the sexual health NETWORK

REPORT FOR INFORMATION

COMMITTEE: Health Overview and Scrutiny Committee, Bolton Council

DATE: 8 April 2008

SUBJECT: Development of a Greater Manchester HIV outpatient tariff

REPORT OF: Sarah Stephenson, Project Manager - Commissioning, Greater Manchester Sexual Health Network

---

1. PURPOSE OF REPORT

a. To update the committee about the development of a Greater Manchester HIV outpatient PbR (Payment by Results) tariff.

2. RECOMMENDATIONS

a. To note the contents of this report. Further questions can be directed to the author via John Addison.

3. DETAIL

a. The HIV outpatient pathway is, at the time of writing, almost complete. Greater Manchester (GM) is one of the 3 Department of Health-sponsored pilot sites for a national tariff and we have been meeting with colleagues from London and Birmingham to agree a common pathway for England. London and GM have both produced patient pathways and it was agreed that these would be amalgamated. There are some aspects of the two pathways that are currently incompatible and need to be discussed further at our next national meeting in mid April before a common pathway can be agreed nationally.

b. Now that the pathway is almost finished work has started to attribute costs to it. A mapping exercise will also take place at each hospital site to test the pathway's robustness and ensure that it is practical. The mapping exercise has been planned with clinical input from Manchester Royal Infirmary. It will be important to assuage any fears; the mapping exercise is testing the pathway not questioning the quality of clinics' work. It was hoped that this mapping exercise would be carried out simultaneously across all 3 pilot sites but unfortunately this looks unlikely. GM will continue nonetheless to ensure that we keep to our timescales.

c. At its last meeting on 20 March 2008 the Greater Manchester Sexual Health Network Board agreed that the public consultation be delayed until June/July 2008 to give time to complete the mapping exercise and further test the pathway. It is not clear whether the national project will carry out co-ordinated

Page 1 of 2

public consultation work later in the year but we will continue to plan our own local consultation nonetheless. The consultation will be largely web-based but we recognise the need for face-to-face discussion which will be done in conjunction with George House Trust. We had a useful meeting with George House Trust service users who have agreed to work with us to ensure the consultation is clearly focused.

d. A small focus group including GPs, nurses, commissioners and a HIV physician has met to discuss the role of GPs in HIV primary care. Their focus is managing the cessation of primary care prescribing in outpatient departments discussing in particular quality standards, prescribing protocols and confidentiality. Historically, HIV patients were treated for all their health needs – including primary care – at outpatient clinics. With the growth in expertise and the need to recognise HIV as a long-term condition rather than a specialist condition there is a growing need to separate out HIV outpatient care from primary care. This will need to form part of the public consultation and for some patients it will be a very difficult change to manage especially those who have had all their health needs managed in outpatient clinics for years. From a clinical point of view it is much safer and more appropriate for GPs to manage general medicine – such as prescribing anti-depressants or benzodiazepines - as they are trained in this area and have referral access to other methods of support. We are clear that all patients need to be treated equally and this includes appropriate payment for primary care prescriptions (some patients have been receiving all drugs – including primary care drugs – free from the hospital pharmacy for several years which is not the case for those patients who appropriately access primary care in the community).

e. Further work is taking place on a co-ordinated approach to community and voluntary sector organisation provision across GM. The Commissioning Business Service has indicated that it may be able to provide expertise and further discussions are due to take place shortly.

f. It should be noted that the progress of this work would not have been so swift were it not for the commitment and effort of all colleagues involved across Greater Manchester who have given their time so generously. This includes: clinicians; community and voluntary sector organisations; social services; patient and public involvement managers; commissioners; managers; and patients.

Sarah Stephenson
Project Manager – Commissioning
Greater Manchester Sexual Health Network

Page 2 of 2