



Information Fit For Commissioning

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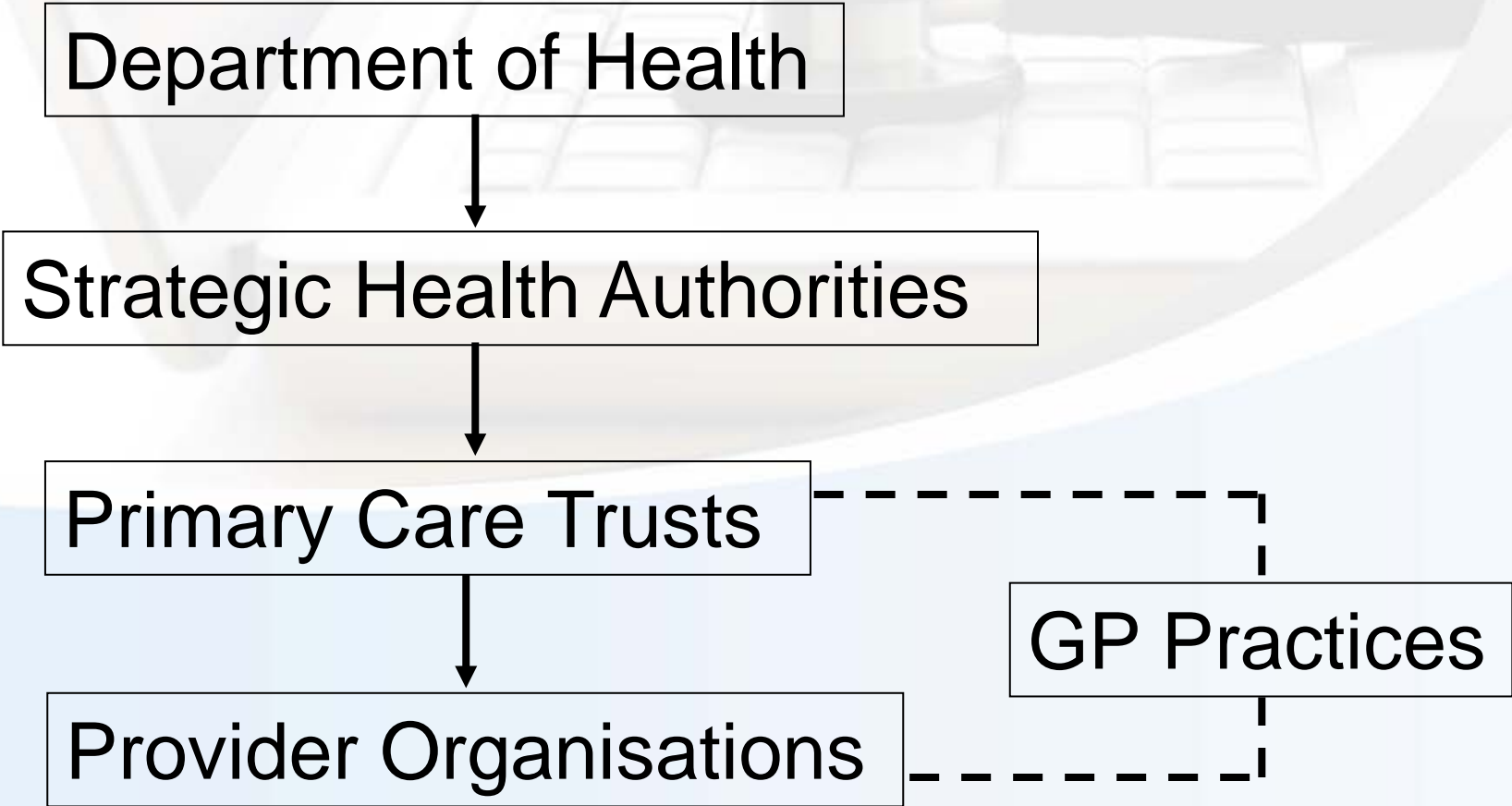
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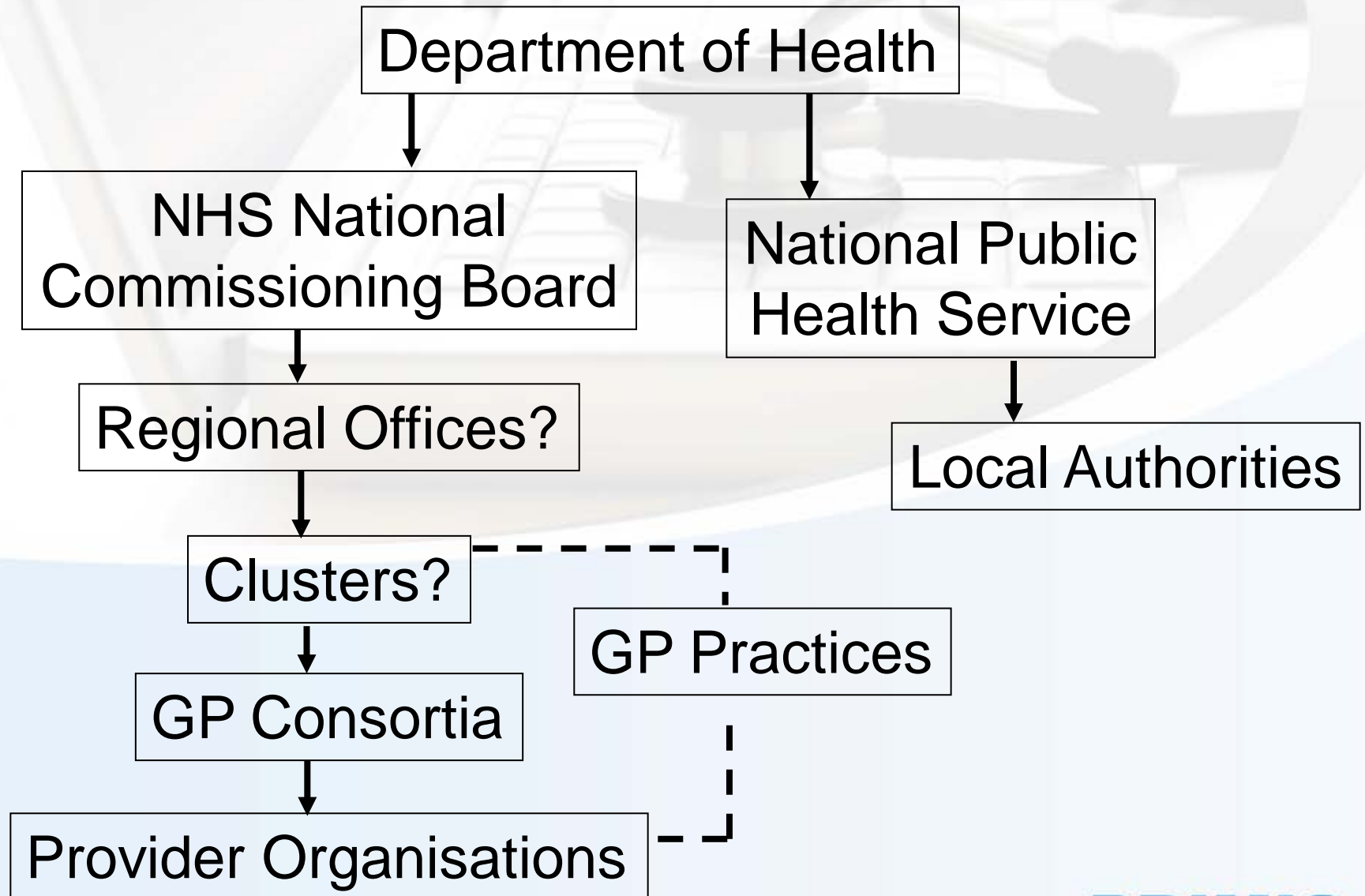
Information Fit for Commissioning

- Commissioning arrangements & activities
- Data and information needs
- Information fit for commissioning
- Examples of current solutions

Current Commissioning Arrangements



New Commissioning Structures



New Commissioning Arrangements

Power and responsibility for commissioning services will be devolved to consortia:

- Every GP will be a member of a 'shadow' consortium by 2011/12
- Consortia will start taking on duties from 2012/13 and full financial responsibility from April 2013
- Management allowances will be available to help fund commissioning
- NHS commissioning board will calculate practice-level budgets and allocate these directly to consortia and will hold practices to account

North West Arrangements

- **5 Primary Care Clusters:** Cumbria PCT cluster, Pan Lancashire PCT cluster, Merseyside PCT cluster, Cheshire PCT cluster, Greater Manchester PCT cluster (1st June)
- **28 Pathfinder Consortia**
 - 2 are made up of several:
 - NHS Ashton Leigh and Wigan (5 consortia)
 - Manchester (3 consortia)
 - Number of practices: 3 – 105
 - Population size: 25,000 - 547,000

The Role of Commissioners

- WCC meant primary care trusts becoming trusted community leaders and investing NHS funds in the best possible way for their local populations
- To promote wellbeing, prevent ill health and provide high-quality, safe and convenient services to everyone who needs them.

Or put simply:

- To plan and purchase services to meet the needs of the local population

Commissioning requires the answering of a number of questions:

“What is the health of the population?”

“What services does the population need?”

“What services are being bought currently?”

“What are the costs?”

“What are the outcomes?”

“What else is available?”

Commissioning activities...

Functions include:

- Needs assessment
- Engagement with co-commissioners
- Assessing impacts and outcomes
- Contract management
- Contract assurance
- Commissioning accountability
- Service or pathway redesign
- Commissioning new providers
- System management
- Designing new services
- Decommissioning services

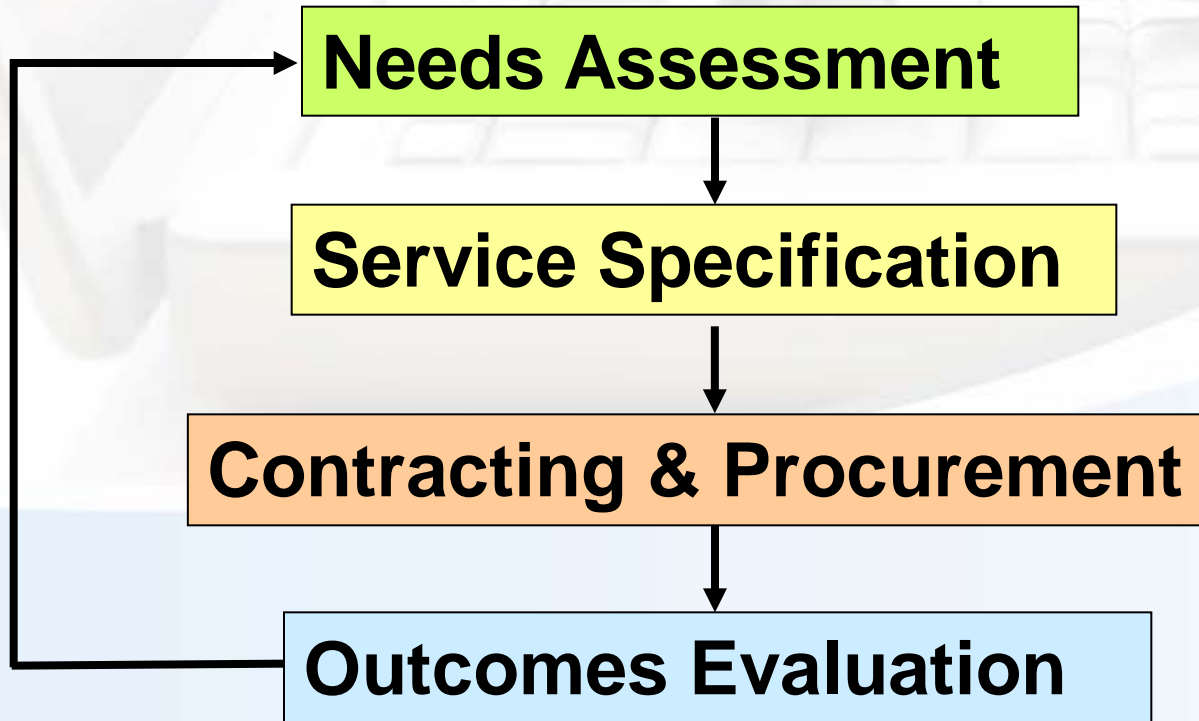


How?

Who?

When?

What should happen



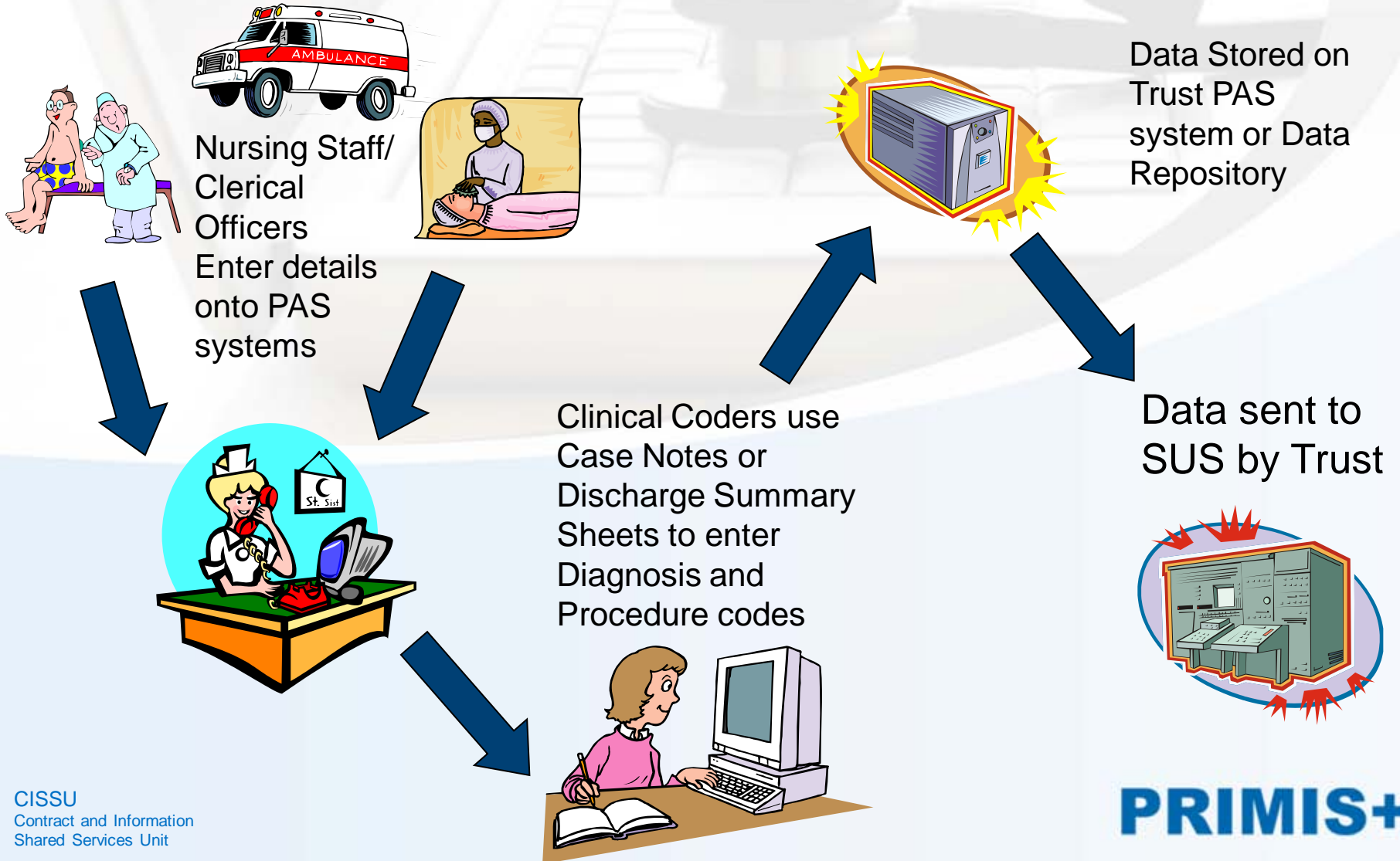
What will be the Data and Information Needs?

Secondary Care: SUS

Operating Framework December 2010

“The NHS should use the Secondary Uses Service (SUS) as the standard repository for performance, monitoring, reconciliation and payments by April 2012, operating in shadow form from October 2011. During 2011/12, progress on delivery of this will be performance managed and commissioners will be expected to use contract sanctions if they are not satisfied about the completeness and quality of a provider’s data. “

Data Flows: Secondary Care



Need for Completeness of Data

Non trauma primary diagnosis

- Case A

W58.1 Primary resurfacing arthroplasty of joint

HRG: HB99Z Other procedure for non Trauma

* Tariff: £374

- Case B

W58.1 Primary resurfacing arthroplasty of joint

Z84.6 Knee joint

HRG: HB23C Intermediate Knee Procedures for non Trauma without CC

* Tariff: £2,417

*(*Department of Health, 2010-11 national mandatory tariffs, Elective spell tariff)*

Data Validation – Other Examples (CISSU)

Validations below are for 1 Trust with 1 PCT covering April 2010 to March 2011

Level 1 Data Validations	Inpatients		Outpatients		Accident and Emergency		Total Cost
	Spells	Cost	Attendances	Cost	Attendances	Cost	
	Invalid NHS No	550	£392,244	680	£65,750	770	
U Codes	140	£0					£0
Inpatients Admitted Same Day	160	£174,178					£174,178
Seen in Same A&E Department within 4 hours					140	£10,500	£10,500
Outpatient Attendance whilst Inpatient			980	£92,952			£92,952
Outpatient Attendances after patient indicated as deceased on Inpatient CDS			500	£44,174			£44,174
Inpatient Under 50 in Geriatric Medicine	7	£18,197	50	£7,769			£25,966
Elective/DC Spells with blank Primary Procedure	125	£168,199					£168,199
Sub Total	982	£752,818	2,210	£210,645	910	£71,724	£1,035,187

Other Sources of Data and Information

- Other Unscheduled Care Settings (Ambulance, OOH, Walk-in Centres)
- Mental Health Trusts
- Community services
- Social Care
- PAMS
- Primary Care

Commissioning Requires High Quality Data

- Commissioning will require accurate and timely data
- Provision of such information has been poor in the past.
- It therefore likely that practices will be expected to provide detailed activity data to assist with this process

GPC Guide to NHS white paper

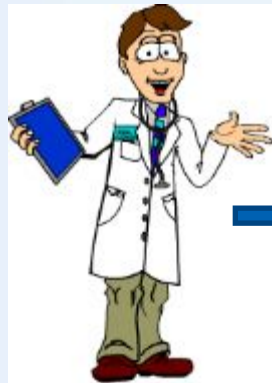
Data Flows



Operation



Discharge Letter



Read
Coded in
Practice



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Data fit for commissioning

What information is required for effective commissioning?

- Needs Assessment
 - What is the health of the population?
 - What services do they currently access?
- Service specification
 - What services does the population need?
- Contracting and Procurement
 - What services are being bought currently?
 - What are the costs?
 - What else is available?
- Outcomes Evaluation

How much of this can be got from Primary Care?

Needs Assessment

What is the health of the population?

- Demographic and social information (deprivation, ethnicity)
- Risks – including lifestyle and jobs
- Prevention and health promotion
- Diagnoses (including severity) and functional status

What services do patients currently access?

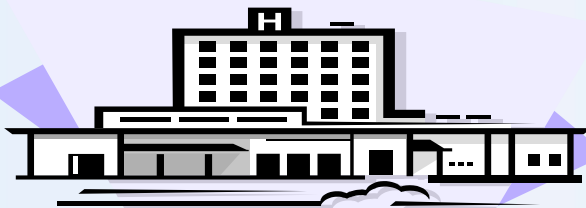
Needs Assessment

- High costs for unscheduled admissions/re-admissions
- May be due to poor coordination of primary care
- Identification of those at highest risk and development of alternative pathways in advance:
 - PARR (Patients at Risk of Readmission)
 - PARR1 based on previous admissions for selected conditions, to predict future admissions
 - PARR2 is based on any previous admission, to predict future admissions
 - Combined Model also includes Out-patient , A&E & a small subset of GP data

Service Specification

What services does the population require?

- What drugs will be required?
- What procedures/operations?
- What skills and facilities are available – and where?



Contracting and Procurement

What services are being bought currently?

- Pathways of care
 - Data for pathway modelling and monitoring
 - Activity data, Demographic data
- Patient experience



Contracting and Procurement

What are the current costs?

- Costs per patient, per referral and per service
- Value for money
- Different provider costs

What else is available?

- What other services exist?
- Would they be any better?
- Can we redesign services that exist?



Outcomes Evaluation

NHS Outcomes Framework

- NICE will develop 150 standards
- COF
- Information Centre to collect the data
- PROMS (Patient Reported Outcomes Measures)
 - PHQ9
 - EQ-5D
- Benefits from current or changed pathways
- Dis-benefits (deaths, serious untoward incidents, failed procedures)

PRIMIS+ Tools

- Commissioning Data Quality queries (on the horizon!)
 - Similar to IM&T DES eAudit
 - Look at activity data
 - Look at data quality for commissioning
 - Look at the scope of data recorded
 - Also some demographics
 - Upload for National Comparison
- Other CHART queries

Information Revolution

- To improve the quality of care, those who collect, record, store, analyse and present data must understand the impact on care of poor quality data.
- All staff working in health will need to understand and value the contribution data can make to improving outcomes.



Examples of Information used for Commissioning

- Dudley Scorecard
- Bolton Urgent Care Dashboard
- Liverpool Dashboard
- Barnsley Scorecard
- Calderdale Community Care Plans

How to stay Up to Date

- Email alerts/website updates:

PRIMIS+ Website

GP Commissioning Bulletin

<http://www.gponline.com/channel/commissioning/>



- Networks

LinkedIn : GP Consortia Networking and News (and more)

NHS Networks: <http://www.networks.nhs.uk/>

GP Consortia, Commissioning for Long Term Conditions (and many more!)

- Email Updates: PCC, HSJ



Questions

