

PROPOSALS FOR LOCAL QUALITY PREMIUMS

INTRODUCTION

The national quality premium was introduced by NHS England in 2013/14 with the expectation of:

- Promoting improvements against the main objectives of the NHS Outcomes Framework;
- Setting broad objectives as far as possible, leaving CCGs to determine with Health and Wellbeing partners the specific local priorities;
- Promoting reductions in health inequalities – promoting improvements against starting points rather than achieving an absolute standard of improvements (with the exception of MRSA);
- Further promoting local priority setting by having 3 measures that reflect joint Health and Wellbeing strategies;

The national guidance for the 2015/16 quality premium has yet to be formally published. However it is clear that the above expectations are to be maintained.

Additionally, the following pre-qualifying rules will apply prior to calculation of any quality premium due to each CCG.

- NHS England will reserve the right not to make any payments where there is a serious failure during 2015/16. Subject to regulations to be made in parliament these are:
 - CCG failure to manage within its resource limit and exceeds the agreed level of surplus drawdown;
 - A case of serious quality failure will debar CCG in receiving any of the quality payment e.g. if CQC judges that a provider is in serious breach of its registration requirements;

Total payment based on CCG performance against the four national and two local measures will be reduce (sliding scale) if providers do not meet the NHS Constitution rights or pledges for patients in relation to:

- Maximum 18 week waits from referral to treatment;
- Maximum four hour waits in A&E;
- Maximum wait of 14 days from Urgent GP referral for suspected cancer;
- Maximum 8 min response for category A red 1 ambulance calls.

It should be noted that the above NHS Constitution standards above are subject to change pending final release of the Quality Premium guidance for 2015/16.

The quality premium for 2015/16, based on the initial guidance, includes payment for achieving improved or high standards of quality in four national measures and two local indicators chosen from the NHS Outcomes Framework:

- NHS Outcome Framework 1: Preventing People from Dying Prematurely;
- NHS Outcome Framework 2: Enhancing the Quality of Life for People with Long Term Conditions;
- NHS Outcome Framework 3: Helping People to Recover from Episodes of Ill health or following Injury;
- NHS Outcome Framework 4: Ensuring that People have a Positive Experience of Care;
- NHS Outcome Framework 5: Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm.

The following table sets out the likely funding available from the national and local priorities based on full compliance of the NHS Constitution Standards:

Table 1: Breakdown of Potential Reward by Quality Premium Measure (based on 775,000 population = £3,875m

Measure	Percentage of Quality Premium	Potential Value for Illustrative Purposes (£)
Potential years of life lost from causes considered amenable to healthcare	10%	387,500
Urgent and Emergency Care: Reduction of emergency admissions Reducing delayed transfers of care Increasing patient discharges at weekends and Bank Holidays <i><u>It is not clear if these are all linked to the 30% payment or whether these attract a 10% payment for each area delivered.</u></i>	30%	1,162,500

Mental Health: Reduction of patients presenting with mental health as first presenting condition Serious mental health and smoking correlation Increase of proportion of mental health service users in full-time employment <i>It is not clear if these are all linked to the 30% payment or whether these attract a 10% payment for each area delivered.</i>	30%	1,162,500
Reducing Antibiotic Prescribing	10%	387,500
TBC – Locally chosen indicator (see below)	10%	387,500
TBC - Locally chosen indicator (see below)	10%	387,500
Total	100%	3,875,000

Local Quality Premium Measure (option 1)

NHS Dorset CCG has selected estimated diagnosis rate for people with dementia. The local performance is currently under the national standard despite making significant progress. NHS Dorset CCG's rationale for the selection of this indicator is:

- Awareness of long term ambitions;
- Local issue;
- Priority of Health and Wellbeing Board;
- Links to Better Care Fund performance target;
- National priority (66.7% target).

	Indicator Definition (please specify the local measures chosen) max 4000 characters	Numerator	Denominator	Measure
Local Priority 1	Estimated diagnosis rate for people with dementia	8648	12961	66.72%

*note the above forms part of the national submission for the 2015/16 planning round however is acceptable as a local quality premium. Consideration of a stretch target maybe appropriate.

Local Quality Premium Measure (option 2)

NHS Dorset CCG has selected Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services. NHS Dorset CCG's rationale for the selection of this indicator is:

- Local issue supporting Urgent Care;
- Priority of Health and Wellbeing Board and links to Better Care Fund performance target;
- Benchmarking across Local Authorities indicates scope for improvement;
- Measurable through local and national data sources

	Indicator Definition (please specify the local measures chosen) max 4000 characters	Numerator	Denominator	Measure
Local Priority 2	Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement and rehabilitation services	TBC	TBC	TBC

Local Quality Premium Measure (option 3)

NHS Dorset CCG has selected Incidence of Healthcare associated infection (C Difficile). Dorset CCG is unlikely to achieve the 2014/15 objective following significant cases reported (mainly within the community) and is a significant outlier nationally with reported infection rates around the bottom quartile performance level. NHS Dorset CCG's rationale for the selection of this indicator is:

- Benchmarking at CCG level indicates improvement is required locally;
- Measurable through local and national data sources

	Indicator Definition (please specify the local measures chosen) max 4000 characters	Numerator	Denominator	Measure
Local Priority 3	Incidence of Healthcare associated infection (C Difficile).	TBC	TBC	TBC

CONCLUSION

Members are asked to review the above paper and make recommendations on the preferred two options for the local Quality Premium measures for 2015/16.

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