Secondary Uses Service and Payment by Results

Pilot Sites Listening Event

Wednesday 8th February, 2006, Leeds

The first priority for SUS is to support the roll out of Payment by Results in 2006/07. In order to understand the experience of the first tactical release of SUS, a listening event was held with those who had been involved in piloting the release and with other SUS users.

The event was facilitated by the Health and Social Care Information Centre (HSCIC) The aims of the session were as follows:

Aims of the Session:

- Provide information about programme progress;
- Share learning on using SUS for PbR;
- Share feedback from pilot sites;
- Gather views on the establishment of a time-limited reference group for PbR;

There were a number of presentations from The Health & Social Care Information Centre (HSCIC)and the SUS Project Team on:

Role of The HSCIC	John Fox, Director of Stakeholder Engagement
Programme Update	Chris Shovelton, SUS Project Team
Using the PbR Algorithm	John Nickson, SUS Project Team
Data Quality	Lorraine Gray, HSCIC

The programme is included as an appendix.

Questions & Answers

Q	Why has SUS now become so focused on the priorities and political imperatives of Payment by Results?
A	This is a fair observation. At the time of planning the release schedule and order of development for SUS, Payment by Results was not such a priority. However, given the policy and operational developments with financial flows, the need to support the NHS to practically deliver the new system though Payment by Results became obvious.
Q	How do I know when data is available in SUS for my organisation?
A	Under the managed service BT is contractually responsible for informing clients when data extracts are available for their organisation. They will send this information via an e-mail to the registered contact for SUS. Therefore if these details change, it is the responsibility of the organisation to inform of personnel changes. This notification should be done through the SUS Help Desk.

Q	Why has my organisation received no data?
A	During the initial runs of extracts a number of sites may have either received no extracts, or extracts with no data. Assuming that the organisation's contact details are correct (see previous) then there are two things that may have affected the production of an extract: a) there may not have been any valid data to process at that time due to data interchange blockages – hence a "zero" extract b) there were problems, now fixed, with producing the volume of extracts and some were never run.
Q	Why can't I see any data when I log onto SUS?
A	As above
Q	How can organisations find out about data quality and/or submission issues which may be affecting the processing of their data extracts?
A	The SUS Project Team & The Information Centre Data Quality Improvement Team have been contacting individual organisations where there are submission problems on a case by case basis. This will become more formalised with target feedback to be given to individual Trusts. The SUS web site will soon have a dedicated section on data processing and improvement. A tracker facility is being introduced for SUS. However, organisations can still use the NWCS tracker.
Q	How will SUS deal with unfinished episodes?
A	PbR payment is made by reference to the end date of the hospital provider spell. The Department of Health is to issue guidance on the treatment of patients with long stays where payment could be delayed. SUS provides a reporting mechanism to identify the activity in these "extended open spells"
Q	How will SUS deal with changes to organisational changes and mergers next year?
A	BT are looking to see that mergers are a given a "seamless" service. Data should continue to flow. However, splits/mergers of large Trusts will need to be handcrafted. Further work is planned with Nottingham as the first large merger of which we are aware.
Q	How can we manage the business and technical requirements for PbR and the algorithm when the full technical guidance is not yet available?
A	This is now resolved, but lies with the Department of Health rather than NHS Connecting for Health.
Q	Can you clarify how SUS denotes flex and freeze dates?
A	SUS flags those spells created after flex and after freeze date. These are omitted from the relevant view, though still visible on-line via the current view. The date relates to the date the spell was constructed – effectively the date the information was loaded from the SUS environment to PbR. (See next for discussion of dates)
Q	How much time will we have to validate and check the data in SUS between flex and freeze dates?
A	Typically 10 weeks; the actual dates for flex and freeze will be issued by the Department of Health in the near future, following discussion with HES to avoid conflicting deadlines. This reflects the 24hr Service Level Agreement

	for BT to load data into SUS. Where data is provided in user defined format via McKesson, this period will be reduced by 5 working days, reflecting the McKesson SLA to pre-process the data.
Q	**How will SUS relate to Health Informatics Services, who might provide information services on behalf of a number of PCTs?**
A	Enabling Health Informatics Services to access SUS in a straightforward manner is being pursued. Guidance on how this can be achieved will be issued once the relevant access control issues have been finalised.
Q	**Where can I find guidance on which specialist codes to apply?**
A	They are provided in the Department of Health technical guidance, published on the DH web site. DH are presently checking the reference data loaded into SUS. Once this is complete we will make the data available to users in the format it is used by SUS, as some might find this more helpful.
Q	**How do we handle the misapplication of the specialty of Rehabilitation within SUS?**
A	This problem has now been addressed in the PbR specification for 06/07, currently in development with BT. Exclusions on main specialty are now conditional on there being no treatment function code supplied. We are currently ensuring that the test activities for the new release include data to allow us to test this revision.
Q	**Why have I had no response to my question to the SUS Help Desk?**
A	Enquiries and questions about SUS are all directed through the SUS Help Desk, (0845 600 2558) managed in the first instance by BT. Where calls require other technical or policy advice, these are triaged to The Health and Social Care Information Centre and/or The Department of Health. All calls are given a unique identification number and are the subject of monitored feedback times. Answers to all enquires should be returned to the original enquirer.
Q	**When will the NHS Wide Clearing Service be completely replaced by SUS?**
A	Following agreement with McKesson (the current providers of the NWCS system) there will be an extension to the NWCS contract. Therefore functionality not yet supported by the SUS environment will continue to be provided through NWCS, for the purposes of business continuity. Planned timescales for this are being agreed at present and will be communicated shortly. Trusts will continue to send EDIFACT messages to NWCS as at present and Commissioners will need to be able to receive and process EDIFACT messages from NWCS into 2006/07. Details of the actions required locally and the timescales will be communicated in April.
Q	**What training is available to use the SUS environment?**
A	Training courses will be made available nearer to when SUS on-line services become available. Notification of the courses will be made available via the SUS website and through Clusters, especially as course delivery is likely to be organised through the Clusters. The courses will be aimed at 'super users' and numbers of places on the courses will be limited for each organisation
Q	**Given the timescales, can we re-send people on SUS refresher training?**
A	Yes

Developing a User Reference Mechanism for SUS PbR

In order to ensure that the views of the users of SUS for PbR are captured, represented and understood, participants were asked their views on a reference group mechanism.

Below are the responses to the questions posed at the Listening Event.

What groups need to be represented in an effective PbR reference group?

A SUS PbR Reference Group needs to bring together those who have financial, clinical, technical and data quality expertise. The diversity of the information spectrum needs to be taken into account. At a minimum membership should include:

- Data Quality
- Clinical Coders
- Modellers – e.g. information analysts who might model commissioning flows, impacts
- GPs and other clinicians
- Commissioning leads
- Health Informatics Providers
- Finance
- DoH Policy Leads
- HSC Information Centre
- Representatives from Connecting for Health and BT (for parts)
- Performance management (although this may need to be separate group?)

How can membership be considered representative?

You may need a single, national reference group looking at all business, financial and technical aspects of SUS supporting PbR. However, it will be important that this group has, or connect with, local and geographical networks at cluster and locality levels. There will be variety in local issues, opportunities and concerns and this must be appropriately reflected.

How can the nationalSUS / payment by results reference group best cascade information and/or link to wider service groups for advice?

Using Technology – facilitating wider engagement
- The use of the dedicated SUS website is one of the best ways of reaching a wider range of users. However, this needs to regularly updated.
- Quarterly e-newsletter
- Technical and other information distributed via PDF files
- Current Frequently Asked Questions
- Discussion board – where users can post information and problem solve with each other. This would need to be appropriately moderated.
- Link SUS specialist groups electronically with access to referenced documents.

Other considerations for an effective PbR Reference Group?

- Expect openness with the wider user community and to have links with the wider SUS, programme (other user groups).
- Specialities linked and need for a cross representative approach
- SUS PbR linkages to finance/commissioners/informatics specialists
- Information standards board representative (e.g. DSCN – ISB)
- Links to Local Service Providers
- SUS PbR Reference Group will need to be properly resourced and supported by dedicated facilitator
- The Reference Group will need to have a clear Terms of Reference
- The Group needs to be an appropriate size to be effective.
- Timely briefs, agendas and meetings e.g. meetings after every quarter (data submissions)

How can the Health and Social Care Information Centre add value to a PbR Reference Group?

In its role of facilitating listening to the NHS, The Information Centre could play a valuable role in facilitating the PbR Reference Group and ensuring that the dialogue, outputs and learning of the group is shared across the wider user community. The Information Centre is not yet clearly understood and needs to give a clear steer about its role and what added value it could provide.

It could as a start provide a communication point about the use and issues of PbR in the service, providing technical guidance (e.g. PbR functionality off the back of the national Spine) and a way of connecting expert users across the NHS and beyond.

APPENDIX: SUS and Payment by Results

Pilot Sites Listening Event

Wednesday 8th February, 2006, 10.30 a.m. – 3.00 p.m.

Marriott Hotel, 4, Trevelyn Square, Leeds, LS1 6ET

Aims of the Session:

- Provide information about programme progress;
- Share learning on using SUS for PbR;
- Share feedback from pilot sites;
- Gather views on the establishment of a time-limited reference group for PbR;

Registration and Coffee available from 10.00 a.m.

10.30	Welcome & Introduction	John Fox/Dean White
10.45	The Purpose of the Event & Programme HSCIC	Alison Kilduff,
11.00	Programme Update & Production of Extracts	Chris Shovelton
11.30	Using the PbR Algorithm	John Nickson
11.50	Data Quality	Lorraine Gray/Anne Coulton
12.10	Plenary Questions	
12.30	Discussion Groups	
1.15	Lunch	
2.00	User Engagement Framework	Balvinder Atwal
2.15	Discussion on PbR Reference Group	

What groups need to be represented in an effective PbR reference group?

How can membership be considered representative?

How can the national public health reference group best cascade information and/or link to wider service groups for advice?

Other considerations for an effective PbR reference group?

How can the Health and Social Care Information Centre add value to a PbR reference group

There will opportunity for discussion. Delegates will fill in a personal feedback sheet on the options.

2.45   Closing Remarks

3.00   End