Commissioning Specialised HIV Services

South West Clinical Senate Council event - 23 January 2014
How commissioning is structured

- NHS England – responsible for commissioning prescribed specialised service through **provider based commissioning for all eligible England patients**
- Clinical commissioning groups (CCGs) – supported by commissioning support units - responsible commissioning community and acute care for **local populations**
- Local authorities – responsible for prevention services for **local populations**
- NHS England – responsible for commissioning primary care (including dental etc.), health in the justice system, military health, screening programmes
Who commissions HIV services?

- HIV Prevention – Local Authorities
- Sexual health needs of HIV positive people – Local Authorities
- Specialised HIV outpatient and inpatient care and treatment – NHS England
- Non HIV needs of HIV positive people – Local Authorities / CCGs
- Voluntary sector or community support needs – Local Authorities / CCGs
- End of life care – CCGs
NHS England’s roles

- Direct commissioning - Sexual Health in Primary Care (providers)

- **Direct commissioning – Specialised Services (providers)**

- Direct commissioning – military health and health in the justice system (populations)

- Direct commissioning – Public Health (populations)

- Assurance role – e.g. standards for abortion services

- Promote partnership – e.g. do once and share, 5 year strategy work
Why NHS England?

• **HIV care and treatment** has been legally defined as a ‘prescribed specialised service’

• It meets the 4 tests and has a defined scope
  - Rarity
  - Cost
  - Specialist staff
  - **Number of providers**
Aim of national specialised commissioning

- Convergence to consistent standards
- Contracting for equity (but not one size fits all)
- Improve outcomes
- Decisions influenced by clinical advice
- National commissioning products implemented locally
- 5 year strategy to transform inputs and outcomes

http://www.england.nhs.uk/ourwork/commissioning/spec-services/five-year-strat/
What specialised HIV care does NHS England commission?

THE MANUAL
• Adult & children
• Specialised outpatient and inpatient care
• Emphasises provider networks
• All ARV drugs and others for HIV complications

What specialised HIV care does NHS

- Definition in ‘The Manual’ – adults and children
  - “Adult specialist services for patients infected with HIV include inpatient care for HIV related conditions in Adult Specialist HIV Treatment Centres and outpatient care provided by these Specialist Centres including outreach when delivered as part of a provider network”

- Inpatient activity – where HIV is primary diagnosis

- Drugs – as per British National Formulary: all antiretroviral drugs; drugs to treat cytomegalovirus; viral hepatitis; antifungal drugs in line with national policy
Specialised HIV Care - Exclusions

- HIV testing
- HIV prevention (including TasP, PrEP and activity associated with PEPSE)
- Sexual health, reproductive health and conception services for HIV positive people
- HIV social support
- Non HIV care & treatment needs
- Respite / rehabilitation
- End of life care
<table>
<thead>
<tr>
<th>NAME OF KPI</th>
<th>DESCRIPTION &amp; PROVENANCE</th>
<th>NUMERATOR</th>
<th>DENOMINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of time from diagnosis to first CD4 count date - within 1 month</td>
<td>Proportion of newly diagnosed patients with a CD4 count test done within 1 month of diagnosis (and with exclusions)</td>
<td>Number of newly diagnosed patients with CD4 count test done within 1 month of diagnosis</td>
<td>Number of new diagnoses during period</td>
</tr>
<tr>
<td>Length of time from diagnosis to first CD4 count date - within 3 months</td>
<td>Proportion of newly diagnosed patients with a CD4 count test done within 3 months of diagnosis (and with exclusions)</td>
<td>Number of newly diagnosed patients with CD4 count test done within 3 months of diagnosis</td>
<td>Number of new diagnoses during period</td>
</tr>
<tr>
<td>Undetectable viral load one year after starting therapy</td>
<td>Proportion of patients with an undetectable viral load one year after initiating treatment</td>
<td>Number of patients who initiated therapy in the previous year and remain virally undetectable</td>
<td>Number of patients who initiated therapy in the previous year</td>
</tr>
<tr>
<td>Patients with CD4 count &gt;350</td>
<td>Proportion of all patients seen for HIV care with a CD4 count &gt; 350</td>
<td>Number of patients with a CD4 count &gt; 350</td>
<td>Number of patients attending the clinic during the period</td>
</tr>
<tr>
<td>Retention in care after diagnosis</td>
<td>Proportion of newly diagnosed patients retained in HIV care one year after diagnosis</td>
<td>Number of newly diagnosed patients seen for HIV care 12-24 months after diagnosis</td>
<td>Number of new diagnoses during the period</td>
</tr>
<tr>
<td>Retention in care of all patients</td>
<td>Proportion of all patients retained in HIV care in the following year</td>
<td>Number of all patients seen for HIV care in the following 12-24 months</td>
<td>Number of patients attending the clinic during the period</td>
</tr>
</tbody>
</table>
HIV service specification

- Formalised network arrangements (pathways and governance)
- Consultant led
- MDT arrangements
- 24/7 consultant cover for inpatients and co-location with HDU / ITU (at network level)
- Treatment initiation and ongoing monitoring requirements
- Importance of other commissioners and providers for prevention, psychosocial, sexual health and non HIV needs
# Compliance exercise – adults

<table>
<thead>
<tr>
<th>REQUIREMENT 1</th>
<th>REQUIREMENT 2</th>
<th>REQUIREMENT 3</th>
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</table>
| • Networked care  
  • Formal network protocols for 24/7 consultant cover / on-call arrangements for outpatients / inpatients at network level  
  • Formal written pathways  
  • Appropriately staffed / qualified inpatient rota | • HIV consultant led MDT  
  • Specialist MDT arrangements including access to virology, community nursing, psychology and social care (adherence support, drug resistance or detectable viral load)  
  • Inpatient care – on-site 24/7 access to acute care, ITU, negative pressure rooms, pharmacy, full range of imaging | • Outpatient pathways for rapid assessment of HIV related malignancies and comorbidities such as dermatological and renal emergencies |
## Compliance exercise – paediatrics

<table>
<thead>
<tr>
<th>REQUIREMENT 1</th>
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<th>REQUIREMENT 3</th>
<th>REQUIREMENT 4</th>
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</thead>
</table>
| • Suitably qualified paed consultant led MDT  
  • Arrangements in line with CHIVA standards staffing  
  • Formally part of CHINN network arrangements  
  • Following treatment initiation, management of complex cases  
  • Published arrangements for 24/7 on call advice and pathways (A&E, obstetrics and adult HIV)  | • Participates in national surveillance - NSHPC, CHIPs and SOPHID - to provide assurance on outcomes.  | • Evidence of implementation and audit of CHIVA, HYPNET and PENTA standards and guidelines (family centred care, transition and treatment)  | • For inpatients / complex outpatients co-location with PICU, general Paeds, negative pressure facilities and neurology / neurosurgery.  |
Compliance exercise

- Self assessment process by providers
- Area Team assurance of evidence of provider responses
- Regional assurance process
- Sign off of compliance
- Derogation action plans to achieve compliance
- Process for dealing with ongoing non compliance
- CRG advice on current assessments and future amendments to specifications
From specification to implementation

- What is the local need?
- Who are the local providers? Is the provider landscape affected by tendering of sexual health services?
- How close are we to compliance?
- How can networking being improved? (BHIVA’s MONHICA project)
- What are the local challenges and resources?
- Do we have local solutions?
- What advice and guidance do we need from the CRG (do once and share? )
Service spec – areas for development

- Critical mass for outpatients – patients / staff
- Critical mass for inpatients – patients / staff
- 24/7 on call – arrangements for attending and for advice giving
- Definition / criteria for specialised HIV inpatient care
- Future training requirements for sustainability
- New approach to and language for networking
- Interface with other offender health
- KPI / Quality Dashboard / PROMs
About Clinical Reference Groups

• Primary source of advice to NHS England’s specialised commissioning

• Up to 27 members – 1 chair, 14 clinical members, 4 patient/carer reps, 4 affiliates, up to 2 commissioners

• Task: commissioning products – spec, policies, QIPPs etc. – and undertaking tasks – horizon scanning – etc.!

• Work through consensus; engage stakeholders; uphold principles of public life; manage conflicts of interest

• Dedicated web page – HIV page can be found at http://www.england.nhs.uk/npc-crg/group-b/b06/
Clinical senates map

- North East, north Cumbria, and the Hambleton & Richmondshire districts of North Yorks
- Greater Manchester, Lancashire and south Cumbria
- Cheshire & Mersey
- East Midlands
- West Midlands
- Thames Valley
- South West
- Wessex
- South East Coast
- Greater London
- East of England
- North East
# HIV CRG

**Chair – Simon Barton**

<table>
<thead>
<tr>
<th>NORTH</th>
<th>MIDLANDS &amp; EAST</th>
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<tbody>
<tr>
<td>North East (Vice Chair)</td>
<td>Edmund Liang Ong</td>
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<tr>
<td>Greater Manchester</td>
<td>Edmund Wilkins</td>
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<tr>
<td>Yorkshire + Humber</td>
<td>Christine Bowman</td>
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<tr>
<td>Cheshire + Mersey</td>
<td>Mas Chaponda</td>
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<tr>
<td>SOUTH</td>
<td>London</td>
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<tr>
<td>South West</td>
<td>Mark Gompels</td>
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<tr>
<td>Thames Valley</td>
<td>Christopher Conlon</td>
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<tr>
<td>Wessex</td>
<td>Cecilia Priestley</td>
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<tr>
<td>South East Coast</td>
<td>Martin Fisher</td>
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<tr>
<td>PPE</td>
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<tr>
<td>Patient rep</td>
<td>Paul Clift</td>
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<td>Patient rep</td>
<td>Memory Sachikonye</td>
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<tr>
<td>Patient Advocate</td>
<td>Abi Carter</td>
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<tr>
<td>Patient Advocate</td>
<td>Garry Brough</td>
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<tr>
<td>Accountable Commissioner</td>
<td>Claire Foreman</td>
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<tr>
<td>Assoc. Commissioner</td>
<td>Assoc. Commissioner</td>
</tr>
</tbody>
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**AFFILIATES**

- BHIVA
- BASHH
- CHIVA
- NHIVNA
- Duncan Churchill
- Simon Edwards
- Fiona Thompson
- Eileen Nixon
- Malcolm Qualie
Patient & stakeholder involvement

- Patient Voice Team
- 4 members of CRG are PPE reps – parity of esteem
- Specification summaries
- Register as a CRG stakeholder
  https://www.engage.england.nhs.uk/consultation/crg-stakeholder
- Informed, consulted, collaborating or participating
- Test products and get views on whether formal consultation is required
Role of the Area Teams (specialised)

**Implementation**

- Local landscape – patients, providers, other commissioners
- Point of contact with HIV CRG Senate members and Sexual Health commissioners (key for pathway commissioning)
- Holds contracts with providers
- Ensure that agreed national policy implemented
- Use guidance to monitor services at a local level
- Supplier managers and service specialists collaborate
- Feedback any issues from implementation
Shared agendas

- Reducing new infections (and arrangements for PEPSE and consideration of TasP)
- Expanding testing
- Earlier diagnosis
- Quality standards
- Clinically appropriate care
- Innovation and new models of care
- Cost efficient care
- Personal responsibility and self management
- Patient experience
Future issues for HIV

- Local implementation of service specifications and derogations
- Further development of the specification
- Delivering QIPP
- Reconfiguration, networks and model of care change
- HIV pathway and multiple commissioners areas
- Tendering of sexual health services and impact on HIV
- Policy, data and pricing developments
- Role of primary care
- Treatment – generics, new drugs, procurements