Quality Premium 2014/15

Total value to CCG: £5 per head of population @ 280,000 = £1.4million

Measure 1: Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people

- Target: 3.2% reduction between 2013 and 2014 calendar years
- Current data: PYLL is higher than London and England, and has been steadily decreasing in Hackney since 2008 but large increases in the City of London in 2012 and 2010 has caused the rate across City and Hackney to remain the same level
- Value: 15% of quality premium = £210K

Measure 2: Improving access to psychological therapies (IAPT)

- Target: Increase access rates to IAPT (proportion of people with anxiety/depression accessing IAPT) by 3% (from current baseline of 15%
- Current data: Access rates have sharply increased from 5% to 15% across the last 2 years, but are now running at capacity providing for that 15%
- Value: 15% of quality premium = £210K

Measure 3. Avoidable emergency admissions

- Target: Reduction/0% change/remain below 1000 admissions per 100,000 population across 4 measures:
 - unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults);
 - unplanned hospitalisation for asthma, diabetes and epilepsy in children;
 - emergency admissions for acute conditions that should not usually require hospital admission (adults);
 - emergency admissions for children with lower respiratory tract infection.
- Current data: Very low rates for these 4 indicators: 1140 admissions per 100,000 population. Have independently verified this data using HES, still unclear why such low rates.
- Value: 25% of quality premium = £350K

Measure 4. Friends and Family Test

- Target: Agree plan for addressing issues from FFT in 2013/14; Achieve these actions;
 Achieve reduction in negative responses from FFT; Achieve improvement in average score and reduction in negative responses for locally chosen metric: Inpatient survey
- Current data: Low response rates for FFT and inpatient scores lower than London or England (A&E scores higher than London or England).
- Value: 15% of quality premium = £210K

Measure 5. Improved reporting of medication-related safety incidents

- Target: Increase level of reporting of medication incidents at chosen local provider: ELFT
- Current data: Very low levels of reporting historically (in bottom quartile of all MH trusts:
 9.9 incidents per 1000 bed days compared to MH trust median of 23 per 1000 bed days;
 April-September 2012) but improving over 2013/14
- Value: 15% of quality premium = £210K

Measure 6. Further local measure

- Target: Increase % of people diagnosed with diabetes within the last year referred to structured education, to 25%
- Current data: 5.4% from 2011/12 diabetes audit
- Value: 15% of quality premium = £210K

Where a CCG does not deliver the identified patient rights and pledges on waiting times, a reduction of 25 per cent for each relevant NHS Constitution measure will be made to the quality premium payment.

	Target threshold for 2014/15	Current performance
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	90.9% (Apr-Nov 13)
Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department	95%	NHS England has not yet supplied the Provider/CCG mappings that will be derived from HES figures for A&E waits all types.
Maximum two week (14-day) wait from urgent GP referral to first outpatient appointment for suspected cancer	100%	94% (Oct 13)
Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes	75%	76.5% (Apr-Oct 13)