Committee: Health and Wellbeing Board

Date:

Agenda item: Quality Premium

Wards:

Subject: Merton CCG Quality Premium

Lead officer: Adam Doyle, Chief Officer

Lead member: David Freeman, Director of Commissioning & Planning

Forward Plan reference number:

Contact officer: Murrae Tolson, Head of Health Systems and Performance Merton CCG

Recommendations:

A. The Health and Wellbeing Board is asked to note the details 2015/16 Quality Premium for Merton Clinical Commissioning Group

B. Agree the measures recommended by NHS Merton CCG Executive Committee and Clinical Reference Group for inclusion in the 2015/16 Quality Premium.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of the report is to share and agree with the Health and Wellbeing Board the details of the 2015/16 Quality Premium indicators for NHS Merton CCG.

2. BACKGROUND

a) Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission.

b) The Quality Premium is intended to reward CCGs for improvements in the quality of services they commission and for associated improvements in health outcomes and in reducing health inequalities.

c) The Quality Premium guidance for 2015/16, published on 27 April 2015 (full guidance at http://www.england.nhs.uk/ccg-ois/qual-prem/) is comprised of six elements:

- Reducing premature mortality
- Urgent and emergency care
- Mental health
- Improving antibiotic prescribing
- Local measure 1
- Local measure 2

d) CCGs do have some choice in the composition of the metrics for Urgent and emergency care, Mental Health and the two Local measures. CCGs are required to agree the recommended measures chosen with their Health and Wellbeing Board.

e) The Quality Premium is worth approximately £1m to Merton CCG.

f) Reductions to the Quality Premium award are made for failure of each constitutional standard (18 wk Referral to Treatment, A&E 4 hr wait, Cancer 2ww, Ambulance 8 mins)

3 DETAILS

3.1. The following demonstrates a breakdown of the financial value attributed to components of the 2015/16 Quality Premium:

- Reducing potential years of lives lost - 10%
- Urgent and emergency care (two measures) - 15% each
- Mental health - 30%
- Improving antibiotic prescribing - 10%
- Local measure 1 - 10%
- Local measure 2 - 10%

3.2. For 2015/16, NHS Merton CCG Executive Committee and Clinical Reference Group have recommended the following quality premium measures:

a) Reduced premature mortality

b) Urgent and emergency care (two measures):

   i. Reduction in avoidable emergency admissions

   ii. Increase the number of non-elective admitted patients discharged at weekends or bank holiday

c) Reduction number of people with severe Mental Health illness who are currently smokers

d) Improving antibiotic prescribing in primary and secondary care

e) Two local measures, based on local priorities:

   iii. Increase the number of people diagnosed with type 2 diabetes accessing structured education

   iv. Improve diabetes diagnosis rates

3.3. The maximum quality premium payment for the CCG is expressed as £5 per head of registered population.

3.4. For each measure where the quality threshold is achieved, the CCG will be eligible for the indicated percentage of the overall funding available to it.

3.5. Where the CCG does not deliver the 4 NHS Constitution standards, a reduction for each relevant NHS Constitution measure is made to the quality premium payment:

NHS Constitution requirement	Reduction to Quality Premium
Maximum 18 weeks from referral to treatment, comprising: ▪ 90% Completed Admitted standard; each standard, ▪ 95% Completed Non-admitted standard; separately ▪ 92% Incomplete standard.	30% total, (comprising 10% for each standard, separately assessed)
Maximum four hour waits in A&E departments-95% standard	30%
Maximum 14 day wait from an urgent GP referral for suspected cancer-93% standard	20%
Maximum 8 minutes responses for Category A (Red 1) ambulance calls-75% standard	20%

3.6. Full details of the Quality Premium including definitions of all measures can be found at http://www.england.nhs.uk/ccg-ois/qual-prem/

4 ALTERNATIVE OPTIONS

Options Considered:

4.1. Urgent and emergency care

4.1.1 There is a menu of measures for CCGs to choose from locally. The menu is overall worth 30 per cent of the quality premium. CCGs, can decide whether to select one, several or all measures from the menu and also what proportions of the 30 per cent are attributed to each measure.

a) Reduction in composite measure of avoidable emergency admissions
b) Reduction in delayed transfers of care which are an NHS responsibility
c) Increase in non-elective patients being discharged at weekends or B/H

4.1.2 NHS Merton CCG's Executive Committee and Clinical Reference Group considered the options and have recommended option a and c (in bold), worth 15% each of the total 30% of this category.

4.2. Mental Health

4.2.1 There is a menu of measures for CCGs to choose from locally. The menu is overall worth 30 per cent of the quality premium. CCGs, can decide whether to select one, several or all measures from the menu and also what proportions of the 30 per cent are attributed to each measure.

a) Reduction in the number of breaches of the 4 hour A&E target for those with mental health-related needs, together with a defined improvement in the coding of patients attending A&E

b) Reduction in the number of people with severe mental illness who are currently smokers

c) Increase in the proportion of adults in contact with secondary mental health services who are in paid employment

d) Improvement in the health related quality of life for people with a long term mental health condition

4.2.2 NHS Merton CCG's Executive Committee and Clinical Reference Group considered the options and have recommended option b (in bold), for the total 30% of this category.

4.3. Local Measures

4.3.1 CCGs must choose 2 local measures, worth 10% each (20% in total). These should reflect local priorities identified in joint health and wellbeing strategies. They should be based on indicators from the CCG Outcomes Indicator Set (attached as Appendix A) unless it is agreed that no indicators on this list are appropriate for measuring improvement in the identified local priorities.

4.3.2 NHS Merton CCG's Executive Committee and Clinical Reference Group considered the options and have recommended two indicators (in bold below) that support "improving functional ability in people with long-term conditions", and will measure the success of programmes to redesign pathways and processes for diabetes management:

a) Increase the number of people diagnosed with type 2 diabetes accessing structured education

b) Improve diabetes diagnosis rates

4.3.1 These priorities reflect the CCG's focus on improving long term conditions management in this area in 2015/16.

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. A consultation on the Quality Premium measures was undertaken at the Merton CCG Clinical Reference Group and Executive Management Forums in April and May

5.2. Further consultations were undertaken directly with CCGs Pathway Clinical Leads to determine local priority measures.

6 TIMETABLE

6.1. The quality premium is paid to CCGs in 2016/17, to reflect the quality of the health services commissioned by them in 2015/16. This will be based on measures that cover a combination of national and local priorities described above.

6.2. CCGs will be advised of the level of their quality premium award early in quarter 3 in the 2016/17 financial year

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. The maximum financial value of the Quality Premium is £5 per head of weighted registered population, if all Quality Premium measures and all Constitution standards are met.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. Not applicable

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. None of specific note

10 CRIME AND DISORDER IMPLICATIONS

10.1. Not applicable

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. Being managed as part of each measure deliverable

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix A CCG Outcome Indicator Set

13 BACKGROUND PAPERS

13.1. Quality Premium: 2015/16 guidance for CCGs (http://www.england.nhs.uk/ccg-ois/qual-prem/)

14. OFFICER CONTACT

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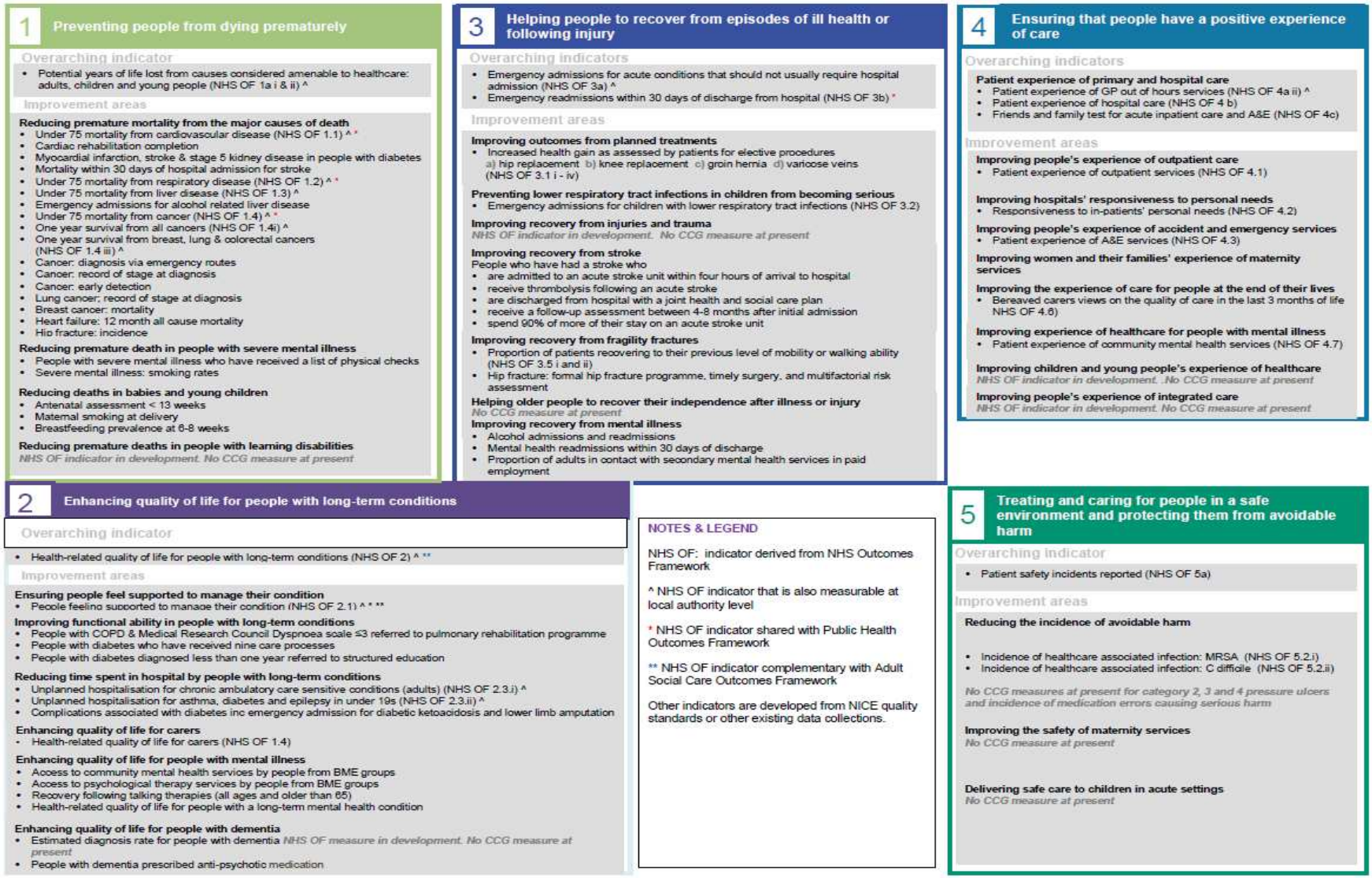
Appendix A: CCG Outcome Indicator Set

http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf
http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-tech-guid.pdf



1 Preventing people from dying prematurely

Overarching indicator

- Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a i & ii) ^

Improvement areas

Reducing premature mortality from the major causes of death
- Under 75 mortality from cardiovascular disease (NHS OF 1.1) ^ *
- Cardiac rehabilitation completion
- Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes
- Mortality within 30 days of hospital admission for stroke
- Under 75 mortality from respiratory disease (NHS OF 1.2) ^ *
- Under 75 mortality from liver disease (NHS OF 1.3) ^
- Emergency admissions for alcohol related liver disease
- Under 75 mortality from cancer (NHS OF 1.4) ^ *
- One year survival from all cancers (NHS OF 1.4i) ^
- One year survival from breast, lung & colorectal cancers (NHS OF 1.4 iii) ^
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer: record of stage at diagnosis
- Breast cancer: mortality
- Heart failure: 12 month all cause mortality
- Hip fracture: incidence

Reducing premature death in people with severe mental illness
- People with severe mental illness who have received a list of physical checks
- Severe mental illness: smoking rates

Reducing deaths in babies and young children
- Antenatal assessment < 13 weeks
- Maternal smoking at delivery
- Breastfeeding prevalence at 6-8 weeks

Reducing premature deaths in people with learning disabilities
NHS OF indicator in development. No CCG measure at present

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

- Health-related quality of life for people with long-term conditions (NHS OF 2) ^ **

Improvement areas

Ensuring people feel supported to manage their condition
- People feeling supported to manage their condition (NHS OF 2.1) ^ * **

Improving functional ability in people with long-term conditions
- People with COPD & Medical Research Council Dyspnoea scale ≤3 referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education

Reducing time spent in hospital by people with long-term conditions
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.i) ^
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.ii) ^
- Complications associated with diabetes inc emergency admission for diabetic ketoacidosis and lower limb amputation

Enhancing quality of life for carers
- Health-related quality of life for carers (NHS OF 1.4)

Enhancing quality of life for people with mental illness
- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health-related quality of life for people with a long-term mental health condition

Enhancing quality of life for people with dementia
- Estimated diagnosis rate for people with dementia *NHS OF measure in development. No CCG measure at present*
- People with dementia prescribed anti-psychotic medication

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

- Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) ^
- Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) *

Improvement areas

Improving outcomes from planned treatments
- Increased health gain as assessed by patients for elective procedures a) hip replacement b) knee replacement c) groin hernia d) varicose veins (NHS OF 3.1 i - iv)

Preventing lower respiratory tract infections in children from becoming serious
- Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)

Improving recovery from injuries and trauma
NHS OF indicator in development. No CCG measure at present

Improving recovery from stroke
People who have had a stroke who
- are admitted to an acute stroke unit within four hours of arrival to hospital
- receive thrombolysis following an acute stroke
- are discharged from hospital with a joint health and social care plan
- receive a follow-up assessment between 4-8 months after initial admission
- spend 90% of more of their stay on an acute stroke unit

Improving recovery from fragility fractures
- Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 i and ii)
- Hip fracture: formal hip fracture programme, timely surgery, and multifactorial risk assessment

Helping older people to recover their independence after illness or injury
No CCG measure at present

Improving recovery from mental illness
- Alcohol admissions and readmissions
- Mental health readmissions within 30 days of discharge
- Proportion of adults in contact with secondary mental health services in paid employment

4 Ensuring that people have a positive experience of care

Overarching indicators

Patient experience of primary and hospital care
- Patient experience of GP out of hours services (NHS OF 4a ii) ^
- Patient experience of hospital care (NHS OF 4 b)
- Friends and family test for acute inpatient care and A&E (NHS OF 4c)

Improvement areas

Improving people's experience of outpatient care
- Patient experience of outpatient services (NHS OF 4.1)

Improving hospitals' responsiveness to personal needs
- Responsiveness to in-patients' personal needs (NHS OF 4.2)

Improving people's experience of accident and emergency services
- Patient experience of A&E services (NHS OF 4.3)

Improving women and their families' experience of maternity services

Improving the experience of care for people at the end of their lives
- Bereaved carers views on the quality of care in the last 3 months of life NHS OF 4.6)

Improving experience of healthcare for people with mental illness
- Patient experience of community mental health services (NHS OF 4.7)

Improving children and young people's experience of healthcare
NHS OF indicator in development. .No CCG measure at present

Improving people's experience of integrated care
NHS OF indicator in development. No CCG measure at present

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicator

- Patient safety incidents reported (NHS OF 5a)

Improvement areas

Reducing the incidence of avoidable harm
- Incidence of healthcare associated infection: MRSA (NHS OF 5.2.i)
- Incidence of healthcare associated infection: C difficile (NHS OF 5.2.ii)

No CCG measures at present for category 2, 3 and 4 pressure ulcers and incidence of medication errors causing serious harm

Improving the safety of maternity services
No CCG measure at present

Delivering safe care to children in acute settings
No CCG measure at present

NOTES & LEGEND

NHS OF: indicator derived from NHS Outcomes Framework

^ NHS OF indicator that is also measurable at local authority level

* NHS OF indicator shared with Public Health Outcomes Framework

** NHS OF indicator complementary with Adult Social Care Outcomes Framework

Other indicators are developed from NICE quality standards or other existing data collections.