

<b>Title</b>	Chiltern Clinical Commissioning Group Quality Premium 2015/16
<b>Date</b>	18 June 2015
<b>Lead contacts:</b>	Nicola Lester, Development Director, Chiltern CCG

### **Purpose of this report:**

For information

### **Introduction**

Each year CCGs have the opportunity to earn access to a central fund for quality improvement, termed the Quality Premium.

The maximum payment equates to £5/head of population and is payable in Q3 2016/17.

Access is earned through delivery of a basket of mandated and locally selected measures. The qualifying payment is then reduced if other major standards/objectives are missed.

Although CCGs have limited local discretion about which measures to select, the set we have adopted aim to ensure close alignment across the health and social care system and reinforce system-wide priorities.

### **Structure of scheme and selected measures**

There are nine national measures in three groups and two local measures:

#### Group 1 – mandatory measures

There are two fixed mandatory measures, each carrying 10% weighting:

- Reducing potential years of lives lost through causes considered amenable to healthcare
- Improving antibiotic prescribing in primary and secondary care

#### Group 2 – Urgent Care

CCGs were able to choose weighting across three mandated measures in urgent care (total 30%):

- Achieving a reduction in avoidable emergency admissions
- Reducing NHS-responsible delayed transfers of care
- An increase in the level of discharges at weekends and bank holidays

We have elected to weight delayed transfers with the full 30%.

#### Group 3 – Mental Health

Mental Health also carries 30% weighting across one or more of four measures:

- Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E
- Improvement in the health-related quality of life for people with a long-term mental health condition
- Reduction in the number of people with severe mental illness who are smokers
- Increase in the proportion of adults with secondary mental health conditions who are in paid employment

We have elected to place 20% weighting on the paid employment metric and 10% on the quality of life metric.

#### Group 4 – Local measures

CCGs were able to choose two local measures, each weighted 10%. We have selected:

- Waiting times for assessment of Looked After Children to improve to average 28 days
- Diabetes: improvement in HbA1c control at step 1 & 2 to 60% control (currently 50%)

#### Detractors

The earned Quality Premium is reduced if core objectives/metrics are not achieved:

- No premium is payable if qualified audit, miss target surplus, or if serious quality failure (including enforcement action by CQC/Monitor/TDA on any provider) and CCG isn't viewed as taking appropriate action
- Reduction if constitutional standards for A&E (30%), 18 weeks (30%), cancer 2WW (20%) and Red 1 8-minute ambulance response (20%) are not met

#### **Recommendation for the Health and Wellbeing Board:**

To note the report

#### **Background documents:**