

BI4 Improving Haemoglobinopathy Pathways through ODNs

Scheme Name	BI4 Haemoglobinopathy Improving Pathways through Operational Delivery Networks
Eligible Providers	Centres (around twenty) who will act as hosts of haemoglobinopathy service MDTs
Duration	April 2016 to March 2019.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] for first year should achieve payment of £50,000 per provider. Target Value: Add locally CQUIN %: Add locally
Scheme Description	
<p>To improve appropriate and cost-effective access to appropriate treatment for haemoglobinopathy patients by developing ODNs and ensuring compliance with ODN guidance through MDT review of individual patients' notes.</p> <p>Access to specialist haemoglobinopathy care to improve the outcomes and the experience of patients with a haemoglobin disorder is a priority for NHS England in 2016/17. The prevalence of Haemoglobinopathies across England varies widely, with the majority of patients concentrated around urban areas, as does the expertise to manage these conditions. The diseases mainly affect black and minority ethnic populations which often have poorer health outcomes.</p> <p>In order to provide care to often disperse populations and within limited resources the service specification for specialist haemoglobinopathy services describes a networked approach to care where the specialist haemoglobinopathy centre provides oversight for the configuration of services within an area agreed with commissioners.</p>	
Measures & Payment Triggers	
<p>1. <u>Q1 Initial Network Meeting (10% Payment)</u> Specialist haemoglobinopathy centre, identified by commissioners as part of contract negotiation, to arrange an initial network meeting with local providers and commissioners to produce a proposal which defines the local area of oversight and that defines the patient group whose treatment is to be compliant with ODN protocols. This meeting must include patient/carer representation and should consider inclusion of local voluntary organisations. Two or more specialist haemoglobinopathy centres may hold this meeting together but achievement of milestone will be judged on individual submissions. The report following the visits to Area Teams (to be published) should provide a framework for local discussions.</p> <p><i>Evidence: Meeting agenda and minutes. Proposal for commissioners defining geographical area and local providers, and also the patient group whose treatment is to be compliant with ODN protocols. Terms of Reference for Network Group.</i></p> <p>2. <u>Q1/2 Agreement of Pathways and Protocols (30% Payment)</u> Commissioners to sign-off proposal. Specialist haemoglobinopathy centre to arrange network meeting with local providers and commissioners to describe care</p>	

pathways and agree areas where protocols will need to be developed. This meeting must include patient/carer representation and should consider inclusion of local voluntary organisations. This meeting may be held at the same time as the meeting described above and again may include two or more specialist haemoglobinopathy centres with the same rules applied regarding achievement.

Evidence: Meeting agenda and minutes. Including a description of care pathways and protocol areas which will need to be developed, a lead and a timescale for production.

3. Q3 Publication of care pathways and protocols & Arrangements for MDTs; Network meetings planned for 2017/18 (10% Payment)

Evidence: Copies of all care pathways to be submitted and evidence provided that they are embedded into practice (e.g. screen shot of protocols on trust intranet; evidence of network in use recorded in patient notes; meeting arrangements for MDTs to review patients' notes). Copy of email confirming time of place of 2017/18 meetings.

4. Q4. Proportion of haemoglobinopathy patients with care reviewed by MDT to assure it accords to agreed ODN protocols. (50% payment)

Evidence: MDTs in place, patients reviewed, number of haemoglobinopathy patients.

Definitions

To be defined by the ODN: patients within scope.

Partial achievement rules

Payments in Q1, Q2 and Q3 are paid if achieved on time in full.

Payment of Q4 milestone: under 50% achievement – no payment; above 90% achievement: Full payment; between 50 and 90% paid according to % achieved

In Year Payment Phasing & Profiling

In line with milestones

Rationale for inclusion

Providers should be part of an ODN for Haemoglobinopathy. Patients with haemoglobinopathy should have access to appropriate treatments in accord with ODN guidelines. This to be achieved through the development of protocols that will be implemented by MDT review of individual patients' notes.

This CQUIN is to support specialist haemoglobinopathy centres to work with commissioners and the wider haemoglobinopathy community to define and develop networks of care for patients with haemoglobin disorders.

The CQUIN focuses on developing partnership working across services which treat patients with Haemoglobinopathies to define pathways and protocols; these may be commissioned through NHS England or through other commissioners

The establishment of these networks and the defining of local protocols for care has been slow across England; this CQUIN aims to prioritise and support the allocation of resource in order that these models of care may be progressed. There have been recent deaths reported which may have been prevented if protocols for access to specialist care had been in place and followed.

Data Sources, Frequency and responsibility for collection and reporting	
<p>Each specialist haemoglobinopathy service to submit routine data the National Haemoglobinopathy Registry</p> <p><i>Determination following ODN set up and scope definition: To add measure of patients whose care should be in accordance with policy.</i></p> <p>Evidence of compliance with requirements of this CQUIN to be submitted directly to commissioners by trusts hosting a specialist service</p>	
Baseline period/ date & Value	
Final indicator period/date (on which payment is based) & Value	As above
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
<p>CQUIN Exit Route</p> <p><i>How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?</i></p>	Three years will allow new procedures to be embedded and costs to flow into reference costs for inclusion in prices

Supporting Guidance and References

None