

# A Network Approach to Ensure High Quality HIV Outcomes: The Experience of a Remote Small Unit

Nicola Brink <sup>[1]</sup> , Gulshan Sethi <sup>[1,2]</sup> , Stella Vile <sup>[1]</sup> , Marianne Duquemin <sup>[1]</sup> , Simon Edwards <sup>[1,3]</sup>  
<sup>[1]</sup> Guernsey Sexual Health Unit, Health and Social Services, A States of Guernsey Government Department, <sup>[2]</sup> Guy's and St Thomas' NHS Foundation Trust, <sup>[3]</sup> CNWL



## BACKGROUND

Specialised commissioning for HIV aims to deliver high quality, equitable care. For smaller services to be able to meet the service specification and provide care in line with BHIVA standards, the development of functional networks will be mandatory. The Bailiwick of Guernsey (population approximately 63,000) is a group of islands that are geographically isolated. Our HIV service network consists the provision of specialist clinical advice for the management of HIV outpatients, in-patients, co-infection and sexual health. Our aim is to balance the requirement for a local service with the challenge of delivering quality care in a small community. To achieve this we have developed functional networks with quarterly On-Island Multidisciplinary Team Clinics. Local service users have also been actively involved in the development of care pathways and help inform public awareness in the Bailiwick.

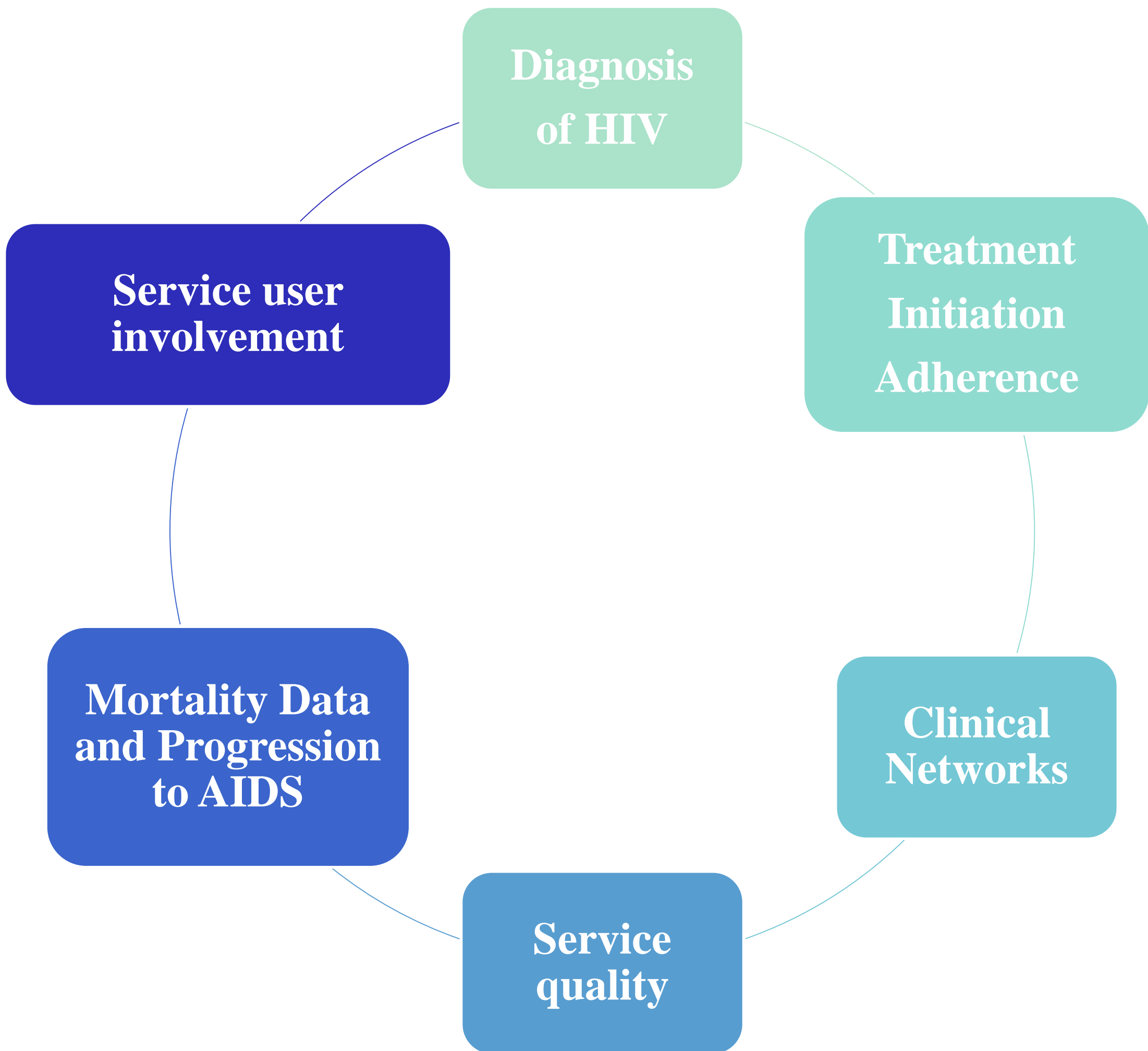
## METHODS

A retrospective review was undertaken in 2013 of all service users attending the Guernsey Sexual Health Unit (the Orchard Clinic) in the Bailiwick of Guernsey for HIV care. We collected data on partner notification, GP involvement, testing of children, antiretroviral initiation and adherence, PCP prophylaxis, offer of immunisation with hepatitis A and B vaccine (if indicated), influenza and pneumococcal vaccine, screening (cervical, sexual health, CVD risk and bone health), progression to AIDS and HIV-related mortality. We also obtained information on HIV test uptake in service users attending the Orchard Clinic for screening for sexually transmitted infections between 2010 and 2013. We focussed on 6 domains of care provision (figure 1).

## RESULTS

The six areas of care provision are outlined in figure 1.

Fig 1: Domains of Care Provision



### Progression to AIDS

- No disease progression to AIDS.

### Mortality

- No HIV-related mortality.
- There were three deaths between 2006 and 2013: All non-HIV related.

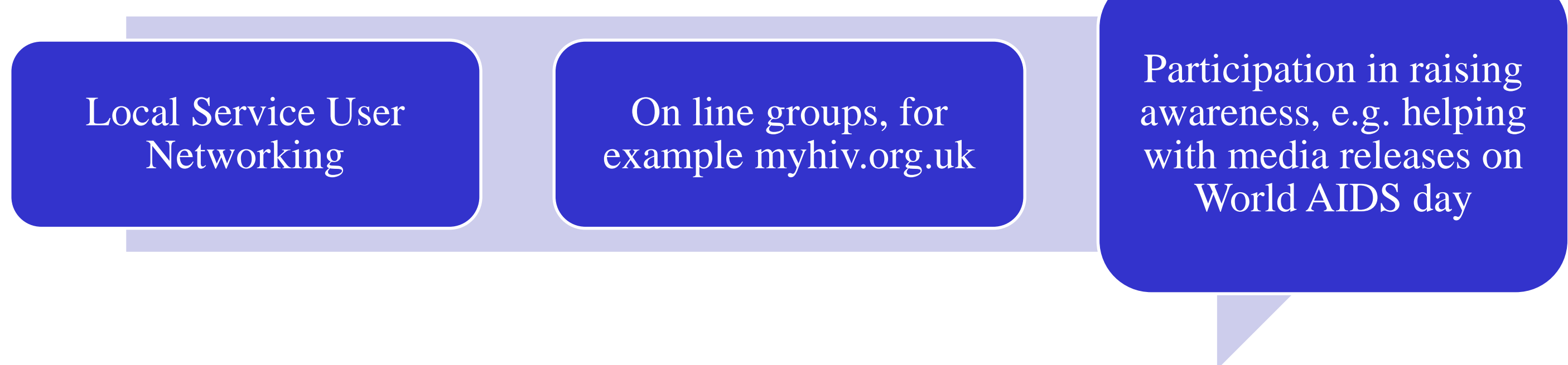
### In-patient Care

- Between 2008 and 2013 there were 6 admissions to the Princess Elizabeth Hospital with an HIV-related diagnosis.
- All were newly diagnosed cases or were receiving their care in the UK.
- Specialist advice was sought within 24 hours of admission and there were no deaths. One patient was transferred to the UK.

### GP Involvement

- All patients consented to GP involvement in their care and all GPs had received written communication in the past year, including information on drug interactions.

Figure 4: Service User Involvement



### A total of 23 patients were included in this audit (8 female and 15 male) ART

- 20 of the 23 HIV patients were on ART at the time of audit.
- Of the three not on ART; one is an elite controller, and the remaining two did not fulfil BHIVA criteria for ART initiation.
- All 20 patients on ART had a plasma HIV RNA <40 copies per ml.
- ART therapy was initiated in accordance with BHIVA guidelines with any modifications discussed at a MDT Clinic.

### PCP prophylaxis

- All patients fulfilling BHIVA criteria for PCP prophylaxis were receiving appropriate therapy.

### Children

- Eleven of the 12 children have been tested for HIV: all were uninfected.
- One child was not tested as the mother had a documented acute HIV infection when the child was more than 10 years old.

Fig 2: Service Quality

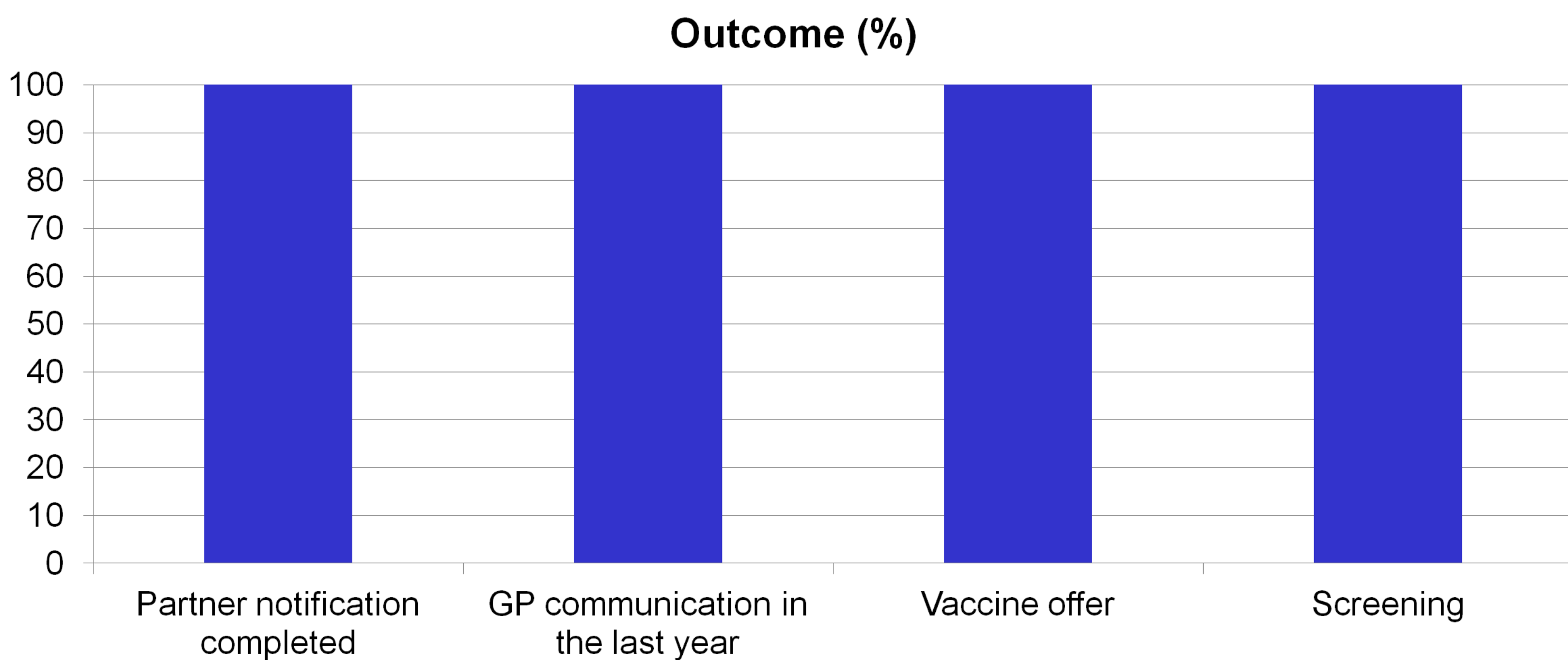
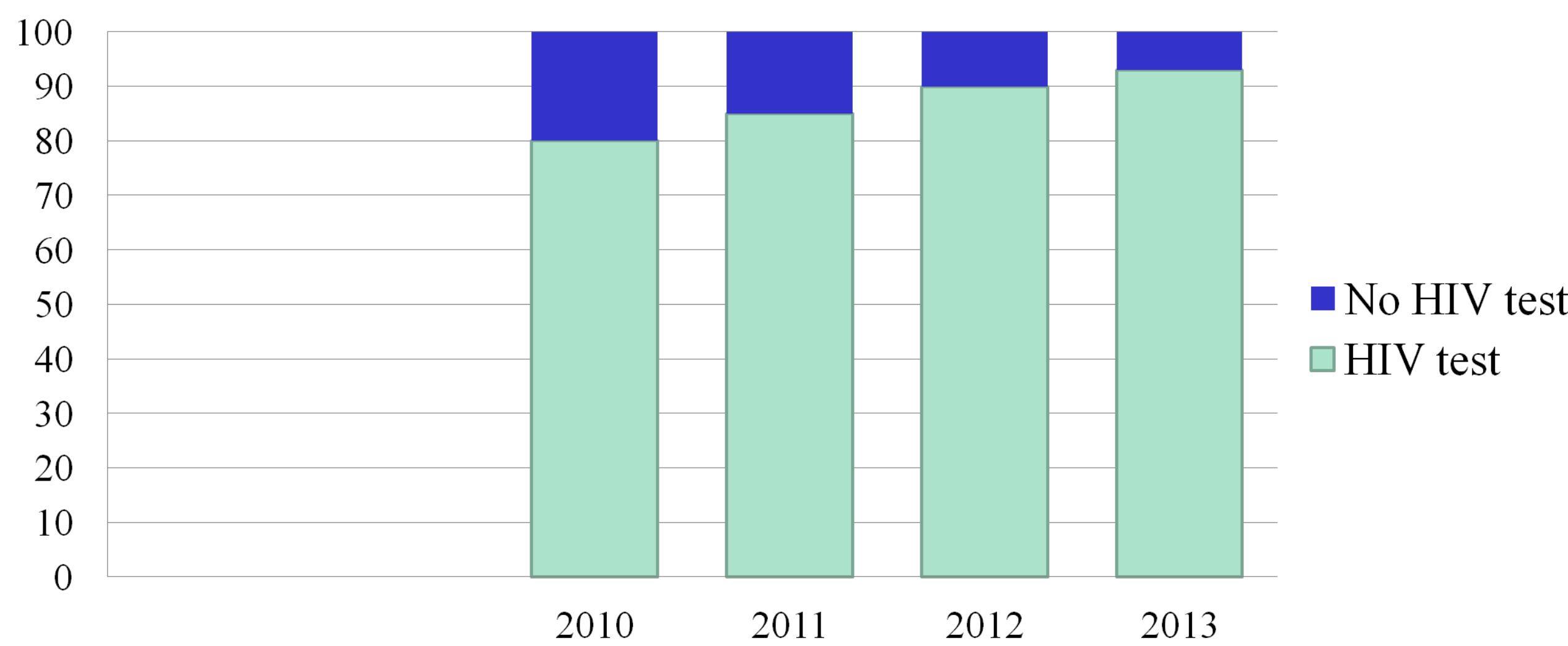


Fig 3: Percentage HIV Uptake in Service Users attending for Sexual Health Screening



## DISCUSSION

We conclude that it is possible to provide quality HIV services in geographically isolated areas with the proviso that functional networks are developed for the provision of expert clinical advice and governance.

The development of bespoke clinical networks in our small island setting has resulted in excellent clinical outcomes.

Service user involvement needs to take into account concerns about confidentiality in a small community and include the use on-line support groups .

Local HIV uptake at the time of sexual health screening exceeds 90%. This is important in reducing the burden of undiagnosed infections in the Bailiwick with the subsequent impact on transmission and clinical outcomes.

This model of service provision ensures equitable care for patients who are unable to access large urban treatment centres.

## REFERENCES

BHIVA Guidelines (2011). Routine investigation and monitoring of adult HIV-1-infected individuals.  
BHIVA Standards of care for people living with HIV in 2013