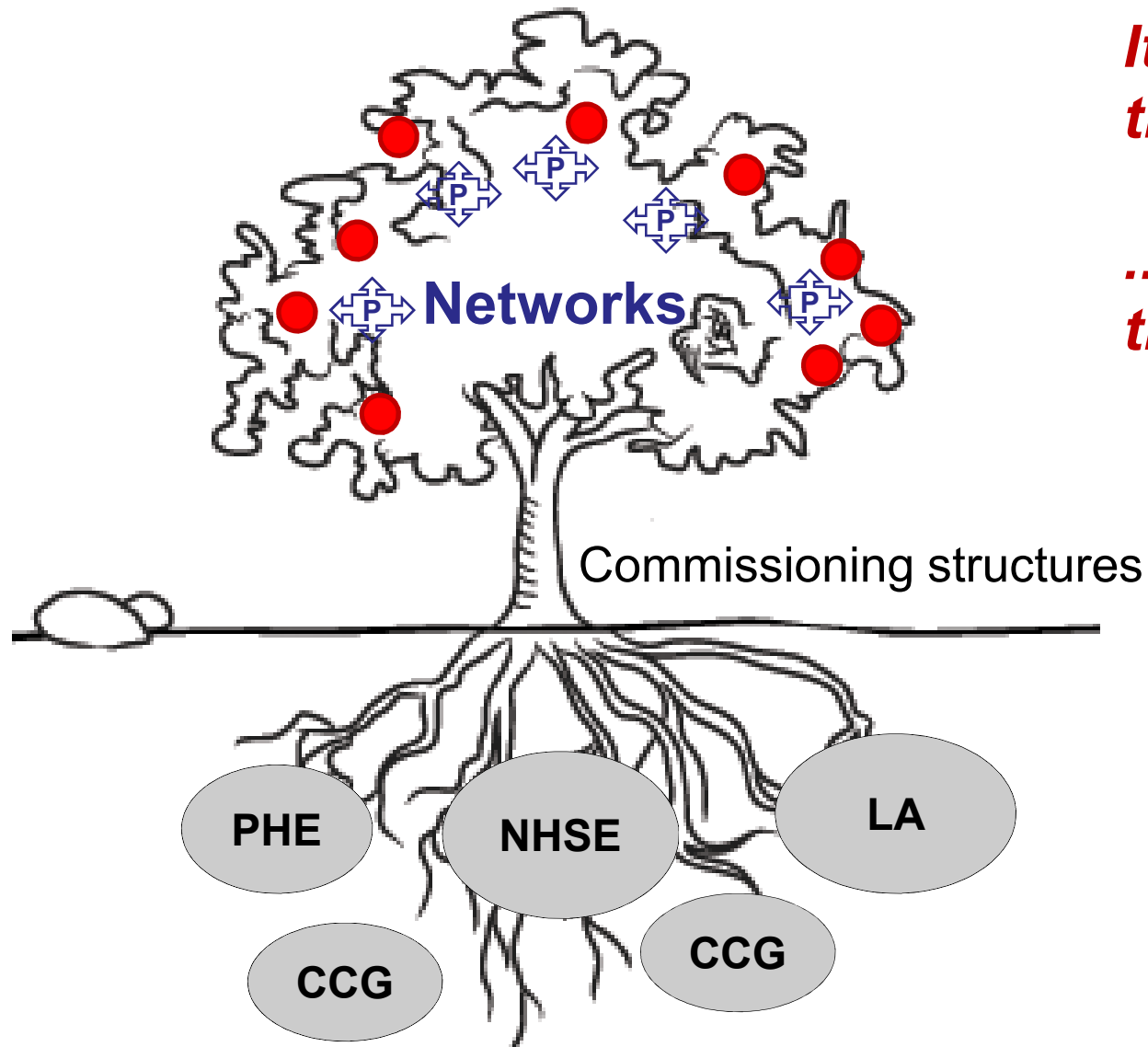
How do networks fit within an HIV Service?



How do networks fit within an HIV Service?



How do networks fit within an HIV Service?



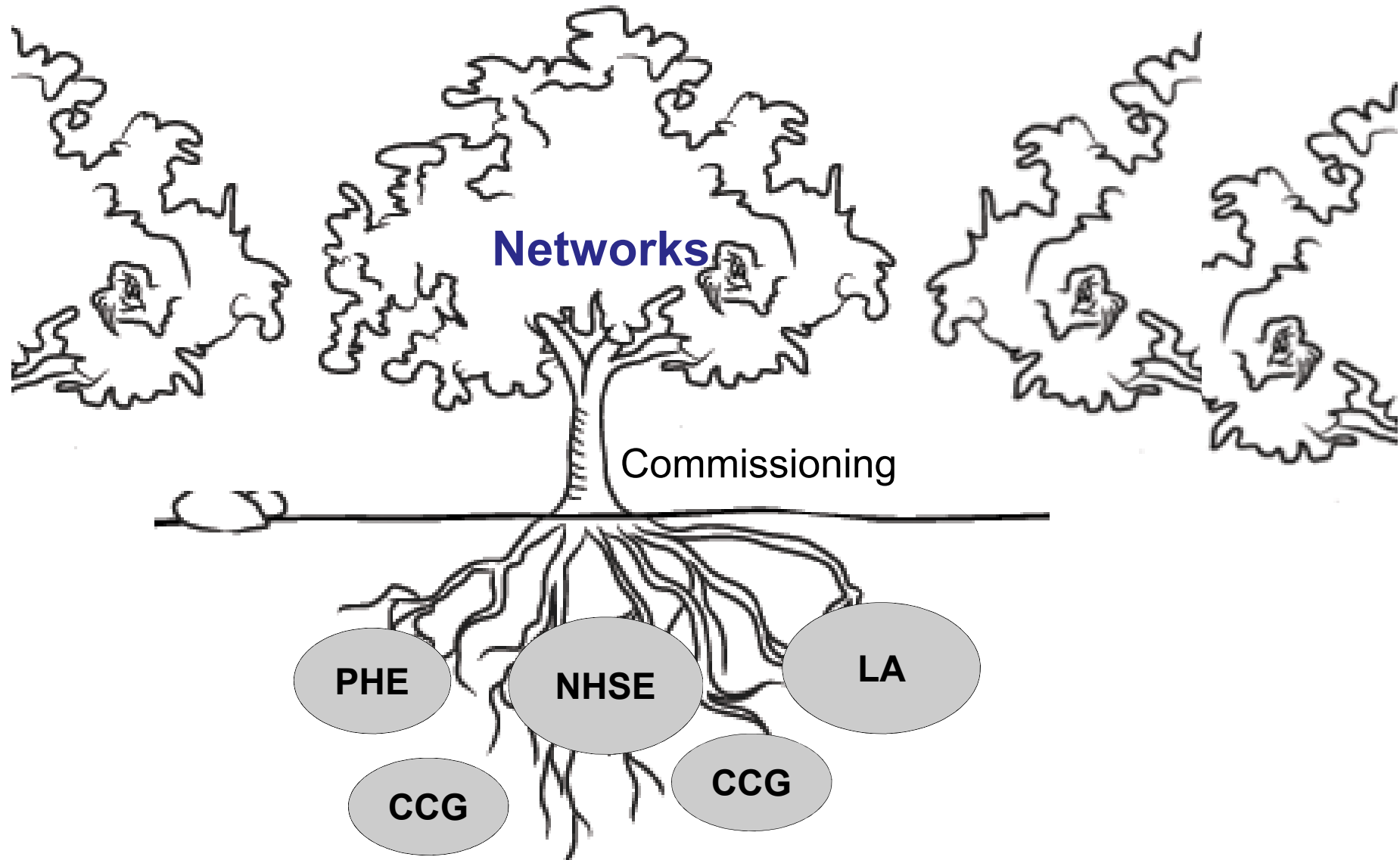
*It's the fruit
that matters!*

*.. But what is
the "fruit"?*

The “fruit” of a network

- **Effective service – patient interactions**
- **High quality patient care**
- **Good patient outcomes**

HIV networks in the context of other services



How do HIV patients requiring admission present?

	CUH	SGH
Presentations of HIV requiring admission	% ^a	% ^b
Respiratory illness / TB	35	38
Gastrointestinal	6	24
Neurological	15	20
Treatment related problems / Cutaneous reactions	18	6
Severe non-specific illness	17	9
Cancer	5	-
Psychiatric	2	-
Cardiac	-	3

Most common presentations for HIV-related admission to (a) Croydon University Hospital and (b) St George's Hospital, London

Networked services embedded in local services are well-placed to integrate with other admitting teams

Networked providers embedded in local services

What do local providers want?

Medical services need:

Diagnostic Awareness

Prompt HIV testing

Early Consultation

Optimised treatment at point of care

Rapid transfer to specialist unit

Co-management with other specialist services

Discharge to ongoing care

HIV services offer:

Training

Testing Support

Expert advice 24/7

MDT input onsite

Dedicated inpatient facility

Established care pathways with multiple sites of entry

Continuity of Care

Networked providers embedded in local services

What do local providers want?

Medical services need:

Diagnostic Awareness

Prompt HIV testing

Rapid transfer to specialist unit

Co-management with other specialist services

Discharge to ongoing care

HIV services offer:

Training

Testing Support

Dedicated inpatient facility

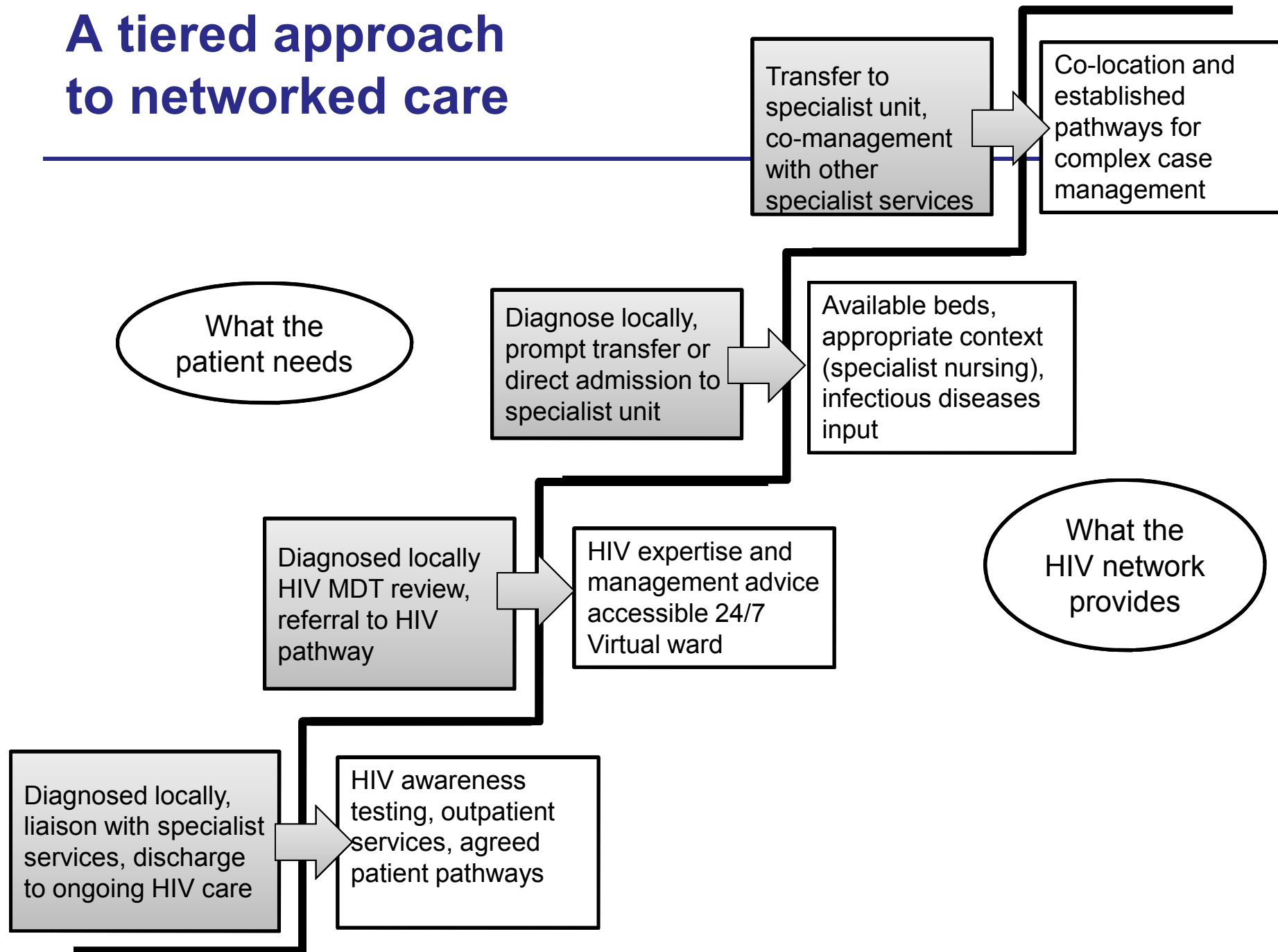
Established care pathways with multiple sites of entry

Continuity of Care

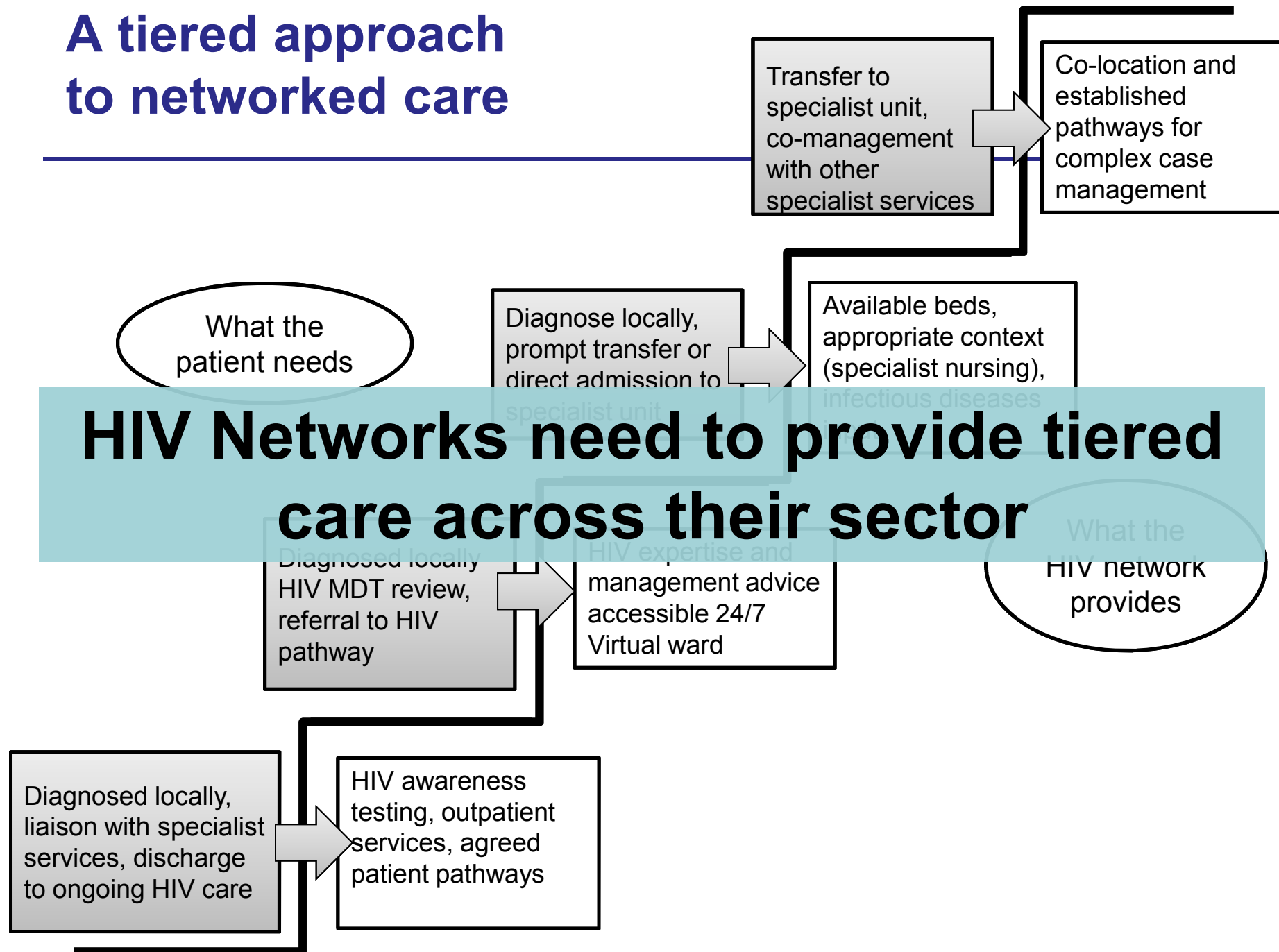
HIV Networks need to be embedded in local providers

Networked providers enable a tiered approach to care

A tiered approach to networked care



A tiered approach to networked care



Networks and HIV inpatients

- **HIV presentation**
 - to many services
 - mild to life-threatening disease
- **A tiered approach**
 - tailors care to patient needs and local provision
- **HIV networks**
 - sector-based “inpatient teams”
- **Liaison with local patient representatives and support groups to ensure quality of care**

Lessons from SWAGNET

- **Networks are well-placed to:**
 - **provide opportunities for service development**
 - **Monitor and manage quality of care**
 - **Drive innovation in service delivery**

HIV Networks – a way forward

- **Build on what we have**
 - Don't throw out what works well
- **Defined functionally rather than relationally**
- **Need to be sufficiently “local”**
- **Measure against the touchstone of patient care**
 - “... by their fruit you will know them”

