HIV, STIs, HCV – How can commissioning improve outcomes?

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Question 1

• Are you a Commissioner?
NHSE Definition of Commissioning

• Is the process of planning, agreeing and monitoring services.

• Not one action but many ranging from health-needs assessment for a population, through clinically based design of patient pathways, to service specification, with continuous quality assessment.
Question 2

• Have you been involved in a commissioning process?
Commissioning Process

• Contribute to Guidelines
• Work on policy
• Stakeholder consultation on policy
• Collecting and uploading data
• Joint Strategic Needs Assessment
Question 3

• Have you responded to any Specialised Service Policy stakeholder consultation? Have you attended any STP consultation? Have you attended any Health and Wellbeing Board?
NHSE Commissioning System Guidance

- Refreshed in 5 year Forward View
- Specialised Clinical Policy Consultations
- Vanguards and ACP developments
- Health and Wellbeing Boards
- Sustainability and Transformation Plans
NHS Five Year Forward View

- Published in October 2014
- A shared vision across seven national bodies
- New care models programme key to delivery
- Focuses on both NHS and care services

www.england.nhs.uk/vanguards
50 vanguards selected

5 new models of care with a total of 50 vanguards:

- Integrated primary and acute care systems (9)
- Multispecialty community providers (14)
- Enhanced health in care homes (6)
- Urgent and emergency care (8)
- Acute care collaboration (13)

www.england.nhs.uk/vanguards

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Collaborative commissioning

The overarching aims of collaborative commissioning are to:

- Improve pathway integrity for patients, helping to ensure that specialised care is commissioned as part of a single pathway;
- Enable better allocation or investment decisions, giving CCGs and their partners the ability to invest in prevention or more effective services;
- Move towards population accountability and lay the groundwork for ‘place based’ or population budgets and clearer accountability to local populations;
- Improve financial incentives over the longer term, reducing demand, where appropriate, and unwarranted variation; and
- Ensure providers can be effectively held to account, ensuring clearer links between services, commissioners, referrers and providers.

These ambitions and considerations for specialised services set out in

- [Developing a more collaborative approach to the commissioning of specialised services](www.england.nhs.uk/vanguards)
- [Commissioning Intentions 2016/2017 for Prescribed Specialised Services](www.england.nhs.uk/vanguards)

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Collaborative commissioning

- Improving definitions of specialised activity
- Collaborative commissioning oversight groups at commissioning hub level
- Increased focus on placed based commissioning and analysis of specialised budgets at CCG level
- Focus planning at the appropriate level
- Identify regional and national opportunities for transformation and service review
- Focus on the pathway and opportunities for transformation
Question 4

• Who would you best trust to design the Commissioning standards for the HIV services you provide?
  – Local Clinical Commissioning Group
  – The HIV Clinical Reference Group
  – Local Authority
  – Specialist Provider
Clinical Reference Groups – Reconstituted 2016

• HIV – Chair Ian Williams
  – London : Jane Anderson, David Asboe
  – Midlands/East: Adrian Palfreeman, Dushyant Mital
  – North: Mas Chaponda, Pauline Jelliman
  – South: Mark Gompels, Heather Leake
Clinical Reference Group-Reconstituted 2016

- Infectious Diseases- Peter Moss
  - London : Michael Brown, Michael Jacobs
  - Midlands/East: Effrossyni Gkrania-Klotsas, Neil Jenkins
  - North: Ed Ong, Emmanuel Nsutebu
  - South : Begona Bovill
Specialised Services - Quality Dashboards

• All available at www.england.nhs.uk
• Set by CRG
• For HIV include avoidance of late diagnosis, time to specialist care, viral undetectability, and retention in health care
Outcomes- Values

• Personalised value – determined by individual
• Technical value- determined by use of resources within services
• Allocative value- determined by how assets and resources are used for population
HIV care outcome - set a further target for Quality of Life?

European wide proposal – should include individual criteria set by each patient that might include freedom from stigma or prejudice, sexual health, mental health, access to services or financial health
NHS Improvement

- Carter Review
- Clinical Efficiency driven by data
- Led by British Orthopaedic Association
- Aim to improve quality, safety and reduce cost
- GIRFT (GET IT RIGHT FIRST TIME)
- Elective Orthopaedics 60 million saving
- Focus on new specialties
Problems to solve

• Unwarranted variation
• Patient Harm
• Waste
• Inequity
• Failure to prevent diseases or their sequelae
Fair Society, Healthy Lives (Marmot, 2010)

Reducing health inequalities requires action on 6 policy objectives:

1. Give every child the best start in life;
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
3. Create fair employment and good work for all;
4. Ensure healthy standard of living for all;
5. Create and develop healthy and sustainable places and communities;
Question 5

- Who has read their local STP plan?
  - Yes
  - No
  - Don’t know what STP is
STP

- Sustainability and Transformation Plans
- 44 footprints including CCG, LA, Providers and Specialised Services
- ‘Partnership’ ‘Shared services’
- ‘Cannot transform without active engagement of staff who deliver care’
- Consultations in process
Accountable Care Partnerships

• New partnerships to reduce barriers to best patient care pathways
• Reform mental and physical health collaboration
• Utilise best digital health care for population
• Develop new workforce for future care
'I just wonder if good might look like …'

- So STPs bring together commissioners of all ID, HIV, HCV, Sexual Health and prevention …
- If we could design a partnership that could deliver efficiency by integrating services and increasing concentration on prevention and designing seamless patient care …
‘I just wonder if good might look like…’

• That could involve increased community based care, use of digital health, rapid diagnostics and improved mental health and social support for those with or at highest risk of infection...

• Then maybe just maybe the STP could enable better outcomes for the population wrt HIV, HCV and STI ????