

## Health and Wellbeing Board

8<sup>th</sup> July 2015

### Clinical Commissioning Groups 2015/16 Quality Premiums

#### Recommendation(s)

- 1.1 That the Health & Wellbeing Board reviews the content of the report and confirms agreement with proposals.

#### Key Issues

- 2.1. CCGs are required to inform the Health & Wellbeing Board of their Quality Premium proposals included in the submission of the 2015/16 Planning Template submitted on 27<sup>th</sup> May 2015. Sign-off is required from the Board on the mental health, urgent care and local priority measures.
- 2.2. Quality Premium guidance was issued in late April 2015 and due to the timescales for national submission, it was not possible to seek formal Health and Wellbeing Board support in advance of the submission due date.
- 2.3. The Quality Premium is intended to reward CCGs for improvements in the quality of the services they commission and for associated improvements in health outcomes and reducing inequalities.
- 2.4. The national funding available to CCGs for the quality premium equates to £5 per registered patient.
- 2.5. The premium for 2015/16 (paid in 2016/17) is based on measures that cover a combination of national and local priorities:
  - **Reducing potential years of lives lost through causes considered amenable to healthcare** – Mandatory, accounts for 10% of the Quality Premium
  - **Urgent and emergency care menu** - CCG in conjunction with the Health and Wellbeing Board and NHSE can choose one, several or all measures. Accounts for 30% of the Quality Premium
  - **Mental health** - CCG in conjunction with the Health and Wellbeing Board and NHSE can choose one, several or all measures. Accounts for 30% of the Quality Premium.

- **Improving antibiotic prescribing in primary and secondary care** – Mandatory, accounts for 10% of the Quality Premium
  - **Two local measures** – each accounts for 10% of the Quality Premium.  
**Proposed measures:**
- 2.6. Each of the CCGs have identified measures that meet the strategic needs of their local population; some of these are shared priorities but inevitably given the different contexts of the CCGs there are some differences.
- 2.7. A CCG will not receive a quality premium if it:
- Is not considered to have operated in a manner that is consistent with Managing Public Money during 2015/16;
  - Ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit position, or requires unplanned financial support to avoid being in this position;
  - Incurs a qualified audit report in respect of 2015/16.
- 2.8. NHS England also reserves the right not to make a quality premium payment where there is a serious quality failure during 2015/16.
- 2.9. The total 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 weeks from referral to treatment
  - (b) maximum 4 hour waits in A&E departments;
  - (c) maximum 14 day wait from an urgent referral for suspected cancer
  - (d) maximum 8 minute responses for Category A red 1 ambulance calls.
- 2.10. CCGs are required to use the funding awarded to them under the quality premium in ways that improve the quality of care or health outcomes and/or reduce health inequalities.

## Background papers

- 3.1. Quality Premium: 2015/16 guidance for CCGs (NHS England) – see: <http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf>

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## Coventry and Rugby CCG Quality Premium for 2015/16

Measure	Indicators	Target (if applicable)	Total % available	CCG % submitted to NHS England
Reducing potential years of life lost	Reduce potential years of life lost (PYLL) from causes considered amenable to healthcare over time	No less than 1.2% between calendar years 2012-2013	10%	10%
Urgent and emergency care menu	1) Avoidable emergency admissions	1) Reduction in the percentage change over the 4 years 2012/13 to 2015/16	30%	20%
	2) Delayed transfers of care which are an NHS responsibility	2) The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15		10%
Mental health menu	2) Reduction in the number of people with severe mental illness who are currently smokers	2) A reduction in the percentage of people with severe mental illness who are current smokers	30%	30%

Improving antibiotic prescribing	3 components parts (all requiring to be achieved) a) reduction in the number of antibiotics prescribed in primary care b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care c) secondary care providers validating their total antibiotic prescription data	a) reduction in the number of antibiotics prescribed in primary care by 1% (or greater) from each CCG's 2013/14 value. Individual practice reduction to be agreed by the CCG with each practice. b) number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG in question. c) secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE	10%	10%
Local measure 1	1) Reduction in residential and nursing home non elective admissions	Reduction in non-elective admissions between 2014/15 and 2015/16	20%	10%
Local measure 2	2) Reduction in End of Life hospital admissions in last 3 months of life	Reduction in non-elective admissions between 2014/15 and 2015/16		10%

## South Warwickshire CCG 2015/16 Quality Premium

Measure	Indicators	Target (if applicable)	Total % available	CCG % submitted to NHS England
Reducing potential years of life lost	Reduce potential years of life lost (PYLL) from causes considered amenable to healthcare over time	No less than 1.2% between calendar years 2012-2013	10%	10%
Urgent and emergency care menu	1) Avoidable emergency admissions	1) Reduction in the percentage change over the 4 years 2012/13 to 2015/16	30%	10%
	2) Delayed transfers of care which are an NHS responsibility	2) The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15		10%
	3) Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	3) The proportion of patients discharged on a Saturday, Sunday or English Public Holiday should be (a) at least 0.5% points higher in 2015/16 than in 2014/15; OR (b) Greater than 30% in 2015/16		10%
Mental health menu	2) Reduction in the number of people with severe mental illness who are currently smokers	2) A reduction in the percentage of people with severe mental illness who are current smokers	30%	15%

	4) Improvement in the health related quality of life for people with a long term mental health condition	4) 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%
Improving antibiotic prescribing	3 components parts (all requiring to be achieved) a) reduction in the number of antibiotics prescribed in primary care b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care c) secondary care providers validating their total antibiotic prescription data	a) reduction in the number of antibiotics prescribed in primary care by 1% (or greater) from each CCG's 2013/14 value. Individual practice reduction to be agreed by the CCG with each practice. b) number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG in question. c) secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE	10%	10%
Local measure 1	% of people with a LTC who feel supported to manage their condition	Increase from 68.2% to 70%	20%	10%
Local measure 2	Health related quality of life for carers	Increase score from 0.825 to 0.827		10%

## Warwickshire North 2015/16 Quality Premium

Measure	Indicators	Target (if applicable)	Total % available	CCG % submitted to NHS England
Reducing potential years of life lost	Reduce potential years of life lost (PYLL) from causes considered amenable to healthcare over time	No less than 1.2% between calendar years 2012-2013	10%	10%
Urgent and emergency care menu	1) Avoidable emergency admissions	1) Reduction in the percentage change over the 4 years 2012/13 to 2015/16	30%	5%
	2) Delayed transfers of care which are an NHS responsibility	2) The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15		10%
	3) Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	3) The proportion of patients discharged on a Saturday, Sunday or English Public Holiday should be (a) at least 0.5% points higher in 2015/16 than in 2014/15; OR (b) Greater than 30% in 2015/16		15%
Mental health menu	2) Reduction in the number of people with severe mental illness who are currently smokers	2) A reduction in the percentage of people with severe mental illness who are current smokers	30%	15%

	4) Improvement in the health related quality of life for people with a long term mental health condition	4) 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%
Improving antibiotic prescribing	3 components parts (all requiring to be achieved) a) reduction in the number of antibiotics prescribed in primary care b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care c) secondary care providers validating their total antibiotic prescription data	a) reduction in the number of antibiotics prescribed in primary care by 1% (or greater) from each CCG's 2013/14 value. Individual practice reduction to be agreed by the CCG with each practice. b) number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG in question. c) secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE	10%	10%
Local measure 1	1) % of people with a LTC who feel supported to manage their condition	65.60%	20%	10%
Local measure 2	3) Flu uptake for at risk groups	54.00%		10%