

# Quality Premium 2016/17

## NHS City and Hackney CCG

City of London

Health and Wellbeing

September 2016



# Introduction

## Quality Premium 2016/17

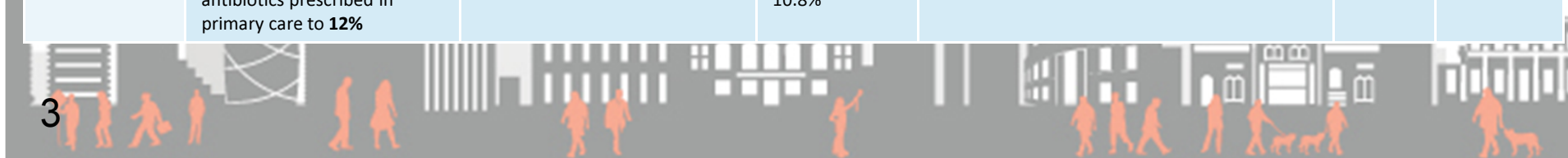
- The 'Quality Premium' is set by NHS England and is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. The full guidance can be accessed [here](#).
- Where choice was available (see below for which measures have been nationally mandated and which had some element of choice), the CCG Programme Boards have chosen indicators to support their commissioning plans for the coming year and to align with areas of priority for the CCG.
- The following slides show the 7 quality premium measures for 2016/17, along with the target and the money attached if the CCG achieve the target, including:
  - 4 mandatory measures (indicator details set solely by NHS England)
  - 3 measures where the Programme Boards could choose from the Right Care indicators where the CCG has identified a potential for improvement.



# Mandatory Quality Premium Measures (2016/17)

City and Hackney  
Clinical Commissioning Group

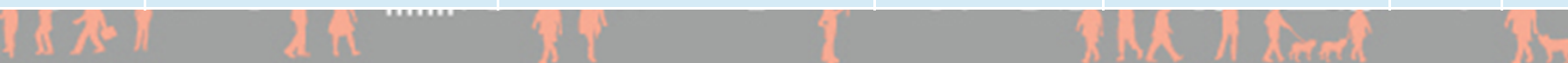
Mandatory QP Measures	Target	CCG Baseline	Latest position	Programme Board Proposed Actions	Relative Value	Absolute Value
<b>QP1: Cancers diagnosed at early stage</b>	Demonstrate a <b>4% point improvement</b> in the proportion of cancers (specific cancer sites, morphologies and behaviour) diagnosed at stages 1 and 2 in the 2016 calendar year compared to the 2015 calendar year.	<b>51%</b> in 2013 (National Cancer Registry) Data for 2015 calendar year baseline data will be available nationally at the end of 2016.	2015-16 54.2%	<ol style="list-style-type: none"> <li>Fully explore data and reasons why some patients are not staged.</li> <li>Focus on 2 highest impact areas – lung and colorectal cancer.</li> <li>Primary Care Clinical Lead to increase education of new NICE guidance and raise awareness with GPs on the use of direct access to colonoscopy and flexible sigmoidoscopy.</li> </ol>	20%	£300,000
<b>QP2: More GP e-referrals</b>	March 2017 performance to exceed March 2016 performance by <b>20 percentage points</b> .	In December 2015, <b>38%</b> CAB utilisation was reported (HSCIC). Data for e-referrals baseline will be based on data in June/July 2016.	May-16 38%	Planned Care and Long Term Conditions Programme Boards will review baseline data when this becomes available. Input will be required from other Programme Boards to achieve this Quality Premium measure.	20%	£300,000
<b>QP3: Overall experience of making a GP appointment</b>	Demonstrate <b>3% increase</b> from July 2016 publication in July 2017 publication on the percentage of respondents who said they had a good experience of making an appointment.	Latest (July 2016) results: Good: <b>73%</b> Poor: 12% (GP Patient Survey)	July 2016 73%	Primary Care Quality Programme Board  Satisfaction with booking an appointment should increase through <ul style="list-style-type: none"> <li>Results of demand management work with the GP Confederation</li> <li>Results of workforce work being carried out under Devolution</li> </ul>	20%	£300,000
<b>QP4: Antimicrobial resistance (AMR) improving antibiotic prescribing in primary care</b>	Part a) reduction in the number of antibiotics prescribed in primary care. <b>Stay below 1.161 items per STAR-PU</b>	<b>0.750</b> antibacterial items per STAR-PU13 for the latest 12 months (year to December 2015).	12 months to June 2016 0.728 items/STAR-PU	Medicines Management Programme Board updating the action plan	5%	£75,000
	Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care to <b>12%</b>	<b>13.1%</b> year to December 2015.	12 months to June 2016 10.8%	Medicines Management Programme Board updating the action plan	5%	£75,000



# Local Quality Premium Measures (2016/17)

City and Hackney  
Clinical Commissioning Group

Local QP Measures	Description	Target	Latest Position	Programme Board Proposed Actions	Relative Value	Absolute Value
<b>QP5: Improve the quality of care of those with asthma and receiving salbutamol inhalers</b>	<p>The national review of asthma deaths (2014) found that 46% of deaths were identified as avoidable and that one of the key factors associated with death was excessive prescribing of reliever medication.</p> <p>Reduction in the number of patients (all ages) in primary care receiving 12 or more salbutamol inhalers per annum from a baseline of 3.32% in Q3 2015-16.</p>	<p>Reduce the percentage of salbutamol inhalers issued (12 or more in a year) to less than 2.5% by Q4 2016/17.</p> <p><b>Numerator:</b> Number of patients (all ages) in primary care issued 12 or more salbutamol inhalers in one year</p> <p><b>Denominator:</b> number of patients (all ages) on asthma register.</p>	<p>At the end of Q1, the overall position of the rolling data across all practices was 2.88%, which is 0.38 below the anticipated target. However, 22/43 practice achieved a position within the threshold of 2.5% Neaman practice was 1.13% at June 2016</p>	<p>Review patients on salbutamol inhalers and reduce number of inhalers (where clinically safe to do so)</p> <p>Provide on-going advice and education to patients about the management of their asthma.</p>	10%	£150,000
<b>QP6: To increase the quality of care of those on insulin and reduce the costs of long acting analogue insulin.</b>	<p>City and Hackney CCG spends more than similar 10 CCGs on analogue insulin prescriptions in primary care. This is an opportunity to work collaboratively with the secondary care services and staff who deliver the services in primary care.</p>	<p>Reduce the costs of long acting analogue insulins by 10% by Q4 - 2016/17. We will expect a reduction in cost of £155K [baseline Q4 2015/16 data calculated using Apr 15-Feb15 data] to £140K for Q4 (2016/17)</p> <p><b>Numerator:</b> Number of patients (17+) with analogue prescriptions</p> <p><b>Denominator:</b> Number of patients (17+) on diabetes register</p>	<p>At the end of Q1, there was a 24.92% increase in costs of analogue insulin prescribing. Neaman practice was the only practice to score a reduction of cost across City and Hackney (-11.93% from baseline)</p>	<p>Secondary care diabetes nurse specialists (and consultant lead) who work in primary care to work collaboratively to implement changes that will increase quality of interventions, patient reviews, and reduce unwarranted spend.</p>	10%	£150,000
<b>QP7: To increase the number of patients recorded on GP registers identified with depression (depression prevalence) across the CCG</b>	<p>2014/15 figures show that there is currently a 6.6% (15,113 actual cases) prevalence of depression GP registers in City and Hackney CCG. This was highlighted as an area for local interpretation in the Right Care Commissioning for Value data pack. It is an area known to be under-reported.</p>	<p>Increase prevalence by 0.3% (800) cases by April 2017</p> <p>Note: the percentage is small as we are working with large numbers</p> <p><b>Numerator:</b> number of patients identified as having depression.</p> <p><b>Denominator:</b> City and Hackney GP register (300,197 – September 2015)</p>	<p>Data for 2016/17 will be available in October 2017</p>	<p>Working with the GP Confederation on coding and accurate depression registers</p> <p>Reviews using a bespoke EMIS template.</p>	10%	£150,000



# Constitution Requirements (2016/17)

## Quality Premium – Payment Restrictions

The quality premium will be reduced if the CCG does not meet the NHS constitution requirements for the following patients rights or pledges from the services that it commissions

NHS Constitution Requirement	Target	2015/16 CCG Baseline	Adjustment to funding
Referral to treatment times (18 weeks incomplete)	<b>92%</b> of patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral. Q4 2016/17 performance will be assessed for the QP.	<b>94.65%</b>	25%
A&E waits – All types	<b>95%</b> of patients should be admitted, transferred or discharged within 4 hours of arriving at A&E. Q4 2016/17 performance will be assessed for the QP.	<b>93.92%</b>	25%
Cancer Waits – 62 days	<b>85%</b> of patients should wait a maximum of 2 months (62 days) from urgent GP referral to first definitive treatment for cancer.	<b>84.20%</b>	25%
Category A Red 1 ambulance calls	<b>75%</b> of Red 1 ambulance calls result in an emergency response arriving within 8 minutes.	<b>68.11%</b>	25%

Source: NELCSU (Unify2)

