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**IMPROVING HIV CARE FOR YOUNG PEOPLE: A JOINT QUALITY IMPROVEMENT PROJECT BETWEEN THE PAEDIATRIC INFECTIOUS DISEASES & IMMUNOLOGY TEAM, ADULT IMMUNOLOGY TEAM AND CHIVA, FOCUSING ON THE TRANSITION FROM PAEDIATRIC TO ADULT SERVICES**

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**BACKGROUND AND AIMS:**

The transition from paediatric to adult services is a really important time in a young person's medical journey. The Royal College of Paediatrics and Child Health (RCPCH) and The Children's HIV Association (CHIVA) have developed their own framework and standards for supporting this transition process. In order to assess the success of our local transition pathway and identify areas for future development a quality improvement project was undertaken.

**METHOD:**

- Both qualitative and quantitative data was collected through an audit and patient survey to evaluate the success of our pathway.
- Viral suppression was measured throughout the process as an objective data point.
- The initial focus was on patients who transitioned to our local adult clinic in Southmead, however, the project was later extended nationally and included centres from across the Southwest and the 900 clinic in London.
- Qualitative data explored patient experience, their well being and the mental health support they had received.

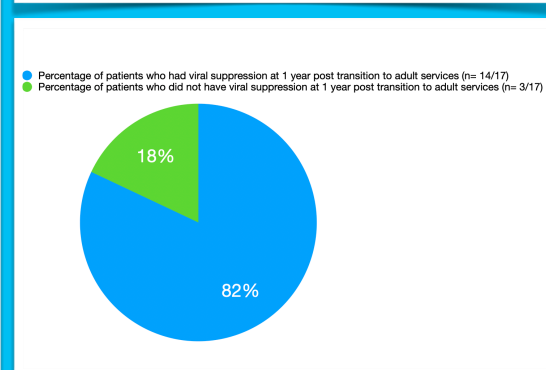
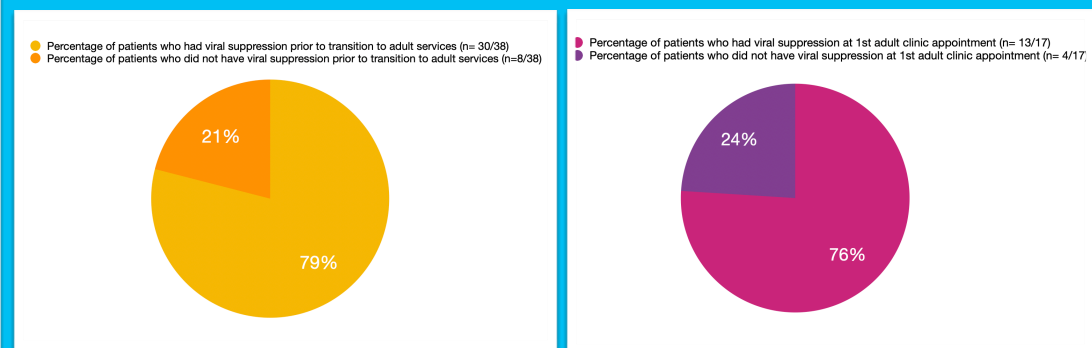
**RESULTS:**

- Between 2009 and 2021, 39 patients have transitioned from receiving paediatric HIV care in Bristol to adult services across the country.
- 10 patients attended the Southmead clinic and the other 29 patients transitioned to 11 other centres across the country, 6 of whom requested the 900 clinic in London.
- Local data showed 80% (n= 8/10) of patients had viral suppression at their last paediatric appointment compared to 86% (n= 7/8) of patients at 1 year post transition to adult services.

Common themes from qualitative data included:

- Lack of mental health and well being support.
- Not feeling 'ready' at the time of their transition to adult services.
- Not having enough support when telling other people about their diagnosis.
- Not having more education about contraception and sexual health.
- Finding it difficult to access adult services.

FIGURE 1. PIE CHARTS SHOWING VIRAL SUPPRESSION DATA DURING THE TRANSITION FROM PAEDIATRIC TO ADULT SERVICES



**DISCUSSION:**

• Viral suppression rates were similar before and after transition to adult services. However, due to the small sample size & incomplete data set conclusions can not be drawn from this.

- Through data collection, the need for better communication between services has been highlighted. This is in reference to patients not having attended follow up in the centre they initially requested and not getting the timely support they needed.
- Mental health and well being support is important when looking after young people with medical needs. Increased staff & societal awareness means this is now more readily addressed in a health care setting compared to 2009, but ongoing work is needed.

**CONCLUSIONS:**

This project has identified the need to improve our local transition service. Areas for improvement include:

- Early introduction to the transition pathway.
- Better communication with adult clinics; this is particularly relevant for those young people who do not attend adult appointments within the 1st year and can become 'lost to follow up'. In this instance the paediatric team may be able to offer ongoing support.
- Focusing on providing mental health and well being support.
- Helping our young people tell others about their diagnosis.

Through this work we hope to optimise our service, enhance patient experience and engagement, and improve patient outcomes.

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