

**NHS Dorset Clinical Commissioning Group Governing Body  
Quality Premium – Progress 2013/14**

<b>Date of the meeting</b>	17/07/2013
<b>Author</b>	Phil Dove, Head of Performance Intelligence
<b>Purpose of report</b>	To note the progress against the Quality Premium for 2013/14
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report.
<b>Resource implications</b>	None
<b>Link to strategic objectives</b>	Implementation of the NHS Dorset Clinical Commissioning Group 2013-2018 Strategy
<b>Risk assurance</b> Impact on high level risks	None
<b>Outcome of equality impact assessment process</b>	N/A
<b>Actions to address impact</b>	N/A
<b>Legal implications</b>	None
<b>Freedom of information</b>	Unrestricted
<b>Public and patient involvement</b>	None
<b>Current status</b>	<b>N/A</b>
<b>Trend</b>	<b>N/A</b>

## PURPOSE

The purpose of this report is to outline the progress against the Quality Premium for 2013/14.

## INTRODUCTION

The 'Quality Premium' is intended to reward Clinical Commissioning Groups for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The Quality Premium paid to CCGs in 2014/15 – to reflect the quality of the health services commissioned by them in 2013/14 – will be based on four national measures and three local measures.

The four national measures, all of which are based on measures in the NHS Outcomes Framework, are:

**Reducing potential years of lives lost through amenable mortality** (12.5 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework;

**Reducing avoidable emergency admissions** (25 per cent of quality premium): a composite measure drawn from four measures in Domains 2 and 3 of the NHS Outcomes Framework;

**Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services** (12.5 per cent of quality premium), based on one of the overarching objectives for Domain 4 of the NHS Outcomes Framework;

**Preventing healthcare associated infections** (12.5 per cent of quality premium), based on one of the objectives for Domain 5 of the NHS Outcomes Framework.

The three local measures should be based on local priorities such as those identified in joint health and wellbeing strategies. These will be agreed by individual CCGs with their Health and Wellbeing Boards and with the area teams of the NHS Commissioning Board (NHS CB).

## OVERVIEW OF CURRENT POSITION

The first assessment is shown in appendix 1.

For the period ending 31 May 2013 the Clinical Commissioning Group is not achieving two of the four key NHS Constitution standards. The forecast for 2013/14 is that the CCG will achieve these indicators and based on this forecast there will be no financial adjustment.

Performance against the four hour A&E standard has improved notably in May 2013 and it is expected that the Clinical Commissioning Group will be achieving this standard on a year to date basis soon.

Performance against the 8 minute response Cat A (Red 1) standard is also not being achieved as at 31 May 2013. Clinical Commissioning Groups are assessed on the Provider performance and not that of the locality and therefore this has significant implications across a number of commissioners.

#### **Domain 1 - Reducing potential years of lives lost through amenable mortality**

Performance for the period ending 31 May 2013 is currently unknown, past performance indicates significant improvement in the Potential Years of Life Lost (PYLL) and therefore achieving a further 3.2% reduction will be challenging.

#### **Domain 2&3 - Reducing avoidable emergency admissions**

Performance for the period ending 31 May 2013 is currently unknown, past performance indicates significant improvement in reducing avoidable emergency admissions and therefore achieving a further reduction will be challenging.

#### **Domain 4 - Ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services**

The Friends and Family Test has been rolled out locally and for the period ending 31 May 2013 all providers have provided copies of their national submission. This indicator is still in development nationally. Currently the Clinical Commissioning Group requires only Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust to deliver an improvement in average FFT scores from Quarter 1 of 2013/14 compared with Q1 of 2014/15.

#### **Domain 5 - Preventing healthcare associated infections**

This element of the Quality Premium is expected to be extremely difficult to achieve. The Primary Care Trust Cluster reported 13 MRSA cases in 2012/13 across local providers and the community, the ambition for 2013/14 is that the Clinical Commissioning Group will report no cases of MRSA. For the period ending 31 May 2013 the Clinical Commissioning Group is on target to achieve this domain.

#### **Local Priority 1 – Total health gain (Knee Replacement)**

Performance for the period ending 31 May 2013 is currently unknown. Information is published nationally throughout the year. The required trajectory for 2013/14 is achievable.

#### **Local Priority 2 – Dementia Diagnosis**

Performance for the period ending 31 March 2013 indicates that the Clinical Commissioning Group achieved an estimated dementia diagnosis rate of 45%. This is an area of concern across the CCG, particularly across Dorset where performance is significantly lower than Bournemouth and Poole. The local trajectory for 2013/14 is to achieve an estimated diagnosis rate of 50%.

## **Local Priority 3 – Under 75 mortality rate Respiratory Disease**

The Clinical Commissioning Group set a trajectory to achieve a mortality rate of no more than 21.5 per 100,000 Population for the period 2013/14.

The latest information indicates that the position has improved notably over the course of the last year with a mortality rate of 19.0 per 100,000 Population. It is therefore anticipated the Clinical Commissioning Group will achieve the set trajectory.

## **Recommendation**

Note the progress being made against the four national domains and three local outcomes which will determine the quality premium to be paid to the CCG in 2014/15.

## Appendices

Appendix 1 :            Performance Report 'Quality  
Premium 2013/14'