NHS Southampton City Clinical Commissioning Group – Quality premium measures 14/15

Brief Summary: This report seeks approval for the submission of local Quality premium measures that require agreement from the Health and Wellbeing Board

Recommendations: That the submissions as detailed below are agreed and responsibility delegated to Chair of Health and Wellbeing Board and the Chair of the CCG to agree the final metrics prior to submission on 4th April 2014.

1. Background

1.1 As part of the planning process for 2014/15 Clinical Commissioning Groups need the approval of local Health and Wellbeing Boards for trajectories of performance for future years related to the Quality premium.

1.2 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 inequalities.

1.3 The total quality premium payment for a CCG 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 14-day wait from a urgent GP referral for suspected cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls.

1.4 The intention is for the CCG to determine with health and wellbeing partners what specific targets to pursue to achieve improvements in these areas. The quality premium paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15 per cent of quality premium);
- improving access to psychological therapies (15 per cent of quality premium);
- reducing avoidable emergency admissions (25 per cent 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 per cent of quality premium);
- improving the reporting of medication-related safety incidents based on a locally selected measure (15 per cent of quality premium);

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- a further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15 per cent of quality premium).

2. Local measures

The measures and the justification for the future trajectories are:

2.1 Potential Years of Life Lost

i) Potential years life lost (PYLL) from ammenable causes in 2014/15

E.A.1	PYLL (Rate per 100,000 population)
2014/15	0

Potential years life lost provides a summary measure of premature mortality. It is a combined indicator on potential years of life lost from causes amenable to healthcare. Causes considered amenable to healthcare are those from which premature deaths should not occur in the presence of timely and effective health care.

Historic performance: has been XXXX

Rationale for submission: XXX

2.2 Improving Access to Psychological Therapies (IAPT)

The primary purpose of this indicator is to measure improved access to psychological therapies services (IAPT) for people with depression and/or anxiety orders. Evidence suggests that, where people with mental illness are able to access psychological therapies, this has a significant impact on their quality of life. Improving access to treatment for those with mental illness is also a vital part of improving parity of esteem between mental and physical ill-health.

Historical performance: The 2013/14 target is 14.3% and the CCG is on track to meet this.

Rationale for submission: For 2014/15 it is proposed that the target be increased to 17.3%, based on this being a key area of work for the CCG.

A breakdown of projection of the year is:

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ii) For IAPT, what proportion of people that enter treatment against the level of need in the general population are planned in 2014/15 and 2015/16?

E.A.3	The number of people who receive psychological therapies	The number of people who have depression and/or anxiety disorders (local estimate based on National Adult Psychiatric Morbidity Survey 2000)	Proportion
Q1 2014/15	1345	31105	4.3%
Q2 2014/15	1345	31105	4.3%
Q3 2014/15	1345	31105	4.3%
Q4 2014/15	1346	31105	4.3%
2015/16	5381	31105	17.3%

2.3 Friends and Family Test

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.

E.A.6
iv) Which Friends and Family patient improvement indicator have you selected for an improved average score to be achieved between 2013/14 and 2014/15.

Please Select an indicator:
C4.2 Patient experience of hospital care

Historical performance: Is not yet available for this indicator.

Rationale for submission: Patient experience of hospital care is a key area of work for the CCG Quality Team and is reviewed at Contract Quality Review Meetings

Do you plan to meet all other criteria of the Quality Premium Friends and Family measure? Please set out further details below.

Yes, Friends and Family test is a key focus of the Quality Team.

2.4 Medication Errors

Research shows that organisations which regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority. By improving reporting in the short term the NHS can build the foundations for driving improvement in the safety of care received by patients.

Medication errors are patient safety incidents which actually caused harm or had the potential to cause harm involving an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice.

E.A.9
v) Have you agreed (in conjunction with your Health and Wellbeing Board and NHS England area team) a specified increased level of reporting of medication errors from specified local providers between Q4,2013/14 and Q4, 2014/15? Yes/No

Yes/No
Yes

Specified level of increase:

2.5 Local Priority

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As part of the planning process, a local priority can be agreed by each CCG with their local Health and Wellbeing Board and NHS England. The local priority should be based on an indicator from the 2014/15 CCG Outcomes Indicator Set issued by NHS England. It is proposed locally that "Emergency re-admission within 30 days of discharge from hospital" is used as this will support the achievement of Better Care priorities and is an area where the outcomes are poor compared to others. A baseline for 2014/15 is currently being prepared by the Clinical Commissioning Group.

3. Quality premium payments

Quality premium payments can only be used for the purposes set out in regulations. These state that quality premium payments should be used by CCGs to secure improvement in:

a) the quality of health services; or

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.

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