The Commissioning Intelligence Model

Tools/Data **Types of Services Types of Services** S8.01: Demographic forecasting & disease trends mme budgeting (comparative spend o tions) & marginal analysis, PBMA Atlas D1.07: Access to and familiarity with v range of Public Health data sources, Benchmarking and comparison tools (NHS Atlas of Variation, NCHOD, Local \$1.03: Demographic forecasting & disease trends. D8.03: Pathway modelling inc ROI calculators, retur on investment tools (Provenance: HB) gistry / Qualitative Data inc Vol cross all aspects of care. Wider equality dicators including disability, sexual D8.05: Quality of life & well being measures e.g. QALYs (Provenance: CHIEIDITI) nts at Risk of Readmission (PARR bined Predictive Model, Adjusted D8.06: DH Programme Budgeting tool / Spend and D8.07: Patient expectation information D1.05: Mapping and geo-spatial software 08.01: Are our strategi O8 02: What will be the Q8.03: How can we make Q1.01: How healthy, impact of demographic and Q1.02: What health Q1.03: Who is at greatest the health economy inc QIPP savings of £XXXm? disease pattern change? unhealthy is my conditions are changing social care? admission to hospital? most? benchmarks? Q8.06: What activity Q8.04: How will should we contract for to Q1.04: How is the loca Q1.05: What diseases kil Q1.06: Who are the how can we decide how deliver the service most people and which (IT, drugs etc) impact changes / cost efficiencies **Types of Services** services? change in future? are the biggest burden do they live? \$2.01: Trend and statistical analysis (activity, Q8.07: Have we got the Q1.07: Who would benef **Types of Services** Q8.09: What barriers most from a disease national, local and patient patients most distress? expectations? nagement programn .01: Programme and project (e.g. org/cultural)? Q8.10: Are our Q2.01: Why have Q1.10: What are the across all sectors to best Q1.09: What proportion S7.03: Metrics reporting. (Provens pressures? 7.01: When a service contributing to our population? remature mortality? Q2.02: How long ar what was the outcome. patients waiting for S2.13: Track patient experience and to other services? future plans? 1. How Healthy? Q7.02: Can I isolate the Q2.03: Is demand Tools/Data 'cause and effect' of an Q2.07: What is the really going up? By how much? demand today for urger 07.08: Did we mee DD2.01: Near/real time information - activity & financial for A&E, OOHs, MIU, Acute and Community Admissions etc (Provenance: CH181011) Tools/Data care, and who do I need Q7.03: What's the combined impact of all hospital? Q2.04: What are the O2.02: SUS data, including acute activity & costs referrals with clinical reason, CAB, 'Patient-lourney' analysis. (Provenance: CHISIOII) current flows and Q7.10: What is the patients, the services & D7.02: Activity & cost baseline and pathways and are Q2.09: What is the D2.03: Current, historic and planned Provider Activity and Cost data-sets (SUS & Local Contract Mgmt Systems e.g. Maternity, Mental Health, Local Auth etc) (Provenance VIII) patients using the other services & D7.03: Impact analysis & evaluation using statistical tools (Provenance: AF) on Provider volumes? Q7.05: Have we 07.09: What are the D2.06: Patient level datasets with updates inc: decisions made in secondary care – reasons for treatment/changes/referrals/delays /test result and outcomes (processare tit) What 2. What's really happening in this 7. What difference 2.10: To wha bottlenecks? reduced inequalities? have we made? Ensuring patient feedback is system? degree are D7.07: Data required for Progra inc Benefits Mgmt, Plans etc (Pro D2.07: External Sources such as Social M questions Q2.06: How much make informed 07.07: How did our patients rate their experience of our services? ctivity do we observe their care? do we Types of Services Q6.01: What would be the Q3.06: Is activity bein impact, in activity flows and costs, of making a proposed budget? How much am I need to 6. How could amount? spending compared to **Types of Services** Q6.07: What ar things be better? Developing new pathways and/ hange to a clinical pathway plan? change and have we engaged with answer? Q3.07: Where are the Q6.02: What will be the Q3.02: How much do most severe cost pressures? S6.06: Review evidence base (e.g. National Comparators, NICE, etc) combined impact, in cost Patients) individual service- lines/ and activity, of a whole set pathways cost compared 3.03: Budget Reporting & Variance of service changes and to budget? productivity measures? Q3.08: What is the , O6.06: How do w projected liability for our Q3.03: Is cost aligned to referred population? Q6.03: Would 'Scenario evidence and 5. Are my improve patient flows and providers 4. How do we Tools/Data productivity more than outcomes and patien delivering what Compare? experience? 'Scenario B'? Q3.09: How much are we they agreed? spending on inequalities? maximising value for Q6.05: Do we need to procure services from Tools/Data rovision vs. acute care alternative providers, or D3.01: SUS reporting & analysis web-service, including Budget reports. (Prove Q5.01: What is the other stakeholders to be current performance tient experience and outcomes roughout pathways, inc PROMS against plan? D3.02: Current and historic Provider Activity and Cost data-sets (SUS & Local Contract Mgmt systems) (Provenance: V10) provision and Q5.02: What elements of Q4.01: Where is ther Q4.02: Are we delivering D3.03: Tariff / Pricing tables, PBR rule and algorithms (local and national), clinical / activity / cost / O5.03: Are providers national standards of care outcome variation vs local. challenge? for: patient experience, delivering on servicequality and outcomes? improvement, quality D3.05: Robust timely referral activity practice? 3.06: Referral templates with expected 9: Staff surveys, appraisals plaints, incidents and SUIs and waiting-times targets Q5.04: What service lines are above or below plan -Q4.05: How do we compar for value for money, outcomes Q5.05: Are providers pathways reflect and productivity against similar areas/ best practice evidence-based good on Threshold practice? over time? Management? Q5.07: Are Providers Q5.08: Do our provider sending datasets to agreed standards and frequency? contracts reflect patient requirements? (If not, are there sanctions Q5.06: Can we distinguish in place?) between Provider 'pull' and Primary Care 'Push' Tools/Data **Types of Services** Types of Services S4.01: Practice level, regional, and national benchmarking of disease prevalence, activity, productivity and costs. (Provenance: AF) Overarching S5.01: Analytical support to Contract monitoring & analysis (Provenance: AF) Tools/Data D4.02: Primary Care data extracts providing integrate analysis with Acute activity, e.g. prevalence rates vs. 1.02: Analysis and presentation of coductivity indicators by programme / Concepts 55.02: Provider activity validation & Data Quality 05.01: Data warehouse integration and econciliation of Activity/Cost and Provider D4.03: Comparative benchmarking tools (e.g. QOF Data sets, NHS Comparators, NHS Atlas of Variation Better Care Better Value indicators). Provenance: CH180011 05.02: Contract Monitoring reporting by O0.02 Data collected at patient level S5.04: Provider level-analysis of 'how much' and O0.03 Holistic Analyses - Full System view rather D5.05: LA, Primary care and Voluntary/third sector (Provenance: WS270911)

Draft for Discussion Only

O0.05 Master Data Administration (inc Common currencies & agreed standardisation techniques)

00.06 Timeliness and quality of data

O0.07 Data definitions and standards

00.09 Knowledge Management

O0.10 Integrated ways of working

00.12 Simplify presentation appropriate to

O0.08 Interoperability

D4.07: National Guidance, PROMS, Utilis

S5.05: Contract development @

55.06: Performance Management and support for service improvement (inc Negative impacts and

55.07: Utilisation reviews, PbR Audits, Clinical

S5.10: SUS validation with GP Practice Systems

S5.09: Contract validation, challenge 🕫

D5.06: Referral Data (Pro

D5.07: CQUINS (Provenance: CH181011)

D5.09: Patient Feedback (P

D5.08: Insight into provider sustainability