DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		PROPOSALS FOR LOCAL MEASURES OF QUALITY PREMIUM 2013/14		
DATE OF DECISION:		WEDNESDAY 27TH MARCH 2013		
REPORT OF:		CHAIR, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 80296941**
	E-mail:	**Stephanie.ramsey@scpct.nhs.uk**		
Director	**Name:**	**Stephanie Ramsey**	**Tel:**	**02380296941**
	E-mail:	**Stephanie.ramsey@scpct.nhs.uk**		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The NHS Commissioning Board (NHS CB) will 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 inequalities through the use of a "quality premium". The quality premium will be based on the achievement of four national measures, based on measures in the NHS Outcomes Framework and three local measures, based on local priorities identified in the Joint Health and Wellbeing Strategy.

The local priorities will be agreed between the Clinical Commissioning group (CCG) and the area team of the NHS Commissioning Board (NHS CB) after consideration with Health and Wellbeing boards and key stakeholders.

The proposed measures are:

- Further increasing early access to psychological therapy/services
- Improving care for individuals with diabetes
- Increasing effectiveness of referrals

RECOMMENDATIONS:

(i) That the proposed measures for the Quality Premium 2013/14 set out in this report be approved;

(ii) The Health and Wellbeing Board are asked to ensure that the identified local measures for the Quality premium support priorities identified within the Health and Wellbeing Strategy.

REASONS FOR REPORT RECOMMENDATIONS

1. The procedures for the Quality Premium require referral to the Health and Wellbeing Board, and the three proposed local measures link to 2 of the themes in the Joint Health and Wellbeing Strategy: Theme 1, Building

resilience and prevention to achieve better health and wellbeing and Theme 3, Ageing and living well.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. The aim of the 2013/14 quality premium is intended to::

- promote improvements against the main objectives of the NHS Outcomes Framework
- promote reductions in health inequalities
- further promote local priority-setting by having three measures that reflect joint health and wellbeing strategies
- underline the importance of maintaining patients' rights and pledges under the NHS Constitution

4. The quality premium will be payable to CCGs in 2014/15 to reflect services commissioned in 2013/14. It will be based on 4 national measures and 3 local measures

5. The national measures, based on measures in the NHS Outcomes Framework, will be:

- Reducing potential years of lives lost through amenable mortality
- Reducing avoidable emergency admissions: a composite measure drawn from four measures:
  - unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
  - unplanned hospitalisation for asthma, diabetes and epilepsy in children
  - emergency admissions for acute conditions that should not usually require hospital admission (adults)
  - emergency admissions for children with lower respiratory tract infection
- Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services
- Preventing healthcare associated infections (C diff and MRSA).

6. The local measures proposed are:
   - Increasing early access to psychological therapy/services
   - Improving care for individuals with diabetes
   - Increasing effectiveness of referrals

The table below details the proposals and sets out an explanation of the rationale.

Measures and targets	**Health and wellbeing strategy outcome**	**Rationale**
Increase the percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months from 80% to 92%	Theme 3	There are a number of key performance measures that provide an indication of the standard care being provided for individuals with diabetes. These include measures of ensure blood glucose levels remain within safe limits and others to identify problems at an early stage. Kidney disease is more common in people with diabetes. Annual review checks should be carried out to look at how well the kidneys are working. This is one of the aspects of good diabetes care that is not consistently achieved for all patients. Improved outcomes for patients with diabetes is a key priority for the CCG. There are a number of national comparators that indicate the need for improvement .. This focus on improved kidney function assessment would be an element of other work within Primary Care to improve outcomes for patients with diabetes
Meet the national Increasing Access to Psychological Therapies (IAPT) target of 15% by April 2014 (Currently at 11%)	Theme 1	The national target is to achieve 15% take-up by April 2015. Given the prevalence of mental health conditions in the local population it is appropriate to try and achieve this target early.. Improving the mental health of the whole community is a key element of the Joint Health and Wellbeing Strategy. The IAPT programme also has a focus on helping people to retain and regain work which is also featured strongly in local strategies. Improving the mental health of some groups will also help deliver improved outcomes in other areas including older people and people with long term conditions'

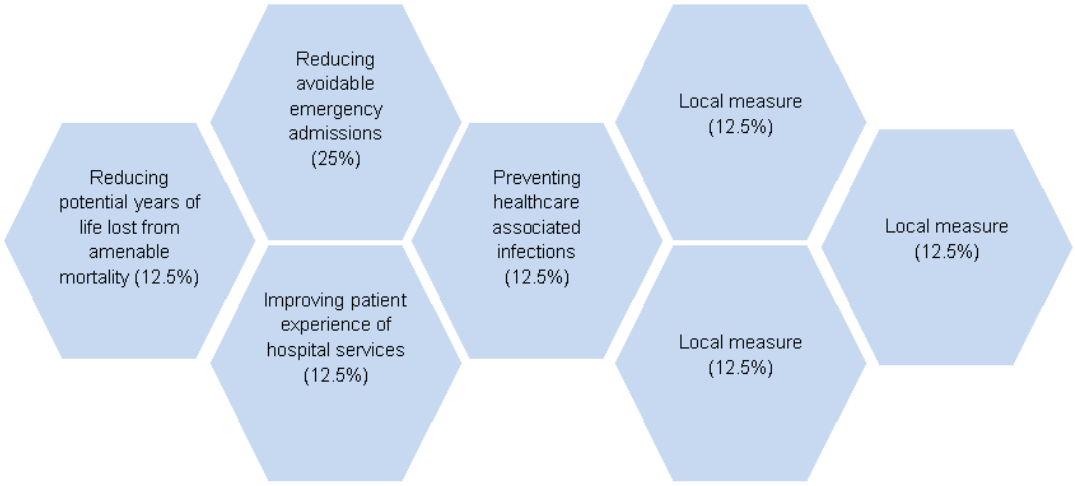
Increase in uptake and accuracy of referrals through increased utilisation of Choose and Book to 50% from 30%	Theme 3	Improves quality by : <u>Improving effectiveness through:</u> - Using electronic (“paperless”) communication, in line with the national target that the NHS is paperless by 2015 - Increasing referring clinicians’ awareness of available services though the Directory of Services - Offering the possibility of signposting and guidance <u>Improving patient experience through :</u> - Choice of time - Choice of place -Increasingly, choice of provider, as outcome data becomes available <u>Improving patient safety</u> - Reducing the risk of referrals not being made because the letter hasn’t been written - Ability to track referrals easily

7. The criteria used by the clinicians within the CCG to develop the proposals included:
    - Contribution to Health and Wellbeing Board priorities
    - Identifying areas where outcomes are poor compared to other CCGs and where improvement will contribute to reducing health inequalities.
    - Contribution to CCG priorities
    - The ease and effectiveness of implementation to ensure in-year outcomes

8. The proposed outcomes have been discussed by range of stakeholders including CCG member practices to assess clinical appropriateness and effectiveness of impact.

9. For each of the local and national measures that the CCG achieves it will be eligible for a percentage of the overall funding made available. However the

CCG will have its quality premium reduced if the providers from whom it commissions do not meet certain of the NHS Constitution requirements related to access .The payments percentages are:



RESOURCE IMPLICATIONS

Capital/Revenue

10. The CCG has identified the resources to support the implementation required to achieve the identified measures.

NHS CB will reserve the right not to make any payment where there is a serious quality failure during 2013/14. It will be a pre-qualifying criterion for any payment that a CCG manages within its total resources envelope for 2013/14 and does not exceed the agreed level of surplus drawdown.

The total payment for a CCG (based on its performance against the four national measures and three national measures) will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits
in A&E departments, (c) maximum 62-day waits from urgent GP referral to first definitive treatment for cancer, and (d) maximum 8-minute responses for Category A red1 ambulance calls.

The total financial envelope for the quality premium is still awaited. This will be on top of a CCG's main financial allocation for 2014/15 and on top of its running costs allowance. The regulations will set out the purposes for which CCGs will be able to spend their payments.

Property/Other

11 None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

12 National Health Service Act 2006 (as amended by the Health and Social care Act 2012) delegates power to the NHS Commissioning Board to make payments to CCG's to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities

Other Legal Implications:

13 None.

POLICY FRAMEWORK IMPLICATIONS

14 Based on NHS Outcomes Framework.

KEY DECISION No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None.

Documents In Members' Rooms

1.	None.

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None.	

Report Tracking

VERSION NUMBER:	2
DATE LAST AMENDED:	19.3.13
AMENDED BY:	Claire Heather