Better Health, Brighter Future

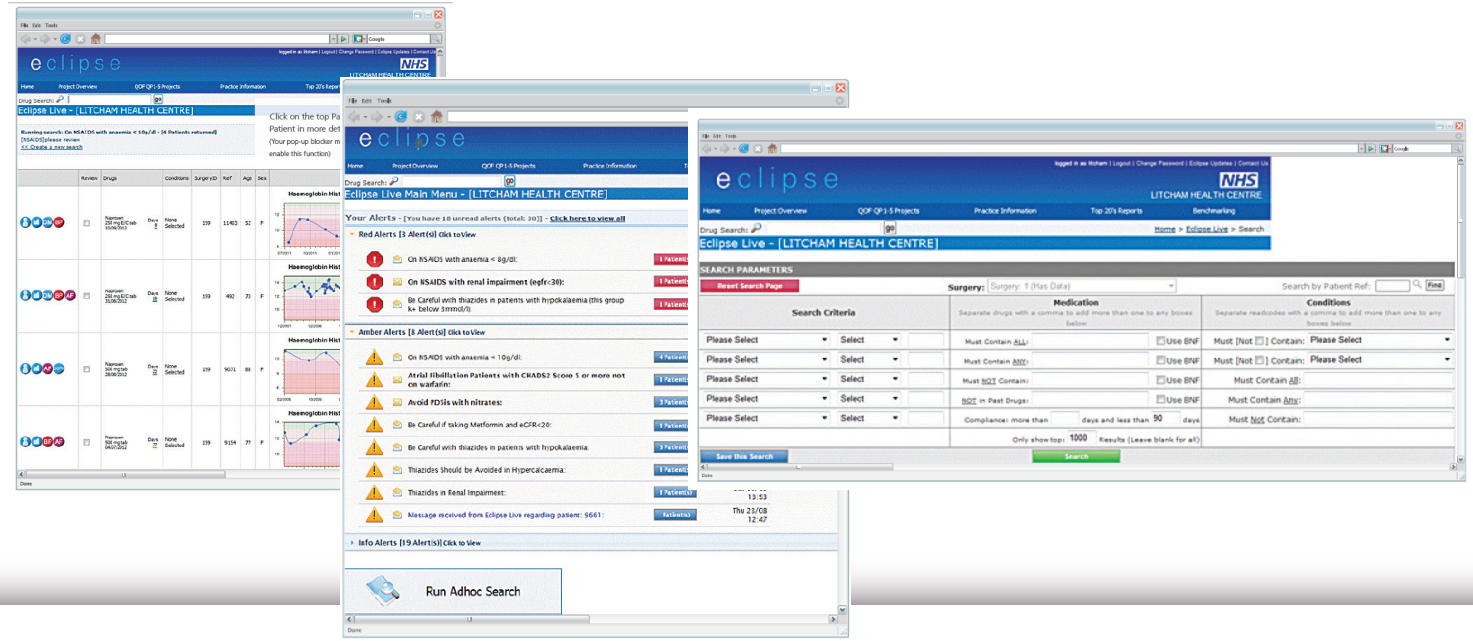
NHS Mid Essex Clinical Commissioning Group

Takeda

Proposal To Integrate *Eclipse live* in Mid Essex CCG Via A Stable Prostate Management Joint Working initiative

Objectives

- Mid Essex CCG was keen to purchase Eclipse Live.
- Required support for system integration and practice training across 49 practices and CCG team
- Eclipse live is a very effective tool - but only if understood and implemented across all practices in the CCG



Integration and training though experience

- Recognised experiential learning most effective training route
- Benefits
  - Engagement and real experience in using system at practice level
  - Benefit to patients within initiative
  - Benefit to NHS/ CCG re QIPP within initiative

Choosing the disease area for experiential learning

1. Simple pathway and treatment guidelines
2. Identified regional development priority
3. Small patient cohort
4. Meets outcome framework targets 13/14
5. Identified pathway savings

Stable prostate management in primary care Background

- Prostate care resides between primary and secondary care, Symptomatic patients are:
  - Tested for PSA in GP practice and referred to urology for DRE and flow rate
  - Benign Prostatic Hyperplasic patients are initially treated in primary care with alpha blockers and type II 5α-reductase inhibitors. They may be referred for TURPS (Transurethral resection of the prostate)
  - Patients shown to be at risk for prostate cancer are diagnosed by biopsy (TRUS - Transrectal Ultrasonography) and MRI and treated with surgery and or radiotherapy and LHRHas (Luteinizing Hormone-Releasing Hormone Analogues)
  - Alternatively patients may just be actively reviewed by urology. Due to lifestyle considerations and treatment side effects informed patient choice is very important.

Stable prostate management in primary care - Background

- Stable prostate patients frequently have LHRHas delivered in primary care while having secondary care follow ups in the hospital:

- Guidance from NICE - **CG 58**
- **Prostate cancer Diagnosis and treatment**

  - Outpatient follow up – up to 2 years from treatment initiation – 6 monthly.
  - Post 2 years annually - NICE (CG 58) already recommends that after at least 2 years, men with a stable PSA and who have had no significant treatment complications, should be offered follow-up outside hospital. Direct access to the urological cancer MDT should be offered and explained. [1]

Prostate Cancer service development
13/14 outcomes framework

- Developing service supports **13/14 outcomes framework**

  - **2-Enhancing quality of life for people with long term conditions**

    - 2.1 -Ensuring people feel supported to manage their condition -
    - 2.3 – Reducing the time spent in hospital by people with long term conditions
    - Number of visits to the hospital reduced

  - **4- Ensuring people have a positive experience of their care**

    - 4.1 –Improving patients experience of outpatient care –
    - by reducing waiting times number of visits to hospital
    - 4.9 – Improving peoples experience of integrated care

Ref: https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014

Patient population

- Mid Essex CCG
  - 380,000 pts
  - 49 practices
  - Prostate cancer patients treated with LHRHas 735
  - Patients currently treated for BPH ?

Ref : Mid Essex CCG Data/e-pact August 2013

Local Priorities

- Prostate cancer is an identified area of development for Essex
  - ***Quality Care Everywhere- An Audit of Prostate Cancer Services in the UK*** – ProstateCancer UK - http://prostatecanceruk.org/media/1818657/1772-day-of-action-report_for-web.pdf

Cancer Network	Age-standardised incidence rate per 100,000 men[4]	Age-standardised mortality rate per 100,000 men[4]	One year survival estimate (%)[4]	Staff gave complete explanation of purpose of test(s)[5]	Patient given written information about their cancer type	Patient given a choice of different types of treatment	Patient finds it easy to contact their CNS	Hospital staff gave information about support groups	Patient offered written assessment and care plan	Composite score of outcomes
Greater Manchester & Cheshire	98.04	22.78	94.97	91%	83%	95%	75%	88%	22%	5
Anglia	107.44	24.00	96.14	90%	85%	88%	73%	87%	23%	3
North East London	98.88	21.46	94.73	70%	67%	88%	55%	64%	26%	-3
Essex	92.98	23.92	95.56	72%	69%	85%	57%	80%	19%	-4
Ardon	102.80	25.33	97.50	70%	61%	71%	52%	65%	19%	-6
3Counties	105.90	25.35	95.86	70%	50%	67%	41%	55%	11%	-7

- MECCG covers a population of approximately 380,000 and some of the top priorities are to:
  - reduce the number of unnecessary hospital admissions particularly for our older patients by supporting them in the community
  - work in partnership with our patients living with long term conditions to better manage their conditions
  - ensure the services we commission are centred around our patients and co-ordinated across care settings

Ref: http://www.midessexccg.nhs.uk/about-us/

Why Prostate care.....Benefits

- Eclipse live allows you (and potentially the urology specialist) to actively monitor all patients care and risk; - giving confidence in primary care in treatment.

- By Implementing local guidelines there are potential budget savings of:
  - alpha blockers £20,000
  - type II 5α-reductase inhibitors£58,000
  - Luteinizing Hormone-Releasing Hormone Analogue £75,000

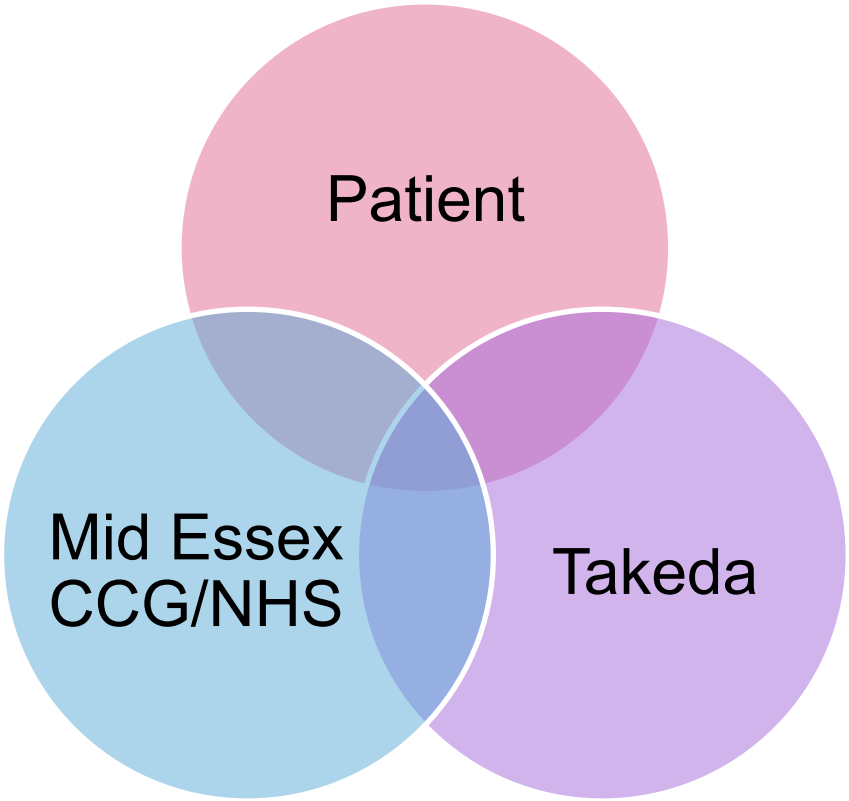
- By managing to NICE guidelines patients will have reduced hospital visits
  - CCG believe this may be up to 90% of stable prostate patients (735)

  - Bringing care closer to home - reducing patient visits to hospital
  - Reducing cost
    - Urology outpatient follow ups £71-£108 X 2 appts PA per pt

- There is potential for practice income generation through direct purchasing of LHRHas

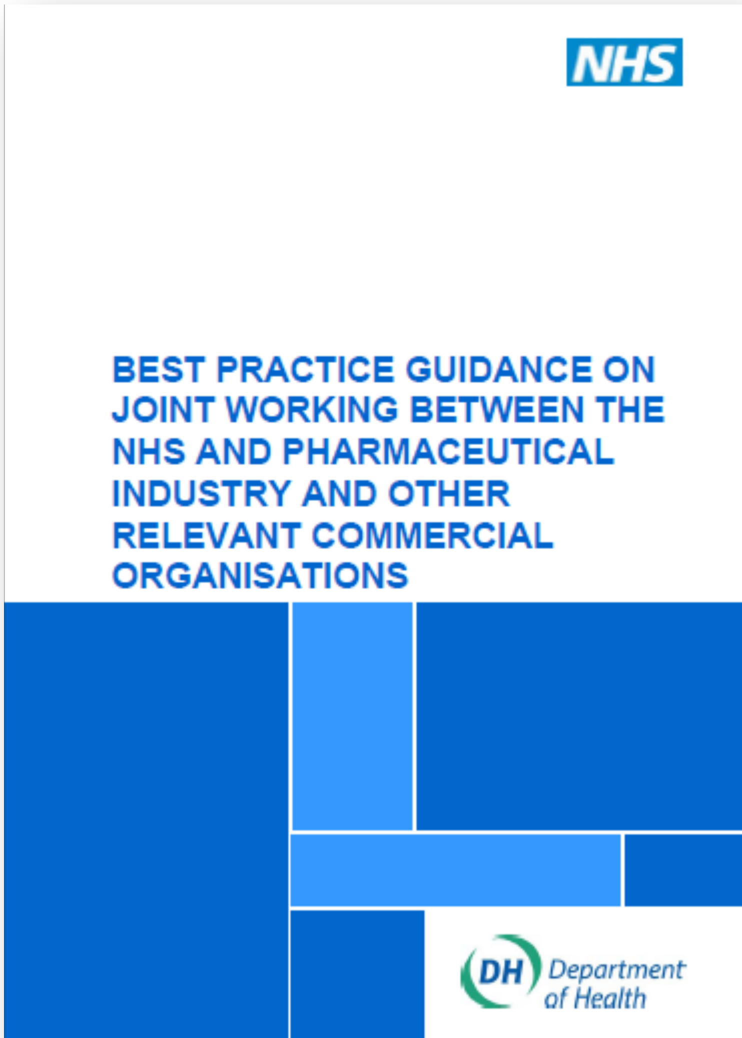
Refs P Wilkinson Mid Essex CCG medicines management Data on file incl Takeda LHRHa cost calculator
https://www.gov.uk/government/organisations/department-of-health/series/payment-by-results-2013-14

Why Joint Working – with Takeda



- Patient Focus
- Joint Agenda maintains focus
- Pooling resource - financial and manpower support
- Pooling of experience – skill sets from Industry+ NHS
- Transparent support for implementation
- Takeda manufacture & market the LHRHa - Prostap DCS
- Prostap DCS has been on local treatment guidelines since April 2011

Joint working DoH definition:



- Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.
- Joint working agreements and management arrangements are conducted in an open and transparent manner.
- Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

Ref:http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082569.pdf

Core Values

- An extract from the "*Code of Conduct: Code of Accountability in the NHS" (2nd rev ed,*2004), states that: "There are three crucial public service values which underpin the work of the health service:

  - **Accountability -** everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgments of propriety and professional codes of conduct

  - **Probity -** there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties

  - **Openness -** there should be sufficient transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public"

Governance ABPI.....Clause 18.5 - Joint Working

Definition –

Situations where, for the benefit of patients, one or more pharmaceutical companies and the NHS pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.

Requirements

- Each party must make a significant contribution
- Outcomes must be measured
- Treatments must be in line with nationally accepted clinical guidance – if any exist
- Must be conducted in an open and transparent manner
- Must be for the benefit of patients
  - but expected also to benefit NHS and the pharmaceutical companies involved

ABPI code of governance 2012 Clause 18.5

NHS Confederation & ABPI

"Joint Working has already benefited thousands of patients across the UK with projects assisting in the reduction of COPD admissions, improvements in vascular checkups and improved outcomes for diabetes patients. Initiating a Joint Working project can be challenging, despite the clear benefits to patients of combining pharmaceutical industry and NHS expertise. I believe this guide can help you overcome those challenges whether you are an NHS or industry professional and I hope you will share this guide with your colleagues and partners. Ultimately I invite you to use this as an opportunity to begin initiating that great idea you have, utilising the expertise of the industry and NHS, to deliver better patient outcomes."

Stephen Whitehead, Chief Executive, ABPI, 2012

"I believe this is important work for the NHS. We need to innovate because it will be better for patients. We also need to be more innovative because it will lead to more efficient care. Supporting and developing new ideas has never really been a problem in that there have always been plenty of innovative ideas out there. The real problem has always been that the NHS has found it difficult to spread these ideas throughout the system. This guide will be a useful tool in helping build the foundations between the NHS and industry partners so, together, we can help create innovative new services to benefit patients."

Mike Farrar, Chief Executive, NHS Confederation, 2012

"Joint Working provides the foundation for creating, developing and implementing innovative healthcare solutions which can lead to better health outcomes for the patient and the NHS. This guide has been developed to help both the NHS and their industry partners seek out opportunities to work together, as well as a streamlined process for Joint Working so projects are moved forward quickly and effectively."

Deepak Khanna, President, ABPI, 2012

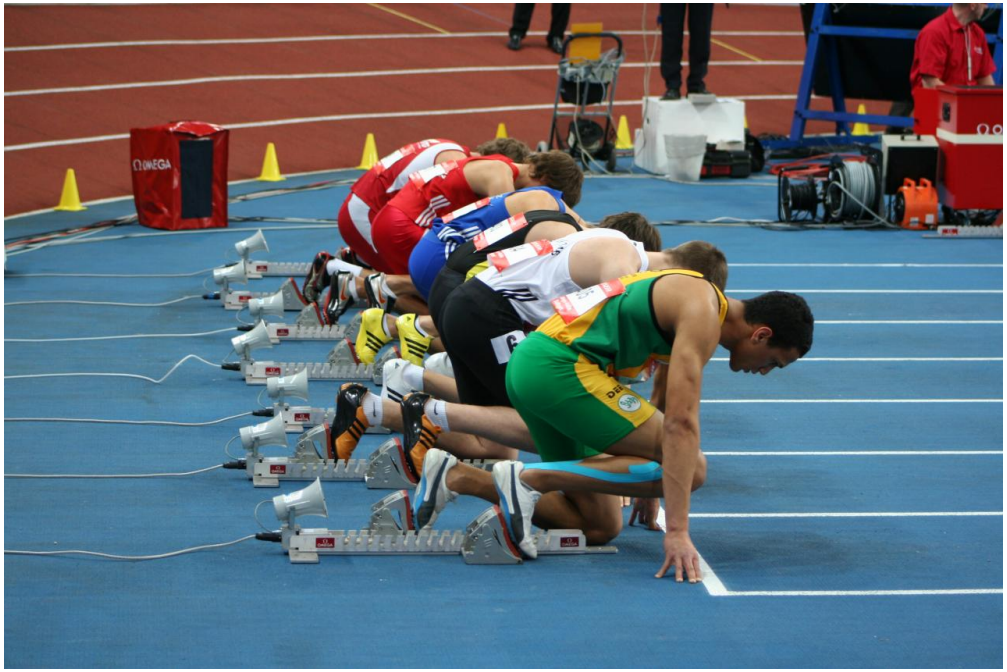
Joint Working - A Quick Start Reference Guide for NHS and Pharmaceutical Industry Partners

Red Questions		Yes	No
1	The main benefit of the project is focused on the patient	☐	☐
2	All parties acknowledge the arrangements may also benefit the NHS and pharmaceutical partners involved	☐	☐
3	Any subsequent benefits are at an organisational level and not specific to any individual	☐	☐
4	There is a significant contribution of pooled resources (taking into account people, finance, equipment & time) from each of the parties involved	☐	☐
5	There is a shared commitment to joint development, implementation and successful delivery of a patient-centred project by all parties involved	☐	☐
6	Patient outcomes of the project will be measured and documented	☐	☐
7	All partners are committed to publishing an executive summary of the Joint Working Agreement	☐	☐
8	All proposed treatments involved are in line with national guidance where such exists	☐	☐
9	All activities are to be conducted in an open and transparent manner	☐	☐
10	Exit strategy and any contingency arrangements have been agreed	☐	☐

Amber Questions		Yes	No
11	Will the project be managed by a joint project team with pharmaceutical industry, NHS and any appropriate third party representation?	☐	☐
12	Do all parties and their respective organisations have appropriate skills and capabilities in place to manage the project thus enabling delivery of patient outcomes?	☐	☐
13	Have all partner organisations got clear procedures in place for reviewing and approving Joint Working projects?	☐	☐
14	Are all parties aware of and committed to using the Joint Working Agreement Template (or equivalent) developed by the DH and ABPI?	☐	☐
15	Are all partners clear on who within their organisations is the signatory to ensure Joint Working agreements can be certified?	☐	☐

http://www.abpi.org.uk/our-work/news/2012/Pages/140512.aspx

Proposal for Joint Working



- Please note we have not started this project yet.
- But wanted to share the key concepts

How will this work?

- The project team will:
  - Enable efficient integration of eclipse live into the practices/ CCG
  - Ensure appropriate training is given to the practices/CCG.
  - Ensure that there is an integrated approach to prostate management across the CCG
  - Support the practices with the management of care and treatment pathways to achieve the patient care and financial objectives.

Project management

- Set up project board
  - Project Executive – Paula Wilkinson/Chief Pharmacist
  - Clinical lead – Dr Richard Grew, Chair CCG MMC
  - Supplier lead – Rebecca Curtis Takeda Medical Director
- Authorise Project Managers
  - Project management – (Takeda)/MECCG
- Scope approach
  - Set specific project duration
- Develop business case
  - Pooled finances
  - Pooled manpower
  - Proposed outcomes
- Project contracting
  - Details in Project Initiation Document (PID)/Joint Working Agreement (JWA)
  - Public details on Takeda Website
- Stakeholder engagement
  - Primary care
  - Secondary care
  - Patient representatives

Project ‘Stage’ management

1. The initial stage will be to integrate eclipse live into the ‘champion practices’ . This practice will have members of the project group
   - Fern House, Witham
2. Fern House, Witham will then have a practice training event at which they will be taken through the key points within the prostate management programme
3. The ‘ champions will then present at the next CCG meeting their initial experiences and learnings to facilitate the roll out across the rest of the CCG
4. It is envisioned that this will be managed within learning sets where champion practices support new practices with project engagement

What should success look like

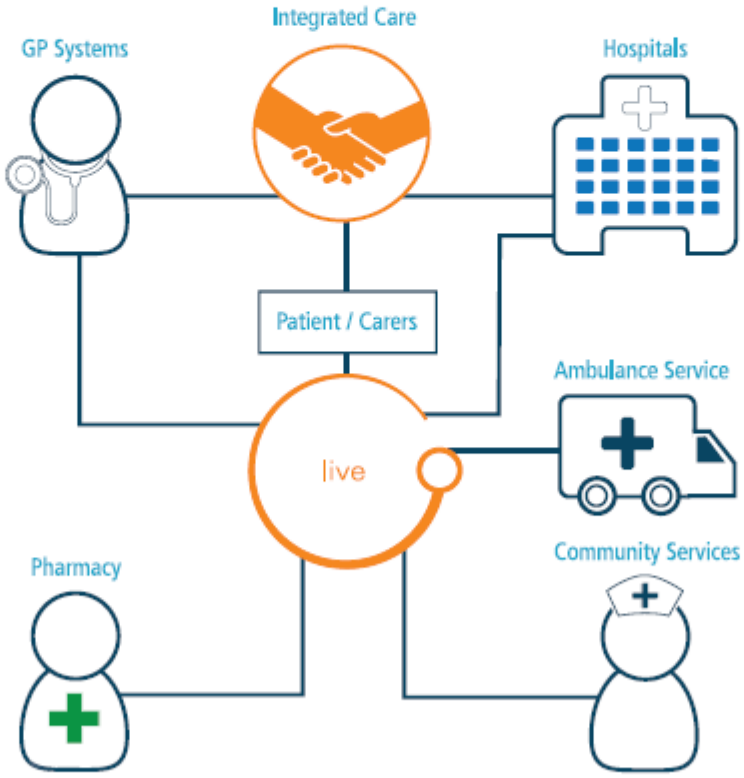
1. Completion –
   - The proposal aims to have all practices engaged in managing the prostate pathway within eclipse live by April 14.
   - The quality of implementation will be evaluated by a practice QA
   - The MDT and moving stable patients from secondary care to primary care should occur by end of June 14
2. Financial savings from medicines management will be measured against targets
3. Urology outpatient savings will be measured against baseline that should be detailed in June
4. The project will be evaluated after 1 year.

In Summary

- This proposal will ensure
  - Eclipse Live is integrated across the CCG
  - Stable prostate patients are monitored and followed up within NICE guidelines outlined in CG 58
  - Stable prostate patients would have reduced visits to hospitals and have access to care closer to home
  - Prostate patient risk stratification and MDT support from specialists
  - Reduction in outpatients follow ups and costs in urology
  - Consequent reduction on capacity and ensuing waiting times for urology OPD
  - Inherent reduction in transport costs to outpatients
  - Cost efficiencies from efficient medicine use as indicated in local guidelines

We will keep you updated

The eclipse live project



- Cloud Based database of all Prostate Patients in your Surgery
- An ability to create automated alerts for your Patients
- An ability to allow the Healthcare Team to remotely track the patients.
- An ability to get remote specialist support for problems associated with your Prostate Patients.