

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

This month sees the launch of a simple, but hopefully very helpful, new tool on the PHCN website. **Targeted web search** allows you to look for commissioning evidence and guidance from a select group of websites all in one go, rather than searching each one individually. You can read more about it on p3 and try it out at www.phcn.nhs.uk/targetedsearch. Also on the site, the Casebook now has 13 articles so do take a look and submit your own experiences from which others can learn - read more on p4.

In the newsletter there's also an introduction to the work of CSAS (p2) and information on the JSNA development programme and some linked case studies (p3).

Membership of PHCN continues to rise, and we're nearly at the 500 mark, which is fantastic - please continue to encourage colleagues to join and contribute. Have a good month.

New - targeted search tool **p3**

Quickly search websites relevant to PH commissioning, without the faff

Catch up on the Casebook **p4**

Find out what topics have been covered so far and how you can contribute

The swap shop

Share your commissioning problems with colleagues

Any questions?

Got a **commissioning problem** you think the rest of the PHCN community may be able to help with? **Email** tomporter@nhs.net with the subject 'Swap shop' and your query will appear here next month

Any answers?

We've still got an unanswered question from last month's swapshop - **can you help answer it?** If so, please email the author direct, copying in tomporter@nhs.net

- Val Billingham asked about **PCTs' use of the Map of Medicine** for commissioning:

How many network members or their organisations currently use the Map of Medicine? How do members see the future of the Map of Medicine in the current financial climate and in the light of the current round of NHS reforms? Do they expect uptake to increase?

The BHF is considering whether or not we should have a BHF view of the cardiovascular pathways of the Map of Medicine, so that we can embed links to our resources in it, illustrate our policy messages and develop holistic pathways built around patient need, e.g. holistic clinical, educational and social support services for children and young people with congenital heart disease. Do members think a BHF view would be useful? If so, would anyone be interested in principle in collaborating on it?

billinghamv@bhf.org.uk

Commissioning Support Appraisals Service (CSAS)

About CSAS

CSAS was set up in September 2009 as a service jointly commissioned by NHS Birmingham East and North on behalf of all PCTs in England.

Aims of CSAS

CSAS was set up to enable PCTs to be effective consultees in the development of NICE guidance. This provides NICE with the perspectives of NHS commissioners in the development of guidance that would have an impact on commissioning of services.

To enable PCT participation CSAS provides mentoring for PCT consultees and provides resources to engage constructively with NICE. The resources include:

- Critique and comments on the draft scope
- A rapid evidence review (RER) prior to the appraisal committee meeting
- A commentary on the appraisal consultation document (ACD) from a commissioner's perspective
- Support for appeals, if required
- Training and mentoring of selected PCT consultees

NICE randomly selects two PCTs to represent NHS commissioners for each topic and CSAS shares the critique of the draft scope and rapid evidence review with these PCTs. The commentary on ACDs is sent to all PCTs in England as all comments are welcomed by NICE at this stage of the process. Please do take the time to submit your comments with an indication of how the proposed guidance might affect your PCT.

What to look out for

We (and NICE) will be in touch with you if you have been selected by NICE as a PCT consultee. A RER on Fulvestrant for the treatment of locally advanced or metastatic breast cancer has recently been circulated and can be accessed in the PCT resources area of the CSAS website. For all ACDs released by NICE we send out a commentary on the ACD from a commissioner's perspective by email to all PCTs – look out for these! These are also available at www.sph.nhs.uk/appraisals with more details in the PCT resources area. Please do register to log in and access this area of the website.

Timescales for responses

The timescales for responses set by NICE are short and inflexible with submissions closing at 5pm on the date of the deadline.

More information

Available on our website at www.sph.nhs.uk/appraisals and we would be happy to answer any questions sent to us at askappraisals@sph.nhs.uk.

Article by Dr Mohit Sharma, StR in Public Health, Solutions for Public Health (NHS Milton Keynes)

QIPP Right Care meetings: update

A series of meetings are being held at BMA House in London to ensure public health input to the QIPP Right Care workstream. The minutes of the meetings are available on the PHCN website, at www.phcn.nhs.uk/rightcare

Map of Medicine update: improving productivity for diabetes and COPD care

The Map of Medicine has developed a new feature that provides specific recommendations to increase productivity in diabetes and COPD.

This new guidance is attached to the Map's **Diabetes** and **COPD** pathways, and is aimed at those charged with healthcare improvement and service design. These 'productivity considerations for service design' signpost the evidence-based opportunities to improve productivity while maintaining high quality care.

The productivity considerations can be accessed via the following links:

- [Diabetes](#)
- [COPD](#)

We know that there are many initiatives to improve health care and reduce costs, but there has been little attempt to bring together the productivity messages that already exist in the medical literature. Such messages could be in well-reputed guidelines, or specific, high-quality economic analyses. We have searched over 170 sources, critically-appraised them, assessed their relevance to UK practice, and then communicated them in the plainest way possible. What we have found is that, although there are many claims of interventions lowering costs, whilst retaining (or improving) quality, only a few are backed by strong evidence and are worth implementing immediately.

This approach to productivity guidance is being trialled as a beta alongside Map of Medicine's diabetes and COPD pathways, and we are now working on developing this feature for other clinical topics.

If you would like to learn more about how the Map of Medicine can help the NHS meet the quality and productivity challenge then please contact editorial@mapofmedicine.com

Should incentives be used to encourage people to lead healthy lifestyles?

The majority of an advisory group made up of members of the public believes that incentive systems could be an effective way of encouraging people to change their unhealthy lifestyles providing that certain conditions are met. The findings are outlined in a report published last week by NICE's Citizens Council.

At a three-day meeting held earlier this year, NICE's independent Citizens Council was asked to consider whether there are circumstances when incentives could acceptably be used to help motivate people to live healthier lives.

The report is available for comment on the [NICE website](#).

JSNA Development Programme – Vulnerable Adults, Housing & Support

Introduction

The recently published NHS White Paper proposes big changes and envisages a key role for Joint Strategic Needs Assessment (JSNA) in guiding Health and Well-being Boards to lead the local strategic conversations on health inequalities and the integration of local services. It is both opportune and important that housing and support needs of vulnerable adults are captured into the local JSNA process so that their contribution and value to improving health, is recognised.

A detailed JSNA process, focusing on disadvantaged groups, including those who risk homelessness or who need housing support, can lead to identification of those people who fall below most agencies' radar and foster a genuine sharing of expertise and responsibilities leading to more effective joined up services, for people with multiple needs.

Case studies available on the [PHCN website](#) present up to the minute examples of where this has happened.

Efficiency & tough choice

We are all looking for improved outcomes in an environment of efficiency and tough choices. The case studies highlight how housing intelligence and data on the needs of key groups, captured in the JSNA, can reduce organisational duplication and ensure that partner resources are genuinely targeted on groups where there is an identified local and priority need, which is not being met.

Local strategic planning to meet local need

With the current emphasis on localism and place shaping, collectively the case studies illustrate the breadth of influence, powers, services and skills that the housing sector can contribute to improving the health and well-being of vulnerable adults. The case studies provide examples of how the JSNA can help health and housing partners to communicate better and improve their strategic planning and achieve more focused commissioning.

→ www.phcn.nhs.uk/essentials

Article by DH Health Inequalities & Local Improvement Programme



New targeted web search tool on PHCN website

Find information on the web relevant to commissioning more quickly in future

We've added a new tool to the PHCN website which should make it a lot quicker to find evidence and guidance relevant to commissioning from across the internet. The targeted search tool is essentially a standard Google search, but the search is carried out on a restricted set of websites chosen by PHCN to be most relevant to public health commissioning web searches.

The sites include, for example, the Cochrane Library, NHS Evidence and ARIF in Birmingham. You can access the targeted search from the opening page of the PHCN website in the main list of options, or by clicking the link below. There is also an option to view the sites currently included in the search and to suggest additional sites.

→ www.phcn.nhs.uk/targetedsearch

NICE guidance update

NICE published the following guidance in September 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.

Clinical guidelines Pregnancy and complex social factors

Interventional procedures Endoscopic submucosal dissection (ESD) of oesophageal dysplasia and neoplasia | Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer | Percutaneous intradiscal laser ablation in the lumbar spine | Phototherapeutic laser keratectomy for corneal surface irregularities

Technology appraisals Hepatitis C - peginterferon alfa and ribavirin

Applying the Planning, Programming and Budgeting system (PPBS) to healthcare

With the advent of the White Paper and the prospect of strengthened GP commissioning, attention is turning to how the **planning, programming and budgeting system** used by the US Department of Defense can be applied to UK healthcare. PPBS, which gave rise to programme budgeting and marginal analysis, a technique already useful for commissioning, incorporates a prospective planning phase, and is discussed by Sir Muir Gray in his blog.

→ muirgray.net

Catch up on the Casebook

Have you looked at the Casebook on the PHCN website recently? It's a quick way to share brief examples of challenging or successful commissioning work, in 1 or 2 sides of A4, and was highly valued by members in the recent PHCN survey. There are already thirteen cases on the website, with more in the pipeline.

In order for the Casebook to remain a useful resource we need *your* experiences - but don't worry, it won't take long to submit something - please just email a line or two with your idea to tomporter@nhs.net and we'll contact you back.

Topics covered so far include:

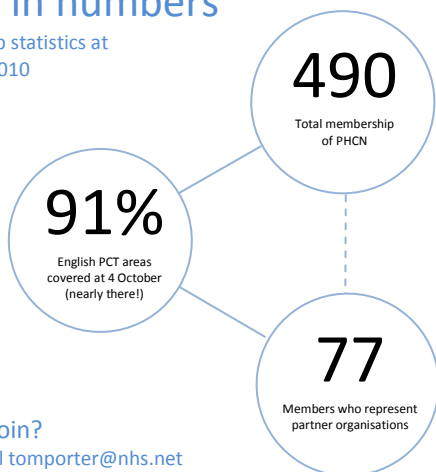
- Reducing Caesarean-section
- Health visiting
- Smoking cessation
- Youth access cards
- Weight management services
- Decision-making and
- Tackling CVD and health
- Mental health outcomes
- Decision conferencing
- Health improvement in prisons
- Childhood immunisations
- Managing provider expectations



→ www.phcn.nhs.uk/casebook

PHCN in numbers

Membership statistics at
4 October 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.

QIPP Right Care publications

The QIPP Right Care team will be producing a series of publications over the coming months to stimulate local health economies to search for un-warranted variations in healthcare.

The first of these is a set of health investment packs, bespoke to each PCT, which have been sent out to PCT leads including DsPH. The packs use programme budgeting analysis tools to explore variations for one disease group per PCT.

Further publications will include a third Annual Population Value Review - a guide to using programme budgeting and marginal analysis to deliver quality, innovation productivity and prevention, and an NHS Atlas of Variation in Healthcare highlighting examples of variation suggested by National Clinical Directors and others. They will all be accessible via the Right Care website at www.rightcare.nhs.uk

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 November 2010 issue is **25 October 2010**.

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

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