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NHS Dorset Clinical Commissioning Group

Governing Body Meeting

Quality Premium Report

Date of the meeting	18/09/2013
Author	P Dove, Head of Performance Intelligence
Sponsoring GB member	P Vater, Chief Finance Officer
Purpose of report	To note the progress against the Quality Premium for 2013/14
Recommendation	The Directors are asked to **Note** the report and make recommendations
Resource implications	None
Link to strategic principles	• Services designed around patients • Preventing ill health and inequalities • Sustainable healthcare services • Care closer to home
Risk assurance Impact on high level risks	None
Privacy impact assessment	PIA is not required as this is a monitoring report only.
Outcome of equality impact assessment process	As this is a monitoring report regarding future quality premium payments only, it is unlikely that the above process is required. This is however being checked further with Information Governance.
Actions to address impact	N/A
Legal implications	None
Freedom of information	Unrestricted
Public and patient engagement	Not required for this individual report as this is a monitoring report, but priorities within this report have identified public and patient
Reason for inclusion in Part 2	N/A
Previous Committees/Governing Body	Directors meeting 28th August 2013.

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 CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

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 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 team of the NHS Commissioning Board (NHS CB).

The three local measures agreed for 2013/14, all of which are based on measures in the NHS Outcomes Framework and represent 12.5 per cent of quality premium are:

Total health gain assessed by patients by difference between the pre-operative score and post-operative score as completed by the patient;

Number of people diagnosed / Prevalence of dementia;

Under 75 mortality rate respiratory disease.

OVERVIEW OF CURRENT POSITION (NHS CONSTITUTION REQUIREMENTS)

The assessment for the period ending 31 July 2013 is shown in Appendix 1.

For the period ending 31 July 2013 the CCG is not achieving one of the four key NHS Constitution standards. Dorset CCG is working closely with the relevant service provider to ensure this standard is achieved for 2013/14, however is being cautious in modelling the financial impact of non-delivery.

Performance against the 8 minute response Cat A (Red 1) standard is not being achieved for the period ending 30 June 2013, whilst underperformance is minimal no headroom has been built up for the winter period where traditionally performance deteriorates notably. CCGs are assessed on the performance of the Provider organisation rather than CCG boundary.

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

Performance for the period ending 30 June 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

Domain 2 and 3 combine four outcomes from the NHS Outcomes Framework into one composite measure, with the aim of reducing the rate of emergency/unplanned admissions per 1,000 Population, or simply reducing admissions.

The four outcomes measures are as follows:

Unplanned hospitalisation for Chronic Ambulatory care sensitive conditions
Unplanned hospitalisation for Asthma, Diabetes and Epilepsy in under 19s Emergency Admissions for acute conditions that should not usually require admission
Emergency Admissions for children with Lower Respiratory Tract Infections (LRTI)

Performance for the period ending 30 June 2013 indicates a reduction on the 2012/13 baseline information of 3%, with, as shown below a notable reduction in unplanned hospitalisation for chronic ambulatory care sensitive conditions.

	Number of Admissions		
NHS Outcomes Framework	**2012/13 Full Year**	**Jul 12 to Jun 13**	**% Variance**
Emergency admissions for acute conditions that should not usually require hospital admission (updated methodology).	7,198	7,161	-1%
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (updated methodology).	6,248	5,824	-7%
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s.	459	453	-1%
Emergency admissions for children with lower respiratory tract infections.	607	607	0%
Total	**14,512**	**14,045**	**-3%**

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 across Dorset CCG in line with national timescale. NHS England have published the results for the first quarter of 2013/14, the response rates for the first quarter are shown below.

	Inpatient response rates				A&E response rates				Combined response rates			
Trust name	April	May	June	Quarter	April	May	June	Quarter	April	May	June	Quarter
England	**21.7%**	**24.4%**	**27.1%**	**24.4%**	**5.6%**	**7.5%**	**10.3%**	**7.8%**	**10.9%**	**13.2%**	**15.9%**	**13.3%**
Yeovil District Hospital NHS Foundation	37.1%	34.5%	39.0%	36.9%	1.7%	3.0%	8.2%	4.2%	14.2%	14.3%	19.3%	15.9%
Royal Bournemouth NHS Foundation Trust	32.4%	38.8%	30.3%	34.0%	7.7%	7.9%	7.3%	7.6%	15.2%	17.1%	13.8%	15.4%
Salisbury NHS Foundation Trust	24.0%	40.0%	34.2%	32.9%	7.0%	6.7%	5.5%	6.4%	12.6%	18.3%	15.0%	15.3%
Dorset County Hospital NHS Foundation	19.5%	26.1%	19.9%	21.5%	2.5%	3.3%	4.2%	3.3%	8.9%	10.3%	10.1%	9.8%
Poole Hospital NHS Foundation Trust	18.5%	11.7%	15.2%	15.0%	3.0%	9.1%	3.8%	5.5%	7.7%	9.8%	6.7%	8.1%

Both Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Foundation Trust have combined response rates significantly below the national average and in the lowest quartile nationally.

Domain 5 - Preventing healthcare associated infections

This element of the Quality Premium will not be achieved in 2013/14. As previously advised, it was always unlikely this element would be achieved. The Primary Care Trust Cluster reported 13 MRSA cases in 2012/13 and for the period to 31 July 2013 the CCG has reported one MRSA case, a significant improvement when compared to 2012/13, however above the threshold of zero cases permitted.

Reported C-Diff cases are notably higher than corresponding period in 2012/13 both in NHS Providers (Dorset County Hospital NHS Foundation Trust) and within the community.

Local Priority 1 – Total health gain (Knee Replacement)

Performance for the period ending 30 June 2013 is currently unknown as information is published throughout the year. The required trajectory for 2013/14 based on the health gain achieved previously is expected to be achieved.

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%. The most recent information is shown in the attached Appendix. 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 a minimum diagnosis rate of 50%. The information for the period ending 30 June 2013 will be reported in August 2013.

Local Priority 3 – Under 75 mortality rate Respiratory Disease

The CCG 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 CCG will achieve the set trajectory. Currently the CCG is not permitted to receive mortality information due to on-going data sharing/information governance issues, which we are working to resolve.
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.

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Appendices

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