

How to improve access to therapy
The English Approach

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NHS Rules

- Equity, equity, equity
- If one person gets it, we all get it

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- Equity, equity equity
- If one person gets it, we all get it
- If a drug is deemed 'cost-effective' by NICE it **MUST** be funded by the NHS

NICE Rulings for HCV

- G1 – all oral therapy for all
- G3 – all oral therapy for advanced cirrhosis
- Others – varied!

HCV in 2016

- Expensive, complex drugs (limited budget)
- Experience improves outcomes
- Most patients find it hard to access services

Alan

- 45 years old, active IDU, HCC (in remission), osteonecrosis of hip
- Never attends clinic

Alan

- 45 years old, active IDU, HCC (in remission), osteonecrosis of hip
- Never attends clinic
- Can not access mail (can't climb stairs to flat)
- Mobile stolen
- Has no one to look after his dog

Alan

- If we are going to treat everyone with HCV we are going to have to modify services to treat people like Alan

Specialised Commissioning

The Vision

23 centres (Network Centres 'HUBS')–

- Centrally funded, obliged to provide services close to home

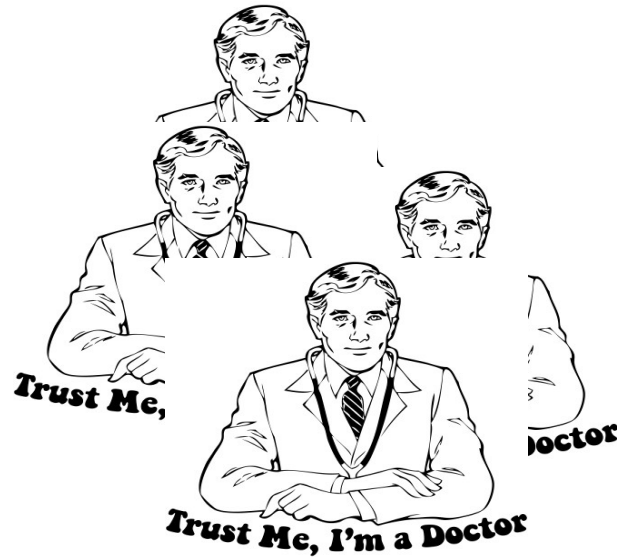
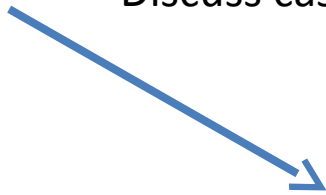
Multiple treatment services ('SPOKES')

- Local services – smaller centres approved by main centre, treat with MDT support

Specialist Commissioning The HCV Model



Discuss case



Right treatment
Right place
Funding follows
patient

Specialist Commissioning

The HCV Model



Addiction services

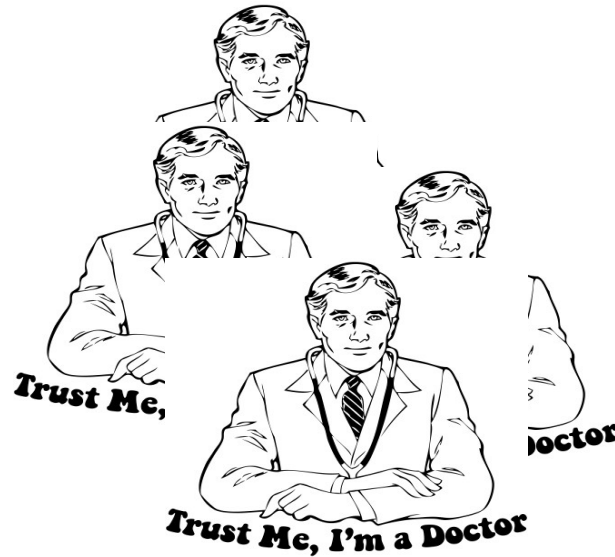
GP with an interest

Pharmacist

Prison doctor

Mandatory to have some outreach services

Incentives for more outreach



Right treatment
Right place
Funding follows
patient

Specialist Commissioning

- The infrastructure to treat ALL patients with HCV is in place
- Funding for the drugs is available
- To expand therapy we just need to find the patients and line them up for therapy

Problems

- Treating patients is not 'core business' for GPs, Pharmacies etc
- Why should they engage in this process?

Problems

- Most patients with HCV do not know they are infected

Problems

- Most patients with HCV do not know they are infected
- Screening in community finds lots of patients but not all of them turn up for therapy
- Screening in GP surgeries is not popular with GPs

Improving Access to Therapy

- This is not trivial
- Setting up the infrastructure is easy
- Changing mindsets is much more difficult

Improving Access

The English Approach

- Centralised drug funding with treatment delivered through 'networks'
- 'Easy access' is mandatory
- Monitoring and audit will ensure quality and equity

BUT

- No clear policy for screening (the 'too difficult' pile)
- HCV must become everyone's problem before it will be solved