

## BACCH / PBR Pilot 9th July 2008

Name of Site:

Data availability and comments

Section	Yes / No	Numbers	Comments
Pop total			
Pop child			
WTE career grades			
291 Face to face uniprofessional			
291 Face to face multiprofessional			
291 Not Face to face uniprofessional			
291 Not Face to face multiprofessional			
CP60FS All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Face to Face - safeguarding			
CP60NS All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Non Face to Face - safeguarding			
CP60FSS All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Face to Face- statutory work for social services			
CP60NSS All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Non Face to Face - statutory work for social services			
CP60FSE All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Face to Face - statutory work for education			
CP60NSE All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Non Face to Face - statutory work for education			
CP60FCPH All Community Paediatrician Services [excluding TFC 291 and vaccination programmes] : Face to Face – Child Public Health			
CP60NCPH All Community Paediatrician Services [excluding TFC 291 and vaccination programmes] : Non Face to Face – Child Public Health			

CP60FO All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Face to Face – other			
CP60NO All Community Paediatrician Services [excluding TFC 291 and vaccination programmes]: Non Face to Face - other			

## Community Paediatrician Treatment Function (Extracts from the guidance for Reference Costs)

118 In a change to 2006/07, please note that for reference cost reporting, cost and activity data clinically coded to TFC 290 (Community Paediatricians) should not be reported against in this section, instead, these costs/activity should be reported as Community activity within the new collection system (see section 6). This is in line with the decision to remove the 'pre-booked' element of the outpatients definition.

119 For clarification, activity (and costs) reported against TFC 291 (Neurodisability) should include all neurodevelopmental conditions, not just neurological ones, and would include behavioural problems in this category. This avoids confusion about where, for example, autism/ADHD should be included. Where general paediatric patients are seen in community paediatric clinics, it is recognised that it may not be possible to separate these from neurodisability patients. However where a community paediatrician does a separate general paediatric clinic, these should be recorded under 420 Paediatrics. Multidisciplinary assessments including CDC assessments should be recorded under 291 as multiprofessional face-to-face contacts.

120 Please note that where neurodisability work conducted by community paediatricians is recorded, this should all be reported (for reference cost purposes) under TFC 291 and not in TFC 290 or the Community section 290 / CP60 i.e. in this instance it is the treatment function that matters, not what type of specialist delivers it. (Neurodisability has only just been recognised as a separate specialty so the majority of neurodisability work will continue to be done by community paediatricians for the foreseeable future).

### Community Medical Services

284 As with other community-based staff, 'public health' or 'Communicable Diseases' Consultants, etc., provide a range of services. This guidance has already identified the activity and cost elements of these services in relation to vaccination programmes through schools.

285 In addition to these vaccination programmes, 'public health' or 'Communicable Diseases' Consultants also undertake other vaccination work and advice, e.g. travel clinics. However, there is no requirement in the 2007/08 collection to distinguish between vaccination programmes and other types of vaccination services. The reporting requirements are therefore a single unit cost per vaccination and a total number of vaccinations for all vaccinations and immunisations carried out by all 'public health' or 'Communicable Diseases' Consultants, including community paediatricians, irrespective of whether these are part of a programme, or delivered as an ad hoc service.

286 In costing these services, full absorption costing should be used, with any income / fees from patients matched to the expenditure, thus reporting the quantum charged to contractual arrangements.

287 Vaccination programmes that are jointly funded by non-NHS providers (including GPs) should not be reported in Reference Costs, as such, unit costs are not calculated on a total absorption costing basis and thus may distort national averages. The costs incurred by the NHS provider for this element of service (including administration, nursing and medical costs, and appropriate oncosts) should be excluded from Reference Costs, as should all associated activity.

288 All other (non-vaccination / immunisation) services should be reported in aggregate form using total community contacts in the financial year as the collection currency. There is no requirement to separately identify community medical services that are provided to a group. The activity undertaken by community paediatricians is required to be separately identified in 2007/08 split face to face and non face to face.

290 As documented in section 3 (Outpatients) of this guidance, where neurodisability work conducted by community paediatricians is recorded, this should be recorded under TFC 291 (Outpatients) and not in the Community section 290/CP60 i.e. it is the treatment function that matters, not what type of specialist delivers it. Community paediatrics (CP60) should then include all other components of the service (see below).

291 All other activity carried out by community paediatrics should be recorded in the community section of the reference cost return in code 'CP60'. Please note, Treatment Function Code 290 is also named 'Community Paediatrics' and may be used in Trusts to identify work collected under CP60 on Trust computer systems. For reference cost reporting purposes, all activity (and costs) clinically recorded under TFC 290 should be reported under code 'CP60'. This ensures that all data are reported consistently in one place.

292 To tie in with the National Service Frameworks and the nature of the work performed, an expansion in the scope for 'community paediatricians' is introduced in the 2007/08 reference cost collection.

62

Providers should make a best attempt to capture 'community paediatricians services' (face to face and non-face to face) as follows:

- safeguarding;
- other statutory work for social services;
- statutory work for education
- child public health; and
- other (used as a default should you not be able to split the costs/activity in this manner)

293 Although most of this work may be driven by social services and education, it is the NHS who pay for it. Please note that only NHS funded activity should be included in the reference cost return. Therefore, if any of the activity above is funded by a local authority, or as part of a pooled budget arrangement, then please treat as per Section 16 of this guidance.

294 Thus the categories for 'All Community Paediatrician Services' will be as per Table 11:-

295 As a guide of what to include within each section above please see the guidelines below:

- Safeguarding (FS): Include here all child protection medical examinations for suspected physical/sexual/emotional abuse/neglect, attendance at child protection conferences where child/parent present;
- Safeguarding (NS): include here all telephone contacts with child/parents on safeguarding. Contacts about patients (with the exception of Oncology Multi-disciplinary Teams meeting about a patient) cannot be counted as valid activity;
- Statutory work for social services (FSS): include here all adoption medicals, initial and review LAC medicals, medicals specifically conducted for children in need;
- Statutory work for social services (NSS): include here all telephone contacts with child/parents. Contacts about patients (with the exception of Oncology Multi-disciplinary Teams meeting about a patient) cannot be counted as valid activity. The role of adoption adviser, panel preparation and attendance and designated LAC doctor should be included as 'on costs' for the service;
- Statutory work for education (FSE): include here all medical assessments as part of statutory assessment, where the child/young person has been seen specifically to provide the report. Do not include here reports written from the notes for child/young person already known to the service i.e. where the child is not seen to prepare the report. Also include here annual reviews or MDT meetings on children with identified SEN where child/parent is present;
- Statutory work for education (NSE): include here all telephone contacts with child/parents. Contacts about patients (with the exception of Oncology Multi-disciplinary Teams meeting about a patient) cannot be counted as valid activity. The role of Designated Medical Officer for SEN, panel preparation and attendance should be included as 'on costs' for the service;
- Child public health (FCPH): include here medical assessments done as part of the child health

promotion programmes and vaccinations given by community paediatricians, where these are not provided by GPs. Also include any face-to-face consultations with parents for immunisation advice, where these can be identified e.g. immunisation advice clinics;

- Child public health (NFTF): include here all telephone contacts with child/parents regarding immunisations. The role of Immunisation Coordinator and Child Health Promotion Coordinator, including telephone advice line for professionals, should be included as 'on costs' for the service as contacts with others about patients cannot be included.

- Other (FO): include here any other face-to-face clinical activity not included above or under 291 for neurodisability;

- Other (NO): include here all telephone contacts with child/parents. Contacts with others about patients cannot be included.

296 Please note the currency of collection is 'Number of contacts'.