

Health and Wellbeing Board 18 June 2015

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INVESTOR IN PEOPLE



Title	NHS Aylesbury Vale CCG Quality Premium 2015/16
Date	18 June 2015
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Purpose of the report:

For information

Introduction

Clinical commissioning groups have the opportunity to earn a ‘quality premium’. This is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

The maximum quality premium payment for a CCG is £5 per head of population. Broadly speaking the maximum value of the premium for Aylesbury Vale CCG is therefore £1 million. There are various factors which combine to determine the ultimate value of any CCG’s quality premium. In relation to quality during 2015/16 these are:

- Delivery against a range of indicators as follows:
 - Reducing potential years of lives lost through causes considered amenable to healthcare (10% of premium) – mandatory;
 - Improving antibiotic prescribing in primary and secondary (10% of quality premium) - mandatory;
 - Performance against measures selected from a menu of urgent and emergency care related indicators (30% of premium);
 - Performance against measures selected from a menu of mental health related indicators (30% of premium); and
 - Performance against two locally selected measures (20% of quality premium).
- A CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges:
 - Maximum 18 weeks from referral to treatment (90% completed admitted pathways; 95% completed non-admitted standard; and 92% incomplete standard). (Potential reduction in quality premium 30%, comprising of 10% for each standard);
 - Maximum four hour wait in A&E – 95% standard (Potential reduction in quality premium 30%);
 - Maximum 14 day wait from urgent GP referral for suspected cancer – 93% standard (Potential reduction in quality premium 20%); and
 - Maximum 8 minutes responses for Category A (Red 1) ambulance calls – 75% standard (Potential reduction in quality premium 20%).
- In addition, NHS England can withhold payment of quality premium to CCGs in the case of a serious quality failure.

Choices made by Aylesbury Vale CCG for non-mandatory elements

Decisions were required to be made in relation to urgent care measures, mental health measures and two local measures to be selected for the quality premium for the CCG. Below outlines the choices made and the rationale for them:

Urgent care:

Measure	Selected?
Reduction in the annualised trended change in the indirectly standardised rate of the Composite measure of avoidable emergency admissions , over the four years 2012/13 to 2015/16; or a rate of admissions in 2015/16 less than 1,000 per 100,000 population.	
The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15.	Y (10%)
The number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays should be 0.5% higher in 2015/16 than 2014/15; or at least 30% in 2015/16.	Y (20%)

The composite measure on emergency admissions has been on a strongly reducing trajectory since 2012 (1,444.3 in 2011/12; 1,340.0 in 2012/13; 1,306.1 in 2013/14). While it is expected that the reduction will continue, increasing the trend in reduction on this baseline will be very uncertain; and given the already reducing rate saw Aylesbury Vale as the third best CCG in England for this measure in 2013 it is not necessarily an area in need of further prioritisation. Later data is not yet available.

The other two indicators are relevant to target. Delayed transfers of care has been given a lower weighting than weekend discharges on the basis that it is already below national average in Buckinghamshire.

Mental Health

Measure	Selected?
Reduction in the number of patients attending an A&E department for a mental health-related need who wait more than four hours to be treated, discharged, or admitted, together with a defined improvement in the coding of patients attending A&E.	
Reduction in the percentage of people with severe mental illness who are current smokers	Y (20%)
Increase in the percentage of people in contact with mental health services who are in paid employment; or a reduction in the gap between this and the employment rate of the general population.	Y (10%)
Improvement in the health related quality of life for people with a long term mental health condition.	

We know that the coding processes at Buckinghamshire Healthcare NHS Trust do not currently enable the A&E attendances for mental health-related needs to be accurately counted and monitored. This is being improved, however the current level is not appropriate to base qualitative improvements in this area on.

Improvement in the health related quality of life for people with long term mental health conditions is assessed by reviewing responses to the GP survey. There is little influence that the CCG has to ensure that a reflective set of responses to the survey in order to validate the baseline or the results on which the quality premium will be determined. While it is a measure which is considered by the CCG, it has been decided not to attach the quality premium to it.

The reduction in people with severe mental illness who are current smokers has been given a greater weighting given the significant impact this may have on an individual's physical health, and the drive to improve parity between those with mental health needs and the general population.

Local measures

10% of the quality premium has been allocated to the measure 'health related quality of life for carers'. This links to the focus which exists locally on ensuring that carers are supported and their needs are recognised and understood.

10% of the quality premium has also been allocated to the measure 'estimated diagnosis rate for people with dementia'. This maintains the focus on improving diagnosis rates for dementia even further than was delivered in 2014/15. Aylesbury Vale CCG improved from 54.2% to 58.0% in 2014/15, but has fallen behind the national average. Diagnosing dementia appropriately facilitates appropriate support for patients with dementia, and their carers, from a health, social care and welfare perspective.

Recommendation for the Health and Wellbeing Board:

To note the report.

