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

Public Value
Is it valuable?

Authorising Environment
Is it legitimate & supported?

Operational Capability
Is it achievable?

Common good: Modelling, critical review, monitoring, evaluation

Operational issues and challenges

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
  – This is changing
• 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

Costs more than halved!
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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