Road to Implementation: PREP
12th November 2015

Robbie Currie
Sexual Health Programme Lead London Borough of Bexley
Co-Chair of the EHSCHCG
Overview

- Bexley Context
- Whose responsible?
- NHS England
- Parallel Processes
- Challenges ahead
- What can we do?
- Close
Bexley Context

• HIV prevalence rate of 2.5/1000
• Worst rates of Late and Very Late HIV diagnoses in London
• 399 Diagnosed with HIV - BA Women, MSM and BA Men - respectively
• No GUM or CASH service within borders
• Challenge to engage CCG in HIV – but ‘all bloods’ initiative & new GP registrants as per guidelines
• Single pair of hands, recently ‘care-taking’ SM as well – 2/3\(^{rd}\) of PH budget
• 6.2% in year savings
Whose responsible?

- Local authorities
- Clinical commissioning groups
- NHS England
Whose responsible?

- HIV commissioning pathway disjointed
- NHSE commissions HIV Treatment and Care
- LA commissions HIV testing, prevention & Social Care
- CCG – HIV testing as part of ToP, when clinically indicated as part of CCG commissioned services (PC, 2\textsuperscript{nd} Care and A&E)
- Conundrum?

Making it Work: A guide to whole systems commissioning for Sexual Health, Reproductive Health and HIV (PHE 2014)
NHS England
The policy: who decides?

Clinical Reference Group → National Programme of Care Board → Clinical Priorities Advisory Group

NHSE has to work through its own governance

Policy Published → Consultation → Directly Commissioned Services Committee
Parallel Processes

• 75 CRGs in process
• June 2016 CPAG – 16/17 priority for in year implementation
• Cost-effectiveness and cost-impact undertaken now
• Service development model being developed (not a new service)
• Pathway components being broken down
Challenges ahead

• Sovereign status of LAs – no mechanism to universally introduce PREP across the country
• Agreement of BASHH/BHIVA guidelines – 3 monthly visits for high-risk individuals
• Service development – not a new service
• Payment – Integrated SH Tariff vs. PBR (First & F/U)
• ‘Concern’ over risk compensation – increasing rates of STI diagnoses, esp’ MSM
• Population vs. individual
• Cohort size and impact (each LA)
• Already significant cost-pressure within LA GUM budgets
• Affordability – financial and political
What can we do?

- Lead – CRG = community groups, DPH, LA commissioners, PHE, UCL, LGA (but providers?)
- Empower – ‘people’, clinicians, commissioners
- Trust – sovereignty, the evidence, professionalism & commitment
- Respect – limitations and concerns
- Collaborate – now more than ever
- Appreciate – complexity (nothing is ever simple)
- Work hard to make it happen
Any questions?

Thank you

robbie.currie@bexley.gov.uk