PLICS Costing for Community Services

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Costing Standards Manager – MH & Community

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How are the products produced

Engagement

Consultation

Implementation
Feedback Messages from Community Consultation

- Board Message: Good Costing is important
- Activity collection is vital
- Finance Team: Consider resource for costing
The Standards #1

Information Requirements

- 2 standards
- 7 feeds
- Improved understanding of the CSDS, and links to how fields are used in the standards
The Standards #2

Costing Processes – not sector specific
• 6 Standards

Costing Methods – sector specific
• 16 standards to include
  – Incomplete patient events,
  – Integrated providers,
  – Podiatry
  – Dental
  – Theatres
  – Minor injury unit
The Standards #3

Technical Document
Enlarged to accommodate community requirements
• Standardised cost ledger

Tools – sector specific
• Costing Manual
• Information Gap Analysis
• Standards Gap Analysis
We are moving towards a **single integrated patient-level cost collection**

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*subject to impact assessment, consultation and appropriate governance
The Transition Path

Simplified version of the one shown in the Technical Document

Year 1
- Costing Processes
- Some Information Requirements
- Basics within Costing Methods

Year 2
- Next set of Information Requirements
- Next set of Costing Methods

Year 3
- Final elements of all standards
Integrating Trusts #1

- Acute
  - Mandated CTP
  - Acute APC/NAPC submission

- Community
  - Voluntary (or no) CTP
  - No submission

Mandation of data is only for that particular sector.
Integrated Trusts #2

No mandate for Community Services yet

Community
Voluntary CTP
RMP or EI submission

Acute
Voluntary CTP
RMP or EI submission
Costing Transformation Programme

Who did What to Whom and for What amount?

- General Ledger
- Cost Ledger
- Resources
- Activities
- Patient
Who did What to Whom and for What amount?
Costing Transformation Programme

Who did What to Whom and for What amount?

- General Ledger
- Cost Ledger
- Resources
- Activities
- Patient
Costing Transformation Programme

Who did What to Whom and for What amount?

General Ledger | Cost Ledger | Resources | Activities | Patient

Whom?
Who did What to Whom and for What amount?

General Ledger → Cost Ledger → Resources → Activities → Patient

What Amount?
Costing Transformation Programme

Who did What to Whom and for What amount?

- General Ledger
- Cost Ledger
- Resources
- Activities
- Patient

What Amount?
Question 1: District Nursing

“For services like District Nursing, where there are a range of possible interventions (from core district nursing through to end of life / diabetes / IV therapy / tissue viability interactions), how will the new standards enable these to be reflected in the CTP returns?”
Example 1.1: District Nursing – General tasks only

GL:
District Nursing
CC

CL:
CC: District Nursing
EC: Nurse
Band 6
CAC: XXX6 075404

Resources:
CMR304 Community nurse

Activities:
Community Care

Patient:
Example 1.1: District Nursing – General tasks only

GL:
District Nursing CC

CL:
CC: District Nursing
EC: Nurse Band 6
CAC: XXX6 075404

Resources:
CMR304 Community nurse

Activities:
Community Care

Patient:

CAC = Costing Account Code
**Example 1.1: District Nursing – General tasks only**

**GL:**
District Nursing CC

**CL:**
CC: District Nursing
EC: Nurse Band 6
CAC:XXX6 075404

**Resources:**
CMR304 Community nurse

**Activities:**
Community Care

**Patient:**
Jones, Palin, Cleese, Gilliam, Chapman, Idle
Example 1.1: District Nursing – General tasks only

GL:

District Nursing CC

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Activities:

Community Care

Patient:
Example 1.1: District Nursing – General tasks only

District Nursing CC

CC: District Nursing
EC: Nurse Band 6
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CMR304 Community nurse

Community Care

Patients – Jones, Palin, Cleese, Gilliam, Chapman, Idle
Example 1.1: District Nursing – General tasks only

Patients – Jones, Palin, Cleese, Gilliam, Chapman, Idle

The CSDS will show this is a ‘home visit’
Example 1.2: District Nursing – with some specialist activities

GL

District Nursing
CC

CL

CC: District Nursing
EC: Nurse Band 6
CAC: XXX6 075404

Resources

CMR304 Community Nurse

Activities

Community Care & Tissue Viability & IV Therapy & Diabetes contact & Palliative Care

Patient:

Patients
Jones, Smith, Stevenson, Atkinson
Example 1.2: District Nursing – with some specialist activities

District Nursing CC

CC: District Nursing
EC: Nurse Band 6
CAC: XXX6 075404

CMR304 Community Nurse

Activities

- Community Care
- Tissue Viability
- IV Therapy
- Diabetes contact
- Palliative Care

Patients: Jones, Smith, Stevenson, Atkinson

Resources

Example 1.2: District Nursing – with some specialist activities

District Nursing CC

CC: District Nursing
EC: Nurse Band 6
CAC: XXX6 075404

CMR304 Community Nurse

Activities

- Community Care
- Tissue Viability
- IV Therapy
- Diabetes contact
- Palliative Care

Patients: Jones, Smith, Stevenson, Atkinson

Resources
Example 1.3: District Nursing – Specialist Nursing only

**District Nursing CC**

- GL: District Nursing CC
- CL: CC: District Nursing
- EC: Nurse Band 6
- CAC: XXX6075404

**SLR082 Specialist nurse**

**Resources:**

- Tissue Viability Contact

**Activities:**

- Patients – Mayall, Planer, Ryan, Edmonson,
Example 1.4: District Nursing – with different nursing types in the same cost centre
Question 2: Costing Integrated Sexual Health

• ‘A few Community Trusts are now running integrated sexual health services, and this will become more prevalent as the public health efficiencies take hold.
• This means that one clinician in one single appointment is offering both GUM and contraception advice / screening / treatment.
• Currently, there is nowhere for this type of intervention to be captured – i.e. there is no ‘integrated sexual Health’ currency.
• This is an issue because Trusts that are offering multiple services within one appointment appear very expensive when compared to the national position, as the single visit, which is inevitably longer than a single-service visit, is being compared to the cost of an FPC visit. What do you see as possible solutions to this?’
Question 2: Costing Integrated Sexual Health

• ‘A few Community Trusts are now running integrated sexual health services, and this will become more prevalent as the public health efficiencies take hold.’

• ‘This means that one clinician in one single appointment is offering both GUM and contraception advice / screening / treatment.’
Question 2: Costing Integrated Sexual Health

• ‘Currently, there is nowhere for this type of intervention to be captured – i.e. there is no ‘integrated sexual health’ currency.’
Question 2: Costing Integrated Sexual Health

• ‘Currently, there is nowhere for this type of intervention to be captured – i.e. there is no ‘integrated sexual health’ currency.’

Community Services Data Set (CSDS) v1.0

Clinical Classifications

OPCS-4 and ICD-10 are clinical classifications standards. Both are mandated nationally for use across the NHS and consist of groupings of concepts (codes), plus definitions and business rules for their use.
Question 2: Costing Integrated Sexual Health

• ‘Integrated services appear very expensive when compared to the national position, as the single visit, which is inevitably longer than a single-service visit, is being compared to the cost of an FPC visit.’
Factors to address:

- Record activities
- Cost activities
Costing Transformation Programme

Who did What to Whom and for What amount?

General Ledger
Cost Ledger
Resources
Activities
Patient
Example 2.1 One Stop Shop Contacts

Duration of the appointment
‘CLINICAL CONTACT DURATION OF CARE ACTIVITY’

Same process as before
Example 2.1 One Stop Shop Contacts

Duration of the appointment
‘CLINICAL CONTACT DURATION OF CARE ACTIVITY’

General Ledger
Cost Ledger
Resources
Activities
Patients Whitehouse, Higson

Use new activities for Sexual Health (only) contact
Family Planning (only) contact
Sexual Health & Family Planning integrated contact
Example 2.2 One Stop Shop Contacts mixed in with single service

General Ledger - Cost Ledger - Resources - Activities - Patients, Lucas, Walliams

Same process as before

How do you know the patient received an integrated service?
Example 2.2 One Stop Shop Contacts mixed in with single service

General Ledger  Cost Ledger  Resources  Activities  Patients Lucas, Walliams

Local Information at patient level?

Same process as before

How do you know the patient received an integrated service?

Example 2.2 One Stop Shop Contacts mixed in with single service

General Ledger  Cost Ledger  Resources  Activities  Patients Lucas, Walliams

Local Information at patient level?

Same process as before

How do you know the patient received an integrated service?
Integrated Services - Factors to address:

Record activities

Cost activities
Example 2.3 Sexual Health Services

Same process as before

General Ledger  Cost Ledger  Resources  Activities

Local Information at patient level

‘A’ Patient (not ‘The’ patient)

Sexual Health Services
Example 2.3 Sexual Health Services

Option: Proxy records, anonymised data

‘A’ Patient (not ‘The’ patient)

General Ledger → Cost Ledger → Resources → Activities

Same process as before
Question 3: Patient Facing activities v support costs

• ‘Many of our specialist nursing services are commissioned not only to carry their own caseload, but also to support the District Nursing service as a specialist advisory service, and also to provide both patient and practice nurse education.

• Please can you tell me how you think we can reflect these elements of the services within the PLICS returns?

• Currently, we treat the District Nurse support as an ‘overhead’ spread across all district nursing interventions, and we exclude practice nurse education as a ‘primary care’ exclusion. These %s are established using RVUs through speaking with the specialist nursing service leads.’
Costing support elements

- CTP treatment of patient education, is as a **contact**: therefore recorded and costed in the normal way
  - Could be a single patient or group
- CTP treatment of practice nurse education:
  - If it is a contracted service – treat as a reconciliation item
  - If it is for your organisation – spread cost across the patient facing care activities in along with the cost of the patient care.
Example 3.1: Practice nurse support – contracted service

Disaggregation

CC: District Nursing
EC: Nurse Band 6

CC: District Nursing
EC: Nurse Band 6

CMR304: Community Nurse

CMA302: Community Care

CMR304: Community Nurse

SLR082: Specialist Nurse

CMA321: Cancer related care

Patients
Allen, Mackichan, Phillips

Patient:
Example 3.2: Practice Nurse education general

GL: District Nursing CC
CL: CC: District Nursing
EC: Nurse Band 6
Resources: CMR304 Community nurse
Activities: Community Care
Patient: Patients – Moore, Cook
Spot the connection?
Spot the connection?
Community Costing - conclusion

- Follow the standard costing process as far as possible – do the basics first
- Review the transition path: it shows which elements should be prioritised
- Work with NHSI on the Technical Focus Group, to improve costing of the other, complex areas.