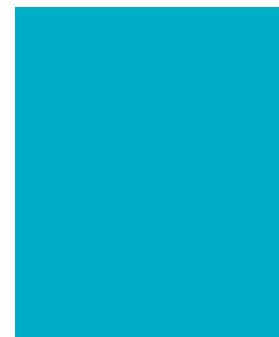
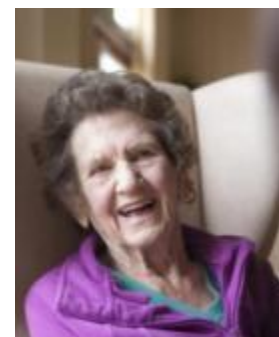


A new payment system for CAMHS

Barbara Fittall December 2014



Organisation / date



Developing PbR (a payment system) for CAMHS was a Coalition commitment (from 2010)



‘Expand the scope of PbR to include CAMHS’

The term PbR has now been phased out
PbR is a payment system, where payments were based on individual need.

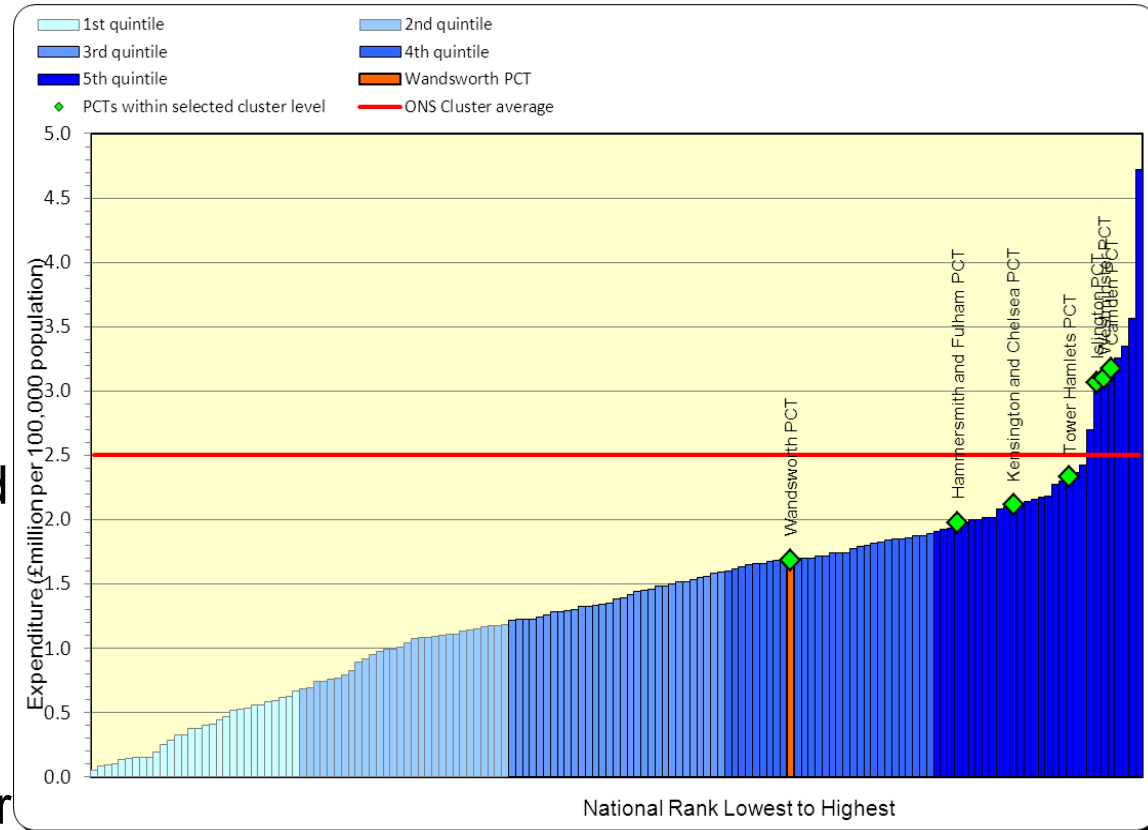
Why is it a good idea?

Service provision varies enormously across the country

There is variable spending by the NHS not obviously justified by differences in need

Mostly block contracts – set historically – payment not obviously linked to numbers or need of children

(easy to cut when times hard)



So what did DH do?

- DH set up a 3 year project – October 2011
(Absorbed into NHS England in April 2014)
- It has been extended by 6 months and is due to finish in March 2015
- The main objective for the project is to design currencies for CAMHS

What is a currency?

Consistently defined way of grouping healthcare into units that are clinically similar and have broadly similar resource needs

What a currency is not

A price or tariff – that comes later!

A decision on funding levels

A way of fixing all problems with
CAMH service provision!

Advantages of a currency model

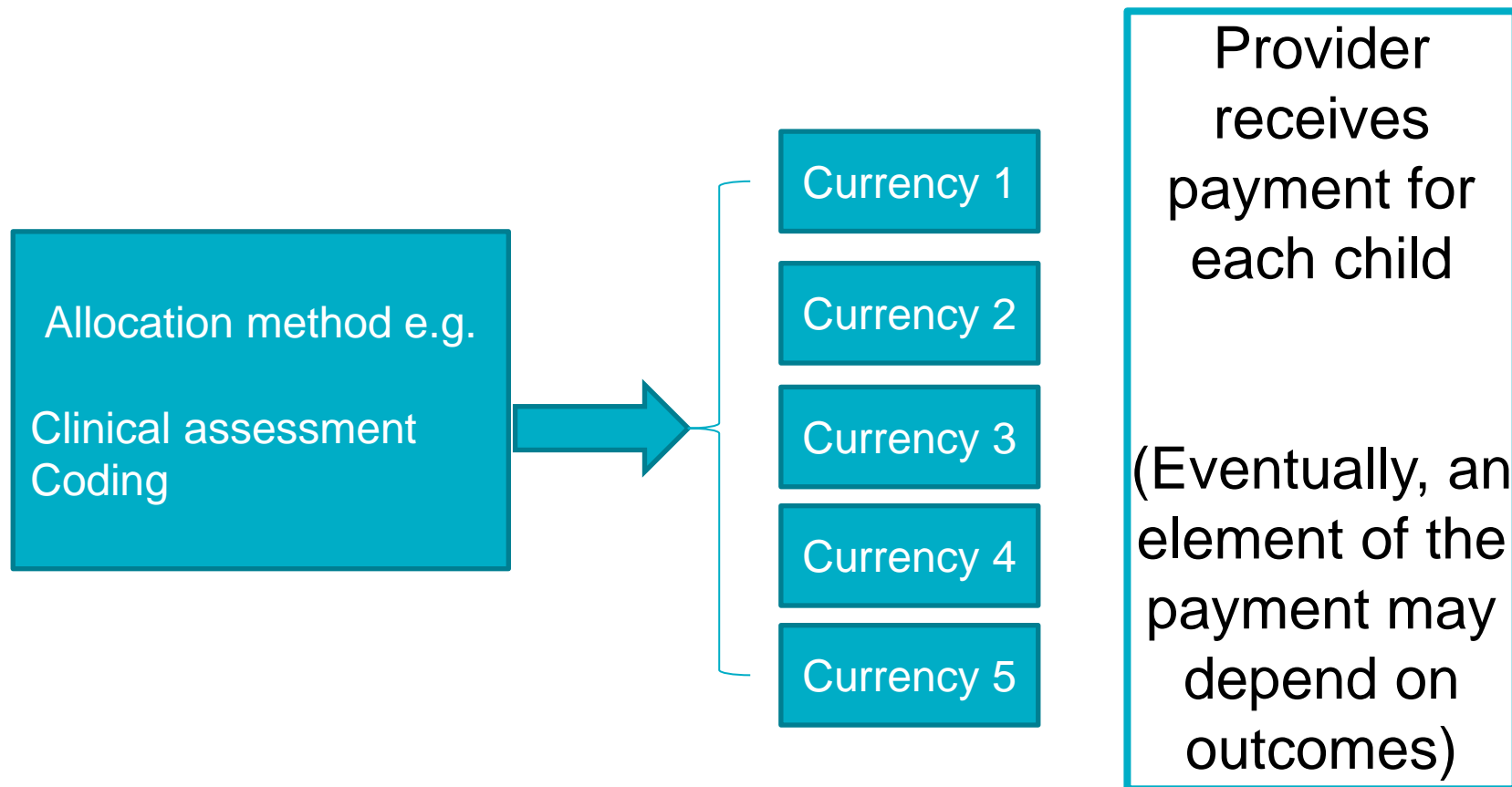
- Enable understanding of what is in block contracts
- A currency will provide an essential foundation for creating a more transparent system

It will enable:

- More productive discussions between commissioners and providers
- Benchmarking between providers
- Greater investment in effective interventions and dis-investment from interventions demonstrating few benefits

What makes a good currency?





Examples of currencies

- Cystic Fibrosis – children and adults allocated to 5 bands dependent on an assessment of their needs
- Antenatal care – women allocated to 3 levels dependent on assessment at beginning of pregnancy
- Adult mental health – allocation to 20 clusters on the basis of needs
- Hip replacement – with and without complications

Aim of the day – to gather your views

Are the suggested currencies (groupings)

- **clinically meaningful** must relate to how care is delivered
- **useful for commissioning** will it help support transparent discussions on service delivery and design
- **financially robust** – currency groupings must be reasonably close in price (but don't necessarily have to be different in cost)
- **usable** – it may be a great idea, but not possible to implement

How could they be developed in the future?

And finally – remember this is just the beginning of the process

