

PbC Information Provision

Engaging Primary Care Through an
Understanding of Commissioning Data

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Intro

- Engaging Primary Care
- Budget setting
- Monitoring and Variance
- Benchmarking
- Training sessions
- Next Steps



2006-07 Background

- Active PBC project 18/12.
- 2005/6 24/27 practices taken indicative budget
- Historic financial pressure
 - Non-recurrent balance now in deficit
- Over performing 2ndry Care
- Concurrent (and unpopular) national agendas



Internal Engagement

- Full engagement of PbC leads from early on
- Owning the data
- Data not the answer
- Part of a holistic portfolio
- Long term strategy
- Lever for service change



The Achievement

- Understanding of commissioning agenda
- Confidence in the data
- Indicative monitoring
- Linking to the big agendas
- Data available to all
- Show potential beyond ‘savings’
- Universal engagement



2005-06 Approach

- Provide indicative Budgets and monitoring
- Provide historic raw data
 - and some analysis
- Follow up with training sessions on data and its manipulation
- Training on PbR
- Build confidence in data



Requirements 2006/07

24. We expect PCTs to provide practices with activity and financial information for their own practice on:
- elective activity – inpatient and day case;
 - non elective admissions, including information on length of stay;
 - first outpatient appointments, and follow up appointments;
 - use of diagnostic tests and procedures;
 - consultant to consultant referrals;
 - prescribing;
 - community and mental health services;
 - primary care including essential and enhanced PMS and GMS services; and
 - accident and emergency attendances.
25. PCTs are also expected to provide benchmarked data to practices that enables them to compare themselves with other practices in the PCT area and with the national average. Practices can expect benchmarking data on the following areas:
- referral rates;
 - admission rates;
 - first outpatient attendances; and
 - follow up rates.



Budget Methodology

- Based on DoH guidance: historical spend linked to LDP
- Pro rated 2006/07 SLAs to practice level
- Admitted Patient Care & Outpatients
 - Rest of SLAS shown for information purpose
- Agreed approach with LMC



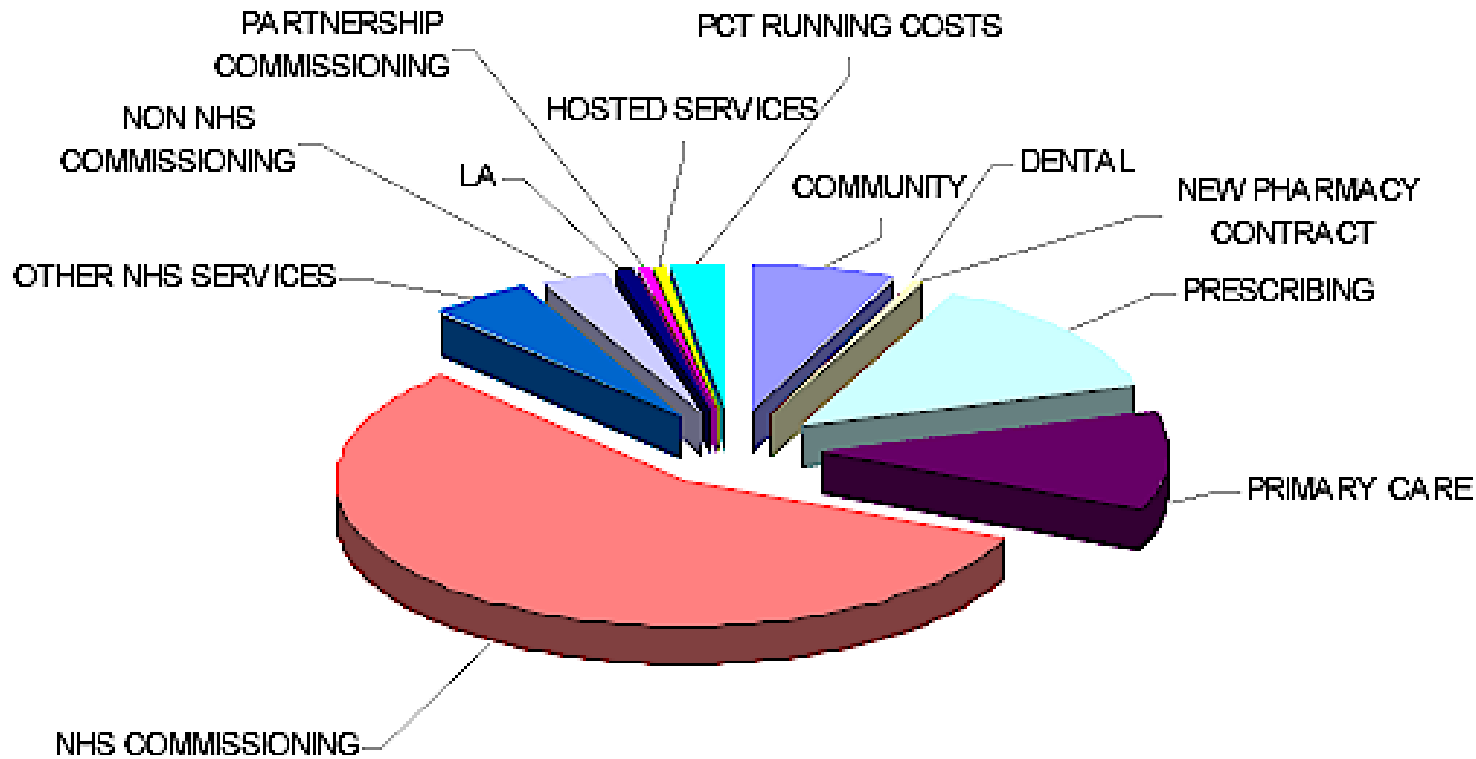
Linking to SLA

- 2003/04 activity does not reflect:
 - What would happen this year
 - What was actually spent in 2003/04
- 2005/06 SLAs reflect changes in:
 - Commissioning methods
 - Referral patterns
 - Coding
 - Clinical practice
 - Patient Pathways
 - Plus planned interventions for this year



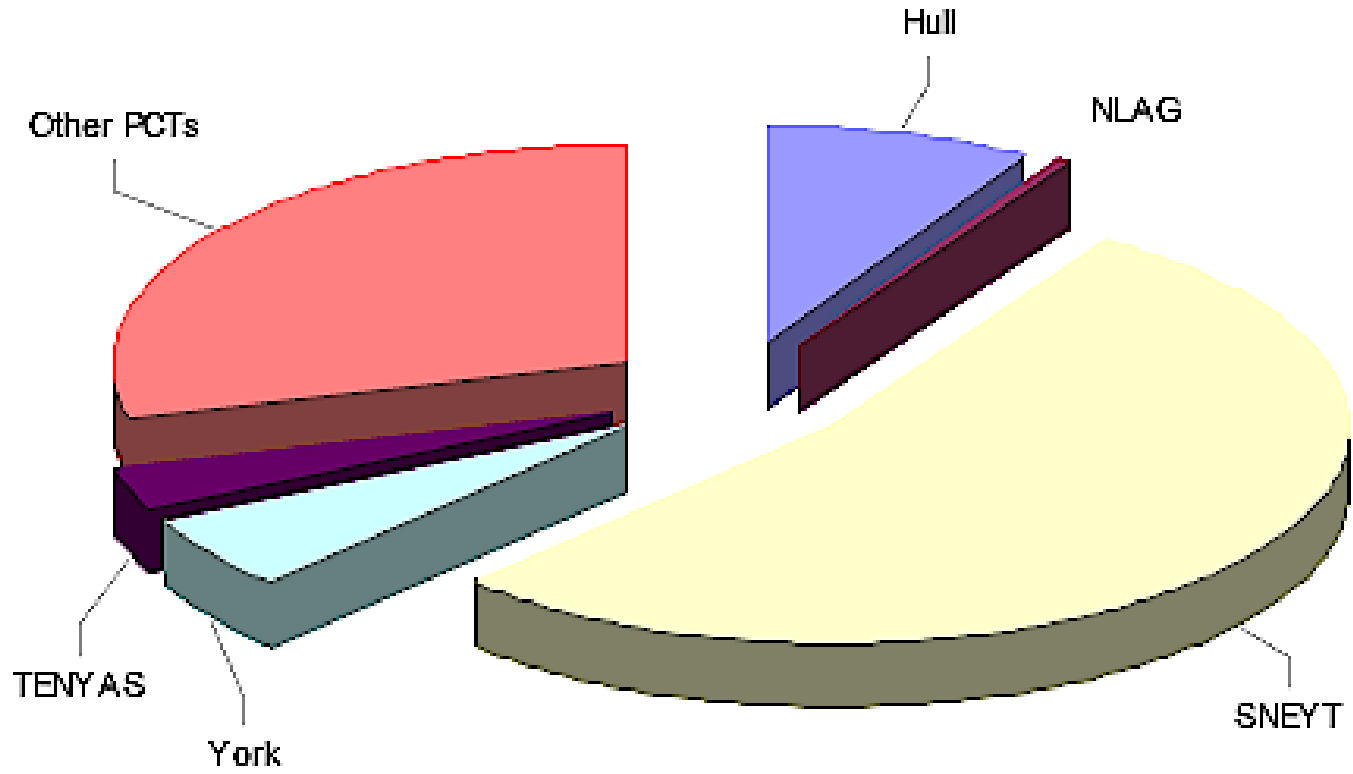
Example Slide

PCT Total Spend



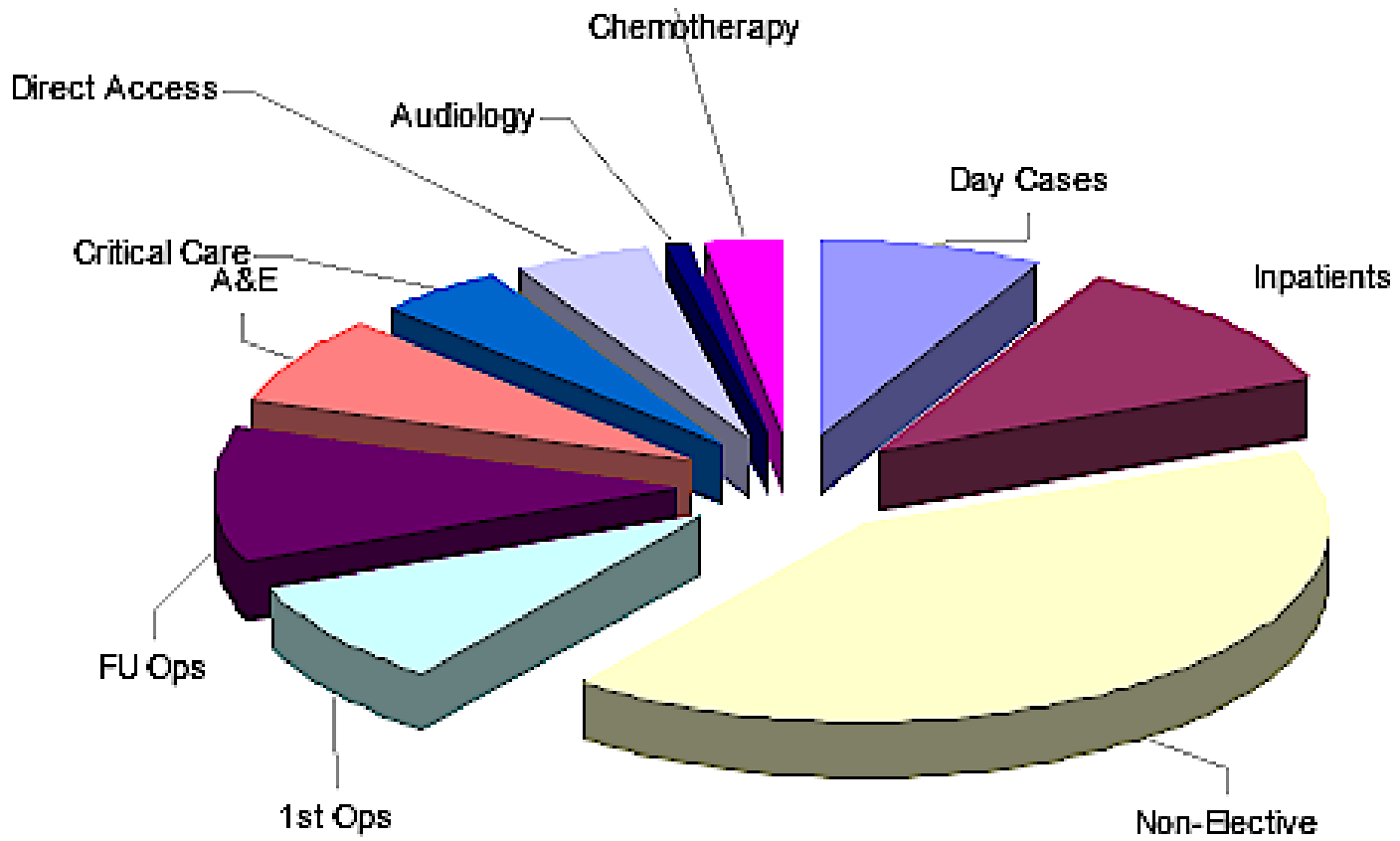
Example Slide

NHS Commissioning



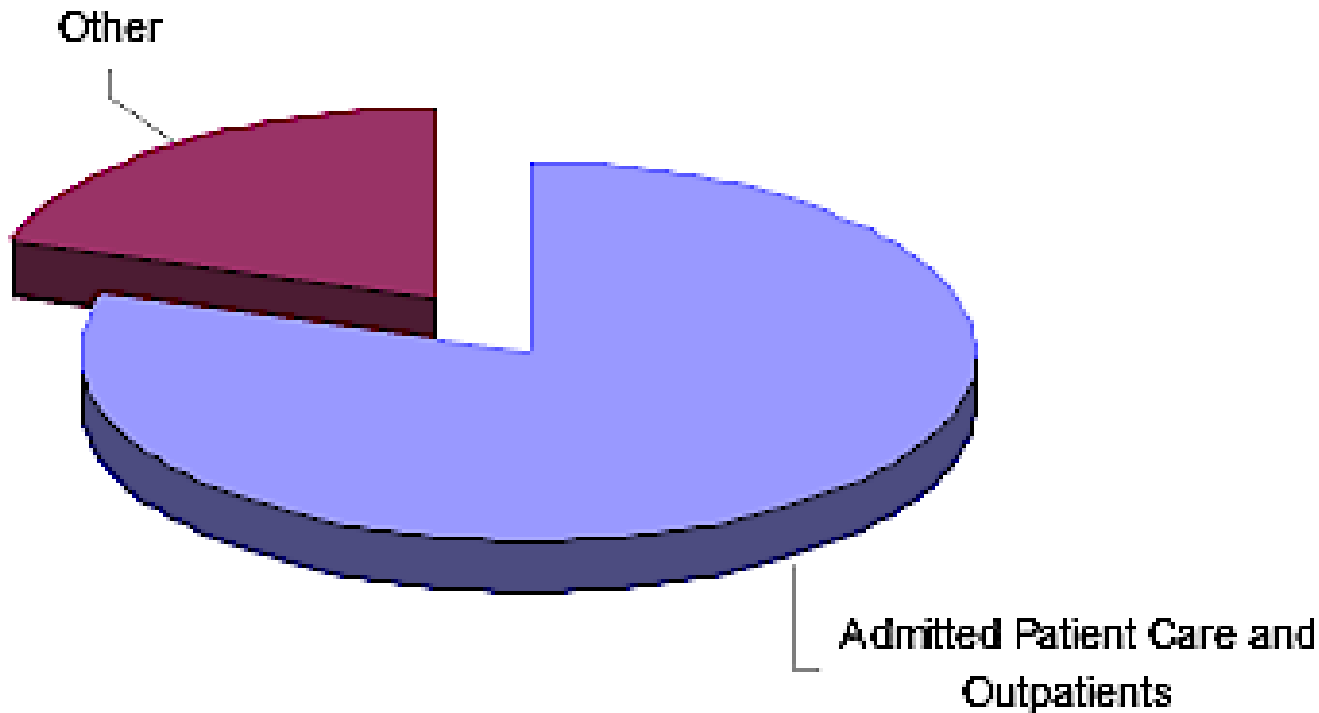
Example Slide

Spend at SNEYT



Example Slide

Spend at SENYT



Monitoring: Variance Reports

- Quarterly Variance Reports
- Monthly costed data available to practices via MIDAS
- Led to engagement
- Variance identified hotspots
 - Linked to other analysis
- Some savings will be available



Variance Reports

			PbC03	Scarborough, Whitby and Ryedale				
				Primary Care Trust				
				Improving Health, Improving Lives				
Practice Based Indicative Monitoring for Quarter 3 - NOT AN ACTUAL PbC BUDGET STATEMENT								
Quarter for monitoring: 3								
Scarborough and North East Yorkshire NI-Plan £000s			tual £000s	Vari £000s	South Tees Hospitals NHS Trust			
Day Cases	264	289	25	Day Cases	0	0	0	
Inpatients	357	333	-24	Inpatients	4	1	-3	
<i>Elective Total</i>	<i>621</i>	<i>622</i>	<i>0</i>	<i>Elective Total</i>	<i>4</i>	<i>1</i>	<i>-3</i>	
Non-Elective	1098	939	-159	Non-Elective	9	11	2	
Outpatients (1st)	262	258	-4	Outpatients (1st)	1	0	-1	
Outpatients (Follow Ups)	336	332	-4	Outpatients (Follow Ups)	0	1	1	
<i>Outpatients Total</i>	<i>598</i>	<i>590</i>	<i>-8</i>	<i>Outpatients Total</i>	<i>1</i>	<i>1</i>	<i>0</i>	
Total Allocation	2318	2151	-167	Total Allocation	14	13	-1	
York Health Services NHS Trust			Plan £000s	tual £000s	Vari £000s	Leeds Teaching Hospital NHS Trust		
Day Cases	9	8	-1	Day Cases	4	4	0	
Inpatients	7	11	4	Inpatients	16	13	-3	
<i>Elective Total</i>	<i>16</i>	<i>19</i>	<i>3</i>	<i>Elective Total</i>	<i>20</i>	<i>17</i>	<i>-3</i>	
Non-Elective	3	14	11	Non-Elective	27	5	-23	
Outpatients (1st)	1	3	2	Outpatients (1st)	4	3	-1	
Outpatients (Follow Ups)	4	5	1	Outpatients (Follow Ups)	6	10	4	
<i>Outpatients Total</i>	<i>5</i>	<i>8</i>	<i>3</i>	<i>Outpatients Total</i>	<i>10</i>	<i>13</i>	<i>4</i>	
Total Allocation	24	41	18	Total Allocation	57	35	-22	
Hull and East Yorkshire Hospitals Trust			Plan £000s	tual £000s	Vari £000s	Other Providers		
Day Cases	13	19	5	Day Cases	7	5	-2	
Inpatients	95	79	-16	Inpatients	19	23	5	
<i>Elective Total</i>	<i>108</i>	<i>88</i>	<i>-10</i>	<i>Elective Total</i>	<i>26</i>	<i>28</i>	<i>3</i>	
Non-Elective	49	68	20	Non-Elective	35	19	-17	
Outpatients (1st)	14	4	-10	Outpatients (1st)	2	4	2	
Outpatients (Follow Ups)	20	8	-12	Outpatients (Follow Ups)	2	10	7	
<i>Outpatients Total</i>	<i>34</i>	<i>12</i>	<i>-22</i>	<i>Outpatients Total</i>	<i>5</i>	<i>14</i>	<i>9</i>	
Total Allocation	190	178	-12	Total Allocation	65	60	-5	
						Total Allocated Budget		
				Day Cases	297	324	27	
				Inpatients	498	461	-37	
				<i>Elective Total</i>	<i>794</i>	<i>785</i>	<i>-9</i>	
				Non-Elective	1222	1056	-166	
				Outpatients (1st)	284	272	-12	
				Outpatients (Follow Ups)	368	365	-3	
				<i>Outpatients Total</i>	<i>652</i>	<i>637</i>	<i>-15</i>	
				Total Allocation	2668	2479	-189	

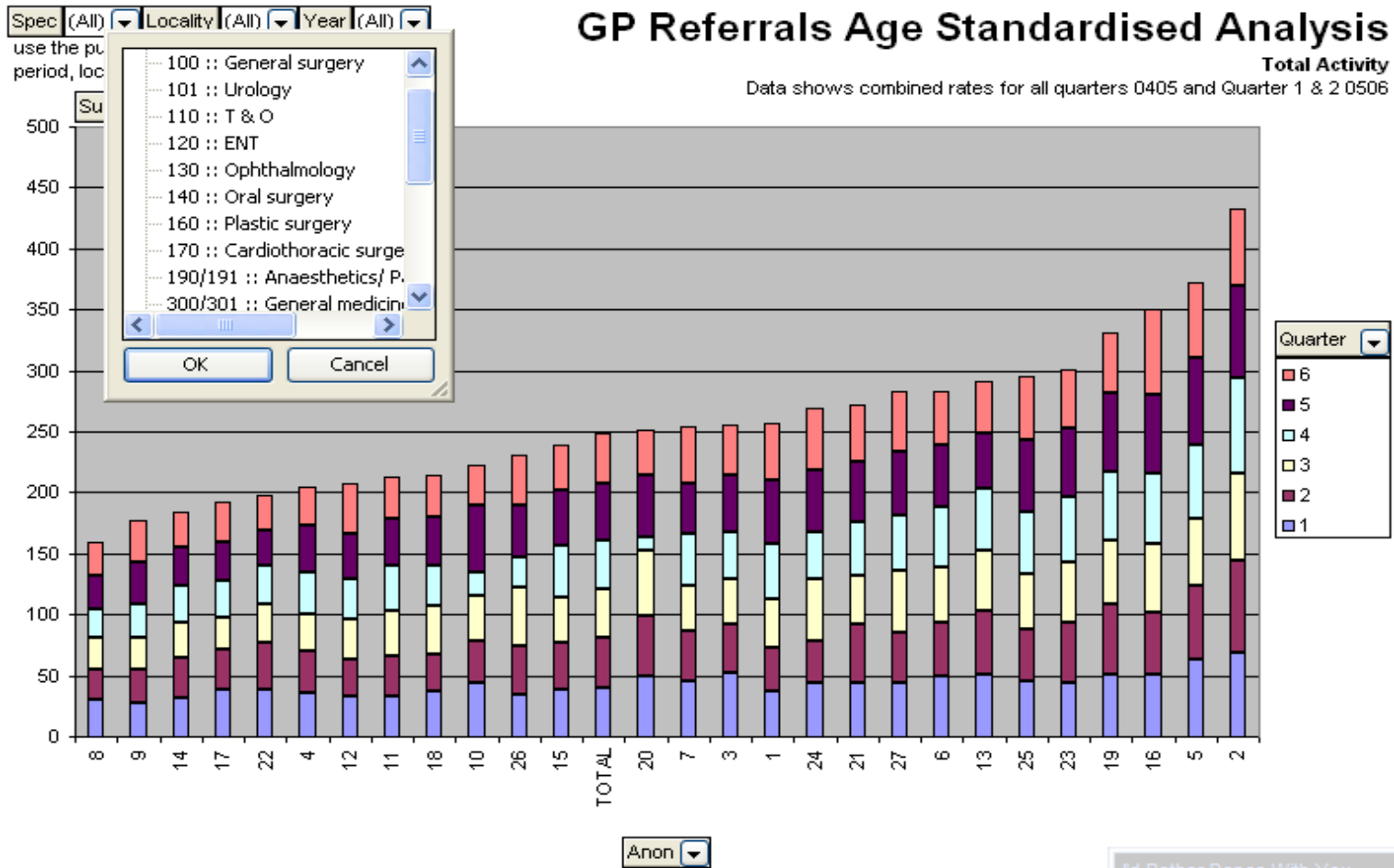


Further Analysis

- Raw Data
- 12 month frequent flyers
- Top HRGs by cost and volume
- Supporting info on PbR
- Age Standardised Benchmarking
 - Electives
 - Non-electives
 - GP Referrals



Further Analysis



2006-07 Info Provision

- Budget variance reports
- National benchmarked rates & local statistical process control
- Frequent Flyers
- Ability to monitor specific specialties, non-electives etc
- Reports on Financial Recovery Plans/ Cost Improvement Plans
- Comparison year-on-year on 1st OP following a GP referral
- PARR case finding tool (predictive risk of rehospitalization)
- Length of Stay
- Day of the week admits
- Emergency Bed Days
- Excess Bed Days
- 7 day readmissions/ 14 day readmissions/ 28 day readmissions
- Mortality
- Tertiary Referrals
- Outpatient DNAs
- More than one spell in a day
- more than one outpatient appointment in a day
- average spell cost
- etc



Training

- Training not just on data
- Needs assessment
 - Demand management methodologies, planning tools etc
- Training on data and analysis in tandem with PbC leads
 - meaningful examples relevant to practice/ locality
- Follow up



Problems Encountered

- Information overload
 - lines of communication
- Timeliness of data
 - flex & freeze dates
- Dryness of subject
- Building confidence
- Fair shares (within and without PCT)



Lessons Learnt

- Clear definitions
 - what will be provided when
- Engagement of PbC leads
 - support building confidence in data
- Provision of fast-track data a must
- Must maintain support (no assumptions)
- Visible presence in locality



Current Position

- Maintain support
 - Monthly newsletter
 - Full team support to practices
- Larger audience
 - Case finding etc
- Try to stay separate from political issues whilst maintaining focus
- Real time information



Next Steps

- New North Yorkshire PCT
- 4 Different Approaches (slowly merging)
- 4 Different DES
- Underlying issues with engagement
- Implementation of MIDAS



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Benchmarking

- Peer-to-peer comparisons
- Data available to all (now across N Yorks)
- Signposts not answers
- Local vs national
- MIDAS Statistical Process Control



Example Slide

Payment by Results

- National tariff
- Cost per case
 - Elective & Non-Elective cost per HRG
 - Outpatients cost per 1st & FU per specialty
- HRG v3.5
- Spells
- STANDARDISATION - Same currency at every provider



Example Slide

What is a HRG?

- Health Resource group
- Dominant treatment in a stay governs the cost
- HRG allocated using:
 - Specialty code of consultant
 - Primary Diagnosis (ICD-10)
 - All subsequent diagnoses
 - Operation Codes
 - Admit Method
 - Sex
 - Age



Example Slide

How is a HRG costed?

- Each HRG has a cost at tariff
 - Different for elective and non-elective
- Excess Bed day charge
 - Trim point
 - Cost per day
- Specialist Top Up
- Short stay adjustment
 - For some HRGs



Example Slide

Timescales

- 1/12 per month
- Flex date
 - 1½ months after quarter end
- Freeze data
 - 2½ months after quarter end
- Accurate data 2 ½ months after quarter end



Why MIDAS?

- Easy to Use
- Incredibly straightforward
- Clean
- Crisp
- Robust
- All data shown in charts as well
- Accessible on your computer via the internet



Why MIDAS?

MIDAS BETA VERSION v1.0
 North Yorkshire MIDAS Project
 Thinking Together Across North Yorkshire Primary Care Trust

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Welcome to MIDAS

Summary | In Patients | Out Patients | Reports

Activity Summary

Locality: [All] Practice: [All] Year: 2005/2006

Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Inpatient Elective Spells	3300	3331	3410	3329	3259	3350	3188	3530	3176	0	0	0	29873
Inpatient Day Case Spells	4083	3847	4098	3882	3937	4098	4005	4432	3675	0	0	0	36057
Inpatient Non-Elective Spells	6733	6773	6683	6667	6538	6630	6735	6700	6770	0	0	0	60229
Outpatients - First Appointments	15812	14924	16269	15215	15848	16976	15880	17718	14571	0	0	0	143213
Outpatients - Follow Ups	38968	37539	39590	36914	38534	39409	39002	43242	35418	0	0	0	348616

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 Thinking Together Across



Why MIDAS?

MIDAS BETA VERSION v
North Yorkshire MIDAS Project

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Audit: Inpatient Spells

System ID: 757

Sex:	0
Age (at discharge):	86
Post Code:	HG4
Practice:	Drs AM L
GP:	LIVINGS
POD:	Elective -
Purchaser:	(5KJ00)
Provider:	(5KJ000
Specialty:	GP Activi
Diagnosis (ICD10)	M179
	E039
	Z602
Procedures (OPCS)	
Admission Method	
Discharge Method:	Disch
Spell Start Date:	18/04/20
Spell End Date:	03/05/20
Length of Stay:	15 days
Spell HRG:	Non-Inflam
Spell Cost:	£921

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User Name:howardd (10.200.16.3)
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Sex:	0
Age (at discharge):	86
Post Code:	HG4
Practice:	Drs AM L
GP:	LIVINGS
POD:	Elective -
Purchaser:	(5KJ00)
Provider:	(5KJ000
Specialty:	GP Activi
Diagnosis (ICD10)	M179
	E039
	Z602
Procedures (OPCS)	
Admission Method	
Discharge Method:	Discharg
Spell Start Date:	18/04/20
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