

Report

To: Coventry Health and Wellbeing Board

Date: 7¹¹¹ July 2014

From: Juliet Hancox, Chief Operating Officer, Coventry and Rugby CCG

Subject: 2014/15 Quality Premium Indicators

1 Purpose

To provide an overview of the Quality Premium Indicators and the associated ambitions which Coventry and Rugby CCG will be aiming to achieve during 2014/15.

2 Recommendations

The Board is requested to note the report.

3 Information/Background

The Quality Premium is an incentive scheme administered by NHS England to reward CCGs for improving the quality of those services that they commission which will lead to improvements in health outcomes and reductions in health inequalities.

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NHS COVENTRY & RUGBY CCG

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Title of Report: 2014/15 Quality Premium Indicators		

The Quality Premium

The Quality Premium is an incentive scheme administered by NHS England to reward CCGs for improving the quality of those services that they commission which will lead to improvements in health outcomes and reductions in health inequalities. It will be expressed as £5 per head of the CCG population, which equates to £2.4M for Coventry and Rugby CCG. The 2014/15 Quality Premium is based on five national measures and one local priority.

National Measures

The national measures cover the five NHS Outcomes Framework Domains:

- 1. Preventing people from dying prematurely
- 2. Enhancing quality of life for people with long term conditions
- 3. Helping people to recover from episodes of ill health or injury.
- 4. Ensuring that people have a positive experience of health care
- 5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

Local Measure

The CCG has agreed with the Public Health Team at Coventry City Council and in conjunction with Warwickshire County Council that the local priority will be to reduce admissions linked to excessive consumption of alcohol as these continue to be significantly worse for Coventry and Rugby CCG patients than for England, with 27% of all deaths in Coventry in the 16 to 24 age group estimated to be attributable to alcohol consumption.

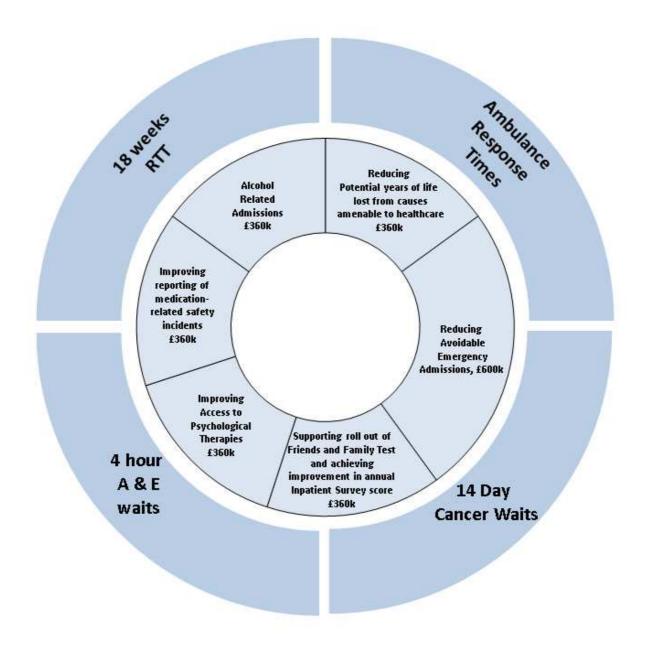
Rationale

The inner ring in Appendix 1 identifies the indicators and the financial amount of the total quality premium that each area represents. The total quality premium payment for the CCG will be proportionately reduced if its providers do not meet the four key NHS Constitution rights or pledges for patients, which are shown in the outer ring.

The ambitions that the CCG is required to achieve against the five areas are summarised in Appendix 2. These are based on national requirements and have been incorporated into local contracts with the CCG's acute and non-acute providers.

For the local alcohol-related admissions indicator it has been agreed with our local partners that the CCG will continue to work with GP practices and the Alcohol liaison Service at UHCW to share information on frequent attenders in order to provide support and preventative action for this group of patients. The CCG has set as its ambition to continue the rate of reduction achieved in 2013/14.

Appendix 1. CRCCG Quality Premium Measures for 2014/15



Appendix 2. CRCCG Quality Premium Ambitions

Domain		Quality Measure	Ambition
1	Preventing people from dying prematurely	Reducing Potential Years of Life Lost form Causes Amenable To HealthCare	3.2% year-on-year reduction
		Reducing Alcohol-Related Admissions	2.5% year-on-year reduction
2	Enhancing quality of life for people with long term conditions	Improving Access to Psychological Therapies	Achieve 16% by Q4 14/15 and an average of 15% across the year.
3	Helping people to recover from episodes of ill health or injury.	Reducing Avoidable Emergency Admissions	Achieve a lower rate in 2014/15 than in 2013/14
4	Ensuring that people have a positive experience of health care	Friends and Family Test (FFT)	Rolling out FFT and reducing number of negative responses
		Improving Patient Experience of Hospital Care	Improved average score in annual Adult Inpatient Survey in 2014/15
5	Treating and caring for people in a safe environment and protecting them from avoidable harm.	Improved reporting of medication- related safety incidents	Local provider to achieve specified level of reporting of medication errors between Q4 13/14 and Q4 14/15.