Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Agenda Item 11

Quality Premium Measures 2015/16	
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Report for Information	

1. Purpose of this Paper

The purpose of this paper is to outline to the Bristol Health and Wellbeing Board the chosen options for Quality Premiums for 2015/16 by Bristol Clinical Commissioning Group (CCG) .

2. Executive Summary

The chosen national and local Quality Premium measures for Bristol CCG have been agreed through engagement with relevant CCG steering groups and with a focus on local health and social care priorities.

Four of the six quality measures are nationally set, but within these there were a number of options for the CCG to choose from allowing it to focus the quality improvement work on local priorities. These four measures support improvement in the areas of; reducing premature mortality, urgent and emergency care, mental health and patient safety. For the two remaining local quality premiums the CCG based these on indicators chosen from the CCG Outcomes Indicator Set. These are diabetes education and dementia diagnosis.

The quality premium measures were approved and agreed at the Quality and Governance Committee in May 2015.

3. Background to Quality Premiums

The Quality Premium is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The 2015/16 Quality Premium paid to CCGs will be based on the following measures that cover a combination of national and local priories these are:

- Reducing potential years of lives lost through causes considered amenable to healthcare (10 per cent of quality premium)
- Urgent and Emergency Care (30 per cent of quality premium)
- Mental Health (30 per cent of quality premium)
- Improving antibiotic prescribing in primary and secondary care (10 per cent of quality premium)
- Two local measures (20 per cent of quality premium – 10 per cent each)

The full guidance on the quality premiums is available at http://www.england.nhs.uk/wp-content/uploads/2015/03/quality-premium-guidance-1516.pdf

As in previous years a CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for following patient rights or pledges (as detailed below):

NHS Constitution requirement	**Reduction to Quality Premium**
Maximum 18 weeks from referral to treatment, comprising: • 90% Completed Admitted standard; • 95% Completed Non-admitted standard; • 92% Incomplete standard.	30% total, (comprising 10% for each standard, separately assessed)
Maximum four hour waits in A&E departments-95% standard	30%
Maximum 14 day wait from an urgent GP referral for suspected cancer-93% standard	20%
Maximum 8 minutes responses for Category A (Red 1) ambulance calls-75% standard	20%

4. Options chosen by NHS Bristol CCG

4.1 National Measures

The first three national measures required the CCG to make decisions on either parameters for measurements or options from a menu of indicators. The bullet points below highlight the options chosen for these three. The forth national measure is mandated.

- For measure 1 – reduction in the potential years of lives lost (PYLL); this was researched by a Bristol City Council Consultant

in Public Health and from her analysis of the data a recommendation was made of a reduction percentage of 1.2%.

- For measure 2 – Urgent and Emergency Care; the Urgent Care Steering Group chose Option 2 from the urgent care menu - 'Delayed transfers of care which are NHS responsibility'. This means the full 30% of the quality premium assigned to this measure will be on the one option.
- For measure 3 - Mental Health; the Mental Health and Learning Disabilities Steering Group members chose option 3 of the mental health menu - Increase in the proportion of adults in contact with secondary mental health services who are in paid employment. This will be measured through the first success criteria option about an increase in employment for those in contact with MH services. This again means the full 30% of this quality premium measure will be on the one option.
- For measure 4 - Patient Safety; the Medicines Management Team have already begun pieces of work around the three aspects of this quality premium measure to improved antibiotic prescribing in primary and secondary care. A paper was presented to the Quality and Governance Committee in April on these three aspects

A full table of our choices is included at Appendix 1.

4.2 Local Measures

In addition to the four national measures the CCG was required to select two further local measures. The guidance outlined that choices should be based on local priorities such as those identified in joint health and wellbeing strategies. These should be based on indicators from the CCG Outcomes Indicator Set unless the CCG and the relevant Health and Wellbeing Board and local NHS England team mutually agree that no indicators on this list are appropriate for measuring improvement in the identified local priorities. In addition, the local measures should not duplicate the national measures or include individual components of composite national measures, nor should they duplicate the NHS constitution measures outlined above.

From the full list of CCG outcome indicators six were highlighted as most probable options to choose from based on work streams already in place or where they linked with CCG objectives. These options were each debated at the Leadership Group meeting with regards to:

- the CCG's ability to monitor the data,
- the CCG's ability to achieve the target within the year deadline, and
- the CCG's ability to influence the improvement/outcome.

Following these discussions the Leadership Group decided on the following two indicators:

- C2.5 People with diabetes diagnosed less than a year who are referred to structured education
- C2.13 Estimated diagnosis rate for people with dementia

This decision and full list of approved options was shared with the Health and Wellbeing Board by email on 7 May 2015. Following approval at the CCG Leadership Group meeting these options were reviewed and agreed by the Quality and Governance Committee on 19th May 2015.

5. Key risks and Opportunities

The amount of reward is subject to achievement of the defined measures as well as the relevant constitutional standards as highlighted above. There are also certain quality and financial gateways defined in the guidance that could result in withholding of the reward.

The NHS Quality Premium supports the CCGs objectives to improve service quality and life expectancy, reinforces the requirement to achieve Constitutional performance standards, and promotes efficiencies in line with Quality Innovation Productivity and Prevention (QIPP) schemes.

6. Implications (Financial and Legal if appropriate)

Achievement of the Quality Premium is potentially worth £2.5m to NHS Bristol CCG to be paid in 2016/17.

There are no legal issues raised in this paper.

7. Conclusions

The Quality Premium measures for 2015/16 have been chosen through a combination of research, engagement with relevant CCG Steering Groups and senior CCG Leadership Group discussions. Formal approval was agreed at the Quality and Governance Committee. These have been submitted to NHS England.

The metrics have been agreed for each Quality Premium and quarterly monitoring will be undertaken.

8. Recommendations

The Health & Wellbeing Board is asked to note the Quality Premium Measures for Bristol CCG for 2015/16.

9. Appendices

Appendix 1 - Full list of chosen Quality Premium Measures

Appendix 1 – Summary of Nationally Mandated and Optional Measures available to NHS Bristol

	Theme	Measure	% of QP	Criteria for Success	Mandatory or Optional
Measure 1	**Reducing Premature Mortality**	Reducing potential years of lives lost through causes considered amenable to healthcare over time	10%	• Agree with Partners reduction 1.2% between 2012-2015 • Demonstrate agreement takes into account deprivation and other needs set out in the joint HWB strategy and • Achieve the planned reduction	Mandatory measure with reduction to be set locally

	Theme	Measure	% of QP	Criteria for Success	Mandatory or Optional
Measure 2	**Urgent and Emergency Care**	Delayed transfers of care which are NHS responsibility	30%	The total number of delayed days caused by delayed transfers of care in 15/16 should be less than the number in 14/15.	Option 2 of the Urgent Care Menu

	Theme	Measure	% of QP	Criteria for Success	Mandatory or Optional
Measure 3	**Mental Health**	Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.	30%	An increase in the percentage of people in contact with mental Services (as measured in the MHMDS) who are in paid employment	Option 3 of the Mental Health Menu

	Theme	Measure	% of QP Overall	% of Measure	Criteria for Success	Mandatory or Optional
Measure 4	**Patient Safety**	Improved antibiotic prescribing in primary and secondary care	10%	50%	• Reduction in the number of antibiotics prescribed in primary care by 1% or greater from 13/14 value	Mandatory
				30%	• Reduction in the proportion of broad spectrum antibiotics prescribed in primary care (full technical definition) 10% reduction or below median for English CCGs (11.3%) whichever represents the smallest reduction for the CCG	
				20%	• Secondary care providers with 10% or more of their activity being commissioned by the CCG have validated their total antibiotic prescribing data as certified by Public Health England	
Measures 5 & 6	**Local Indicator**	C2.13 Estimated diagnosis rate for people with dementia	20%	10%	• Increase in estimated diagnosis rate for people with dementia	Optional based on indicators from the CCG Outcomes Indicator Set
		C2.5 People with diabetes diagnosed less than a year who are referred to structured education		10%	• Increase in the number of people with diabetes diagnosed less than a year who are referred to structured education	