**WC4 Paediatric Networked Care**

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| Scheme Name | ***WC4 Paediatric Networked Care*** |
| **Section A. SUMMARY of SCHEME** |
| QIPP Reference | *[QIPP reference if any: add locally]* |
| Duration | April 2017 to March 2019 |
| **Problem to be addressed:**At present Paediatric Intensive Care (PIC) capacity is being utilised ineffectively.In some cases children could be better managed by providing high dependency care closer to home but more needs to be done to understand demand particularly in relation to care delivered in acute hospitals.For those children requiring tracheostomy and long term ventilation more appropriate models of care which encompass the social and secondary / primary care needs of these children could be developed. |
| **Change sought:**This scheme aims aligns to the national PIC service review. It aims to gather information which allows the demand across the whole paediatric critical care pathway to be considered.Paediatric Intensive Care Units will need to undertake a leadership role among their referring units and through this scheme will be asked to:**Part 1:** Review the delivery of activity undertaken by the acute hospitals in their usual catchment that trigger the Paediatric Critical Care Minimum Data Set (PCCMDS).Units will be expected to work with their local acute hospitals to collate data in line with Appendix 1 over a six month period August to December 2017 and to provide a summary of all inpatient / ward based HDU activity for the 6m period by February 2018. It is recommendedthat data be reviewed monthly by the PIC unit in order to ensure accuracy of reporting.The intention is to put together information on known variation in ventilation rates with a more comprehensive view of demand for high dependency; this will be used to inform future discussions about better utilisation of beds which more appropriately the care needs of children and young people.**Part 2:** Oversee the review of each of their referring acute hospitals in their usual catchment against the Paediatric Intensive Care (PICS) standards at Appendix 3 and provide a report as per Appendix 4 by July 2017.It is envisaged that this will be achieved by PCC Teams working with acute hospitals and NHS England & CCG commissioners to consider the configuration of beds within their regions and to consider alternative models of care. This will be supported by the CRG and through thenational service review processes. |

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| Regional implementation plans would need to take into account local geography and identify the existing resource, skills and service capability and any development required to enable change. |
| **Section B. CONTRACT SPECIFIC INFORMATION** *(for guidance on completion, see**corresponding boxes in sections C below)* |
| **B1.Provider** (see Section C1 forapplicability rules) | *[Insert name of provider ]* |
| **B2. Provider Specific Parameters.***What was or will be the first Year of Scheme for this provider, and how many years are covered by this contract?**(See Section C2 for other provider- specific parameters that need to be set out for this scheme.)* | 2017/18,Two years |
| **B3.Scheme Target Payment** (seeSection C3 for rules to determine target payment) | Full compliance with this CQUIN scheme should achievepayment of:*[set sum £s following the Setting Target Payment guide in section C3 for setting target payment according to the scale of service and the stretch set for the specific provider.]*Target Value: *[Add locally ££s]* |
| **B4. Payment Triggers.**There are no provider specific triggers. |
| **B5. Information Requirements** |
| **Obligations under the scheme to report against achievement of the Triggers, to enable****benchmarking, and to facilitate evaluation, are as set out in Section C5.** |
| Final indicator reporting date for each year. | Month 12 Contract Flex reporting date as per contract.*[Vary if necessary.]* |
| **B6. In Year Payment Phasing & Profiling** |
| Default arrangement: half payment of target CQUIN payment each month, reconciliation end ofeach year depending upon achievement.*[Specify variation of this approach if required]* |
| **C. SCHEME SPECIFICATION GUIDE** |
| **C1. Applicable Providers** |
| ***Nature of Adoption Ambition: [*** |
| FOR UNIVERSAL UPTAKE SCHEME: |

All Paediatric Intensive Care Units.

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| **LONDON** |  |
| **Barts Health (Royal London)** |
| **Evelina Children’s Hospital** |
| **Great Ormond Street Hospital** |
| **Imperial (St Marys Hospital )** |
| **King's College NHS Foundation Trust** |
| **Royal Brompton Hospital** |
| **St Georges Hospital** |

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| **MIDLAND AND EAST** |  |
| **Addenbrookes (Cambridge)** |
| **Birmingham Children’s Hospital** |
| **Glenfield Hospital (Leicester)** |
| **Leicester Royal Infirmary** |
| **University Hospital of North Staffordshire PICU** |
| **Nottingham Children's Hospital** |

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| **NORTH** |  |
| **Alder Hey Children’s Hospital (Liverpool)** |
| **James Cook University Hospital** |
| **Leeds Teaching Hospitals** |
| **Sheffield Children’s Hospital** |
| **The Freeman Hospital (Newcastle)** |
| **The Royal Victoria Infirmary PICU (Newcastle)** |
| **Royal Manchester Children’s Hospital** |

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| **SOUTH** |  |
| **Bristol Children’s Hospital** |
| **Frenchay Hospital (Bristol)** |
| **John Radcliffe Hospital (Oxford)** |
| **Southampton University Hospitals NHS Trust** |

**C2. Setting Scheme Duration and Exit Route**

The CQUIN is designed to achieve a step change in the network support for paediatric patients who might otherwise have required intensive care. The change should be sustainable with existing funding flows.

**C3. Calculating the Target Payment for a Provider**

The target overall payment for this scheme (the payment if the requirements of the scheme are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:

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| Year One and Year two**<An average payment of £210,000 per PICU per year is the guideline.>**It may be appropriate to vary this locally in line with the number of referring units aligned to each PICU. |
| **C4. Payment Triggers and Partial Achievement Rules** |
| **Payment Triggers**The interventions or achievements required for payment under this CQUIN scheme are as follows:*[Set out the behavioural changes and outcomes against which some portion of the payment should be made, in terms of inputs or processes, information flows, and/or patient outcomes.]* |
|  | **Descriptions** | **2017/18** | **2018/19** |  |
| **Trigger 1:** | **Part 1:** Review the delivery ofactivity undertaken by the acute hospitals in their usual catchment that trigger the Paediatric Critical Care Minimum Data Set (PCCMDS).Units will be expected to work with their local acute hospitals to collate data in line with Appendix 1 over a six month period August to December2017 and to provide a summary report in line with Appendix 2 by February 2018. | Achievement of milestoneswithin agreed action plans to address local barriers to the implementation of networked models of care. |
| **Trigger 2** | **Part 2:** Oversee the review ofeach of their referring acute hospitals in their usual catchment against the Paediatric Intensive Care(PICS) standards at Appendix 3 and provide a report as per Appendix 4.**Part 2** Assessment and reports to be completed by July 2017. |  |
| **Trigger 3** | Agreement of milestones forchange in 2018/19, with Regions and by the Paediatric Critical Care CRG in order to establish milestones, based upon Trigger 1 and 2 data. |  |

**Percentages of Target Payment per Payment Trigger**

The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.

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| **Percentages of Target Payment per Trigger** | **2017/18** | **2018/19** |
| **Trigger 1** | 30% | 100% |
| **Trigger 2** | 30% |  |
| **Trigger 3** | 40% |  |
| **Trigger 4** |  |  |
| **Trigger 5** |  |  |
| **TOTAL** | 100% | 100% |

**Partial achievement rules**

There are no partial achievement rules for year one.

Partial achievement rules for year two may be agreed under year one trigger 3.

**Definitions**

See appendices – on CQUIN website: WC4 Paediatric Networked Care appendices.

**C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.**

*As indicated above.*

**Information for Benchmarking Information for Evaluation Information Governance**

**Reporting of Achievement against Triggers**

**Reporting Template requirement**

**C6. Supporting Guidance and References**

**N.a.**

**D. Scheme Justification**

**D1. Evidence and Rationale for Inclusion**

**Evidence Supporting Intervention Sought**

Please refer to the two attached documents;

[***Paediatric Intensive Care Audit Network (PICANet)***](http://www.picanet.org.uk/Audit/Annual-Reporting/)

[***http://www.rcpch.ac.uk/sites/default/files/page/HDC%20for%20web.pdf***](http://www.rcpch.ac.uk/sites/default/files/page/HDC%20for%20web.pdf)

**Rationale of Use of CQUIN incentive**

Will provide the data required to support the national service review process and will support the delivery of a more cohesive pathway of care.

**D3. Justification of Size of Target Payment**

The evidence and assumptions upon which the target payment was based, so as to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms), is as follows:

It is likely that implementation will require Senior Clinical Leadership and data management expertise and analysis.

Payment is therefore set at 3 Clinical PAs per week at £30k per annum. The audit work will be supported by one full time equivalent Band 8a Data Manager at an approximate cost of £50k per annum.

Costs are therefore estimated at around £140,000 per provider based on 3 Clinical PA per week for senior clinical leadership, with data management expertise, analysis with audit work supported by 1 x 8a.

With CQUIN uplift, this translates to a target CQUIN payment of £210,000 per centre.

**D5. Evaluation**

**Evaluation**

***The evaluation of this scheme will be supported by information collated as part of***

***Appendices 1 to 4.***