

Children's HIV National Network (CHINN) Update

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CHINN Update

- * Background and commissioning issues
- * Current structure
- * Future possible commissioning issues

Background

- * CHINN was established in 2005 following a review of children's services in and outside of London
- * In 2004, 70% of cohort with in London but as distribution has equalised, working in Networks now more important
- * Aim is to ensure that children have access to the same standards of care – wherever they live in the UK

Background

- * Currently care is provided by regional / hub centres and local centres
- * Three tertiary centres within London who also provide national advice
- * Staff to patient ratios are higher than for adult HIV care
- * All patients need access to the MDT – may be delivered by the hub centres in some areas

Commissioning issues

- * In April 2013 NHS England took over the commissioning of specialised services – Paediatric HIV care commissioned alongside Adult HIV care
- * The possible future decline in numbers will mean that formal networked arrangements for care will be required to protect quality, improve productivity and continue to enable access to care
- * ‘15-30’ Networks / Commissioned services / Providers?
- * Clarification of current patient locations and arrangements has become necessary to inform the commissioning process. Clear, documented pathways must be in place

Current Structure

- * Currently 5 regional networks within England (Wales, Scotland and N Ireland commissioned separately)
- * Differing clinical and commissioning arrangements in each area
- * In geographically remote areas the hub centres are responsible for most of the care

Current Structure

- * Each network has developed a governance framework including network meetings, collaborative audit and research, and in some cases, dashboard data looking at clinical outcomes
- * Perinatal care continues to take place in most hospitals with advice available from the hub and tertiary centres for complex cases

Networks

North East

Hub centres – Newcastle, Leeds, Sheffield

Local centres – Calderdale/ Huddersfield

North West

Hub centres – Liverpool (Alder Hey), North Manchester

Local centres – Stoke on Trent, Blackpool

Networks

Midlands

Hub centres – Birmingham Heartlands, Leicester

Lead centres – Nottingham, Northampton, Derby

Local centres – Coventry, Wolverhampton

South West

Hub centres – Bristol, Southampton

Local centres – Plymouth, Truro, Gloucester, Bath, Swindon, Taunton, Yeovil, Exeter, Torbay, Poole

Networks

London and the South East

South

Hub centres – St George's (Tertiary centre), Kings,
Evelina

North

Hub centre – St Mary's (Tertiary centre)
Local centres – Chelsea and Westminster, Ealing,
Northwick Park

Networks

North Central / East

Hub centre – Great Ormond Street (Tertiary centre)

Local centres – Newham/Royal London/Barts/ Whipps Cross,
North Middlesex

Direct London Linking Centres

Luton, Milton Keynes, Oxford, Wexham Park, Reading,
Brighton, Peterborough, Portsmouth, Chelmsford,
Colchester, Salisbury, Norwich ? Cambridge/ Huntingdon/ Ipswich/
Eastbourne/Bournemouth/ Southend

Future Commissioning issues

- * Should centres linking directly to London centres have their services commissioned and patients counted at the local hospital or in the London centre? Does this depend on numbers?
- * How should clinical advice be recognised and funded?
- * How should complex pMCTC be arranged and funded?

Future Commissioning Issues

- * How does CHINN work for centres with no regional network – mainly East and SE ?
- * Should all cases / difficult cases be discussed with London or hub centres ?
- * Should there be a lower limit for number of cases seen in a commissioned unit / should smaller units link with hub centres or London centres / can a number of centres link together to form a ‘virtual unit’ eg E Midlands
- * Should all hub centres be linked with adult services ?