

Specialist Palliative Care

PR061

Final Draft V4.0 HRGs

Version No: 2.0

Issue Date: 23rd January 2006

Specialist Palliative Care - Draft HRGs

Quality Plan History

Revision History

Revision date	Author	Reviewer(s)	Summary of Changes	Version
30.09.2005	Ian Hughes	Ged Corcoran	First Draft - Based on Candidate HRGs V0.12	V0.1
07.10.2005	Ian Hughes		Addition of Key Issues and Work Remaining sections	V0.2
10.10.2005	Ian Hughes	National Partnership Group		V1.0
06.12.2005	Ian Hughes	Evanna Rees		V1.1
09.12.2005	Ian Hughes	Expert Working Group		V1.2
13.12.2005	Ian Hughes	Ged Corcoran	Post EWG amendments	V1.3
16.12.2005	Ian Hughes	Ged Corcoran	GC amendments incorporated	V1.4
20.12.2005	Ian Hughes	EWG - Email	Addition of OPCS4.3 Assessment codes	V1.5
23.01.2006	Ian Hughes		Changes post EWG review and sign off. Final version for submission to PbR in "Block 3"	V2.0

Approvals

This document requires the following approvals.

Signed approval forms are filed in the Management section of the project file.

Name	Signature	Title	Date of Issue	Version

Distribution

This document has been distributed to:

Name	Title	Date of Issue	Version
NPG		10.10.2005	V1.0
EWG		09.12.2005	V1.2
EWG		21.12.2005	V1.5
EWG, PbR (Block 3)		23.01.2005	V2.0

1. Summary

1.1 Scope

Specialist Palliative Care (SPC) HRGs cover:

- Specialist Support services delivered to Inpatients and Community patients.
- SPC Inpatients.
- Outpatients, Day Therapy Assessments and Interventions, Day Cases.
- SPC services delivered to Adults and Children.
- SPC services delivered by NHS, voluntary sector and other accredited providers.

Specialist Palliative Care HRGs do not cover:

- General palliative care.
- Bereavement care as a separate HRG. However, some bereavement care costs are expected to be included within the costs covered by other HRGs. Bereavement costs which are to be included in HRG costs will be detailed in the Service Level Agreements currently being drafted by the National Partnership Group for Palliative Care.

2. HRGs for SPC Inpatients

2.1 Inpatient HRGs

Inpatient SPC	Adults	Adult Inpatients admitted under the care of a Specialist Palliative Medicine consultant excluding patients discharged on the day of admission unless they die on the day of admission and excluding patients who have been admitted for holiday relief/ respite care.
	Children	Paediatric Inpatients admitted under the care of a Specialist Palliative Medicine consultant excluding patients discharged on the day of admission unless they die on the day of admission and excluding patients who have been admitted for holiday relief/ respite care.
Hospital - Specialist Support	Adults	Adult Inpatients not under the care of a Specialist Palliative Medicine consultant but receiving support from a member of a Specialist Palliative Care Team as described by NICE Guidance - Improving Supportive and Palliative Care for Adults with Cancer (2004). The specialist support can be given for a patient with a non-malignant or a malignant condition in an inpatient setting.
	Children	Paediatric Inpatients not under the care of a Specialist Palliative Medicine consultant but receiving support from a member of a Specialist Palliative Care Team as described by NICE Improving Outcomes Guidance for Children and Young Adults with Cancer (2005). The specialist support can be given for a patient with a non-malignant or a malignant condition in an inpatient setting.

Children are defined as less than 19 years old on admission.

Adults are defined as 19 years old and over on admission.

It is within the scope of Payment by Results and Department of Health rather than the HRG development to decide how each HRG is used within the tariff process. However, the basis for the HRGs proposed is the expectation that:

- Inpatient SPC - tariff would be based on the average Consultant Episode cost.
- Hospital Specialist Support - tariff would be based on the average cost per episode of specialist support input.

The Inpatient SPC HRG would not be attached to inpatients / day cases that are admitted and discharged on the same calendar day unless they die on the day of admission. These patients are picked up under HRGs for SPC Outpatients, Day Therapy Assessments and Interventions, Community Specialist Support and Day Case Interventions described in Section 3 below.

Patients admitted for Holiday Relief/Respite are not included in SPC HRGs. This activity is coded using ICD10 Z75.5 as the Primary Diagnosis and is currently proposed to be linked to one of three Holiday Relief/Respite Care HRGs based on the patient's Length of Stay (LoS):

- HRG1 LoS < 5 days, HRG2 LoS 5 - 8 days, HRG3 LoS > 8 days

Holiday Relief/Respite HRGs have been developed by a separate EWG.

2.2 Interaction with Other HRGs

Some of the detail with respect to how Specialist Palliative Care HRGs are to interact with other HRGs is still to be finalised. However, in many cases a patient receiving specialist palliative care will also attract other non specialist palliative care HRGs:

- The Hospital Specialist Support HRG will always be in addition to a diagnosis/surgical HRG which will cover the Spell.
- Patients receiving Chemotherapy and other unbundled interventions such as MRIs, high cost drugs etc will receive additional HRGs for each unbundled component.

2.3 Cross Charging

Inpatient HRGs include the full cost of a patient's treatment. Because the HRG tariff paid to the provider will include these costs, this may require cross charging between the NHS and Voluntary sectors for services which are currently provided free of charge.

In those services where the HRG is unbundled, a cross charging mechanism may not be necessary as the provider offering the service will get the HRG and the associated payment for that service.

2.4 Minimum Datasets

Data used to drive the HRGs will be drawn from the Admitted Patient Care Commissioning Data Set (APC CDS)

This will not require any changes to the CDS but will require a change to the coding rules in the short term and an additional code value in the longer term to capture Specialist Support activity. This addition will need to be approved by the authorities before it can be added to CDS.

APC CDS (General Episode) is detailed in:

http://www.nhsia.nhs.uk/datastandards/pages/dd/web_site_content/pages/cds_and_hes_indices/cds_type_list.asp?shownav=1

Specialist Palliative Care - Draft HRGs

Determination of the HRGs with respect to CDS data items is as follows:

HRG	Split	Definition¹	
Inpatient SPC	Adults	Age on Admission ≥ 19 AND Main Specialty Code = 315 (Palliative Medicine) AND Treatment Function Code = 315 (Palliative Medicine) AND Length of Stay ≠ 0 OR Discharge Method = 4 (Patient died) AND Primary Diagnosis (ICD) ≠ Z75.5 ² (holiday relief/ respite care)	Adult Inpatients under the care of a Specialist Palliative Medicine consultant Excluding patients discharged on the day of admission unless they die on the day of admission Excluding patients admitted for respite care.
	Children	Age on Admission < 19 AND Main Specialty Code = 315 (Palliative Medicine) AND Treatment Function Code = 315 (Palliative Medicine) AND Length of Stay ≠ 0 OR Discharge Method = 4 (Patient died) AND Primary Diagnosis (ICD) ≠ Z75.5 ² (holiday relief/ respite care)	Paediatric Inpatients under the care of a Specialist Palliative Medicine consultant Excluding patients discharged on the day of admission unless they die on the day of admission Excluding patients admitted for respite care.
Hospital - Specialist Support	Adults	Age on Admission ≥ 19 AND Main Specialty Code ≠ 315 (Palliative Medicine) AND <i>(For Year 2006/7)</i> Secondary Diagnosis (ICD) = Z51.5 (Palliative Care) ³ <i>(From April 2007/8)</i> Primary Procedure (OPCS) OR Procedure (OPCS) = SPC Specialist Support ⁴	Adult Inpatients not under the care of a Specialist Palliative Medicine consultant but receiving input from a Specialist Palliative Care specialist support service.
	Children	Age on Admission < 19 AND Main Specialty Code ≠ 315 (Palliative Medicine) AND <i>(For Year 2006/7)</i> Secondary Diagnosis (ICD) = Z51.5 (Palliative Care) ³ <i>(From April 2007/8)</i> Primary Procedure (OPCS) OR Procedure (OPCS) = SPC Specialist Support ⁴	Paediatric Inpatients not under the care of a Specialist Palliative Medicine consultant but receiving input from a Specialist Palliative Care specialist support service.

Notes:

1. Definitions Definitions are simplified and will be subject to more qualifiers when incorporated into the HRG Grouper.

2. Z75.5 Holiday Relief Care ICD10 manual defines as:

Provision of HC facilities to a person normally cared for at home, in order to enable relatives to take a vacation.

Respite care.

Clinical Coding Instruction states:
"Patients are frequently admitted for holiday relief care (respite care) to enable the carers to have a break. If the patient is having only the care and attention that would normally be given at home by the carer then the code Z75.5 (holiday relief care) should be assigned in the primary position, followed by the chronic condition of the patient."

"If, on the other hand, a patient is given care for another condition acquired while in hospital and this condition alters the expected length of stay, the code Z75.5 (holiday relief care) should be assigned a secondary position"

This would also apply if additional treatment became necessary during a pre-booked respite care period and then should be coded accordingly with respite care making way for the additional treatment to occupy the primary position.

3. Z51.5 Palliative Care It is proposed that the ICD10 code Z51.5 (Palliative Care) is used as a short term measure in 2006/7 to record SPC Specialist Support activity. This will involve a change of use and coding guidance and is subject to approval by the appropriate authorities. It is planned that the use of this code will be superseded in April 2007 by a new OPCS4.4 code specifically defined as SPC Specialist Support.

4. SPC Specialist Support This would be a new OPCS code. Code is not known at this point and is subject to approval by the relevant authorities.

In the short term at least, the new OPCS4 code may be covered by use of the current Z51.5 (Palliative Care) ICD10 code with additional coding guidance to restrict its use to Specialist Support.

The definition proposed for the new OPCS4 code is " Support from a member of a Specialist Palliative Care Team as described by NICE Guidance - Improving Supportive and Palliative Care for Adults with Cancer (2004) and NICE Improving Outcomes Guidance for Children and Young adults with Cancer (2005). The specialist support can be given for a patient with a non-malignant or a malignant condition in either an outpatient, community or inpatient setting."

3. HRGs for SPC Outpatients, Day Therapy Assessments and Interventions, Community Specialist Support, Day Case Interventions

3.1 Outpatients, Day Therapy Assessments and Interventions, Community Specialist Support, Day Case Interventions HRGs

All of the patient categories listed above are covered by a common set of HRGs. In addition, many of the HRGs are part of a common set of HRGs which apply to specialties other than Specialist Palliative Care.

Other HRGs from the common set may be applied to Specialist Palliative Care patients. However, the primary HRGs are believed to be:

Medical	Contact, medical staff	Adults
		Children
Non Medical	Contact, nursing and allied health professionals	Adults
		Children
Community - Specialist Support	Support from a member of a Specialist Palliative Care Team as described by NICE Guidance - Improving Supportive and Palliative Care for Adults with Cancer (2004) and NICE Improving Outcomes Guidance for Children and Young adults with Cancer (2005). The specialist support can be given for a patient with a non-malignant or a malignant condition.	Adults
		Children
Lymphoedema Assessment	Lymphoedema Assessment.	Adults
		Children

Children are defined as less than 19 years old on admission.

Adults are defined as 19 years old and over on admission.

These HRGs will cover patients seen in non inpatient settings: Outpatient, Day Therapy, Community, and will also cover Inpatients and day cases that are admitted and discharged on the same calendar day provided they do not die on the day of admission. Inpatients which stay overnight will be covered by the Inpatient HRGs detailed in Section 2 above.

It is within the scope of Payment by Results and Department of Health rather than the HRG development to decide how each HRG is used within the tariff process. However, the basis for the HRGs proposed is the expectation that:

- Each recorded contact will generate a HRG which will also generate a discrete tariff.
- Contacts will be split into First and Follow up for tariffs.
- There will be a specialty specific tariff for SPC.

3.2 Interaction with Other HRGs

Some of the detail with respect to how Specialist Palliative Care HRGs are to interact with other HRGs is still to be finalised. However, in many cases a patient receiving specialist palliative care will also attract other non specialist palliative care HRGs:

- Non specialist palliative care aspects of a patient's treatment may attract additional HRGs e.g. outpatient sessions from other specialties, non SPC interventions covered by other

HRGs.

- Patients receiving Chemotherapy and other unbundled interventions such as MRIs, high cost drugs etc will receive additional HRGs for each unbundled component.

3.3 Cross Charging

There should be less need for cross charging compared to inpatient HRGs. However, outpatient HRGs include the full cost of a patient’s contact and some cross charging may be required.

3.4 Minimum Datasets

Data used to drive the HRGs will be drawn from the Admitted Patient Care Commissioning Data Set (APC CDS) and Outpatient Attendance Commissioning Data Set.

This will not require any changes to the CDSs but will require an additional code value to capture Specialist Support activity. This addition will need to be approved by the authorities before it can be added to CDS.

APC CDS (General Episode) and Outpatient Attendance CDS are detailed in:

http://www.nhsia.nhs.uk/datastandards/pages/dd/web_site_content/pages/cds_and_hes_indices/cds_type_list.asp?shownav=1

Determination of the HRGs with respect to CDS data items is as follows:

HRG	Split	Outpatient Attendance CDS Definition ¹	APC CDS Definition ¹	
Medical	Adults	Age on Admission ≥ 19 AND Main Specialty Code = 315 (Palliative Medicine)	Age on Admission ≥ 19 AND Main Specialty Code = 315 (Palliative Medicine) AND Start Date (Episode) = End Date (Episode) AND Discharge Method ≠ 4 (Patient died)	Contact, medical staff
	Children	As above with: Age on Admission < 19	As above with: Age on Admission < 19	

Specialist Palliative Care - Draft HRGs

HRG	Split	Outpatient Attendance CDS Definition ¹	APC CDS Definition ¹	
Non Medical	Adults	Age on Admission ≥ 19 AND Main Specialty Code = 950 (Nursing Episode) OR 960 (Allied Health Profession Episode) AND Treatment Function Code = 315 (Palliative Medicine)	Not Applicable	Contact, nursing and professions allied to health staff
	Children	As above with: Age on Admission < 19	Not Applicable	
Community - Specialist Support	Adults	Age on Admission ≥ 19 AND Treatment Function Code = 315 (Palliative Medicine) AND <i>(For Year 2006/7)</i> Secondary Diagnosis (ICD) = Z51.5 (Palliative Care) ² <i>(From April 2007/8)</i> Primary Procedure (OPCS) OR Procedure (OPCS) = SPC Specialist Support ³	Not Applicable	Support from a member of a Specialist Palliative Care Team as described by NICE Guidance - Improving Supportive and Palliative Care for Adults with Cancer (2004) and NICE Improving Outcomes Guidance for Children and Young adults with Cancer (2005). The specialist support can be given for a patient with a non-malignant or a malignant condition.
	Children	As above with: Age on Admission < 19	Not Applicable	
Lymphoedema Assessment	Adults	Age on Admission ≥ 19 AND Primary Diagnosis (ICD) = I890 (Lymphoedema not elsewhere classified) OR I972 (Postmastectomy Lymphoedema syndrome) OR Q820 (Hereditary Lymphoedema) AND Primary Procedure (OPCS) = X62.1 (Assessment by uni-professional team) OR X62.2 (Assessment by multi-professional team) OR X62.3 (Assessment by multi-disciplinary team) ⁴	Not Applicable	Lymphoedema Assessment
	Children	As above with: Age on Admission < 19	Not Applicable	

Notes:

1. Definitions Definitions are simplified and will be subject to more qualifiers when incorporated into the HRG Group.
2. Z51.5 Palliative Care It is proposed that the ICD10 code Z51.5 (Palliative Care) is used as a short term measure in 2006/7 to record SPC Specialist Support activity. This will involve a change of use and coding guidance and is subject to approval by the appropriate authorities. It is planned that the use of this code will be superseded in April 2007 by a new OPCS4.4 code specifically defined as SPC Specialist Support.
3. SPC Specialist Support This would be a new OPCS code. Code is not known at this point and is subject to approval by relevant authorities.

In the short term at least, the new OPCS4 code may be covered by use of the current Z51.5 (Palliative Care) ICD10 code with additional coding guidance to restrict its use to Specialist Support.

The definition proposed for the new OPCS4 code is " Support from a member of a Specialist Palliative Care Team as described by NICE Guidance - Improving Supportive and Palliative Care for Adults with Cancer (2004) and NICE Improving Outcomes Guidance for Children and Young adults with Cancer (2005). The specialist support can be given for a patient with a non-malignant or a malignant condition in either an outpatient, community or inpatient setting."
4. X62 Assessment Codes for Assessments are new OPCS4.3 codes to be introduced in April 2006.

The Outpatient Attendance CDS can record contacts by Medical, Nursing and Allied Health Professionals (AHPs). Chaplains and Social Workers may record contacts as AHPs as well as Physiotherapists, Speech and Language Therapists, Occupational Therapists, Podiatrists, Dieticians, Clinical Psychologists etc.

Outpatient contacts may be recorded in any setting.

Telephone contacts which take the place of face-to-face contacts may also be recorded.