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By email to: nhswhitepaper@dh.gsi.gov.uk

White Paper Team
Room 601
Department of Health
79 Whitehall
London SW1A 2NS

Re: Equity and Excellence: Liberating the NHS

We wish to submit the following comments for consideration, in response to the request for consultation on the government NHS White Paper 'Equity and Excellence: Liberating the NHS'. The British HIV Association is the leading professional association in the UK representing professionals in HIV care and is committed to providing excellence in the care of those living with and affected by HIV. One of the association's main aims is the development and promotion of good practice in the treatment of HIV and HIV related illnesses. BHIVA has over 900 members covering all health care disciplines. It has strong links to patient and community groups and has patient representation on its executive committee and all sub-committee and working groups, ensuring a strong patient voice within the work of the association. HIV clinical services in the UK are recognised internationally to be of high quality with excellent health care outcomes.

Putting patients and public first

We welcome the emphasis the white paper places on patient involvement, particularly around shared decision making and patient choice.

HIV services historically have had a strong ethos of partnership between patients and their clinical carers in providing high quality care and promoting self management. Many HIV services have developed strong user forums and patient representative services which have had a positive impact on service provision. We very much hope the NHS will invest resources in continuing to develop PPI projects nationwide.

We support patient choice in the care for long term conditions as part of personalised care planning. Open access HIV clinical services has enabled patient choice of their care provider, improved patient confidence in the care they receive and helped to improve standard of care provided. We believe patient choice is very important in ensuring the provision of quality services and personalised care and would wish to see the retention of open access HIV services in the future what ever the commissioning arrangements.

We welcome the recommendation for patients to have the right to register with a GP practice of their choice. All GPs should have the competence and confidence to be involved with the care of patients with HIV infection, not least in the provision of primary health care needs but we recognise that historically for many patients GP involvement in their care has been limited. As a chronic medical condition it is important that GPs play an important role in providing care to patients with HIV infection and there are many examples of best practice

where this has occurred. Patient choice of GPs has the potential for improving GP expertise, patient confidence and patient care.

Improving health care outcomes

We welcome the focus of the white paper on improving health care outcomes and the development of quality standards to inform commissioning of services.

BHIVA regularly publishes and updates clinical guidelines for the management of HIV infection. These guidelines inform best practice across the UK and are internationally recognised. BHIVA also undertakes a national audit programme which has been supported by the DH, to monitor adherence to guidelines and measure outcomes. BHIVA as the lead organisation in collaboration with BASHH, BSI and the RCP published in 2007 clinical standards for HIV care, which have helped inform and shape commissioning of HIV services nationally. Currently, in collaboration with the RCGP, and community organisations, BHIVA has set up working groups to develop social care standards and improve primary care involvement in HIV care. We are therefore in a strong position to help develop outcome indicators and quality standards for HIV services and would very much welcome the opportunity to work with the DH and NICE to produce these.

We also seek reassurance that sufficient resources and investment in HIV services in the NHS will continue to be made available to ensure providers are able to deliver a high quality service to the benefit of patients.

Commissioning arrangements

We are concerned about the proposed commissioning arrangements and the potential this may have on the provision of HIV services.

Commissioning of HIV services in England as part of specialised services has had a beneficial impact on service provision. As an example in London, where approximately 50% of all individuals with HIV receive their HIV care, the London HIV consortium has worked hard to ensure equal access to HIV treatments, ensure cost effective drug procurement and involved patient representatives and clinicians at all levels of their decision making. As a consequence the consortium has gained a great deal of expertise which is important to retain. There are other examples across England where commissioners have worked well with clinicians and community groups to provide quality services.

It is important that whatever the future arrangements for commissioning, this commissioning expertise is retained and developed and that HIV services are not destabilised or threatened due to re-organisation or inadequacies in the commissioning process. We would favour the responsibility for commissioning HIV services be retained at the level of the national commissioning board whilst indicator outcomes and quality standards are agreed and expertise in GP consortia developed. We feel in the interim this is in the interest of patient care.

We thank you for consideration of our comments and look forward to working collaboratively to help maintain and further develop high quality HIV services in the future.

Yours sincerely

A handwritten signature in black ink, appearing to read 'I G Williams', with a long horizontal line underneath it.

Dr Ian Williams
Chair, British HIV Association (BHIVA)