**PSS15 Paediatric Movement Therapy CQUIN Reporting Template 2019-20**

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| Provider | *Enter text* |
| Name of lead in provider completing template | *Enter text* |
| Providers in referral network | *Enter text* |
| Regional network | *Enter text* |
| NHS E Commissioning Team managing contract | *Enter text* |
| Name of Lead for contract from NHS E Commissioning Team | *Enter text* |

## **Quarter 1**

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| Trigger 1 | MDT assessment | Establish a virtual MDT within each network where all children who meet the agreed criteria are assessed within 18 weeks of referral.  | Describe MDT structure, members, roles & responsibilities |
| *Enter text* |
| Trigger 3 | Host & Centre Network Model | A local network to be established covering the Centre’s catchment areas by end of Q1 – Year One. This means the centre:* + 1. to organise and confirm the start of the scheme
		2. to start the initiation of pathway discussions
		3. to agree of allocation of responsibilities within the Region.

B To have agreed by: Year One - Q1 responsibilities and structure of Network and Regional teams; | Describe network arrangement, including allocation of responsibilities & pathway discussions |
| *Enter text* |
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## **Quarter 2**

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| Trigger 1 | MDT assessment | Establish a virtual MDT within each network where all children who meet the agreed criteria are assessed within 18 weeks of referral.  | Describe MDT structure, members, roles & responsibilities (if not completed in Q1 |
| *Enter text* |
| Trigger 2 | Recording of CPIP assessment | CPIP centres will work with other centres to ensure that all data, as already set out by the APCP and BSCOS (Association of Paediatric Chartered Physiotherapists / British Society of Children’s Orthopaedic Surgeons) is available and can flow to the Dundee University database. | Dundee University will confirm centrally where information is flowing. |
| CPIP: to have the Protocol of review and assessment agreed – as per National APCP/BSCOS guidelines, such that every child with CP may be assessed at specified intervals by a specialist trained in CPIP assessment by end of Q2 - Year One. Data acquisition regarding CPIP uptake is part of this process. | Provide a copy of protocol including detail on data acquisition. |
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| Trigger 3 | Network Model | Network members to be meeting every quarter (first meeting by not later Q2 - Year One). It is the responsibility of the centre to organise. We expect the co-ordinators between sites and PT reps to meet monthly.  | Attach network minutes including review discussion |
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| Each network to review the range of interventions and data collection within network meeting |
| Agree development and implementation of clear local network and regional pathways; | Description of pathways and how these will be developed & implemented |
| *Enter text* |
| Trigger 4 | Data |  Local audit to be completed by end of Q2 - Year One and used as comparative data for improvement in a number of areas including: a) minimise the numbers of X-Rays performed over the young person's childhood (also see Trigger 4)b) To monitor and then reduce the number of children suffering a dislocated hip or needing major reconstructive hip surgeryc) Any other areas the clinical team sees necessary. | Include copy of audit (without Patient Identifiable data) |
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| Trigger 5 | Centre contributions and cooperation towards national CPIP | Contributions towards the costs of achieving CPIP data flows, to be paid to Dundee University. | Contributions will be confirmed centrally by Dundee University |
| Every centre to adopt the international protocol for CPIPs as outlined by APCP and BSCOS by end of Q2 - Year One. CRG to confirm that data is flowing showing participation in CPIP. | Confirm adoption of international protocol |
| *Enter text* |

## **Quarter 3**

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| Trigger 1 | MDT assessment | At least 66% in Year 1 (from July to March only) of newly referred patients (the denominator) to undergo virtual MDT: Numerator: Number of patients who are referred to movement therapy services who undergo a virtual MDT review within 18 weeks of referral carried out by an interdisciplinary and multidisciplinary panel. Denominator: Number of children referred for consideration of movement therapy within centre catchment area (defined in section B4)  | Include detail of no. patients assessed, treatment pathway & dates of virtual review. |
| *Enter text* |
| Trigger 2 | Recording of CPIP  | 50%-66% (full payment) of CP patients requiring CPIP assessment in the second half of the year across England to have had CPIP assessments entered onto the CPIP Database. Denominator. The CRG will estimate the number of patients for whom a CPIP assessment would be expected in each period. | Include detail of no. patients entered onto CPIP database |
| *Enter text* |
| Trigger 3 | Host & Network Model | Network members to be meeting every quarter (first meeting by not later Q2 - Year One). It is the responsibility of the centre to organise. We expect the co-ordinators between sites and PT reps to meet monthly. | Attach network minutes |
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| To have pathways agreed and MD teams operating in line with these. | Provide an update on the implementation of pathways & operation of MD teams. |
| *Enter text* |
| Patient Questionnaire to run once a year by end of Q3 -Year One and to compare with the second year’s questionnaire at end of Q3 - Year 2. Outcome - Increase in satisfaction as positive measure, co-ordinated by centre and referral CDCs (Child Development Centres). CRG to recommend appropriate Questionnaire and administration protocol. | Include detail of range & average of satisfaction scores (trust to retain data for comparison in Y2) |
| *Enter text* |
| Trigger 4 | Data | In line with the protocols already agreed by APCP / BSCOS / BACD – the specialist centres will establish a simple data set of intervention outcomes for their own referrals and also facilitate collection of CPIP data within their own regional clinical network. The CRG will advise which data to be collected with a nationally agreed template for submission. Collection of data and reporting to the CRG, potentially the SSQD and to local commissioners is expected from Q3 of Year One. Data from the initial assessment to be entered. Data acquisition should be in line with NCEPOD recs and NICE guideline NG62 4-5 Q & S data sets. | Attach completed template |
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| Trigger 5 | Centre contributions and cooperation towards national CPIP | Education of community paediatric teams (especially physiotherapy) of appropriate pathways | Provide a description of education activities |
| *Enter text* |

## **Quarter 4**

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| Trigger 1 | MDT assessment | At least 66% in Year 1 (from July to March only) of newly referred patients (the denominator) to undergo virtual MDT: Numerator: Number of patients who are referred to movement therapy services who undergo a virtual MDT review within 18 weeks of referral carried out by an interdisciplinary and multidisciplinary panel. Denominator: Number of children referred for consideration of movement therapy within centre catchment area (defined in section B4)  | Include detail of no. patients assessed, treatment pathway & dates of virtual review. |
| *Enter text* |
| Trigger 2 | Recording of CPIP assessment | 50%-66% (full payment) of CP patients requiring CPIP assessment in the second half of the year across England to have had CPIP assessments entered onto the CPIP Database. Denominator. The CRG will estimate the number of patients for whom a CPIP assessment would be expected in each period.  | Include detail of no. patients entered onto CPIP database |
| *Enter text* |
| Trigger 3 | Host Centre & Network Model | Network members to be meeting every quarter (first meeting by not later Q2 - Year One). It is the responsibility of the centre to organise. We expect the co-ordinators between sites and PT (Physiotherapy) reps to meet monthly. | Attach network minutes |
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| Trigger 4 | Data | Centres are required to produce an end of year CQUIN report for each centre, standardised across all centres, drawing from the dataset specified by the CRG. This will incorporate assessment and outcomes, based on international guidance. This will be co-ordinated by the CRG and will include information to support improved outcomes such as Quality of Life, reduced DNAs, reduced hospital admissions etc. and / or improved clinical outcomes. | Attach end of year report |
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