NHS Quality Premium 2015/16

Introduction

1. 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, the associated health outcomes and reductions in inequalities.

2. The Quality Premium is a payment to CCGs and is intended to reward CCGs for improvements in the quality of services commissioned and associated improvements in health outcomes and reduction in health inequalities. Should a CCG qualify for the Quality Premium, the payment is made in the following financial year and is non-recurrent. The Quality Premium is one of the enablers within the standard NHS contract to improve quality.

3. The quality premium paid to Bromley CCG in 2016/17 will be a reward for improved outcomes from the services commissioned against the main objectives of the NHS Outcomes Framework and the CCG Outcomes Indicator Set, i.e. reducing premature mortality, enhancing quality of life for people with long-term conditions, helping recovery after acute illness or injury, improving patient experience, and ensuring patient safety;

4. The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. If the CCG qualifies, the total the quality premium is worth approximately £1.6m and will be advised in Q3 2016/17. The payment can only be used according to regulations to improve quality of care or health outcomes and/or reduce health inequalities and an explanation of how it was spent published.

5. This paper and the proposed indicators have been agreed for presentation to the Health and Wellbeing Board by the CCG's Clinical Executive.

Indicators

6. National guidance on quality premiums was issued on 27th April 2015 by NHS England.

Quality Premium indicators must be chosen from the CCG outcomes indicator set (Appendix 1) against the following headings, all of which are mandatory apart from two local indicators.

Measure	Premium	Maximum value
Reducing Premature Mortality Reducing Potential Years of Life Lost	10%	£160K
Urgent & Emergency Care Menu: • Achieving a reduction in avoidable admissions		£480K

• An increase in level of discharges at weekends and bank holidays • Reducing NHS responsible delayed transfers of care	Composite indicator worth a total of 30% across the 3 measures	
Mental Health Menu: • Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E • Improvement in the health-related quality of life for people living with a long-term mental health condition • Reduction in the number of people with severe mental illness who are smokers • Increase the proportion of adults with secondary mental health condition who are in paid employment	Composite indicator worth a total of 30% across the four measures	£480K
Patient Safety Improving Antibiotic Prescribing	10%	£160K
Local Measure 1: •	10%	£160K
Local Measure 2: •	10%	£160K

7. The weighting assigned to each of the two composite measures is for local decision. Each measure should have a local improvement plan to support it which may include an equality and a health inequality analysis.

8. In order to receive the Quality Premium, a CCG must also meet certain criteria (financial and quality gateways) as well as the actual indicators. These include:

a) Good financial management,
b) Not incurring a qualified audit report in respect of 2015/16,
c) NHS England may not award a payment where there is a serious quality failure in 2015/16 (this includes a local provider subject to enforcement action by the CQC, or flagged as a quality compliance risk by Monitor or subject to quality based enforcement action by the Trust Development Agency,
d) In addition to c), the CCG must demonstrate a robust and proportionate response with its partners to resolve a quality failure,
e) The payment will be reduced if the CCG's providers do not meet certain NHS Constitution rights or pledges (18 week Referral to Treatment Time, A&E 4 hr wait, 2 week cancer wait, 8 minute Category A ambulance response calls.

Local Analysis

9. Initial analysis of the indicators was then undertaken by Bromley CCG's performance team in conjunction with public health to produce this set of recommendations for 2015/16. The indicators were also discussed by the CCG's Clinical Executive where it was noted that monitoring against the indicators in year is challenging as the data are often only produced on an annual basis (published the quarter following year end).

National Priorities

10. All CCGs are subject to monitoring for both '**Potential Years of Lives Lost (PYLL)**' and '**Improving Antibiotic Prescribing'**.

11. For Urgent & Emergency Care and Mental Health, CCGs may vary the weightings within the indicator of one of more measures in conjunction with the local Health and Wellbeing Board.

11.1 For the Urgent and Emergency Care indicators, the CCG wishes to give a higher weighting to **increasing the level of discharges at weekends and bank holidays.** This fits in with our overall strategy of ensuring patients leave hospital, with the necessary support (if required), when they are fit to do so. It also complements the seven day working arrangements agreed with King's College Hospital.

11.2 **For the Mental Health indicator**, the CCG wishes to allocate a higher weighting to the following two priorities:

- Improvement in the health-related quality of life for people with a long-term mental health condition
- Increase the proportion of adults with secondary mental health conditions who are in paid employment

12. The CCG feels that by delivering against these two measures a positive improvement in the quality of life for people living with mental health condition would be demonstrable.

Local Priorities

13. In addition, the CCG has to choose <u>two local measures</u> from the CCG Outcomes Indicator Set (72 indicators across five domains) again in conjunction with the Health and Wellbeing Board and NHS England local team.

14. The CCG has made an assessment on CCG performance to date against all of the indicators (Appendix 1). It became apparent during this assessment that no baseline or performance data was available for over half of the measures, as the indicators were 'In development' or 'Not yet assured'. In addition some measures were deemed 'Live' and 'Assured' but the first data collection had not yet occurred.

15. Those measures with no data were therefore excluded from consideration. The list was then reduced further by removing indicators where performance was based on data prior to 2013/14 or where the CCG's performance was shown on the Outcomes Tool as 'Better Outcomes' i.e. already at a satisfactory or good level.

16. The following measures remained, where data was more up to date and performance was either red or amber rated and an improvement would therefore lead to improvements in quality of service or outcomes. These measures were assessed to determine their strategic fit Bromley's strategic aims.

See table below: Options for local priority quality premium indicators

Measure	Tool Outcome	CCG Value	England Value	Cluster Value	Date Covered
Enhancing quality of life for people with long-term conditions - 18 and over feeling supported	Interquartile range	65.1	64.3	52.4	2013/14
Improving the quality of life for people with dementia - Estimated diagnosis rate for people with dementia	Worse outcomes	57.56%	60.78%	65.79%	Monthly - DPC
Health related quality of life for carers	Interquartile range	0.82	0.8	0.82	2013/14
Ensuring that people have a positive experience of care - Patient experience of GP out of hours services	Worse outcomes	60.9	66.2	63.8	2013/14
Ensuring that people have a positive experience of care - Patient experience	Worse outcomes	72.1	76.5	75.9	2013/14
Improvements in hospital' responsiveness to personal needs - Responsiveness to inpatients' personal needs	Worse outcomes	63.2	68.4	67.4	2013/14
Reducing the incidence of avoidable harm (Infections) - Incidence of healthcare associated infection - MRSA	Interquartile range	1.53	1.6	1.6	2013/14

17. Following analysis the two local measures PROPOSED ARE;

i. **Dementia Diagnosis Rate** - this ties in with the Better Care Fund investment plans and also to provider CQUINs or Local Incentive Schemes - data is readily available and the CCG will be able to positively influence delivery

ii. Ensuring that **people have a positive experience of care** – although not directly under the control of the CCG, the CCG recognises that improving patient experience of hospital care is a priority locally and is keen to work with our providers to secure improvement for our patients

18. The two measures were chosen because it was felt that they would have the most significant impact on quality for the people of Bromley. Patient experience of hospital care has been in the worst quartile for a number of years and it is hoped that if this can be improved a positive effect will be seen against a number of other indicators. In addition to dementia tying in with the Bromley Better Care Fund plans the CCG recognises that this is an area that requires significant improvement in order to meet the needs of our ageing population.

Summary

19. The following quality premium indicators are proposed for 2015/16. The CCG has advised NHSE London of our intended quality premium indicators with the caveat that there has not been a Health and Well Being Board since the national guidance was issued in April and thus they may be subject to change.

Measure	Premium weighting
Reducing Premature Mortality Reducing Potential Years of Life Lost	10%
Urgent & Emergency Care Menu: • Achieving a reduction in avoidable admissions • An increase in level of discharges at weekends and bank holidays • Reducing NHS responsible delayed transfers of care	*(can be varied)* 5% 20% 5%
Mental Health Menu: • Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E • Improvement in the health-related quality of life for people living with a long-term mental health condition • Reduction in the number of people with severe mental illness who are smokers • Increase the proportion of adults with secondary mental health condition who are in paid employment	*(can be varied)* 5% 10% 5% 10%
Patient Safety Improving Antibiotic Prescribing	10%
Local Measure 1: • Estimated Diagnosis Rate for People with Dementia	10%
Local Measure 2: • Patient Experience of Hospital Care	10%

The table below sets out the potential reduction to any quality premium earned if the providers from who the CCG commissions services do not meet the NHS Constitution requirements for the selected patient rights or pledges.

NHS Constitution Requirement	Reduction to Quality Premium
Maximum 18 weeks from Referral to Treatment • 90% Completed Admitted standard • 95% Completed Non Admitted standard • 92% Incomplete standard	 10% 10% 10%
Maximum four hour wait 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%

Appendix 1

CCG Outcomes Indicator Tool - Reported Performance - Bromley CCG

		Tool Outcome	CCG Value	England	Cluster	Date
Domain One - Preventing people from dying prematurely						
C1.1	Reduction in potential years of life lost (PYLL) from causes amenable to healthcare - Female	Better outcomes	1369	1845	1646	2013
C1.1	Reduction in potential years of life lost (PYLL) from causes amenable to healthcare - Male	Better outcomes	1546	2215	1860	2013
C1.2	Reducing premature mortality from the major causes of death: Cardiovascular disease - Under 75 years mortality rate	Better outcomes	51.0	64.9	54.3	2013
C1.3	Reducing premature mortality from the major causes of death: Cardiovascular disease - Cardiac rehabilitation completion	No Data				Available December 2016
C1.4	Reducing premature mortality from the major causes of death: Cardiovascular disease - Myocardial infection, stroke and stage 5 chronic kidney disease in	Interquartile range	1.7	1.98	1.85	2011/12
C1.5	Reducing premature mortality from the major causes of death: Cardiovascular disease - Mortality within 30 days of hospital admission for stroke.	No Data				Available December 2015
C1.6	Reducing premature mortality from the major causes of death: Respiratory disease - Under 75 years mortality rate	Better outcomes	21.0	28.1	22.8	2013
C1.7	Reducing premature mortality from the major causes of death: Liver disease - Under 75 years mortality rate	Better outcomes	7.83	15.5	12.99	2013
C1.8	Reducing premature mortality from the major causes of death: Liver disease - Emergency admissions for alcohol-related disease	Better outcomes	12.5	24.1	15.96	2013/14
C1.9	Reducing premature mortality from the major causes of death: Cancer - Under 75 mortality rate	Better outcomes	96.8	122.1	111.7	2013
C1.10	Reduced years of life lost from Cancer - One year survival from all Cancers	Interquartile range	68.5	67.8	68.2	Diagnosed 2011
C1.11	Reduced years of life lost from Cancer - One year survival from breast, lung and colorectal Cancers	Interquartile range	69.3	69.3	69.6	2011
C1.12	Reducing premature death in people with severe mental illness	No Data				Available June 2015
C1.13	Reducing deaths in babies and young children - Antenatal assessments <13 weeks	No Data	224			**TBC**
C1.14	Reducing deaths in babies and young children - Maternal smoking at delivery	No Data	0.05870021			**TBC**
C1.15	Reducing deaths in babies and young children - Breast feeding prevalence at 6-8 weeks	No Data	0.60431218			**TBC**
C1.16	Reducing premature mortality from the major causes of death: Cancer - Cancer diagnosis via emergency routes	No Data				Available June 2015
C1.17	Reducing premature mortality from the major causes of death: Cancer - record stage at diagnosis	Worse outcomes	48.3	59.4	51.5	2012
C1.18	Reducing premature mortality from the major causes of death: Cancer - early detection	No Data				Available June 2015
C1.19	Reducing premature mortality from the major causes of death: Cancer - Lung Cancer record of stage at diagnosis	No Data				Available March 2016
C1.20	Reducing premature mortality from the major causes of death: Cancer - Breast Cancer - Mortality	No Data				Available June 2015
C1.21	Reducing premature mortality from the major causes of death: Cardiovascular disease - Heart Failure 12 month all cause mortality	No Data				**TBC**
C1.22	Reducing premature death from fragility fractures - Hip fracture - incidence	No Data				Available December 2015
C1.23	Reducing premature death in people with severe mental illness - Server metal illness smoking rates	No Data				Available June 2015
Domain Two - Enhancing the quality of life of people with long-term conditions						
C2.1	Enhancing quality of life for people with long-term conditions	Better outcomes	0.79	0.74	0.77	2013/14
C2.2	Enhancing quality of life for people with long-term conditions - 18 and over feeling supported	Interquartile range/ Worse outcome	65.1	64.3	52.4	2013/14
C2.3	Improving functional ability for people with long term conditions - COPD and MRC Dyspnoea Scale >3 referred to a pulmonary rehabilitation programme	No Data				Available June 2015
C2.4	Improving functional ability for people with long term conditions - Diabetes who have received all nine care processes	No Data				Available March 2016
C2.5	Improving functional ability for people with long term conditions - Diabetes diagnosed less than a year who are referred to structured education	No Data				Available March 2016
C2.6	Reducing time spent in hospital for people with long-term conditions - Unplanned hospitalisation for ACS conditions - Adults	Better outcomes	376	781	597	2013/14
C2.7	Reducing time spent in hospital for young people with specific long-term conditions that should be managed outside - Unplanned hospitalisation for asthn	Better outcomes	136.7	306.9	230.3	2013/14
C2.8	Reducing time spent in hospital for people with long term conditions - complications associated with diabetes, inc emergency admission for diabetic ketoa	No Data				Available March 2016
C2.9	Enhancing the quality of life for people with severe mental illness - community health services by people from BME groups	No Data				Available December 2015
C2.10	Enhancing the quality of life for people with severe mental illness - Access to psychological therapy services by people from BME groups	No Data				Available December 2015
C2.11	Enhancing the quality of life for people with severe mental illness - Recovery following talking therapies for people of all ages	No Data				**TBC**
C2.12	Enhancing the quality of life for people with severe mental illness - Recovery following talking therapies for people older than 65	No Data				**TBC**
C2.13	Improving the quality of life for people with dementia - Estimated diagnosis rate for people with dementia	Worse outcomes	57.56%	60.78%	65.79%	Monthly - DPC
C2.14	Improving the quality of life for people with dementia - People with dementia prescribed anti-psychotic medication	No Data				Available September 2015
C2.15	Health related quality of life for carers	Interquartile range	0.82	0.8	0.82	2013/14
C2.16	Health related quality of life for people with a long-term mental health condition	No Data				Available September 2015
Domain Three - helping people to recover from ill health or following injury						
C3.1	Helping people to recover from episodes of ill health or following injury - Emergency admissions for acute conditions that should not usually require hosp	Better outcomes	477	1164	959	2013/14
C3.2	Helping people to recover from episodes of ill health or following injury - Emergency readmissions within 30 days of discharge from hospital	Interquartile range	12.22	11.76	11.41	2010
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - hip replacement	Worse outcomes	0.41	0.41	0.42	2012/13
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - knee replacement	Worse outcomes	0.31	0.31	0.31	2012/13
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - groin hernia	Worse outcomes	0.07	0.07	0.08	2012/13
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - varicose veins	Worse outcomes	0.12	0.10	0.09	2012/13
C3.4	Preventing lower respiratory tract infections in children from becoming serious - emergency admissions for children with lower respiratory tract infection	Better outcomes	185	367.7	330.6	2013/14
C3.5	Improving recovery from stroke - people who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital	No Data				Available December 2015
C3.6	Improving recovery from stroke - people who have had a stroke who receive thrombolysis following and acute stroke	No Data				Available December 2015
C3.7	Improving recovery from stroke - People who have had a stroke who are discharged from hospital with a joint health and social care plan	No Data				Available December 2015
C3.8	Improving recovery from stroke - People who have had a stroke who receive a follow up assessment between 4-8 months after initial admission	No Data				Available December 2015
C3.9	Improving recovery from stroke - People who have had a stroke who spend 90% or more their stay on a stroke unit	No Data				Available December 2015
C3.10	Improving recovery from fragility fractures - Proportion of patients recovering to their previous level of mobility or walking ability	No Data				Available December 2015
C3.11	Improving recovery from fragility fractures - Hip fracture: formal hip fracture programme	No Data				Available December 2015
C3.12	Improving recovery from fragility fractures - Hip fracture: timely surgery	No Data				Available December 2016
C3.13	Improving recovery from fragility fractures - Hip fracture: multifactorial risk assessment	No Data				Available December 2015
C3.14	Improving recovery from mental health conditions - Alcohol admissions	No Data				**TBC**
C3.15	Improving recovery from mental health conditions - Alcohol readmissions	No Data				**TBC**
C3.16	Improving recovery from mental health conditions - Readmissions to mental health within 30 days of discharge	No Data				**TBC**
C3.17	Improving recovery from mental health conditions - proportion of adult in contact with secondary mental health services in paid employment	No Data				**TBC**
Domain Four - Ensuring that people have a positive experience of care						
C4.1	Ensuring that people have a positive experience of care - Patient experience of GP out of hours services	Worse outcomes	60.9	66.2	63.8	2013/14
C4.2	Ensuring that people have a positive experience of care - Patient experience of hospital care	Worse outcomes	72.1	76.5	75.9	2013/14
C4.3	Ensuring that people have a positive experience of care - Friends and family test	No Data				**TBC**
C4.4	Ensuring that people have a positive experience of care - patients experience of outpatient services	No Data				**TBC**
C4.5	Improvements in hospital' responsiveness to personal needs - Responsiveness to inpatients' personal needs	Worse outcomes	63.2	68.4	67.4	2013/14
C4.6	Improvements in patient's experience of accident and emergency departments	No Data				**TBC**
C4.7	Improving women's and their families experience of maternity services	No Data				**TBC**
C4.8	Improvement in the experience of healthcare for adults (18 years and above) with a mental illness	No Data				**TBC**
C4.9	Improving the experience of care for people at the end of their lives - Bereaved carers' views on the quality of care in the last three months of life	No Data				**TBC**
Domain Five - Treating and caring for people in a safe environment and protecting them from harm						
C5.1	Patient safety incidents reported	No Data				
C5.3	Reducing the incidence of avoidable harm (Infections) - Incidence of healthcare associated infection - MRSA	Interquartile range	1.53	1.6	1.6	2013/14
C5.4	Reducing the incidence of avoidable harm (Infections) - Incidence of healthcare associated infection - Clostridium Difficult (C.difficile)	Better outcomes	16.8	24.01	20.23	2013/14

Data source :- http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html