Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group - Business Intelligence

Performance Report 'Quality Premium'
September 2015

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Supporting people in Dorset to lead healthier lives

Dorset CCG: Quality Premium: Report for Month: September 2015

The 'Quality Premium' is intended to reward clinical Commissioning groups (CCGs) for improvement in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. The 'quality premium' paid to CCGs in 2016-17 - to reflect the quality of the health services commissioned by them in 2015-16 - will be based on the following measures that cover a combination of national and local priorities.
NHS England also reserves the right not to make any payment where there is a serious quality failure during 2015-16.
The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methology as for CCG running costs. (This is in addition to a CCG's main financial allocation for 2015-16 and in addition to its running costs allowance.)
Regulations set out that quality premium payments should be used in ways that improve quality of care or health outcomes and/or reduce health inequalities.
In addition, the amount of reward will be based on performance across five national measures and two local measures. The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. (This is in addition to a CCG's main financial allocation for 2015/16 and in addition to its running costs allowance.)

CCG Population : ESTIMATE	**787,300**	Illustrative Premium:	**£3,936,500**

Note: 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 2015/16; or
b) ends the 2015-16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
c) incurs a qualified audit report in respect of 2015/16.

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 a urgent GP referral for suspected cancer,** and
(d) maximum **8-minute responses for Category A red 1 ambulance calls**.

	Current	RAG/FOT	Period
92% of Patients during the year should wait no more than 18 weeks from referral to consultant-led treatment	94.3%	Green	Sep-15
95% of Patients during the year should be admitted, transferred or discharged within four hours of their arrival at an A&E department	95.2%	Red	Sep-15
93% of Patients during the year should have a maximum wait of 14 days from urgent GP referral for suspected cancer	96.0%	Green	Aug-15
75% 8 minute response for **Cat A (RED 1)** ambulance calls	76.0%	Green	Sep-15
Expected Adjustment	**0%**		

Quality Premiums		Current	RAG/FOT	Period
Quality Premium Measure 1: Reducing premature mortality **10% of Quality Premium** Reduce potential years of life lost (PYLL) from causes considered amenable to healthcare over time	To earn this portion of the quality premium, CCGs will need to: a) agree with Health and Wellbeing Board partners and with the relevant local NHS England team the average trend percentage reduction in the potential years of life lost (standardised for sex and age) from amenable mortality for the CCG population to be achieved over the period between the 2012 and 2015 calendar years. This should be no less than 1.2%; b) demonstrate that, in developing the reduction to be achieved and its plans to deliver it, the CCG and its partners have taken into account: i) the local causes of premature mortality for those living in areas of deprivation; ii) other relevant needs set out in the local joint health and wellbeing strategy; c) achieve the planned reduction.	Red	Red	
Quality Premium Measure 2: Urgent and Emergency Care **10% of Quality Premium** Avoid emergency admissions for a) unplanned hospitalisation for chronic ambulatory care sensitive conditions ; b) unplanned hospitalisation for asthma, diabetes and epilepsy in children; c) emergency admissions for acute conditions that should not usually require hospital admission ; d) emergency admissions for children with lower respiratory tract infection.	To earn this portion of the quality premium, there will need to be either: a) a reduction, or a zero per cent change, in the annualised trended change in the Indirectly Standardised Rate of emergency admissions for these conditions over the 4 years 2012/13 to 2015/16 ; or b) the Indirectly Standardised Rate of admissions in 2015/16 at less than 1,000 per 100,000 population.	Amber	Amber	
Quality Premium Measure 2: Urgent and Emergency Care **10% of Quality Premium** Delayed transfers of care which are an NHS responsibility.	The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15	9,452 (Amber)	Green	Aug-15
Quality Premium Measure 2: Urgent and Emergency Care **10% of Quality Premium** Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	The proportion of patients discharged on a Saturday, Sunday or English Public Holiday should be (a) at least 0.5% points higher in 2015/16 than in 2014/15; OR (b) Greater than 30% in 2015/16	22.5% (Green)	Green	Aug-15
Quality Premium Measure 3: Mental Health **30% of Quality Premium** Reduction in the number of patients attending an A&E department for a mental health-related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E.	The proportion of primary diagnosis codes at A&E with a valid 2 character A&E diagnosis or 3 digit ICD-10 code will be at least 90%; AND The proportion of patients with a primary diagnosis of mental health-related needs or poisoning that spend more than 4 hours in A&E is no greater than the average for all patients, or is over 95%.	Red	Red	
Quality Premium Measure 4: Patient Safety **10% of Quality Premium** Improved antibiotic prescribing in primary and secondary care This is a composite Quality Premium consisting of three parts: Part a) reduction in the number of antibiotics prescribed in primary care Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care Part c) secondary care providers validating their total antibiotic prescription data	The three parts of the quality premium have specific thresholds as follows: Part a) reduction in the number of antibiotics prescribed in primary care by 1% (or greater) from each CCG's 2013/14 value. Individual practice reduction to be agreed by the CCG with each practice. Part b) number of co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of selected antibiotics prescribed in primary care to be reduced by 10% from each CCG's 2013/14 value, or to be below the 2013/14 median proportion for English CCGs (11.3%), whichever represents the smallest reduction for the CCG in question Part c) secondary care providers with 10% or more of their activity being commissioned by the relevant CCG have validated their total antibiotic prescribing data as certified by PHE.	Green	Forecast (Green)	
Dorset CCG Local Priority Measure				
Local Priority Measure 1: Dementia	Estimated diagnosis rate for people with dementia. Target 70%	63%* (Red)	Red	Sep-15
Local Priority Measure 2: Avoid readmittance	Proportion of patients remaining at home after 91 days after discharge. Target 82%	83% (Green)	Green	Aug-15

* respresents an estimate based on local information - Actual information 61.9% to September 15 (missing practices).