

Title of Report:	Newbury & District CCG Quality Premium 2014/15
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	24 July 2014

Purpose of Report: That the Board notes and agrees the Newbury & District CCG Quality Premium targets for 2014/15

Recommended Action: To note and agree

Reason for decision to be taken: The Quality Premium is a payment from NHS England to CCGs, in order to reward improvement in the quality of services commissioned and for associated improvements in health outcomes and reduction of health inequalities. The Health & Wellbeing Board is asked to note and approve the CCG's Quality Premium measures for assurance.

Other options considered: n/a

Key background documentation: NHS England 'Quality Premium Guidance 2014/15' (13th March 2014 revision)

Contact Officer Details	
Name:	Phil McNamara
Job Title:	Director of Operations, Newbury & District CCG
Tel. No.:	07825-792821
E-mail Address:	philip.mcnamara@nhs.net

Implications

Policy:

Financial:

Personnel:

Legal/Procurement:

Property:

Risk Management:

Is this item relevant to equality?	Please tick relevant boxes	Yes	No
Does the policy affect service users, employees or the wider community and:			
• Is it likely to affect people with particular protected characteristics differently?		<input type="checkbox"/>	✓
• Is it a major policy, significantly affecting how functions are delivered?		<input type="checkbox"/>	✓
• Will the policy have a significant impact on how other organisations operate in terms of equality?		<input type="checkbox"/>	✓
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?		<input type="checkbox"/>	✓
• Does the policy relate to an area with known inequalities?		<input type="checkbox"/>	✓
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)			
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia			<input type="checkbox"/>
Not relevant to equality			✓

Executive Summary

1. Introduction

- 1.1 NHS England issued planning guidance to Clinical Commissioning Groups (CCGs) “*Everyone Counts: Planning for patients 2014/15 to 2018/19*” on 20th December 2013. Alongside this guidance, NHS England produced “*Quality Premium Guidance*” for 2014/15 which was further revised on 13th March 2014.
- 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 forecasted actual potential value of this reward is a maximum of £575,000 for Newbury & District CCG, which can be invested in improvements in the quality of services that patients receive.
- 1.4 The Quality Premium measures agreed in 2014/15 will be 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 five national and one local priority.
- 1.5 A CCG will not receive a quality premium if it:
 - a) is not considered to have operated in a manner that is consistent with Managing Public Money during 2014/15; or
 - b) incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or
 - c) incurs a qualified audit report in respect of 2014/15.
- 1.6 NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.
- 1.7 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 an urgent GP referral for suspected cancer, or (d) maximum 8-minute responses for Category A Red 1 ambulance calls.
- 1.8 Regulation 2 sets out that quality premium payments should be used in ways that improve quality of care or health outcomes and/or reduce health inequalities.
- 1.9 The five National Measures (and one local measure) are shown below:

1	Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people 15% of the Quality Premium
2	Improving access to psychological therapies (IAPT) 15% of the Quality Premium
3	Reducing avoidable emergency admissions 25% of the Quality Premium
4	Demonstrating improvement in a locally selected patient experience indicator 15% of the Quality Premium
5	Medication errors 15% of the Quality Premium
6	Local measure: Carers 15% of the Quality Premium

2. Proposals

(1) Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people

To earn this portion of the quality premium, the CCG will need to:

- a) agree with Health and Wellbeing Board partners and with the relevant NHS England area team the percentage reduction in the potential years of life lost (adjusted for sex and age) from amenable mortality for the CCG population to be achieved between the 2013 and 2014 calendar years. This should be no less than 3.2%.

N&D Trajectory for 2014/15
Baseline of 1918 8.8% reduction planned across 5 years meaning plan of 1906 per 100,000 population in 14/15

(2) Improving access to psychological therapies (IAPT)

To earn this portion of the quality premium, the CCG needs to achieve an increase in access to psychological therapies in Q4 2014/15.

The increase needs to be a minimum of 3% increase.

N&D Trajectory for 2014/15
Baseline run rate – 14.5% Q4 run rate – 17.5%

(3) Reducing avoidable emergency admissions

This measure is nationally pre-determined and CCGs and local partners do not have the ability to set either partially or fully the level of improvement to be achieved.

For Newbury & District CCG, this represents a 0.6% decrease over 2014/15 in avoidable emergency admissions (certain specific conditions only).

(4) Demonstrating improvement in a locally selected patient experience indicator

There is an improved average score achieved between 2013/14 and 2014/15 for one of the patient improvement indicators set out in the CCG Outcomes Indicator Set with the specific indicator agreed by the CCG with the Health and Wellbeing Board, the NHS England area team and the relevant local providers.

CCGs should be assured that NHS providers have plans in place to reduce the proportion of people reporting a poor experience of care in line with the locally set level of ambition.

The CCG proposes that the following indicator is selected from the Outcomes Indicator Set for this component of the quality premium:

- *Patient Experience of Hospital Care*

This would be based on the national CQC inpatient survey for RBFT.

(5) Medication errors

A CCG will earn this portion of the quality premium if it agrees a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15 and these providers achieve the specified increase.

The following measure should be agreed by the CCG with its local Health and Wellbeing Board;

- Numbers of medication errors reported at RBFT will increase by X%, as a demonstration of an open culture of reporting and learning.
- This % is yet to be agreed with RBFT but is likely to be a 10% increase and the Health & Wellbeing Board is therefore asked to support this on the basis that 10% is agreed.

(6) Local measure: Carers

This measure should reflect local priorities identified in the Health & Wellbeing Strategy. The level of improvement needed to trigger the reward should be agreed between the CCG, the Health & Wellbeing Board and the NHS England Area Team.

It was an aspiration of Newbury and District GP's to have identified additional carers during 2013, meaning that we can now tailor support and services to those who provide care for family or friends on a regular basis. Our GP's have an ambition to work closely with our partners to identify carers and offer support incorporating an integrated approach

The CCG is committed to increasing the number of carers identified and offering appropriate information and support. GP Surgeries have been proactive in the management of their systems and processes to identify and work with carers, offering priority appointments, information on available services as well as working in collaboration with Berkshire Carers on the 'Take 5' project which assists and supports carers in their role.

N&D Trajectory for 2014/15
90% of carers on each practice list receive a communication from their GP surgery regarding benefits and services available to them

3. Equalities Impact Assessment Outcomes

3.1 This item is not relevant to equality.

4. Conclusion

4.1 The Health & Wellbeing Board is asked to note and agree the Quality Premium measures for Newbury & District CCG as detailed within this report.

