

# Commissioning Speciliased Rehabilitation

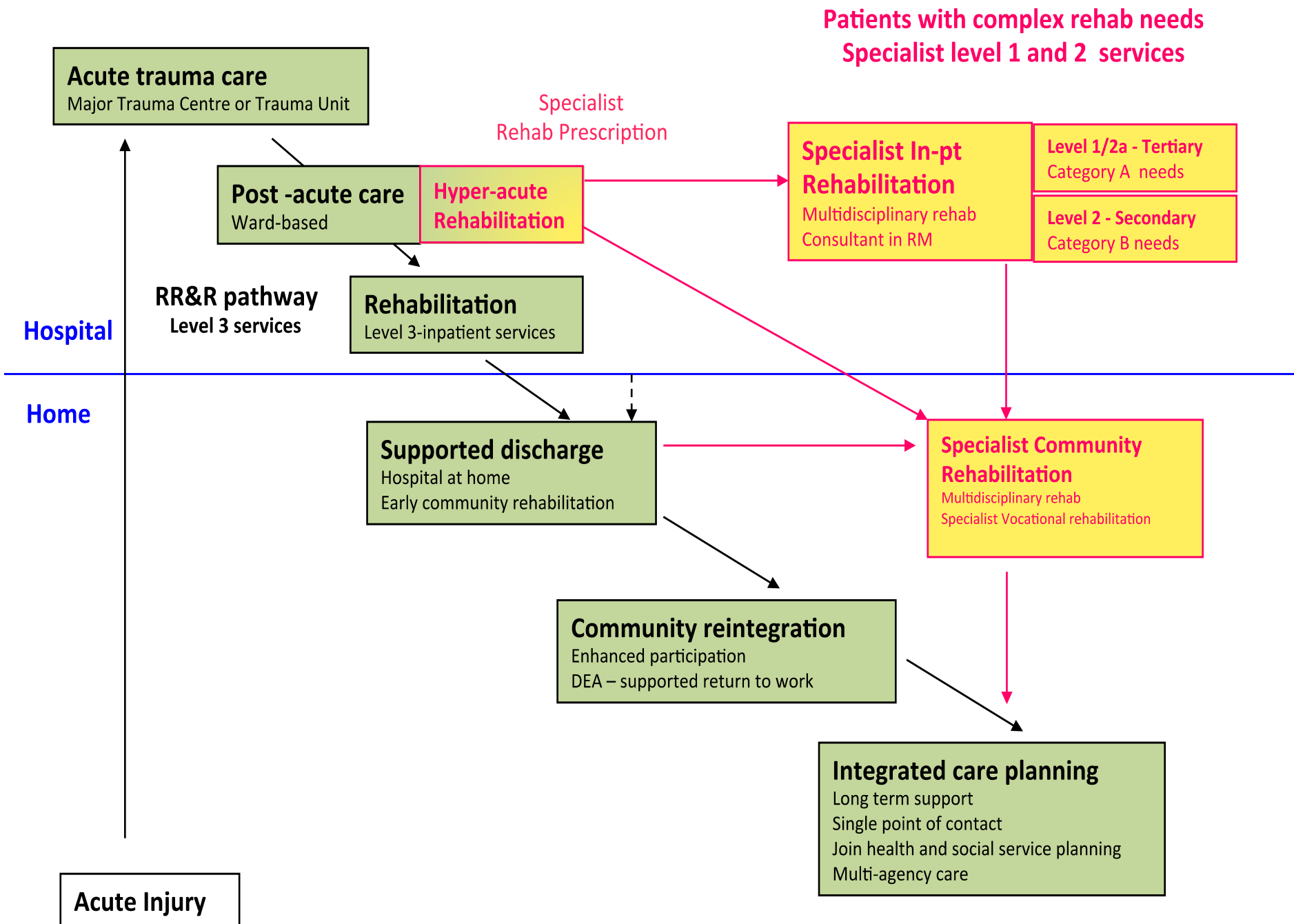
Prof Lynne Turner-Stokes

On behalf of the UKROC programme

RRU, Northwick Park Hospital

Department of Palliative Care, Policy and Rehabilitation

King's College London

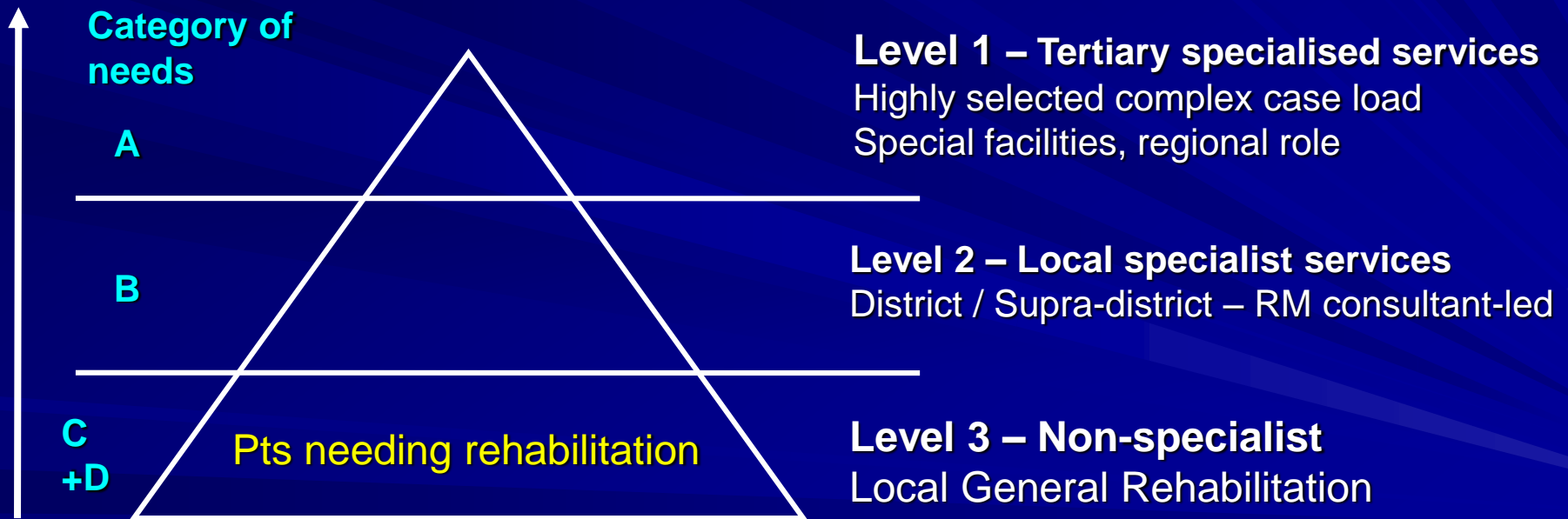


# Specialised Services Definition Set (SSNDS)

Defined 3 different levels of rehabilitation service

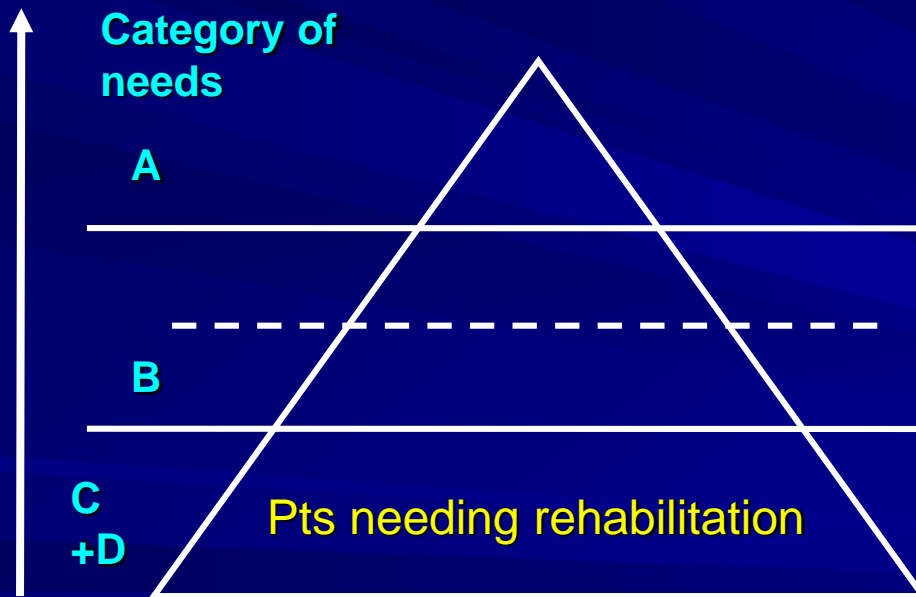
And 4 categories of patient needs

Complexity  
of need



# BSRM and NHS England Definitions

Complexity  
of need



## Level 1

- 1a – physical disability
- 1b – mixed
- 1c – cognitive behavioural

## Level 2

- 2a – supra-district - >50% category A
- 2b – local specialist – mainly category B

# Specialised commissioning

- NHS England D02 service specification
  - “Specialised rehabilitation for patients with highly complex needs”
  
- Interim specification
  - 3 years from 2012
    - Level 1 tertiary rehabilitation services
    - Level 2a (supra-district) services
      - Category A activity only – in Level 2a services
  - Set standards
    - Complexity – inputs to meet the needs of the caseload
    - Minimum staffing standards

# Tariffs

## ■ 2012-13

- 5-tier weighted bed day payment model
  - Based on serial Rehab Complexity Scores
- Mandated WBD currency
  - Cost neutral
- Supports selection of a complex caseload
  - Without the need to balance casemix

## ■ Indicative tariffs

- Subject to local negotiation

# First 3 years

- Steady state commissioning
  - Currencies and tariffs continued as before
    - Level 2a services – category A and B activity
- From 2015/16 – out of steady state
  - NHSE now requires commissioning to specification
    - Category A activity only
    - Length of stay – only up to 180 days
      - Unless extension agreed
        - Primarily based on evidence for cost-efficiency



# Update of prices

- Specialist rehabilitation tariffs for 2012
  - Based on 2010-11 prices
    - No mechanism for updating – despite higher standards
- Updated service costs submitted to Monitor
  - Revised tariffs to reflect increased complexity
- NHSE now mandates use of the WBD currency 16/17
  - Aim towards a mandatory tariff for 2017/18



# Review of commissioning

## ■ NHSE commissions 31 services

Service level	No of services
Hyper-acute	3
1a	7
1b	5
1c	3
2a	13

## ■ Overall under commissioning

- Especially of Hyper-acute rehabilitation services
- Over-commissioning of
  - >180 day stays
  - Category B activity
- Total money in pot should be sufficient to meet costs
  - Provided commissioning within specification

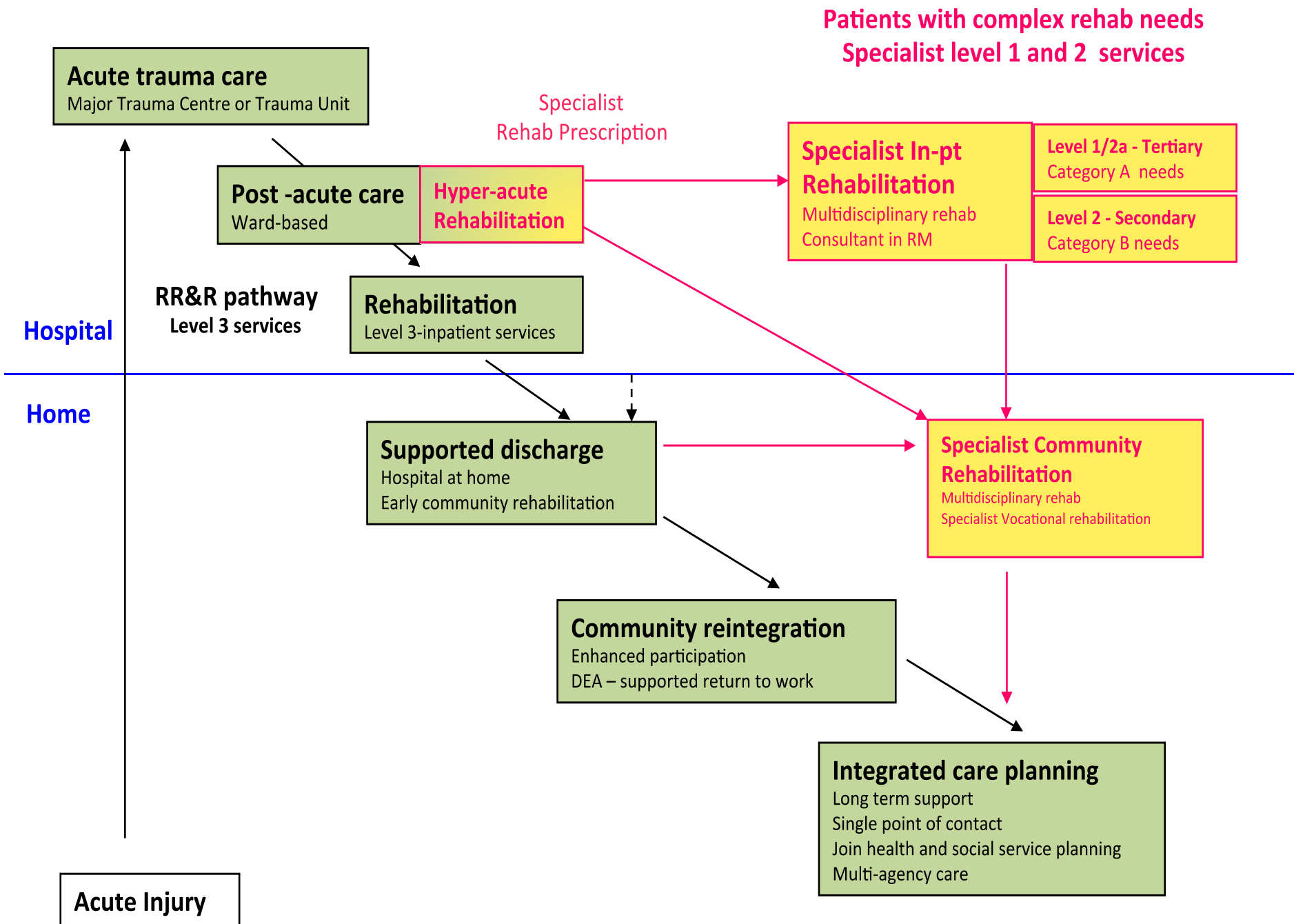
# Review of spending

## Summary 15/16 NHSE Commissioning of Services<sup>1</sup> (all prices include MFF)

		15/16 Commissioned Value <sup>2</sup>	Minus Excess Spend on Commissioning outwith the Specification <sup>3</sup>		
		£98,873,149	£13,964,763		
		Commissioned value less Cost or Tariff	Excess spend less extra funding	Saving less cost of providing additional hyper- acute beds	
14/15 Service Cost <sup>4</sup>	£103,472,651	-£4,599,502	£9,365,261		
16/17 Tariff <sup>5</sup>	£104,687,466	-£5,814,318	£8,150,445	20 HA beds	£2,265,816
				25 HA beds	£794,658

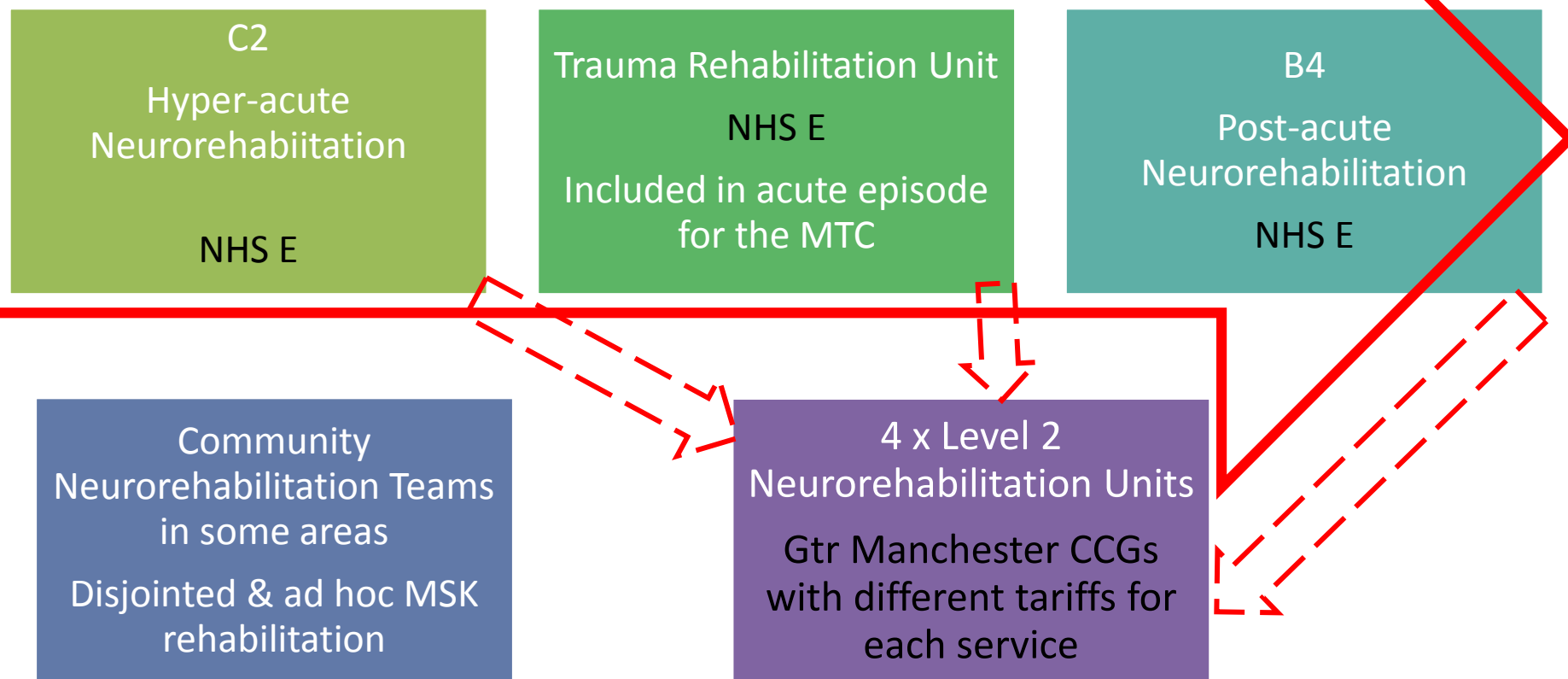
# Future of NHSE commissioning

- Re-structuring again!
  - Loss of National Clinical Directors
    - Trauma and Rehabilitation
- Reduce number of specifications
  - Tier 4 already gone to CCGs
    - Tier 3 to follow
      - all with co-commissioned pathways
    - Keep discrete procedural work only
- Rehabilitation
  - Bid to keep Level 1 and HA services in NHSE
  - Chances of success unknown!



# Major Trauma Rehabilitation Commissioning in Greater Manchester

## SALFORD ROYAL



# “Devo Manc”

## Devolution of health & social care

