

<b>TITLE</b>	Quality Premium 2014-15
<b>FOR CONSIDERATION BY</b>	Health and Wellbeing Board on 14 August 2014
<b>WARD</b>	None Specific
<b>DIRECTOR</b>	Katie Summers, Director of Operations, NHS Wokingham CCG

#### **OUTCOME / BENEFITS TO THE COMMUNITY**

The Quality Premium is a payment from NHS England to Clinical Commissioning Groups. It is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. Quality Premium payments can be invested in local health services (subject to compliance with investment regulations).

#### **RECOMMENDATION**

1. That the Board agrees the following Quality Premium targets for 2014-15:
  - i. Reduce potential years of lives lost through causes considered amenable to healthcare by 11 per 100,000 population;
  - ii. Increase access to psychological therapies by 3%;
  - iii. Show improvement the patient experience indicator *Patient Experience of Hospital Care*;
  - iv. Increase the number of medication errors reported at the Royal Berkshire NHS Foundation Trust by 10% (as a demonstration of an open culture of reporting and learning);
  - v. Increase referrals to memory clinics by 10%.
2. That the Board notes the Quality Premium target to reduce avoidable emergency admissions by 5.3% in 2014/15.

#### **SUMMARY OF REPORT**

As part of the Quality Premium process, targets need to be approved by the Health and Wellbeing Boards. The Quality Premium will be based on six measures that cover a combination of national and local priorities. The report sets out the targets proposed by NHS Wokingham CCG.

## Background

The quality premium paid to the CCG in 2015/16 – to reflect the quality of the health services it commissions in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

1. Reducing potential years of lives lost through causes considered amenable to healthcare (15 per cent of quality premium).
2. Improving access to psychological therapies (15 per cent of quality premium).
3. Reducing avoidable emergency admissions (25 per cent of quality premium).
4. Showing improvement in a locally selected patient experience indicator (15 per cent of quality premium).
5. Improving the reporting of medication-related safety incidents based on a locally selected measure (15 per cent of quality premium).
6. A local measure based on local priorities (15 per cent of quality premium).

All of the measures except avoidable emergency admissions include the ability for the CCG and local partners to set either partially or fully the level of improvement to be achieved. These, together with the additional local measure, need to be agreed by the CCG with the Health and Wellbeing Board and with the NHS England area team.

The following sections of the report look at each of the six measures in turn.

### 1. Potential years of life lost from causes considered amenable to healthcare: adults, children and young people

#### National Requirement

To earn this portion of the quality premium, the CCG will need to agree with the Health and Wellbeing Board and with the NHS England area team the percentage reduction in the potential years of life lost (adjusted for sex and age) from amenable mortality for the CCG population to be achieved between the 2013 and 2014 calendar years. The reduction is should be no less than 3.2%.

#### Context

Wokingham already performs relatively well in this area, being in the best performing quintile for England.

#### Suggested target rate

Wokingham Trajectory for 2014/15	HWB Requirement
<ul style="list-style-type: none"><li>• Baseline of 1644 per 100,000</li><li>• 3.2% reduction planned across 5 years</li><li>• Meaning a plan of 1633 per 100,000 in 14/15)</li></ul>	<b>Sign off of agreed rate required</b>

## 2. Improving access to psychological therapies (IAPT) (or “Talking Therapies”)

### National requirement

To earn this portion of the quality premium, the CCG needs to achieve an increase in access to psychological therapies in Q4 2014/15. The increase needs to be a minimum of 3% increase.

### Context

The disease prevalence of depression in adults in Wokingham CCG is higher compared to the averages of similar CCGs and England. Psychological (or “talking”) therapies have been shown to be effective both for those with serious mental illness (who recover better than on medication alone) and for those with milder forms of mental illness. Treatment is delivered according to NICE and Royal College of Psychology Guidance. NHS Wokingham has been investing in improving access to talking therapies, including in targeted areas such as expectant mothers.

### Suggested target rate

Wokingham Trajectory for 2014/15	HWWB Requirement
<ul style="list-style-type: none"> <li>• Baseline run rate – 15.4%</li> <li>• Q4 run rate – 18.4%</li> </ul>	<b>Sign off of agreed rate required</b>

This target rate has been revised from the one included in the draft Operational Plan on a Page (17%) considered by the Board at its meeting on 13th February 2014.

## 3. Reducing avoidable emergency admissions

### National requirement

This measure is nationally pre-determined and the CCG and local partners do not have the ability to set either partially or fully the level of improvement to be achieved.

### Context

Wokingham already performs relatively well in this area – the CCG has the lowest rate of non-elective admissions in England. We continue to focus on avoidable emergency admissions through initiatives such as Hospital at Home and care home support.

### Target rate

Wokingham Trajectory for 2014/15	HWWB Requirement
<ul style="list-style-type: none"> <li>• Baseline 1282.4</li> <li>• 2014/15 1214.7</li> <li>• Reduction of 5.3%</li> </ul>	<b>To note</b>

#### 4. Patient Experience

##### National requirement

There needs to be an improved average score achieved between 2013/14 and 2014/15 for one of the patient improvement indicators set out in the "CCG Outcomes Indicator Set" with the specific indicator agreed by the CCG with the Health and Wellbeing Board, the NHS England area team and the relevant local providers.

##### Context

In the most recent Care Quality Commission inpatient survey for the Royal Berkshire NHS Foundation Trust (RBFT), the patient response scores were average in all categories compared with other trusts.

##### Suggested indicator

The CCG proposes that the *Patient Experience of Hospital Care* indicator is selected from the Outcomes Indicator Set for this component of the quality premium. This would be based on the national Care Quality Commission inpatient survey for RBFT.

#### 5. Medication Errors

##### National requirement

The CCG will earn this portion of the quality premium if it agrees a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15 and these providers achieve the specified increase.

##### Context

It is known nationally that those providers who have a good reporting culture normally have less incidents that result in harm to patients.

##### Suggested target rate

The CCG proposes that the measure should be:

- Numbers of medication errors reported at RBFT will increase by X%, as a demonstration of an open culture of reporting and learning.

The percentage is yet to be agreed with RBFT but is likely to be a 10% increase and the HWBB is therefore asked to support this on the basis that 10% is agreed.

#### 6. Local measure

##### National requirement

This should reflect local priorities identified in the health and wellbeing strategy. The level of improvement needed to trigger the reward should be agreed between the CCG, the Health and Wellbeing Board and the NHS England area team.

## Context

Emotional health and wellbeing is one of the themes of our Health and Wellbeing Strategy. Within this theme, care for people with dementia is identified. Locally, Memory clinics are run by Berkshire Healthcare NHS Foundation Trust. They provide assessment and advice for adults with problems of memory, thinking and communication. This includes mild cognitive impairment and dementia. The service offers a range of support, coping strategies and therapies to patients and their families.

## Suggested target rate

Wokingham Trajectory for 2014/15	HWWB Requirement
<ul style="list-style-type: none"><li>• 10% increase in referrals to memory clinic</li><li>• Baseline 459, so 505 needed in 14/15</li></ul>	<b>Sign off of agreed rate required</b>

This target rate was included in the draft Operational Plan on a Page considered by the Board at its meeting on 13th February 2014.

## **FINANCIAL IMPLICATIONS OF THE RECOMMENDATION**

***The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.***

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

### **Other financial information relevant to the Recommendation/Decision**

N/A

### **Cross-Council Implications**

Broadly, the Quality Premium targets should support the direction of the Health and Wellbeing Strategy. Talking Therapies and Memory Clinics tie into the community mental health services commissioned by the Council.

### **Reasons for considering the report in Part 2**

N/A

<b>List of Background Papers</b>
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N/A
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