Quality Premium 2015/16

To:	**Thanet Health and Wellbeing Board - 11 June 2015**
By:	**Adrian Halse, Senior Business Analyst, NHS Thanet Clinical Commissioning Group**
Classification:	**Unrestricted**
Ward:	**All wards**

Summary: **This report explains the quality premium and the criteria which will be applied to it in 2015/16. It identifies specific indicators chosen by the Thanet Clinical Commissioning Group and asks the Board to ratify this indicator set.**

For Decision

1.0 Introduction and Background

1.1 The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

1.2 The quality premium available to Thanet CCG is theoretically around £700,000, however, the amount achieved is likely to be significantly less than this.

1.3 Quality Premium payments for achievements in 2015/16 will be paid in 2016/17.

1.4 Quality Premium payments should be used by CCGs to secure improvement in:

a) The quality of health services
b) The outcomes achieved from the provision of health services; or
c) Reducing inequalities between patients in terms of their ability to access health services or the outcomes achieved

1.5 The Quality premium is paid primarily on the CCGs achievement against a set of measures which are each worth a certain percentage of the total premium available. The measures for 2015/16 are set out in section 3.0 below.

2.0 Restrictions on Payment

2.1 There are a number of criteria which may limit the amount available or prevent payment completely. These include:

a) Poor financial management (e.g. qualified audit report or adverse variance at year end): could result in all payment being withheld.

b) Serious quality failure which could result in all payment being withheld.

c) Failure to achieve constitutional targets. This could lead to varying reductions in the amount available as explained in the table below.

NHS Constitution requirement	Reduction to Quality Premium
Maximum 18 weeks from referral to treatment, comprising: • 90% Completed Admitted standard; • 95% Completed Non-admitted standard; • 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%

2.2 At present, East Kent Hospitals University Foundation Trust (EKHUFT) are failing to achieve two of the 18 week standards and the A&E 4hr wait standard. Recovery plans are in place but they do not forecast compliance in the early part of the year. This means that it is very unlikely that these standards will be achieved for the year as a whole. This would bring the maximum quality premium available to Thanet CCG down to £350,000.

3.0 Quality Premium Measures

3.1 The quality premium is paid on the basis of achievement of certain measures. Some measures are mandatory but there is some flexibility around measures for urgent and emergency care and mental health. There is also a requirement to identify 2 local measures which must be taken from, or link closely to the CCG Outcomes Indicator Set (see Annex 1).

3.2 The following table explains how the various quality premium measures are used to calculate payment of the quality premium.

Measure	% of Quality Premium	Threshold for payment	Comments
Reducing potential years of life lost			
Reducing potential years of lives lost through causes considered amenable to healthcare.	10%	Achieve reduction agreed with H&W Board and NHS England Local Area Team.	This measure is compulsory.
Urgent and emergency care			
Avoidable emergency admissions.	30% - CCGs can choose one, two or three of these indicators and specify how much of the percentage total applies to each one.	Reduction or 0% change in annualised 4yr trend over 2012/13 to 2015/16 or less than 1,000 per 100,000 population.	The CCG expects to see improvements this year, but it is not currently clear whether they would be significant enough to alter the annualised 4yr trend.
Delayed transfers of care which are NHS responsibility.		Reduction on 2014/15 actual.	The CCG's performance is calculated as a percentage of the Kent County Council figures rather than the EKHUFT figures so would be dependent on improvements in the other Acute Hospital Trusts as well as EKHUFT.

Measure	% of Quality Premium	Threshold for payment	Comments
Number of non-elective patients who are discharged at weekends or bank holidays.		At least 0.5% points higher in 2015/16 than 2014/15.	With the continuation of the Integrated discharge team and the intended implementation of discharge to assess, this is an area that we could expect an improvement.
Mental Health			
Proportion of A&E patients with a primary diagnosis of mental health-related needs spending more than 4 hours in A&E AND Proportion of A&E diagnosis codes at A&E with a valid code.	30% - CCGs can choose one, two, three or four of these indicators and specify how much of the percentage total applies to each one.	90% with correct code and MH A&E performance same as or better than overall A&E performance (or better than 95%).	Currently EKHUFT do not report the primary diagnosis code so it would not be possible to achieve this in 2015/16.
Number of people with severe mental illness who are currently smoking.		Reduction between 31 March 2015 and 31 March 2016.	Kent and Medway Partnership Trust (KMPT) have a plan to improve smoking cessation among patients over the coming year. Public Health are looking to target smoking in general over the coming year. The data is based on GP records rather than KMPT data and may require additional work to improve data quality.
Proportion of adults in contact with secondary mental health services who are in paid employment.		Reduction between Q4 2014/15 and Q4 2015/16.	KMPT does not have confidence that a reduction could be delivered this year.
Health related quality of life for people with a long term mental health condition.		A reduction in difference between the health related quality of life for people with any long term conditions compared to those with a mental health long term condition.	There are concerns that the small number of respondents to the survey who state that they have a long term mental health condition could skew the figures making this an unreliable measure of performance.
Improving antibiotic prescribing			
Number of antibiotics prescribed in primary care.	5%	1% reduction from 2013/14 value.	This measure is compulsory.
Proportion of broad spectrum antibiotics prescribed in primary care.	3%	10% reduction from 2013/14 value or below 2013/14 median for all English CCGs.	This measure is compulsory.
Secondary care providers validating their total antibiotic prescription data.	2%	Providers with 10% or more of their activity commissioned by TCCG have validated their total antibiotic prescribing data as certified by PHE.	This measure is compulsory.
Local measures			
CCG must choose 2 local measures based on local priorities.	20% (10% for each measure)	Depends on the measure. Must be agreed with NHS England Local Area Team	Local measures must be taken from or link closely to the CCG Outcome Indicators Set (Annex 1).

Measure	% of Quality Premium	Threshold for payment	Comments
		and Health and Wellbeing Board.	

4.0 Measures identified by the CCG

4.1 The CCG has been advised to choose measures which link to local priorities and where a positive impact is expected over the coming year.

4.2 Thanet CCG's Clinical Leadership Team identified the following indicators for those areas where there is a choice:

Urgent and Emergency Care	30% aligned to *Number of non-elective patients who are discharged at weekends or bank holidays*.
Mental Health	30% aligned to *Number of people with severe mental illness who are currently smoking*.
Local Priorities	10% aligned to *C2.5 People with diabetes diagnosed less than a year who are referred to structured education*. 10% aligned to *C3.12 Hip fracture: timely surgery*.

4.3 The Thanet Health and Wellbeing Board is asked to ratify the choice of these indicators.

5.0 Options

5.1 To ratify the list of indicators as set out in 4.2.

6.0 Next Steps

6.1 The list of indicators will be discussed with the NHS England Local Area Team and specific targets will be agreed as required.

6.2 Progress will be monitored throughout the year.

7.0 Recommendation(s)

7.1 That the Board ratifies the list of indicators set out in 4.2.

8.0 Decision Making Process

8.1 The indicators set must ultimately be approved by the NHS England Local Area Team.

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Annex List

Annex 1	CCG Outcomes Indicator Set

Background Papers

Title	Details of where to access copy
None	N/A