

# Clinical issues

## in HIV/AIDS

This series focuses on advances in therapy for HIV/AIDS, particularly developments in triple therapy employing protease inhibitors.

The sixth bulletin looks at the progress being made in setting standards and establishing service

networks for HIV care, and how that relates to current and future funding decisions.

The website review gives advice on getting the most out of search engines and takes a look at the websites of two major public health organisations.

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## Commentary

Now that millennium fever has died down and we have entered the first full financial year of the new century, it is a good time to reflect on how HIV/AIDS services could be organised in the future. Everyone involved in delivering care for HIV patients will find that the traditional themes will, once again, be acted out. Those directly providing care for people living with HIV will report that they have increased numbers of patients adding to each unit's caseload (partly, of course, because there are new HIV diagnoses, but also, on a brighter note, because deaths from AIDS are decreasing).

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# Commentary continued

Trusts and commissioners will hold endless meetings lamenting the inexorable rise in HIV drugs costs, caused by fewer compassionate release programmes offering free or reduced cost medication and by more patients failing on antiretroviral combinations of three and four drugs and heading towards five- and six-drug combinations. One factor will be new this year – increased pathology costs as the clinical relevance of HIV resistance tests becomes clearer.

As we begin to muster our activity and expenditure figures, and prepare to plead for extra monies from one budget while still trying to make efficiency savings out of others, the sum total of the problem remains unchanged and unsolved. We shall have to wait and see whether or not, after all the meetings, the working of figures and the promises to ‘try to cut costs next year’, we will effectively get bailed out by ministerial announcement at the last minute. For 18 months, since the completion of the HIV Stocktake report, we have been awaiting an announcement on a new funding structure for supporting the care of people with HIV infection, but the signs are that the indecisiveness may be over and the Government is prepared to act.

It is essential that in any new formula there is openness and equity, and, just as importantly, that there is no reduction in patient choice, access to information, support services and drug therapy, and no destabilisation of current research efforts. Furthermore, as was clearly identified within the HIV Stocktake, any new system to organise HIV funding must ensure that genitourinary and sexual health services within the NHS, which remain a model for services elsewhere, are properly funded with secured

budgets, reflecting their importance for both individual and public sexual health. It would be an extremely short-sighted approach if attempts to solve the HIV funding gap were to divert resources from genitourinary medicine and sexual health services. This would reduce one of the key aspects of public health control and potentially result in more cases of HIV transmission, leading to an even worse funding problem for future generations.

This issue of *Clinical issues in HIV/AIDS* contains an insightful and informative article by Will Huxter, whose commitment as an involved commissioner and planner of services for people living with HIV, as well as sexual health specialist services, is well recognised. If HIV specialist services do indeed become part of the ‘specialist commissioning’ approach of the Department of Health, all service commissioners will require equally impressive individual skills and experience of managing arrangements for medical, nursing and social care.

We should then go into the new millennium insisting that we must break the vicious and persistent cycle of business planning/funding crisis/begging bowl – a cycle in which many hours of NHS time are wasted in squeezing out sufficient resources to maintain the high standards of clinical care to which we aspire and which our patients deserve.

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# Progress in setting standards and establishing networks for HIV care

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## Introduction

This article presents an overview of recent progress in setting standards and establishing networks for HIV care. It is written from a London-based perspective, but many of the issues raised are also applicable to the rest of the country.

The review covers the historical development of standards and service networks in the NHS, and then examines current opportunities for further development and possible threats to progress.

## The historical development of service networks

The availability of increasing amounts of ring-fenced central government funding for HIV services in the late 1980s and early 1990s supported the establishment of dedicated HIV outpatient and inpatient services, and widespread improvements in GUM provision. This reflected an anticipated growth in the epidemic and the commitment of individual clinicians, health authorities (HAs) and trusts to locally available services, as well as centres of excellence. As a result, 15 of the 16 HAs in London currently provide both outpatient and inpatient HIV services, to treat a patient population of under 12,000. This is a much higher level of provision than for any comparable condition.

In 1997, the Centre for Research on Drugs and Health Behaviour (CRDHB) started a project, supported by North Thames Regional Office and inner-London HAs, to explore how the organisation of hospital-based care for adults with HIV could be enhanced across London.<sup>1</sup> The CRDHB project report recommended the establishment of five partnership networks for HIV care in London, centred around teaching hospitals.<sup>1</sup>

In 1998, following consultation, the BMA Foundation for AIDS (BMAFA) and CRDHB issued a document defining standards for the quality of hospital-based care for people with HIV.<sup>2</sup> This identified distinct roles for the different providers within the HIV care network, covering outpatient units, inpatient units and comprehensive units.<sup>2</sup>

Both these reports, together with British HIV Association guidelines on prescribing for people with HIV, were cited in Health Service Circular 1999/127 as having ministerial support.<sup>3</sup>

## Changes to the NHS

The fundamental changes to the NHS initiated by *The new NHS: modern, dependable* White Paper (subsequently enacted through guidance to HAs and trusts and the Health Act 1999) set in train the concept of quality-driven service networks.<sup>4</sup> The White Paper placed strong emphasis on quality (including patient outcomes) and gave HAs and trusts new responsibilities for clinical governance. Defined standards that could be audited were seen as a key element in the White Paper.

*The new NHS* also introduced new arrangements for certain high-cost, low-volume services (including HIV) which, unlike all other areas, were to be commissioned in future at HA level or above, and not delegated to primary care groups.<sup>4</sup> This fits with the broader HA role, as defined in *Leadership for Health*, which includes managing the complex processes surrounding major service configurations, where such action is required to improve quality and/or to manage within the available resources.<sup>5</sup>

Specialist commissioning and streamlining of management structures is expected to lead to a sharing of functions and staff across HAs and hence to a less parochial view among

commissioners. Within London, this has led to the establishment of a pan-London Specialist Commissioning Advisory Group on HIV, which is tasked with developing and implementing a common strategic approach to HIV services in the capital.

## Future funding of HIV services

At present, almost all NHS HIV treatment and care funding is centred on the regional HA where the AIDS diagnosis is first reported. Up to 1995, this was felt to be a reasonable way of assessing the cost burden falling on HAs. In practice, this has led to enormous and unjustifiable variations in funding across London (and nationally). The recent ministerial decision to move to residence-based funding will ensure that money is distributed on the basis of the size of the prevalent population.<sup>6</sup>

Successful implementation of residence-based funding will require a regional approach to commissioning, building on agreed service networks. London HAs will need to form a purchasing and planning consortium for HIV services so that there can be a common approach to managing the configuration and cost of services. The consortium should also be open to interested HAs from the area surrounding London, to reflect patient migration under open access arrangements.

## National HIV strategy

The recent ministerial establishment of a National HIV Strategy Steering Group offers a further opportunity to refine standards and improve service networks.

The agenda for the group includes consideration of models of care that can meet the changing needs of a rapidly growing patient group within the resources available.

The group will examine, for example, how consultants from larger centres can best offer outreach clinics in smaller centres, and how inpatient facilities can be rationalised.

The detail of how service networks should be organised in London is the subject of current consultancy, which is looking in particular at the needs and perspectives of the smaller centres and how to support their relationships with larger providers. This will be complemented by the BMAFA's work in mapping service networks in the rest of the country.

The strategy will also address the place of the voluntary sector within service networks, in their roles both as advocates and as direct service providers.

## Conclusion

There is a strong need for HAs, trusts, people with HIV and their representatives to work together to ensure that future services are organised in ways that deliver quality and best value. The national HIV strategy, the new funding formula, and the introduction of specialist commissioning provide a unique opportunity to create such services, and it is an opportunity that we must all grasp.

### References

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## Website review

**To make use of sites related to sexual health, it is first necessary to find them. A good search engine is essential. Each one uses its own method of recognising, storing, cataloguing and reporting data, and expectations may exceed results unless you remember that different search engines are best suited for different purposes and that coverage of the available data also varies. It is advisable to use more than one for each search.**

### Search engines

For my money, the best 'all rounder' for a general search (non-scientific as well as scientific) is HotBot ([hotbot.lycos.com](http://hotbot.lycos.com)). It has enormous coverage and useful features which rank a site's popularity and allow a search to be fine-tuned with extra commands.

AltaVista ([www.altavista.com](http://www.altavista.com)) is less comprehensive but speedy and slightly easier to fathom (being easier to refine) than Northern Light ([www.northernlight.com](http://www.northernlight.com)). Google ([www.google.com](http://www.google.com)) is an attractive alternative with an impressive turn of speed.

The Search Engine Watch ([www.searchenginewatch.com](http://www.searchenginewatch.com)) has ratings, reviews and tests to tell you how each engine shapes up.

Search agents (sometimes called searchbots) can question many search engines at one time. If you access Copernic 2000 ([www.copernic.com](http://www.copernic.com)) you can download the ability to question not only all the leading engines but also email databases and Usenet archives. It will sort out duplicates and display results on one page.

If you like the idea of leaving a search message and then being contacted by email with the results, try [www.karnak.com](http://www.karnak.com).

### WHO and PHLS websites

Some sites are 'definitive', and you won't need an engine to find them. The World Health Organisation (WHO) and the Public Health Laboratory Service (PHLS) sites spring to mind.

The WHO must have one of the largest health-related sites on the Internet, and the layout reflects this – good graphics and masses of text, image and slide downloads.

The WHO tuberculosis site, for example, on [www.who.org](http://www.who.org), is very slick, with a news alert

(however, it was last updated three months before I accessed it) and definitive policy statement and reports. Its policy statement on preventive therapy against tuberculosis in people living with HIV is a masterpiece – comprehensive and understandable but not over-long. The efficacy and feasibility of preventive therapy, as well as cost-efficiency and cost-benefit, voluntary counselling and testing initiatives are all discussed. The section on preventive drug regimens is comprehensive yet easy to understand.

Under reproductive tract infections, the resources section allows you to download more than a hundred WHO publications. Acrobat Reader is required and can be downloaded from the site. Single copies of documents are supplied free of charge by post.

The sexually transmitted diseases page contains global (and thereby incomprehensible?) data with a clear emphasis on prevention and control. It should be remembered that the site speaks to health planners as well as providers.

To access both the Centre for Communicable Disease Surveillance and the Public Health Laboratory Service go to [www.phls.co.uk](http://www.phls.co.uk).

The rather 'flat' appearance of the home page belies the mountain of information it contains.

The pages devoted to sexually transmitted infections offer a strange mix of information, some clearly designed for public consumption (for example, 'gonorrhoea can be cured by antibiotics') and some for the more knowledgeable users (for example, guidelines for VTEC-producing *E coli* 0157 management).

The 'who we are' index was refreshingly anonymous – not the typical American mixture for lab sites, where nicknames and pictures of the last beach barbecue are shown.

The links are comprehensive but perhaps would be more useful listed under headings rather than by the alphabetical method employed. (Try following the link to the UK National Culture Collection – but not for your artistic side).

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