

TR2 Acute Spinal Cord Injury Centre Outreach Visits to Newly Injured Patients

Scheme Name	TR2 Acute Spinal Cord Injury Centre (SCIC) Outreach Visits to Newly Injured Patients
Eligible Providers	All eight spinal cord injury centres.
Duration	April 2016 to March 2017.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] should achieve payment of c.£1000 times the expected number of eligible patients expected to receive an outreach visit according to the scheme. Target Value: Add locally CQUIN %: Add locally
Scheme Description	
<p>95% of newly injured patients with traumatic and non-traumatic spinal cord injury will receive a face to face outreach visit from the SCIC acute outreach team within 5 days of the referral of the patient to the SCIC, to support the patient and the treating team.</p> <p>All eight SCI centres need to provide an adequately staffed outreach service, which also, does not deplete the staffing infrastructure at the SCI centre.</p> <p>In provider feedback to this CQUIN, one provider recorded 57% currently received outreach out of a quarterly caseload of around 35 cases. But it is thought that others slip through the net – due to staff shortages and the cost of travel.</p> <p>Rapid outreach can minimise the incidence of pressure sores and other clinical issues which are highly detrimental to the patient and, once incurred, expensive for the NHS to manage.</p> <p>Bed sores are a particular risk; prompt outreach minimises the chances of a patient incurring them. A bed sore delays rehabilitation, which consequently takes longer, is less effective and costs more. Cost runs into thousands of pounds. It is, of course, hideous for a patient.</p> <p>Outreaching to ventilated patient is critical and bowel and bladder management is crucial for a patient's well-being and the outreach team are adept at ensuring the Trust caring for the patient prior to admission to a SCI centre is able to provide good treatment.</p> <p>Costs: An outreach service requires a minimum of two Full time equivalent (FTE) clinical specialists (Nursing, Physiotherapists, Occupational Therapists) at an appropriate banding to make decisions based on assessment (B7 or 8a) plus additional administrative support (B3) (Source: Provider Estimate). They require transport or access to transport and the costs involved in this plus there is expenditure for some over-night stays due to locality of areas being outreached. Catchment areas are large.</p> <p>The cost of the scheme are expected to be outweighed by the costs avoided, whilst providing significant quality benefits to patients.</p>	

The target CQUIN payment should be £1000 times the expected number of eligible patients – i.e. the number expected to receive an outreach visit according to the scheme. This can be based on prior year data for spinal cord injury referrals.

Measures & Payment Triggers

1. Increase in proportion of cases receiving outreach visits:

Numerator:

Newly injured patients referred to the SCIC who have received a face-to-face visit from the SCIC acute outreach team within 5 days of the referral of the patient to the SCIC.

Note: Each patient will be counted once only, even if more than one visit has occurred. What constitutes an “outreach visit” is well understood by the eight centres.

Denominator: Number of newly injured patients referred to the SCIC in the quarter.

Excluding:

- Patients outside the scope of Specialised Spinal Cord Injury Services as defined in the Service Specification,
- Patients who were admitted to any SCIC within 7 days of the referral of the patient to the SCIC,
- Patients for whom another SCIC has agreed in writing to take the lead on outreach,
- Patients who have died,
- Patients whose current location is outside the UK.

2. Payment conditional on providing data to allow robust comparison across providers

Partial Achievement Rules

For Trigger 1: Full payment with 95% compliance; 50% payment with 80% compliance. No payment without 100% compliance with Trigger 2 – i.e. full information flow.

In Year Payment Phasing & Profiling

Quarterly payment with end year reconciliation.

Rationale for inclusion

There is a national standard that all newly injured patients receive outreach care within five days of admission to hospital.

Timely outreach reduces the likelihood of expensive medical problems.

Data Sources, Frequency and responsibility for collection and reporting

The monitoring data will be taken from the National Spinal Cord Injury Database, which is set up to receive this data. However data is not open to commissioners. Hence providers must also supply summary information to commissioners.

The provider is required to enter the relevant data on a National SCI Database on a continuous basis. This fact must also be confirmed to the commissioner.

Baseline period/ date & Value	N/A
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
CQUIN Exit Route <i>How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?</i>	The proposed pathway tariff is expected to include provision for this service. Planned to be operative in 17/18 – after a year of shadowing

Supporting Guidance and References

None.