TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

24th SEPTEMBER 2014

CCG QUALITY PREMIUM 2014/15

REPORT OF NHS TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

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 reducing health inequalities.

The quality premium paid to CCGs in 2015/16 will reflect the quality of the health services commissioned by them during 2014/15. The payment is based on six measures that cover a combination of national and local priorities. These are:

- Reducing potential years of life lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15% of quality premium);
- Improving access to psychological therapies (15% of quality premium);
- Reducing avoidable emergency admissions (25% of quality premium);
- Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15% of quality premium);
- Improving the reporting of medication-related safety incidents based on a locally selected measure (15% of quality premium);
- A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15% of quality premium).

All of the measures except avoidable emergency admissions include the ability for CCGs and local partners to set either partially or fully the level of improvement to be achieved. These together with the additional local measure, need to be agreed by individual CCGs with their Health and Wellbeing Board and with the relevant NHS England Area Team.

2. RECOMMENDATIONS

That the Board agreed the quality premium targets for the Telford & Wrekin Clinical Commissioning Group (CCG) as set out in Section 3 (Impact of Action) of this report under each of the key measures.

3. IMPACT OF ACTION

- **Reducing potential years of life lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality**

A 3.2% reduction in PYLLs has been established based on the 2012 (calendar year) figures. The baseline used will be the 2013 year end outturn and the payment based on the reduction achieved in 2014.

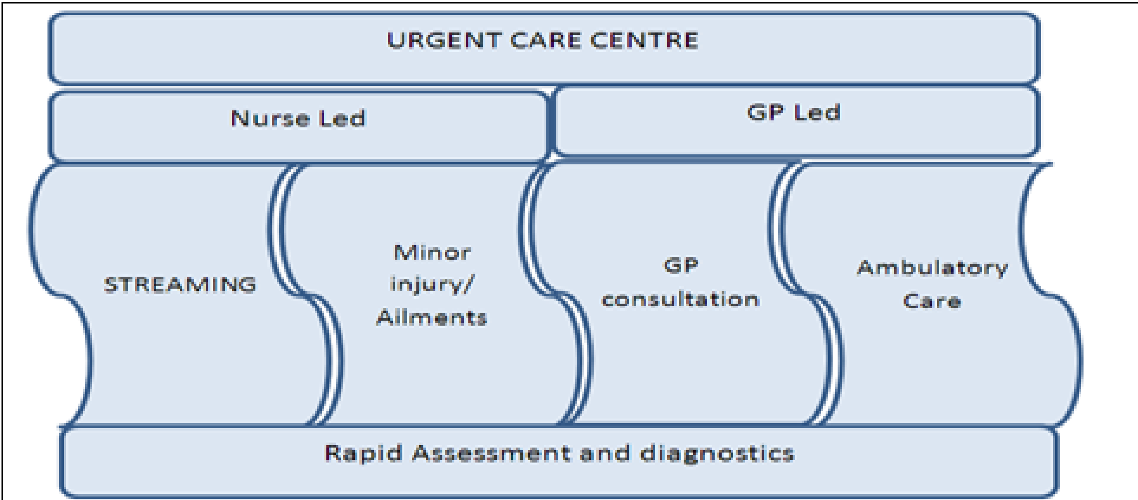
- **Improving access to psychological therapies**

- Equity of access to psychological therapies
- ‘Parity of Esteem’, granting equal priority to mental health as to physical health

- **Reducing avoidable emergency admissions**

There are several priority projects that will contribute towards a successful admissions avoidance programme:
- Better Care Fund (BCF)
- Urgent Care Centre
- Redesign of local primary and community healthcare offer as part of the urgent care system
- Avoidable Admissions Enhanced Services
- WMAS ‘see and treat’

The Urgent Care Centre models differ slightly across the country but they are mainly predicated on four functions: streaming; treatment of minor ailments and injuries; GP consultation; and ambulatory care; all underpinned by rapid assessment and treatment, illustrated in the diagram below.



Urgent Care Centres work cooperatively and in partnership with secondary care acting, in some cases, as multidisciplinary teams.

Clear pathways will be in place to deliver community-based care as an alternative to admission.
Effective primary to secondary care ambulatory care assessments and diagnostics will be delivered within the acute medical unit (AMU).

Reductions in emergency admissions measured in a number of ways:

- Reductions in the overall number of avoidable emergency admissions
- Reductions in the number avoidable admissions of patients who are 65+ years
- Reductions in 0-1 day Length of Stay

➢ **Addressing issues identified in the 2013/14 Friends and Family Test** (FFT), supporting roll out of FFT in 2014/15 and showing improvement in **a locally selected patient experience indicator**

The indicator chosen in the CCG's 5-year strategic planning document provided to the Area Team is for hospital inpatients, and the improvement should be 4 per cent year on year over 5 years.

E.A.5	The proportion of people reporting poor patient experience of inpatient care
Baseline	158.6
2014/15	152.3
2015/16	146.2
2016/17	140.3
2017/18	134.7
2018/19	129.3

Table from 5-year strategic planning template, submitted to NHS England on 14th April 2014.

- **Improving the reporting of medication-related safety incidents based on a locally selected measure**

- Analysis of medication safety incidents at a local and national level allows risks to be identified and communicated to healthcare providers
- Improving medication incident reporting and learning will increase patient safety.
- Improved reporting to the National Reporting and Learning System (NRLS) will ensure that local learning is cascaded to a national level

- **Reducing Smoking at Time of Delivery (SaToD)**

In England in 2012/13, the percentage of mothers smoking at delivery was 12.7 per cent. In Telford and Wrekin, this figure was 22.4 per cent.

The target for 2014/15 for Telford and Wrekin is a reduction in numbers of mothers SaToD to 20%. It is hoped that this will improve the life chances of children born in Telford and Wrekin.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	All
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	No	*No*
	Will the proposals impact on specific groups of people?	
	Yes	*Borough-wide impact*
TARGET COMPLETION/DELIVERY DATE	*31st March 2015 – This is a yearly target and is reported through the CCG Planning Performance Quality subgroup of the Board.*	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	*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.*
LEGAL ISSUES	No	N/A
EQUALITY & DIVERSITY	Yes	*The delivery of the quality premiums will enhance the outcomes for patients within the defined areas.*
IMPACT ON SPECIFIC WARDS	Yes	*Borough-wide impact*
PATIENTS & PUBLIC ENGAGEMENT	No	*No there has been no specific engagement around the quality premium. These have been established based on CCG priority areas.*
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	*Opportunity is to improve the patient outcomes across the areas defined.*

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

- **Reducing potential years of life lost (PYLL) through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (actions apply to CCG and Public Health)**

The table below provides a summary of the top causes of PYLL for Telford and Wrekin for the period 2010-2012. The table demonstrates that cardiovascular diseases (CVD) and cancers are the most significant contributor to PYLL, accounting for more than 74% of the total. These are key Health and Wellbeing Board priorities given the significant impact on life expectancy.

NHS Telford and Wrekin CCG	PYLL from causes considered amenable to healthcare (2010-12)	
Condition (ICD10 group)	**Potential years lost**	**% of total PYLL**
Ischaemic heart disease (Coronary Heart Disease)	4,675	33%
Neoplasms (cancer)	4,075	29%
Cerebrovascular diseases (Stroke/ Transient Ischaemic Attack)	1,803	13%
Respiratory diseases	941	7%
Total PYLL	**14,186**	

The CCG has had early discussions with Local Authority Public Health on how to work collaboratively to achieve this indicator, taking into account the priority areas of coronary heart disease (CHD); stroke; cancers (bowel and breast predominately); and respiratory. Two recent publications have helped inform initial discussions. The first; “Living Well for Longer” (NHS England April 2014), highlights some of the high impact interventions to reduce premature mortality. The second, “Our ambition to reduce premature mortality" (NHS England December 2013), provides a framework and toolkit resource to commissioners.

Together, the CCG and Public Health have undertaken a gap analysis of current commissioning arrangements and drawn up a joint plan that is cross-referenced with the diagnosis (ICD-10) codes used to record the causes considered amenable to healthcare.

- **Improving access to psychological therapies (action applies to the CCG)**

The Department of Health is keen to ensure that all patients have the same equity of access to mental health services as those requiring access for physical health problems – i.e. Parity of Esteem. In 2009 a new initiative was developed to improve access to care which was called Improving Access to Psychological Therapy (IAPT). IAPT is a national target to ensure that people experiencing anxiety and depression have access to talking therapies, in particular Cognitive Behavioural Therapy (CBT). There are two elements to the target:

- 15% of the population with anxiety and depression will have accessed IAPT services by April 2015;
- 50% of those people accessing therapy will have reached recovery (as defined nationally).

The CCG provides quarterly reports to NHS England to ensure compliance with the target. The service is provided by South Staffordshire & Shropshire NHS Foundation Trust.
At the end of 2013/14 the percentage of people accessing the service was 9.8 per cent: this exceeded the target of 9%.

- **Reducing avoidable emergency admissions (action applies to the CCG)**

Develop and implement new pathways from GPs and West Midlands Ambulance Service (WMAS) for potential admissions for identified conditions including Urinary Tract Infections; Respiratory conditions; Falls; and End of Life care. Target population: those with long term conditions or ambulatory care needs.

Develop and implement Ambulatory Care pathways with Shropshire Community Trust, GP, Council and hospital staff (primary and secondary care interface) to complete rapid assessment and diagnostics and return home with appropriate treatment and support. These pathways would support the acute specialist interventions to manage escalating Long Term Conditions (LTCs), as well as the conditions identified above.

- **Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (action applies to the CCG)**

- **Reducing the number of patients reporting a poor hospital experience**

The NHS Friends and Family Test is part of a systematic approach to improving patient experience and is based on one simple question (would they would recommend hospital wards, accident and emergency units to a friend or relative based on their treatment) that ensures that local hospitals and the public get regular, up to date feedback on what patients think about

their services. It provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of patients. This leads to a more positive experience of care for patients.

The indicator chosen in the CCG's 5 year strategic planning document provided to the Area Team is for hospital inpatients and A&E and the percentage improvement should be 4% year on year over 5 years (see chart in impact section). Additionally, the CCG is looking for an improvement on the target average score for positive responses from 75% in 13/14 to 80% in 2014/15. This is generally aligned to Shropshire CCG's targets.

In 2013/14 our main acute provider (Shrewsbury & Telford Hospitals) has struggled with responses to the FFT, particularly in A&E. The CCG is in continual dialogue with the Trust and Area Teams to explore how the capture rate and score can be improved. Currently, the Trust has had a successful 1-month pilot in the use of volunteers when capturing the data and this will now be rolled out for a longer period. This has already had a positive impact on the scores.

The Robert Jones & Agnes Hunt NHS FT is already among the top 5 trusts nationally.

- **Improving the reporting of medication-related safety incidents based on a locally selected measure (action applies to the CCG)**

Research evidence indicates that 5% of prescription items issued in general practice contain errors. 0.18% contain serious errors.

Between January and December 2013:
2,744,347 prescription items were dispensed in Telford. If we assume a 5% error rate, there were 137,217 errors. If we assume a 0.18% serious error rate, there were 4,940 serious errors.

Only 10 medicines related safety incidents were reported to the CCG between April-December 2013.

A Patient Safety Incident (PSI) is any unintended or unexpected incident, which could have or did lead to harm.

Medication errors are PSI incidents where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or provision of medicines advice. These can be divided into two categories:-
1. Error of commission e.g. wrong medicine or wrong dose
2. Error of omission e.g. omitted dose or failure to monitor

Proposal

During 2014/15 the CCG will work closely with GP practices, Community Pharmacies and Care Homes across Telford to improve medication-related incident reporting and learning.

The CCG currently receives on average 3.25 medication-related safety incidents reports from primary care per quarter. The CCG will increase reporting by at least 100% during 2014/15 and will commit to receiving and learning from a minimum of 7 incident reports during Q4 2014/15.

- **A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies: Mother's Smoking at Time of Delivery status (actions apply to CCG and Public Health)**

Reducing Smoking at Time of Delivery (SaToD)

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality. Babies from deprived backgrounds are more likely to be born to mothers who smoke, and to have much greater exposure to second-hand smoke in childhood.

The following actions will be taken forward in 2014/15:

- Increased contract with North 51 (smoking cessation provider) until end of March 2015
- Develop an 'opt out' referral from sonographers at 20 week scan
- Look at having a stop smoking service presence at the consultant-led sessions at PRH
- Check phone numbers for clients are the same on all databases
- Develop resources for professionals to give smoking mothers-to-be about issues such as
  - Wanting babies to sleep through the night
  - Low birth weight
  - Babies going through withdrawal symptoms
- Hospital Stop Smoking Service to continue to deliver on the midwife training
- To be part of a pilot to improve the system and process of electronic referrals (one of only two in the country)
- To improve the data from SaTH to CCG and Public Health on smoking at booking and smoking at delivery
- Periodically check data on those recorded as SATOD and those supported to quit at delivery by the stop smoking service
- Develop a local marketing and communications plan managed through the Smoking in pregnancy working group, with input from both the CCG and Public Health.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Please see main report above.

3. PREVIOUS MINUTES

N/A

4. BACKGROUND PAPERS

Quality Premium: 2014/15 guidance for CCGs - NHS England/Commissioning Development/Commissioning Policy and Primary Care 13 March 2014

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