Quality Premium 2015/16

To:	**Thanet Health and Wellbeing Board, 26 May 2016**
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 2016/17. 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, due to restrictions on payment.

1.3 Quality Premium payments for achievements in 2016/17 will be paid in 2017/18.

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 2016/17 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 - incomplete standard.	25%
Maximum four hour waits in A&E departments.	25%
Maximum 14 day wait from an urgent GP referral for suspected cancer.	25%
Maximum 8 minutes responses for Category A (Red 1) ambulance calls.	25%

2.2 At present, East Kent Hospitals University Foundation Trust (EKHUFT) are failing to achieve the 18 week standard and the A&E 4hr wait standard. Recovery plans are in place and progress is being monitored closely.

3.0 Quality Premium Measures

3.1 The quality premium is paid on the basis of achievement of certain measures.

3.2 Mandatory measures make up 70% of the available award. They are listed in the following table:

Measure	% of Quality Premium	Threshold for payment
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour*)	20%	To earn this portion of the quality premium, CCGs will need to either: 1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 and 2 in the 2016 calendar year compared to the 2015 calendar year. Or 2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 and 2 in the 2016 calendar year.
Proportion of new first outpatient appointment GP referrals into consultant-led services booked through the e-referrals system (all two week waits referrals are also included). This excludes referrals into community services and Mental	20%	To earn this portion of the quality premium, CCGs will need to, either: 1. Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals), or; 2. March 2017 performance to exceed March 2016 performance by 20

Measure	% of Quality Premium	Threshold for payment
Health which are set up as triage or non-consultant led services.		percentage points
The proportion of people who describe their experience of making a GP appointment as very good or fairly good.	20%	To earn this portion of the quality premium, CCGs will need to demonstrate in the July 2017 publication, either: 1. Achieve a level of 85% of respondents who said they had a good experience of making an appointment, or; 2. A 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment
Reduction in the number of antibiotics prescribed in primary care.	5%	The required performance in 2016/17 must either be: 1. a 4% (or greater) reduction on 2013/14 performance OR 2. equal to (or below) the England 2013/14 mean performance of 1.161 items per STAR-PU
Number of co-amoxiclav, cephalosporins and quinolones as a proportion of the total number of selected antibiotics prescribed in primary care	5%	Either: 1. to be equal to or lower than 10%, or 2. to reduce by 20% from each CCG's 2014/15 value

3.3 The remaining 30% of the quality premium will be allocated on the basis of achievement of three locally set measures and targets.

3.4 This year, the local element of the quality premium focuses on the Right Care programme.[1] CCGs are expected to identify three measures worth 10% each. The measures must be identified from the Commissioning for Value packs.[2] The full list of these measures is attached as annex 1.

3.5 Thanet CCG has submitted the following three measures and is waiting for approval from NHS England:

[1] The Right Care programme aims to maximise value by tackling unwarranted variation in healthcare outcomes and costs across the country.

[2] Commissioning for Value packs are tools that support the Right Care programme by helping CCGs identify the areas where they are outliers in terms of health outcomes and costs compared to CCGs with similar demographics.

17 - Genito-Urinary - Reported to estimated prevalence of CKD (%)	As noted in our operational plan, Right Care has highlighted cardio vascular disease, and tackling diabetes is also a key concern for the CCG in 2016/17. A key part of this work will be ensuring that more is done in primary care to prevent the need for secondary care interventions. CKD is linked to bother cardio vascular and diabetes and practices will need to continue to achieve high rates of diagnosis as part of this work. The intention is to exceed the national average.
37 - Mental Health - Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression	Mental health outcomes have been highlighted in the RightCare data for Thanet and improving access to psychological therapies is a key part of our operational plans around mental health next year. The intention will be to exceed the national average in terms of access rates.
43 - Mental Health - % of people who are "moving to recovery" of those who have completed IAPT treatment	Mental health outcomes have been highlighted in the RightCare data for Thanet and improving access to psychological therapies is a key part of our operational plans around mental health next year. The intention will be to exceed the national average in terms of recovery rates.

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

4.0 Options

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

5.0 Next Steps

5.1 The list of indicators and suggested targets will be reviewed by NHS England Local Team for Kent Medway, Surrey and Sussex.

5.2 Progress will be monitored throughout the year.

6.0 Recommendation(s)

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

7.0 Decision Making Process

7.1 The indicators set must ultimately be approved by the NHS England Local Team for Kent Medway, Surrey and Sussex.

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Annex List

Annex 1	List of indicators available for use as local measures

Background Papers

Title	**Details of where to access copy**
N/A	
