

Welcome to the PHCN newsletter

This is the monthly newsletter of the Public Health Commissioning Network, and is one of the ways members of the Network can share ideas and solutions with colleagues around the country.

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From the Editor

Welcome to the December newsletter. The wait is finally over and the **PH White Paper** has been published (p3). While we digest what it means in practice - and wait for more detail on some of the proposals - the 'day job' continues apace. We've got a record number of questions posed in the **Swapshop** this month (below and p2), and updates on questions asked last month.

An Annual Evidence Update is now available for **behaviour change for HIV** (p3) and the third edition of the Annual Population Value Review (p2) will help you use **programme budgeting** in your area. A new **JSNA website** has also been launched (p4) with help and advice for a range of key stakeholders.

Finally, many thanks to everyone who has helped with the public health **horizon scanning** (p4), and we wish you all a very Merry Christmas.

The swap shop

Share your commissioning problems with colleagues

Last month **Karthik Paranthaman** asked about **Dried Blood Spot testing**. **Siobhan Fahey** in Manchester (see below) and **April Brett** in Buckinghamshire kindly replied.

We are exploring the feasibility and need for **Dried Blood Spot testing** for injecting drug users, mainly for Hepatitis C screening but potentially for other key infections such as Hep B and HIV as well. **Has anyone commissioned DBS testing either in DAT services or in primary care?** It would be very helpful to know others' experiences, especially around issues such as patient and professional acceptability, effectiveness of screening using DBS kits and any subsequent changes in referrals for specialist treatment.

The GMHCVS (Greater Manchester HCV Strategy) implemented a project where we commissioned a set amount of DBST and training for drug workers to use them. If you would like to discuss this project in more detail we could have a telephone meeting. Thanks.

siobhan.fahey@hmr.nhs.uk

Jennie Mussard also had responses to her request to sit on a steering group looking at procedures of limited clinical effectiveness - thank you.

Any answers?

Again this month we've got lots of new questions - **can you answer any of them and help out a colleague?** If so, please email the author direct, copying in tomporter@nhs.net

- Alison Turner, Chief Knowledge Officer in Wolverhampton, asks about **monitoring patient pathways**:

At Wolverhampton City PCT, we're looking at pathways as part of the QIPP programme, in particular, in T&O and gynaecology. Deloitte conducted some work early on to inform the work programme and followed pathways to monitor how many different routes patients are currently following for key interventions, e.g. hip and knee replacements. We're finding it difficult to monitor the patient journeys and need to set up some monitoring reports - has anyone conducted any work on monitoring patient journeys and would be willing to share how they went about it?

Alison.Turner@wolvespct.nhs.uk

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The swap shop (cont.)

- *James Walker, Pathways & Map of Medicine Lead, NHS North West, asks about accurately estimating costs and savings of new pathways:*

Our Local Health Community have started to embed the cost of orthopaedic procedures into the Map of Medicine. This appears to have had a positive effect on the behaviour of GPs in terms of their referral patterns. Another LHC has targeted the referral behaviour of GPs and embedded the 'agreed referral' criteria into the Map of Medicine and estimate that there are approximately £1 million of savings to be targeted.

When LHCs start to develop new pathways baselining is a real issue for them. I am struggling to ascertain costs of procedures, what things actually cost as opposed to Bundles of Care and Tariff. We have explored NHS Comparators, HRGs etc but still struggle to pin down costs and the impact of the savings delivered when procedures are re-engineered. Is there anyone out there who is successfully delivering in this area?

James.Walker@northwest.nhs.uk

- *Adrian Coggins, NHS West Essex, asks about commissioning a specialist obesity service:*

I'm looking at how feasible it is to make a business case for commissioning a specialist obesity service focusing on multidisciplinary behavioural interventions for obese and morbidly obese patients. I'm looking at any areas where weight loss could result in short term savings both in primary care prescribing and secondary care (in patient and outpatient), and how these could be measured and audited. Grateful for discussion with anyone who is grappling with the same issues.

Adrian.Coggins@westessexpct.nhs.uk

➔ **Note:** for readers new to this area there are a number of relevant articles in the Casebook, available at www.phcn.nhs.uk/casebook

- *Fiona Dowson, from sustainability NGO Forum for the Future, asks about sustainability:*

How many Network members or their organisations have tried to consider sustainability issues (such as climate change, waste, sustainable transport, living wages) into their approach to commissioning? Or are considering doing so in the future? What role, if any, do members feel that consideration of sustainability issues can play in supporting effective commissioning in the current financial climate and in the light of the current round of NHS reforms?

f.dowson@forumforthefuture.org

- *Jeremy Wight, DPH in Sheffield, wants help with the next step of commissioning priorities:*

Once you've controlled your individual funding requests, and put a stop to procedures of low clinical value, where do you go next? Here we are having to consider stopping selected elective activity (bariatric surgery, orthopaedics) in response to our financial crisis, and need clear criteria on which to distinguish between those things that we think we can stop and those we can't. These must be based on the costs and benefits (or otherwise) of the interventions rather than the characteristics of the patients who receive them. It's tempting to try to differentiate between procedures that simply improve quality of life, and those that prolong it, but I have a feeling that would be too simplistic. Is anyone else trying to grapple with this?

Jeremy.Wight@sheffieldpct.nhs.uk

Any questions?

Got a **commissioning problem** you're currently wrestling with? **Email** tomporter@nhs.net with the subject 'Swap shop' and your query will appear here next month

The Third Annual Population Value Review

The Third Annual Population Value Review is now available on the Right Care website. The APVR is a guide and manual to using the techniques of programme budgeting, marginal analysis and the various health investment analysis tools available to the NHS to maximise value from health investment. Programme budgeting, and its related discipline of marginal analysis, offers a way of simplifying this challenge. It is systematic, comprehensive, pragmatic and inclusive. It is firmly grounded in a recognition of the resources available and using them to best effect. It acknowledges scarcity and the inevitability of making choices – often tough choices – and thereby forces all parties to confront the opportunity costs and trade-offs head-on, with openness and honesty. It embraces financial stringency as a stimulus to innovate. The tools, experience and evidence base have grown since the last edition and new sections have been added on QIPP and service line management. ➔ www.rightcare.nhs.uk/resources

NICE guidance update

NICE published the following guidance in November 2010 which may be of value to commissioners, available by searching the NICE website (www.nice.org.uk) or directly by clicking the relevant link below.

Public health guidance Preventing unintentional injuries among under-15s in the home | Preventing unintentional road injuries among under-15s: road design | Strategies to prevent unintentional injuries among under-15s

Interventional procedures Interspinous distraction procedures for lumbar spinal stenosis causing neurogenic claudication | Non-rigid stabilisation techniques for the treatment of low back pain | Radiation therapy for early Dupuytren's disease | Uterine artery embolisation for fibroids

Technology appraisals Gastric cancer (HER2-positive metastatic) - trastuzumab | Gastrointestinal stromal tumours (unresectable/metastatic) - imatinib

Commissioning services for people with Learning Disabilities

Improving Health and Lives: the Learning Disabilities Observatory was set up to provide intelligence for people commissioning and running health services for people with learning disabilities. It is part of the Government's response to the Mencap report outlining the deaths of six people due to inadequate care. So far we've published work on annual GP health checks (systematic review of evidence on their effectiveness, and analysis of coverage over the last two years), briefings on health inequalities for people with learning disabilities, and on implications of these for commissioners, and a document setting out what we mean by learning disabilities.

You can find all these and much more on the website at www.ihal.org.uk. You can also tell us what other areas of work would be helpful to you in the discussion group for commissioners of learning disabilities services at www.ihal.org.uk/talk/group.php?gid=210

Gyles.Glover@ihal.org.uk

2010 Annual Evidence Update - Sexual Health: HIV/AIDS - Behaviour change in high-risk populations

To coincide with World Aids Day on 1st December the National Library for Public Health, a specialist collection of NHS Evidence, have published the 2010 Annual Evidence Update on *HIV/AIDS - Behaviour change in high-risk populations*. Available from 29th November, this update identifies and contextualises all high-level evidence and guidelines published in the last 12 months on behaviour change interventions in high-risk populations including ethnic minorities, gay men, injecting drug users, commercial sex workers, and other populations. This year, the Library has teamed up with a number of experts in the field of sexual health to evaluate the evidence.

➔ Annual Evidence Update HIV website

Public Health White Paper

Healthy Lives, Healthy People is the title of the much-anticipated Public Health White Paper, which was released on 30 November. Although the concept of 'nudge' and the establishment of Public Health England made the headlines, perhaps of more relevance to many PHCN members will be the local structural changes proposed, the interface with the NHS and how the ring fenced budget will work. Before March 2011 there will be a consultation on elements of the White Paper, as well as the way PH is commissioned and funded, and the PH outcomes framework (for the latter two further documentation is

Forthcoming conferences

GP Led Commissioning: Creating the New Landscape

Wednesday 16 February 2011
Cavendish Conference Centre, London

This one day conference provides delegates with the opportunity to hear from a variety of healthcare professionals on topics including;

- GP Commissioning: Creating the New Commissioning Landscape
- Commissioning for QIPP: Empowering commissioners to maximize value and clinical commissioning capability
- Developing GP Consortia: Case studies of Developing Shadow Consortia in Practice
- Patient Led or GP Led? Involving patients in GP led commissioning
- Rewarding and improving quality outcomes improvement through commissioning
- Commissioning on the basis of Patient Reported Outcomes
- Learning from GP fundholding and practice-based commissioning
- The PCT role in supporting the transition
- What should you be doing now to prepare for the changes?

Contact: For more information please call Stephen on 020 8541 1399, email stephen@healthcare-events.co.uk or visit www.healthcare-events.co.uk

Commercial Capabilities for the NHS – Delivering Quality, Efficiency Services

Tuesday 15 February 2011
Church House Conference Centre, London

This conference will provide the detail behind the debate, policy analysis, best practice advice and guidance, plus a showcase of supportive, innovative products and services available from industry providers.

Places at this conference are being provided by the organisers free of charge for PHCN members - quote 'PHCN 6' and email Bookings@govtoday.co.uk.

More details: www.efficientservicesnhs.co.uk

awaited). We'll have more on the White Paper in next month's newsletter. In the meantime if you've not already seen it, it's on the DH website now.

➔ www.dh.gov.uk/en/PublicHealth/Healthyliveshealthypeople

Ways to maximise benefits from the Joint Strategic Needs Assessment

New website launched 16th November 2010

Whether you are a member of a charity or voluntary organisation, a commissioner or a policy lead, or perhaps part of the LINKs team, driving forward community engagement, you will want to achieve the best health and well-being outcomes at the community level. A new website portal has been launched, the result of Strategic Partnership activities that have been developing refinements to the JSNA process.

Visit www.vodg.org.uk/jsna-resources.html to find useful toolkits, briefing notes and guidance for:

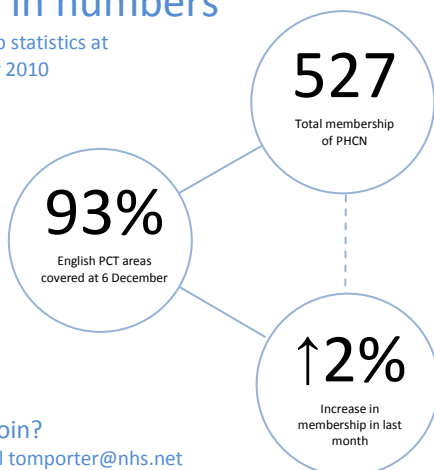
- **charities and voluntary organisations**, who are, or wish to make contributions on the needs and gaps in service and the quality of service for their community's JSNA;
- **local involvement networks LINKs** as they drive forward community engagement strategies and best practice;
- **commissioners and policy leads** to gain access to more than 350,000 voluntary sector organisations, giving an insight into how charities and voluntary organisations can provide added value to the JSNA process through innovative and cost effective ideas that create better health and well-being outcomes.

In addition, a new JSNA website portal for Local Authorities & Councils will be available soon, on the Local Government Improvement and Development site.

Article submitted by DH Health Inequalities & Local Improvement Programme

PHCN in numbers

Membership statistics at
6 December 2010



Want to join?

Please email tomporter@nhs.net

Please keep your membership details up-to-date.

If you've recently changed organisations, interests or role, please email tomporter@nhs.net so the Member Directory remains current. Thanks.

Thank you to PHCN members

Many thanks to all PHCN members who have helped so far with the **horizon scanning spreadsheet** - we've had lots of suggestions - do you have any?

→ www.phcn.nhs.uk/horizonscanning

And thanks too to those members who helped by submitting their area's **plastic surgery commissioning policy** - a list of those received is available on the Right Care pages of the PHCN website

→ www.phcn.nhs.uk/rightcare

Finally, do you have any suggestions for other ways we can use the collective wisdom of the (over) 500 members of PHCN? Please let us know by email

→ tomporter@nhs.net

About PHCN

The Public Health Commissioning Network (PHCN) was founded in 2008 to try to link together everyone involved in commissioning for public health problems - working in the NHS in PCTs and SHAs, or in Local Authorities for the wider determinants of public health; and from Directors of Public Health and Health Improvement Principals in PCTs to Housing Officers and Directors of Adult Social Services in Local Authorities.

After an evaluation of the first year of PHCN (available at www.phcn.nhs.uk), the Network is now more focused, acting as a support to put commissioners in touch with one another via the Member Directory, and help them share and learn from experiences through newsletters such as this and the Casebook.

If you would like to join PHCN or submit an article or information for the next monthly PHCN newsletter please email Tom Porter (tomporter@nhs.net) and we'll get back to you. The copy date for the January 2011 issue is **3 January 2011**.

The PHCN team: Dr Tom Porter, Project Manager and Sir Muir Gray, Director.

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