

Commissioning for Infection Prevention

Debbie King, Solihull Clinical Commissioning Group

A Webber Training Teleclass

**Commissioning
for Infection Prevention**

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Hosted by Maria Bennallick
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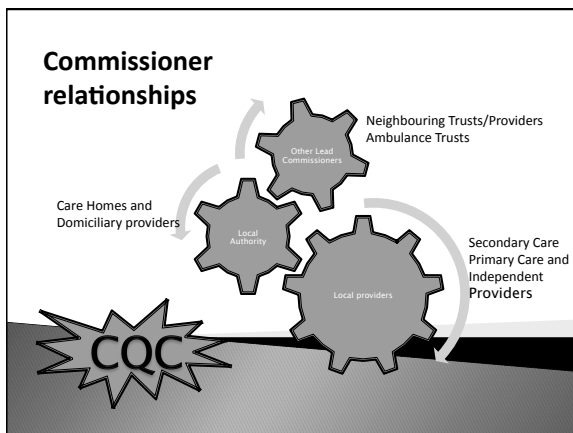
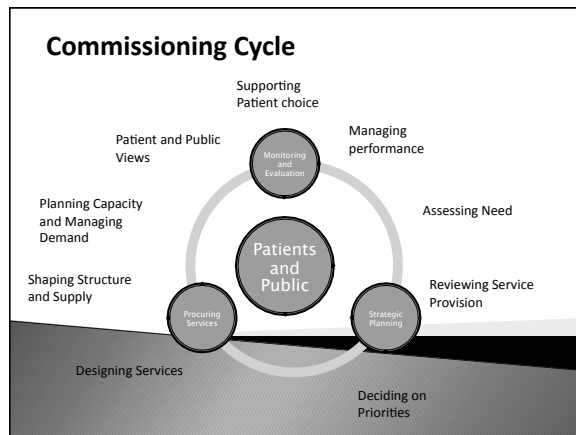
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Aims & Objectives

- To provide update on the new NHS architecture
- To outline commissioning responsibilities in the new NHS
- To provide an overview of commissioning in respect of IPC
- To provide a insight into how commissioning for IPC needs to look in the future
- Foster understanding of the relationships between commissioner and provider

What is Commissioning?

- Secure services to meet health needs of local populations
- Balance best quality and value for public money
- Improve quality services for patients
 - Clearly defined outcomes
 - Improve efficiencies
 - Reduce variation



So how does it work?

- Primary Care Trusts “commission” services
- Set priorities
- Develop services specifications
- Draw up contracts
 - National standard contracts for acute, mental health, community & ambulance services
- Monitor Performance
 - Financial
 - Quality

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But...

- Despite world class commissioning programme
 - Decisions too removed from patients
 - Divorced from clinical influence

So....

Equity & Excellence: Liberating the NHS

- Putting patients first
- Improving healthcare outcomes
 - Focus on safety & quality
- Autonomy, accountability & democratic legitimacy
- Cutting bureaucracy & improving efficiencies

Department of Health July 2010



Cutting bureaucracy & improving efficiencies

- £20 billion efficiency savings by 2014
 - Reinvested to support quality & outcomes improvements
- Reduce NHS management costs by 45%
 - Free up finances for front line care
- Simplify NHS bodies
 - Reduce DH functions
 - Abolish quangos



Autonomy, accountability & democratic legitimacy

- Greater freedom from political micromanagement
- Devolve commissioning power closer to patients
 - GPs!
- LA join up to NHS, social care & health improvement
- Establish NHS Commissioning Board
- Social enterprises & FTs
- Economic regulator
- CQC health & social care quality inspectorate

Improving healthcare outcomes

- Reduce mortality & morbidity
- Increase safety
 - Culture of open information, active responsibility & challenge
- Improve experiences & outcomes
 - Paid according to performance not activity
 - Reflect outcomes
 - Better incentive for quality

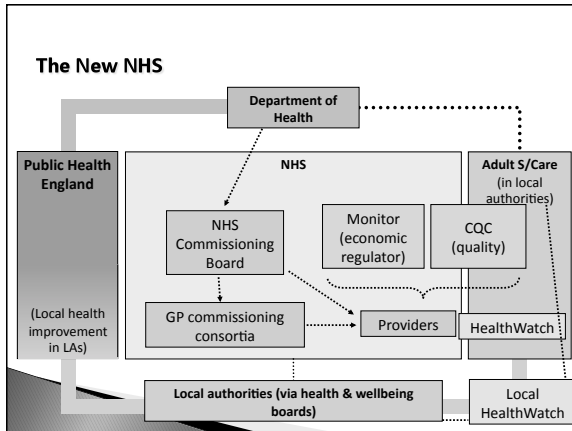
Putting patients first

- No decision about me without me
- Access to information they want to make choices
- Choice of provider
- Patients to rate hospitals/ care according to quality

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Role of CCGs

- ▶ Statutory duties
 - Complaints
- ▶ Quality Assurance
 - Commissioned providers
- ▶ Quality Improvement
 - Commissioned providers
 - Member practices (primary medical care - GPs)

National Outcomes Framework

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm

Derived from the three part definition of quality first set out by Lord Darzi as part of the NHS Next Stage Review.

Quality is key

- ▶ Lord Darzi (NHS Next Stage Review) defined quality as:
 - Safety
 - Effectiveness
 - Patient experience



What does it all mean?

- ▶ Population approach across all commissioned services
- ▶ Health economy perspective, working with social care commissioners
- ▶ Diversity of providers across acute and community settings
- ▶ Possibility of a plurality of providers in future health provision

What does it all mean? (2)

- Procurement of new services/ service redesign
- Setting quality indicators and performance measures for current services
- Influence the commissioning of services advantageous to reducing infections
- Decommissioning of services
- Working independent practitioners; GPs, dentists
- NHS Commissioning Board

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What does it all mean? (3)

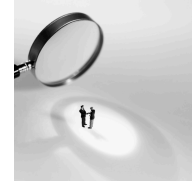
- ▶ Quality assurance of services
 - Preventing future Mid Staffs
- ▶ Influencing systems for future assurance
 - Engaging CCGs
 - Local structures; Commissioning support units, NCB, public health

What it doesn't mean...

Micro-management of trusts/
services

BUT...

Commissioners **DO** require
robust assurance



So how do we do this?

- ▶ Quality Assurance
 - The Contract
- ▶ Quality Improvement
 - CQUINS
- ▶ Primary Care Quality Improvement
 - NOT assurance
 - Primary Care QA = NHSCB

The Contract

SECTION B PART E - QUALITY

Section B Part E.1: Quality Requirements

PHQ27	Meticillin resistant <i>Staphylococcus Aureus</i> (MRSA) bacteremia	Insert the Provider's centrally set trajectory for the reduction in the incidences of MRSA	Insert as per local determination	Insert as per local determination
PHQ28	Rates of <i>Clostridium difficile</i>	Insert as per local determination	Review of monthly report under Clause 38.1 of the Core Legal Clauses	As set out in Section B Part 8.5

SECTION E

CORE LEGAL CLAUSES AND DEFINITIONS

Section B Part E.5: *Clostridium difficile* Adjustments Tables

35 HCAI REDUCTION PLAN

35.1 The Provider shall have an HCAI Reduction Plan for each Contract Year and shall comply with its obligations under that plan. The HCAI Reduction Plan should reflect local and national priorities relating to HCAI including without limitation antimicrobial resistance.

CQUINS

National NHS Safety Thermometer CQUIN Payment Scheme 2012/13

Goal Number	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	NHS Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE	TBC	TBC	Safety

Locally determined CQUINS
2.5% contract value
Ambition to increase value

The story so far



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The story so far (2)

- Profile HCAI soars
 - Rising infections rates
 - Nationally reported incidents
 - Stoke Mandeville
 - Mid Staffs enquiry (asked what the commissioners were doing)



The story so far (3)

- Recent growing emphasis on commissioning
 - World Class Commissioning programme
- ICNs in PCTs
 - Community services
 - Primary Care Providers
- Transforming Community Services
 - Some staff TUPE'd
 - PCT retained staff
 - Commissioning role develops

Where does IP&C fit?

- ▶ Integral part of quality agenda
 - Safety

Domain 5 Treating and caring for people in a safe environment, and protecting them from avoidable harm

Reducing the incidence of avoidable harm
 5.2 Incidence of healthcare associated infection (HCAI)
 i MRSA
 ii C. difficile

Where does IP&C fit?

- Integral part of quality agenda
 - Patient experience

Domain 4 Ensuring that people have a positive experience of care

- Effectiveness

Domain 3 Helping people recover from episodes of ill and following injury

A day in the life of ...

- What do we do?
 - Work with commissioners, contract managers & providers
 - Negotiate objectives, indicators for HCAI
 - Seek assurance and challenge providers
 - Work across health economies to reduce variation, improve quality & outcomes
 - Analyse HCAI performance on provider & population level
 - Set health economy agenda for HCAI reductions

A day in the life of ... (2)

- How do we do it?



- Health economy approach
- The contract
- Specialist advice to contract managers
- Rationalise
- Engagement

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Coordinating a health economy approach

- Health Economy Group
 - All provider reps
 - CCG leads/ quality leads
- Health Economy Strategy
 - Development and Leadership of the health and social care economy
 - Contracting (including setting clear expectations of achievement e.g. compliance with the code of practice for infection prevention and control)
 - Performance Monitoring against the contract (gaining assurance)
 - Organisational Accountability

Professional influences



- #### Commissioning network
- Position statement
 - Revision in development
 - Functions map & options appraisal
 - Emerging role in Public Health
 - Commissioning framework

<http://www.ips.uk.net/uploads/Board/IPSRCNtoolkit.pdf>

So what of the future

- ▶ HCAI policy
- ▶ HCAIs and the New Health System
- ▶ Future HCAI Policy Development

HCAI policy

- Reducing HCAIs and addressing issues relating to antimicrobial resistance remain Government priorities
 - All NHS organisations adopt a zero tolerance approach to all avoidable healthcare associated infections
 - Reduce/eliminate variation in HCAI levels between the very best and worst healthcare providers
 - Recognises the progress the NHS has made to reduce level of MRSA bloodstream infections and CDIs
 - Potential to drive these and other infections down further and achieve greater consistency

HCAIs and the New Health System

- HCAI to feature in future NHSCB contract with Clinical Commissioning Groups and all relevant high level healthcare outcome frameworks:
 - NHS Outcomes Framework
 - Commissioning Outcomes Framework
 - Adult Social Care Outcomes Framework
 - Public Health Outcomes Framework
 - NHS and GP contracts

Future HCAI Policy Development

- Influencing indicators included in future Outcomes Frameworks
 - Moving to performance management of MRSA BSI based on avoidability
 - Exploring a collective indicator to deliver zero tolerance to all avoidable HCAI infections -from 2013-14
- Improving Intelligence and management of non-trust apportioned infections
 - Learning from local experience
- Reviewing accountability mechanisms for HCAIs in 2013-14 to reflect changes in healthcare architecture

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So what of the future(2)

National guidance to CCGs
•Make, share or buy

Francis report

Harm free care
Positive patient
experience

**Thank you for
listening**

Coming Soon

13 February (*South Pacific Teleclass*) HOSPITAL DESIGN AND INFECTION PREVENTION AND CONTROL
Speaker: Dr Massimo Giola, Bay of Plenty District Health Board, New Zealand

28 February THE CLINICAL AND BUSINESS CASE FOR INVESTING IN IMPROVED ENVIRONMENTAL HYGIENE
Speaker: Mark Heller, Unisource Worldwide

06 March (*WHO Teleclass*) PATIENT PARTICIPATION IN HAND HYGIENE PROMOTION AND IMPROVEMENT
Speaker: Prof. Yves Longtin, University of Laval, Canada

07 March RATIONALE AND CONCEPTS IN DENTAL INFECTION CONTROL
Speaker: Prof. Raghu Puttaiah, Managed Care Concepts

14 March UPDATE ON "NO TOUCH" ROOM DISINFECTION SYSTEMS: UV LIGHTS, HYDROGEN PEROXIDE AND OZONE

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