

Growing Up with HIV: Transition in Children's and Adult Services – A Chiva/NHIVNA National Audit.

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on behalf of Chiva audit and NHIVNA research groups

Background

Transition care is a complex aspect of management for children and young people living with HIV, and service delivery varies hugely across the UK. This national clinical audit explores transition from paediatric to adult HIV services, benchmarking practice against Chiva Standards of care (Chiva, 2025), BHIVA Standards of Care (BHIVA, 2018), Chiva Transition Guidance (Foster, 2021) and recommendations from the BHIVA transition audit (BHIVA, 2009).

Methods & Approach

Children and Adult HIV services across the UK were contacted between June – December 2025. Initial recruitment was undertaken via NHIVNA and Chiva membership networks. The audit was highlighted at national conferences, supported by broad mailouts, and reinforced with targeted email follow-up. The audit included service evaluation and case note review developed using a Microsoft Forms platform. The audit was piloted in a large paediatric, adult and young adult clinic before national distribution.

Results

Responses were received from 24 adult and 17 children's services. One response was excluded due to duplication. 86 case note reviews were received, 52 from adult and 34 from children's services. 11/24 adult and 7/16 children's services reported that they have a dedicated transition MDT

How long do the paediatric team remain in contact post transition?

In 53.5% (46) of the case note reviews (24 children's services and 22 adults) there is evidence that the paediatric team remains in contact with the young person for 12 months following transition.

Transition Documentation

- 8/16 of the children's services reported that they use the 'Ready Steady Go' transition document.
- 5/16 think a digital version of a transition document would be beneficial.
- Only half (8/16) of the Children's services report always going through the details of transition documentation with young people prior to transition and 4/16 never do this.
- Less than half (7/16) always offer a copy of the documentation to young people. 3/16 never offer this.

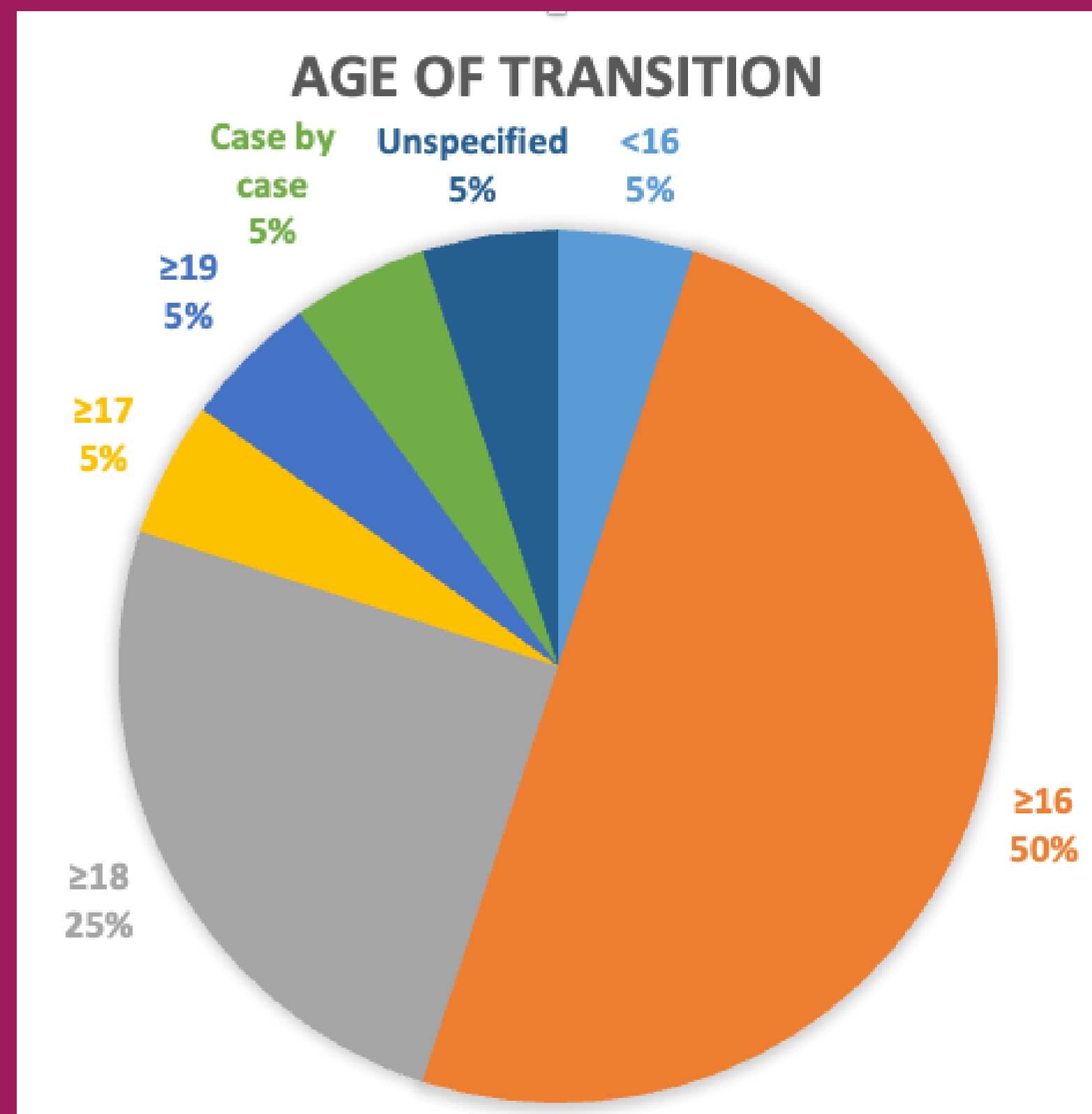


Figure One: Age young people are transitioned to adult services across the UK

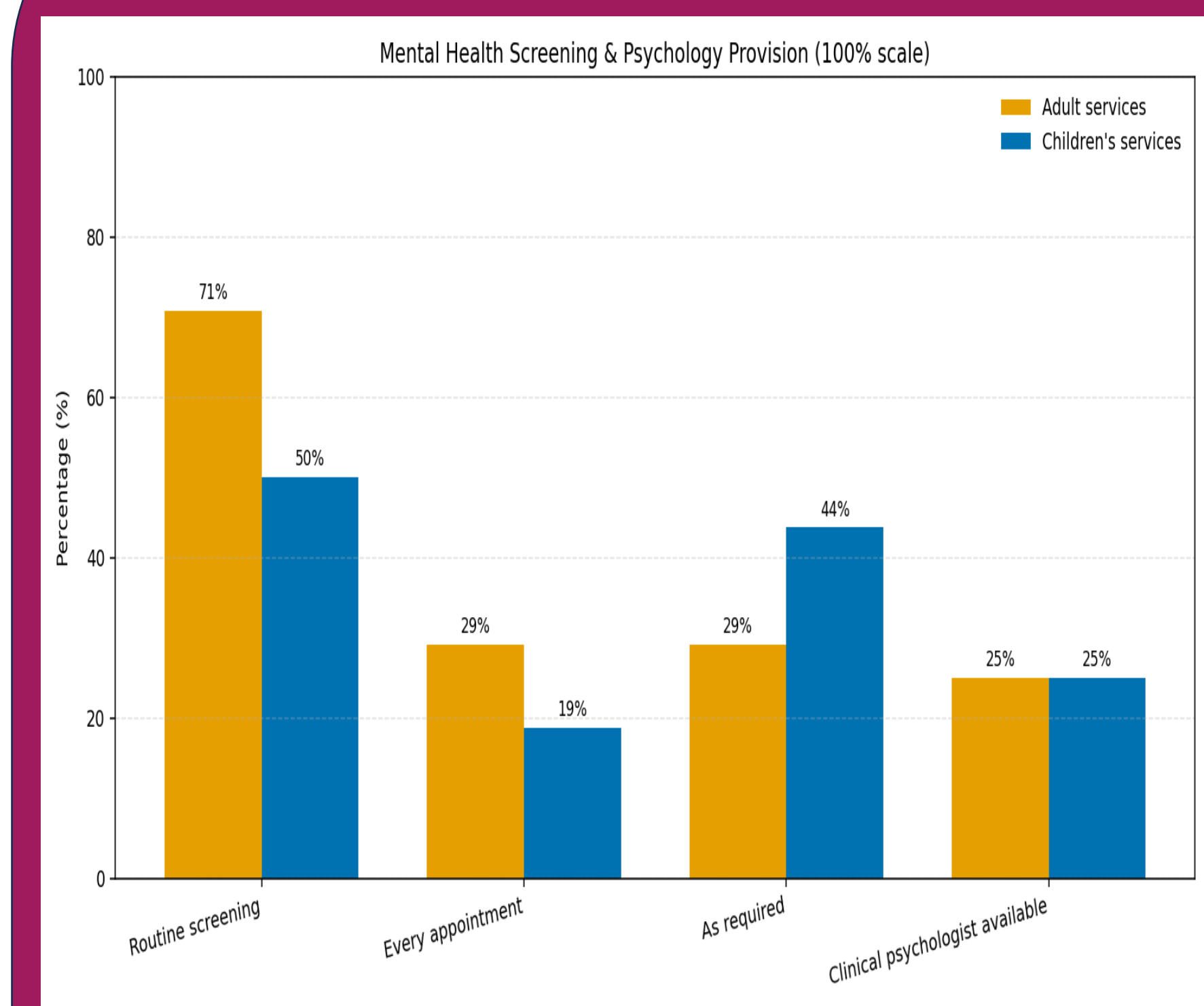


Figure Two: Mental health screening for young people living with HIV

Table 1: Audit responses benchmarked against Chiva (2025) and BHIVA (2018) standards of care and Chiva transition guidance (2011). Standards are benchmarked at $\ge 90\%$ unless otherwise stated in standards.

Standard	Children's service	Adult Service	Combined	Standard met
90% of young adults have met the adult team before transition	93.8%	66.7%	55%	No
Documented discussion of transition document with the young person	75%	N/A	N/A	Yes
Young people supported in developing independence by attending clinic alone	100%	N/A	N/A	Yes
Documentation of Adverse Childhood experiences e.g Familial death related to HIV	93.8%	100%	97.5%	Yes
Documentation of adoption / informal foster care or looked after child status	100%	95.8%	97.5%	Yes
Sexual health support and advice offered in clinic	100%	100%	100%	Yes
Availability of sexual health screening	62.5%	95.8%	82.5%	Yes
Discussion of U=U documented	100%	100%	100%	Yes
Availability of contraception in clinic	15.8%	62.5%	45%	No
Discussion about access to PrEP	93.8%	95.8%	95%	Yes
Discussion about access to PEP	93.8%	95.8%	95%	Yes
Screening of mental health carried out routinely?	50%	70.8%	62.5%	No
Adherence and challenges to taking medications explored	100%	100%	100%	Yes
Side effects monitored / asked regularly	100%	100%	100%	Yes

Conclusion

- Findings highlight the complexity of transitional care and variation in service delivery.
- Significant gaps in care were reported in the audit, with only 1/2 of children's services routinely screening for mental health issues, and only 1/4 of services had access to a psychologist.
- This audit highlights disparity between services across the UK, likely due to different funding, models and priorities in their patient populations.
- The audit has identified examples of good practice, and addresses gaps in care, informing future service development through findings and amplifying the unique needs of young people growing up with HIV.

Recommendations for future practice

- The audit highlights gaps in meeting current standards. Services should prioritise adherence to these standards, supported by appropriate resource allocation.
- Areas for improvement and resourcing should focus on developing transition MDTs as a service standard that includes named lead professionals.
- Paediatric teams should remain involved for a minimum of 12 months post-transition to ensure continuity of care and support. This will ensure that young people are safely transitioned to adult services and will create robust systems to routinely monitor young people's engagement with HIV care.
- All services should offer to share documentation with young people.
- Transition care would benefit from new resources and integrating current resources in the digital age. Digital transition frameworks may increase children and young people's engagement with their health regardless of the transition model used by their paediatric and adult teams.

References

BHIVA (2009) Audit Report for 2009/2010 Available at: <https://bhiva.org.uk/wp-content/uploads/2025/02/auditreport2009-10.pdf> (Accessed: 03/03/2026).
 BHIVA (2018) Standards of Care Available at: <https://bhiva.org.uk/standards-of-care-2018/> (Accessed: 03/03/2026).
 Foster, C. (2021) Chiva Guidance on Transition for adolescents living with HIV Available at: https://www.chiva.org.uk/wp-content/uploads/2025/06/Chiva_Transition_Guidelines_2021.pdf (Accessed: 03/03/2026).
 Chiva (2025) Standards of Care Available at: <https://www.chiva.org.uk/wp-content/uploads/2025/04/Chiva-Standards-of-Care-2025-Final-Complete-Digital.pdf> (Accessed: 03/03/2026).

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