

**NHS Hammersmith & Fulham Clinical Commissioning Group (CCG)
Operational Plans 2014/15-2018/19**

Hammersmith & Fulham Health and Wellbeing Board

24 March 2014

1. Executive summary

As part of the NHS England planning cycle, Clinical Commissioning Groups (CCGs) are required to submit improvement trajectories for a range of indicators, which are detailed below. In some cases, CCGs are asked to detail improvements over a two year period, while other indicators are linked to five year trajectories.

This paper outlines the indicators in question and NHS Hammersmith & Fulham CCG's approach to setting improvement trajectories. Some targets are nationally mandated, while others have been developed across the CWHHE (Central, West, Hammersmith & Fulham, Hounslow and Ealing) Collaborative of CCGs, and some have been set locally by the CCG.

CCGs have also been asked to identify one local priority for improvement in 2014/15.

Hammersmith & Fulham CCG has selected health checks for people with learning disabilities (LD) for this indicator. Further detail explaining the rationale for this choice and how the indicator will be measured is provided below.

Achievement in some of the trajectories is linked to financial incentives as part of the CCG Quality Premium. Funds awarded under the Quality Premium can be invested in improving the quality of local health services for the CCG's populations.

An initial submission to NHS England (NHSE) was made on 14 February 2014, and this was discussed in an Assurance meeting on 28 February 2014. The feedback from this meeting was very positive and required no changes from the CCG. The final submission will be made to NHSE on 4 April 2014.

2. Key matters for the Board's consideration

The CCG has sought advice from public health in order to ensure the priorities are of an appropriate level of ambition and are supported by public health commissioning priorities.

The trajectories and the approach taken to their development are outlined in the table below.

CCGs in England have been categorised into quintiles according to their current performance, and these quintiles have been used to set plans for improvement. In all cases, the first quintile indicates the best comparative performance, and the fifth indicates the poorest comparative performance.

The Board is asked to consider and endorse the trajectories outlined in the table below.

Indicator	Proposed target	Rationale
<p>Potential years of life lost (PYLL) from causes considered amenable to healthcare (adults and children)</p>	<p>3.2% improvement year on year between 2014/15 and 2018/19.</p>	<p>The CCG is currently at the top of the second quintile for performance, so has a strong starting point. 3.2% is a nationally mandated minimum annual improvement target. The CCG understands from public health colleagues that this will be a stretch target and as such the CCG does not propose to set a more ambitious target.</p>
<p>Health-related quality of life for people with long-term conditions</p> <p>Measure derived by asking patients with a long-term condition a series of 5 questions, which include how they rate their mobility, ability to self-care, ability to carry out usual activities, pain and anxiety/depression.</p>	<p>Movement from a score of 74.6 to 76.1 (out of possible 100) between 2014/15 and 2018/19.</p> <p>This constitutes movement from the second to the top quintile.</p>	<p>The CCG is currently in the second quintile for this indicator. As such, the CCG proposes to set a target which would move the CCG to the top quintile over 5 years.</p>
<p>Composite measure on emergency admissions, including:</p> <ul style="list-style-type: none"> § Rates for 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. 	<p>13% improvement between 2014/15 and 2018/19.</p>	<p>The CCGs in the CWHHE Collaborative are all applying a 13% reduction in emergency admissions. The target is derived from Shaping a Healthier Future plans for hospital reconfiguration. The CCG also has strong plans in place for the development of Whole Systems Integrated Care to support this objective.</p>

Indicator	Proposed target	Rationale
<p>Positive patient experience of hospital care</p> <p>Measure derived by counting the number of 'poor' responses to experience of hospital care per 100 patients.</p>	<p>4% improvement in CCG's score between 2014/15 and 2018/19.</p>	<p>The CCG is currently in the fourth quintile. This constitutes movement from the third quintile.</p>
<p>Positive patient experience of out of hospital care, in general practice and the community</p> <p>Measure derived by counting the number of 'poor' responses to experience of GP practice and GP out of hours services.</p>	<p>11% improvement in CCG's score between 2014/15 and 2018/19.</p>	<p>The CCG is currently in the fifth quintile. This constitutes movement from the fifth quintile to the fourth quintile.</p>
<p>Improving Access to Psychological Therapies roll out</p>	<p>Nationally mandated target of 15%, which the CCG proposes to achieve in 2014/15 and maintain in 2015/16.</p>	<p>The CCG plans to achieve a minimum of 15% in the next two financial years in line with the national mandate. The current forecast for 2013/14 year end performance is 13.1%</p>
<p>Improving Access to Psychological Therapies recovery rate</p>	<p>Nationally mandated target of 50%, which the CCG proposes to achieve in 2014/15 and maintain in 2015/16.</p>	<p>The CCG plans to achieve 50% in the next two financial years in line with the national mandate.</p>
<p>Dementia diagnosis rate</p>	<p>Nationally mandated target of 67% diagnosis rate by March 2015, which the CCG proposes to achieve in 2014/15 and maintain in 2015/16.</p>	<p>The CCG plans to achieve 67% in the next two financial years in line with the national mandate. The current forecast for 2013/14 year end performance is 54%</p>

Self-certifications

The CCGs are submitting a joint response in respect of confirmations that they will comply with nationally mandated plans for improving the reporting of medication-related safety incidents, improving performance in the Friends and Family Test, and healthcare acquired infections.

Medication error reporting

Targets have been identified on an individual basis for local providers based on their current performance and their ability to demonstrate an increase in incidents related to medication errors.

The CWHHE Collaborative has analysed the National Reporting and Learning System (NRLS) data in order to identify current performance and benchmark improvement targets (see Appendix 1).

Where a Trust is already achieving higher than the national average for a Trust of similar size and demographic, the expectation will be for the Trust to demonstrate an ability to consistently maintain reporting at this level.

NB. This is in the process of being agreed with providers so still draft.

The Board is asked to comment on and endorse the list of providers and the proposed targets that have been set.

Friends and Family Test (FFT)

CCGs working with providers will be required to produce a quarterly integrated patient experience report which would include FFT data. A meeting with providers will take place to agree a collaborative approach to take this forward.

CCGs are working closely with Trusts to address areas where people are reporting poor experience of care as well as where the response rate is below the national target of 15%.

CCGs are currently supporting an FFT pilot for people with Learning Disabilities in partnership with CLCH and the Learning Disabilities Team.

Health Care Acquired Infections

NHS England are introducing a revised approach to setting clostridium difficile objectives for 2014/15 that requires continued improvement but recognises the great strides that have been made in recent years.

On-going monitoring of Trusts' compliance with MRSA targets will be through Clinical Quality Group meetings.

CCG Local Priority

In 2013/14, the CCG was required to select three local priorities, which were:

- Increase MMR year 2 first dose to 87%
- X-PERT programme for diabetes: increase the number of patients with diabetes enrolled on to a disease education programme to 18%
- Physical health checks for people with severe and enduring mental illness

In 2014/15, the CCG is required to select **one local priority** tied to the Quality Premium – this needs to be something which is both achievable and measurable.

It is proposed that this is:

The number of patients recorded on GP systems as having a learning disability, as of 1st April 2014, who receive an annual health check between 1st April 2014 and 31st March 2015

Rationale for selection

This is being proposed as the CCG's local priority for the following key reasons:

- H&F published Equality Objective that we are committed to achieving
- DES (Directed Enhanced Services) scheme continued into 14/15
- Local authority colleagues are particularly supportive of this as a priority area given local interest in the area and this priority provides an opportunity for collaboration
- Support to people with learning disabilities in H&F is known to be a development area for the Borough.

Local authority colleagues and the joint commissioning team were both involved in making the decision to propose this as the CCG's local priority.

Description of the target

Component	Description
Target	60%
Baseline	54% (actual performance for 2012/13)
Denominator	No of patients with learning disability registered with a Hammersmith & Fulham GP as at 1st April 2014
Numerator	No of people with learning disability registered with a Hammersmith & Fulham GP who receive an annual health check
Measured	On a monthly basis using SystmOne
Reported	Quarterly using SystmOne

Approach to delivery

We will do the following things in order to deliver the target:

- Encourage take up of the DES from GP Practices

- Work with GPs, Practice nurse and the LA teams to understand what additional training could support delivery of this target
- Work with service users and carers to determine what the current blocks are to having an annual health check
- Work with the Health and Wellbeing Board to unblock any issues that arise from understanding the issues better.

The Board is asked to comment on and endorse the selected local priority.

3. Conclusion

The Board is asked to comment on and endorse the approach outlined above, and in particular the local priority proposed by the CCG.

There is opportunity for adjustments to be made to the plan before final submission on 4th April 2014. If there is further feedback on the trajectories, the CCGs ask that this be provided by close of play on 26 March 2014, as there will not be an opportunity to present this information again before the final submission.

The CCGs in North West London are also completing a 5 year Strategic Plan, which is due for submission in June. The Health and Wellbeing Board will be consulted on the contents of this in due course.

APPENDIX 1:

Operational Plan Submission

Domain 5 – improved reporting medication-related safety incidents

The Operational Plan requires CCGs to agree a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15. The measure should be agreed by the CCG with its local Health and Wellbeing Board and the NHS England area team.

Across the CWHHE Collaborative the local providers who will be asked to achieve the specified increase are:

- Central London Community Healthcare NHS Trust (CLCH)
- Chelsea and Westminster NHS Foundation Trust
- Central and North West London NHS Foundation Trust (CNWL)
- Imperial College Healthcare NHS Trust
- West London Mental Health NHS Trust

The Operational Plan requires commissioners to consider this improvement for all providers who deliver 10% or more of the total CCG activity. Further work is ongoing to confirm which providers this includes and the following methodology will be discussed with their lead CCG.

Progress and Proposal

The current position and proposal is shown in the table overleaf.

Targets have been identified on an individual basis for local providers based on their current performance and their ability to demonstrate an increase in incidents related to medication errors.

The CWHHE Collaborative has analysed the NRLS data to identify current performance. The proposal uses the nationally benchmarked 'comparable organisation' performance percentage as the target for local providers to achieve.

Where performance at a Trust is already achieving higher than the national average for a Trust of similar size and demographic, the expectation will be for the Trust to demonstrate an ability to consistently maintain reporting at this level.

Organisation	NRLS Uploads in last 6 months	Overall Reporting culture	Medication related incidents	NRLS Comparable organisation	Difference between performance and national average	Interpretation	Target
Imperial	6 of 6	Middle 50%	13.60%	11.70%	1.90%	Good overall reporters and higher than NRLS comparators for medication related incidents. Would be difficult for Trust to achieve gross increase.	Trust to sustain current performance to match or exceed the 11.7% achieved by comparable organisations.
Chelsea and Westminster	6 of 6	Middle 50%	10.10%	11.70%	-1.60%	Good overall reporters to NRLS but lower than NRLS comparator in relation to medication incidents.	Increase current reporting levels to match 11.7% requiring an increase of 1.60%
West Mid	6 of 6	Lowest 25%	5.70%	10%	-4.30%	Low reporting generally and low reports against NRLS comparator Highly relevant and large scope for improvement	Increase current reporting levels to match 10% requiring an increase of 4.3%
CLCH	6 of 6	Middle 50%	10.10%	9.40%	0.70%	Good reporters to NRLS and in line with comparator. Trust may find it difficult to achieve gross increase.	Trust to sustain current performance to match or exceed the 9.4% achieved by comparable organisations.
CNWL	6 of 6	Middle 50%	7%	8.40%	-1.40%	Good reporters to NRLS but lower numbers of medication related incidents against NRLS comparator. Scope to raise reporting rates against comparable organisations.	Increase current reporting levels to match 8.4% requiring an increase of 1.4%
West London Mental Health	6 of 6	Lowest 25%	10.90%	8.40%	2.50%	Low reporters to NRLS but positive against NRLS comparator for medication incidents. Might be difficult, Medication related incidents are higher meaning that addressing the overall reporting culture could actually see a decrease in the proportion of these incidents. May respond to a focused push on these types of incidents.	Trust to sustain current performance to match or exceed the 8.4% achieved by comparable organisations. Commissioners would welcome an overall increase in reporting of all incidents.