Eileen Nixon
Brighton and Sussex University Hospitals
NHS Trust

16 October 2013, National Council for Voluntary Organisations, London

Changes in NHS Commissioning – what we need to do about it

EILEEN NIXON
NURSE CONSULTANT
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS
The New NHS has arrived

“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.”
Socrates

The New NHS has arrived
Summary of changes

HIV Commissioning Streams

Specialised Commissioning
- HIV inpatient care
- HIV outpatient care
- PbR tariff

Clinical Commissioning Groups
- HIV services not included in PbR tariff
- Mental health
- Psychology
- Social care and support

Local Authority
- Sexual health services
- HIV testing
- Prevention
## HIV Outpatients Clinical Care Pathway Categories

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Patients</strong></td>
<td><strong>Stable Patients</strong></td>
<td><strong>Complex patients</strong></td>
</tr>
<tr>
<td>Newly diagnosed within one year or new to antiretroviral therapy within one year</td>
<td>Stable* on or off antiretroviral therapy for &gt; 1 year</td>
<td>Current active AIDS diagnosis, co-morbidity such as TB, Hepatitis C, end organ disease, HIV related malignancy, persistent viraemia on treatment, pregnancy, active mental illness</td>
</tr>
<tr>
<td>*Defined by CD4 count &gt; 350 cells/mm and no active AIDS diagnoses</td>
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</table>

| 10% | 80% | 10% |

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**National HIV Clinical Reference Group**

- Expert clinical advice to NHS England
- Develop service specification, strategy and scope
- Needs Assessment
- Informs commissioning policy and pathways across services
- Provides clinical expertise for approval of new medicines
- CQUINs, QIPP and Quality Measures
- Data and Pricing

[http://www.england.nhs.uk/npe.org/group-b/b06/](http://www.england.nhs.uk/npe.org/group-b/b06/)
HIV service specification

Service elements – Staffing and critical mass

- A substantive body of consultant physician expertise covering a range of clinical aspects of HIV.
- Where HIV consultant physician care is additional to general medical cover, this to be provided on 24/7 rota.
- One or more dedicated HIV specialist pharmacists.
- Senior specialist clinical nurses (including Community Nurse Specialists).
- Access to specialist virologist.
- Access to allied health professional input such as occupational therapy, physiotherapy, clinical psychology and dietetics.
- Access to health advice.

The Problem
HIV Nursing Roles

- Lack of defined outcomes
- Lack of understanding on the components of nursing intervention for HIV patients
- Demonstrate our impact on outcomes for patients

Variety of nurse specialist role remit

- Clinic based nurses • Funded through acute Trust
- Clinic based with some community • Funded largely through acute Trust
- Community based with some practice in clinic • Funded largely through CCG
- Community based • Funded through CCG
Priorities

- If existing CCG funding for community nurses is to be transferred into HIV service specification, outcomes for community HIV nurse specialists will need to be defined.

- Nursing and CNS roles within the HIV clinics will need to be defined to inform staffing configuration at a national level.

- Evidence base for HIV nursing – Competencies, research and audit.

- VOICE – links with other specialists, NHS England.

Finding a solution
Specialist route versus long term conditions

- **Specialist route**
  - HIV service specification
  - HIV related indicators and targets

- **Long term conditions**
  - Generic indicators

Using outcome frameworks

- **Draw on existing outcome frameworks**
  - Public Health Outcome Framework
  - NHS Outcomes Framework
  - Community Nursing Outcomes
  - Quality Improvement Framework (QIPP)
  - Key performance indicators
  - BHIVA Standards
  - Benchmarking between different specialities (mental health and learning disabilities)<sup>1</sup>

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1. National Nursing Research Unit. 2012. High Quality Care Metrics for Nursing
### NHS Outcomes Framework Possible HIV nursing outcome areas

<table>
<thead>
<tr>
<th>NHS Outcomes Framework</th>
<th>Possible HIV nursing outcome areas</th>
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<tbody>
<tr>
<td>1. Preventing people from dying prematurely</td>
<td>Health promotion: obesity, smoking, PEP/PreP and adherence support</td>
</tr>
<tr>
<td>2. Enhancing quality of life for people with long-term conditions</td>
<td>Empowering patients to self-manage, symptom control, care planning</td>
</tr>
<tr>
<td>3. Helping people to recover from episodes of ill health</td>
<td>Community support, preventing re-admission to hospital, new patient pathways</td>
</tr>
<tr>
<td>4. Ensuring people have a positive experience of care</td>
<td>Patient satisfaction, evidence of patient involvement in service planning</td>
</tr>
<tr>
<td>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
<td>Triage, 24 hour advice, retention and engagement in care, stigma reduction</td>
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</tbody>
</table>

### Public Health Outcomes

- **Outcome 1: Increased healthy life expectancy** *Taking account of the health quality as well as the length of life*
- **Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities** *Through greater improvements in more disadvantaged communities*

**DOMAIN 2:**
- **Health improvement Objective:** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities *across the life course*
### HIV performance indicators 1

- CQUIN measures will include engagement and communication with GPs
- Quality dashboard measures relating to:
  - Domain 1: Preventing people from dying prematurely
  - Domain 3: Helping people to recover from episodes of ill health or following injury
  - Domain 4: Ensuring that people have a positive experience of care

### HIV performance indicators 2

- Access into care following diagnosis.
- Retention in care and documented protocols.
- Suitably qualified MDT
- Documentation of patient baseline results.
- Documented care plans with patient involvement.
- Documented adherence support and medicines review.
- Improvement in the patient experience of individuals with HIV infection attending HIV outpatient service and improvement in reported understanding / self management
HIV performance indicators 3

- Care and treatment to professional guidelines and commissioning policies.
- Reductions in complications of HIV disease
- Reduction in treatment associated complications and development of drug resistance.
- Improved treatment adherence.
- Effectiveness of networked arrangements and documented pathways.
- Reduction in the proportion of patients lost to follow up and in do not attend rates
- Improvement in the reported psychological, emotional and cognitive well being of people living with HIV infection.
- Reduction in the potential for onward transmission.
- Documented health screens e.g. 10-year cardiovascular disease (CVD) risk, smoking, psychological needs, and appropriate referral.

New Policies to consider

- Integrated Care and Support – May 2013
- Draft national minimum eligibility threshold for adult care and support – June 2013
- Using technology to manage long term conditions – March 2013
- Review of Pbr to include integrated care
<table>
<thead>
<tr>
<th>Region</th>
<th>Clinical Reference Group Representative</th>
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<tbody>
<tr>
<td>North East</td>
<td>Edmund Liang Ong</td>
</tr>
<tr>
<td>Greater Manchester, Lancashire and S Cumbria</td>
<td>Edmund Wilkins</td>
</tr>
<tr>
<td>Cheshire and Mersey</td>
<td>Mas Chaponda</td>
</tr>
<tr>
<td>Yorkshire and The Humber</td>
<td>Christine Bowman</td>
</tr>
<tr>
<td>West Midlands</td>
<td>Stephen Taylor</td>
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<tr>
<td>East Midland</td>
<td>Adrian Palfreeman</td>
</tr>
<tr>
<td>East of England</td>
<td>Nelson David</td>
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<tr>
<td>London NW</td>
<td>Brian Gazzard</td>
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<tr>
<td>London NE</td>
<td>Ian Williams</td>
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<tr>
<td>London S</td>
<td>Derek Macallan</td>
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<tr>
<td>South West</td>
<td>Mark Gompels</td>
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<tr>
<td>Wessex</td>
<td>Cecilia Priestley</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>Christopher Conlon</td>
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<tr>
<td>South East Coast</td>
<td>Martin Fisher</td>
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Patient and Stakeholder Representation

<table>
<thead>
<tr>
<th>Patient and Care Member</th>
<th>Paul Clift</th>
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<tr>
<td>Patient and Care Member</td>
<td>Memory Sachikonye</td>
</tr>
<tr>
<td>Patient and Care Member</td>
<td>Abi Carter</td>
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<tr>
<td>Patient and Care Member</td>
<td>Garry Brough</td>
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<thead>
<tr>
<th>British Association of Sexual Health and HIV</th>
<th>Organisation</th>
<th>Simon Edwards</th>
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<tr>
<td>CHIVA – Children’s HIV Association</td>
<td>Organisation</td>
<td>Fiona Thompson</td>
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<tr>
<td>National HIV Nurses Association</td>
<td>Organisation</td>
<td>Eileen Nixon</td>
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<tr>
<td>The British HIV Association</td>
<td>Organisation</td>
<td>Duncan Churchill</td>
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Local Health and Wellbeing Boards

Current Issues in HIV: Social changes affecting HIV patients

Wednesday 16 October 2013

National Council for Voluntary Organisations (NCVO)
Society Building 1 0 All Saints Street 1 London N1 9RL
National HIV Nurses Association (NHIVNA) Study Day
‘Current Issues in HIV: Social changes affecting HIV patients’

Jane Bruton
Chelsea and Westminster Hospital, London

Angelina Namiba
Positively UK

8 March 2013, National Council for Voluntary Organisations, London
Alternative guide to the NHS