

# HIV Outpatient Currency

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# Agenda

- 10.30-10.50 Introduction
- 10.50-11.30 The Pathway
- 11.30-12.00 The Data Set

## LUNCH

- 13.00-13.30 Commissioning
- 13.30-14.00 Providers
- 14.00-15.00 ALL
- 15.00-15.30 Final Questions

# What is PbR?

- A system in which Commissioners of care pay providers for the number and complexity of patients treated, using a price list – the national tariff – for all activity within the scope of PbR
- Covers admitted patient care, outpatients and A&E, and is moving into new areas in 2012/13
- Introduced in 2003-04
- Replaced block contracts based on historic costs
- Part of a group of payment systems known internationally as 'casemix' funding

**In essence.....**

$$\text{Price} \times \text{Activity} = \text{Income}$$

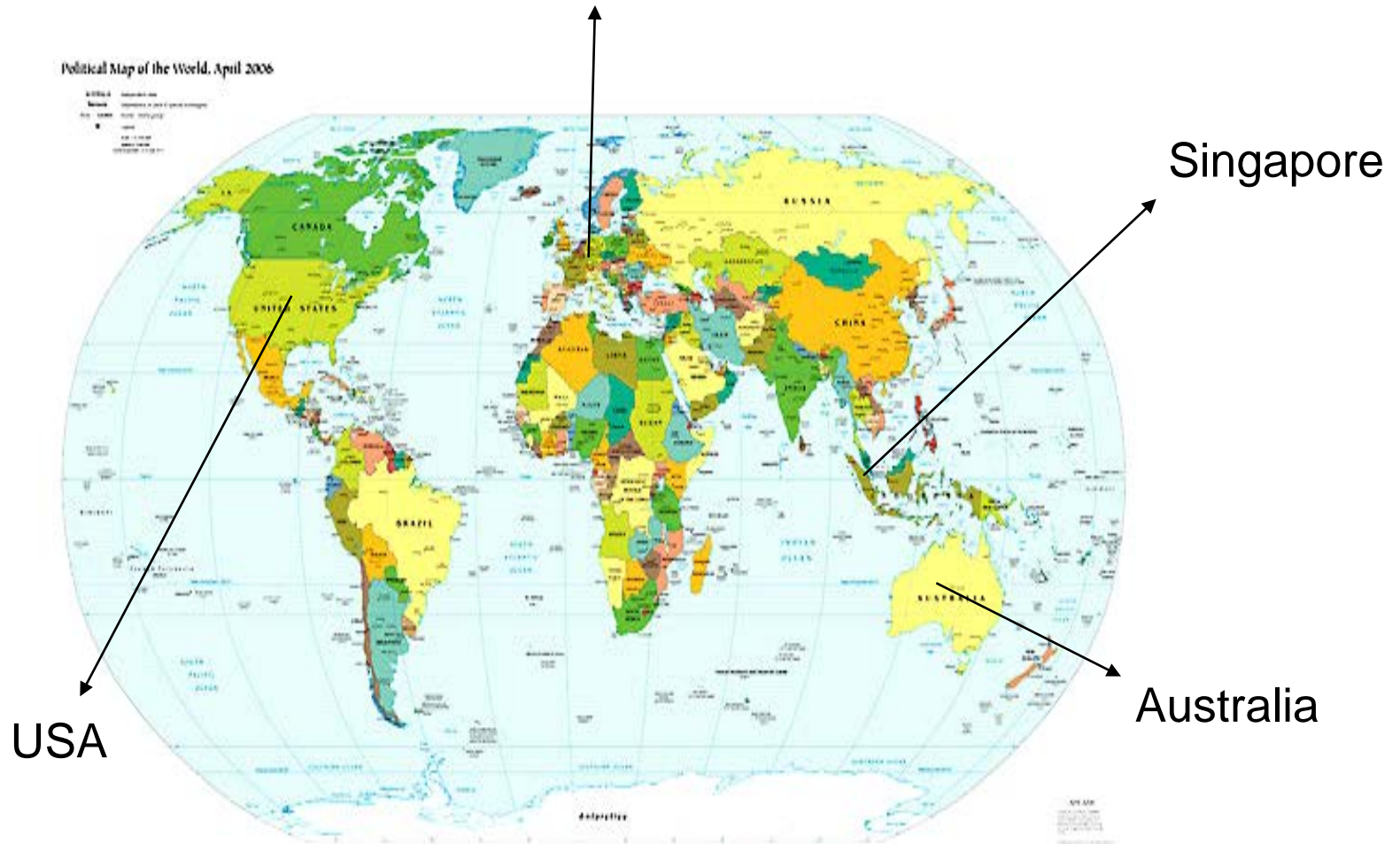
# Why was PbR introduced?



- Increase efficiency e.g. reduce length of stay in hospital
- Focus on quality by removing price competition
- Create an open and transparent system
- Support Patient Choice, money follows the patient
- Following international best practice

# PbR is not unique to England.....

France, Germany, Ireland, Switzerland, Holland, Poland, Portugal, Slovenia, Norway



# Levels of PbR

## 3 Models of PbR

National Currency  
National Price

National Currency  
Local Price

Local Currency  
Local Price

- National pricing - depends on services being sufficiently standardised & appropriate
- National currency – depends on standardised data flows
- Local currency – reflects local arrangements

# Terminology – cost, tariffs and currencies

**Cost** = what the provider *spends* to provide the service

**Currency** is the **unit of healthcare** to which a cost or price can be attached.

**Tariff** is the list of **prices** we publish which are attached to a unit of currency

# HIV Outpatient Services Currency Introduction



- Working in cooperation with BHIVA and BASHH, Commissioners and Providers
- National Reference Group been working on this for a number of years
- Currency Guidance, Simple Guide, Pathway and Dataset development



# Who is the NRG

- Paul Fenlon, PbR team, Department of Health (Chair)
- Achim Schwenk, North Middlesex University
- Andrea Duncan, Sexual Health Programme Manager, Department of Health
- Alison Brown, Health Protection Agency (HPA)
- Anton Pozniak, BHIVA representative
- Claire Foreman, Lead Commissioner HIV, London SCG
- Dr Emile Morgan, HIV Clinician, Bolton
- Ges Molina, London Specialised Commissioning Group
- Jane Anderson, Homerton Hospital, BHIVA Chair
- Jonathan Ross, Professor of Sexual Health and HIV/ BASHH Representative
- Kay Orton, HIV Policy Manager, Department of Health
- Kieren Caldwell, Commissioner, WMSCG
- Malcolm Qualie, East Midlands SCG
- Martin Fisher, Brighton and Sussex University Hospitals NHS Trust
- Memory Sachikonye, UK CAB
- Peter Chapman, Chelsea & Westminster Hospital
- Peter Sharott, Pharmaceutical Adviser
- Richard Russell, RSR Consultants Ltd, PbR specialist
- Sarah Stephenson, Greater Manchester Sexual Health Network
- Simon Barton, HIV Consultant, London HIV Consortium
- Steve Taylor, Lead Consultant HIV Services, Birmingham Heartlands Hospitals
- Valerie Delpech, Health Protection Agency

# What is it

- 3 groupings of adult outpatient patients (rather than per attendance etc.) categorised on a quarterly basis
- Category 1 – New (newly diagnosed / started ARV)
- Category 2 – Stable
- Category 3 – Medically Complex (e.g. pregnant)

# Why have the seminars now



- Advance Notice of a new dataset now published
- HIV and Aids Reporting System (HARS) run by the Health Protection Agency beginning roll out of the dataset
- Want to hear your feedback

## Information Standards Notice – New Standard

The ISB has approved a new information standard. You should comply with it by the implementation date specified below. Further information is available on [www.isb.nhs.uk](http://www.isb.nhs.uk) or by emailing [information.standards@nhs.net](mailto:information.standards@nhs.net).

# ISB Approval

Standard	
Date Published	
DH Gateway Ref	
Implementation Completion Date	31/03/2014
Standard Number	ISB 1570
Title	HIV and AIDS Reporting System (HARS)
Description	<p>The HIV and AIDS Reporting System (HARS) is a dataset that will underpin national HIV surveillance. This return will eventually replace current HIV surveillance systems including the new HIV and AIDS diagnoses and death surveillance and SOPHID (the Survey of Prevalent HIV Infections Diagnosed).</p> <p>The HARS dataset will be used to:</p> <ul style="list-style-type: none"> <li>• Inform the public health response and policy formulation for HIV in England</li> <li>• Identify the groups at risk of HIV infection in England</li> <li>• Monitor the short and long term clinical outcomes of people living with HIV infection.</li> <li>• Monitor the effectiveness of the national policies and guidance</li> <li>• Adapt and refine interventions, as appropriate</li> </ul> <p>Secondary analyses will produce aggregate outputs that will be used for:</p> <ul style="list-style-type: none"> <li>• Support the commissioning of HIV services through collation of data to inform the national HIV outpatient tariff for payment by results.</li> <li>• Conduct performance management at the local authority and national level</li> </ul> <p>This standard defines a method for submitting the HARS data electronically which will reduce the burden on clinicians and clinic staff by pulling in data from the patient's electronic record as well as eliminate the need to report to several surveillance systems.</p>
Applies to	<p>All NHS HIV outpatient services in England, in the first instance.</p> <p>It will be used by:</p> <ul style="list-style-type: none"> <li>• Staff working in HIV and GUM clinics that provide care to HIV outpatients.</li> <li>• System suppliers providing software to enable reporting</li> <li>• Scientific and public health staff working at the Health Protection Agency, and its successor, Public Health England</li> <li>• Local authorities, primary care trusts, commissioners, strategic health</li> </ul>

## Questions to consider today

- Do you anticipate any adverse effect on your service as a result of implementing the HIV Adult Outpatient Currency?
- Are your systems data quality systems sufficiently robust enough to ensure the correct level of data validation?
- What quality and outcome measures do you think we can use to support improving service development?

Thank You