TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD - 9 DECEMBER 2015

CCG QUALITY PREMIUM 2015/16

TRACEY JONES, DEPUTY EXECUTIVE QUALITY AND ENGAGEMENT, NHS TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The purpose of this paper is to inform the Health and Well Being Board of the indicators selected as part of the Quality Premium for 2015/16.

The 'Quality Premium' is intended to financially 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.

Guidance relating to the Quality Premium Indicators for 2015/16 was published by NHS England in March 2015 and revised in April and September 2015. The maximum quality premium payable to the CCG is £5 per head of population, calculated using the same methodology as for CCG running costs.

The quality premium, paid to Telford and Wrekin CCG in 2016/17, will reflect the quality of the health services commissioned by the CCG in 2015/16 and will be based on the following measures that cover a combination of national and local priorities.

The national mandated Quality Premium measures are

1. Reducing potential years of lives lost through causes considered amenable to healthcare. Health and Well Being Board are informed this is a continuation of the Quality Premium Indicator in this area for 2014/15. This has a weighting of 10% of the overall value.

2. Improving antibiotic prescribing in primary and secondary care. This had a weighting of 10% of the overall value.

3. Urgent and emergency care indicators. These were selected from a pre-determined menu of measures. CCGs were able to select one, several, or all measures and allocate the proportions of the overall 30 per cent available to be attributed to each measure. The measures selected were

- Reduce Emergency Admissions for causes amenable to healthcare (10% of total premium value)
- DToC - a reduction in average delayed transfers of care (delayed days) per 100,000 population, attributable to NHS, per month. (10% of total premium value)
- Seven Day Services – an increase in the proportion of patients discharged on a Saturday, Sunday or English Public Holiday (10% of total premium value)

4. Mental health- This area also had a predetermined set menu of measures worth 30 per cent of the quality premium. The measures selected were

   - Mental Illness and Smoking - reducing the number of people with Serious Mental Illness who smoke. (15 % of total premium value)
   - HQoL in Mental Illness - a reduction in the 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 (15 % of total premium value)

5. In addition to the National measures , CCG's were required to select two measures based on local priorities such as those identified in joint Health and wellbeing strategies (20 per cent of quality premium -10 per cent for each measure). The measures selected were

   - SaToD - a reduction in the number of mothers Smoking at Time of Delivery.
   - Early detection of cancer - an increase in the percentage of new cases of cancer which were diagnosed at stage 1 or 2

The CCG recognises that due to its organisational restructure that this paper is late in being presented to the Health and Well Being Board and that there was missed opportunities to more fully engage with the Board on the selection of optional indicators.

2. RECOMMENDATIONS

That the Board note

(a) The Quality Premium indicators above submitted to NHS England by NHS Telford and Wrekin Clinical Commissioning Group (CCG).

(b) The expected impact of these measures as detailed in Section 3 (Impact of Action) of this report.

3. IMPACT OF ACTION

1. Reduction in Potential Years Life Lost (PYLL)

- The impact expected is a reduction in premature mortality. This is an aim which is shared between the NHS and Public Health Frameworks and part of the Health and Well Being Priorities.
- The contribution which can be delivered by the NHS is best measured by Potential Years of life lost (PYLL) from causes considered amenable to healthcare the focus is therefore concentrated on the poorer than average local outcomes for cardiovascular disease, cancer and respiratory disease.
- A PYLL action plan has been developed with the Public Health Team. This Action Plan has been developed based on the priorities identified above as these are likely to make the most significant reduction to PYLLs within the timeframe of the Quality Premium, and as a focus of future work plans.
- The baseline used in Quality Premium Planning was from 2012, when the TW rate was 2615.5. The stated ambition previously agreed between CCG and Health and Well Being Board was to reduce this by 3.2% per annum, giving a target for 2014/15 of 2531.8 and a 2015/16 target of 2450.8.

2. Improved antibiotic prescribing in primary and secondary care

- Improve antibiotic prescribing in primary care.
- Ensure that antibiotics are targeted at people who are most likely to clinically benefit from them.
- Ensure that antibiotics are prescribed in line with local and national guidance.
- CCG already has lower than national antibiotics prescribing target of 11.1%
- There is data available for this indicator which shows that this low of prescribing is continuing in year

Antibiotic QP indicators	Baseline	Target	May 14-Apr 15	Jun 14-May 15	Jul 14 – Jun 15	Aug 14 – Jul 15
Antibiotic items - Items/STAR-PU	1.161	≤1.121	**1.158**	**1.148**	**1.144**	**1.101**
Co-amoxiclav, cephalosporins and quinolones as a % of selected antibiotics	7.7%	≤11.1%	**7.9%**	**7.9%**	**7.8%**	**7.6%**

3. **Urgent and Emergency Care**

a) **Reduce Emergency Admissions for causes amenable to healthcare**

- Successful achievement of this target requires a reduction or zero % change in the annualised trended change in indirectly standardised rate of emergency admissions
- The aim of this target is to improve the management of long-term conditions so patients are cared for within their familiar environments and prevent unnecessary hospital admissions. This requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and enablement after acute illness.
- Locally there are programmes of work to further integrate local authority, Shropshire Community Health Trust and Acute Hospital staff to deliver approaches which support this aim.
- This aligns with the Health and Well Being Board priority of supporting people to live independently.

b) **Reduce Delayed Transfers of Care**

- This target a reduction in average delayed transfers of care (delayed days) per 100,000 population, attributable to NHS, per month.
- The impact of this target should be experienced across the Urgent Care system with more timely discharges and availability of beds.
- There are joint schemes of work across all Health and Social care partners and the available data (until end of August) shows an impact has occurred.

c) **Seven Day Services**

- The target is to increase the proportion of patients discharged on a Saturday, Sunday or English Public Holiday by at least 0.5% points higher in 2015/16 than in 2014/15; OR (b) greater than 30% in 2015/16.

- The impact is expected to support the principles of reducing DToC i.e patients who are ready for discharge are discharged regardless of day of week
- Having a lower number of patients discharged at weekends and bank holidays can be an indicator that patients who are otherwise ready for discharge are inappropriately remaining in hospital. It is an indicator of the availability of seven day services to support discharge.

4. Mental Health Measures

a) Mental Illness and Smoking –

- This measure will be achieved through a reduction in the percentage of people who are current smokers out of all people with Serious Mental Illness as identified through GP data April 2015 and April 2016.
- Smoking is the most important cause of preventable ill health and premature death in the UK. It has been reported that deaths from smoking-related diseases are twice as high among people with schizophrenia
- The CCG is working with its Mental Health Trust Provider to ensure physical assessment of cardio-vascular needs of patients including smoking status and onwards referral to smoking cessation services.

b) HQoL in Mental Illness –

- This measure will be achieved through a reduction in the 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.
- Data to measure this will be a comparison of answers in the GP Patient Survey.
- The current CCG redesign programme will seek to address the issues of parity of esteem between these two patient groups.

8. Local Measures

a) SaToD – Smoking at Time of Delivery

- This local measure aims to reduce the number of mothers smoking at time of delivery (SaToD) to less than 1 in 5.
- The impact of decreasing the number of mothers who smoke will be beneficial to both the mother and the child's health.
- This measure has been carried over from 2013/14 and 2014/15, as it was not achieved in those years however it has been achieved in Q1.

b) Early detection of cancer –

- This measure aims to increase the percentage of new cases of cancer which were diagnosed at stage 1 or 2 for these specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin.
- The expected impact of earlier detection would be increased survival rates.
- It is acknowledged that this is a challenging measure and whilst not expected to deliver in year, the CCG have included it to support the principles of increasing attendance at cancer screening, be clear on cancer campaigns and the wider cancer pathway redesign programmes as part of the CCG refreshed priorities.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	*Improve emotional health and wellbeing* *Reduce the number of people who smoke* *Improve life expectancy and reduce health inequalities* *Support people to live independently*
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes/No	
	Will the proposals impact on specific groups of people?	
	Yes	*The Quality premium indicators seek to address inequalities and as such they are positively targeted at specific group's e.g. individuals with severe mental illness or pregnant mothers*
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	*The maximum quality premium payable to the CCG is £5 per head of population, calculated using the same methodology as for CCG running costs. If the CCG achieved all indicators, the total the quality premium is worth approximately £857k. Additional information re caveats for this payment and % reductions are provided in Section B*
LEGAL ISSUES	No	*None*
EQUALITY & DIVERSITY	Yes	*The projects that support the targeted programmes are tasked with ensuring the appropriate equality and diversity impacts as per CCG Policy.*
IMPACT ON SPECIFIC WARDS	No	*Borough-wide impact*
PATIENTS & PUBLIC ENGAGEMENT	Yes	*Shared with the Health Round Table*
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	*None to note*

PART B) – ADDITIONAL INFORMATION

1. Limitations to Quality Premium Payments

The Guidance states that a CCG will not receive a quality premium if it:

a) Is not considered to have operated in a manner that is consistent with Managing Public Money during 2015/16; or
b) ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
c) incurs a qualified audit report in respect of 2015/16.

And that NHS England also reserves the right not to make any payment where there is a serious quality failure during 2015/16.

The total quality premium payment earned via achievement of indicators will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients as shown below.

NHS Constitution requirement	**Reduction to Overall Payment**
1. Maximum 18 weeks from referral to treatment	30%
2. Maximum four hour waits in A&E departments-95% standard	30%
3. Maximum 14 day wait from an urgent GP referral for suspected cancer- 93% standard	20%
4. Maximum 8 minutes responses for Category A (Red 1) ambulance calls- 75% standard	20%

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

In 2014/15, 4 of the 6 quality premium (QP) targets were met, making TWCCG eligible for up to £3 per head. However, failure against Constitution targets such as 18-week RTT and 4-hour A&E has made payment less likely. We are currently awaiting notification form NHS England as the formula for payment remains unclear.

Early predictions for 2015/16 indicators that are most likely to meet the agreed targets are:

- Potential Years of Life Lost (PYLL) from causes amenable to healthcare
- Improved antibiotic prescribing in primary and secondary care

- Delayed Transfers of Care attributed to NHS care
- Mothers Smoking at Time of Delivery

These indicators are worth a total of 40% of the premium.

The CCG commitment to pursue the measures in the Quality Premium is not financially based. It is the commitment that these measures bring improvements to patient care that underpin the programmes of work.

2 BACKGROUND PAPERS

https://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf

Report prepared by Tracey Jones, Deputy Executive Quality and Engagement 01952 580480