



To: Coventry Health and Wellbeing Board

Date: 6 July 2015

From: Chris Wood, Head of Corporate Delivery, Coventry and Rugby CCG

Subject: NHS Quality Premium Incentive Scheme 2015/16 measures

1 Purpose

To provide a summary of the NHS 2015/16 Quality Premium Incentive Scheme measures chosen for Coventry and Rugby CCG.

2 Recommendations

The Health and Wellbeing Board **note** the Quality Premium measures chosen by Coventry and Rugby CCG for 2015/16 and the factors that will directly affect the financial incentive should the measures be achieved.

3 Information/Background

The 2015/16 Quality Premium Incentive Scheme guidance has been released, and the financial incentive to Coventry and Rugby CCG achieving these measures is c£2.4M. The CCG Quality Premium measures were submitted to NHS England on 27 May 2015.

The quality premium paid to CCGs in 2016/17, to reflect the quality of the health services commissioned in 2015/16, will be based on the following measures that cover a combination of national and local priorities:

- 1) **Reducing potential years of lives lost (PYLL) through causes considered amenable to healthcare** – mandatory target (10% of the Quality Premium)
- 2) **Urgent and Emergency care** measures – the CCG has chosen 2 measures from the mandatory menu, totalling 30% of the Quality Premium:
 - Reducing avoidable emergency admissions (20%)
 - Reducing Delayed Transfers of Care (DTCs) which are an NHS responsibility (10%)
- 3) **Mental Health Measures** – the CCG has chosen one measure from the menu, totalling 30% of the Quality Premium:
 - Reduction in the number of people with severe mental illness who are currently smokers

- 4) **Prescribing measures** - Improving antibiotic prescribing in primary and secondary care measures. These are mandatory targets (10% of the Quality Premium) split into 3.
- 5) Two **local measures** were chosen based on local priorities identified in joint health and wellbeing strategies (20% of quality premium – 10% for each measure).
 - Reduction in residential and nursing home non elective admissions
 - Reduction in End of Life hospital admissions in last 3 months of life

The table below highlights the estimated financial incentive to the CCG in achieving its Quality Premium metrics (based on CCG population of 483,305):

Measure	Description	% of Quality Premium	£ incentive to CCG
Reducing potential years of lives lost (PYLL) through causes considered amenable to healthcare		10%	£241,653
Urgent and Emergency care	Reducing avoidable emergency admissions	20%	£483,305
	Reducing Delayed Transfers of Care (DTOCs) which are an NHS responsibility	10%	£241,653
Mental Health Measures	Reduction in the number of people with severe mental illness who are currently smokers	30%	£724,958
Prescribing measures	Reduction in the number of antibiotics prescribed in primary care	5%	£120,826
	Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	3%	£72,496
	Secondary care providers validating their total antibiotic prescription data	2%	£48,331
Local measures	Reduction in residential and nursing home non elective admissions	10%	£241,653
	Reduction in End of Life hospital admissions in last 3 months of life	10%	£241,653
TOTAL		100%	£2,416,525

Penalties to achieving the Quality Premium:

The CCG will not receive a Quality Premium payment if it does not achieve its statutory financial obligations. It will also be penalised if it does not achieve the following NHS constitution performance measures:

NHS Constitution requirement	Threshold	Adjustment to funding
RTT Admitted	90%	-10%
RTT Non Admitted	95%	-10%
RTT Incompletes	92%	-10%
A&E waits	95%	-30%
Cancer waits - 2 weeks	93%	-20%
Ambulance - CAT A Red 1	75%	-20%
TOTAL		-100%

Quality premium 2015/16 metric will be monitored on a monthly basis and reported to the CCG Performance Committee for assurance and discussion.

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