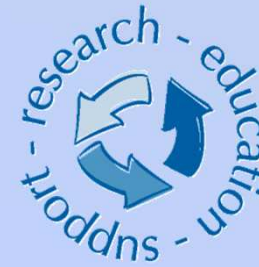


16th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Eileen Nixon

Brighton and Sussex University Hospitals NHS Trust

26-27 June 2014- City Hall, Cardiff

Changes in the healthcare system and future models of HIV care

Eileen Nixon

Nurse Consultant

Brighton and Sussex University Hospitals

Aim for Session

- To update on changes in NHS structure
- To identify what this means for HIV treatment and care
- To explore potential models of HIV care within the current changing NHS climate

England V Wales – 5 Nations Rugby World Cup 1989



Photograph: Tony Marshall/Action Images/Sporting



“England have a history of letting the championship slip from their grasp [REDACTED]”

The joys and sorrows of football



<http://www.telegraph.co.uk/sport/football/world-cup/10913397/Wayne-Rooney-Englands-best-player-but-destined-never-to-be-a-World-Cup-great.html>

Rooney's one and only goal for England in the FIFA soccer World Cup, 19th June 2014, Brazil



<http://www.aljazeera.com/indepth/opinion/2014/05/beyond-samba-sex-soccer-world-cu-20145285341740580.html>

Protests over cost of FIFA soccer World Cup for Brazil, May – June 2014, Brazil

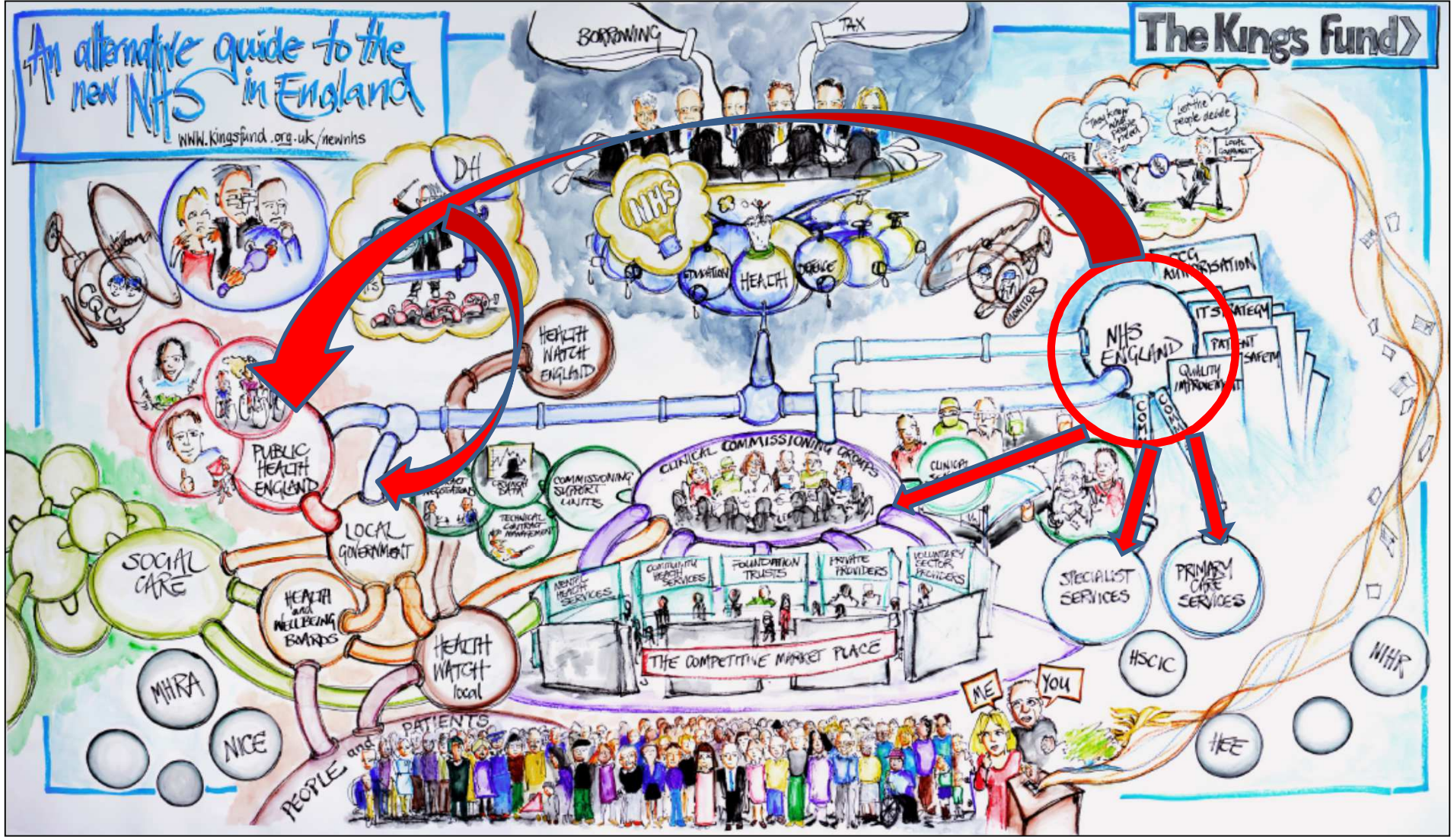
The NHS as a political football

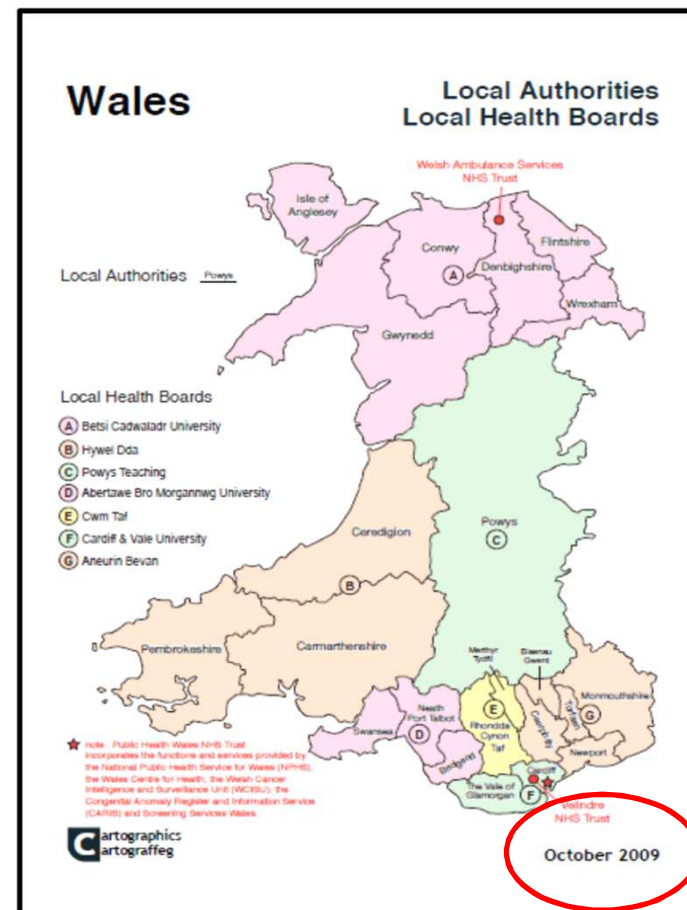
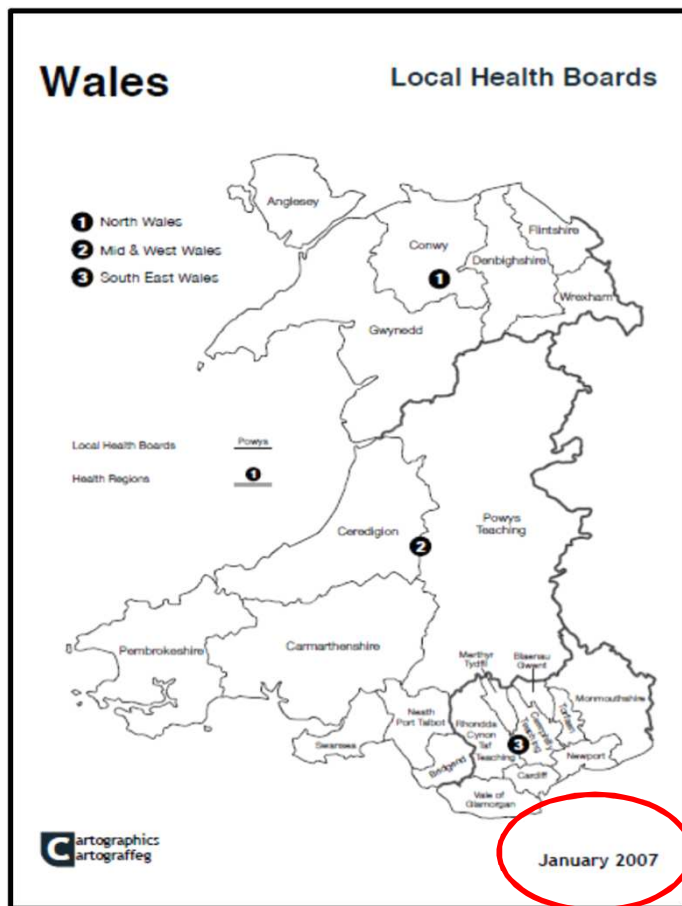


An alternative guide to the new NHS in England

www.kingsfund.org.uk/newnhs

The Kings fund





The seven Health Boards must focus on:

- Changing behaviour not structures;
- Collaboration not confrontation;
- Planning not commissioning;
- Whole systems not hospitals;
- Clinical engagement;
- Partnership working; and
- Wellness not illness.

Consultation over the Health and Social Care Bill - A Dead Rubber?



<http://www.theguardian.com/society/gallery/2011/oct/09/nhs-protest-westminster-bridge-gallery>

Protests over NHS Health and Social Care Bill, October 2011, London

Caution



Aim to move more care out of hospitals into Primary Care but some GP surgeries at risk of closure through withdrawal of minimum practice income guarantee (MPIG)

<http://bma.org.uk/news-views-analysis/news/2014/june/gps-take-to-the-streets-over-funding-crisis>

Sent off



£20 billion savings target by 2015 – 56% of NHS finance directors thought there was a high risk of the target not being met

Kings Fund 2013

Off side?

A player can't be behind the last defender when a pass is struck



Health and Social
Care Act 2012



Royal Assent on 27th March 2012 Contract with Circle Healthcare
Partnership 1st February 2012

Own goal?



Fraud in the NHS estimated at £5 -£7 billion a year

However!

Our Culture of Compassionate Care **NHS**



The 6 Cs

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

Named GP for patients aged 75 years and older

Local Government Association **NHS England**

Better Care Fund (BCF) Support and Resources Pack for Integrated Care



December 2013

Note: This is a 'live document' that will be updated as and where more information or resources are made available to support local commissioners with BCF planning.

Publications Gateway Reference 59949

THE NHS CONSTITUTION
The NHS belongs to you



NHS Services, Seven Days a Week

NHS
Improving Quality

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy
Taking account of the health quality as well as the length of life
(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities
Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)

DOMAINS

DOMAIN 1: Improving the wider determinants of health	DOMAIN 2: Health improvement	DOMAIN 3: Health protection	DOMAIN 4: Healthcare public health and preventing premature mortality
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Unplanned admissions Enhanced GP Service

Department of Health

The NHS Outcomes Framework 2014/15

How to ensure the right people, with the right skills, are in the right place at the right time

A guide to nursing, midwifery and care staffing capacity and capability



EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

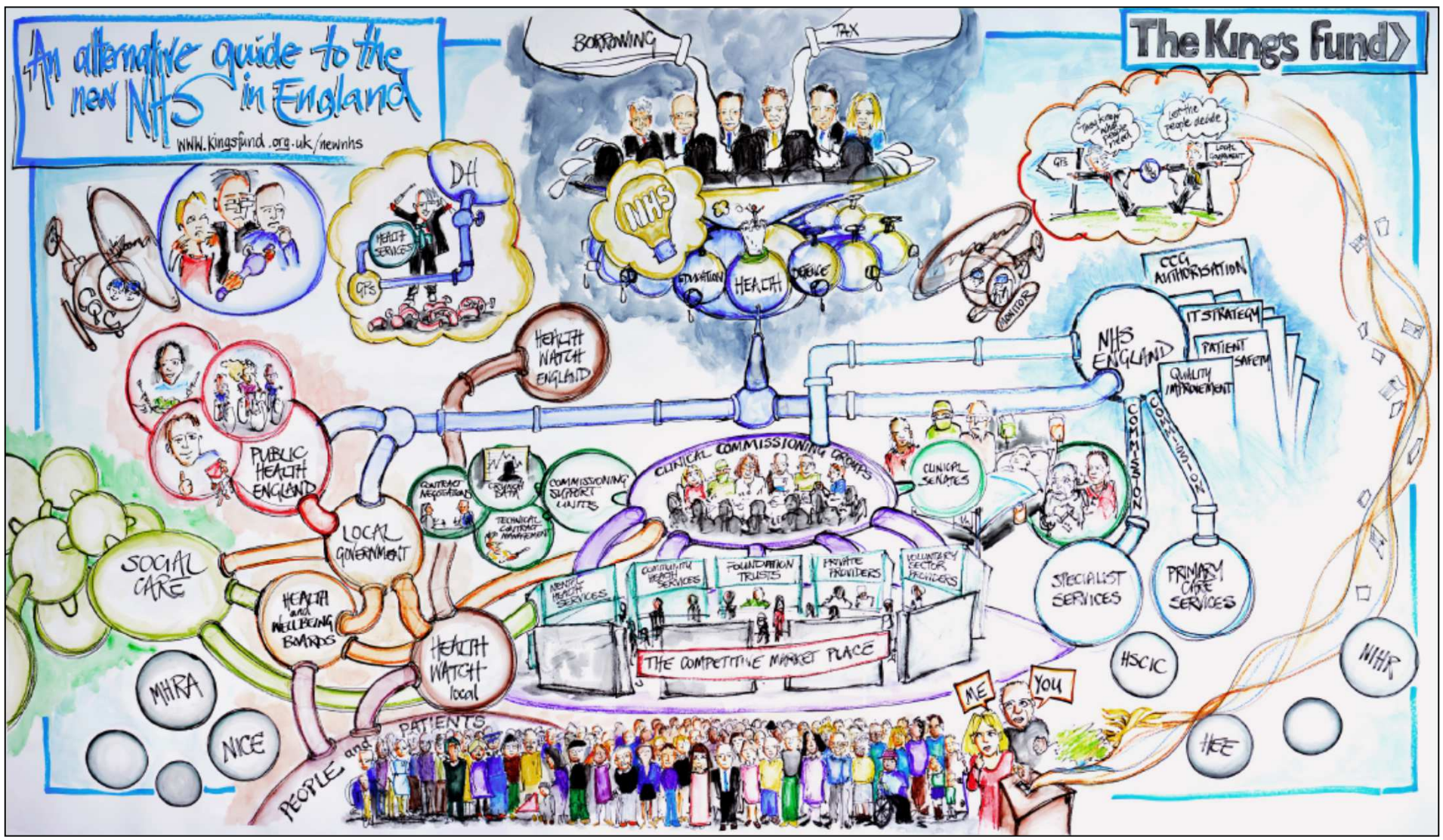
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Mirror, Mirror on the Wall, 2014 Update

An alternative guide to the new NHS in England

www.kingsfund.org.uk/newnhs

The Kings Fund



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
 - Community nursing
 - Social care and support

Local Authority

- Sexual health services
- HIV testing
- Prevention

HIV service specification for adults

Service areas covered

“Inpatient and outpatient specialist assessment and ongoing management of HIV and associated conditions”

Part of care pathway

“Specialised HIV services are part of a care pathway that includes services beyond the scope of this specification which are commissioned at a local level. The effectiveness of HIV services depends on other elements of the HIV care pathway being in place and effectively co-ordinated”

Service elements

INCLUDED

- 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)**

NOT INCLUDED

(but access to)

- Specialist Virology
- Clinical psychology
- Dietetics
- Occupational/physiotherapy
- Mental health
- Allied specialist services
- Peer support services
- 3rd sector services
- Drug and alcohol services

Snapshot survey of funding sources for HIV community nursing services

Service location	CCG funded	Specialised Commissioning / Acute trust	Joint funded (merged Trusts)	Unknown
Community based services	7/18 2 sit within Acute Trusts	2/18	2/18	
Clinic based services	3/18	1/18		1/18
Base not specified		1/18	1/18	

Consultant-led HIV care

All services within the service specification need to demonstrate how they contribute directly to consultant-led outpatient care

Workforce planning is underway and we will all need to provide evidence for how we meet the service specification

Proving your worth it!

- National competencies
- Draft HIV nursing outcomes
- Audit nursing services against
 - HIV service specification
 - BHIVA standards
 - Outcome frameworks
 - Relevant policy documents
- Collate evidence as a group and undertake costing exercise

Future models of care

Preference for specialist HIV care

- My care, I care
 - Weatherburn, Keogh and Reid 2013
- Primary Care studies
 - Defty, Smith and Kennedy et al 2010
 - Namiba and Anderson 2010
- Emerging evidence base from HIV health services research on service utilisation and preferences

Other chronic diseases and primary care

Barriers to devolvement from secondary care to primary care

- Readiness for discharge from specialist clinic ¹
- Anticipated relationships with GPs ¹
- Access to multidisciplinary care ¹
- Secondary care perceived as having the monopoly of expertise by people with a range of chronic diseases ²

1. Brez, Rowan and Malcolm et al. 2009

2. Wilson, Brooks and Proctor et al. 2012

Author and study aims	Study findings in relation to HIV stigma
<p data-bbox="174 193 987 236">Stevelink, van Brakel and Augustine 2011</p> <p data-bbox="174 301 1115 603">Questionnaire-based study measuring internalised stigma, perceived stigma and social participation in people with leprosy and HIV in India.</p>	<p data-bbox="1137 193 2063 496">Internalised stigma notably higher and reduced social participation in people with HIV compared with leprosy. 75% of people with HIV reported feelings of guilt and shame.</p>
<p data-bbox="174 668 434 711">Daftary 2012</p> <p data-bbox="174 777 1115 991">Modified grounded theory study on the construction and management of dual stigma in HIV and Tuberculosis in South Africa.</p>	<p data-bbox="1137 777 2063 903">More negative identity and stigma associated with HIV.</p> <p data-bbox="1137 970 1872 1013">Dual infection made HIV more visible.</p>
<p data-bbox="174 1075 1048 1118">Fernandes, Salgado and Noronha et al. 2007</p> <p data-bbox="174 1184 1115 1485">Structured interviews with general public and people with epilepsy to compare stigma perception of epilepsy to HIV and diabetes in Brazil.</p>	<p data-bbox="1137 1184 2063 1485">HIV/AIDS had highest level of stigma in comparison to epilepsy or diabetes. The perceptions of the general public and people with epilepsy were the same.</p>

Timelines for Devolvement to Primary Care

Diabetes – Chronic Disease Model

- Insulin produced 1922
- NSF Diabetes 2001
- Long-term conditions model - generalist/specialist 2005
- 15 Healthcare Essentials 2011
- State of the Nation Report 2012
 - 91% patients had 3 key annual health checks (50% had results followed up)
 - 6-60% had all 15 healthcare checks
 - 40% not referred to a specialist when required
 - 41% poor psychological well-being
 - 36% attended self-management course

HIV – Shared Care Model

- Combination ART 1996
- Sexual Health Strategy 2001
- BHIVA Standards 2007, 2013
- Position statement on engagement with primary care 2009
- Mixed study results on models of primary care and acceptability for patients, GPs and HIV physicians 2009-2010
- Some shared care models in place

Cancer Survivors in Primary Care

Cancer patients

- Missed diagnosis of recurrent disease
- Patients need reassurance of experts
- Intensive relationship with specialist services
- Essentially cured
- High level of symptoms and recurrence

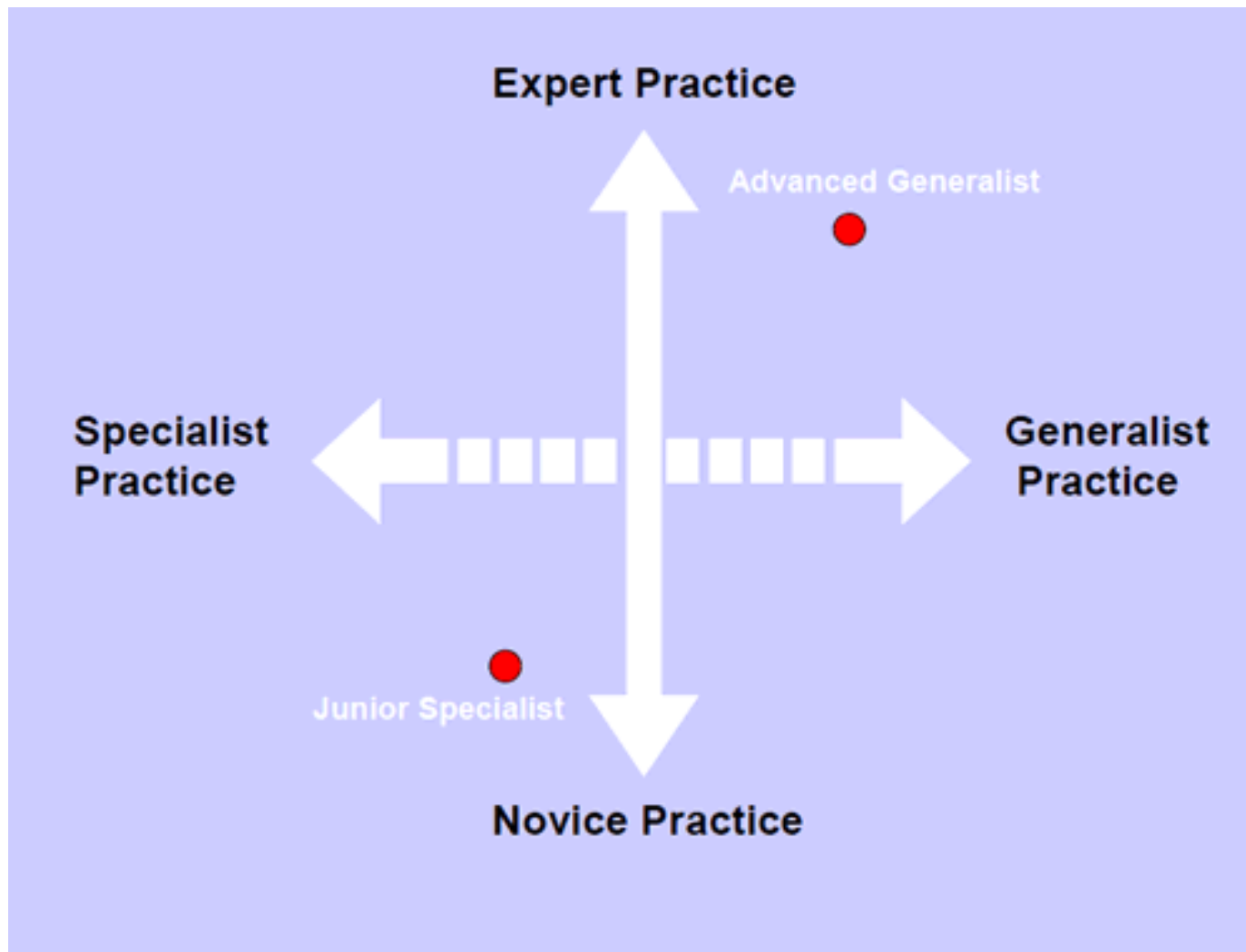
Speciality Driven Survivorship
Risk Based Model

HIV patients

- Potential for serious drug interactions
- Low confidence in using general practice
- Intensive relationships with specialist services
- Not cured but controlled
- Risk of other co-morbidities and co-infections

Chronic Disease Model? Risk
Based Model?

Specialist Practice V Generalist Practice



Ideal model?

- Fits with local population needs – rural versus urban
- Patients remain at the centre of care
- Right people with the right skills in a cost effective way
- Partnership between primary care, specialist care, psychological services and 3rd sector care
- Risk stratification for patients and case management for vulnerable groups

What do we do now?

Continue to gather evidence base for HIV healthcare services

Work closely with patients on outcome measures

Be aware of the prevailing health policy wind

Conclusion

“The NHS never envisaged long-term conditions, octogenarians never mind centenarians. Now we have them to deal with. The defining moments of the 5th July 1948 are set to be redefined.

When the spiky haired kids with the lap tops, say the NHS has to change... ask them into what? When the snake-oil politicians say the NHS has to change ask them into what? When a bright eyed optimist says the NHS has to be more efficient, more responsive and start with the patient and work backwards... ask how can you help”

Extract from Roy Lilley, 23rd June 2014, Health Writer and Commentator, nhsManagers.net

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