

REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP (SRCCG) & NORTH & WEST READING CLINICAL COMMISSIONING GROUP (NWRCCG)

TO:	HEALTH AND WELLBEING BOARD		
DATE:	18 th July 2014	AGENDA ITEM:	6
TITLE:	SOUTH READING & NORTH & WEST READING QUALITY PREMIUM TARGETS 2014/15		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to Clinical Commissioning Groups (CCGs) to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. NHS England has produced "Quality Premium Guidance" for CCGs for 2014/15. 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.

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 - and will be based on six measures that cover a combination of national and one local priority. **Four** of these measures are required to be signed off by the health and Wellbeing Board. This paper outlines the measures and the targets that have been set by the individual CCGs.

RECOMMENDED ACTION

To note and agree the following four quality premium measure targets set for North & West Reading CCG and South Reading CCG for 2014/15:

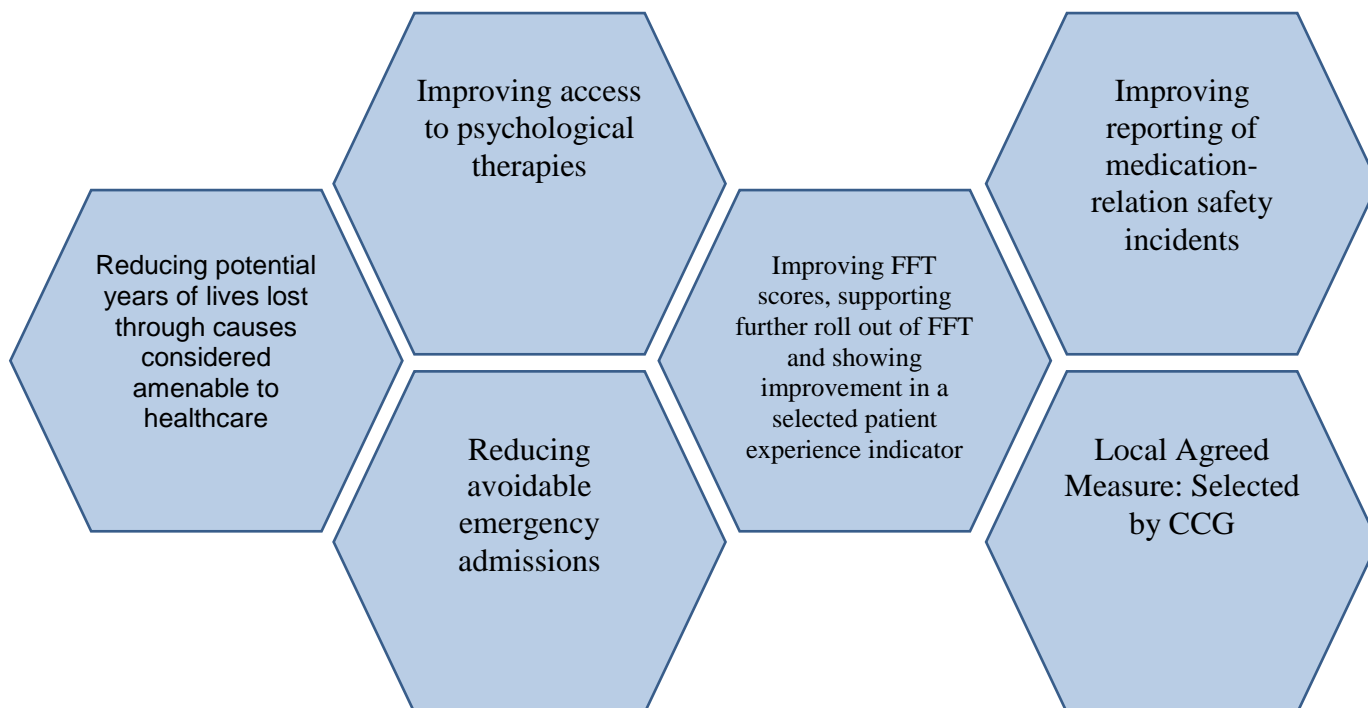
1. Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people. Target 10.2% (NWRCCG) and 16.2% (SRCCG) reduction from baseline.
2. Improving access to Psychological Therapies: A 3% increase to 17.1% (NWRCCG) and 18.2% (SRCCG).
3. Patient experience: Chosen indicator "Improved Patient experience of Hospital care"
4. Medication Errors: A 10% increase in reporting at Royal Berkshire Hospital (RBFT)

2. POLICY CONTEXT

- a) 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.
- b) NHS England has sought to design the quality premium to ensure that it:

rewards CCGs for improved outcomes from the services they commission against the main objectives of the NHS Outcomes Framework and the CCG Outcomes Indicator (see Background Papers for more detail)
- c) 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.
- d) The value of this reward is a maximum of £650,000 for South reading CCG and £540,000 for North & West Reading CCG, which can be invested in improvements in the quality of services that patients receive.
- e) 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 national and one local priority.
- f) 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 Money¹ 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.
- g) NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.
- h) 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**, **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**.
- i) 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
- j) The CCG's 2 Year Operational Plans and the 5 Year Strategic Plan supports the delivery of Quality Premium, the NHS Outcomes Framework and the Outcomes ambitions, through our knowledge of local health needs as identified in the Joint Strategic Needs Assessment (JSNA) and the Reading Health & Wellbeing Strategy.

k) The Six National Measures (including one local measure) are shown below:



3. PROPOSED TARGET MEASURES for 2014/15

Four of the above measures are required to be signed off by the Health & Wellbeing Board:

3.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people (The overarching objective for Domain 1 of the NHS Outcomes Framework)

To earn this portion of the quality premium, each 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%.

North & West Reading CCG Trajectory for 2014/15	South Reading CCG Trajectory for 2014/15
<p style="text-align: center;">Baseline of 1948 10.2% reduction planned across 5 years to give a plan of 1936 per 100,000 population in 14/15</p>	<p style="text-align: center;">Baseline of 2293 16.2% reduction planned across 5 years to give a plan of 2278 per 100,000 population in 14/15</p>

As the two CCG populations are starting from different baselines, the stretch target for South Reading is consequently higher than that for North and West Reading CCG and is weighted towards greater reduction in the later years as schemes begin to deliver longer term outcomes. The measures proposed were established by comparing benchmarking data for the whole of England and calculating a revised % which would allow the individual CCGs to improve on their current performance relative to the proposed stretch recorded for the rest of England.

3. 2 Improving Access to Psychological Therapies (IAPT) (A major contributing factor to Domain 2 of the NHS Outcomes Framework)

To earn this portion of the quality premium, each CCG needs to achieve an increase in access to psychological therapies in Quarter 4 2014/15. The increase needs to be a minimum of 3% increase.

North & West Reading CCG Trajectory for 2014/15	South Reading CCG Trajectory for 2014/15
Baseline run rate - 14.1% Quarter 4 run rate - 17.1%	Baseline run rate - 15.2% Quarter 4 run rate - 18.2%

Both North & West and South Reading CCG have high baseline level of access to IAPT compared to the other CCGs in England who are below 13% currently and are only required to reach the 15% national target. Both CCGs in Reading are required to further improve by 3% (as measured at quarter 4 2014/15).

3.3 Patient Experience (A major contributing factor to Domain 4 of the NHS Outcomes Framework)

There is a requirement to have 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. The specific indicator is to be 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 below 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.

3.4 Medication Errors (A major contributing factor to Domain 5 of the NHS Outcomes Framework)

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 Quarter 4, 2013/14 and Quarter 4, 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 HWBB is therefore asked to support this on the basis that 10% is agreed.

The **Two Additional Measures** (not required be signing off but included for information only)

3. 5 Reducing Avoidable Emergency Admissions. (A composite measure drawn from four measures in Domains 2 and 3 of the NHS Outcomes Framework)

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. The measures for the Reading CCGs are shown below:

We have a target of a 2.8% and 3.9% decrease over 2014/15, in avoidable emergency admissions (certain specific conditions only) for North & West Reading and South Reading CCGs respectively.

3.6 Local Clinical Commissioning Group (CCG) Priorities

The local priority for South Reading CCG is to ensure 25% of Diabetics have care plans in place by 31st March 2015, from a baseline of 0%.

In North & West Reading CCG, the local priority is to increase the number of patients with an End of Life Care Plan in place by 10%.

These local priorities have previously been presented to the HWBB on 14th Feb 2014.

4. NEXT STEPS

4.1 Following feedback from NHS England a revised submission took place on 20th June 2014 to NHS England for approval. In view of the timescales for submission, we are now seeking retrospective agreement on the measures that have been submitted.

5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 Both the 2 year and 5 Year Strategic Plans have been shared with key stakeholders including Providers, HWBB, Local Authority, Healthwatch, Patients and carers and with NHS England between January and end of March 2014. This has included details of quality premium targets and has helped inform any alterations that were made to plans before the final submission on 20th June 2014.

6. BACKGROUND PAPERS

6.1 NHS England "Quality Premium Guidance 2014/15" 13 March 2014.

6.2 NHS Outcomes framework 2014-15

NHS Outcomes Framework 2014/15

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience of care
Domain 5 -	Treating and caring for people in a safe environment; and protecting them from avoidable harm

The Seven Improving Outcome Ambitions

1.	Securing additional years of life for people of England with treatable mental health and physical conditions
2.	Improving the Health related quality of life of the 15+million people with one or more long-term condition, including mental health
3.	Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of hospital
4.	Increasing the proportion of older people living independently at home following discharge from hospital
5.	Increasing the number of people having a positive experience of hospital care
6.	Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community
7.	Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care