Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 10 June 2015

Subject: Quality Premium for Clinical Commissioning Groups

Report of: Dr Martin Whiting, Dr Mike Eeckelaers and Dr Philip Burns

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Summary

This report outlines the proposed Quality Premium measures for the Manchester Clinical Commissioning Groups (CCGs) in 2015/16. The purpose of the paper is to briefly outline the Quality Premium scheme, outline the nationally mandated measures and then describe the local measures, chosen by each of the CCGs, and their rationale.

Recommendation

The Board is asked to note and agree the choices for the quality premium measures.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Quality Premium scheme supports CCGs in improving the quality of the services that they commission, improving overall health outcomes for their population and reducing inequalities in access and in health outcomes. The local priorities that have been chosen by the CCGs reflect the Health and Wellbeing Board priorities in that they focus on providing the best treatment to the right people in the right place, improving people's mental health and wellbeing, and enabling older people to live independently in the community.
Educating, informing and involving the community in improving their own health and wellbeing	
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

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Background documents (available for public inspection):
The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. Background and Introduction

1.1 The 'Quality Premium' (QP) is a national scheme intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission, for associated improvements in health outcomes and for reductions in inequalities in access and in health outcomes.

1.2 NHS England has sought to design the Quality Premium to ensure that it:

- rewards CCGs for improved outcomes from the services they commission;
- sets broad overarching objectives as far as possible, leaving CCGs to determine with health and wellbeing partners what specific local priorities they will need to pursue to achieve improvements in these areas;
- promotes reductions in health inequalities and recognises the different starting points of CCGs: all of the measures except avoidable emergency admissions include the ability for CCGs and local partners to set either partially or fully the level of improvement to be achieved;
- further promotes local priority setting by highlighting the importance of local approaches reflecting joint Health and Wellbeing Strategies; and
- underlines the importance of maintaining patients' rights and pledges under the NHS Constitution.

1.3 The Quality Premium Measures are comprised of nationally and locally determined indicators, which should reflect national and local priorities. The maximum quality premium payment available for a CCG is expressed as £5 per head of CCG population, with nationally determined measures accounting for 80% of the value (with choices around pre-set indicators for urgent/emergency care and mental health), and locally determined indicators accounting for 20% of the quality premium value.

1.4 There is a requirement for The Health and Wellbeing Board to agree the choices that the CCGs have made, in particular in relation to the urgent/emergency care, mental health and local measures.

2. National Quality Premium measures

2.1 The nationally set Quality Premium measures are outlined in the table below, with the thresholds that the CCGs need to achieve to secure the financial reward. A summary table of all measures (excluding threshold information) is provided in Appendix 1.

2.2 For the mental health and urgent/emergency care measures, CCGs have a choice of indicators. The table details those indicators that were chosen, and the value weighting attributed.

Measures	Thresholds	% of Quality Premium Value
Reducing Premature Mortality Reducing potential years of lives lost (PYLL) through causes considered amenable to healthcare	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: ➢ the local causes of premature mortality for those living in areas of deprivation; ➢ other relevant needs set out in the local joint health and wellbeing strategy; c) achieve the planned reduction.	**10%**
Mental Health Indicators chosen by North, South and Central CCGs: Reduction in the number of patients attending A+E dept for mental health related needs who wait more than 4 hours to be treated / discharged / 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 (International Classification of Diseases and Health Related Problems) 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%	**18%**
Improvement in the health related quality of	A reduction in the difference between the health related quality of life for people with	**12%**

Measures	Thresholds	% of Quality Premium Value
life for people with a long term mental health condition	any long term conditions compared to those with a mental health long term condition	
Improving antibiotic prescribing in primary and secondary care There are three parts; a) Reduction in the number of antibiotics prescribed in primary care b) Reduction in the proportion of broad spectrum antibiotics prescribed in primary care 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 Public Health England.	**10%** The value of parts (a), (b) and (c) account for 50%, 30% and 10% of this Quality Premium measure respectively

Urgent and Emergency Care:		**Central CCG**	**North CCG**	**South CCG**
Non-elective patients who are discharged at weekends / 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	**30%**	**15%**	**10%**

Delayed Transfers of Care (Bed Days 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.	**NA**	**NA**	**20%**
Avoidable emergency admissions (composite measure)	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.	**NA**	**15%**	**NA**

3. Local Quality Premium Measures

3.1 Each CCG was able to choose two local Quality Premium measures - the details and rationale are provided below.

North Manchester

Measures	**Thresholds**	**% of Quality Premium Value**
Local Indicators Analgesic Prescribing	To increase the percentage of specific opioid analgesics prescribed by brand name	**10%**
Palliative Care registers	To increase the number of people on palliative care registers in general practice.	**10%**

3.2 Rationale:

- *Analgesic Prescribing*: The Greater Manchester Medicines Management Group formulary states that prescriptions for opioid medicines should include the brand of the product. This is to reduce the risk of errors. The baseline for

branded prescriptions for these drugs is 40.6%, the aim is to see it rise to 60%. By increasing the prescribing of the brand name products the risk of medication errors will be reduced (and so this will support improving patient safety.

- *Palliative Care registers*: The CCG has invested in a multi-agency palliative care service to improve the end of life experiences for patients. In order to ensure that appropriate patients are referred to the service in a timely way it is important that practices have registers that are up to date. Early review of prevalence data suggested that the number of people on practice palliative care registers is below what it should be for North Manchester. The baseline in December 2014, was that there were 340 patients on palliative care registers and the CCG has set the ambition to increase the number by approximately 40%. This is to ensure that patients are appropriately identified in order to ensure that their end of life choices and experiences are taken into account and supported where possible.

3.3 These local measures support the Health and Wellbeing Strategic Priority 4, in that they are focused on ensuring that people have the best treatment in the right place at the right time.

Central Manchester

Measures	**Thresholds**	**% of Quality Premium Value**
Local Indicators		
Bowel Cancer Screening	To increase Bowel Cancer screening uptake	**10%**
COPD Registers	To increase the number of people on COPD registers	**10%**

3.4 Rationale:

- *Bowel Screening:* Central Manchester CCG has the lowest uptake of Bowel Cancer Screening across Greater Manchester. In the 2015/16 Operational Plan there is a significant work programme focused on improving cancer detection, diagnosis and treatment. In particular, the CCG is part of a cluster of projects trying to improve bowel screening uptake, supported by additional funding which will be used for staff costs some training events. There is therefore a clear local need, and work in place that will support the achievement of the proposed target.

- *COPD Ascertainment:* Central Manchester CCG data indicates there is a significant gap between the expected prevalence (3.22% in 2011) and that recorded on Quality Outcome Framework (annual reward and incentive programme detailing GP practice achievement results) which was 1.38% in 13/14. In Central Manchester CCG, COPD prevalence increased from 1.34 to 1.38 between 12/13 and 13/14. The England average (13/14) is 1.8%. This indicates a number of unmet health needs to an already vulnerable population;

thus leading to an increase of emergency admissions, no or little management leading to deterioration of health, and increasing health inequalities among the population. Focus on this in 2015/16 will support the increase of people on the COPD registers.

3.5 These local measures predominantly align with Health and Wellbeing Strategic Priority 4 in ensuring that the right treatment is available at the right time and Priority 2 in that people will be supported to be more educated, informed and involved with their own health.

South Manchester

Measures	**Thresholds**	**% of Quality Premium Value**
Local Indicators		
Dementia Diagnosis	To increase the estimated diagnosis rate for people with dementia	**10%**
Improved access to psychological therapies	To increase the number of people with depression / anxiety disorders accessing psychological therapies	**10%**

3.6 Rationale:

- *Increasing the rate of people with a diagnosis of dementia:* South Manchester CCG has been working with local GP practices and specialist services to increase the rate of dementia diagnosis locally, and would like to continue to maintain this as a focus for 2015/16. This work has shown an increase in local diagnosis rates for people with dementia, through our clinical lead providing implementation support for practices to improve timely identification and diagnosis, however SMCCG would like to improve diagnosis rates further. This aligns with the national Directly Enhanced Service that GP practices can deliver to offer assessment and referral to specialist dementia diagnosis clinics and support for carers. The CCG is also working with primary care and health and social care providers to develop integrated care plans for high risk groups of patients, including people with dementia and supporting their carers.

- *Improving Access to Psychological Therapies for the high risk population:* As part of the development of proactive care planning for patients who are at a high risk of an emergency admission, South Manchester CCG has piloted integrated ways of working across health and social care. The evaluation of the pilot has identified a need for people with long term conditions to have better support for management of common mental health conditions like depression and anxiety. In order to provide better support for this group of patients, the CCG is working with mental health providers and integrated community health and social care teams to Improve Access to Psychological Therapies (IAPT), sometimes called talking treatments.

3.7 These local measures predominantly align with Health and Wellbeing Strategic Priority 4 in ensuring that the right treatment is available at the right time, Priority 6 in focusing on adults experiencing mental ill health, and Priority 8 in focusing on supporting older people with dementia living independently in the community.

4. Recommendations

4.1 The board is asked to agree the CCG choices for the quality premium measures outlined in the report.

Appendix 1: Summary of all national and local QP measures by CCG

Measures	Proportion of Quality Premium Payment for each Manchester CCG		
	North CCG	Central CCG	South CCG
NATIONAL MEASURES			
Reducing Premature Mortality Reducing potential years of lives lost (PYLL) through causes considered amenable to healthcare	**10%**	**10%**	**10%**
Mental Health Reduction in the number of patients attending A+E dept for mental health related needs who wait more than 4 hours to be treated / discharged / admitted together with a defined improvement in the coding of patients attending A+E	**18%**	**18%**	**18%**
Improvement in the health related quality of life for people with a long term mental health condition	**12%**	**12%**	**12%**
Improving antibiotic prescribing in primary and secondary care a) Reduction in the number of antibiotics prescribed in primary care (50% of total) b) Reduction in the proportion of broad spectrum antibiotics prescribed in primary care (30% of total) c) Secondary care providers validating their total antibiotic prescription data (20% of total)	**10%**	**10%**	**10%**
Urgent and Emergency Care: Non-elective patients who are discharged at weekends / bank holidays	**15%**	**30%**	**10%**
Delayed Transfers of Care (Bed Days NHS responsibility)	**-**	**-**	**20%**
Avoidable emergency admissions (composite measure)	**15%**	**-**	**-**
LOCAL MEASURES			
Analgesic Prescribing	**10%**	**-**	**-**
Palliative Care registers	**10%**	**-**	**-**
Bowel Cancer Screening	**-**	**10%**	**-**
COPD Registers	**-**	**10%**	**-**
Dementia Diagnosis	**-**	**-**	**10%**
Improved access to psychological therapies	**-**	**-**	**10%**
TOTAL	**100%**	**100%**	**100%**