

## SUNDERLAND HEALTH AND WELLBEING BOARD

29 MAY 2015

## NHS QUALITY PREMIUM 2015/2016

**Report of the Chief Operating Officer of Sunderland Clinical Commissioning Group****1. Purpose**

The purpose of this report is to provide the Health and Wellbeing Board with an overview of the key requirements outlined in the Quality Premium guidance for 2015/16 and the proposed measures against which the CCG will be assessed in 2015/16.

**2. Background**

The Quality Premium was introduced in 2013/14 and 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 reducing inequalities.

The guidance for 2015/16 sets out both the measures and the levels of improvement for CCGs to achieve in order to qualify for the quality premium. It includes the actions to be taken by CCGs with Health and Wellbeing Boards and NHS England local NHS England teams to agree measures to be selected from menus, local measures and levels of improvement in preparation for 2015/16.

The Quality premium will be paid in 2016/17 to reflect the quality of health services commissioned by them in 2015/16 and will be based on the following measures which cover a combination of national and local priorities:

- **Reducing potential years of lives lost through causes considered amenable to healthcare** (10 per cent of quality premium);
- **Urgent and emergency care** - a menu of measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board(s) and local NHS England team. The menu is overall worth 30 per cent of the quality premium. CCGs, with the above partners, can decide whether to select one, several, or all measures from the menu and also what proportions of the 30 per cent are attributed to each measure;
- **Mental health** - a menu of measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board(s) and local NHS England team. The menu is overall worth 30 per cent of the quality premium. CCGs, with the above partners, can decide whether to select one, several, or all measures from the menu and also what proportions of the 30 per cent are attributed to each measure;

- **Improving antibiotic prescribing in primary and secondary care** (10 per cent of quality premium);
- **Two local measures** which should be based on local priorities such as those identified in joint health and wellbeing strategies (20 per cent of quality premium-10 per cent for each measure).

The total payment for a CCG (based on the performance against the measures outlined above) will however be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to the following:

- Maximum 18 weeks referral to treatment times (RTT);
- Maximum 4 hour wait in A&E;
- Maximum 14 day wait from an urgent GP referral for suspected cancer;
- Maximum 8 minute responses for category A red 1 ambulance calls.

A CCG will not receive a quality premium if it:

- a) is not considered to have operated in a manner that is consistent with Managing Public Money during 2015/16; or
- b) ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
- c) incurs a qualified audit report in respect of 2015/16.

NHS England also reserves the right not to make any payment where there is a serious quality failure during 2015/16.

The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs (285,000 for Sunderland) which equates to a total value of approximately £1,425,000 (This is in addition to a CCG's main financial allocation for 2015/16 and in addition to its running costs allowance.)

Regulations set out that quality premium payments should be used in ways that improve quality of care or health outcomes and/or reduce health inequalities.

### 3. Quality Premium 2015/16

The table below outlines the proposed Quality Premium measures for 2015/16. This proposal was approved by the CCG Executive in May 2015.

Area	% of Total Quality Premium	Proposed Measure	% of Area Premium
Potential years of life lost	10%	6% improvement from 2013/14 baseline	10%
Urgent & Emergency Care	30%	Avoidable emergency admissions composite measure of:	10%

		<p>Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults);</p> <p>Unplanned hospitalisation for asthma, diabetes and epilepsy in children;</p> <p>Emergency admissions for acute conditions that should not usually require hospital admission (adults);</p> <p>Emergency admissions for children with lower respiratory tract infection</p>	
		<p>Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays</p>	20%
Mental Health	30%	<p>Reduction in the number of patients attending an A&amp;E department for a mental health related needs who wait more than 4 hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&amp;E.</p>	30%
Improving antibiotic prescribing in primary and secondary care	10%	<p>Composite measure comprising of three parts:</p> <p>Part a) reduction in the number of antibiotics prescribed in primary care;</p> <p>Part b) reduction in</p>	

		the proportion of broad spectrum antibiotics prescribed in primary care Part C) secondary care providers validating their total antibiotic prescription data.	
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There was further discussion in relation to the two local outcome measures, a shortlist was reviewed by the Executive as a result of which the proposed measures are outlined in the table below.

Area	% of Total Quality Premium	Proposed Measure
Two Local Measures	20% (10% each)	Increase in the proportion of patients who have an emergency health care plan coded in EMIS practice systems. The baseline is 0.12%. The proposed increase is 0.25% which is equivalent to approximately 352 additional care plans.
		Increase in direct referrals to the new Sunderland Intermediate MSK service, from 40% to 50%.

#### 4. Recommendations

The Health & Wellbeing Board is now asked to:

- Note the Quality Premium requirements for 2015/16;
- Approve the proposed measures which the CCG will be assessed against in 2015/16.

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