

# Care Pathways & Payment by Results (PbR) – the National Perspective

Peter Howitt - 12/06/08

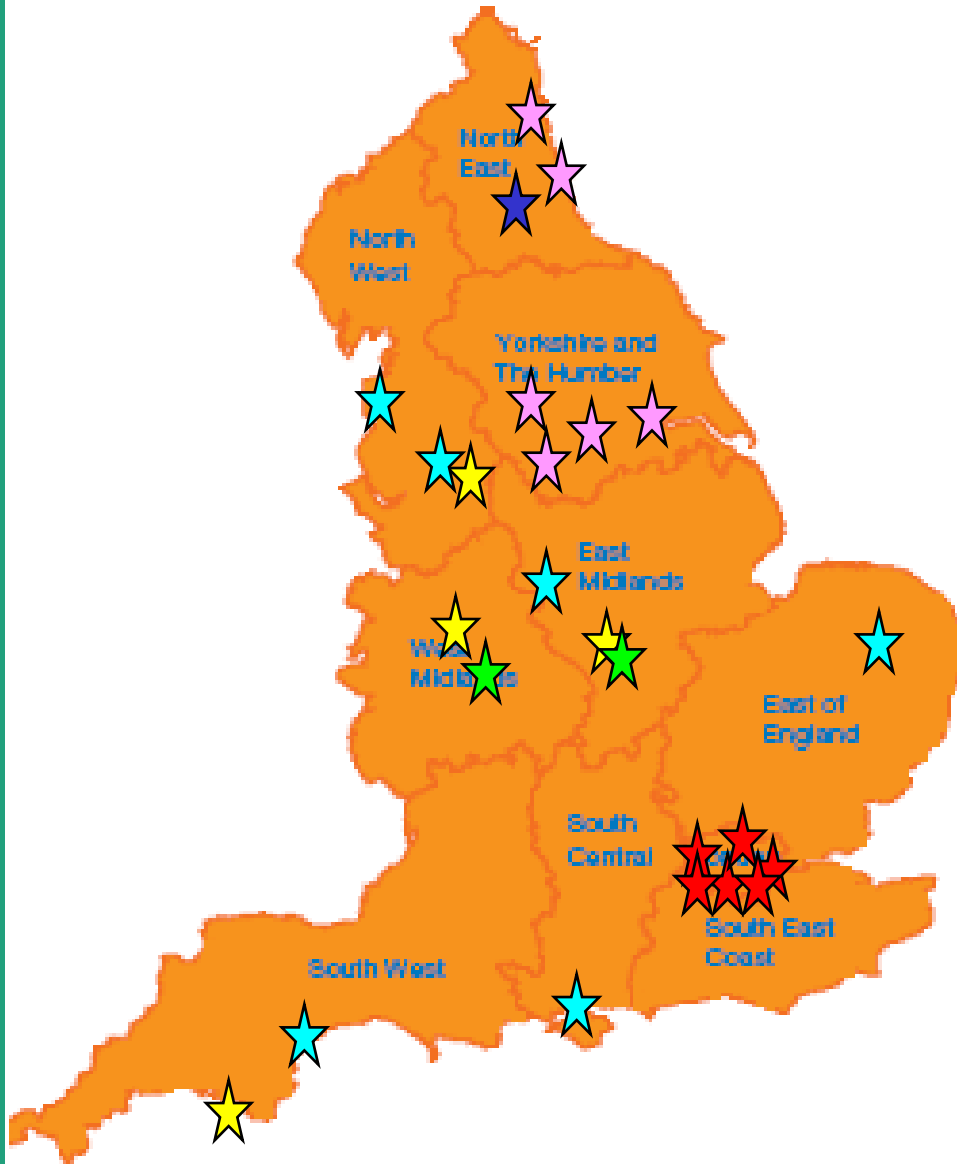
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# Mental Health and Payment by Results

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- Mental Health emerged as the no.1 priority for an expansion to the scope of PbR in our *Options for the Future of PbR consultation*
- We have a nationally co-ordinated, but locally driven, programme in place
- We are building on the work of the Care Pathways and Packages project in developing national contract currencies

# Mental Health PbR development mapped

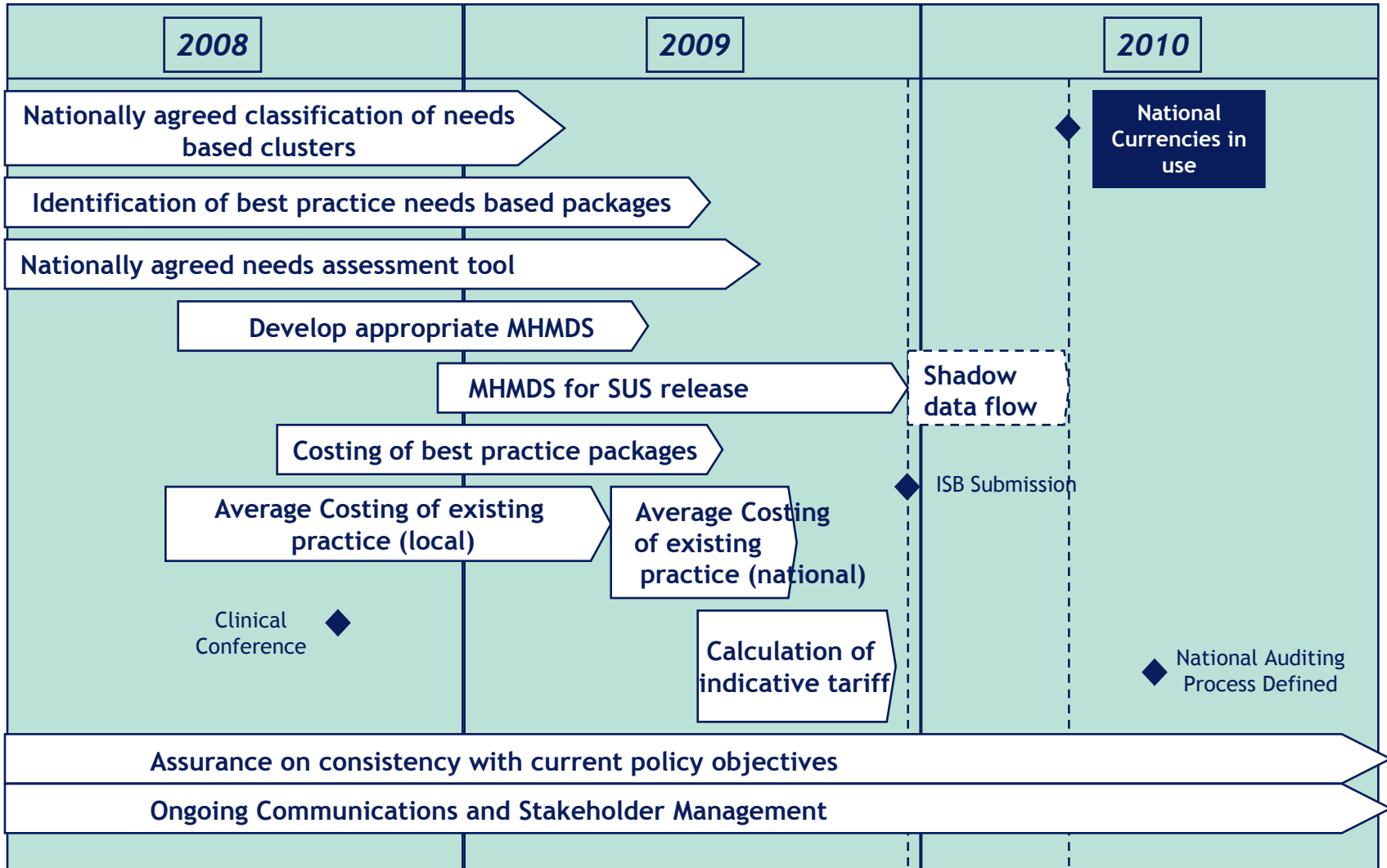


## Key:

- Original Care Pathways and Package Trusts
- PbR Payment Development Sites:
  - Mental Health
  - Liaison MH Services
  - Learning Disability
  - London Project
  - Other interested Trusts

World Class Mental Health Commissioning

# Mental Health PbR development timetable for next three years



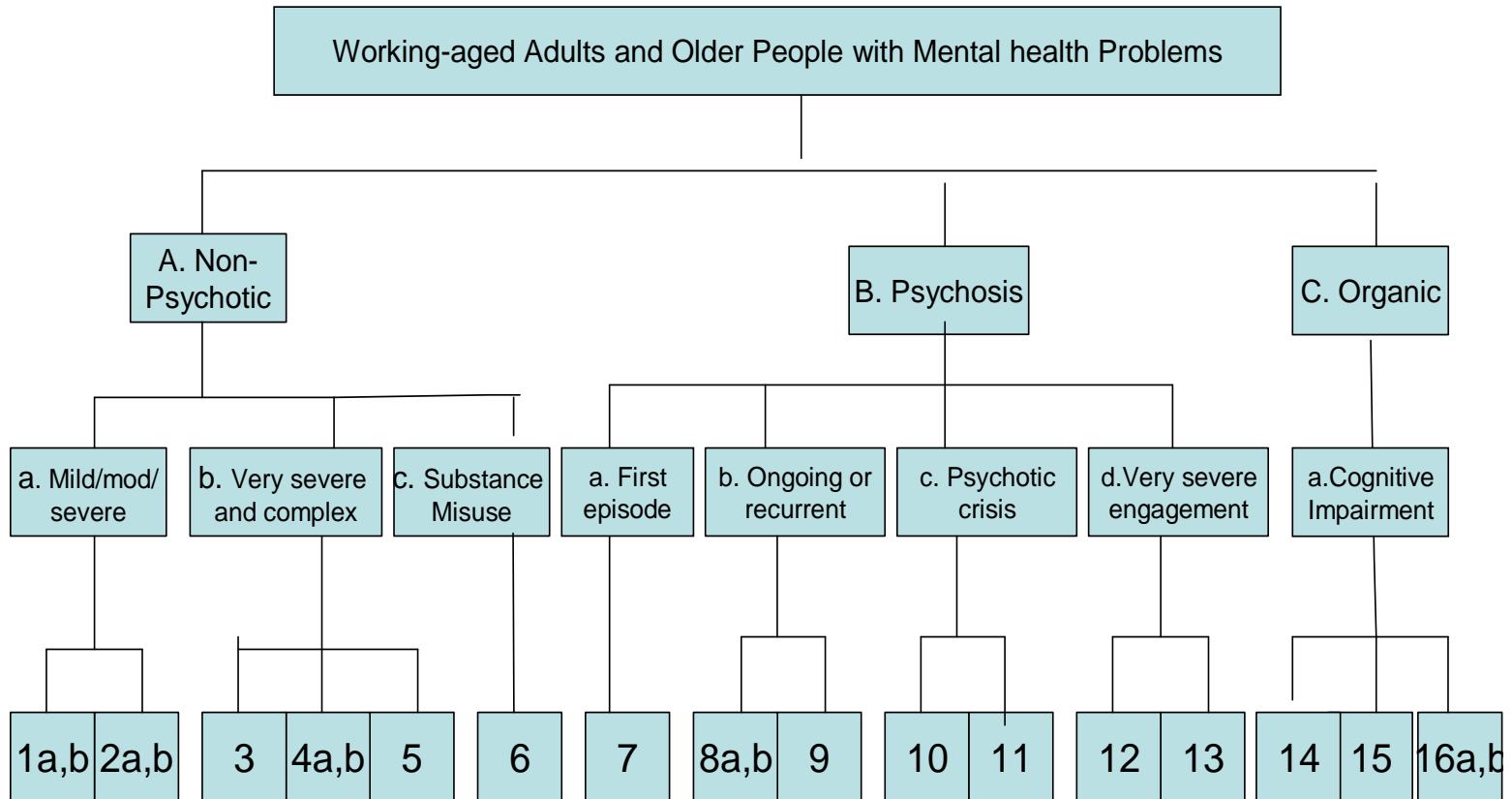
Key Milestones ◆ **World Class Mental Health Commissioning**

# Care Pathways & Packages Approach

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- Users assessed with a standard assessment tool
- Allocated to empirically derived care clusters/groups
- Standardised care plans for each cluster/group which include:
  - Aims for intervention
  - Standardised activities (e.g. group therapy, medication)
  - Expected staff skill levels and session contacts
- Care plans may be core (apply to all people in a cluster) or essential (apply to a sub-set of people within a cluster that have high scores in a particular area)

# Relationship of Care Clusters to each other



# Example Care Group/Cluster and Assessment Scores

## Care Group: 2(a) Non-Psychotic (Moderate Severity)

**Description:** Moderate problems involving depressed mood, anxiety or other disorder (not including psychosis)

**Diagnoses:** Likely to include, F32 Depressive Episode (Non-Psychotic), F40 Phobic, Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F50 Eating Disorder.

**Impairment:** Disorder unlikely to cause serious disruption to wider functioning but some people will experience moderate problems

**Risks:** Unlikely to be a serious issue

**Course:** Short-term

No	Item description	Score				
		0	1	2	3	4

6a	Hallucinations and Delusions					
6b	Strong Unreasonable Beliefs					
7	Depressed mood					
8	Other symptoms					
3	Substance Misuse					

4	Cognitive Problems					
5	Physical Illness					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation					

1	Behaviour					
2a	Suicide					
2b	Repeat Self-Harm					
13	Child Protection					
14	Engagement					
15	Vulnerability					

Expected to score

Unlikely to feature

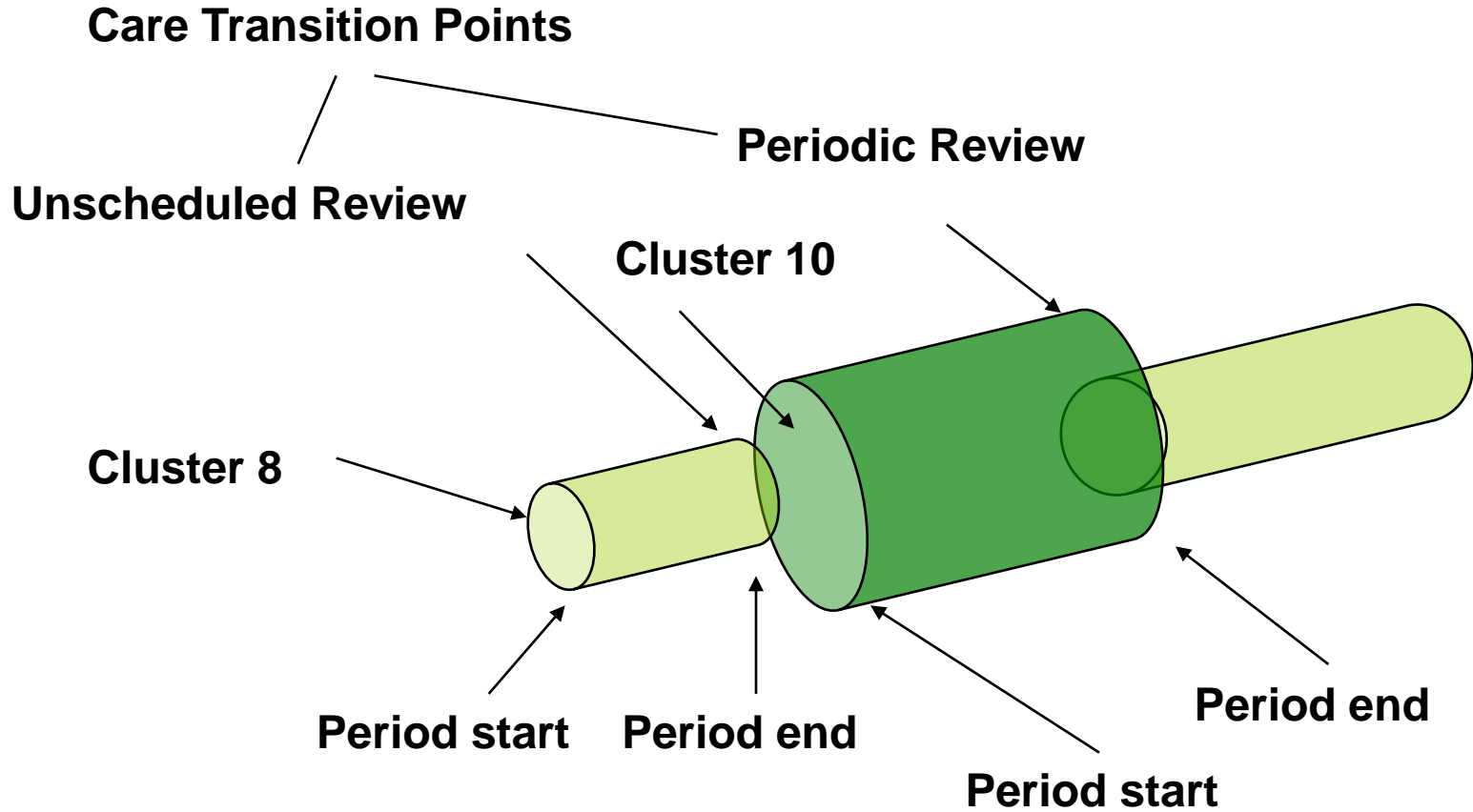
Issue for some

# Can Clusters be used as currencies?

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- Any Mental Health currency must be:
  - Clinically meaningful
  - Have a manageable number of groups
  - Be produced from readily available or attainable data
  - Have comparability in (actual) resource use
- Need to test out validity of clusters more widely and do detailed costing
- May need further sub-divisions or outlier payments

# Cluster Periods and Transitions



# Challenging Issues to Address

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- Are social care elements costed and included, given different funding arrangements and streams around the country?
- Are outcomes given sufficient prominence within the currency?
- Can mental health IT systems support the necessary data capture?
- Is this approach sufficiently flexible for a plurality of providers?