# Children's HIV National Network (CHINN) Update

Dr Fiona Thompson

May 2014

# 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 ?