

Oxfordshire DAAT: Event for National Providers 22nd July - Q&A

Q. There is a cost implication for every client. Who is expected to pay for this if you don't succeed, you don't get paid?
A. Correct – we will be working with all potential providers throughout the commissioning process to explore financial modelling, cash flow and stability.
Q. How do you prevent people from being fraudulent about how they fill in forms?
A. LASARS will be independent from the Recovery Providers, and are responsible for completing TOP forms. Data from NDTMS will be used to measure performance against outcomes.
Q. Will family services be included in PbR? If so how and when. Any ideas of outcome measures for Family & Carer Services?
A. In Oxfordshire family and carer provision will be provided via the harm minimisation service.
Q. Will the PbR pilot cover adults only or will it also apply to children & young people?
A. The PbR pilot is for adults only
Q. Service users rarely spend a year in Rehab. If funding is dependent on completion of TOP's to release payment who will complete the follow up TOP for rehabs?
A. LASARS Residential placements will currently continue to be made via our current framework where funding is not based on outcomes.
Q. Do you envisage any change to the current LES for primary supervised consumption or needle exchange services with the pilot? If so what?
A. Not at this stage
Q. Will future LES provision of supervised consumption from pharmacies be reduced or controlled by any providers contracted to provide the services
A. Oxfordshire DAAT will continue to contract with pharmacies through the LES. However there may be additional opportunities for pharmacies to develop work directly with providers.

Q. Can you see any increased role for community pharmacy in terms of the Harm Minimisation Service and would they be commissioned by the DAAT or by new providers?
A. There may be a wide variety of opportunities for pharmacies to develop their business including non-medical prescribing and BBV vaccination. The DAAT will be exploring some elements such as BBV vaccination. We would encourage pharmacies to develop their business with providers also.
Q. During the transition phase Jan – April 2012 when the LASARS are assessing existing clients in the system who do they refer to if the recovery providers aren't commencing until April 2012?
A. The service users will remain with their existing provider and will be managed closely to ensure a smooth transition to the Recovery provider from 2 nd April 2012. The Harm minimisation service will start on the 1 st February.
Q. Do you believe that the framework for services should be re-evaluated given the original tender was pre-PbR it is not planned for review until 2013
A. We have assumed this is relating to the residential framework current in place. We are currently exploring refreshing the framework with the local authority, and will ensure we contact all providers when a firm decision has been made.
Q. When will a decision be made re work/ employment as a) An outcome b) The weighting/value
A. Unknown at this stage; this is a central government decision
Q. What happens to payment if the service user is not contactable at 12 months?
A. The measure is discharged from treatment successfully (free of drug(s) of dependence) and do not re-present in either treatment or in the criminal justice system in the following 12 months. Data sources for verification will be NDTMS and DIRWEB therefore there will be no need to contact the service user.
Q. What happens to payment if the service user dies (unrelated to drugs or alcohol) prior to 12 month period?
A. Then payments from that time on will not be made, however there are interim payments.
Q. You mentioned that "recovery" should be service user led; but by definition are not the four metrics defining "recovery"?
A. The metrics are defining a measure, these measures are aimed are being a benchmark for making payments. We acknowledge that an individual's road to recovery is not dictated by a metric.
Q. Does the metric carry 25% for the tariff value?

A.

The weighting against each outcome, of which there are eight, currently out for national consultation (see NTA web site), will be decided with the shortlisted providers as part of the tender process. Whilst the outcomes are set nationally the weighting is decided locally.