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PLICS toolkit for mental health services

April 2017



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Foreword

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Costing has a major role to play in supporting the delivery of sustainable services across the NHS. It should underpin decision-making, ensuring local decisions are informed by a clear understanding of current costs and the likely costs of new ways of working.

Good cost and activity data at the service user level can help health economies to understand variations in care between different service users, helping to optimise service delivery.

The implementation of patient level information and costing systems (PLICS) is at an early stage in many mental health trusts. Those mental health trusts who have implemented PLICS are asking how can they turn their copious PLICS data into useful information.

The HFMA Healthcare Costing for Value Institute has developed this PLICS toolkit to support members turn the data generated by PLICS into powerful intelligence. It is hoped that by sharing the toolkit examples with other staff within their organisation, members can sell the benefits of PLICS to those who are currently less well engaged.

We hope that you will find our PLICS toolkit for mental health services helps you start to explore how you can maximise the value of PLICS data within your organisation.

In 2017/18 we plan to publish a separate toolkit for community services, as well as a second toolkit for acute services. If you have ideas, comments or examples that you would like to share, please email me catherine.mitchell@hfma.org.uk

Section A: Introduction

Why is PLICS important?

In the current financial climate of the NHS, service user level cost and information (PLICS) can play a vital role in improving the efficiency and effectiveness of how service user care is delivered. PLICS is not solely about cost information. It brings together information about the resources consumed by individual service users daily and combines this with the cost of this resource. This type of blended financial information is new for many organisations and is incredibly powerful.

PLICS allows organisations to identify variation between clinical teams, or between different groups of service users. When PLICS is analysed alongside other performance and quality information it becomes even more powerful in understanding the delivery and performance of services.

PLICS also facilitates much more meaningful and constructive discussions between finance professionals and clinical and operational teams. This benefit should not be underestimated. PLICS allows discussions to centre on individual service users. It also provides financial information that better reflects how services operate, which makes it easier for clinical and managerial staff to interact with it, and to better assess the impact that making changes will have. This is vital in obtaining trust and confidence in the data and in allowing it to support services to provide the best possible care to each service user.

It is widely acknowledged that PLICS data will take time to improve and stabilise. It relies on several data feeds, and knowledge of many services. However, unless organisations actively engage with PLICS the roll out phase will become far lengthier. Given the increasing pressure on organisations to improve financial positions, PLICS data surely cannot be ignored. Even those organisations who are currently implementing or rolling out PLICS, can still use the data to inform discussions on service developments or improvements.

PLICS can be used to help

- identify clinical variation
- improve service user care
- deliver efficiencies
- improve clinical ownership of resource decisions
- support more sophisticated benchmarking
- provide evidence for service redesign

PLICS provides intelligence to support decision making about delivering sustainable high quality care

PLICS allows discussions to centre on individual service users. It also provides financial information that better reflects how services operate, which makes it easier for clinical and managerial staff to interact with it, and to better assess the impact that making changes will have.

What are the aims of the toolkit?

By providing examples of how PLICS data can be turned into useful information, the toolkit aims to:

- sell the benefits of PLICS to those trusts/boards/clinicians who are less well engaged
- support members turn the data generated by PLICS into powerful intelligence.

Once clinical and other staff see the power of the information generated, it is hoped that they will be supportive of the implementation of PLICS within their organisation.

We have used a range of different sets of information and style of presentation for clinical and non-clinical audiences.

As well as providing members with a printed version of the toolkit, we are also making available a set of PowerPoint slides of the charts, which can be found on our website. The slides are intended as a resource for members to show to other parts of their organisation, and start a conversation about what analysis their own organisation would find useful.

Section C provides a commentary on each chart. This commentary is also included in notes under each chart in the slide pack.

What is the scope of the toolkit?

This toolkit is aimed specifically at mental health trusts. We consulted with our members in a variety of ways to scope the toolkit. This included a members' survey, a focus group and individual telephone interviews.

Key messages included:

- It is important to have the service user as the main focus
- This is phase one, so keep it simple
- There are different audiences with different requirements, for example clinicians, the board, operational managers and the finance team. It is important to include examples which capture the attention of the different audiences.

The data provided in the charts is for illustrative purposes only, but based on examples trusts have shared with us. The charts have been re-created by the HFMA to ensure that the toolkit is generic and applicable to all NHS mental health trusts and costing software suppliers.

Looking to the future

The emphasis in this toolkit was to keep it simple, as mental health trusts are only just starting to explore how to embed PLICS within their organisation. Looking ahead, there will be many other ways of using the data. A few examples are listed below.

- The key element missing from the toolkit is health outcomes. Delivering value-based health care has to become the focus for clinicians and finance alike as they look to deliver high-quality sustainable healthcare services to meet the needs of service users. Linking outcomes, costs and activity at service user level allows health systems to identify the scope for improving value.
- The NHS RightCare programme provides a wealth of comparative data at CCG level to support local health economies improve the way care is delivered for their service users and populations. PLICS can help identify the reasons for variation highlighted by NHS RightCare population data, by exploring variation at the service user level.
- Service users come into contact with many different services, for example A&E, primary care, street triage teams, the police. By linking data from different services, whole care pathways can be mapped and measured.

Acknowledgements

The Healthcare Costing for Value Institute would like to thank all the mental health trusts who have been involved in this project (see section D).

To download the PLICS toolkit for mental health services as a PowerPoint please visit hfma.to/mhplcstoolkit

Section B: Top tips

Recognising that the acute sector is more advanced in the implementation of PLICS, we have taken the 'top tips' from *PLICS toolkit for acute services – the basics* and added them here.

Members may also wish to refer to our case study² *Becoming a data driven organisation: engaging clinicians in reviewing and using data and information Southern Health NHS Foundation Trust*.

This section sets out the key lessons learned from those acute organisations who have successfully developed PLICS reports and rolled them out across their organisations:

Huge volumes of data

- Ensure that navigation through the reports is logical and the sequence in which users drill down into the data is considered (for example from directorate, going down to specialty then consultant etc.)
- Ensure that users are directed towards meaningful reports that provide an initial focus for investigation
- Be creative in finding uses for the data. For example, talk and listen to clinicians, operational managers and finance teams to find out what is important to them, what are the main problems and opportunities in your trust and how can PLICS data provide any insight into these

Presentation

- Keep reports and dashboards uncluttered and visually appealing
- Ensure that reports and dashboards are free of jargon and labels and titles are understood by users
- Wherever possible use graphical or pictorial presentation, particularly in clinical views as trends are easier to identify
- Consider a different set of reports / dashboards for different types of users. These could be linked to their log-in or bookmarked within the reporting system

Training

- Provide training on how to interrogate and interface with the PLICS reporting for all users
- Ensure reports are easy to understand and navigate by road testing them with user
- Consider producing user guides to help users navigate the information efficiently and accurately. A quiz can also be a fun and effective way of engaging with users as part of the training process
- Consider developing a PLICS intranet site. This could be used to store user guides (to help users navigate the information and to prompt them to use the information efficiently and accurately), costing developments planned and when they will go live

Time trends

- Consideration should be given as to how information will be presented over different time periods. After the initial roll out, most organisations update their PLICS data either monthly or quarterly

Engagement

- Ensure the executive team is on board early to help promote participation in PLICS and ensure appropriate allocation of resources to it
- Ensure the presentation of PLICS reports is precise and clear. Clinicians have a huge number of competing priorities and limited time available
- Engage with people from other disciplines as much as possible. The benefits of PLICS can only be maximised if people use it
- Training and clinical engagement is an iterative process that will require regular follow-up and reinforcement to be successful
- Keep developing reports. As the organisation starts to use PLICS, there will be an increased appetite for the information and interest in improving the reports

² <https://www.hfma.org.uk/our-networks/healthcare-costing-for-value-institute/case-studies>

Section C: Commentary on the charts

The charts are included in the appendix, and are also available here hfma.to/mhplcstoolkit as a PowerPoint pack.

Costing at the service-user level provides organisations with the flexibility to group costs and activity data in different ways for different purposes – for example, by service user, clinician, team, service line or pathway.

This flexibility of reporting means the outputs can easily adapt to different requirements – from mapping the pathway of individual service users to generating service line reports.

We have developed a series of charts to demonstrate the power of the data, based on examples provided by mental health trusts. The charts use a range of different sets of information and styles of presentation for clinical and non-clinical audiences.

We encourage you to share some or all of the charts with other people in your trust to start a conversation about what information they would find helpful, using your trust's own PLICS data.

Focus on the individual service user

(A) A service user's pathway over a year – activity only

A key challenge is how to get your clinicians interested in the PLICS information. By starting with the service user care pathway, clinicians are likely to be engaged. This chart provides a graphical example of care received by a service user accessing acute psychiatric services over a 52-week period. The graph records the number of days admitted and the hours of contact time from two different community teams.

(B) A service user's pathway over a year – services and costs

Some trusts present PLICS information about how services are used in a chart like this one. Here, the information on the previous slide is presented in this different format and includes costs.

(C) A service user's pathway over a year – activity/costs/outcomes

This chart shows the same service user's pathway again. This time it includes the cost of activity by week, together with cluster and outcome information. We have deliberately not included actual outcome scores. This is an area where local clinicians will need to decide what is appropriate.

(D) Itemised service user bill

Many people within your organisation will be new to PLICS, and will be unaware of the level of detail captured. This chart highlights the depth and type of information that is available within PLICS. This example shows the types of resources consumed by the service user and the associated costs over one week.

Comparing service user pathways

The next set of charts compare the pathways of service users in the same cluster. In the real world, considerable further analysis would be required to start to understand the reasons for variation, for example length of time in the service, who was involved in their care, what interventions were delivered and what were the health outcomes.

(E) Comparing service user pathways (cluster 19)

This chart compares the pathways of two service users, who were both assessed as care cluster 19 (Cognitive impairment or dementia complicated. Moderate need). Their service use and cost over the months vary considerably.

(F) Comparing service user pathways (cluster 19) – cost and team input

Further investigation of activity shows that the two service users in cluster 19 in the previous slide have had different access to Memory Services – why did this happen, and has it had any impact on the quality of their care?

(G) Comparing service user pathways (cluster 8)

This graph compares the pathways of another two service users, who were both assessed as care cluster 8 (non-psychotic chaotic and challenging disorders). Again the chart shows that service use and cost over the months varies considerably between the two service users.

(H) Comparing service user pathways (cluster 8) – cost and team input

This chart shows more detail of the care received by the service users on the previous chart. It reveals very different patterns of care for the two service users— is this need driven, or the result of differences in service availability or clinical variation? What were the outcomes for these people?

Comparing teams or localities

The first few charts mapped an individual service user's pathway over time, and compared the pathways of two service users. There may be many reasons why pathways vary.

PLICS also allows you to identify variation between services, for example between community teams. A comparison of teams may help to identify some of the reasons for pathway variation.

(J) Identifying variation by locality

This chart compares admitted and non-admitted days as a proportion of total cluster days for cluster 15 service users by locality. Locality four has a higher proportion of admitted days than locality one, which might warrant further investigation. Is this due to variation in clinical practice?

(K) Comparing pathways of service users – average cost and duration of an episode

This chart compares the level of intervention received by service users in the same cluster between teams, and the associated cost. There appears to be very different patterns of care within the four teams, as well as a variation in costs. Team B discharges people after six months on average, teams A and D discharge after five months, while team C discharges after three months. There are also different patterns of contact frequency. Further analysis could start to explore the types of interventions.

(L) Comparing case mix

Information on differences in team case mix can be helpful for trusts looking to explore variation in service delivery.

(M) Comparing staff skill mix

A comparison of which staff are involved in caring for service users may support discussions about the most appropriate skill mix to ensure high-quality efficient care.

Demonstrating the flexibility of PLICS

As we have previously noted, costing at the service-user level provides organisations with the flexibility to group costs and activity data in different ways for different purposes. The next two slides provide two further examples of how PLICS data can be used.

(N) Cost of DNAs and cancellations

PLICS data can be sliced and diced in many different ways. One trust has analysed the cost of DNAs and cancellations by type of staff, and whether the appointment was cancelled by the trust or by the service user.

(P) Implementing NICE quality standards

The Early Intervention in Psychosis (EIP) access and waiting time standard requires that from 1 April 2016 more than 50% of people experiencing first episode psychosis commence a NICE-recommended package of care within two weeks of referral. PLICS data can provide MHTs with intelligence on how well their teams are progressing with the implementation of this standard.

Section D: Acknowledgements

The HFMA would like to thank the following people who have contributed to this toolkit.

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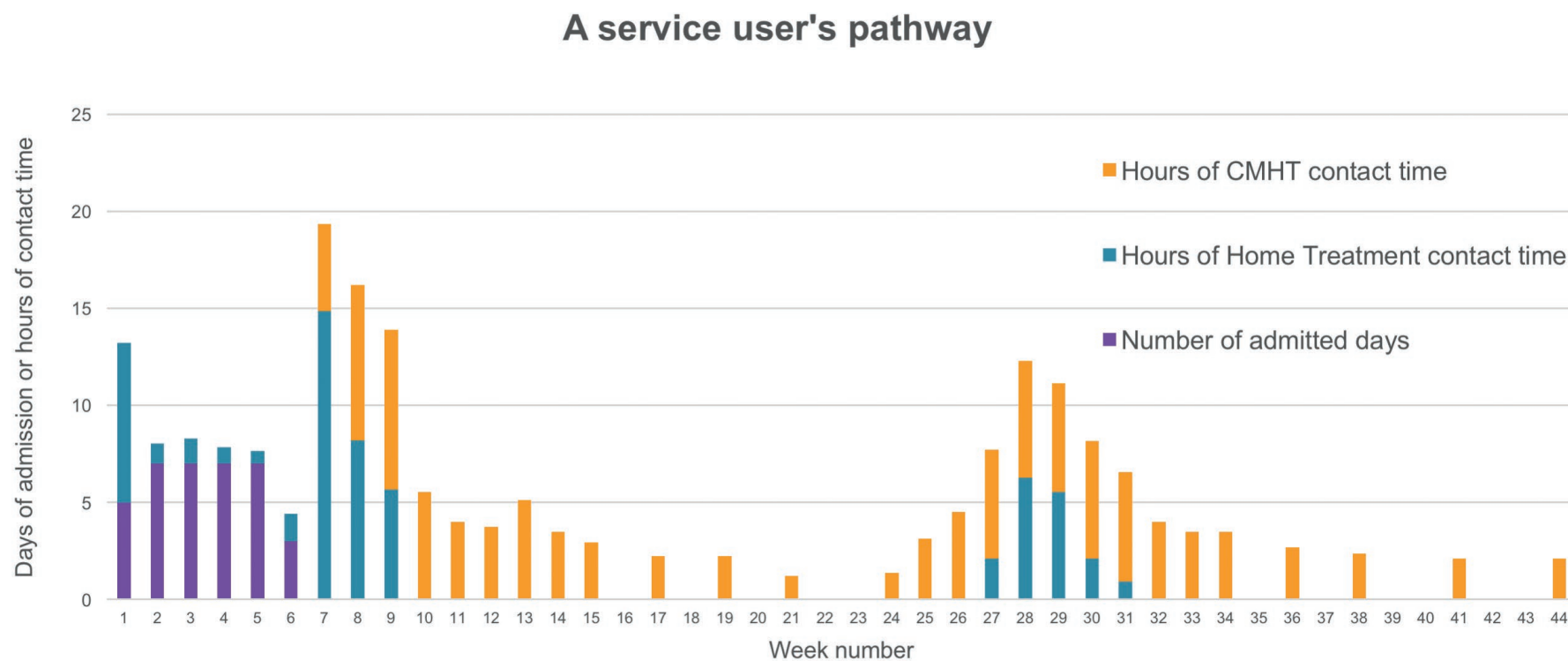
Tees, Esk and Wear Valley NHS Trust

Appendix: **Charts**

Focus on the individual service user

(A) A service user's pathway over a year

Activity only



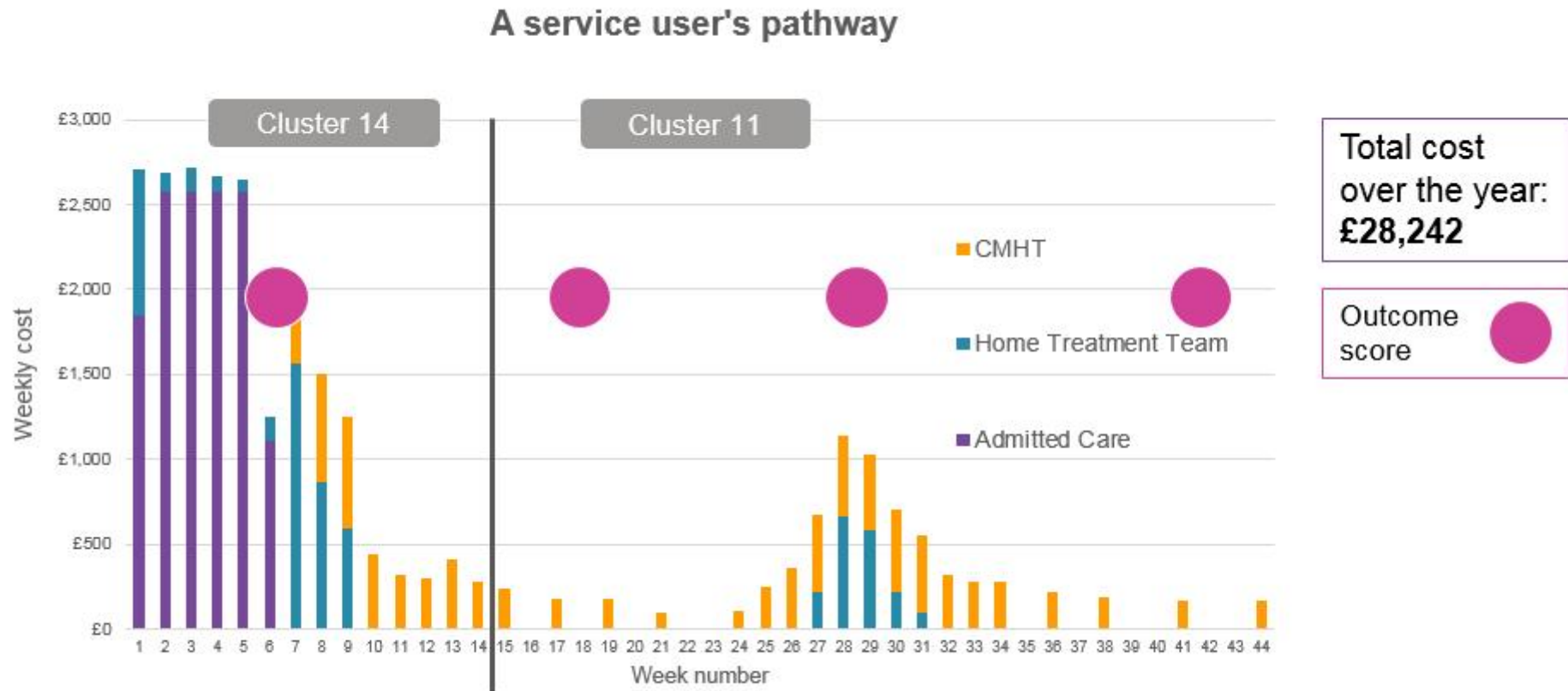
(B) A service user's pathway over a year

Services and costs

Team	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
HTT	£1,198	£2,640	£594					£1,680	£98
CMHT			£1,722	£926	£360	£278	£720	£1,866	£1,330
Ward	£9,581	£3,685							
Total	£10,779	£6,325	£2,316	£926	£360	£278	£720	£3,546	£1,428

(C) A service user's pathway over a year

Activity/costs/outcomes



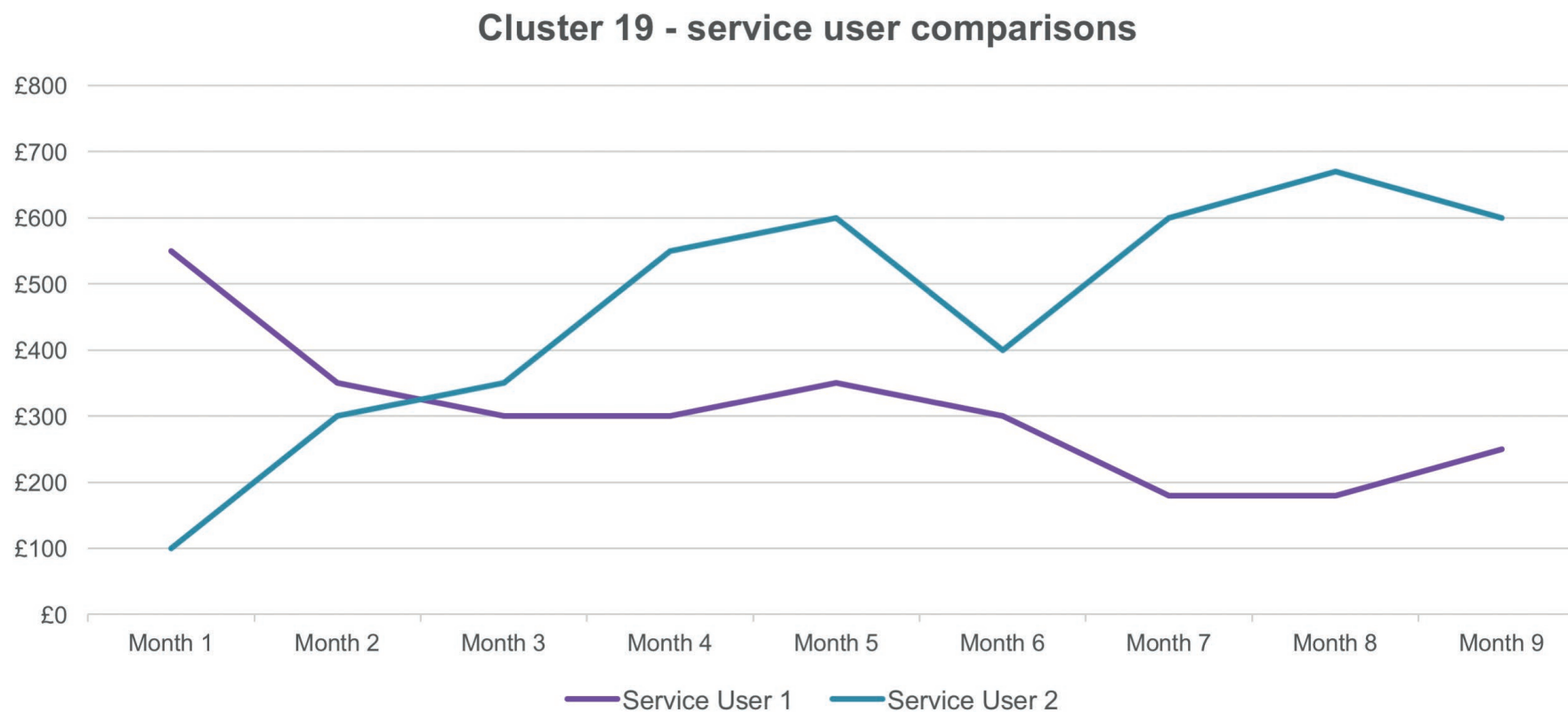
(D) Itemised service user bill

Week 20 – Service user reference number 696556

		Admitted care			Non admitted care						
Date	Day	Ward	OBD	Cost	Team	Staff ID	Staff Name	Grade	Duration (mins)	Cost	Total cost
4th	Sunday				A&E Liaison	12225	A Adams	Band 6	125	£70.00	£70.00
4th	Sunday				HITT	13226	J Jones	Band 6	165	£92.40	£92.40
4th	Sunday				HITT	15689	S Smith	Consultant	45	£79.65	£79.65
5th	Monday	Lilac Ward	1	£374.50							£374.50
5th	Monday				HITT	15689	S Smith	Consultant	35	£61.95	£61.95
6th	Tuesday	Lilac Ward	1	£374.50							£374.50
7th	Wednesday	Lilac Ward	1	£374.50							£374.50
7th	Wednesday				CMHT East	16512	B Brown	Band 6	25	£14.00	£14.00
8th	Thursday	Lilac Ward	1	£374.50							£374.50
8th	Thursday				CMHT East	16512	B Brown	Band 6	67	£37.52	£37.52
9th	Friday	Lilac Ward	1	£374.50							£374.50
9th	Friday	Lilac Ward	1	£374.50	CMHT East	15689	S Smith	Consultant	38	£67.26	£441.76
10th	Saturday	Lilac Ward	1	£374.50							£374.50
Total				£2,621.50						£180.73	£2,427.73

Comparing service user pathways

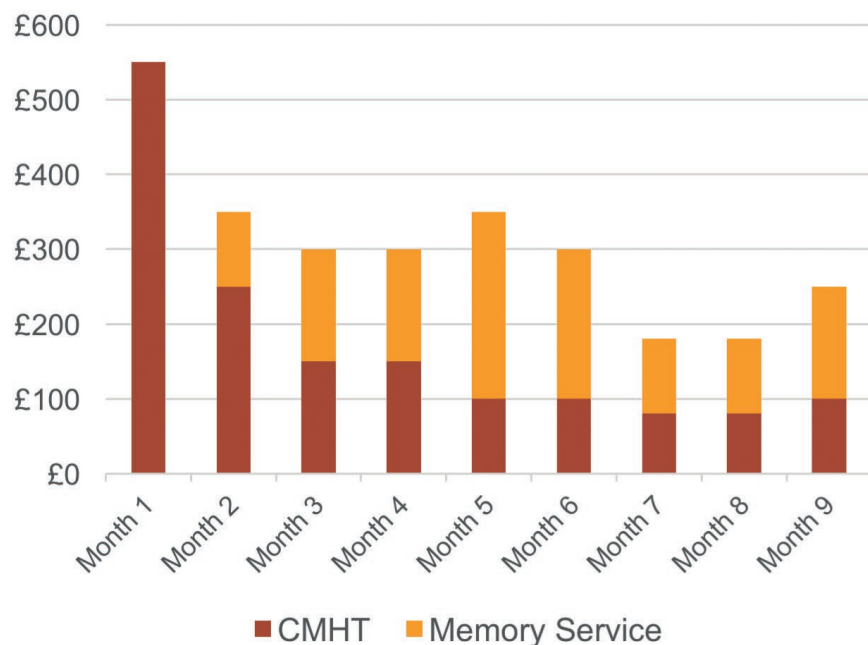
(E) Comparing service user pathways (cluster 19)



(F) Comparing service user pathways (cluster 19)

Cost and team input

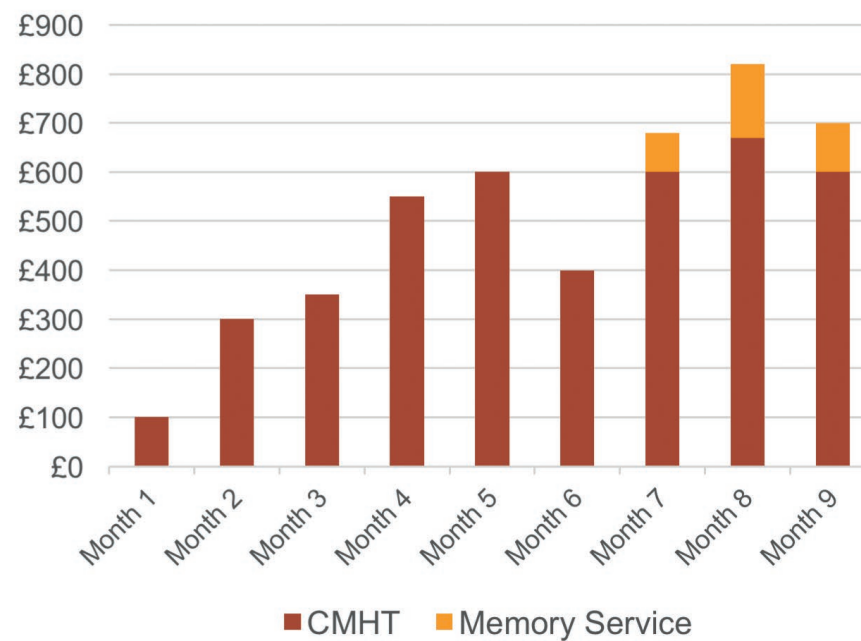
Service User 1 - Cluster 19



■ CMHT ■ Memory Service

Total cost = £2,760

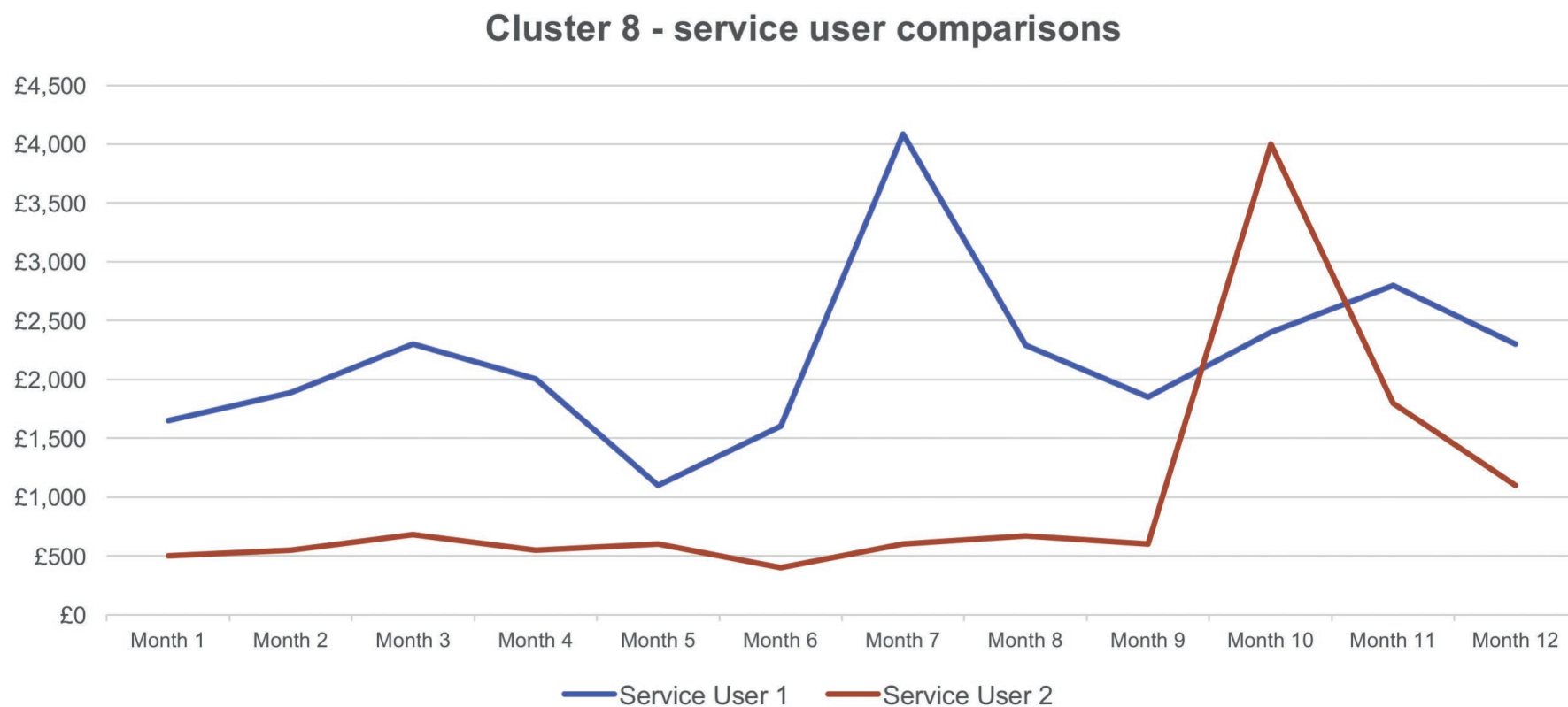
Service User 2 - Cluster 19



■ CMHT ■ Memory Service

Total cost = £4,500

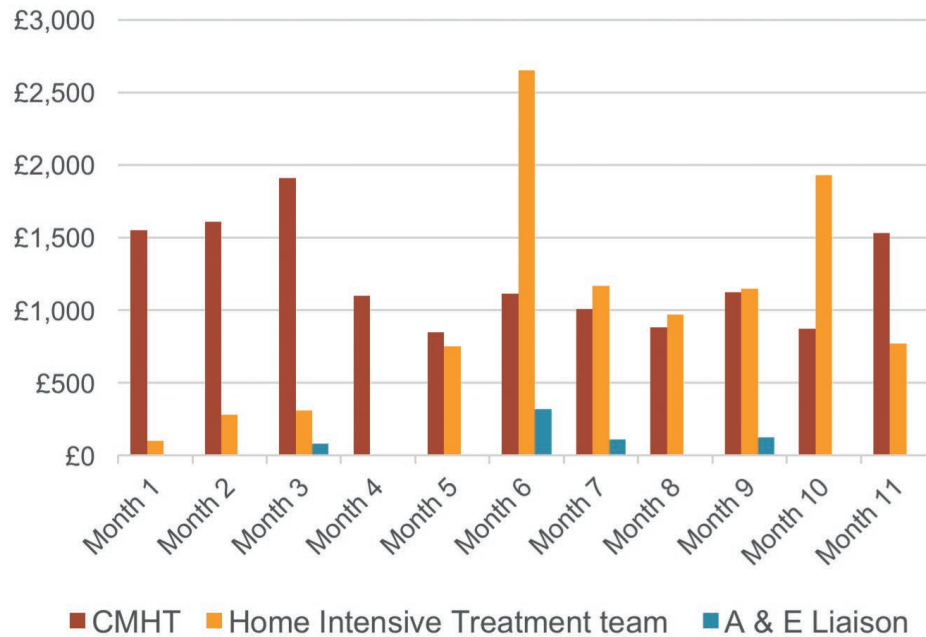
(G) Comparing service user pathways (cluster 8)



(H) Comparing service user pathways (cluster 8)

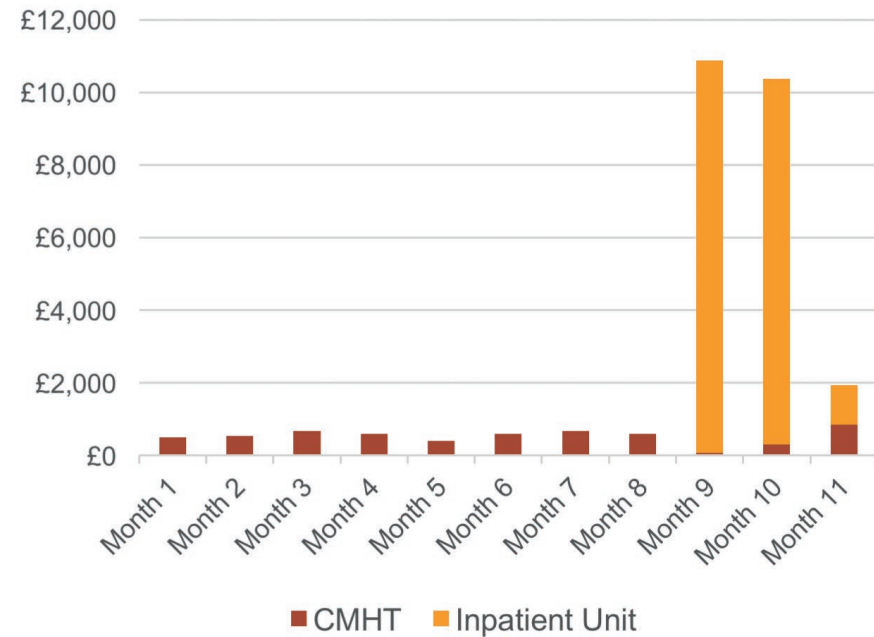
Cost and team input

Service User 1 - Cluster 8



Total cost = £26,270

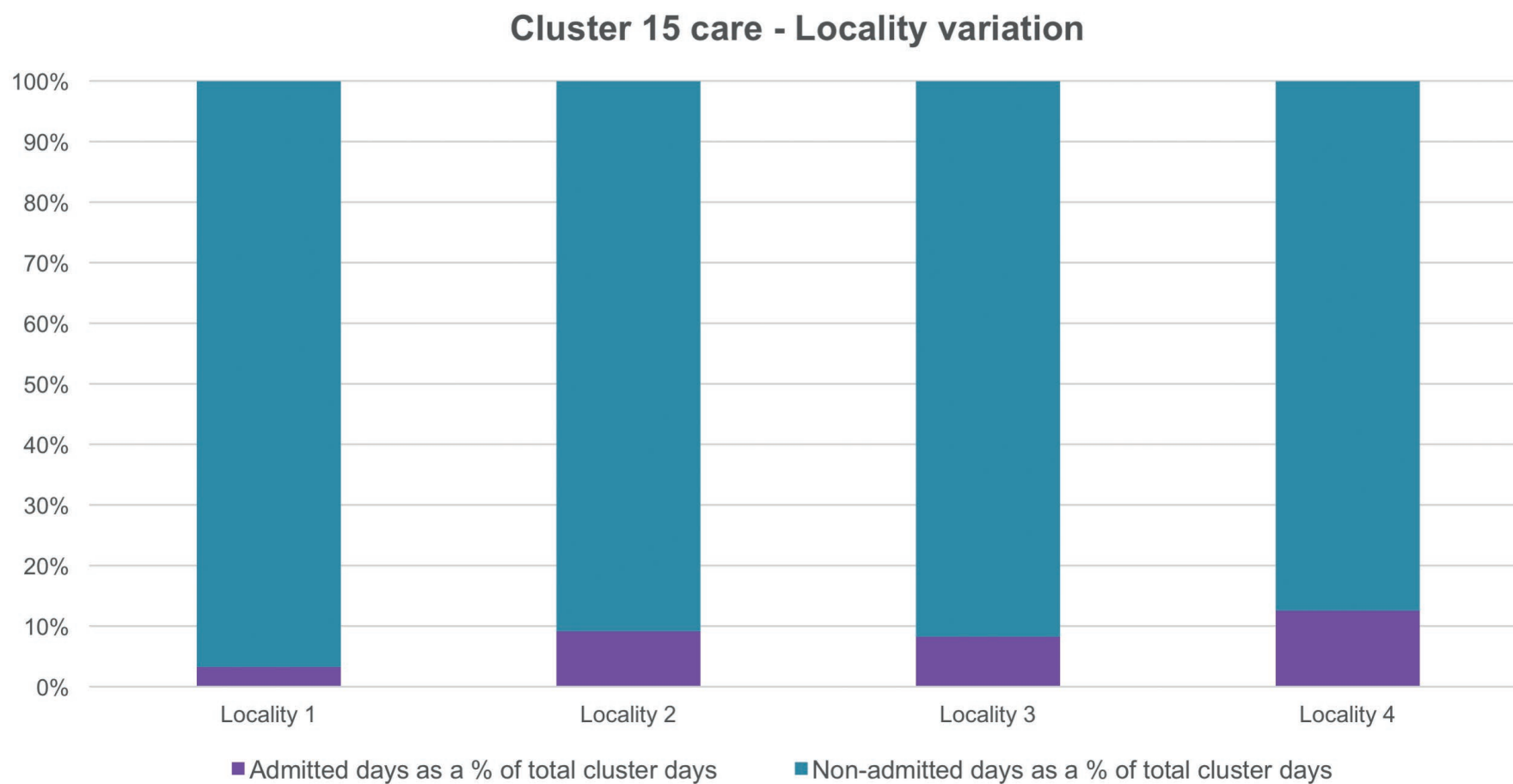
Service User 2 - Cluster 8



Total cost = £28,350

Comparing teams or localities

(J) Identifying variation by locality

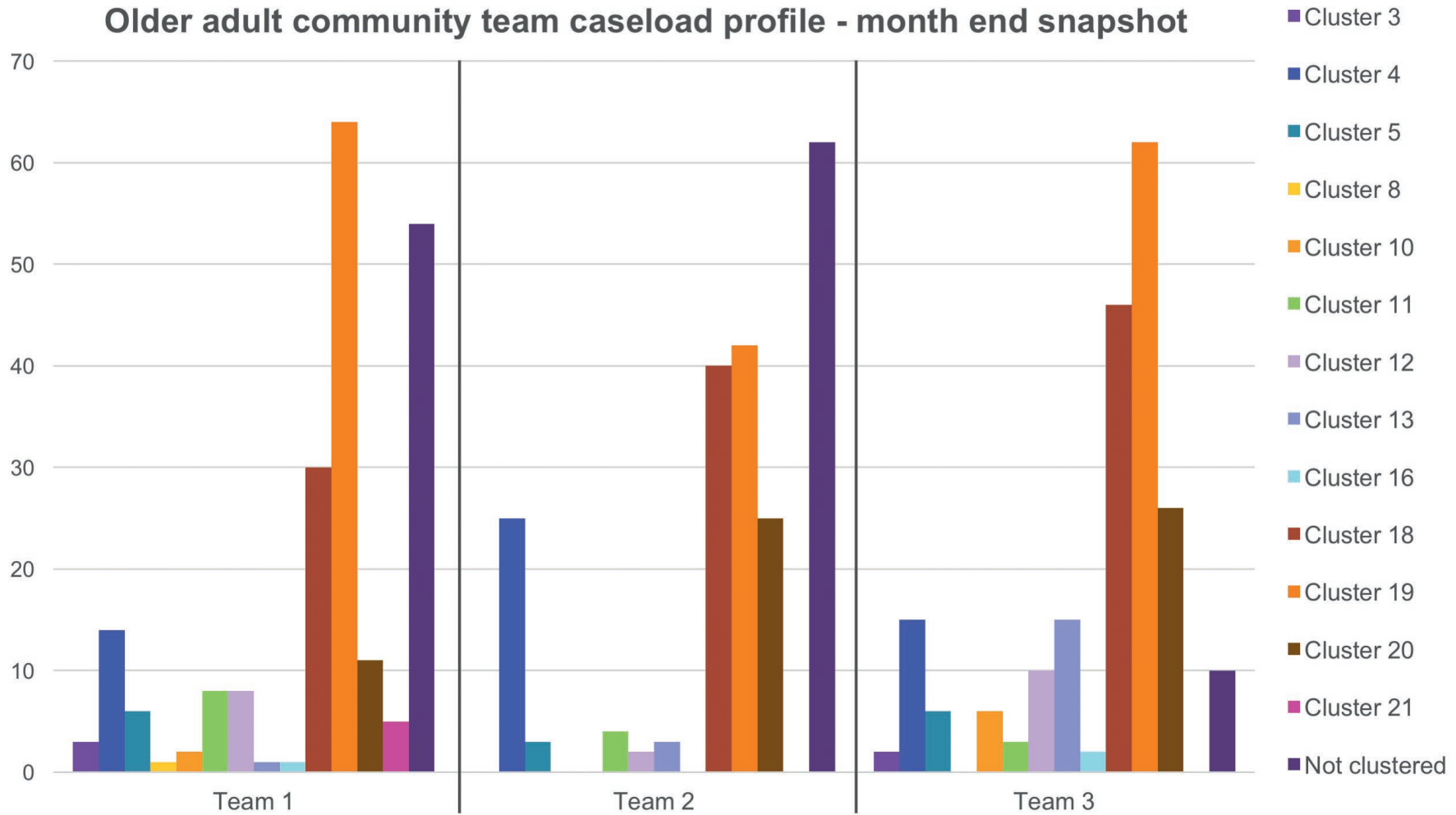


(K) Comparing pathways of service users

Average cost and duration of an episode

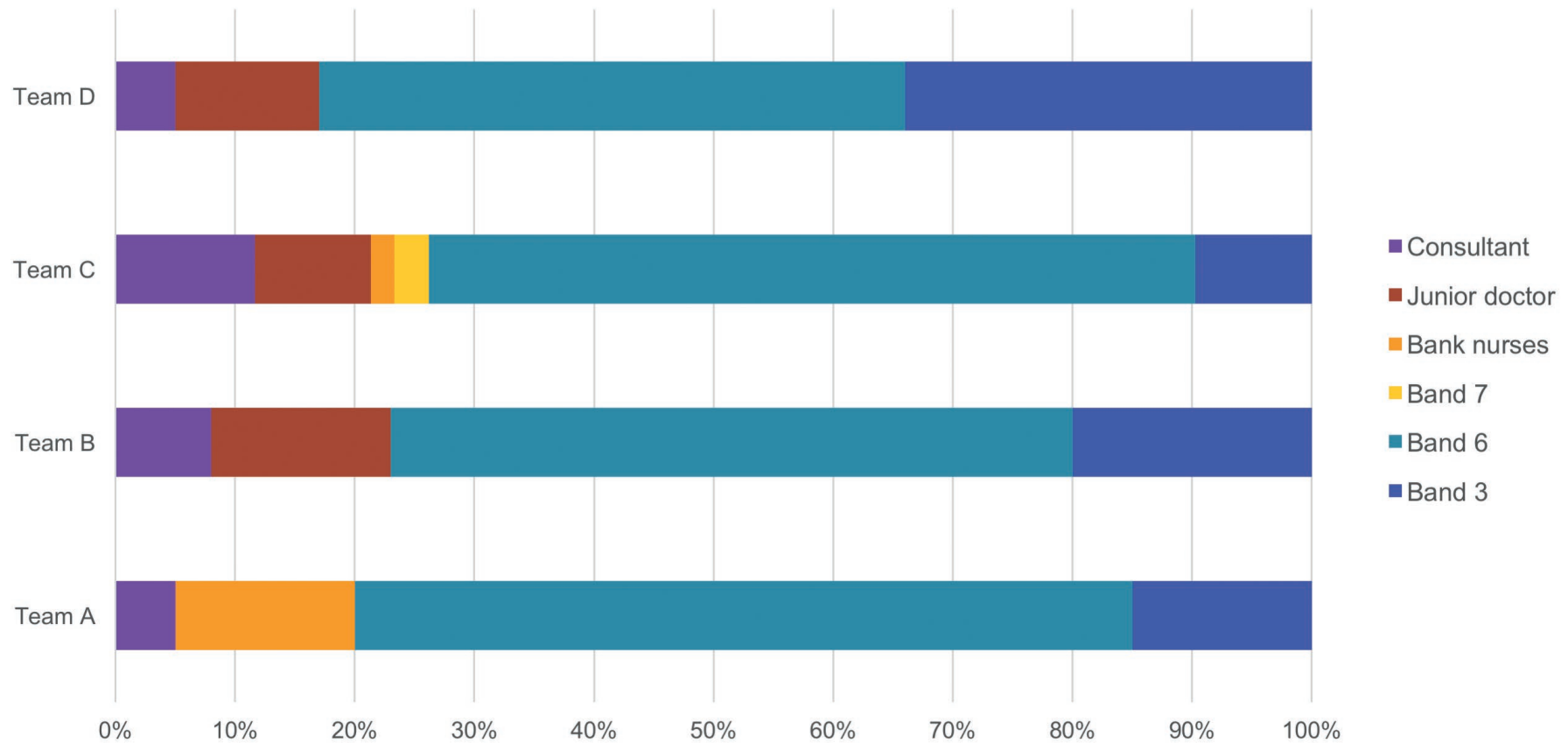
	Hours of contact time						Total cost of episode
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
Team A	3	10	0	0	2		£600
Team B	4	5	4	5	4	4.5	£900
Team C	14	10	6				£1,200
Team D	15	6.5			11		£1,300

(L) Comparing case mix



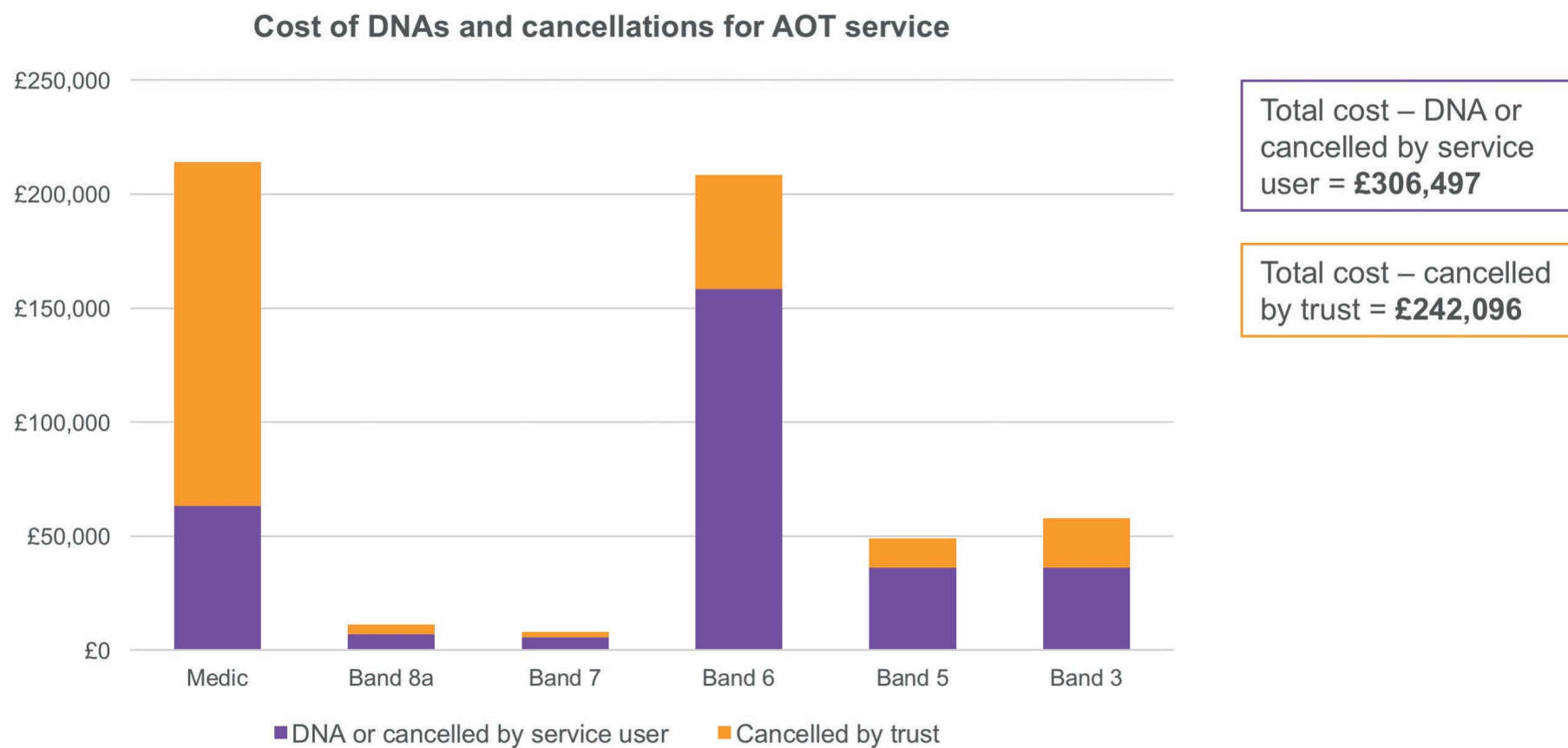
(M) Comparing staff skill mix

Number of contacts by staff group

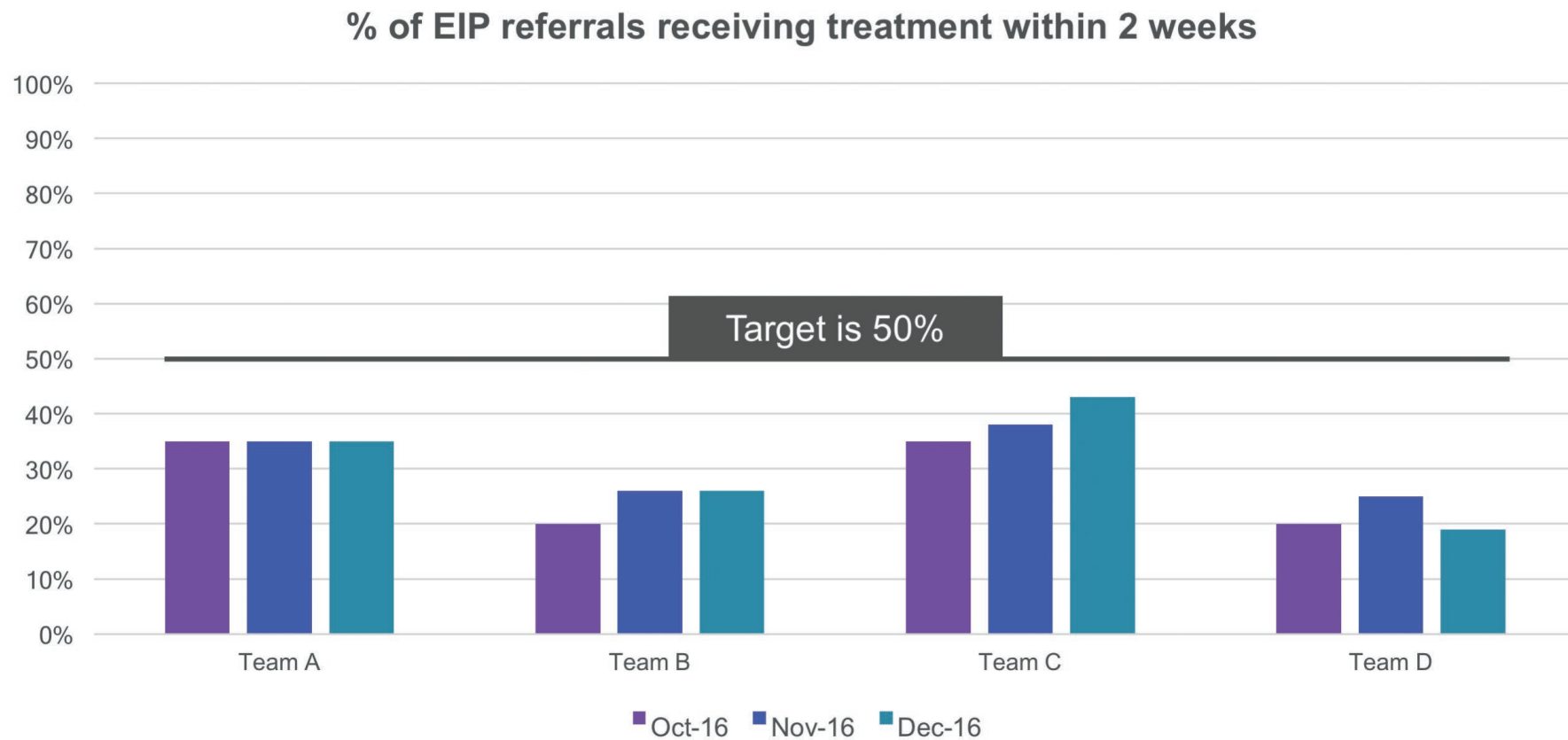


Demonstrating the flexibility of PLICS

(N) Cost of DNAs and cancellations



(P) Implementing NICE quality standards





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