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**NHS**

## Commissioning For Outcomes

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### GPCC Commissioning

- 2011 interim arrangements non binding and changeable
- 2012 shadow arrangements, dress rehearsal
- April 2013 PCTs abolished  
GPCC responsible



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### Size is everything

- Small : easy engagement, rapid decisions, distinctive community identity, open options
- Large: negotiating power, staff expertise



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### What is 2011/12 interim arrangement?

- Can be changed next year  
Some advice is keep local identity



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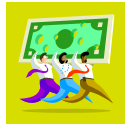
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### The bottom line

- Public sector eg police has to deliver 30% cash saving
- NHS to deliver flat cash = 15% saving over 3y
- PCT's do not wish to hand over a system in turn around
- High costs are elderly, LTC and emergency admissions



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### And... GP Commissioners

- Will have to develop effective links with Local Authorities
- Will have to link with, still developing, public health departments
- In order to deliver 'Big Society'



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## PbR & Clusters

- Challenges in aligning outcomes vs needs
- Mapping of IAPT metrics to the Care Clusters
  - Using the Mental Health Clustering Tool (MHCT)
- Feasibility Study to test:
  - Allocation to clusters using IAPT measures
  - Potential tariff values
  - The 4 outcome measures



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## Mental Health Clusters

- Cluster 1 - Common Mental Health Problems (Low Severity)
- Cluster 2 - Common Mental Health Problems (Low Severity with greater need)
- Cluster 3 - Non Psychotic (Moderate Severity)
- Cluster 4 - Non Psychotic (Severe)
- Cluster 5 - Non Psychotic Disorders (Very Severe)
- Cluster 6 - Non Psychotic Disorder of Over-valued Ideas
- Cluster 7 - Enduring Non-Psychotic Disorders (High Disability)
- Cluster 8 - Non-Psychotic Chaotic and Challenging Disorders



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## IAPT Metrics

- Main presenting problem (ICD-10 diagnosis)
- Co-morbid conditions (ICD-10 diagnosis)
- Severity of symptoms (Using validated IAPT specific measures PHQ9, GAD7 and Anxiety Disorder Specific Measures)
- Levels of disability (Using the WSAS plus relevant information)
- Risk (PHQ item and intake risk assessment)



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### Not recorded in IAPT metrics

Usually covered by routine assessment:

- **Chronicity** (Duration of current problem)
- **History of previous treatments** (for the current problem(s))
- **Presence of over-valued ideas** (Clustering Booklet Pg10, Item 13)

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### Packages of Care

- The Feasibility study is seeking to inform a consistent approach to the application of care packages
- Low Intensity
- High Intensity
- Supports stepping up or down
- Identify a local unit price for each care cluster & associated package of care



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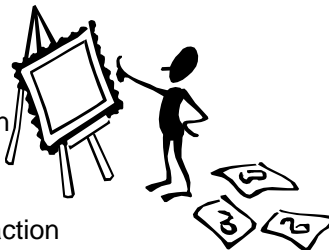
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### Four Outcomes

- Access
- Recovery
- Social Participation
  - Levels of function
  - Employment
- Choice and satisfaction



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## Next Steps.....

- Governance approval given by PbR 12 Oct'10 subject to use of MHCT
- Finalise feasibility study framework
- IT Providers to confirm system changes possible & ready for early 2011
- Formal expression of interest from sites
- Implement Feasibility Study early 2011 for 6mths
- Data analysis Monthly - Locally and Nationally
- Evaluation of Feasibility Study to inform next steps...

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## So...

- What do you think?
- What are your local Outcomes?
- Who are you talking to...to decide these?
- What isn't working?
- What are your Barriers?



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## Thank You

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