Commissioning for Infection Prevention
Debbie King, Solihull Clinical Commissioning Group
A Webber Training Teleclass

Commissioning for Infection Prevention
Debbie King
Deputy Chief Nurse
HCAI Lead
Solihull Clinical Commissioning Group

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

Commissioning Cycle

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....

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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The New NHS

Role of CCGs

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

National Outcomes Framework

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 Mild 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

CQUINS
National NHS Safety Thermometer
CQUIN Payment Scheme 2012/13

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Goal Name</th>
<th>Description of Goal</th>
<th>Goal</th>
<th>Expected financial value of Goal (£)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE</td>
<td>NHS Safety Thermometer</td>
<td>Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE</td>
<td>TBC</td>
<td>TBC</td>
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CQUINS

Localy 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

<table>
<thead>
<tr>
<th>Domain 5</th>
<th>Treating and caring for people in a safe environment; and protecting them from avoidable harm</th>
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</thead>
<tbody>
<tr>
<td>5.2</td>
<td>Incidence of healthcare associated infection (HCAI)</td>
</tr>
<tr>
<td></td>
<td>MERSA</td>
</tr>
<tr>
<td></td>
<td>C. difficile</td>
</tr>
</tbody>
</table>

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


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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