

12 July 2012

Ms D Jack
Chief Executive
National AIDS Trust
New City Cloisters
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London
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RECEIVED 16 JUL 2012

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Quarry House
Quarry Hill
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Tel: 0113 2545766

Dear Ms Jack

Late HIV Diagnosis and the Quality Outcomes Framework (QOF)

Thank you for your letter dated 25 April 2012 regarding your proposal to amend the Education and Training sub section of the Quality and Outcomes Framework (QOF) to include late HIV diagnosis. Your letter was passed on to me by the QOF team at National Institute for Health and Clinical Excellence (NICE) as changes to the organisational domain are outside their remit.

You may be aware that GP practices will be brought under the Care Quality Commission (CQC) registration arrangements this year so that from April 2013 all patients can be assured that the services they receive from any NHS provider will meet common essential standards of safety and quality. Outcome 4 of the essential standards reflects requirements in regulations (Regulated Activities Regulations 2010) which covers the outcome of care and welfare of patients. This includes that patients should experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

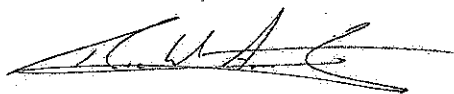
The BMA have issued guidance to practices on achieving compliance to these essential standards that makes clear that this outcome is achieved where practices act systematically to reduce the risk of patients receiving unsafe or inappropriate care, treatment and support. The guidance goes on to say that practices are likely to be compliant where they conduct significant event reviews and analyses and learn from incidents, errors and near misses and suggests that if there is an adverse event or error during a patient's treatment that an apology is offered and a full explanation of what happened is given in line with paragraph 30 of the General Medical Council's Good Medical Practice guidelines. This states;

"If a patient under your care has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should offer an apology and explain fully and promptly to the patient what has happened, and the likely short-term and long-term effects."

Serious or persistent failure against the Good Medical Practice guidelines risks any individual doctor's professional registration with the GMC.

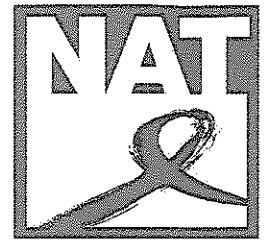
On this basis we believe that regulatory system at all levels, both at an individual practitioner level and at the organisational level of providers, is reinforcing practices for significant event reviews that would include the late diagnosis of HIV without the need for additional financial incentives to be placed within GP contractual arrangements to seek to encourage practices to comply with their duties of care to all of their patients.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Armstrong', with a long horizontal stroke extending to the right.

Richard Armstrong
Head of Primary Medical Care

25 July 2012



Richard Armstrong
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Dear Mr Armstrong

Re: Late HIV Diagnosis and the Quality Outcomes Framework (QOF)

Thank you for your response of 12 July to my letter on late HIV diagnosis and the Quality Outcomes Framework (QOF). I have to say I was extremely disappointed by your response. It is, of course, the case that there are broader regulatory expectations around appropriate medical care from GPs - but if this is sufficient, as your letter suggests, that would be a reason to end all QOF points for significant event reviews. There is no indication in your letter that this is going to happen.

If QOF points for significant event reviews continue, then I believe you have to address why significant event reviews for late HIV diagnosis should not enjoy similar financial incentives to, for example, those for cancer diagnoses.

I was not clear from your letter how a decision was made about our proposal - for example, whether there is some process or committee which looks at such recommendations. Given the wide range of prestigious organisations and clinical bodies (including the British HIV Association and the RCGP Sex, Drugs and HIV Group) which supported the proposal for late HIV diagnosis significant event review to be in the QOF, I believe there needs to be evidence that any DH decision has been carefully considered and consulted on. I would also be grateful to know how we might request a review of the decision.

The proposal is also relevant to the DH's public sector equality duty, which places on the Department an obligation, amongst other things, to pay due regard to the need to eliminate discrimination against disabled people. Anyone living with HIV has a disability in law (the same is true of people with cancer). We know that overall primary care currently performs badly in diagnosing HIV infection early, often despite clear symptoms of possible infection, and this results in significantly worse outcomes for many people with HIV. Such failings are in part linked to stigma around the condition (and quite possibly in some cases to a failure to take seriously the health needs of gay and bisexual men and African communities).

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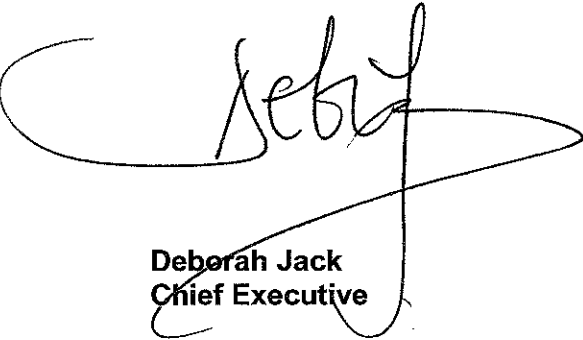
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We believe there is a need to go beyond the universal reliance on regulation and consider the positive case for financial incentives to make a difference - given the level of need, the seriousness of the issue and the equality duty obligation around ending discrimination against people with HIV.

I think it would be very useful if we could meet to discuss this issue further (we would also invite one or two representatives from other key organisations who supported the proposal).

I look forward to hearing from you as to when might be a convenient date.

Yours sincerely

A large, stylized handwritten signature in black ink, appearing to read 'Deborah Jack'. The signature is written over the printed name and title below it.

Deborah Jack
Chief Executive