



CAMHS PbR Pilot Project

CAMHS Payment by Results Pilot Project Update

April 2013, Update no. 7

Q1 DATA SUBMISSION

The PbR team would like to say a huge well done and thank you to the 17 pilot sites that have successfully submitted data for Q1 for PbR. We are really pleased to hear from our colleagues at MegaNexus that such a large number of sites have been able to submit and we are very grateful for all the hard work that has gone into making submission possible. If you'd like to provide any feedback on the submission process, either positive or negative, the team would be happy to hear from you.

A special well done goes to the three out of four sites that joined us later in the pilot who have successfully submitted in Q1 despite the tighter timescales they have faced.

The team at the EBPU will receive the data from MegaNexus in early June and will be providing data quality reports to the sites following this.

NEWSLETTER FREQUENCY

Following this month's newsletter, PbR updates will be distributed on a less frequent basis, to coincide with data quality reports. The website will remain the main source of on-going and up to date information about the project. Make sure you keep an eye on the "Latest News" section: <http://pbrcamhs.org/category/news-and-events/>.

SUPPLEMENTARY COSTING INFORMATION

Thanks to all pilot sites who completed and returned the supplementary costing information requested. This will be used by the PbR data analytic team as they analyse the activity data to ensure that that our analysis takes into account the cost of resources in addition to activity levels, so that we can ensure that the resultant clusters are "iso-resource" (i.e. the values of resources consumed by different patients within each cluster are broadly similar).

If you haven't yet returned the costing information and plan to do so, please return this to Katy.hopkins@annafreud.org

CHANGES TO THE PBR CENTRAL TEAM

We are sorry to announce that two members of the PbR central team will shortly be moving on from the PbR project. Katy Hopkins (Pilot Site Coordinator) will be taking up a new role in the EBPU as Improvement Fellow, and Rebecca Kyrke-Smith (Research Officer) will be taking up a post as Improvement Project Manager for a new project in the unit. Both Katy and Rebecca will continue to work part time on PbR whilst replacements are found for their current posts.

YOUR PROGRESS

Q: What's your name and what is your role is in the project?

Andrea Shand, Business & Performance Manager, CYP IAPT & CAMHS PbR Data Lead, Oxford Health NHS Foundation Trust.

Q: Which teams from Oxford Health are taking part?

We have various teams from 5 locations taking part: Buckinghamshire, Oxfordshire, Swindon, Wiltshire and Bath & North East Somerset. The services involved range from Tier 2, Tier 3, Tier 4, LD CAMHS and other specialist CAMHS services. Some of the more specialised teams have expressed an interest in submitting case studies to inform the project and analysis.

Q: How's it been going so far?

The initial training sessions were delivered by the CAMHS PbR team in February. Following this we held workshops with 5 key members of each team where we looked at the data collection requirements. We are currently using the CODE database system to collect this, and will be moving to a web based information system to collect the outcome measures. We will roll out the web-based system with new hardware to support mobile working and live data collection and review of measures to inform clinical working. We are working hard to look at innovative ideas to reduce duplicate data entry onto multiply systems. Once hardware is in place and systems identified we will roll out implementation of

the pilot further, with more workshops and training sessions taking place, delivered by the data manager and clinical leads.

Q: What's gone well?

Communication has been key to our approach, from informing our services of the developments and requirements, to our approach and implementation.

With teams: We have communicated to services via management teams and clinical leads for services, held workshop events, promoted participation from the services in our developments, undertaken a continued programme of events and workshops and attended team meetings. We have also given demonstrations on using the tools and resources available.

Through the website and newsletter: We have provided teams with the website links and encouraged use of the sites and sign up for newsletters and updates.

With other departments: We have linked with our Informatics Department, Trust Board, Exec Team, Senior Management Team, Information Governance and Caldicott Guardian, all of whom need to be informed and involved. Discussions are taking place with our data warehouse developers to support the data collection and reporting requirements to reduce the duplicate data entry. Commissioners are also vital in the communications; we have CAMHS PbR as standard agenda item at contract monitoring meetings for example.

Q: What have been the key challenges and how are these being managed?

The key challenges are IT, hardware and staff engagement. Change is always received with differing levels of enthusiasm, and we have an internal project board to manage all elements of the implementation of the project.

Thank You to Andrea Shand for updating us on her progress. If anyone else who is involved in the pilot would like to tell us about your progress so far and appear in a future newsletter, please get in contact with us.

Get in contact with the CAMHS PbR Central Team [e pbrcamhs@annafreud.org](mailto:pbrcamhs@annafreud.org) [t 020 7443 2218](tel:02074432218) [w www.pbrcamhs.org](http://www.pbrcamhs.org)

To find out more about Payment by Results in general, please go to:
<http://www.dh.gov.uk/health/2013/02/2013-14-pbr/>