



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group - Business Intelligence

Performance Report 'Quality Premium'

March 2015

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Supporting people in Dorset to lead healthier lives

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

The 'Quality Premium' reward to be paid to CCGs in 2014/15 will be subject to the CCG delivering financial targets within resources and managing performance across a range of NHS Constitution requirements, rights and pledges. In addition, the amount of reward will be based on performance across five national measures and one local measure. 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 2014/15 and in addition to its running costs allowance.)

CCG Population : ESTIMATE **750,000** Illustrative Premium: **£3,750,000**

Is the CCG on Target to manage within resources?

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 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.

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	94.9%		Mar-15
95% of Patients during the year should be admitted, transferred or discharged within four hours of their arrival at an A&E department	93.8%		Mar-14
93% of Patients during the year should have a maximum wait of 14 days from urgent GP referral for suspected cancer	92.0%		Dec-14
75% 8 minute response for Cat A (RED 1) ambulance calls	75.3%		Mar-15
Expected Adjustment	(50%)		

Quality Premiums		Current	RAG/FOT	Period
Domain 1: Preventing People from Dying Prematurely	15% for reducing the Potential years of life lost from causes considerable amenable to healthcare: adults, children and young people by at least 3.2%	N/A		
Domain 2: Improving access to psychological therapies	15% for achieving IAPT access levels of at least 15% by 31 March 2015; and if the CCG's IAPT access level was 13% or greater by 31 March 2014, to further increase access levels by 13 March 2015 to an additional amount agreed by the CCG with the relevant Health and Wellbeing Board and with the NHS England area team which should be no less than an additional 3%.	N/A		
Domain 2: Long term conditions	25% for reducing emergency admissions combined across the following areas: 1) Unplanned hospitalisation for Chronic Ambulatory care sensitive conditions (all ages) 2) Unplanned hospitalisation for Asthma, Diabetes and Epilepsy in children 3) Emergency Admissions for acute conditions that should not usually require admission (all ages) 4) Emergency Admissions for children with Lower Respiratory Tract Infections	9.8%		Mar-15
Domain 3: Recovery from episodes of ill health or injury.				
Domain 4: Ensuring that people have a positive experience of care.	15% for addressing issues identified in the 13/14 Friends and Family Test (FFT) supporting roll out of FFT in their local health economy in 2014/15 and showing improvement in a selected indicator from Domain 4 of the CCG Outcomes Indicator Set To earn this portion of the Quality Premium the CCG will need to - a) agree a plan with their local providers with specified actions and milestones for addressing the issues that are identified from 2013/14 FFT results, particularly where they highlight issues which relate to poor care, and for these actions to be achieved in line with the milestones; b) obtain appropriate assurance and evidence that providers have taken action in response to FFT feedback; c) support local providers to co-ordinate the roll out of FFT by the end of 2014/15 and to address roll-out issues are required. Appropriate evidence of advice and support being provided where this has been sought and should be recorded by the CCG; and d) ensure there is 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 with the specific indicator 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.	N/A		
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	15% for improved reporting of medication-related safety incidents for - 1) agreeing a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15; and 2) providers achieve these specified increases	N/A		
Dorset CCG Local Priority Measure				
Local Priority Dementia	15% Number of people diagnosed / Prevalence of dementia. Target 65%	62%		Mar-15

Estimated Quality Premium received £843,750