WC3 CAMHS Screening for Paediatric Patients with Long Term Conditions

Scheme Name	WC3 CAMHS Screening for Paediatric Patients with Long Term Conditions
Eligible Providers	35 specialised children's providers (those receiving specialised children's top up).
Duration	April 2016 to March 2017, with extension to cover other conditions.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] should achieve payment of c. £25 for each additional patient to receive SDQ mental health screening, with a cap agreed locally (default 2,000 patients £50,000). Target Value: Add locally CQUIN %: Add locally
Scheme Description	
Increase in the number of paediatric patients on whom a mental health screen (using the SDQ Tool[1]) has been completed to a minimum of 30% for **4 long term condition areas chosen with commissioners.** The aim is establish screening and provision of mental health services for specialised paediatric **inpatients** who have a chronic severely disabling medical condition e.g muscular dystrophy, renal failure. Long term Conditions which could be considered include: • Renal • Congenital heart • Rheumatology • Asthma (complex difficult to manage) • Metabolic disorders • Neurology/neurodisability (e.g. Epilepsy) • Gynaecology • Gastroenterology (IBS) This is not an exhaustive list however services where a best practice tariff applies (eg: diabetes / cystic fibrosis) will not be permissible.	
Measures & Payment Triggers	
Increased number of paediatric patients on whom a mental health screen (e.g. SDQ Tool) has been completed to a minimum of 30% for the **4 long term condition areas chosen with commissioners for focus.** On this basis, provider and commissioner should agree a target number of patients with the selected conditions to be screened, focused upon those thought at highest risk, with an agreed cap in overall numbers. The payment trigger is then the proportion of that number for whom screening takes place through the year.	

[1] www.**sdq**info.com/

The SDQ tool needs to be applied with sufficient expertise and followed through with referral and intervention.

Denominator: Number of admissions in the LTCs identified.

A cap of patients for whom payment can be made should be agreed in setting the scale of the CQUIN – with a default cap of 2,000 patients.

Partial achievement rules

As per trigger

In Year Payment Phasing & Profiling

Payment will be made quarterly – according to achievement each quarter.

Rationale for inclusion

There is a growing evidence base that those with co-morbid mental health and physical health problems present more frequently to hospital, recover more slowly and have shortened life expectancy.

A survey completed in 2015 for NHS England by Lee et al demonstrated very patchy provision for CAMHS/psychiatry in paediatric hospitals nationally. The implication is that this high-cost vulnerable group of paediatric patients are not receiving an appropriate assessment or subsequent intervention and support and a target of 30% is therefore being applied.

This CQUIN will aim to incentivise paediatric hospitals to identify mental health problems and provide input for this group. The aim is to improve the quality of care and reducing health costs by shortening length of stay and reduce co-morbidity.

Data Sources, Frequency and responsibility for collection and reporting

It is likely that providers will need to identify internal systems to identify the patient cohort and record the data. It is likely that specialist nurses would be used as a resource to identify patients and support data collection.
Exploration nationally of a new code in HES would be advantageous.
These patients are in-patients and will be admitted to the specialty code. For those patients in the LTC, the provider would need to utilise specialist nurse input to identify the patients.

Baseline period/ date & Value	To be reported by the Provider for the selected cohorts of patients with LTC. Baseline is the proportion of such patients screened for using the SDQ tool in the most recent year for which data is available.
Final indicator period/date (on which payment is based) & Value	The number of patients above baseline proportion receiving screening to be reported by provider.
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract.
CQUIN Exit Route *How will the change be sustained once the CQUIN indicator has been retired?*	As the savings will be long term and recurring (and the cost savings will be primarily with the acute provider) the scheme should be self-sustaining.

Supporting Guidance and References

The 2015 NHS England survey demonstrated variable provision of CAMHS/ Psychiatry to paediatric departments across England. All paediatric inpatients are suitable, with particular benefit for those with chronic/severely disabling health conditions.

The following is an extract from *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (DH 2015):*

- 12% of young people live with a long-term condition (LTC) (Sawyer et al 2007)
- The presence of a chronic condition increases the risk of mental health problems from two-six times (Central Nervous System disorders such as epilepsy increase risk up to six- fold) (Parry-Langdon, 2008; Taylor, Heyman & Goodman 2003).
- 12.5% of children and young people have medically unexplained symptoms, one third of whom have anxiety or depression (Campo 2012). There is a significant overlap between children with LTC and medically unexplained symptoms, many children with long term conditions have symptoms that cannot be fully explained by physical disease.
- Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults.
- People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population.
- The Birmingham RAID study demonstrated a 4:1 cost benefit for investing in Adult Psychiatric Liaison services (in this study an investment of £1.5m resulted in a savings of £6m).