

Clinical Commissioning Group (CCG) Governing Body 2019/20 – Part 1

Date of Meeting:	19 July 2019
Agenda Item:	3.2
Subject:	Quality Premium Report
Reporting Officer:	Sandra Croasdale
Aim of Paper:	To provide Governing Body with a Quality Premium performance update for 2018/19

Governance route prior to Governing Body	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Corporate Governance Committee	Select date of meeting.	Click to Select
Health and Wellbeing Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
System Transformation Committee	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Governing Body Resolution Required:	For Discussion
Recommendation	For the Governing Body to note the content of the report and discuss areas of interest and concern on the localities performance on the 2018/19 Quality Premium

Link to Strategic Objectives	Contributes to: (Select Yes or No)
SO1: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Amber
Comments	Failure to deliver NHS constitution standards will impact on Rochdale's ability to deliver the quality premium.

(Document should detail how the risk will be mitigated)

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Strategic Commissioning Programme Director, Sandra Croasdale
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Aim

The Quality Premium (QP) is intended to reward clinical commissioning groups (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.

Quality Premium payments may be used by the CCG for:

- Securing improvement in the quality of health services or the outcomes achieved from the provision of health services
- Reducing inequalities between patients with respect to their ability to access health services or the outcomes achieved for them by the provision of health services

The aim of the following paper is to provide a narrative summary of the 2018/19 Quality Premium and performance against both national and local indicators. HMR CCG has the potential to be awarded **£1,073,985** for the 2018/19 Quality Premium. The Quality Premium summary is highlighted within Appendix 3.2a.

2018/19 Update

Detail behind current performance issues for RTT and Cancer and what mitigating actions are being undertaken are reported within agenda item 3.3 Performance Report. Further detail around performance for Quality Premium specific measures are included within Appendix A: Quality Premium Dashboard 2018/19.

Based on the RTT element of the Constitutional penalties section achieving target in March 2019, the revised estimate award of quality premium monies in 2018/19 is **£48,809.94**.

This is based on the following indicators achieving:

- NHS Continuing Healthcare (NHS CHC)
- Bloodstream Infections Reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care and sustained reduction of inappropriate prescribing in primary care
- A reduction in the percentage of people waiting more than 6 weeks below 27.5% by the end of 2017/18 and 2018/19.

The CCG has the potential to be awarded further Quality Premium monies based on performance outcomes for Cancers diagnosed at an early stage and GP patient experience. Data for these metrics is delayed nationally (expected mid-July 2019) and will be reported to Governing Body once available.

2019/20 Update

NHS England has stated that the Quality Premium scheme is under review and further information will be provided in due course. The CCG's Performance Team have contacted NHS England for a further update with no official response as of July 2019.

Appendix A: Quality Premium Dashboard 201819

Quality Premium 2018/19

The total amount payable for achievement of the quality premium is £5 per CCG patient	£1,073,985.00
ONS population estimate for HMR CCG	214,797
Estimated Total Quality Premium Award	£ 48,809.94

Emergency Demand Management Indicators																	Value of TOTAL award	
Indicator	How are we measured	Target to meet award	2017/18	2018/19												Value estimate	RAG Rating	Value of TOTAL award
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
A1 Type 1 A&E attendances	No of Type 1 A&E attendances vs plan	Planned no greater than 57,918	60,653	5,173	5,565	5,307	5,331	5,115	4,962	5,293	5,220	5,281	5,467	5,009	5,384	63,107	£ 405,429.34	75.5%
A2 Non elective admissions with zero length of stay	No of NEL admissions with LOS =0 vs plan	Planned no greater than 10,382	10,441	937	987	869	850	923	844	1,033	1,051	981	1,011	909	1,030	11,425		£810,858.68
A3 Non elective admissions with length of stay of 1 day or more	No of NEL admissions with LOS of 1 day vs plan	Planned no greater than 18,936	19,290	1,597	1,709	1,593	1,595	1,641	1,546	1,702	1,615	1,697	1,792	1,618	1,793	19,898	£ 405,429.34	

Quality Indicators																	Value of TOTAL award	
Indicator	How are we measured	Target to meet award	2017/18	2018/19												Value estimate	RAG Rating	Value of TOTAL award
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
1 Cancers diagnosed at early stage	Cases of cancer diagnosed at stage 1 or 2, for the specific cancer sites, morphologies and behaviour* versus all new cases of cancer diagnosed at any stage or unknown stage	4 percentage point improvement in the proportion of cancers that are diagnosed at stages 1 and 2 in the 2018 calendar year compared to the 2017 calendar year Or Achieve greater than 60% of all early diagnosed cancers	53%	The latest data published is quarter 1 2017/18. Awaiting local data feeds to be established. This work is on-going through the GM Cancer Intelligence service and to enable reporting against the 28 day faster diagnosis target												£ 44,731.48		24.5%
2 Overall experience of making a GP appointment	the weighted number of people answering 'very good' or 'fairly good' to question 18 of the GP Patient Survey versus total weighted number	85% of respondents who said they had a good experience Or Achieve a 3 % point increase from July 2018 publication	65.4%	The results for the 2018/19 survey will be published in July 2019												£ 44,731.48		263,126.33
3 NHS Continuing Healthcare (NHS CHC)	NHS CHC eligibility decisions where the CCG makes a decision within 28 days of being notified And NHS CHC assessments completed whilst the individual was in an acute hospital	>80% And <15%	48.3%	97%		90%		84%		83%		83%		83%		£ 44,731.48		

Update:
In order to be rewarded for this element of the Quality Premium, both elements of the NHS Continuing Healthcare (CHC) targets must be met in order to be rewarded with Quality Premium monies. In 2017/18, both elements failed to achieve the required targets although improved performance was noted in Quarters 3 and 4. Significant improvements have been seen in quarters 1 & 2 of 2018/19 and target is being met for both elements.
We are continuing to meet the targets for both areas (Acute Setting and 28 day deadlines) and this is continuing to work well by utilising the 'Discharge 2 Assess' process and case management within the CHC Team.

4 Mental Health - Equity of Access and outcomes in Improving Access to Psychological Therapies (IAPT) services.	BAME Recovery Rate; improvement of at least 5 percentage points each year or to the same level as white British (for the CCG), whichever is smaller. And 65+ Access Rate; proportion of people aged 65+ accessing IAPT services to be at least 70% of those aged 18+	And	59.5%	54.5%	44.4%		46.7%		50.0%		40.0%		44.55%		£ 44,731.48	
			15.4%	9.9%	10.3%		8.5%		9.0%		8.0%		9.00%			

Update:
In order to be rewarded for this element of the Quality Premium, both elements of the IAPT indicator must be achieved to receive Quality Premium monies. In 2017/18, both elements of the Mental Health Quality Premium measures achieved. As a result, national guidance mandates that improvements must be made on top of the 2017/18 measures in 2018/19. This has resulted in an increased target in 2018/19 of which these have not been achieved. Award of Quality Premium monies is based on Q4 in 2017/18 versus Q4 2018/19. These targets have been revised as per the Quality Premium guidance and are stated above.
BAME targets continue to increase across the year although remain under target. Thinking Ahead remains very proactive with engagements and events in the community that reflect the cultures and diversity of HMR. We continue to deliver the Depression workshop at Riverside and the Worry Workshop at the Fire Station, and wellbeing and stress management workshops were in Urdu in local community venues. Thinking Ahead continues to engage with over 65's through work at Rochdale Infirmary aimed specifically at carers supporting those with long term conditions.

5 Bloodstream Infections	Part A) reducing gram negative blood stream infections (BSI) across the whole health economy.	i) The reduction target in all E coli BSI reported at CCG level based on 2016 performance data remains in 2018/19. A 10% reduction now attracts 20% of the weighting. Two extra milestones of 15% and 20% reductions have been added (maximum 30% weighting).	140	8	10	14	11	18	18	9	14	9	14	9	9	143	£ 44,731.48	
	Part B) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care.	i) A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16) (<3753)	2498	2323	2133	1955	1792	1673	1589	1516	1483	1444	1398	1393	1396	1396		
	Part C) sustained reduction of inappropriate prescribing in primary care	i) Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean performance value of 1.161 items per STAR-PU	1,203	1,202	1,193	1,179	1,164	1,152	1,136	1,128	1,119	1,096	1,068	1,055	1,04	1,128		
		ii) Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU	1,203	1,202	1,193	1,179	1,164	1,152	1,136	1,128	1,119	1,096	1,068	1,055	1,04	1,128		

Update:
Payment must be considered individually for each component of the Bloodstream Infections/Medicines Prescribing Quality Premium element as each part supports improvement within different areas which, individually and collectively support the overarching ambition.
Part A i) will be worth 30%
Part A ii) will be worth 15% payable as 10% for Q2 and 5% for Q3
Part B i) will be worth 20%
Part C i) will be worth 10%. Part C ii) will be worth 25%

Medicines Prescribing: Information around AMR and antibiotic prescribing has been cascaded to Rochdale Health Alliance. All HMR CCG practices have access to CRP training and near patient testing for respiratory tract viral infections and to differentiate from bacterial infections. Current performance, available up until January 2019 indicates a significant reduction from the January 2018 position in inappropriate antibiotic prescribing, with 19 HMR practices below the 0.965 target with a further 3 close to achieving this. All remaining practices will be reminded of their obligation to address antibiotic prescribing in line with local and national guidance. Currently 5/10 worse in GM although very small numbers differences between the GM localities. Achieving the national is also included within the 2019/20 Core+ contract to further incentivise GP practices to reduce inappropriate antibiotic prescribing.

E.coli: The CCG continues to work closely with partner agencies, such as Pennine Acute and individual care homes to further educate around infection control methods. PAHT Infection Control team regularly visit the Boroughs care homes to deliver training and carry out audits following CQC inspections. The CCG are informed immediately of infection outbreaks at care homes and processes are established to prevent any spread of infection.

6 Right Care	A reduction in the percentage of people waiting more than 6 weeks below 27.5% by the end of 2017/18 and 2018/19.	6.4%	0.5%	0.8%	0.5%	1.1%	1.1%	1.5%	0.9%	0.7%	0.7%	3.0%	1.3%	0.6%	1.0%	£ 39,468.95	
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Penalties																	
Indicator	Current Performance															Target	Reduction to OP
The number of patients on a RTT incomplete pathway not to be higher in March 2019 than in March 2018	14,556															<16680	50%
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	76.3%															85%	50%

BAME Recovery Rate

For Year 2, the recovery rate of people accessing IAPT services identified as BAME to show an improvement of at least 5 percentage points (against Q4 Year 1) or increase to the same level as white British (for the CCG), whichever is smaller, in Q4 Year 2.

BAME Recovery Rate	2016/17					2017/18 ('Year 1')					2018/19 ('Year 2')				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4*	YTD	Q1	Q2	Q3	Q4*	YTD
Finished Course Treatment	165	105	110	95	475	85	70	85	55	295	45	75	80		200
Not Caseness	10	0	0	0	10	0	0	0	0	0	0	0	0		0
Recovery	45	40	50	45	180	50	30	35	30	145	20	35	40		95
Performance	29.0%	38.1%	45.5%	47.4%	38.7%	58.8%	42.9%	41.2%	54.5%	49.2%	44.44%	46.67%	50.00%		47.50%

White British Recovery Rate	2016/17					2017/18 ('Year 1')					2018/19 ('Year 2')				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4*	YTD	Q1	Q2	Q3	Q4*	YTD
Finished Course Treatment	710	610	510	395	2225	305	345	335	295	1280	305	395	425		1125
Not Caseness	25	25	20	10	80	10	5	10	10	35	15	15	10		40
Recovery	270	245	230	220	965	150	170	155	150	625	140	195	225		560
Performance	39.4%	41.9%	46.9%	57.1%	45.0%	50.8%	50.0%	47.7%	52.6%	50.2%	48.28%	51.32%	54.22%		51.61%

*Quality Premium award based on Q4 performance

Target (in Q4 18/19) **59.5%**

Older People's Access Rate

The proportion of people accessing IAPT services aged 65+ to increase to at least 70% of the proportion of adults aged 65+ in the local population in Q4 Year 2

2019 Population Estimate (18+)	166656		
18-64	129994	65+	70%
65+	36662	22.0%	15.4%

Older People's Access	2016/17					2017/18 ('Year 1')					2018/19 ('Year 2')				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4*	YTD	Q1	Q2	Q3	Q4*	YTD
65+ Entering Treatment	95	100	90	100	385	75	80	95	140	390	150	130	135		415
Total Entering Treatment	1430	1095	1210	1035	4770	885	945	1180	1410	4420	1455	1525	1495		4475
Performance	6.6%	9.1%	7.4%	9.7%	8.1%	8.5%	8.5%	8.1%	9.9%	8.8%	10.31%	8.52%	9.03%		9.27%

*Quality Premium award based on Q4 performance

Target (in Q4 18/19) **15.4%**

BAME Recovery Rate

financial_year	2018/2019
variable_type	BME Group

Sum of Performance	Column Labels				
Row Labels	1	2	3	4	Grand Total
BME	44.44%	46.67%	46.88%	40.00%	44.55%
Not known/Not stated/Un:	0.00%	0.00%	50.00%	50.00%	33.33%
White British	47.41%	50.66%	54.22%	49.35%	50.68%
Grand Total	46.67%	49.19%	52.97%	47.87%	49.44%

Older People's Access Rate

financial_year	2018/2019
variable_type	Age
all_providers	1

Sum of first_treatment	Column Labels				
Row Labels	1	2	3	4	Grand Total
18 to 64	1305	1395	1360	1315	5375
65 to 74	120	100	110	90	420
75 to 89	30	30	25	35	120
90 and over	0	0	0	0	0
Under 18	45	105	105	60	315
Grand Total	1500	1630	1600	1500	6230
>= 65	150	130	135	125	540
	10%	8%	8%	8%	9%