

## **FOR INFORMATION ONLY**

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD - 15<sup>TH</sup> JUNE 2016**

**CCG QUALITY PREMIUM 2016/17**

**REPORT OF: TRACEY JONES: DEPUTY EXECUTIVE QUALITY AND  
ENGAGEMENT: NHS TELFORD AND WREKIN CLINICAL  
COMMISSIONING GROUP**

### **1. SUMMARY OF MAIN PROPOSALS**

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.

1.2 Guidance relating to the Quality Premium (QP) Indicators for 2016/17 was published by NHS England in March 2016 .The financial reward attached to successful delivery of quality premium indicators is a maximum of £5 per head of population for full achievement of all indicators subject to financial penalties for failure to deliver NHS Constitutional Targets .

1.3 The 2016/17 scheme has been designed to support the delivery of the major priorities for the NHS, as set out in the Five Year Forward View and in the NHS Mandate. The CCG Improvement and Assessment Framework is the mechanism by which progress will be monitored; therefore NHS England considered it appropriate to align the national QP indicators with those in the CCG Improvement and Assessment Framework. By taking this approach, the QP scheme focuses on those things already identified as critical to delivering the vision.

1.4 There are four national measures and in total are worth 70% of the QP

- Cancer Early Diagnosis (20% of quality premium);
- GP Patient Survey: Experience of making an appointment (20% of quality premium);
- E-Referrals (20% of quality premium);
- Improved antibiotic prescribing in primary care

(10% of quality premium)

1.5 In line with the Guidance from NHS England, the local element of the scheme for 2016/17 is focused on the Right Care Programme. An analysis of NHS Telford and Wrekin CCG Right Care Value for Money packs enabled identification of a short list against the 80 local indicators that were available for selection.

1.6 The criteria for this initial shortlisting was based on where high scope for improvement for NHS Telford and Wrekin CCG had been identified (as this indicated areas of inequality) and where national high data timeliness existed to demonstrate change in year. The rationale was that this would highlight indicators where the CCG both needed to reduce variation and could demonstrate that this had happened. A second cross listing occurred of the indicators against the three new Health and Well Being Board Priorities.

1.7 The requirement was that three local indicators were selected. Unlike previous years the local indicators were not required to be agreed with the Health and Well Being Board (HWBB); however the Quality premium Guidance advised that the CCG may wish to consider the priorities of the HWBB. Telford and Wrekin CCG have done this and have selected aligned indicators.

1.8 The local indicators selected were

- Mental Health - Reported numbers of dementia on GP registers as a % of estimated prevalence [Aligned with Health and Well Being Priority 2 Improve Mental Well Being](#)
- Mental Health - % of people who are "moving to recovery" of those who have completed IAPT treatment [Aligned with Health and Well Being Priority 2 Improve Mental Well Being](#)
- Maternity - Number of women known to be smokers at time of delivery per 100 maternities [Aligned with Health and Well Being Priority 1 Encourage Healthier Lifestyles](#)

## **2. RECOMMENDATIONS**

Not Applicable – For Information Only

## **3. IMPACT OF ACTION**

<b><u>Quality premium</u></b>	<b><u>Expected Impact</u></b>
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<b><u>measure</u></b>	
<b>Cancers diagnosed at early stage</b>	<p>Cancer survival rates in England have never been higher, but we know that we often lag behind the highest performing countries in the world in international comparisons. We also know that the earlier cancer is diagnosed, the more likely it is to be successfully treated, and survival rates can be dramatically improved.</p> <p>An indicator on the proportion of cancers diagnosed at an early stage is therefore a useful measure for assessing improvement in early diagnosis and ultimately cancer survival.</p>
<b>Increase in the proportion of GP referrals made by e-referrals</b>	<p>Increasing the use of the NHS e-Referrals Service is vital to delivering a paper free NHS.</p> <p>Use of the NHS e-Referrals Service benefits patients, NHS staff and NHS organisations:</p> <ul style="list-style-type: none"> <li>• Patients are empowered through having confidence and certainty about their referral, being able to exercise patient choice and experiencing reduced waiting times.</li> <li>• Staff are able to better ensure patient safety through reducing inconsistencies and errors in referrals processes.</li> <li>• CCGs and Providers are able to deliver more efficient planned care and access management information to drive service improvements</li> </ul>
<b>Overall experience of making a GP appointment</b>	<p>The GP Patient Survey (GPPS) seeks the views of 2.4 million people every year about their experience of GP services and results are published at GP practice level.</p> <p>The survey gives patients the opportunity to provide feedback on a number of aspects of their experience of their GP practice, and provides a rich source of quantitative data on patients' experiences of the access and quality of care they receive.</p> <p>Access to GP services, and, in particular, the ease of making an appointment is a key measure of patient experience, and affects the wider healthcare system as patients who find it difficult to access GP services may seek care through emergency services inappropriately. Q18 ("Overall, how would you describe your experience of making an appointment?") of the GP Patient Survey (GPPS) is the "litmus test" indicator in this regard.</p> <p>Attaching a quality premium payment will also ensure that the profile and importance of insight about patient experience is underlined, and it will incentivise the wider system to review and learn from the findings of</p>

	the GPPS
<b>Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care</b>	Antimicrobial resistant infections impact on patient safety and the quality of patient care. Evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately. Reducing the inappropriate use of antibiotics will delay the development of antimicrobial resistance that leads to patient harm from infections that are harder and more costly to treat. Reducing inappropriate antibiotic use will also protect patients from healthcare acquired infections such as Clostridium difficile infections.

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Identified for local indicators on pg 2 of this document</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes/No	<i>If yes, please list relevant Co-Operative Council objective(s)</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>Quality premium guidance to CCGs states the requirement to consider the impact of programmes of work to reduce health inequalities</i>
<b>TARGET COMPLETION/DELIVERY DATE</b>	<i>The QP indicators will be monitored monthly at the Planning, Priorities and Quality Committee on a monthly basis. There is representation from Public Health at these meetings.</i>	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	The maximum quality premium payable to the CCG for completion of all indicators is £5 per head of population, calculated using the same methodology as for CCG running costs. Deductions will be made for none achievement of indicators and failure to deliver constitutional targets.
<b>LEGAL ISSUES</b>	No	No
<b>EQUALITY &amp; DIVERSITY</b>	Yes	This will be considered as part of the individual programmes of work that support the national and local quality indicators
<b>IMPACT ON SPECIFIC WARDS</b>	No	<i>Borough-wide impact</i>
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	No	<i>None undertaken to inform selection of indicators , national guidance followed</i>
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	<i>None identified</i>