

Scaling up: A Familial Hypercholesterolaemia service fit for England



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Content

- A model for describing public value
- Authorising FH services
- Operational delivery
- Demonstrating value
- Rolling out the Wessex model to England

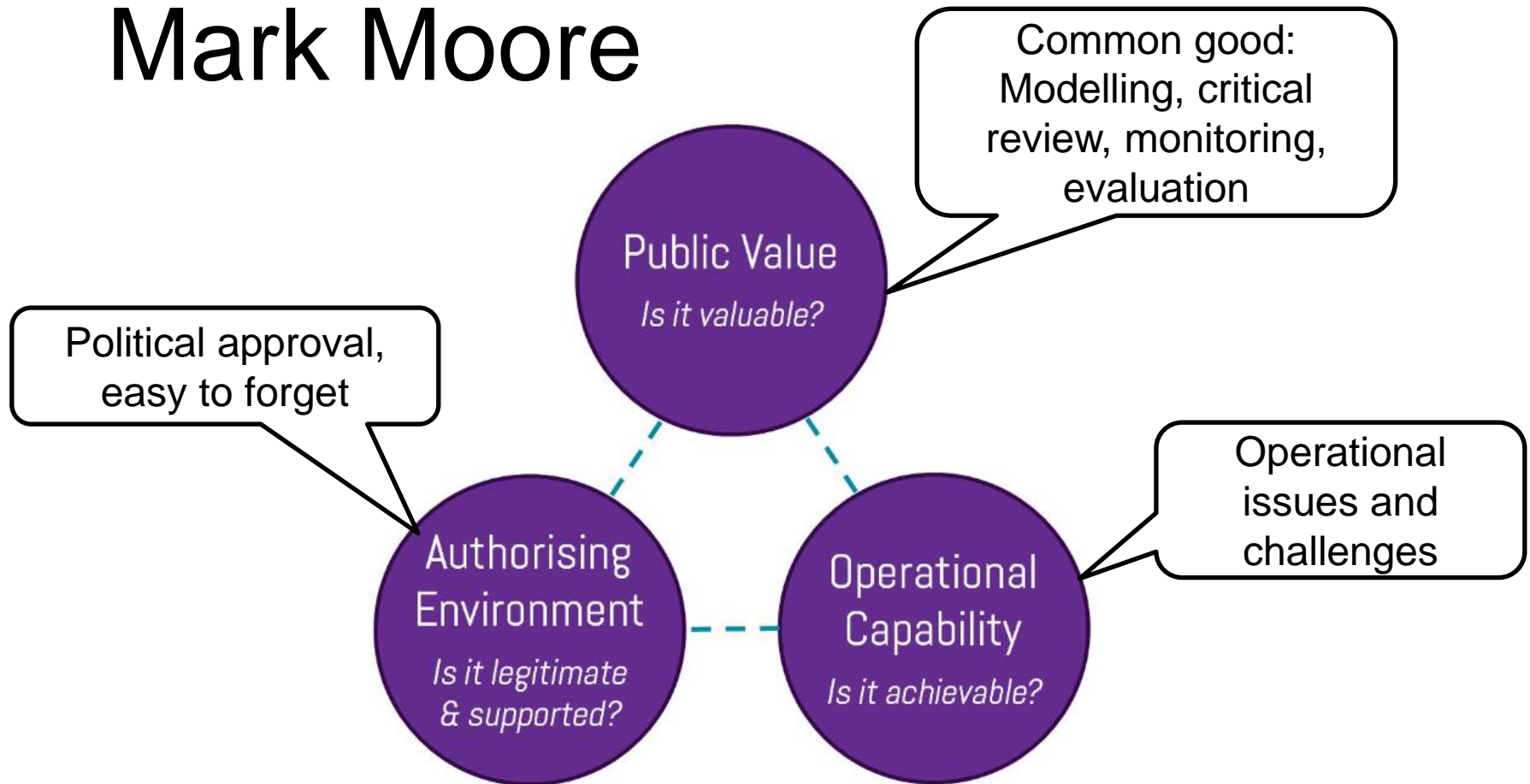


Evidence for prevention:
the bar is always higher



...but the Wessex FH service
shows it can be done!

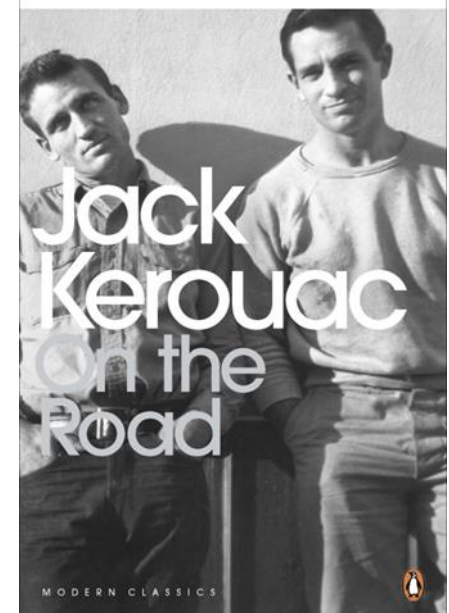
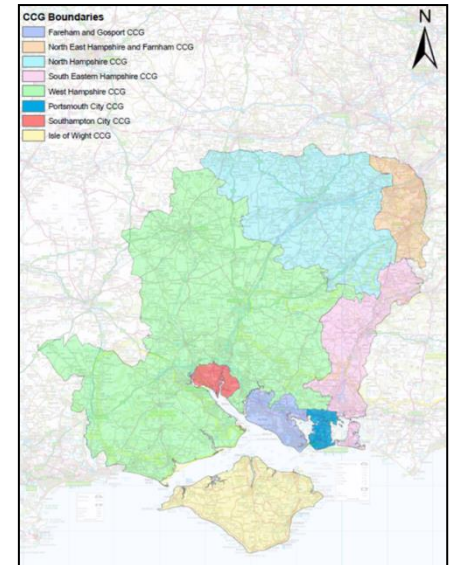
Creating public value: Mark Moore



Moore, M H. Creating public value – strategic management in government. Cambridge Massachusetts: Harvard University Press (1995)

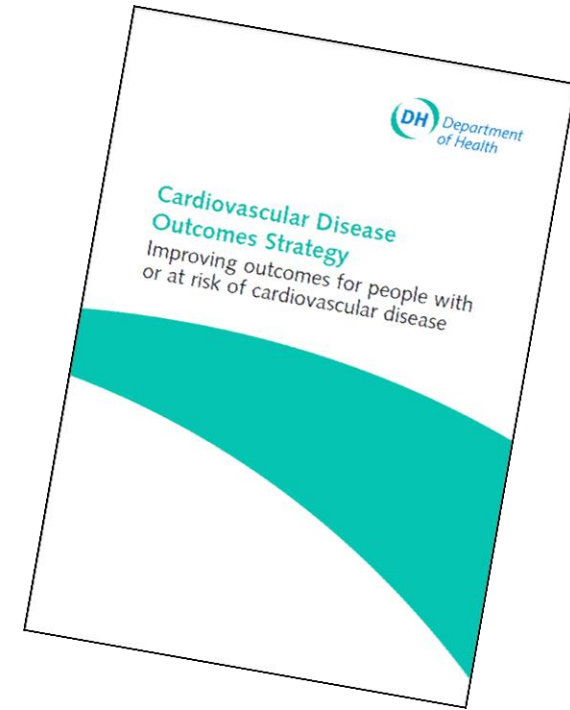
Authorising Environment: local

- 2012 Health and Social Care Act:
 - Originally 4 PCTs to 8 CCGs, now 14 CCGs.
 - Recent expansion: Surrey, Guernsey
- No overarching authority
 - Hasn't hampered expansion
- Needed agreement of all 8 CCGs
 - Summer 2012 road trip around clinical executives
 - All or none
- FH champions



Authorising environment: drivers

- Policy level support:
 - Dept. of Health 2013: increase diagnoses from 15% to ~50%
 - Public Health England
 - NHS England
- 100,000 Genome Project
 - 100,000 full sequences by 2017, including FH
- Personalised medicine
 - FH clearest CVD pathway
- Charities: BHF, HEART UK



Authorising environment: national challenges

- Over 200 CCGs to coordinate
- No national funding, in baseline
- Too small scale for Sustainability and Transformation Plans
 - Utilise other levers
- Gap between national and local priorities
- Lack of public awareness
 - This is changing



Operational capacity: local

- GPs: most important providers & commissioners
- Role of specialists e.g. paediatrics
- Concern over hidden additional work
- Service growing over time
 - Identified ~400/1,300 FH positive index cases in England
 - Commissioners and providers really proud of service
 - Now covering ~3m people



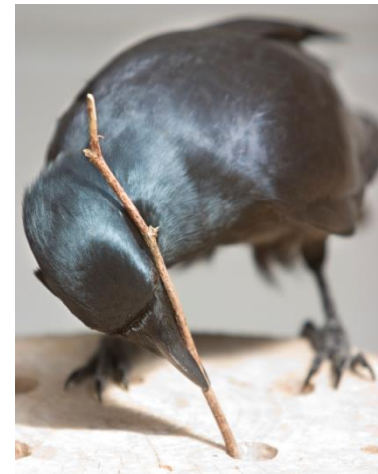
Operational capacity: national drivers

- National contribution to:
 - Setting standards and criteria e.g. NICE
 - Defining high level pathways
 - Data collection and evaluation e.g. PASS database
- Genomic Medicine Hubs: FH services in next 3 years
- Draft implementation guidelines
 - For providers and commissioners
- BHF funding for 2 years of FH nursing

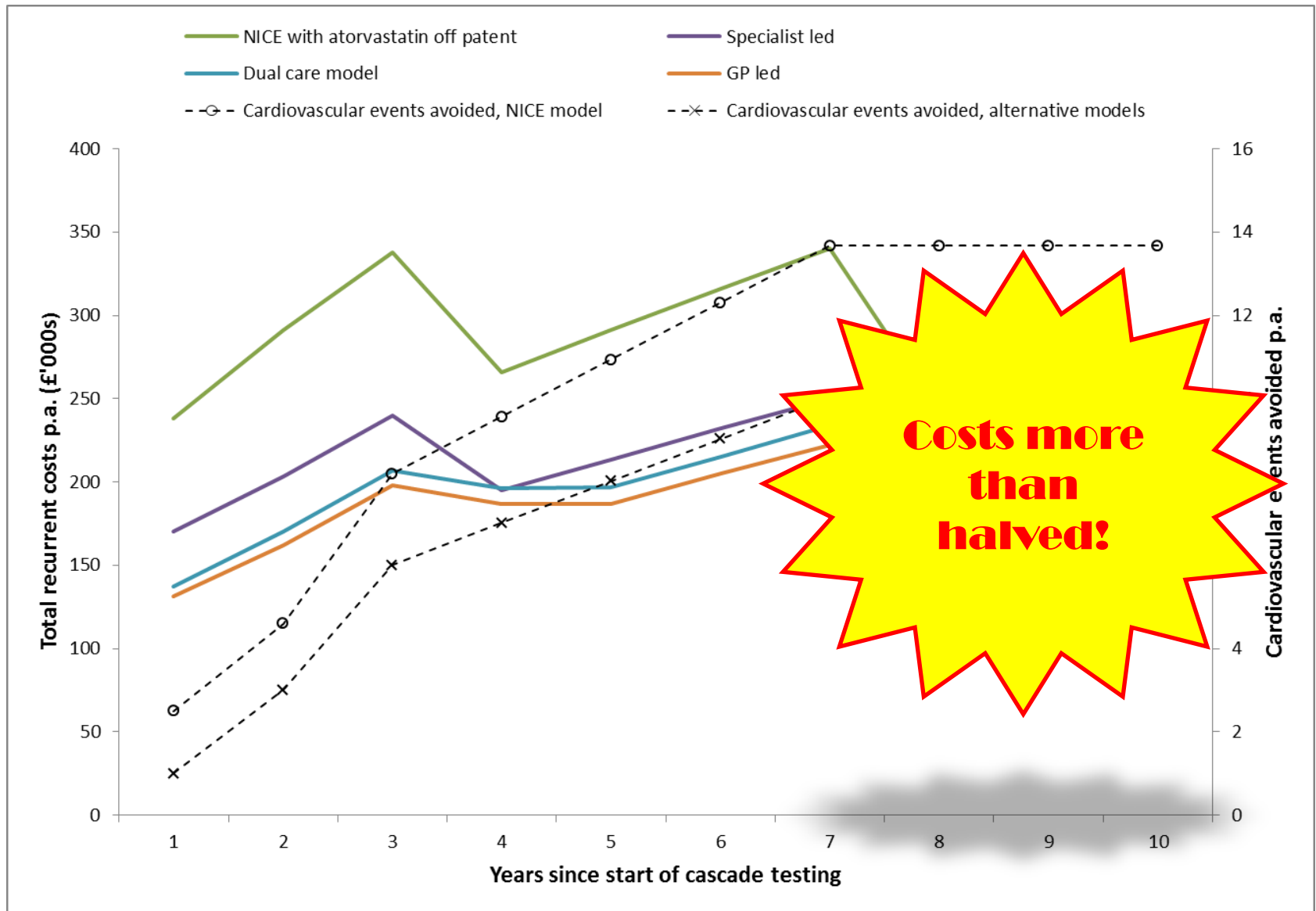


Operational capacity: national challenges

- Inequality of access
 - Now half population covered by FH service
- Whether CCGs will pick up funding for FH nurses
 - Universal agreement to date
- Diagnosis before turning 10yrs
- Differing delivery models
 - Virtual clinics
 - Thresholds for genetic testing
 - Natural experiments: perfecting pathways
- Data sharing

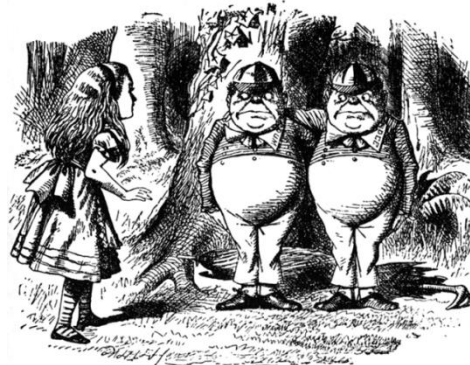


Public Value: local



Public value: national

- Austerity: wider debate about targeted vs preventative services
 - FH as exemplar clinical prevention service
- Not cost saving, but is life changing
- HTA research: optimum protocol for identifying and managing FH
- FH likely to be twice as common as thought in 2008



National roll out of Wessex model

- Leadership:
 - Enthusiastic champions
- Communicating the evidence base
 - More cost and clinical evidence than ever
- Tapping into your neighbouring service
 - Reflecting local needs in delivery model
 - Coordinating with other regional centres
 - Tapping into national resource
- Time to build expertise
 - Services meeting at borders





Any questions?

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