IAPT PBR Workshop 20.07.17

Table Top Discussions Summary Feedback

1.   What are the main challenges for implementing PBR in IAPT services?

- Improving data quality x5 – clinicians, admin, management and commissioners need to understand data and be on board
- Data transparency – do commissioners have the right level of access to data to allow open conversations?
- Increasing group contacts
- Changing the culture throughout services including GPs, CCGs etc.
- Clinical engagement / Staff engagement
- Staff being on board
- Lack of trained staff
- Cultural shift
- System wide STP working is increasing – what impact will PBR have on this at a macro and micro level
- Local versus STP footprint delivery
- Complex contracting models
- Timescales given that the tools seem to be on a different trajectory to the implementation go live
- Not having access to the tool until the end of the year
- Stepping up – how providers get paid for the work they actually do
- Working across multiple stakeholders
- Implementing a consistency of approach
- Moving towards a cluster based payment as opposed to a step based payment
- Understanding the pathways per cluster
- Clusters not matching the stepped care model
- Determining tariffs
- Knowing the correct currency / payment for each step
- Negotiating with commissioners on different costings
- Accessing the information on current benchmarking
- Deciding on which outcomes to use
- Developing the costing based on multiple factors including venue, staff, travel, number of treatment sessions at different steps, HEE funding etc.
- Integrated services within the current service
- Pressure to take on "secondary care" clients who are less likely to recover
- Keeping it simple, particularly for clinical staff, change should not be at the cost of positive patient experience
- Lack of national clarity and guidance and discrepancies in information provided

2. What are the key next steps and actions for you and your organisation?

- Have conversations between providers and commissioners – tariffs need to be discussed and co-produced
- Liaising with NHS Improvement to see how sighted they are on this
- Getting data for the 10 outcome measures
- Commissioners and providers working together
- Steps need to be taken to understand the data – presentations, workshops, training packs, additional capacity in data quality
- Using data in different ways e.g. DNA rates by area and clinician
- A common approach between provider and commissioner needs to be agreed
- Developing a fair system which rewards providers for doing the right thing and is not used as a way to save money or conversely bankrupt commissioners
- Training of staff on PBR and supporting cultural change
- More work on pathways, particularly where there are multiple providers
- Looking at activity/outcomes to build a cost
- Exploring the tool
- Explaining to staff the rationale for the new payment system
- Ensuring IAPT data quality is robust before the IAPT MDS submission
- Becoming a trailblazer site to access the tool
- Working with the PBR team
- Meeting with commissioners to set the tariff locally
- Improve data quality x5
- Set up a working group within the Trust to ensure all necessary stakeholders are involved
- Enter into discussions with contract managers, directors, commissioners etc.
- Engaging with Trust finance teams and putting in place an agreement with the CCG
- Ascertaining where our organisation is at with regards to PBR – who is tasked to implement this in the organisation?
- Agree with the Trust Board how prepared the Trust is for implementation

3.   What support do you need to deliver on your next steps and actions?

- Support from the Network on keeping up to date with developments
- Continuation of group meetings, networking and conferences on this topic
- Continued networking days but with key tangibles presented
- Network to organise a "Masterclass" with Andy Sainty for a minimum of half a day
- Establish an online forum where different services can learn from one another with rapid response from the National Team to questions posed
- Regular updates and feedback from the National Pricing Team
- A practical demonstration of the toolkit
- Access to Exeter, make this work faster – up to date submissions increased
- Collaborative working between Providers, Clinicians and Commissioners
- Standardised tariffs that reflect the full journey of the client
- More support regarding timescales – the tool is not available to influence changes for the 18/19 contract refresh and there are issues with mental health data quality that require support
- The tool needs to be able to effectively track stepping up and down and activity across multiple providers
- Practical information from providers who are further along with implementing the payment system rather than just focus on guidance
- Engaging with trailblazer/early implementer outcome tool
- Receiving updates from other sites
- Help with pricing / benchmarking ideas
- Sharing of knowledge
- Working with peers to act as a critical friend to each other
- Buddying up organisations for test practice
- Quick access to the tool accompanied by training on how to use it
- A checklist such as national guidance on next steps
- Training and awareness raising with staff
- Knowledge of costings and the effects of any changes in staffing/ways of working etc.
- Senior management to negotiate appropriate funding/tariffs
- Improvement of data quality
- Sensible and pragmatic support for local circumstances
- Support from information services within the organisation