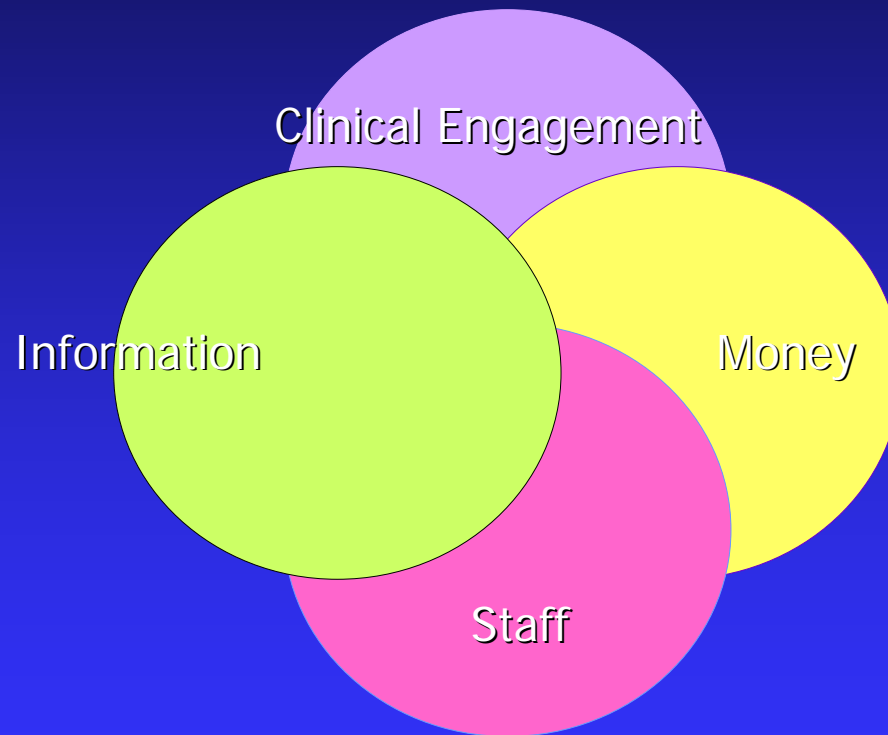# Information and Practice Based Commissioning

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PBC depends on four things

Information is key to:

- Budget setting – how much care did the practice use?

- Fair shares formula – how many patients & what is their needs weighting

- Predicting the need for care – plans, business cases & contracts; understanding case mix

- Supporting an effective clinical dialogue

- Identifying & managing variations in expected/budgeted volumes of care

- Improving the quality & range of care available

Key information areas & sources

- Population – Department of Health resource allocation uses Office for National Statistics population forecasts which are analysed down to practice level

- Population figures are weighted to reflect differing needs of age groups & differing morbidity & social needs

Example of age weighting

Table 1: 2000-2003 HCHS age weights

Age band	0-4	5-15	16-44	45-64	65-74	75-84	85+
Weighting (£)	542	269	526	655	1,245	1,976	2,799

PbR currency (1)

- Payment by Results sets the national prices for acute care using Healthcare Resource Groups (HRGs)

- HRGs analyse acute care episodes (patient DATASETS) into circa 600 codes within 18 Chapters (aka specialties)

- HRGs are grouped into Spells (a continuous hospital stay that may = more than 1 episode)

HRG Chapters (v 3.5)

A Nervous System
B Eyes & Periorbita
C Mouth, Head, Neck & Ears
D Respiratory System
E Cardiac System
F Digestive System
G Hepato-biliary & Pancreatic
H Musculoskeletal
J Skin, Breast & Burns
K Endocrine & Metabolic
L Urinary Tract & Male Reproductive
M Female Reproductive
N Obstetrics & Neonatal
P Diseases of Childhood
Q Vascular
R Spinal
S Haematology, Infectious Dis, Poison & non-specif
T Mental Health

PbR currency (2)

- HRG codes are determined by:

    - Primary diagnostic codes

    - Subsidiary diagnostic codes

    - Procedure codes

- HRGs have been used for reference costs for 8 years but only for tariffs from 2003

- There are significant variations in coding depth & practice between Trusts

- Coding & counting practice is critical to commissioning & service redesign

What does a patient dataset look like (1)

Patient ID	XXX	XXX
startage	80	32
Age Band	75+	25-44
sex	1	1
admidate	27/01/2005	08/10/2004
disdate	08/02/2005	14/10/2004
Length of stay	12	6
disdest	19	19
Discharge Dest (short)	Usual place of residence	Usual place of residence
admimeth	21	21
Adm Method Name	Emergency - via Accident an	Emergency - via Accident and Er
spec	300	300
Specialty	General Medicine (300)	General Medicine (300)
pdiag	R074	J90X
Diagnosis	Chest pain, unspecified	Pleural effusion, not elsewhere c
diag2	I10X	L031
diag3		M2556
diag4		
diag5		
diag6		
diag7		
diag8		
diag9		
diag10		
diag11		
diag12		
diag13		

What does a patient dataset look like (2)

op1		T123
OP Name		T12 Puncture of pleura
op2		Y532
op3		
op4		
op5		
op6		
op7		
op8		
op9		
op10		
op12		
HRG	E35	D23
Reference hrgv35_HRG	E35, Chest Pain >69 or w cc	D23, Pleural Effusion w cc
gpprac	XXX	XXX

PBC & PbR information: Voluminous but not complicated

- Historic & monthly data needs careful summarisation to support PBC & PCT overview

- Web based presentation with lots of different "views" available eases use

- Formal monthly accountability reports are required

- Regular (rolling monthly or quarterly full coverage) reviews of coding trends

Monthly reports

- Forecast activity & cost (realistic profiles) versus actuals

- Investigation of variations (source of referral etc)

- Track of action taken on prior periods

- Results monitored BEFORE releasing savings

- Beware late changes in data – April may have changed by now!