

Quality Premium and NHS England CCG Assurance Measures Update

Governing Body meeting

Item 14g

5 June 2014

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Sponsor	Idris Griffiths, Chief Operating Officer
Is your report for Approval / Consideration / Noting	
For Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2013/14 and subsequently 2014/15 Quality Premium measures.	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i></p> <p>Principal Objective 1: To improve patient experience and access to care Principal Objective 2: To improve the quality and equality of healthcare in Sheffield</p>	
<u>Equality impact assessment</u>	
None necessary	
<u>PPE Activity</u>	
<p><i>How does your paper support involving patients, carers and the public?</i></p> <p>It does not directly support this but as a public facing document is part of keeping the public informed.</p>	
Recommendations	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the expected Sheffield CCG 2013/14 Quality Premium achievement • Note the 2014/15 Quality Premium Framework, NHS England CCG Assurance measures and current indicative CCG position against each measure. 	

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1. Introduction / Background

This paper provides an assessment of Sheffield CCG achievement against 2013/14 Quality Premium Measures, an overview of 2014/15 Quality Premium and NHS England CCG assurance measures and initial assessment of the CCG position against 2014/15 measures.

2. 2013/14 Quality Premium

This is intended to reward CCGs for improvements in the quality of services they commission and improvements in health outcomes and reducing inequalities. The overarching criteria for achievement of the Quality Premium are set out in Appendix C.

Each CCG's 2013/14 Quality Premium achievement will be assessed at national level by NHS England and the outcome is expected to be notified to CCGs in October 2014. The total payment available to Sheffield CCG on achievement of all 2013/14 Quality Premium measures would be approximately £2.8 million.

The current Sheffield CCG estimated outcome is set out in Appendix A. This uses relevant local data combined with the nationally available data to arrive at a likely outcome for each 2013/14 Quality Premium measure.

Based on this assessment, the Sheffield CCG Quality Premium payment for 2013/14 is expected to be approximately £1.7 million.

3. 2014/15 Quality Premium

The Quality Premium measures for 2014/15 are largely a continuation of those which applied for 2013/14 with the changes as set out below:-

Removed	Health Care Associated Infections (C-Difficile and MRSA)
Added	Improving Access to Psychological Therapies
	Increasing Reporting of Medication Errors
Revised	Improvement in <i>Patient experience of hospital care</i> (locally selected indicator)
	Max 2 weeks from urgent GP referral to first outpatient appointment replaces Max 62 day wait from GP referral to first definitive cancer treatment
	Addition to Friends and Family Test measure of requirement for agreed provider action plan to address FFT issues from 2013/14

Further details of each 2014/15 Quality Premium measure including any planned achievement submitted by the CCG and our starting position (as at April 2014 data) is at Appendix B.

The CCG is starting 14/15 from a good position on the majority of Quality Premium measures with the exception of '*Maximum 8-minute response for Category A red 1 ambulance calls*' on which action plans are being discussed with the Ambulance Service following this measure not being met during April 2014.

It is expected that there will be regular quarterly review of progress on Quality Premium measures and risks to delivery by the CCG Planning and Delivery Group with relevant portfolio leads so that any necessary remedial action can be identified.

4. Overview of 2014/15 CCG Assurance Measures

In addition to the Quality Premium, "*Everyone Counts: Planning for Patients 2014/15 – 2018/19*" sets out a range of measures. Although no 2014/15 update to the existing (2013/14) Operational Guidance for CCG Assurance has yet been announced, the measures most likely to be used for this purpose:-

- **Rights and pledges under the NHS constitution** – 16 core measures, plus seven additional supporting measures
- **NHS Outcomes Framework indicators** - Nine measures, five supporting measures against which CCGs have submitted planned levels of achievement as part of submitting CCG Ambitions for Improving outcomes

Indicative CCG position on expected 2014/15 measures

For 28 of these 37 measures it has been possible to arrive at an indicative assessment of CCG performance, using 13/14 performance and/or April 2014 data. This suggests that the CCG is starting from a positive position in 75% of these measures. For those measures where we are starting 14/15 in a less favourable position, action plans with providers and close monitoring are in place to ensure that improvements are being made. Specifically, these are the measures relating to the maximum timeframes from patients being referred to (where necessary) receiving treatment, timeframes for access to diagnostic tests and Ambulance response times.

Paper prepared by Julie Glossop, Senior Commissioning and Performance Manager

On behalf of Idris Griffiths, Chief Operating Officer and Tim Furness, Director of Business Planning and Partnerships

22 May 2014

Appendix A - Current Estimated 13/14 Quality Premium Outcomes and payment

Quality Premium Domain	Requirement	£s Expected
Achieved		
NHS Constitution x 4 measures 25% reduction in payment per measure not met	92% patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral.	No reduction
	95% of patients admitted, transferred or discharged within 4 hours of arrival at A&E	No reduction
	85% patients have max.62-day wait from urgent GP referral to treatment for cancer.	No reduction
	75% of Category A Red 1 ambulance calls - emergency response arriving within 8 mins.	No reduction
Not Achieved		
Healthcare Associated Infections (HCAIs)	0 cases of MRSA assigned to CCG <i>after post-infection review</i> . AND C. Difficile cases at /below defined thresholds.	£0 (£352k if achieved)
Likely to be Achieved (based on current available data)		
Local Measure 1	Reduction in STHFT / SCHFT Emergency spell bed nights for Ambulatory Care Sensitive Conditions	£352k
Local Measure 2	Identify alternative provision and health care for patients who otherwise would have received secondary care / hospital based attendance	£352k
Local Measure 3	Reduce average waiting times in Speech & Language Therapy at SCHFT	£352k
<u>Avoidable Emergency Admissions</u> Unplanned hospitalisation for <ul style="list-style-type: none"> chronic ambulatory care sensitive conditions (adults) asthma, diabetes and epilepsy in children Emergency admissions for <ul style="list-style-type: none"> acute conditions that should not usually require hospital admission (adults) children with lower respiratory tract infection. 	Reduction or zero % change in emergency admissions for these conditions for CCG population between 2012/13 and 2013/14. Local data shows a total overall reduction has been achieved across all 4 measures combined . This is subject to national assessment and confirmation.	£704k
Less Likely to be Achieved (based on current available data)		
Potential years of life lost (PYLL) from conditions amenable to healthcare	Reduction (for CCG population) by at least 3.2% between 2013 and 2014. <i>National assessment method not yet clear.</i>	£0 (£352k if achieved)
Friends and Family	Roll-out in line with national timetable AND improvement in average FFT scores	£0 (£352k if achieved)

Appendix B - 2014/15 Quality Premium

Quality Premium Domain and Requirement	Potential payment if achieved	Portfolio / Team	New measure for 14/15	Position as at April 2014 and 2014/15 plan.
<p>Reduction of at least 3.2% in Potential years of life lost (PYLL) through causes considered amenable to healthcare, including addressing locally agreed priorities for reducing premature mortality.</p>	375k	Long Term Conditions	No	<p>14/15 plan is for 3.2% reduction. Local data suggests CCG is starting 14/15 from good level of achievement in 13/14.</p> <p>Plans are in development around specific opportunities for PYLL improvement relating to Cardiovascular Disease and Cancer.</p>
<p>Reduction in Avoidable Emergency Admissions (between 2013/14 & 2014/15) - composite measure of:</p> <ul style="list-style-type: none"> - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - Emergency admissions for acute conditions that should not usually require hospital admission - Emergency admissions for children with lower respiratory tract infections (LRTI) 	625k	<p>Long Term Conditions</p> <p>Children, Young People & Maternity</p> <p>Acute (Urgent)</p> <p>Children, Young People & Maternity</p>	No	<p>Local data for 2013/14 shows a reduction</p> <p>2% reduction planned for 2014/15 . This represents year 1 of the 5 year plan to achieve a total reduction of 20%.</p>
<p>Improving Access to Psychological Therapies: Increase (at least 3%) in access levels by 31 March 2015.</p> <p>Plans to increase the proportion of individuals accessing IAPT services from communities where use of IAPT is known to be disproportionately low.</p>	375k	Mental Health and Learning Disabilities	No	<p>Plan is for further 3% increase in access levels during 2014/15. This builds on strong position in 13/14 leading to an expected 14/15 year end position of 18%.</p> <p>Plans to address low access to IAPT from these communities are in development.</p>
<p>Increasing Reporting of medication errors: Agree specified increase by specified local providers for the period between Q4 13/14 and Q4 14/15; and ensure specified increase achieved</p>	375k	Medicines Management Team	Yes	<p>Plans agreed with Chief Pharmacists at STHFT & SCHFT for 5% increase in reporting rate (from Q4 13/14 baseline). Trusts to report quarterly to CCG.</p>

Patient Experience: - Support continued roll out of Friends and family test in 2014/15 (<i>staff FFT Apr-Jun 2014 and potentially General Practice, community & mental health by end Dec 14, rest of NHS funded services by end Mar 15</i>). - Agree plan with their local providers (specified actions, milestones for addressing issues identified from 2013/14 FFT results and ensure delivery of plan) - Improvement in locally selected patient experience indicator of Patient experience of hospital care (as measured by Care Quality Commission's Adult Inpatient Survey)	375k	Quality Team	No	Support for 2014/15 rollout will be actioned via existing Quality team links into local trusts as for successful 2013/14 rollout.
			No	Action plan agreed with STHFT. Trust to report quarterly to CCG Quality team on delivery of plan and intended impact on FFT scores and overall patient experience.
			Yes	Action plan for addressing issues identified via FFT (above) should contribute to improvement in overall patient experience measure.
Locally identified measure: Identify alternative service provision & health care for patients who otherwise would have received secondary care/ hospital based attendance.	375k	Acute (Elective)	No	Plan for alternative provision for a further 2000 patients, building on the 2000 achieved in 2013/14.

NHS Constitution Rights and Pledges which if not achieved will reduce the total Quality Premium payment

	Payment reduction if not achieved	Portfolio / Team	New measure for 14/15	Position as at April 2014 and plan for delivery of measure
Max. 18-week waits RTT – for 92% of patients	25%	Acute (Elective)	No	Measure being achieved in Apr 2014 and was met for 2013/14.
Max. A&E department four-hour waits – 95% of patients within 4 hours	25%	Acute (Urgent)	No	Achieved in Apr 2014 but some difficulties seen during late May - some fluctuation is usual. Was met overall for 2013/14.
Max 2 weeks from urgent GP referral to first outpatient appointment – 93% of patients	25%	Long Term Conditions	No	Measure being achieved in Apr 2014 and was met for 2013/14.
Max. 8-minute response for Category A red 1 ambulance calls – for 75% of patients	25%	Acute (Urgent)	No	Not met in Apr 2014 and discussions underway with YAS to agree action plan.

Appendix C - Overarching Quality Premium Criteria

1. Pre-qualifying Criteria

To be eligible for a quality premium payment, a CCG must first meet pre-qualifying financial and quality criteria.

- a) the CCG manages within its total resources envelope and
- b) does not exceed the agreed level of surplus drawdown
- c) has experienced no enforcement action and/or serious quality failures with respect to one of its providers

2. Achievement of Specified Improvements

A percentage of the quality premium will then be paid for achievement of each of the specified Quality Premium improvements in each of the following areas:-

Preventing people from dying prematurely (Reduction in Potential years of life lost)	15%
Enhancing quality of life for people with long term conditions (Reduction in Avoidable Emergency Admissions)–	15%
Helping people to recover from episodes of ill health (for 14/15 this is for Improving access to IAPT)	25%
Treating and caring for people in a safe environment & protecting from avoidable harm (for 14/15 this is for Increasing reporting of medication errors)	15%
Ensuring that People have a positive experience of care – Friends and Family test and Patient experience of care.	15%
Locally identified measure	15%

3. Potential reduction for non-achievement of NHS Constitution Measures

The amount paid will be reduced for CCGs who do not meet the 4 specified NHS Constitution Rights & Pledges. A reduction of 25% will be made to the quality premium for each relevant NHS Constitution measure not met.