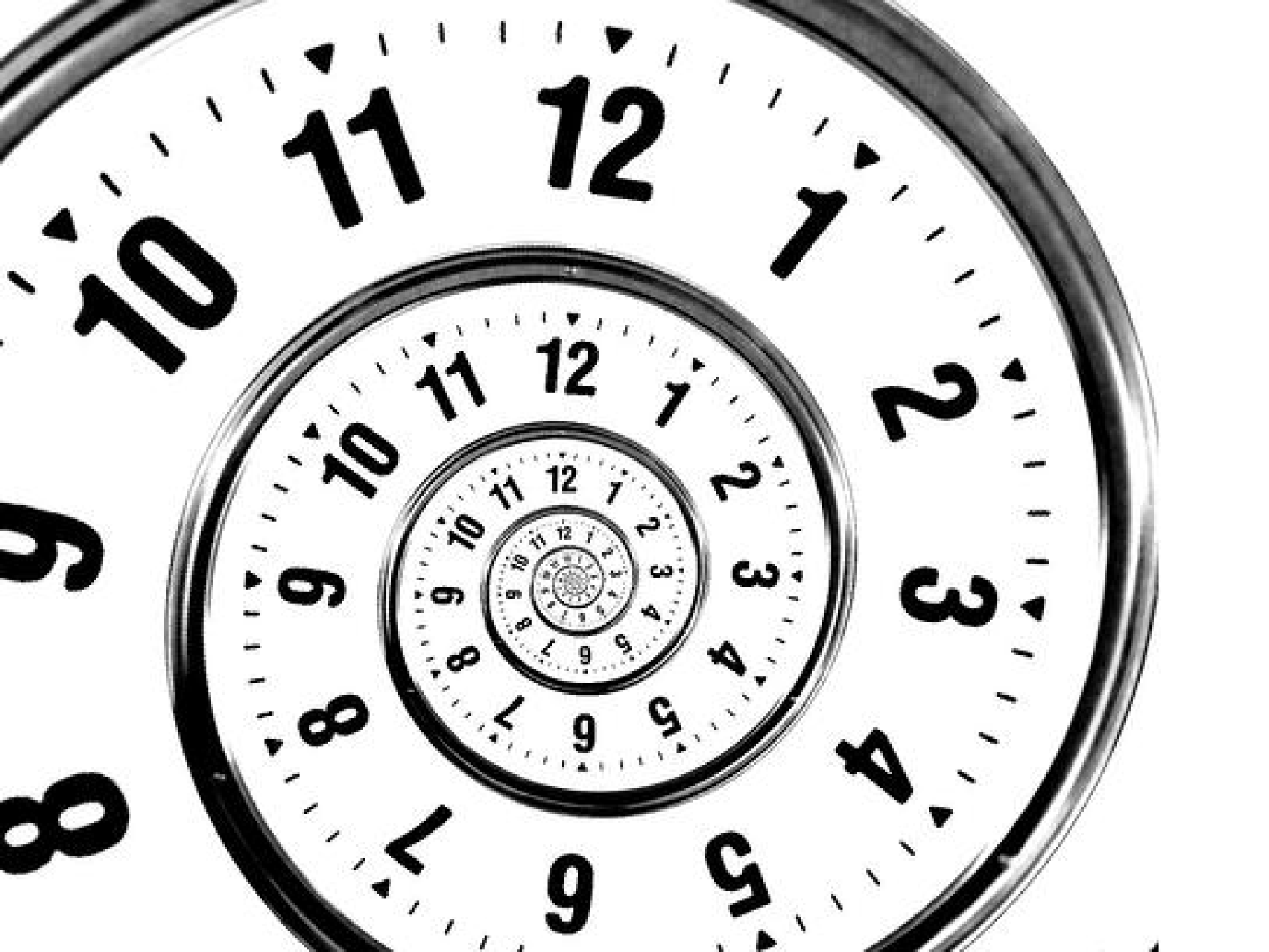


Reorganisation of IF services

Dr Simon Gabe

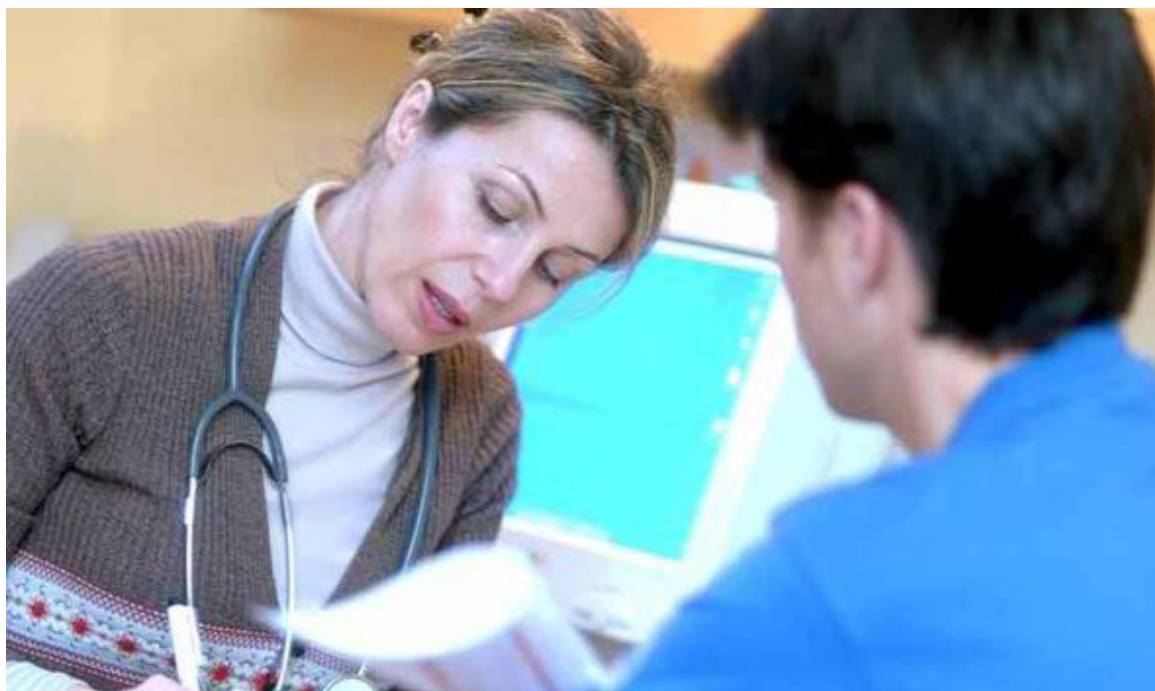
St Mark's Hospital, London



HPN funding over the years

Pre-1995

GPs pay for HPN



HPN funding over the years

1995

Health
Authorities (28)

1998

NSCAG: 2 severe
IF centres

Paid for severe
IF but not for
HPN

2001

National Specialist
Services Definition 12

2002

PCTs (151)

HPN funding over the years

1995

Health
Authorities (28)

1998

NSCAG: 2 severe
IF centres

2001

National Specialist
Services Definition
12

2002

PCTs (151)

2003

BAPEN Position
Statement

2008

HIFNET
document

2011

Hackett Review
Homecare
Services

2012

HPN Framework

2008 English HIFNET document

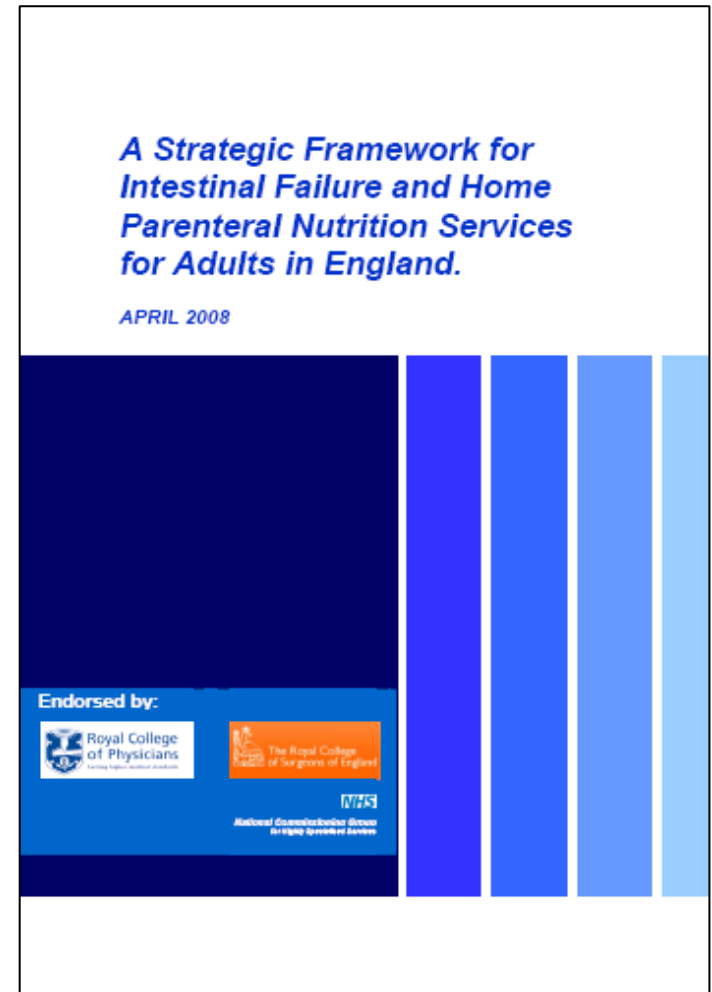
Aim: improve quality of care for HPN patients

Patient centred & allow equity of access to care close to home

Enhance links between HPN centres

Original proposal of 4 sectors

Anticipated launch 2013/14



2012: Specialised IF services

IF Type	General description	Specific Description	Unit specifications
Type 1 IF Non Specialist	Short term IF	1.1 No further surgery or early (<14 days) re-operation. Short term ileus.	A1,A2,(A3 optional)
Type 2 IF Specialised	Complicated PN or PN whose duration is causing concern	2.1 Patients requiring continued PN who have had more than two central feeding line infections	A1-3, B1-6,C1.1-1.3
		2.2 Patients with an uncontrolled high output stoma despite standard management*	See 2.1
		2.3 Patients with catheter-related central venous thromboses leading to problems of access for IVN administration (e.g. direct IVC or atrial catheters, venous recanalisation or vascular reconstruction)	A1-3, B1-6, C1.1-1.2
		2.4 Patients with persistent or deteriorating metabolic complications (significant liver or renal dysfunction, recurrent acidosis, poorly controlled diabetes)	A1-3, B1-6,
		2.5 Patients requiring long term in-patient PN with severe psychiatric co-morbidity (including personality disorders), needing intensive liaison psychological medicine services which cannot be provided locally	A1-3, B1-6, C1.4
	Intra-abdominal sepsis, fistulation and/or abdominal wall dehiscence including assessment and optimisation for surgery and peri-operative care	2.6 Recurrent / persistent severe abdominal sepsis requiring prolonged PN	A1-3, B1-6, C1.1-1.3, C2,3
		2.7 Intestinal failure with complex fistulation and/or requiring surgical reconstruction	See 2.7
		2.8 Dehiscent abdominal wound or laparostomy needing reconstruction of both GI tract & abdominal wall	See 2.7 plus C4,5
		2.9 High output enterocutaneous fistula(s) (>500ml/day) despite standard management*	See 2.7
		2.10 Need for distal limb enteroclysis or fistuloclysis	See 2.7
		2.11 Recurrent intestinal fistulation after failed surgical treatment of Type 2 IF	See 2.7 plus C4,5
		2.12 IF Surgery in a patient with radiation enteritis or an inherited defect of connective tissue (eg Ehlers Danlos, Marfans, PXE)	See 2.7 plus C4,5
	Intestinal reconstruction	2.13 Persistent IF with significant co-morbidity (heart, renal & liver failure) requiring tailored IVN	See 2.7
		2.14 With or without abdominal wall reconstruction	See 2.7 plus C4,5
		2.15 Surgery for severe intestinal dysmotility	See 2.7 plus C5
	Surgical re-appraisal	2.16 Intestinal lengthening (tapering, lengthening, STEP & Bianchi/LILT procedures)	See 2.7 plus C7
2.17 Severe intra-abdominal adhesions requiring further expert surgical appraisal or considered possibly not suitable for further surgery		See 2.7 plus C5	
2.18 Potentially hostile abdomen requiring further expert surgical appraisal or considered possibly not suitable for further surgery		See 2.7 plus C5	
2.19 IF due to sclerosing peritonitis needing specialist enterolysis		See 2.7 plus C5,8	
Type 3 IF Specialised	Initiation & Training of new HPN patient	3.1 Patients on long term parenteral nutrition who could be considered for continued home care	A1-3, B2-6, C1.2, D1,2
		3.2 Patients with intestinal resection leaving less than 100 cm small bowel without colonic continuity, or with less than 50cm small bowel if there is established continuity with the colon.	A1-3, B1-6, C1.1-1.3, D1,2
		3.4 Patients with severe intestinal dysmotility with malnutrition who cannot meet their nutritional requirements enterally	A1-3, B1-6, C1.2, D1,2.
		3.5 Severe intestinal dysmotility requiring specialist psychological support	See 3.4 plus C1.4
	MDT outpatient management	3.6 Established HPN	A1-3, B2-6, D1,2
Non-elective readmission	3.7 Established HPN	A1-3, B1-6, D1,2	
Intestinal transplantation		4.1 Transplant assessment	A1-3, B1-6, C1,2,3,5 & 6
		4.2 Transplantation & perioperative care	Transplant unit
		4.3 Out-patient post-transplantation follow up	Transplant unit and See

Unit specifications

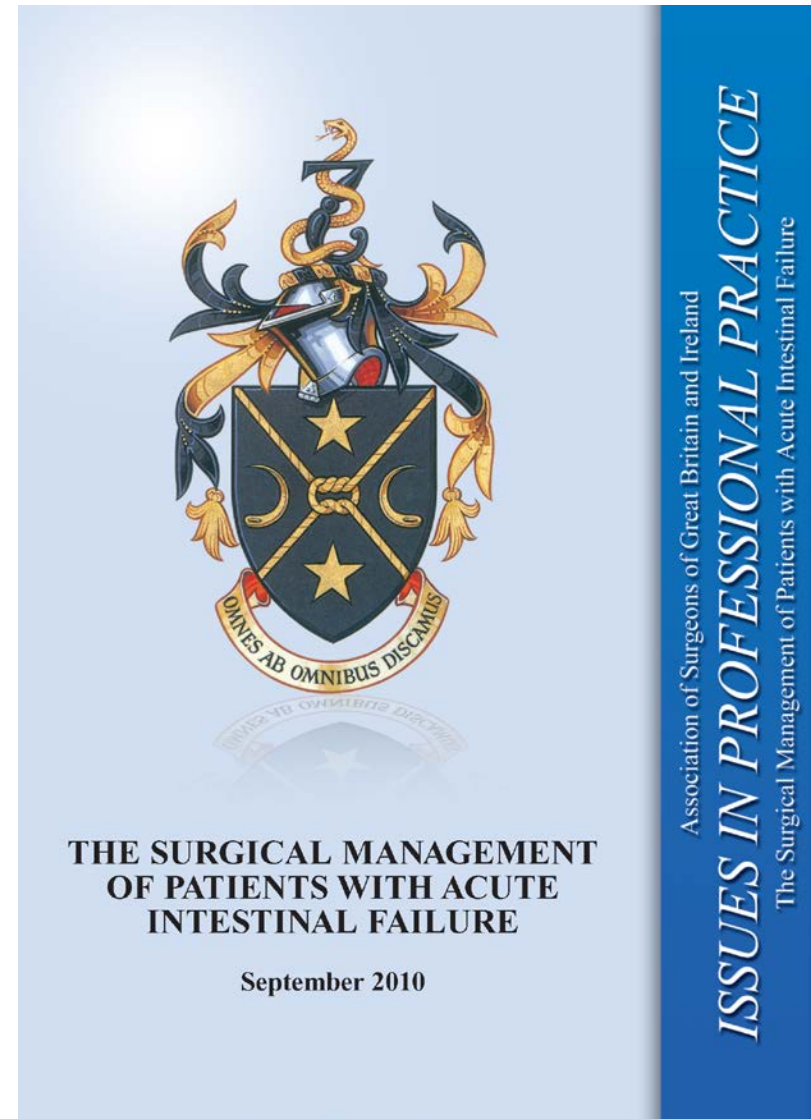
Code	Description	Sub-code	Subcode description
A1	GI medicine & surgery expertise on site		
A2	NICE compliant nutrition support team		
A3	BANS reporting		
B1	Nominated expert surgeon & skilled consultant alternate with appropriate on-going interest, practice & junior surgical support		
B2	Nominated specialist IF gastroenterologist in the context of comprehensive medical gastroenterological, endoscopy and hepatology services with junior medical support.		
B3	Enhanced nutrition support team services	B3.1	At least 2 specialist nutrition nurse specialists
		B3.2	Specialist dietitians with experience in intestinal failure management
		B3.3	Specialist pharmacists and on site pharmacy compounding
B4	Supportive microbiological services		
B5	Venous access expertise with continuous audit of complication rates		
B6	Dedicated ward area for IF patients		
C1	High quality supporting clinical teams	C1.1	Anaesthetics with a special interest
		C1.2	Interventional radiology (experienced in abdominal abscess drainage & central venous access)
		C1.3	Stoma care & abdominal wound care (experience in management of dehiscid abdominal wound)
		C1.4	Nominated specialists in psychiatry & psychology
C2	Good access to and working relations with on-site HDU & ICU		
C3	Critical mass of type 2 IF patients.		
C4	Surgical expertise in abdominal wall reconstruction and fistula repair		
C5	Advanced IF surgical unit (see appendix)		
C6	Experience in intestinal transplant selection & assessment		
C7	Experience in intestinal lengthening procedures (AuGIS)		
C8	Experience in surgical enterolysis for sclerosing peritonitis		
D1	Dedicated multi-professional IF outpatient clinics		
D2	HPN experience and on-going critical mass		

2010: surgical guidance

Management of IF:
close collaboration
between surgeons,
physicians &
radiologists

Involvement of a
nutrition support team
(NST) is essential

Hospitals without a NST
or surgeon with a
committed interest
should refer patients to
specialist centres





Specialist IF surgery

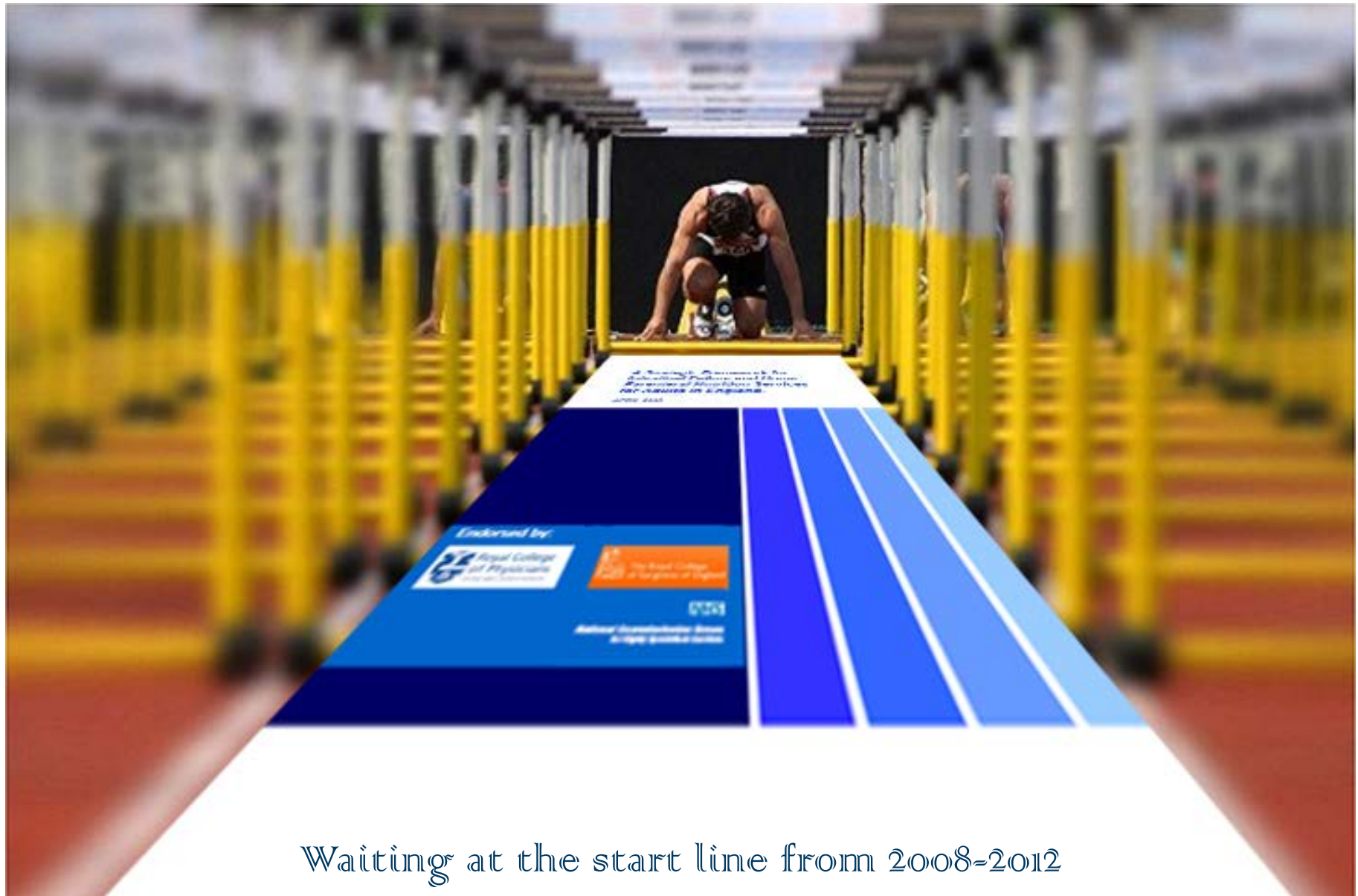
Surgery aimed to provide definitive management of severe Type 2 and, where appropriate Type 3 IF surgery MUST BE SPECIFIC to the management of IF and comprises the following

Fistula management	Output > 500ml/day > 1 intestinal fistula Abdominal sepsis Metabolic or nutritional complications An open abdominal wound requiring reconstruction of the abdominal wall
Complex small intestinal fistula	Involving upper or lower GI, urinary, biliary or gynaecological tracts
Hostile abdomen	Where planned treatment of intestinal obstruction or abdominal sepsis would deliberately result in a period of intestinal failure
Intestinal surgery in Types 2 & 3 IF	Intestinal reconstruction, with or without complex abdominal wall reconstruction (to facilitate cessation of ANS, and/or improve QOL specific to IF)

AT THE NHS RACES



Doctors, AHPs & patients have high expectations of the NHS IF network

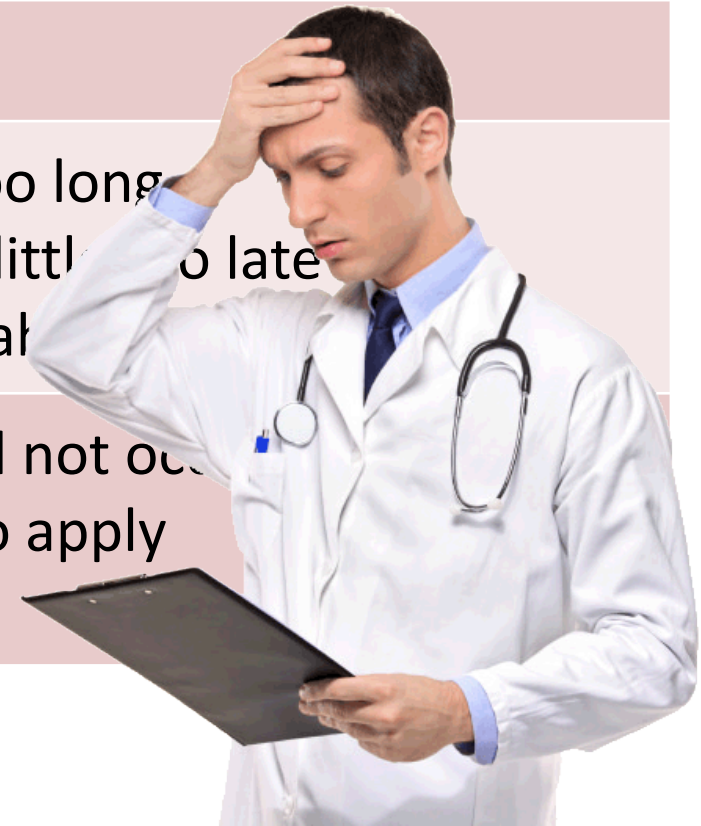


Waiting at the start line from 2008-2012

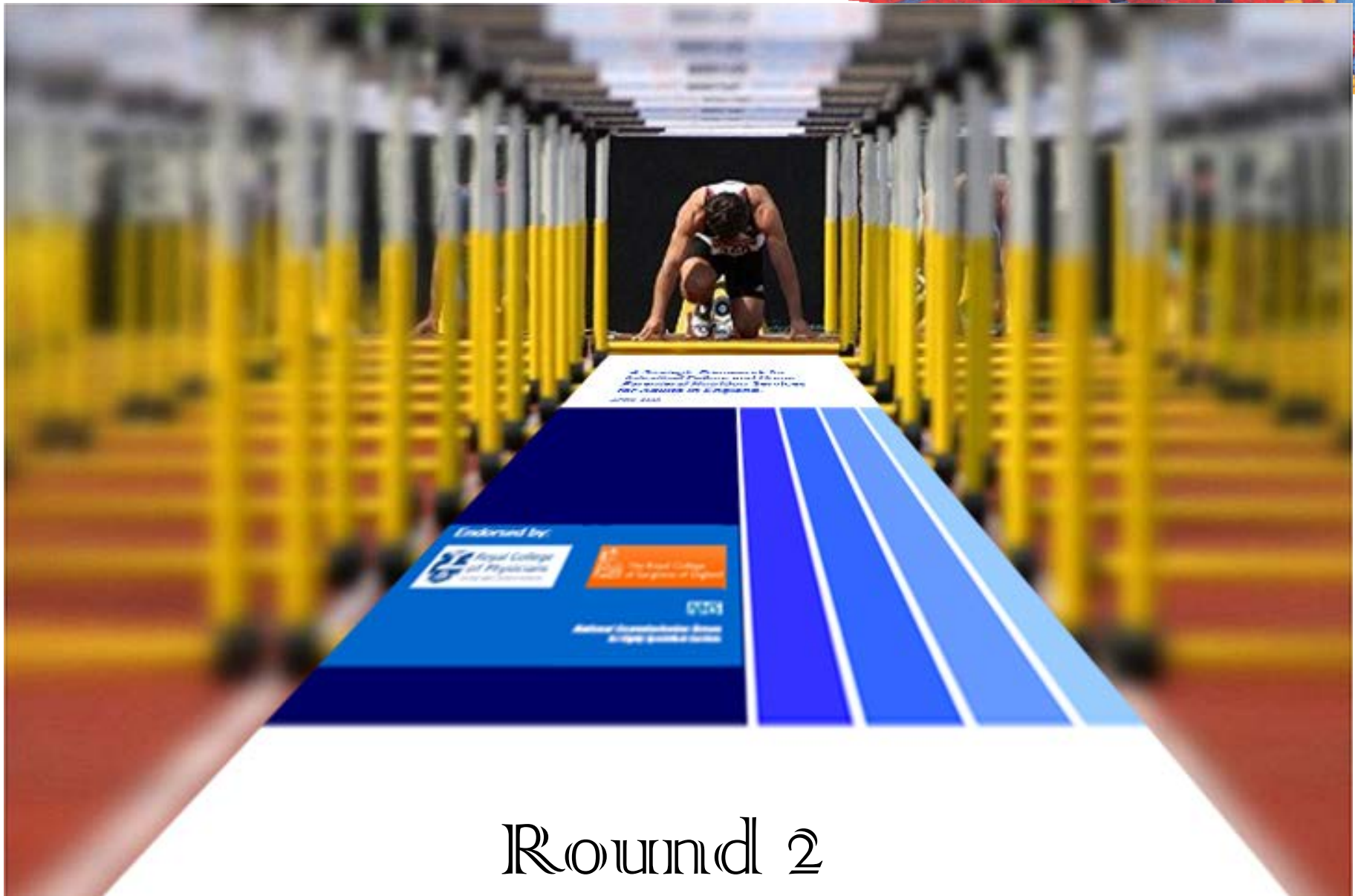
Commissioning services

& designation as provider of specialised IF services

May 2012	Letter to all Trusts to submit an EOI
June 2012	30 Trusts completed a expression of interest
2013-14	30 peer reviews completed
2014	Peer reviews untouched for too long Eventual formal output is too little too late “Currency” (payment) not established
2015	NHS England: due process had not occurred <ul style="list-style-type: none">• Private sector not invited to apply• Open to legal challenge







Round 2

2015

Commissioning services

& designation as provider of specialised IF services

Aug 2015	2 nd attempt: EOI procurement of Severe IF services Came via NHS England commissioning channel 32 Trusts applied
Nov 2015	National clinical panel reviews submissions to support commissioning process
Nov 2015	Currencies not set, work not completed on this Suggested that there would be a shadow tariff for 2016/7 and then a real tariff from 2017
Dec 2015	National commissioning panel meetings (North and South of England)
Jan 2016	Regional commissioners to confirm lead centres and notice/contracting timeframe

AT THE NHS RACES





Commissioning abandoned again

- Legal challenge by 1 trust, upheld by the lawyers
 - ▣ Needed to be a transparent competitive bidding process
- Has to be a competitive tender as
 - ▣ 250-300 IF operations/year: fewer centres required
- Tariff still not worked out
 - ▣ Will take a few years to get a proper tariff agreed
 - ▣ Need to start the process at least

Where next?





**KEEP
CALM
AND
START
AGAIN**