

04 August 2011

Dear PCT Chief Execs,

Risk Stratification and next steps with DH Risk Prediction tools – Patients at Risk of Re-hospitalisation and the Combined Predictive Model

Gateway ref: 16484

As you will be aware, stratifying patients according to need continues to be a vital component of the Long Term Conditions (LTC) generic model and key to the delivery of good LTC management. By using a risk prediction approach it is possible to identify those people who are the most regular users of hospital services (and are at risk of re-admissions), then stratify them according to complexity of need and commission cost effective interventions to meet those needs.

There are a wide range of risk stratification models in use across the NHS. These models range from the two freely available DH tools Patients at Risk of Re-hospitalisation (PARR) and the Combined Predictive Model (CPM), to tools developed by commercial organisations like the RISC model that has been show cased as part of the LTC QIPP workstream.

We are in a situation where the two DH commissioned risk prediction tools - PARR and the CPM - are in need of an urgent refresh. The current iteration of PARR++ is now outdated as the data on which the weights within the model were based are six years old. This is likely to adversely affect the accuracy of prediction. In addition, changes to the HRG categories used in the NHS have changed (from HRD3.5 to HRG4) which means that the model is not compatible with current NHS data.

Those parts of the NHS currently using PARR++ may want to put in place plans now to either upgrade the model themselves or move to an alternative model as the Department of Health does not intend to commission a national upgrade of the PARR++ tool.

The Department of Health does not intend to commission a national upgrade of CPM either. Those parts of the NHS currently using the CPM may want to put in place plans now to either upgrade it themselves or move to an alternative model.

The 2007 PARR++ software has been withdrawn from the King's Fund's website but is available on CD-Rom from the LTC policy team. The 2006 CPM technical specification currently available to the NHS for use by

programmers to build the model locally has also been withdrawn from the King's Fund's website. It is however available from the LTC policy team through contacting the following email address:

longtermconditions@dh.gsi.gov.uk

Risk Stratification Tools in use by the NHS

We have pulled together some basic, factual information on some of the risk stratification tools in use by the NHS [There may well be other tools out there that we are not aware of]. Alongside a brief description of each tool is a link for finding further information. This information can be found on the LTC page of the DH website.

www.dh.gov.uk/en/Healthcare/Longtermconditions/index.htm

Risk Stratification and the LTC QIPP Workstream

The LTC QIPP workstream has been working with local health economy teams across the country for eighteen months to implement the evidenced based LTC generic model based on the three key drivers: risk stratification, integrated care teams and maximising self care and shared decision making. Teams already involved in the workstream use a range of different risk profiling tools – decisions are made locally based on local priorities, circumstances and systems.

The continued uptake and usage of risk stratification tools are fundamental to the success of the LTC QIPP workstream and the delivery of good LTC management. It is vital that commissioners understand the needs of their population in order for cost effective interventions to be targeted and prioritised.

Yours sincerely

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