

| <b>Secondary /Primary Care pathway development CQUIN 2015/16</b> |  |
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| <b>Indicator number</b>  |  |
| <b>Indicator name</b>  | Secondary to primary care pathway development  |
| <b>Indicator weighting<br/>(% of CQUIN scheme available)</b>     | 28%  |
| <b>Description of indicator</b>                                  | In keeping with the service development improvement plans, new models of CCG primary care mental health service transformation and principles of the BSMHFT New Dawn service re-design. The Trust will scope and identify opportunities, and then create direct links, liaison and provision of secondary care expertise and specialist clinical input (e.g. Advance Nurse Practitioners (ANPs), Consultant Psychiatrists and Community Psychiatric Nurses) within GP Practices.   |
| <b>To facilitate</b>   | Appropriate collaborative approach to treatment and support to people with diagnosed mental health issues through care clusters, to ensure best interventions in the most appropriate and least stigmatising setting, to ensure parity of esteem for people with mental health diagnosis, and develop a strategy for mapping and engagement with GP Practices that can be planned and implemented going forward.   |
| <b>Denominator</b>   |  |
| <b>Rationale for inclusion</b>                                   | <p>Where possible, people who no longer need to have their care managed within a secondary care multi-disciplinary team, interventions and support should be provided within a primary care setting with appropriate support as/when necessary. The New Dawn service re-design is predicated on the establishment of patient services in more appropriate settings and building integrated, positive and productive relationships with general practice/primary care colleagues.</p> <p>Acknowledging there is currently significant variation in practice the CQUIN will facilitate the capture of existing services, identify best practice, the blocks and gaps in existing provision. The Trust will formulate and deliver innovative solutions with support, advice and guidance from CCG GP leads.</p> |
| <b>Data source</b>   | BSMHFT   |
| <b>Frequency of data collection</b>                              | See individual milestone breakdown   |

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|---|---|
| <b>Organisation responsible for data collection</b>   | BSMHFT  |
| <b>Frequency of reporting to commissioner</b>   | See individual milestone breakdown  |
| <b>Baseline period/date</b>   | N/A   |
| <b>Baseline value</b>   | N/A   |
| <b>Final indicator period/date (on which payment is based)</b>  | 31 <sup>st</sup> March 2016   |
| <b>Final indicator value (payment threshold)</b>  | 31 <sup>st</sup> March 2016   |
| <b>Final indicator reporting date</b>   | 31 <sup>st</sup> March 2016   |
| <b>Are there rules for any agreed in-year milestones that result in payment?</b>                        | Any element not implemented that may impact on the final outcomes will require a revision of the CQUIN values and milestones. BSMHFT must raise this immediately with commissioners in writing detailing what the issues are and why achievement is not possible. |
| <b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b> | All indicators must be in the control of BSMHFT, therefore if GPs and practices do not engage or respond this will be captured and reported in writing to commissioners immediately detailing practice/locality network information and issues.                   |

## Milestones

| <b>Date/period milestone relates to</b> | <b>Rules for achievement of milestones (including evidence to be supplied to commissioner)</b>   | <b>Date milestone to be reported</b> | <b>Milestone weighting (% of CQUIN scheme available)</b> |
|---|--|--------------------------------------|--|
| Quarter 1                               | <ul style="list-style-type: none"> <li>Mapping of current provision. Identify <b>all</b> current existing secondary care links with primary care (ANP/CPN/psychiatry/psychology clinics and psychological therapies)</li> </ul> <p>Report detailing current state of provision including;</p> <ul style="list-style-type: none"> <li>services currently provided – locations &amp; service type</li> <li>patient engagement re services</li> <li>disparity and lack of cohesion between existing services and provision across BSMHFT areas</li> <li>perceived or actual gaps in services</li> <li>identified barriers/delays in the pathways both inside and outside of BSMHFT's</li> </ul> | Circulate findings by 31/7/15        | 30%  |

| Date/period milestone relates to | Rules for achievement of milestones (including evidence to be supplied to commissioner)   | Date milestone to be reported | Milestone weighting (% of CQUIN scheme available) |
|----------------------------------|---|-------------------------------|---|
|                                  | <p>control</p> <ul style="list-style-type: none"> <li>• initial solution/recommendation proposals based on outcome of information</li> <li>• Agree method for capturing feedback from patients and staff around how improved liaison work has improved patient experience.</li> </ul> |                               |   |

| Date/period milestone relates to | Rules for achievement of milestones (including evidence to be supplied to commissioner)   | Date milestone to be reported                                  | Milestone weighting (% of CQUIN scheme available) |
|----------------------------------|---|--|---|
| Quarter 2                        | <p>Encourage local discussions to take place between local Trust community hub teams and CCG locality networks.</p> <p>Present report findings and recommendations at designated stakeholder forum for Primary Care &amp; Community MH work stream. Propose an action plan to meet key measures and outcomes detailing geographical area of roll out. (September 2015) these may include but are not limited to;</p> <ul style="list-style-type: none"> <li>• Means of communicating with and interfacing with practices</li> <li>• Establishing mechanism for effectively managing patients in common/on SMI registers</li> <li>• Clear method of how to work, including; caseload reports, care plans, discharge plans, and shared care protocols.</li> <li>• Access to GP premises and engagement of GP staff.</li> <li>• Patient engagement in service redesign</li> <li>• Work with CCGs in relation to any LIS or ACE schemes for physical health care</li> </ul> | <p>July 2015</p> <p>Circulate draft action plan by 30/9/15</p> | 40%   |
| Quarter 3                        | <p>Implement agreed action plan</p> <p>Report to commissioners on progress made to date.</p>  | <p>1/10/15</p> <p>31/12/15</p>                                 | 20%   |

| Date/period milestone relates to | Rules for achievement of milestones (including evidence to be supplied to commissioner)  | Date milestone to be reported | Milestone weighting (% of CQUIN scheme available) |
|----------------------------------|--|-------------------------------|---|
| Quarter 4                        | Trust to evidence completion of all actions relating to the action plan developed in Q2. | 31/3/16                       | 10%   |