

Specialised Services Circular

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HIV CRG guidance on non-antiretroviral prescribing

Circulation

For action

Area Team Directors
 Area Team Directors of Commissioning
 Area Team Heads of Specialised
 Area Team IFR Leads
 Area Team Finance Leads
 Area Team Pharmacists

For information

Regional Directors of Commissioning
 Regional Heads of Specialised
 Commissioning
 Regional Finance Leads
 Regional Medical Directors
 Area Team Medical Directors

Area Teams to circulate to:
 Acute Trust Chief Executives;
 Acute Trust Medical Directors

Clinical Reference Group Chairs: onward
 circulation relevant CRG members

Background

HIV care and treatment can include the prescribing of some non-antiretroviral (non ARV) drugs used to treat side effects of HIV infection or antiretroviral drugs.

As there is variation in clinical and commissioning practice in respect on non ARV prescribing, the HIV CRG has produced some principles to underpin contract discussions between commissioners and providers.

Summary

In the past, lack of primary care engagement in the care of people with HIV has meant some HIV outpatient services have taken the lead in managing the prescribing needs of people living with HIV. There is variation in this area both in terms of clinical practice and in the payment arrangements for such prescribing.

In order to support appropriate clinical governance of medicines management and reduce variation of practice, the HIV CRG has drawn up a list of drugs used in the treatment pathway of people living with HIV and offered guidance on the most appropriate prescribing lead for clinical safety and governance. Some HIV services are integrated either with GU medicine or infectious diseases (or there may be joint clinics in place), and so it will be necessary to confirm contract arrangements at local level.

The document attached at appendix 1 sets out the clinical consensus in the CRG about the principles for non ARV prescribing and which non ARV drugs could be reasonably prescribed by HIV specialised services and which should not. The aim is to ensure clinical safety and quality of prescribing, without which there is a risk of additional costs of ineffective care. It is expected that this approach will be appropriate in the majority of cases and the principles sets out scenarios where flexibility to meet specific patient needs may be required.

Action

Area Teams are asked to discuss this guidance and take the necessary action to amend contract terms with providers to ensure this improvement in value to patients is achieved.


Area Teams are asked to note this will be reflected in work being done on the development of pricing for the national HIV outpatient tariff.


Suggested lines of enquiry for contract discussions include:

- Confirmation of how non ARV prescribing is represented in current contract terms / funding
- Establish current clinical practice and any changes required to move from baseline to implement the guidance where required
- Calculate financial adjustment accordingly.

Further Information

Contact Claire Foreman, Accountable Commissioner for HIV CRG
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