Appendix 1: 2017-19 Quality Premium Guidance

Background

The 2017-19 Quality Premium (QP) guidance was published by NHS England (NHSE) in early January 2017 and CCGs are expected to make a submission for 2017/18 QP in early 2017 (submission date to be confirmed).

Quality premium payments should be used by the CCGs to secure improvement in:

- The quality of health services; or
- The outcomes achieved from the provision of health services; or
- Reducing inequalities between patients in terms of their ability to access health services or the outcomes achieved

The CCG may utilise the QP payment with other organisations to deliver the improvements above.

Each CCG is also required to publish an explanation of how it has spent a QP payment.

The Quality Premium award is based on measures that cover a combination of national and local priorities, and on delivery of gateway tests. As in previous years, a CCG may have its quality premium award reduced according to delivery of NHS Constitution targets e.g. Referral to Treatment times. However, as in 2017/18, some providers will continue to have agreed bespoke trajectories in relation to constitutional standards, for example where remedial action plans are in place. .

The local indicators remain a strong tool by which CCGs are able to engage and drive improvements in areas agreed with their local partners. This year the local element of the scheme is focused on the Right Care suite of indicators as set out in the Commissioning for Value packs. The NHS RightCare programme is about improving population-based healthcare, through focusing on value and reducing unwarranted variation. It includes Commissioning for Value packs, which are designed to identify priority programmes which offer the best opportunities to improve healthcare - improving the value that patients receive from their healthcare and that populations receive from investment in their local health system.

2016-17 Update

The maximum QP payment for the CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. Based on estimated registered population of 210,546, the maximum QP funding available for H & F in 16/17 is £1.05m. However, as described above, payment made to the CCG on its QP indicators is directly linked to its performance against constitutional measures.

The latest performance of our 2016-17 Quality Premium measures is summarised below, based on reporting in January 2017.

Priority	Measure	QP allocation	Target	Current performance	RAG
Cancer diagnosis at early stage	Demonstrate a 4 percentage point improvement in the proportion of diagnosed at stages 1 and 2 in the 2016 calendar year compared to the 2015 calendar year OR Achieve greater than 60% of all cancers diagnosed at stages 1 and 2 in the 2016 calendar year	20%	42%	Latest performance available is for 2014 - 41.9% Proxy measure is number of emergency presentations of cancers resulting in IP spell. Average for the first 10 months is 16 against the target of 21	
Increase in the proportion of GP referrals made by e-referrals	Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals) OR March 2017 performance to exceed March 2016 performance by 20 percentage points	20%	32.4%	12.6% (to October 2016).	
Overall experience of making GP appointment	Achieve a level of 85% of respondents who said they had a good experience of making an appointment OR A 3 percentage point increase from July 2016 publication on the percentage of respondents	20%	73%	Latest achievement as per July 2016 survey - 71% Next survey released in July 2017 against which July 2016 performance will	

	who said they had a good experience of making an appointment			be measured	
Antimicrobial resistance (AMR) Improving antibiotic prescribing in primary care	Part A: reduction in the number of antibiotics prescribed in primary care The required performance in 2016/17 must either be: 1) 4% (or greater) reduction on 2013/14 performance OR 2) Equal to (or below) the England 2013/14 mean performance of 1.161 items per STAR-PU	5%	1.161	0.850 (to October 2016)	
	Part B: reduction in the proportion of broad spectrum antibiotics prescribed in primary care. Number of co-amoxiclav, cephalosporins and quinolones as a proportion of the total number of selected antibiotics prescribed in primary care either: 1) to be equal to or lower than 10%, or 2) to reduce by 20% from each CCG's 2014/15 value	5%	10.2%	11.0% (to end of October 2016)	
3 Local priorities	Reported prevalence of COPD on GP registers as % of estimated prevalence	10%	41.80%	46.30% (to end of December 2016)	
	% of the eligible population, aged 40-74 who have received an NHS Health Check since 1st April 2013	10%	16.00%	25.1% (to end of September 2016)	
	% of IAPT referrals with treatment outcome measured	10%	96.00%	99.0% (as at April 2016) Data has now been received and is being processed	

Where performance is below target, we are taking the following mitigating actions:

GP referrals made by e-referrals

- Practice performance is being discussed at the H&F SystmOne 9GP clinical system) user group meeting on 26th Jan
- Performance is also discussed at network meetings as part of network plan review. Some networks have received training at their network meeting
- The Primary Care IT team have done training at practices
- Utilisation data has been shared with practices on a monthly basis. Reports can be broken down to individual clinician and then to each individual referral so Practices can analyse their own data
- CCG representatives are also attending the working group at Imperial to drive up update and mitigate any barriers

Reduction in the proportion of broad spectrum antibiotics prescribed in primary care

The CCG lead pharmacist is working closely with the 4 practices that have missed the target to discuss any issues and agree action plan for improvement.

To the end of November 2016, the CCG was not delivering the target performance for the 4 constitutional measures, so risks being rewarded with £0 payment for QP achievements.

2017-18 Planning

The five national quality premium measures are worth 85% of the total quality premium, with 15% associated with the local element as outlined below.

Quality measure	New measure in 17/18	Threshold	Allocation of QP
Cancer diagnosis at early stage	No	Demonstrate a 4 percentage point improvement in the proportion of cancers diagnosed at stages 1 and 2 in the 2017 calendar year compared to the 2016 calendar year OR Achieve greater than 60% of all cancers	17%

		diagnosed at stages 1 and 2 in the 2017 calendar year.	
Overall experience of making a GP appointment	No	Achieve a level of 85% of respondents who said they had a good experience of making an appointment OR A 3% point increase from July 2017 publication on the % of respondents who said they had a good experience of making an appointment	17%
NHS Continuing Healthcare (CHC)	Yes	CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility) - **50%** AND CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting - **50%**	17%
Mental Health	Yes	Choose one based on the inequality most pertinent to the CCG **Part A: Out of area placements (OATs)** A reduction in the number of inappropriate adult OAPs for non-specialist adult acute care Total number of bed days relating to out of area placements to have reduced by 33% of the baseline number as at 1 April 2017 **Part B: Equity of access and outcomes in to IAPT services** Recovery rate of people accessing IAPT services identified as BAME; improvement of at least 5 percentage points or to same level as white British, whichever is smaller AND	17%

		Proportion of people accessing IAPT services aged 65+; to increase to at least 50% of the proportion of adults aged 65+ in the local population or by at least 33%, **Part C: Improve inequalities rates of access and Children & Young People's MH Services** Required performance in 17/18 is whichever is the greater of: At least a 14% increase in the number of individual children and young people aged 0-18 with a diagnosable Mental Health condition starting treatment in NHS funded community services when they need it in 2017/18 based on 2016/17 baseline The increase in activity necessary to enable 32% of children and young people aged 0-18 with a diagnosable Mental Health condition starting treatment in NHS funded community services when they need it in 2017/18	
Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups	Yes	Measure consists of 3 parts: Part A: Reduction in the number of gram negative blood stream infections across the whole health economy **(worth 45%)** Part B: Reduction of inappropriate antibiotic prescribing for UTI in primary care **(worth 45%)** Part C: Sustained reduction of inappropriate prescribing in primary care **(worth 10%)**	17%
Local priority	Yes	The indicator should be selected from the RightCare suite of indicators – as set out in the Commissioning for Value packs, focusing on an area of unwarranted variation locally which offers the potential for CCGs to drive improvement. **Note: H & F CCG is leading the diabetes Rightcare Programme on behalf of NWL and we therefore anticipate selecting an indicator relating to improvement in**	15%

		diabetes indicators	

The level of improvement needed to trigger the reward will be locally agreed between the CCG and NHSE regional team, ensuring that it is robust and sufficiently stretching.

Next steps

- The CCG Operational Group will discuss the issues and action plan to maximise the delivery of 16/17 indicators
- Baseline data is to be established for each of the 17/18 indicators to assist with the choice (where applicable) and set the ambition for the year
- The CCG Operational Group will review the data to formulate a long/ short list of potential measures for consideration with stakeholders for the local priority.
- The CCG MD will discuss the local priority options with the Chair of Health & Wellbeing Board