

Scottish Paediatric and Adult Infection and Immunology Network (SPAIIIN)

Annual Report 2025/26

The Network is supported by a dedicated programme team within Public Services Delivery Scotland (PSDS), consisting of:

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- Chris Williamson, Programme Support Officer

This document has been prepared by National Services Directorate (NSD) of Public Services Delivery Scotland (PSD Scotland) on behalf of the Scottish Paediatric and Adult Infection and Immunology Network (SPAIIIN). Accountable to Scottish Government, PSD Scotland works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. SPAIIIN is a collaboration of stakeholders involved in care of people with a Primary Immune Deficiency and children with blood borne virus who are supported by a PSD Scotland Programme Team to drive improvement across the care pathway.

Introduction

In 2011, the Scottish Paediatric and Adolescent Infection and Immunology Network was launched to improve access and the quality of services for children with HIV infection or a Primary Immune Deficiency (PID). In 2016 the scope of the network was expanded to reflect emerging priorities, specifically:

- To include children infected with Hepatitis B (HBV) and Hepatitis C (HCV) infection.
- To strengthen PID activities with respect to genetic testing and new treatment modalities to include care for adults which included developing pathways for stem cell transplant and genetic testing.

In 2016, the network was renamed as the Scottish Paediatric and Adult Infection and Immunology Network (SPAIIIN) to reflect the expanded remit for adults.

The network aims to support the delivery of an equitable high-quality service across Scotland, underpinned by evidence based clinical pathways and guidance, to deliver care as locally as possible and with the full involvement of patients and families. The early recognition of primary immunodeficiencies and children infected with blood borne viruses is key to delivering good clinical outcomes. To achieve this, the network raises awareness and knowledge at both primary care and general paediatric level to ensure that appropriate early referral occurs.

Current Position

Activity during 2025/26 reflected national prioritisation set during a period of review. Alongside evolving national planning arrangements, Managed Clinical Networks were asked to focus activity on a number of core priorities.

Looking ahead, and consistent with the direction set by the Health and Social Care Service Renewal Framework and Scotland's Population Health Framework (June 2025), and recognising that Chief Executive Letter 29 (2012) *Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy* remains the extant mandate for Managed Clinical Networks, SPAIIIN will build on its established approach by undertaking a Strategic Needs Assessment to inform the 2026/27 workplan and ensure priorities remain aligned to population need, current pathways, available data and stakeholder perspectives.

The priorities for SPAIIIN in 2025/26 were:

Priority Action	Progress
Design a national clinical pathway for HBV and develop Key Performance Indicator's (KPI's) to measure adherence to the pathway.	The HBV Pathway was endorsed in August 2025. KPIs were developed and agreed during 2024/25.

Engage with teenagers who have HIV and are nearing transition to understand their priorities for improvement. Develop an action plan which can be measured to assess effectiveness of plan.	In May 2025, a patient experience survey was rolled out for all children and young people who attend a blood borne virus (BBV) clinic.
Deliver the recommendations following the National Services Directorate (NSD) Network review undertaken in 2023.	Monitoring against the review recommendations is now complete. Of the two recommendations carried forward into 2025/26: • The HBV Pathway was endorsed in August 2025. • Work on the Adult Haematopoietic Stem Cell Transplantation (HSCT) Pathway has continued however delivery of some aspects are out with the scope of Network. While work on this continues it has been agreed that this will now be monitored and reported through the networks annual business plan.

All business as usual objectives on the 2025/26 workplan were completed. This included ensuring appropriate network governance, strengthening communication and stakeholder engagement, delivering education and progressing audit and continuous improvement activities.

The network continued to make use of technology and remote communications to progress work this year. This has continued to be effective, saving time on travel and promoting economic and climate friendly practices.

Highlights

Education

Education is a core objective for all Managed Clinical Networks. The SPAIIN 2024-2026 Education Strategy outlines the objectives and outcomes of the education the network will deliver.

The SPAIIN Annual Education Event was held on 27 February in the NHS Education Westport Offices, Edinburgh. In total, 53 people attended the event with 24 people attending in person and 29 people attending online via Teams.

Evaluation forms were completed by 29 attendees (55% response rate):

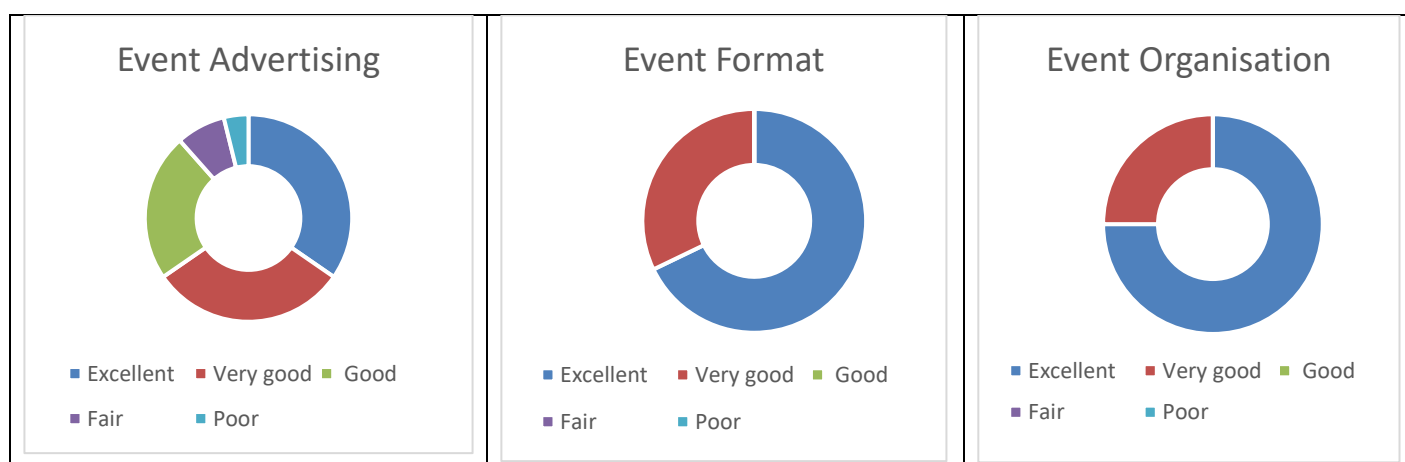
- The majority of respondents 'strongly agreed' (86%) or 'agreed' (14%) that the event had met its objective 'to enhance the knowledge and skills of the immunology and paediatric infectious diseases community'.
- Attendees were asked to score each presentation. The results reflected that the majority of attendees agreed that the 'delivery' and 'content' of each was 'excellent' or 'very good'.
- When asked what people valued most about this event, respondents noted that there had been a good range of topics relevant to everyday practice and highlighted the benefit of networking face to face.

- The majority of respondents said the event was 'very effective' (48%) or 'effective' (48%) in changing their practice. One respondent who stated it was 'ineffective' highlighted that they were predominantly an adult immunologist and with the event being more paediatric focussed it would have less impact on their day-to-day practice.

Some of the ways attendees stated this event would change their practice included:

- A lot the improved knowledge on core topics covered in the day.
- Understanding of the patient journey through transplant will improve my ability to speak with patients about this topic.
- Will share knowledge with wider colleagues and a deeper understanding ongoing patient management and data collection.
- More communication with multidisciplinary team (MDT) colleagues at the earliest opportunity.
- Continued professional curiosity on new topics/research.

When asked to rate the event for event organisation, event format and event advertising the responses were:



Twenty-seven respondents would recommend this event to their colleagues. Two respondents did not answer this question. Twenty-seven respondents said the learning from this session to contribute to their Continuing Professional Development (CPD) requirement for revalidation. The annual education event provided 316 hours of CPD to health care professionals.

The network continued to deliver its programme of virtual education sessions aimed at health care professionals with an interest in infectious diseases and immunology. The education sessions last around an hour and take place at lunchtime on the last Thursday of alternate months via MS Teams. Sessions are recorded and available to watch at a later date via a dedicated SPAIIN Education MS Teams Channel which now has 109 members (as at 31 March 2026).

Six sessions were held in in 2025/26 - details of each session is provided below:

Date	Session	Attendees*	Views**	CPD
29/05/25	Pyrexia of unknown origin - how to investigate the mystery fever (Joint Session for SPARN and SPAIIN Networks)	26	5	31 hours
31/07/25	Newborn screening for SCID	14	N/A	14 hours
25/09/25	Lassa Fever Infection	23	2	25 hours
27/11/25	Prenatal and postnatal diagnosis and treatment of syphilis	30	0	30 hours
29/01/26	Immunology laboratory services to bedside	15	2	17 hours
26/03/26	Mpox: what's the big deal	11	0	11 hours

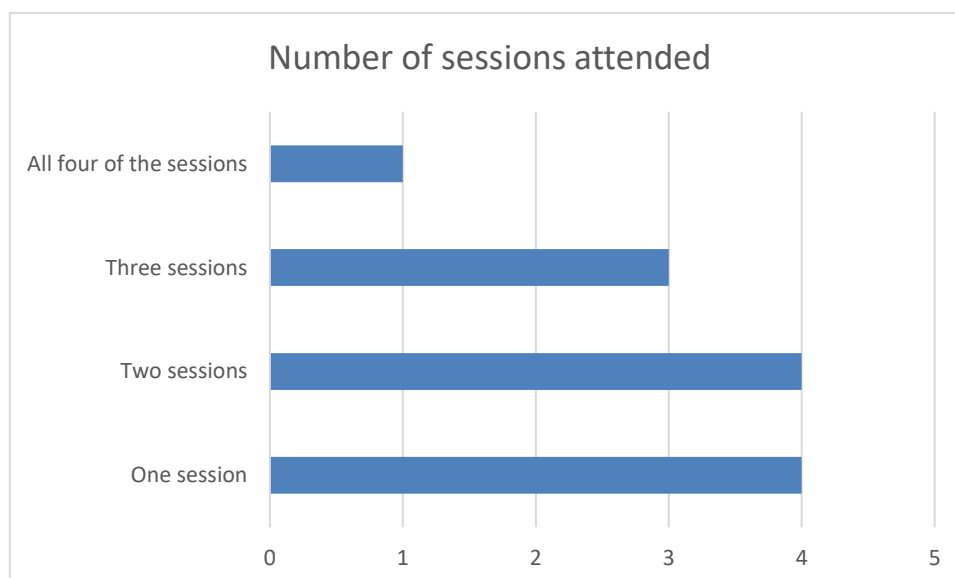
*Known attendees – people shared screens in meeting rooms so numbers likely to be higher.

** As at 20/04/2026

In total, the SPAIIN Virtual Education Sessions across 2025/26 provided 128 hours of CPD to health care professionals.

The Network relaunched the virtual education sessions in January 2025. To gather feedback and inform their future delivery an evaluation was shared in August 2025 by email and on the SPAIIN Education Teams channel after the first four sessions.

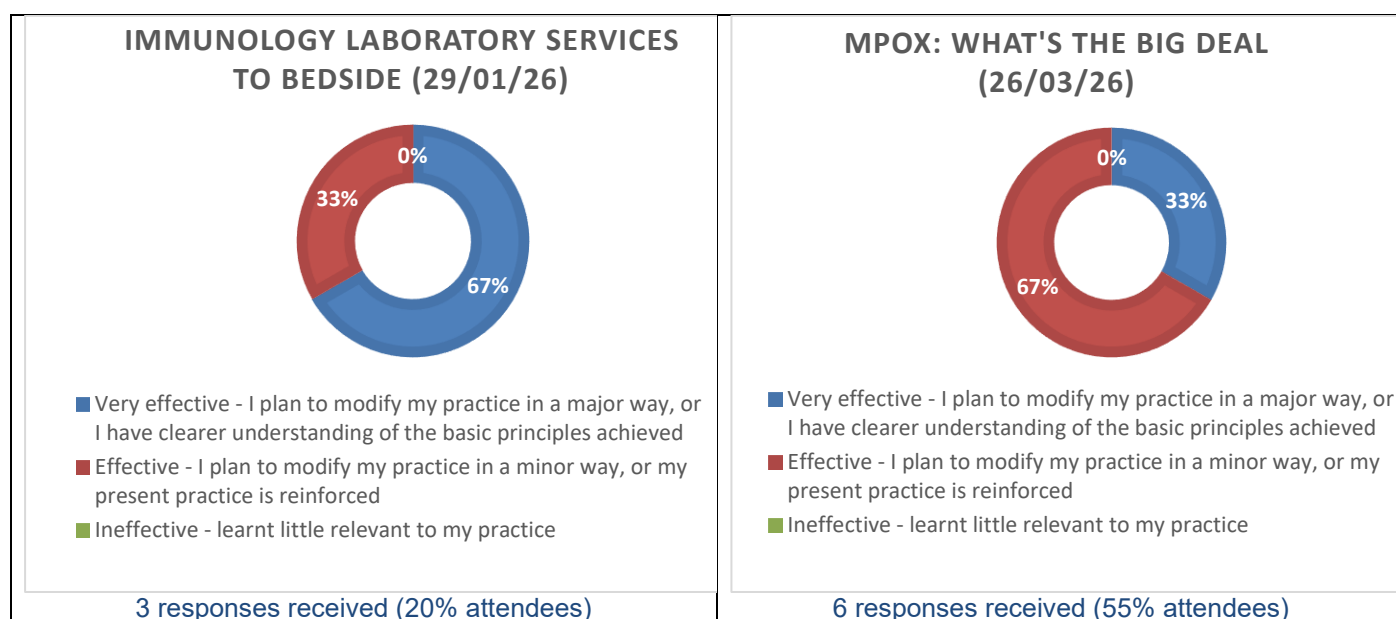
In total, 12 people from 7 different health boards responded. The number of sessions attended or viewed by each respondent is noted in the graph below:



Nine respondents (75%) rated the overall quality of education provided by the programme as ‘*excellent*’ and three rated this as ‘*good*’ (25%). When asked how relevant the sessions were to their educational needs, seven respondents (58%) said, ‘*highly relevant*’ and five (42%) said ‘*mostly relevant*’.

While the responses to the formal evaluation were limited, attendance at the sessions and feedback received through the evaluation and informally at the sessions demonstrated that the education programme had been well received. One respondent suggested that it would be helpful to ensure that the sessions are advertised widely throughout the NHS and this is being explored by the Network.

To seek immediate feedback from each session, a poll was shared at the end of the January and March 2026 sessions to ask participants how effective the session was in changing their practice. The results are provided below:



The feedback received from the evaluation of the Annual Education Event and virtual education sessions, including suggested topics for future education events, was considered by the SPAIIN Steering Group to inform planning for future education events.

Guidance

The Network developed a 'Pathway for paediatric and adolescent chronic hepatitis B in Scotland' which was endorsed by Steering Group on 26 August 2025 and is now available on the SPAIIN website. The aim of this guidance is to support healthcare professionals working within paediatric infectious diseases in Scotland to deliver high quality and equitable care to children and adolescents with Hepatitis B.

The Network has continued to progress the development of an Adult HSCT Pathway with several draft iterations being shared for comments from key stakeholders. The feedback received highlighted additional issues for consideration particularly around the aspect of strengthening shared care for these complex patients. It is recognised some of these issues may be out with the scope of the Network, however, the Network has agreed to support a service mapping exercise and to review the patient journey for some recently transplanted patients. This will explore who needs to be involved and when, highlight where issues have arisen and what needs to be in place

in any shared care protocol. It is recognised that this group of patients are very complex and that the pathway developed will need to recognise that the plan will be individualised for each patient.

In March 2026, the Steering Group agreed that the SPAIIN HIV Perinatal Care Pathway was now obsolete and would not be updated due to guidance available elsewhere. In 2025, the British HIV Association (BHIVA) updated the national UK guidance on the 'management of HIV in pregnancy and the postpartum period' and a link to this is available on the Network website. Network members were also involved in the review and update of the Scottish Perinatal Network Guidance on the 'Management of Infants exposed to HIV in pregnancy' and a link to this guidance will be added to the SPAIIN website when the guidance is published.

Audit and Continuous Quality Improvement

The SPAIIN 2024-2026 Quality Strategy outlines the Networks approach to improving quality in the care of children and young people with HIV, HBV and HCV and children, young people and adults with PID across Scotland.

Performance against the KPIs in 2025/26 is noted below:

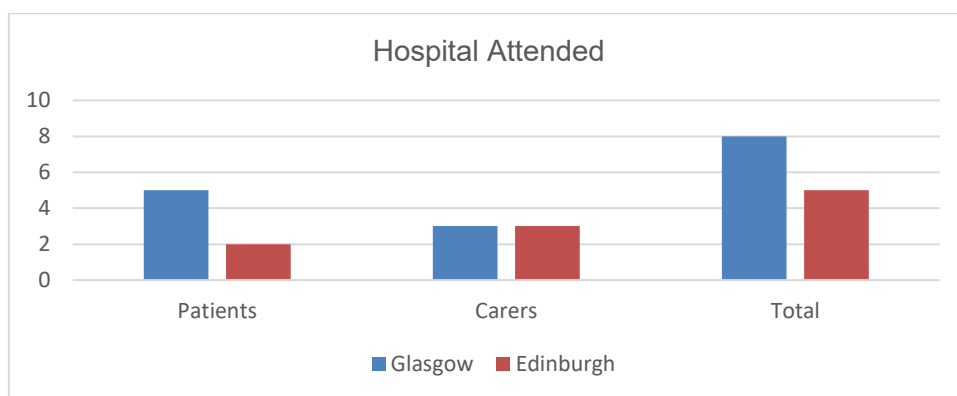
KPI1: Paediatric Immune Deficiency (PID)	
Treatment for all children and adolescents on immunoglobulin replacement therapy is effective. This is measured through testing patients to establish the amount of immunoglobulin in their bloodstream. A count of >8g/L is deemed effective.	Of the 28 patients on immunoglobulin replacement therapy in Scotland, 22 are achieving the target of >8g/L. Where the target was not achieved this was due to prolonged holidays, changes in treatment and some had recently had their dose increased.
KPI2: HIV	
All children and adolescents infected are virally suppressed after 12 months on antiviral treatment. This is indicated by a viral load <50 copies/ml*. <i>*KPI updated from <40 copies/ml to <50 copies/ml for 2025/26 in line with current clinical practice.</i>	Of the 15 patients in Scotland who have been on treatment for more than 12 months, 12 have a viral load <50 copies/ml.
KPI3: Hepatitis C Virus (HCV)	
All children and young people known to service with a diagnosis are followed up on a clinical pathway.	Of the patients known to the service, less than 5 are still to be treated.
KPI4: Hepatitis B Virus (HBV)	
All patients diagnosed should be discussed at an MDT twice per annum and Alanine transaminase (ALT) and AST to Platelet Ratio Index (APRI) blood tests scored at the above.	Of the 23 patients diagnosed with HBV, all are on a clinical pathway and have been discussed at an MDT.

Genetic Pathway Group

The SPAIIN Genetics Pathway Group continued to meet with three meetings held during 2025/26. The purpose of this group is to support improvements in the genetics pathways for children and adults affected by PID as well as providing a forum for discussion of challenging immunological cases, professional peer support, and dissemination of medical knowledge. KPIs for this group were agreed in February 2025 and performance against these reviewed in March 2026 with all KPIs being met.

Patient Experience

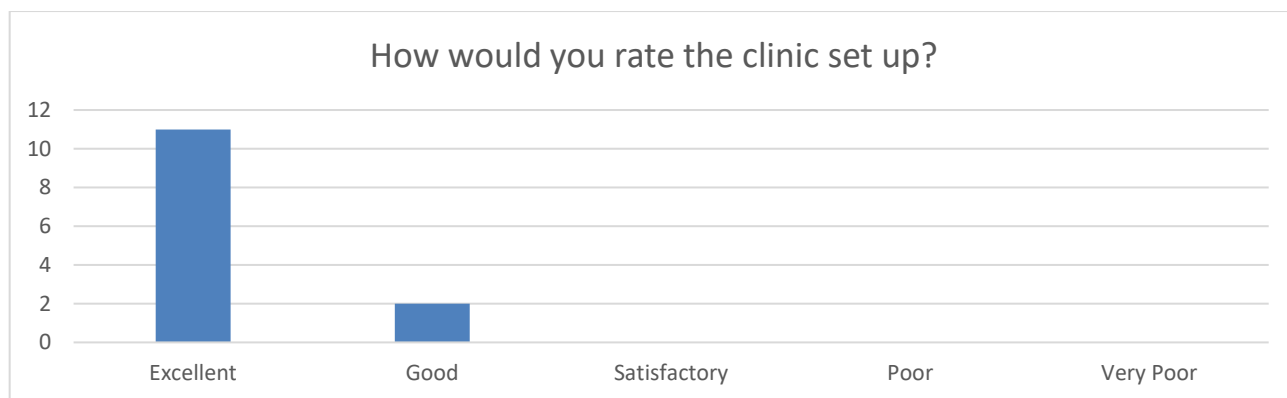
In May 2025, the Network rolled out a patient experience survey to gather feedback from children and young people attending Blood Borne Virus clinics. Following a pilot of the patient survey with young people in April 2025, two versions of the survey were rolled out giving separate versions for children/young people and parents/carers. The survey is available as a paper version handed out at clinic and available for completion online via a QR code. To date 13 responses have been received with the mix of respondents highlighted below. All responses came from people who had attended a face-to-face clinic appointment and completed a paper version.



The responses to some of the questions are noted below:

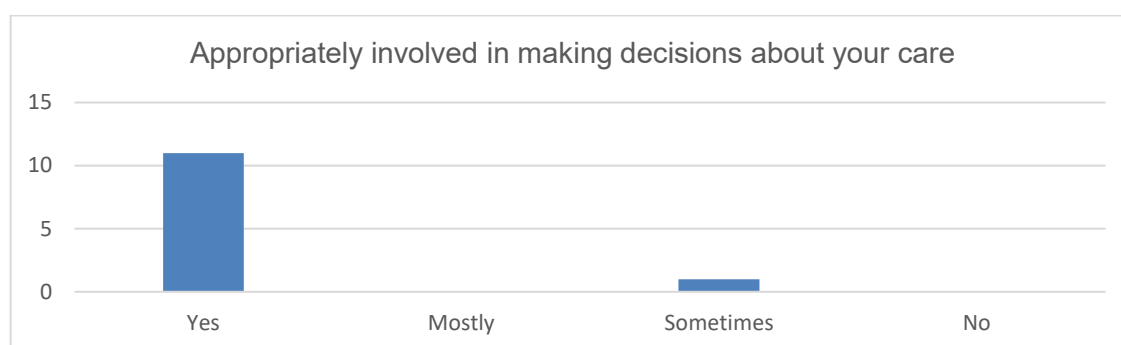


When asked to rate their experience in clinic, 85% of people stated this was excellent. When asked why they felt this way respondents highlighted that they were given as much time as needed for their appointment and that staff were '*genuinely interested and listened*'.



When asked to rate the clinic set up, 85% of people stated this was excellent. When asked why they felt this way respondents highlighted that they did not have to wait for long and one person said, *'there wasn't too many doctors, so I didn't feel overwhelmed'*.

All respondents said the healthcare professionals were friendly and easy to talk to and that they were able to ask any questions they had. All respondents felt that the healthcare professionals listened to them and explained things in a way that they could understand.



When asked if they felt involved in making decisions about their care, 92% of respondents said they were. When asked about their response to the question, the only response received was from the respondent who answered 'sometimes' and the reason for answering this way was because their child was *'quite young'*.

In response to the question around making the clinic experience better the only suggestions were about giving patients motivation to attend clinic thought providing sweets/snacks. When asked for any final comments about their/their child's experience in clinic, responses included *'my child says she enjoys her appointments'* and that the *'team are always extremely attentive, genuinely compassionate and caring. Take time to explain carefully and listen'*.

The Steering Group have reviewed the positive feedback received to date through the patient experience surveys and staff continue to share these. Feedback will be reviewed by the Network on an ongoing basis to support improvement.

Looking forward – 2026/27

The Network will undertake a strategic needs assessment to inform the workplan for the next 3-5 years and agree clear, evidence-based, and measurable outcomes.

Education will remain a key focus for the Network through delivery of the Annual Education Event and the virtual education sessions. The Genetic Pathway Group will continue to meet to provide a forum for professional peer support and discussion of challenging immunological cases.

Patient experience will be captured through the patient experience survey with feedback reviewed at the Steering Group to inform any improvements that could be made.

Scoping work will continue to support the development and publication of an Adult HSCT Pathway. The following Network guidance are planned for review this year:

- HIV Annual Review Children and Adolescents
- HSCT Paediatric Pathway for PID
- Annual Review of CYP on Immunoglobulin Replacement Therapy for PID
- Di George Care Pathway

The Network will continue to engage with NSD, PSD Scotland and wider stakeholders regarding recommendations arising from the *Getting It Right First Time (GIRFT) Review of Tuberculosis in Scotland*. This includes contributing to discussions regarding the recommendation that a multi-professional Scotland children and young people's Tuberculosis network should be established, and considering how existing network expertise and structures may support future developments, subject to appropriate governance and approval processes.

Finance

The Network is funded through Public Services Delivery Scotland and operated within its approved budget during 2025/26.

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