

Title of Report:	Newbury & District CCG Quality Premium 2014/15
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	25 th September 2014

Purpose of Report: To address a query received following approval of the Newbury & District CCG Quality Premium at the July Health & Wellbeing Board

Recommended Action: To note the response

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 approved the associated measures during July 2014. A subsequent query regarding the circumstances in which a CCG might not achieve the Quality Premium was raised, and is addressed through this supplementary paper.

Other options considered: n/a

Key background documentation: Quality Premium 2014/15 – paper to July 2014 HWB
NHS England 'Quality Premium Guidance 2014/15' (13th March 2014 revision)

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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 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.
- 1.2 The five National Measures (and one local measure) previously approved 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

- 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 an urgent GP referral for suspected cancer, or (d) maximum 8-minute responses for Category A Red 1 ambulance calls.

2. Proposals

- 2.1 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.
- 2.2 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.
- 2.3 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.

- 2.4 NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.
- 2.5 The risk of not achieving the above rights or pledges has been queried. By way of response, the CCG can advise:
- (1) 18 Weeks RTT standard – this measure is proactively monitored through the Planned Care Programme Board, the 18 Week Task and Finish Group (attended by both the CCG and RBFT), and through the Urgent Care Board (in terms of systems resilience). The CCG is currently working closely with RBFT in support of delivery of this standard, and along with RBFT takes part in regular Thames Valley Area Team 18 Week workshops aimed at delivering sustained performance against this standard. Currently RBFT are implementing a remedial action plan to reduce the overall length of the 18 week backlog, with weekly reporting to the CCG and regular monitoring at a system wide level.
 - (2) 4 Hour A&E Waits – this measure is monitored through our Urgent Care Board, with robust systems resilience and monitoring (through the Urgent Care Dashboard tool). Following implementation of a series of remedial measures across the wider system, this standard is currently (as at w/c 18th August 2014) being achieved by RBFT.
 - (3) Cancer Two Week Waits – this measure is monitored through the Planned Care Programme Board and the Cancer Sub-Group. Currently the Two Week Wait standard is being achieved at RBFT. Within individual CCGs, due to small patient numbers there can be risk to achievement when patients are unable to attend for a first hospital appointment within two weeks for a suspected cancer, however this is mitigated by the vast majority of patients referred for suspected cancer who will attend within two weeks following GP referral.
 - (4) Maximum 8 Minute Category A Red 1 – this measure is also monitored through our Urgent Care Board, with robust plans systems resilience plans in place. The SCAS contract is monitored at a Thames Valley level, and is currently (as at August 2014) being achieved.
- 2.6 Due to the conditions under which the Quality Premium is awarded, there are risks associated with its achievement. However, the CCG's utilise regular monitoring through the relevant programme boards and governance structures to ensure that progress is closely monitored and appropriate interventions put in place as required.

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.