QIPP Long Term Conditions Year of Care Funding Model – Early Implementers

Supporting Notes for Applications

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For Recipient's Use	

QIPP Long Term Conditions Year of Care Funding Model – Early Implementers

The QIPP Long-Term Conditions Year of Care Funding Model

Supporting Notes for Applications

Call for Early Implementers: (12 Month Duration with a view to 24 months pending evaluation)

The Department of Health is seeking to establish six Early Implementer sites to test proof of concept of the Long Term Conditions (LTC) Year of Care Funding Model that has co-produced by the Department with the NHS, Social Care and the Third Sector.

This is not a mandated model, it is a concept that has been developed using evidence and best practice and that will be formally tested from 2012 by Early Implementer sites. The model will evolve over time with this testing phase informing future iterations. This document describes the model as it will be tested by the Early Implementer sites and as such prescribes a set approach for the purpose of national evaluation.

There will also be the possibility of becoming a follower site if an applicant is not chosen to be an Early Implementer. This would provide an opportunity to share the learning in parallel, but no additional resource would be available.

Deadline

The deadline for submission of applications using the attached proforma is Friday 25th May 2012. Successful sites will be notified by Friday 1st June 2012.

Background

A survey covering 1.75 million people showed the majority of patients over 65 have two or more LTC, the majority over 75 have three or more, and more people have two or more conditions than one[1]. The current care and financial system needs to evolve to meet this changing scenario. The QIPP LTC workstream headed by Sir John Oldham is seeking to address the issue, to improve outcomes and use of resources.

The evidence based best practice care model for people with LTC requires risk stratification, integrated health and social care teams with one person caring holistically for a given individual, and maximising people with LTC who can co-manage or self care for their conditions. This model is being spread across the country through the QIPP LTC workstream.

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[1] The Scottish School of Primary Care's Multimorbidity Research Programme, 2011

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The LTC Year of Care funding model is being developed to support the improvement in care and outcomes for people with LTC by facilitating the delivery of integrated health and social care based on need rather than disease and for those people that need support from more than just their GP practice. It is proposed that these individuals are identified through risk profiling GP practice populations and by using a national assessment and classification system to group people according to their needs (please refer to the document "Supporting the local implementation of the Year of Care Funding Model for people with long-term conditions" for further information).

It is proposed that the financial model is an annual risk adjusted capitation budget which is based on these levels of need. The model aims to improve outcomes and deliver a more effective use of resources by focussing providers on moving away from episodic, activity driven funding flows towards person centred care irrespective of organisational boundaries.
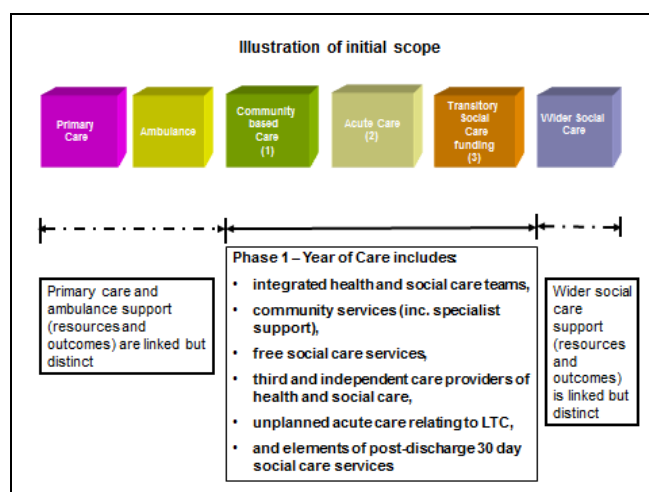
The Approach

The aim is to have a national "*Year of Care Funding Model*", however, we have to be pragmatic given the scale of the challenge, in particular data quality and availability. There will be a need to develop the model in a manageable phased way, with a formal evaluation built in to provide assurance and confidence in the process. Implementation of the funding model will require changes in commissioning, contracts and service delivery to include greater capacity to provide the alternative LTC services closer to home.

Given this, there will two parallel developmental aspects to this work. A set of national year of care prices based on **need** rather than primary diagnosis will be developed as a first step. Secondly, efforts will be made to develop supporting tools and share good practice around business cases, model specifications, and risk sharing to facilitate the speedier adoption of such practices locally, building on previous PbR Guidance which suggested local health economies could move to a "year of care" for such patients. The team will look to ensure such materials are disseminated widely as it progresses to allow other health and social care economies to utilise them as the project moves forward.

The Scope

It is proposed that the initial scope covers health and "free" social care relating to the person's LTC needs in a 12 month period (including integrated health and social care teams). Primary care, ambulance and wider social care funding will be linked but distinct to ensure a total understanding of use of resources and outcomes.

Illustration of initial scope

Primary care and ambulance support (resources and outcomes) are linked but distinct

Phase 1 – Year of Care includes:
- integrated health and social care teams,
- community services (inc. specialist support),
- free social care services,
- third and independent care providers of health and social care,
- unplanned acute care relating to LTC,
- and elements of post-discharge 30 day social care services

Wider social care support (resources and outcomes) is linked but distinct

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Proposed development timeline

The following milestones are proposed, progress will be dependent on the results of an evaluation at each stage.

April 2012 – March 2013:	Test implementation of the model with Early Implementers
April 2013 – March 2014:	Shadow LTC year of care currencies (local), and development of national pricing model
April 2014 – March 2015:	National LTC year of care currencies and shadow prices
April 2015 – March 2016:	National LTC year of care prices

In terms of pricing given the limitations of dataflows, particularly in the community, the first step in developing national prices will be to test the separation of acute tariffs utilising the Recovery Rehabilitation and Reablement (RRR) model developed by Professor Keith Willett. This will help local organisations by unlocking existing funds to invest in high quality community based services. Without this, then any attempts to shift such care closer to home is likely to fail, as there will not be a credible alternative. Alongside this an analysis of the costs associated with supporting people with different levels of need will be undertaken to help develop an annual price for each group.

Requirements of the Early Implementers

Our intention through the Early Implementer sites is to test proof of concept of the model and implementation process including costs attributed to LTC nationally, with a view to understanding how to develop a robust national pricing structure. There are a number of criteria we require to be met and which will need to be evidenced in the application.

Strong local relationships

- Existing strong relationships and previous collaboration between commissioners (health and social care) and providers (statutory health and social care organisations, and the third and independent sector organisations providing health and/or social care to people relating to their LTC), individuals with LTC and other key stakeholders with strong clinical engagement from all sectors;

- Agreement to set up a strategic implementation group of CEOs from each of the partner organisations to oversee the project and remove barriers

Local capacity and capability

- Commitment of internal stakeholders such as finance, information analysts, clinicians and management – ensuring project timescales are met;

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- Strong commissioning support with evidence of needs based changes in service delivery including de-commissioning of services

- Planning, or in the process of working towards local tariff for community services;

- Established risk profiling tool - as a minimum this should include primary, community and secondary care data and if not immediately feasible should have a plan to include social care and ambulance data

- Have (or have the ability to obtain/develop) good costing information at a patient level (e.g. use of PLICS).

Engagement with the national approach:

- Existing involvement in the LTC QIPP development programme with an established integrated health and social care teams and good progress towards all three drivers **OR** proven local LTC model which demonstrates application of the three key drivers (risk profiling, integrated health and social care teams, systematised supported self-care)

- Agreement to test the whole funding model and provide all the necessary data as set out below (with data collection starting from June 2012)

- Agreement from all partners – Primary, Community, Secondary and Social care and Third and Independent sector, with formal sign off and commitment to actual transformational change from the Clinical Leads, Chairs, Chief Executives and Boards within the local economy, along with the strong support from the PCT cluster; (at least one large CCG with significant progress towards authorisation, one acute, one community and one social care organisation must be involved in the project)

- Data sharing across all health and social care organisations using the NHS number as the unique person identifier across organisations or with a clear plan to implement the NHS number locally and the ability to link patient records

- Agreement to share learning with follower sites and release personnel for this purpose (e.g. a day's learning event for followers or WebExs from base)

Data requirements

Sites will be asked to share patient anonymised data and information needed to support the development of the model. This will include:

- o Data to inform the development and refinement of the outcome measures

- o Data to understand the impact of the proposed classification system and assessment framework, categorising people according to their level of need;

- o Data to inform the development of pathways for each level of need

- o Data to help establish the baseline for cost and activity of care for people with LTC.

o Data to attach resource use / costs to each levels of need in the classification system, which will support the national pricing development;

o Data to understand the impact of separating LTC HRGs using the RRR model

o Data to understand the impact of the overall Year of Care funding model including use of the LTC simulator tool (to be developed with the NHS Institute for Innovation and Improvement)

In addition sites will be asked to:

o Evaluate the effectiveness of the support products, with a view to refining them

o Share resources and learning

o Attend national workshops (virtual and face to face)

o Present local findings to a range of workshops, conferences and meetings;

o Contribute to the development of a "how to" guide to support the wider roll-out of the year of care funding model

o Participate in the formal national evaluation process

It is expected that Early Implementer Sites will have given due regard to the public sector Equality Duty (this ensures that people are not excluded or discriminated against and that care is delivered in a fair and transparent manner)[2].

Costing methodology

Early Implementer sites will be asked to provide costing information using a national template. Selected sites should already have some understanding of the cost of services.

In terms of the costing methodology, the following principles will apply to the costing work:

- The funding model, assumptions and caveats made will be clear with greater emphasis on collaborative risk sharing to support organisations working together;
- The data will improve over-time, we will not seek perfection, but should keep it simple with audit of the system used for a greater level of granularity and to understand if the required outcomes were being achieved;
- System audit will be built in as part of contracts and would help to manage any potential risk of upcoding of people into higher groupings.

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[2] Equality Act 2010: Public Sector Equality Duty http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/equality-duty?view=Binary

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The Timeline for Early Implementer Sites

April 2012	Launch expressions of interest for Early Implementer sites
May 2012	Receive and review applications
May 2012	Selection of sites
June 2012	Launch sites
June 2012 – March 2013	Year 1 – test implementation of the model, collect activity and costs
January - March 2013	Support central project team to review data and results of evaluation and refine the model and shadow currencies
April 2013 – March 2014 (dependant on the results of evaluation from year 1)	Year 2 - Shadow run LTC Year of Care currencies and support development national prices, implement lessons learnt and collect refined data, encourage testing by wider audience
January - March 2014	Support central project team to review data and results of evaluation and refine the model
April 2014	National LTC Year of Care currencies established (aiming for further development of national prices)

Support & meetings

The following are the dates of the formal meetings for the Early Implementer sites, which the relevant leads are expected to attend. In addition regular support will be provided to individual sites by the Project Lead.

Date	Venue	Attendance
Friday 15th June 2012, 12 noon – 3.30pm	Manchester	Project Lead
Wednesday 11th July 2012, 10.30am – 5pm	London	Clinical commissioner(s), Senior commissioning, Finance & Information managers/analysts from NHS and LA, Clinical leads from integrated teams, others as appropriate
Tuesday 11th September 2012, 10.30 am – 1.30pm	London	Project Lead
Wednesday 5th December 2012, 10.30am – 5pm	London	Clinical commissioner(s), Senior commissioning, Finance & Information managers/analysts from NHS and LA, Clinical leads from integrated teams, others as appropriate
Tuesday 22nd January 2013, 10.30 am – 1.30pm	London	Project Lead
Wednesday 20th February 2013, 10.30am – 5pm	London	Clinical commissioner(s), Senior commissioning, Finance & Information managers/analysts from NHS and LA, Clinical leads from integrated teams, others as appropriate

What are we looking for from applications?

Applicants wanting to be an early implementer site will be asked to provide evidence that they meet the requirements outlined previously and can demonstrate the following;

- Sufficient project management capacity at a senior level will support the needs of this project; All sites will be required to designate a project lead (of at least 0.5 wte) who will be responsible for liaising with the central team, and co-ordinating delivery of the requirements outlined previously

- A clear project plan, including stakeholder engagement, governance, timescales and local resources required will be signed off by the strategic implementation group within 4 weeks of commencing the project

- Attendance of the relevant leads at the above meetings

- Have fully read and considered the implications for their potential involvement, the Independent Evaluation of the previous wave of PbR Development Sites;[3]

To support people in submitting an application a WebEx will be held on Thursday 3rd May, 12.30 – 1.30pm to provide an overview of the project, the requirements of Early Implementer sites and answer questions that people may have. To participate please use the following link:
https://ukdoh.webex.com/ukdoh/onstage/g.php?t=a&d=596044867

How will the selection process be undertaken?

The QIPP LTC Year of Care Funding Model Project Team will oversee the appointment of the Early Implementer sites and monitor progress once established; ensuring lessons are learned and shared as widely and efficiently as possible. The group will ensure sites chosen cover different settings, demographics and organisational structures. The group will be advised by the relevant policy leads, including the PbR Development Team, in terms of suitable applicants.

The group will consider applications in May 2012.

Sites that are unable to participate formally are encouraged to consider testing the model locally and may become a designated follower site. This gives access to all national resources and learning as we proceed and but no additional funding.

What support will be provided by DH to the pilot sites?

- Financial support to each site of a total of £95,000 over the entire 12 month period (April 2012 – Mar 2013); this is to support clinical, performance, finance and analyst involvement in this work as well as project management support (quarterly payments). The final instalment will be retained until completion of relevant evaluation, lessons learnt and any other relevant project documents have been returned to the project lead, and duly considered

- Strategic guidance and central coordination and analysis of data;

- Leadership and support from the QIPP LTC Commissioning Group and Project Team;

- Support for detailed costing information work

- Evaluation

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[3] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_108671.pdf

QIPP Long Term Conditions Year of Care Funding Model – Early Implementers

Submitting an application

Completed application forms should be submitted to

Jacquie White – jacquie.white@bradford.nhs.uk, 07785 268234

Paul Griffith – paul.griffith@dh.gsi.gov.uk, 02079725076

The closing date for applications is Friday 25th May 2012. Successful applicants will be notified by Friday 1st June 2012.