



# HIV commissioning 2013 or

“The NHS belongs to the people.”  
.....But who is controlling it?

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# Presentation Outline

- 8 point Quick Guide for those needing a snooze
- Financial Challenge
- Overview of the new NHS Architecture
- A New Commissioning Landscape:
  - NHS Commissioning Board
  - Clinical Commissioning Groups
  - Commissioning Support Services
  - Primary and specialised commissioning
  - Public Health
- A Changing Provider Landscape and “Any Qualified Provider”

# Quick Understanding of NHS Commissioning in a paragraph!

1. სპეციალიზირებული მომსახურების იმ
2. მომსახურების შედარებით რამდენიმე
3. საავადმყოფო, გამოიყენოთ შედარებით
- 4, მცირე რაოდენობით პაციენტების,
- 5, მაგრამ წყალშემკრები მოსახლეობის
6. უმეტეს ერთი მილიონი. ეს
- 7, მომსახურება ტენდენცია განთავსდება
- 8 სპეციალისტი საავადმყოფოში ნდობის  
რომ შეიძლება.

# How did we get here... and where are we going?

*Whoever wishes to foresee the future must consult the past.* Machiavelli

Lets bring back privatisation of healthcare

*History consists of a series of accumulated imaginative inventions.* Voltaire

So lets keep changing it!



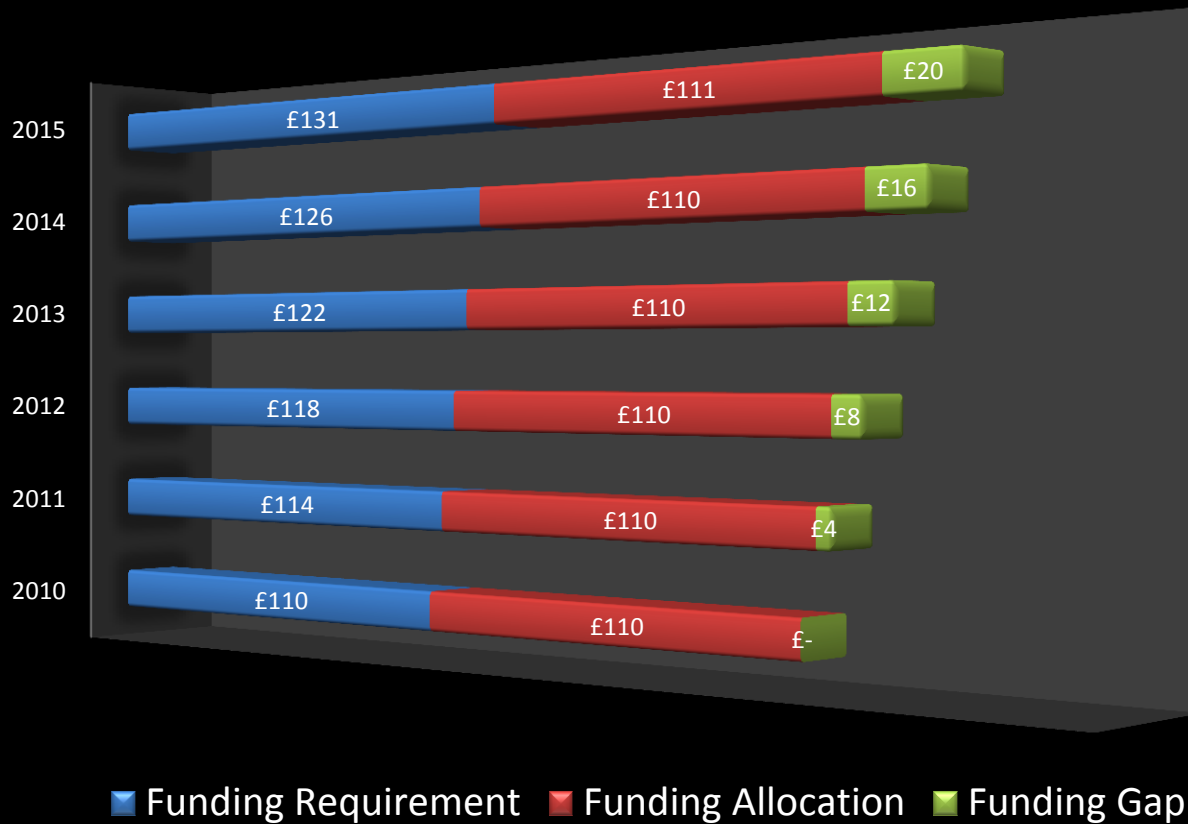
# Economic environment

- Spending Review 2010: £81bn cuts package
- Reduction of £20bn in NHS spending
- Reduction of 25%+ in Local Government income
- Reduction of £18bn in welfare spending
- Unemployment up to 2.49 million (7.9%)

# What it's all about!!

## Facing the Big Squeeze: The £20bn "Nicholson" Challenge

A Growing Funding Gap



# A Return to Growth?

- Average Increase in NHS expenditure 1949-2010 – 4% above inflation p.a.
- 2011-2015 increase in expenditure 0.1%
- The tightest spending round in 50 years
- Demographic pressures leading to increased demands on NHS services
- A return to 4% annual growth rate unlikely – it would require a further seven year freeze on all other public expenditure or a substantial rise in taxes or debt

# NHS Reform

4 major, inter-related elements:

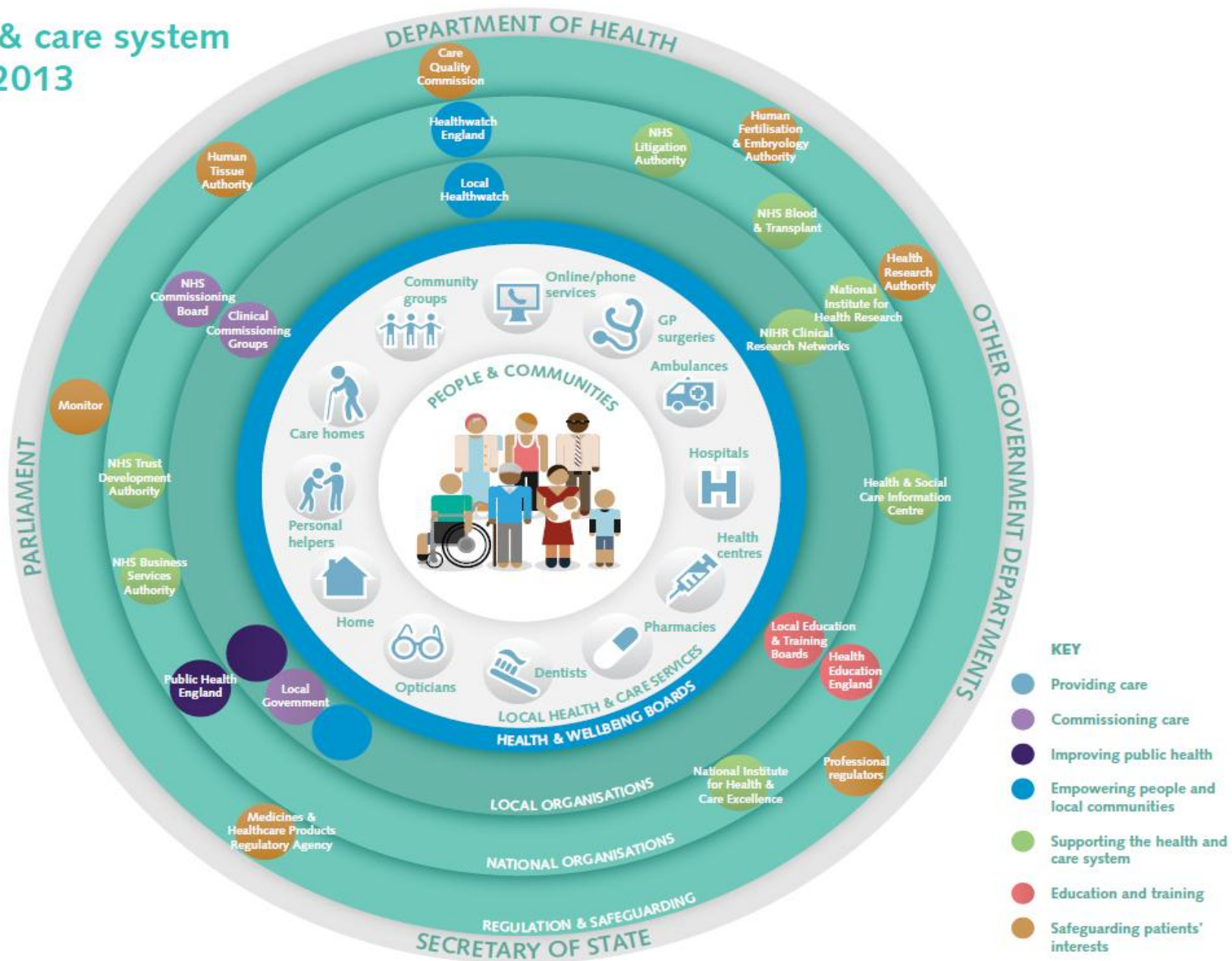
- Changes to the commissioning landscape\*
- Changes to the provider landscape
- Changes to the public health landscape
- Changes to the education and workforce landscape

Supported by a revolution in patient information and involvement.



# The 2013 health and care system

## The health & care system from April 2013



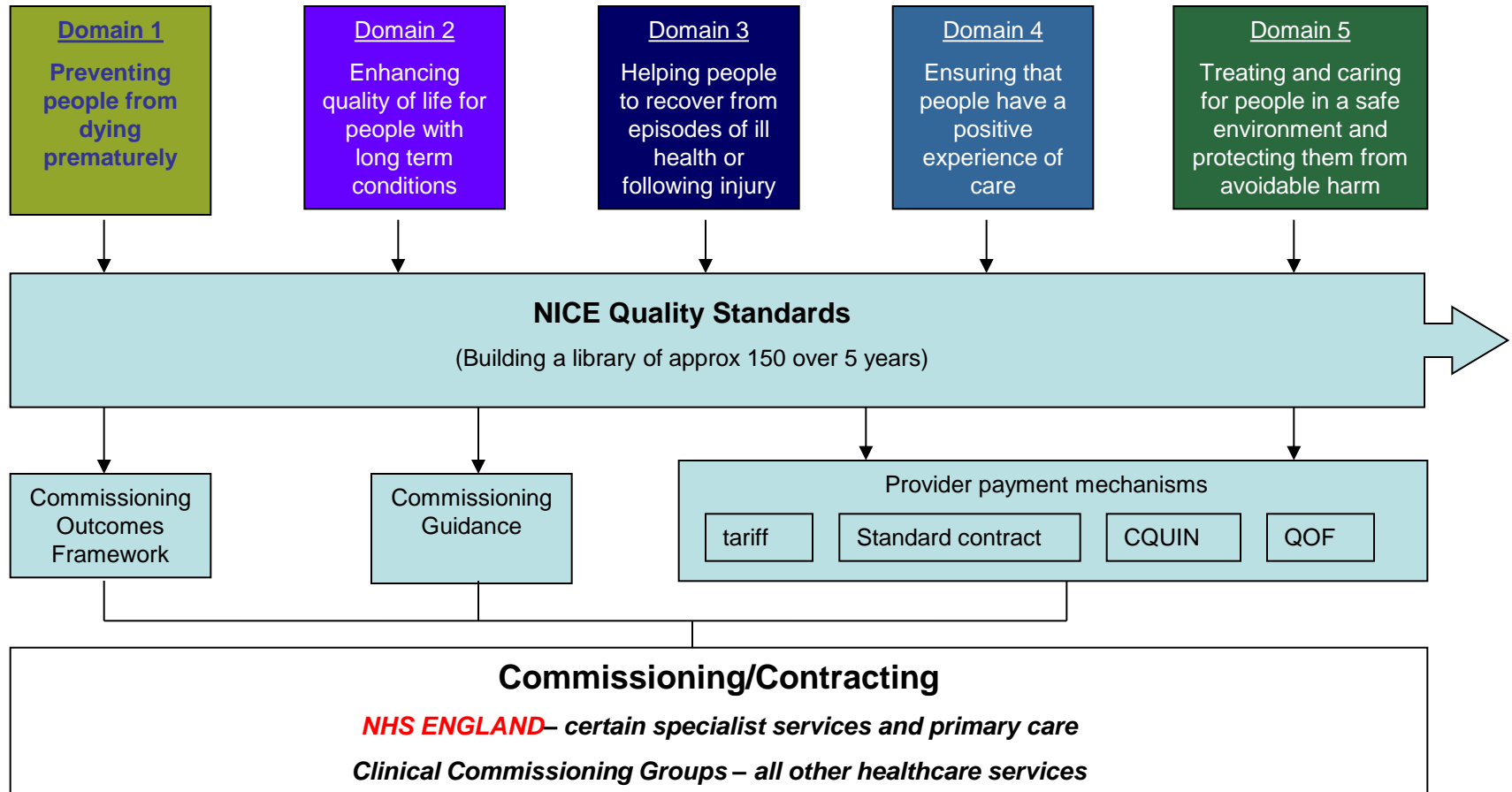
# Navigating the New NHS



# The New Structure in Reverse

## NHS Outcomes Framework

The NHS outcomes framework is made up of five domains and the following diagram illustrates how each domain influences the NHS quality improvement system



NHS Outcomes Framework information taken from: The NHS Outcomes Framework 2012/13  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131724.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131724.pdf)

# The 2013 health landscape

Area	Organisations
Commissioning	<ul style="list-style-type: none"><li>• <b>NHS Commissioning Board (NHSCB) now called NHS England</b> with national, regional and area teams (ATs) operating within a <b>single operating model</b>. NHSCB will be a non departmental public body and also host a range of bodies including clinical networks and senates, NHS Leadership Academy and CSUs. It will have responsibility for some direct commissioning</li><li>• <b>Clinical commissioning groups (CCGs)</b></li><li>• <b>Commissioning Support Units (CSUs)</b></li></ul>
Provision	<ul style="list-style-type: none"><li>• <b>NHS Trusts and NHS Trust Development Authority (NTDA)</b></li><li>• <b>Foundation Trusts (FTs)</b></li></ul>
Public Health	<ul style="list-style-type: none"><li>• <b>Public Health England</b></li><li>• Public health teams to Local Authorities</li></ul>
LAs	<ul style="list-style-type: none"><li>• <b>Health &amp; Wellbeing Boards</b> to produce needs assessment and health and wellbeing strategy and promote integration</li></ul>
Information and Involvement	<ul style="list-style-type: none"><li>• <b>Healthwatch (hosted by LAs)</b></li><li>• Ten-year framework for transforming information for the NHS, public health and social care. Health and Social Care Information Centre</li></ul>
Workforce	<ul style="list-style-type: none"><li>• <b>Health Education England</b></li><li>• <b>Local Education and Training Boards</b></li></ul>

# Commissioning- The Overview

- Replacing 150 PCTs with up to 400 GP led commissioning consortia, responsible for spending about 80% of NHS budget
- GP and specialist services to be commissioned by National Commissioning Board-NHS England
- Public Health to be commissioned by Local Authorities, within a ringfenced allocation (between 2 & 4% of NHS budget)
- Local Authorities to have responsibility for coordinating health, social care and public health commissioning within their areas

# Commissioning NHS E

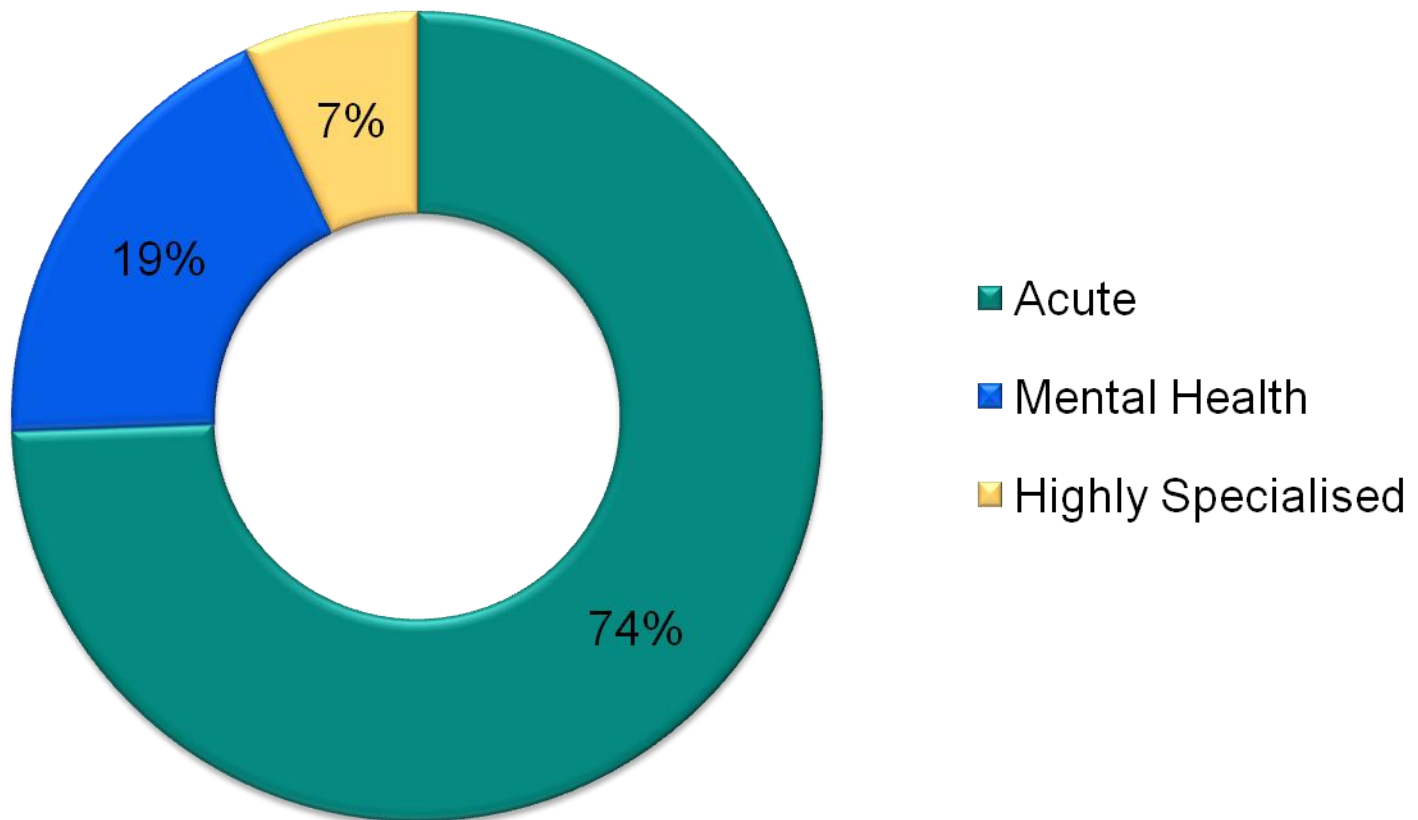
## NHS England

- Executive Non-Departmental Public Body with a mandate from Department of Health to improve outcomes through the total £80bn commissioning budget
- 1 National Support Centre, 4 Regional Teams and 27 Local Area Teams

### Responsible for

- Oversight and development of the commissioning system
- Direct commissioning responsibility for primary care commissioning, offender health, military health, **specialised commissioning** and some screening programmes
- Sets key frameworks – outcomes, accountability, choice and emergency preparedness
- One national single operating model
- Hosts some key bodies e.g. Clinical Senates

# Portfolio Size



## NHS England Sectors – North, Midlands and East, South and London

### Summary of functions

- Co-ordination and oversight of local offices
- Management of delivery of specialised commissioning
- Support and co-ordination of clinical senates and networks
- Performance oversight, including intervention and failure regime
- Involvement in large scale reconfigurations
- Co-ordination and oversight of emergency preparedness
- Stakeholder engagement, particularly with sub national presence of bodies such as CQC and Monitor
- Information functions on behalf of PEII

## 27 local offices of NHS England

### Summary of functions

- Managing the Board's day-to-day relations with CCGs, including providing development support, and monitoring performance and outcomes
  - Direct commissioning, covering offender health; military health, **specialised commissioning**; and primary care, including management of family health service functions
  - Professional and clinical leadership
  - Partner and stakeholder engagement, including representation on Health and Wellbeing Boards

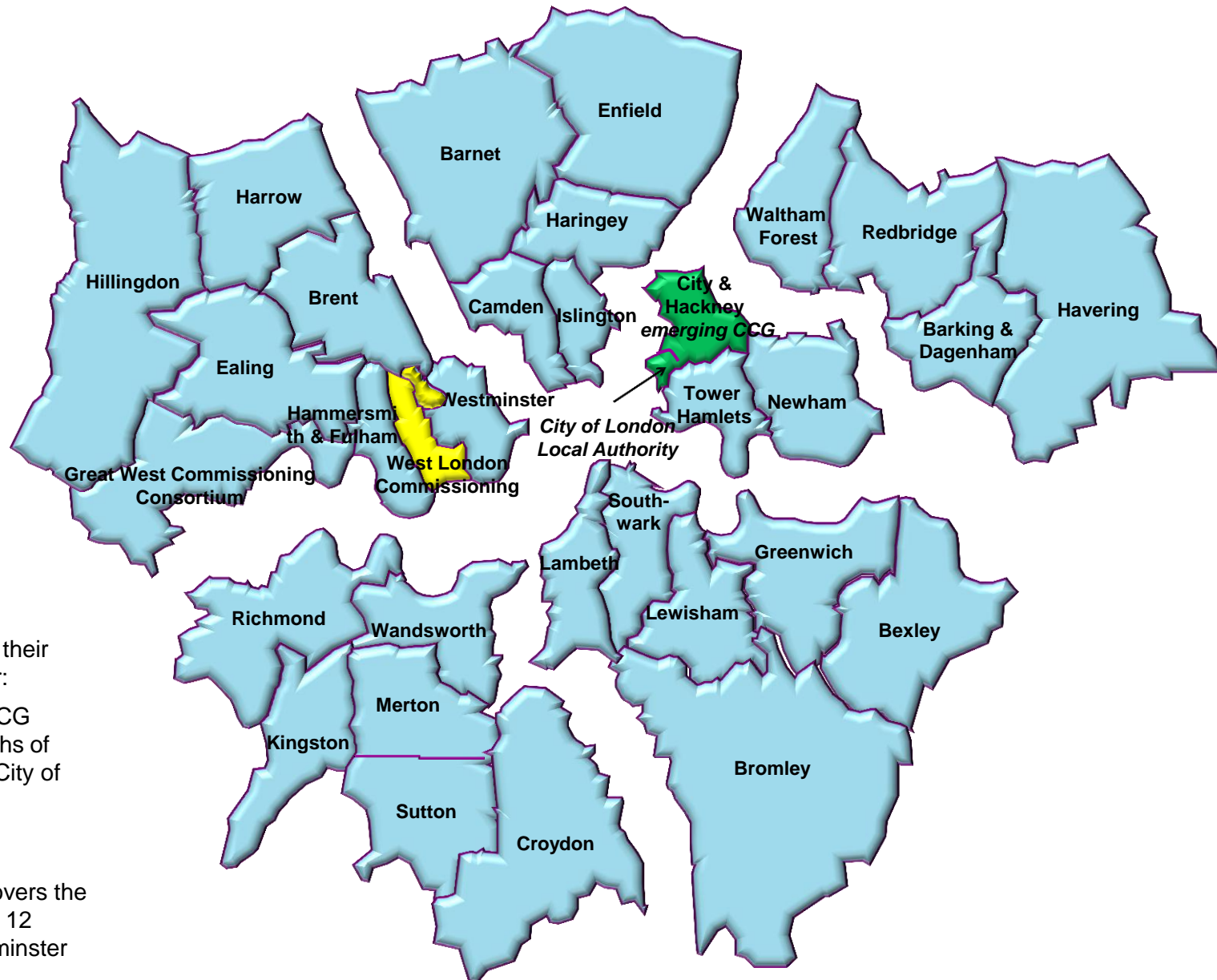


# Clinical Commissioning Groups (CCGs)

## CCGs

- Power and responsibility for commissioning the majority of services for local people £60bn nationally
- 212 nationally
- Clinically led
- Membership organisations made up of constituent GP practices
- £25 per head of population running cost allowance
- Buy in support from CSUs (provided by NHS or non-NHS)
- CCGs will be assessed against their progress on nationally set clinical outcomes plus delivering constitution within budget

# Now London has 32 'emerging CCGs



All are coterminous with their local authority except for:



City & Hackney CCG covers the boroughs of Hackney and the City of London



West London Commissioning covers the whole of K&C and 12 practices in Westminster

# Commissioning (CSUs)

## Commissioning Support Units (CSUs)

- Provide range of support services to CCGs
- 23 nationally
- Customer supplier relationship for services such as:-
  - Health needs assessment
  - Service redesign
  - Business intelligence
  - Comms and Patient & Public Engagement
  - Contracting and procurement
  - Back office services such as payroll
  - Some services at scale – comms, Business Intelligence, clinical procurement and back office (meaning that some CSUs will provide to others)
- Initial hosting by NHSCB until 2016 at the latest
- Commercially minded and customer focussed organisations required to cover costs through income from customers (CCGs and NHSCB and potentially others)

# Specialised commissioning

Specialised services are those services provided in relatively few hospitals, accessed by comparatively small numbers of patients, but with catchment populations of more than one million.

There are more than 130 services that make up all the prescribed specialised service

# National Programmes of Care (PoCs)

- Internal medicine, digestion, renal, hepatobiliary, and circulatory system
- Cancer and blood-infection, cancer, immunity and haematology
- Trauma-traumatic Injury, orthopaedics, head and neck, and rehabilitation
- Women and children, congenital and inherited diseases
- Mental Health

# Clinical Reference Groups

- CRGs are responsible for providing the NHS CB with clinical advice regarding specialised services
- for the delivery of key 'products', such as service specifications and commissioning policies, which enable the NHS CB to commission services from specialist service providers through the contracting arrangements overseen by its Area Teams.
- CRGs are driven by a commitment to ensure equity across specialised services

## CRG membership

- Clinicians in leadership position within services
- Can represent regional and national perspectives
- Responsive to patient and parent views
- Vision of equitable access to excellence in CF services

# CRG HIV

## Specialised Services Contract Products

- Scopes
- Service Specifications –
- Quality Measures and Dashboards –
- CQUINs –
- QIPP –
- Innovation Portfolio –



# A word on Public Health

## The Architecture-who does what

- NHS CB - screening, immunisation vaccination
- Public Health England - Health protection scientific advice, information and intelligence regional leadership
- DPHs in LAs
  - health improvement and protection, population health advice to CCGs and CSSs
  - Commissioning of HIV Prevention work most contraceptive services and all STI/HIV testing services (GUM)
- Health & Wellbeing Boards
  - local direction and priorities and Joint Strategic Needs Assessments
- London Health Improvement Board

# Public Health England

Public Health England will be created in 2012, taking on full responsibilities from 2013. Public Health England will be established as an Executive Agency, within a structure accountable to the Secretary of State for Health, and bringing together the functions of the current:

- Health Protection Agency
- National Treatment Agency for Substance Misuse
- Regional Directors of Public Health and their teams in DH and SHAs
- Regional and specialist Public Health Observatories
- Cancer Registries and the National Cancer Intelligence Network
- National Screening Committee and Cancer Screening Programmes.

Public Health England is part of the Government's proposals to develop a radical new approach that will empower local communities, enable professional freedoms and unleash new ideas based on the evidence of what works, while ensuring that the country remains resilient to and mitigates against current and future health threats.

Public Health England will:

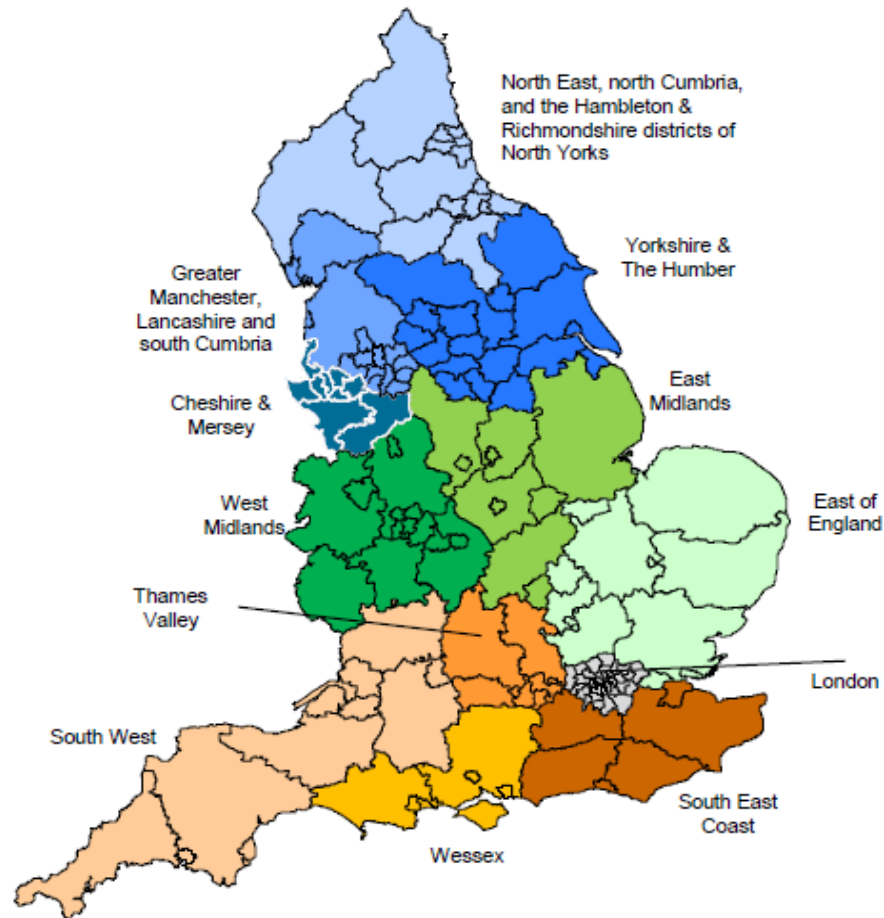
- bring together a fragmented system
- do nationally what needs to be done
- have a new protected public health budget
- support local action through funding and the provision of evidence, data and professional leadership.

# Local Area Teams roles and functions

- All 27 LATs will have the same core functions around:
  - CCG development and assurance
  - emergency planning, resilience and response
  - quality and safety
  - partnerships
  - configuration
  - system oversight
  - commissioning primary care
- There will be variations around the scope of direct commissioning responsibilities:
  - 10 local area teams leading on specialised commissioning across England;
  - smaller number of local areas teams carrying out the direct commissioning of other services such as military and prison health; the model for the commissioning of NHS public health services and interventions still to be finalised.
  - Hosting clinical senates

# Clinical Senates

## Clinical senates map



Clinical Senates will work with Clinical networks to provide clinical advice at the strategic level

# Health and well being boards (HWB)

- Each upper-tier authority in England is required to form a health and wellbeing board as a local authority committee (15 in Y&H, 50 in north)
- The HWB aim is to improve integrated working between local health care, social care, public health and other public services so that patients and service users experience more joined-up care, particularly in the transition between health and social care.
- Determine local priorities (JSNA and joint health and wellbeing strategy) and have oversight of their delivery.
- Joint strategy will then inform the commissioning plans of Local Authorities and CCGs. This shared strategic view should ensure coordination of commissioning for local people.

- Healthwatch
- is the new independent consumer champion created to gather and represent the views of the public. It:
  - plays a role at both national and local level
  - will be independent of Government through its constitution as a committee of the Care Quality Commission (CQC);
- LINKs will become local HealthWatch organisations – responsibilities will include:
  - providing a complaints advocacy service from 2013 to support people who make a complaint about services.
  - reporting concerns about the quality of health care to Healthwatch England, which can then recommend that the CQC take action.
  - Local authorities will be commissioners and funders of local HealthWatch organisations, and will also be subject to scrutiny from them in respect of their adult social care services.

# Assurance, Governance & Regulation

- NHS England
  - Sub-National committees of the Board
  - Specialist committees of the Board
- Provider Development (FT Pipeline) – NHS Trust Development Authority
- Fitness to Trade – Monitor
- Fitness of Purpose (Clinical Quality) – CQC
- Workforce Development – Health Education England
- Public Health England

# *Any Qualified Provider:* **A Changing Provider Landscape**

## Acute Sector

- Mandatory move to FT status
- Financial viability challenge and the PFI legacy
- Mergers, Acquisitions & Disposals – a role for the Independent Sector?
- Further specialist designation?

## Mental Health, Community & Primary Care

- Transforming Community Services (TCS) agenda
- Opportunities for Independent Providers
- Duty to secure continuous improvement in primary care



# How will it work?

## Providers

- Move to deliver all NHS provided services through Foundation Trusts (as social enterprise)
- Expansion of role of other social enterprise providers, voluntary organisations and private sector providers on a level playing field
- Establishment of 'any willing provider' policy to increase consumer choice
- Money follows the patient, with payment reflecting outcomes and activity

# How will it work- Public Health

- Public Health England – the national public health service
- Directors of Public Health transfer from PCTs to local government, working across education, health, transport, leisure and communities through new health and wellbeing boards
- Ring-fenced budget, and a new health premium rewarding progress on key outcomes and tackling health inequalities
- Top-down targets will be replaced by a new strategic outcomes framework

# So Finally HIV.....

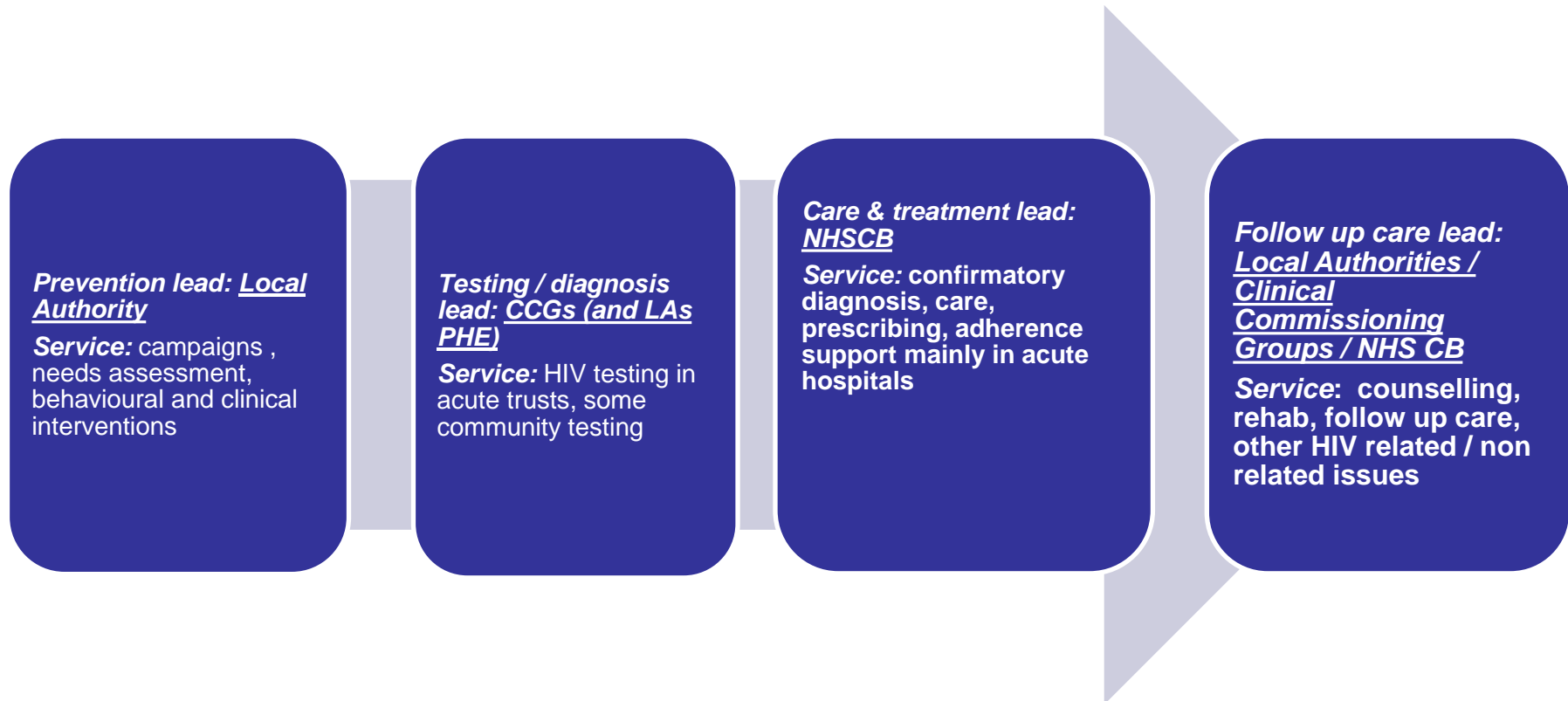
## – Future Commissioning Structures

- Specialist HIV treatment: NHS Commissioning Board
- National HIV prevention: Public Health England
- Integrated sexual health services: Local Authorities
- Risk of fragmentation
- More complex for pooling budgets and cross border working
- No role for GP Consortia

# Implications: HIV

- Avoids handing commissioning to GPs who can be inexperienced in dealing with HIV
  - At odds with Long Term Condition Management and need for greater primary care involvement HIV
  - More complicated arrangement for commissioning HIV services provided from GUM
  - Local Authorities responsible for commissioning sexual health and HIV testing
  - Sexual health services cost £700- £750 million: up to 20% of the ring-fenced budget for Public Health

# HIV Pathway example



## Issues

- **Patient first** – reasonable to expect that systems must work for the benefit of patients not to their detriment
- **Integrated care will require integrated commissioning**
- **National and local commissioning responsibility – solutions to square the circle**
- **A decision taken at one point in the care pathway could impact on other parts of the pathway.**
- **Health and Wellbeing Boards and JSNAs –**
- **Designing a joint strategy**

# Challenges-HIV

Networks-? Small clinic closures

Referrals-via GP

Confidentiality-GP should know HIV (CQUIN)

Limited non ARV formulary

Specialised Centres for in patients-?more closures

Specialist care centralised eg new fill, cancer

HIV PbR outpatients

HIV/GU care choice

Etc, etc

# The new system – some challenges

- Will a “one size fits all” lead to the system not recognising areas of greater need.
- Resources – there are less commissioners in the new system
- CRGs: risk of clinical or regional bias and being ask to do to much to quickly
- Fragmentation of services –the role of the Private sector and cherry picking
- Levelling down rather than levelling up

# Conclusion-is it a

# or a



Go Carefully-you might lose something!



# HIV commissioning 2013



## Questions?

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