

Report to Rutland Health and Wellbeing Board

Subject:	Report of East Leicestershire & Rutland CCG NHS Quality Premium 2015/16
Meeting Date:	23rd July 2015
Report Author:	Yasmin Sidyot & Kate Allardyce
Presented by:	Samantha Brown Performance Manager Arden & GEM CSU
Paper for:	Note / Approval

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

The purpose of this report is to provide H&WBB with information on specific indicators that relate to the Quality Premium 2015/16 and request support on those indicators where choices need to be made.

The options chosen have been linked to the HWBB priorities and Better Care Fund priorities.

Financial implications:

No financial implications

Recommendations:

That the board:

- 1. Approves the options recommended by ELRCCG in Section 5.**

Comments from the board:

Strategic Lead: ELRCCG

Risk assessment: N/A

Time	L/M/H	
Viability	L/M/H	
Finance	L/M/H	
Profile	L/M/H	
Equality & Diversity	L/M/H	

Timeline:

Task	Target Date	Responsibility

Purpose of report

1. The purpose of this report is to provide Rutland H&WBB with information on specific indicators that relate to the NHS Quality Premium 2015/16 and request support on those indicators where choices need to be made by East Leicestershire & Rutland CCG (ELR CCG).

Background

2. The NHS Quality Premium for 2015/16 has been published by NHS England, and is intended to reward CCGs for improvements in the quality of the services that they commission for associated improvement in health outcomes. This premium will be paid to CCGs in 2016/17, and covers a number of national and local priorities. Monies will be awarded for the achievement of the following:
 - Reducing potential years of lives lost through causes considered amenable to healthcare (PYLL) 10%
 - Urgent and emergency care 30%
 - Mental health 30%
 - Improving antibiotic prescribing in primary and secondary care 10%
 - Two local measures 20%
3. There are also a number of NHS Constitution indicators that will also impact on the Quality Premium for which monies will be deducted for non-achievement. These are:
 - RTT; 90% completed admitted; 95% completed non-admitted and 92% incomplete standard
 - Maximum four hour waits for A&E departments – 95% standard
 - Maximum 14 day wait from an urgent GP referral for suspected cancer – 93% standard
 - Maximum 8 minutes responses for Category A (Red 1) ambulance calls – 75% standard
4. There are choices and decisions that require the formal agreement of Health & Wellbeing Boards. NHS England's Area Team has advised that the choice of these indicators will need to be submitted by 14th

May 2015. Given the timeframe of information being supplied by NHS England this is the first opportunity the CCGs have had to submit to Rutland H&WBB.

Proposals/Options

5. There are a number of indicators that CCGs were able to choose as part of their Quality Premium. Full list in Appendix A. The H&WBB members are asked to approve and support the following:
- PYLL: ELRCCG have opted to choose a reduction in the potential years of life lost from amenable mortality for the CCG population to be achieved over the period between the 2012 and 2015 calendar years of 1.2%. This is the minimum requirement to meet this element of the Quality Premium.
 - Urgent & emergency care: ELRCCG have opted to choose 'The total number of delayed days caused by delayed transfers of care (DTOC), attributable to the NHS, in 2015/16 should be less than the number in 2014/15'. This is a joint priority within the Better Care Fund hence the rationale for choosing this indicator.
 - Mental health: ELR CCG have opted to choose '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'.
 - 2 Local Priorities:
 - (1) Number of primary care completed care plans in Care Homes to reach 97% by April 2016, based on current levels of 2310 (95%) completed care plans - The rationale for having this as a local priority is that ELRCCG want to ensure proactive co-ordinated care management of care home residents who are often vulnerable with complex frailty.
 - (2) Deaths in Usual Place of Residence + hospice to achieve 50% by April 2016. (14/15 target: 49%) - we want to continue to ensure that patients in ELRCCG are supported to die in their usual place of residence/choice. We achieved our ambition for last year and plan to stretch this during 15/16.

Conclusions/Recommendations

H&WBB are asked to support the options made by ELR in Section 5.

Background papers

<http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf>

<http://www.england.nhs.uk/ccg-ois/qual-prem/>

Officer to Contact

Yasmin Sidyot Head of Planning & Strategic Commissioning East Leicestershire & Rutland CCG 0116 295 5177 yasmin.sidyot@eastleicestershireandrutlandccg.nhs.uk

List of Appendices

A) Full list of Quality Premium options

Appendix A

Full list of Quality Premium 15/16 options

Indicator	% of QP
Reducing potential years of lives lost through causes considered amenable to healthcare	10%
<p>Urgent & emergency care: There is a menu of measures for CCGs to choose. One, several or all measures can be selected</p> <p>(1) Avoidable emergency admissions – composite measure of:</p> <ul style="list-style-type: none"> • 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 hospital admission • Emergency admissions for children with lower respiratory tract infections (LRTIs) <p>(2) Delayed transfers of care</p> <p>(3) Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays</p> <p>The choice must be done in conjunction with the Health & Well Being Board & NHS England local team.</p>	30%
<p>Mental health: There is a menu of measures for CCGs to choose. One, several or all measures can be selected.</p> <p>(1) Reduction in the no. of patients attending A&E for 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</p> <p>(2) Reduction in the no. of people with severe mental illness who are currently smokers</p> <p>(3) Increase in the proportion of adults in contact with secondary mental health services who are in paid employment</p> <p>(4) Improvement in the health related quality of life for people with long term mental health condition</p> <p>The choice must be done in conjunction with the Health & Well Being Board & NHS England local team</p>	30%

<p>Improving antibiotic prescribing in primary and secondary care. This is a composite measure consisting of:</p> <ul style="list-style-type: none"> (a) reduction in the number of antibiotics prescribed in primary care (b) reduction in the proportion of broad spectrum antibiotic prescribed in primary care (c) secondary care providers validating their total antibiotic prescription data 	<p>10%</p>
<p>Two local measures; These should reflect local priorities identified in joint health and wellbeing strategies. Local measures should not duplicate the national measures</p>	<p>10% 10%</p>