



Public Health
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Department
of Health



HIV, sexual and reproductive health: current issues bulletin

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Bulletin 3: Commissioning HIV services

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This bulletin has been developed by NHS England, with input from and the support of Public Health England, the Department of Health, the Local Government Association, the Association of Directors of Public Health, NHS England and the English HIV and Sexual Health Commissioners Group. Recommendations and questions for future issues of the bulletin can be submitted to sexualhealthenquiries@phe.gov.uk.

Purpose of this bulletin

The Department of Health (DH) has issued a range of guidance and other supporting documentation over the last year to support commissioning of sexual health and HIV services following transition. However, there is a recognition that situations continue to arise where further clarity about how to operate under the new arrangements is required. This bulletin is intended to address these issues in a timely manner.

This is the third monthly bulletin. The series will focus on 'live' issues and will provide further guidance and suggestions for solutions that can be used at local levels.

The bulletin is intended to address queries from all those responsible for commissioning sexual health and HIV services (that is, contraception and reproductive health services, GUM services, HIV testing or treatment services and abortion services), whether they are local authorities (LAs), NHS England and Clinical Commissioning Groups (CCGs). The bulletin is also intended to provide information for provider bodies. Public Health England (PHE) will work with DH, NHS England, the Local Government Association (LGA), the Association of Directors of Public Health (ADPH) and the English HIV and Sexual Health Commissioners Group to provide timely responses.

This bulletin will not be a source of new formal guidance, but will help with the interpretation of existing policy and guidance. Where issues are raised that require a policy response they will be raised with the DH policy team.

Focus on: HIV commissioning

Note: The focus of this bulletin is adults with HIV infection, although NHS England commissions care and treatment for children with HIV too. Due to the nature of specialised commissioning this bulletin is relatively technical in nature and some of the terminology may be unfamiliar to some sexual health commissioners. The bulletin aims to explain this terminology and provide all commissioners with an understanding of the role of NHS England and other commissioners with regards to HIV. If, once you have read this Bulletin, you have further questions; please post them via the email address at the end of the Bulletin.

Overview

The commissioning of services for people living with HIV is shared amongst LAs, CCGs and NHS England. For most this is not new: sexual health and HIV services were frequently commissioned by multiple commissioners. Those involved in the new commissioning arrangements are developing methods for collaboration to ensure clinically and cost effective services which meet local needs and protect public health.

Prior to April 2013, Primary Care Trusts (PCTs) led on the commissioning of Genitourinary Medicine (GUM) and reproductive health services, including some HIV prevention services. PCTs also commissioned end of life care. Specialised commissioning groups, with responsibility for the commissioning of high cost and low volume rare services, often commissioned specialised HIV care and treatment services.

LAs often led (and in many cases still do) the commissioning of social support for people living with HIV, respite and nursing home placements and some prevention services.

Current arrangements

The change in responsibilities for commissioning along the sexual health and HIV pathway is set out in [guidance for commissioners of HIV, sexual and reproductive health services](#).

Whilst commissioning responsibilities may have changed, the duties and focus of those responsible continues to include:

- reduction in new HIV and other sexually transmitted infections (STIs)
- reduction in late diagnosis of HIV infection
- promoting good sexual health, prevention and self-management
- effective treatment of illness

The role of NHS England

The single operating model

NHS England operates a single national approach for commissioning all prescribed specialised services with single national service specifications. The aim is to ensure consistent standards nationally in order to improve equity and outcomes. Although what will be done is being set nationally, how things are done will need local flexibility to enable service arrangements which take account of patient flows, the provider landscape and geographical considerations.

Key responsibilities

NHS England leads on direct commissioning for a number of service areas pertinent to sexual health and HIV including: contraception provided as an additional service under the GP contract (excluding sub dermal Implants and Intrauterine Contraceptive devices that are the responsibility of LAs):

- HIV treatment and care (including drug costs for post exposure prophylaxis (PEP/PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- Sexual Assault Referral Centres (SARC)
- cervical screening
- specialist foetal medicine services
- national screening programmes such as antenatal screening

Prescribed specialised services

NHS England is now responsible for commissioning prescribed specialised services through provider based commissioning. The focus on providers means that Area Teams hold contracts with local providers and fund activity irrespective of where the patient lives, as long as they are eligible for NHS treatment.

HIV care and treatment is one of these prescribed specialised services, meaning that it meets the following four tests that have been set down by the Secretary of State:

1. the rarity of the condition means that a small number of individuals require the provision of the service or facility
2. the cost of providing the service or facility is high
3. the number of people able to provide the service or facility is limited
4. the financial implications for CCGs if they were required to arrange for the provision of the service or facility

Specialised HIV care and treatment is defined as inpatient care provided by specialist centres and outpatient care provided through network arrangements. Where there is an approved policy, NHS England is responsible for the commissioning of all antiretroviral (HIV) drugs listed in the British National Formulary, and also commissions some high cost Payment by Results (PbR) excluded hepatitis and anti-fungal drugs where these are required for complex or co-infected patients, in line with agreed specifications, policies and NICE Technology Appraisal Guidance.

It should be noted that as HIV is a multi-system disease with a number of possible complications, their specialised care may fall under other specialised service areas rather than being the responsibility of the HIV service.

Collaborative Commissioning with LAs

Only NHS England can legally commission HIV care and treatment services, unless there is specific and approved agreement by all parties for this not to be the case. LAs, CCG and NHS England are able to collaborate to commission services together where all parties deem that patient care and services would benefit as a consequence.

NHS England has sought its own legal advice on whether it is permitted to participate in collaborate commissioning and this has been confirmed as permissible under a section 75 agreement where all parties agree to do this and where this is authorised from NHS England's perspective by the Regional Office. Use of this mechanism will require an agreement about lead commissioning arrangements and the contract to be used as well as legal advice for the respective partners.

Specialised HIV care and treatment commissioning infrastructure

All specialised services areas have a clinical reference group with clinical representatives from all Clinical Senate Areas, as well as Patient and Public membership and membership from professional and training bodies. Their role is to advise on the production of a number of national commissioning products including service specifications, policies, CQUINs, QIPP etc. Details of the [Clinical Reference Group for HIV services](#) can be found on the NHS England website.

Service specification and assessment of compliance

The HIV CRG has developed both [adult and paediatric service specifications](#) which are applied consistently across the country:

The specifications are written to take account of the need for formalised network arrangements which as a minimum should be pathways and governance. The model of care should be consultant-led, with multi-disciplinary team arrangements to support treatment initiation and complex patients. The specifications note the wider HIV and sexual health pathways and the importance of these being in place in order that the HIV specifications can be effectively delivered.

All specialised services have recently completed an assessment of compliance against service specifications. Providers found not to be compliant have agreed 'derogations' or time limited action plans to achieve compliance. The CRG will be reviewing and updating the specification in 2014/15, to further clarify network arrangements and the responsibilities of those in a network.

Specification compliance and the [Operating Plan Guidance for 2014-19](#) will act as the key drivers for change in the provider landscape in specialised services, which will continue to see a concentration of expertise into fewer specialist centres. Commissioners responsible for the sexual health and HIV pathway will need to work together to develop solutions which ensure access whilst concentrating expertise.

HIV outpatient tariff

There is now a mandated [currency for HIV outpatient care](#). Monitor is now responsible for price setting and work will continue over the next two years to determine pricing for this.

Issues for clarification

Whilst the care and treatment service specification makes reference to the pathway of care that someone with HIV may need, a number of these services are the commissioning responsibility of either Local Authorities or CCGs.

To clarify, the responsibility for the following service areas is as follows:

- **HIV testing:** where this is a campaign, a community based programme, or activity in sexual health services, this is a Local Authorities responsibility. Testing that occurs in other clinical services will be funded as part of the overall commissioning of that service by CCGs or one of NHS England's direct commissioning functions
- **HIV prevention:** where this is a campaign, a voluntary sector or community based programme, or activity in sexual health services, this is a Local Authorities responsibility. Post exposure prophylaxis is a type of HIV prevention for which NHS England specialised commissioning funds the drugs but the attendance and other activity will be funded by the CCG or Local Authority
- **sexual health, reproductive health and conception services for HIV positive people:** these are not part of the treatment for someone's HIV infection per se and so are an exclusion to specialised commissioning. Responsibility for commissioning is in line with the mainstream relevant service
- **HIV social support:** this may be funded by Local Authorities or CCGs
- **Non-HIV care & treatment needs:** people living with HIV need access to relevant primary, community, acute and other specialised services, like any other member of the general population. Meeting these needs will be the responsibility of Local Authorities, CCGs or NHS England

Respite, rehabilitation or end of life care: these services are commissioned by LAs or CCGs, and will include those services which offer a dedicated HIV service.

Shared Responsibilities

Commissioners along the HIV pathway have shared responsibilities, which mean collaboration is likely to enable all parties to deliver the desired improvements:

- managing supply and pathways – including use of specifications, tendering, lead commissioner arrangements and lead provider contracts or other mechanisms, appropriate to local need
- reducing new infections – this will include working together to understand the role of treatment in prevention and the public health and social support needs of high risk groups
- expanding testing – as part of opportunistic, clinical care and as part of community based community campaigns
- earlier diagnosis – to reduce increases in new infection and need for complex care
- innovation and new models of care - which continues to reduce sexual ill health, improve the outcomes of those needing care and reduce costs
- cost efficient care
- personal responsibility and self-management – co-production with patients and communities to create a sustainable response to improved sexual health
- patient experience – ensuring those who use services have the best experience possible

Pathway issues: HIV testing

The response to increasing the diagnosis of HIV infection and reduction in late diagnosis will need to be tailored to local areas. A range of toolkits are available to assist with this including this [Commissioners Guide](#).

Pathway issues: HIV prevention

Previously the NHS often organised prevention services and intervention on a bigger footprint than a PCT. Collaboration recognised that populations do not observe such boundaries and prevention for small, but high risk groups was more cost effective. The same issues apply, and Local Authorities will be considering the best response in terms of local and collaborative schemes.

Pathway issues: Support needs

People with HIV experience higher levels of poverty, deprivation and stigma than others. For prevention and treatment efforts to be successful, support infrastructure is important. There is still work to be done to understand funding flows and income streams for support services and collaboration may be required to confirm service arrangements going forward.

HIV surveillance data

The Survey of Prevalent HIV Infections Diagnosed (SOPHID) began in 1995 and is a cross-sectional survey of all persons with diagnosed HIV infection who attend for HIV care at an NHS site in the UK. SOPHID is changing to the [HIV and AIDS Reporting System \(HARS\)](#) to improve the data collection and to support surveillance data to be used for commissioning purposes, in the absence of universal use of NHS number. For more information, click [here](#).

Working together: what to do now

HIV is increasingly becoming a long term condition where the majority of patients are stable and where work is underway to review how models of care might change in future. However at present, there are no plans to review the status of HIV as a prescribed specialised service. There are a number of things areas can be doing to enhance collaboration:

- ensure the commissioners from NHS England, LAs and CCGs in a Local Area make contact to understand the current commissioning arrangements of existing providers and keep each other engaged on approaches and commissioning intentions
- linking commissioners with PHE leads and Directors of Public Health
- get involved in the PHE [project](#) to developing a National Framework for Commissioning HIV, sexual and Reproductive Health Services which is being supported by MEDFASH
- ensuring HIV is promoted as a public health priority with tin the Clinical Senate and the Health & Wellbeing Board
- working together on the [NHS England 5 year strategy](#) to transform inputs and outcomes of services. This is being done at an Area Team level as well as nationally for specialised services. In specialised, anyone can put forward ideas about change

Future editions of the bulletin

This bulletin is for you, and can only work if it is responding to the issues that are currently concerning you. Each monthly edition will therefore focus on a 'live' issue, or issues. These issues will be identified by assessing the questions raised on the commissioners' group forum; questions that have come direct to PHE, LGA or DH, and questions that have been raised through [our dedicated inbox](#).