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A NEW VIEW

2015/16 Clinical Commissioning Group Quality premium

The quality premium is additional funding that can be earned by clinical commissioning groups (CCGs) and has been made available every year since 2013/14.

Set at £5 per head of registered population, the value of the quality premium across CCGs varies from £394,000 to £4.597 million.

It is paid to CCGs in the year following achievement (i.e. 2013/14 quality premium payment was paid in 2014/15) and is dependent on achievement of a number of indicators. The quality premium is intended to be used in ways that improve quality of care or health outcomes and/or reduce health inequalities.

The indicators for the 2015/16 quality premium were made available in March 2015 and the full guidance is available here <http://www.england.nhs.uk/ccg-ois/qual-prem/>

Indicators

Reducing premature mortality – 10% of quality premium

Reducing potential years of life lost through causes considered amenable to healthcare

- average trend percentage reduction in the potential years of life lost from amenable mortality between 2012 & 2015 calendar years
- agreed with Health and Wellbeing Board (HWB) and local NHS England (NHSE) team
- no less than 1.2%

Urgent & emergency care – 30% of quality premium

Menu – any one or a combination of:

1. Avoidable emergency admissions composite measure of:
 - 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 admissions (adults)
 - Emergency admissions for children with lower respiratory tract infection
2. Reduction in Delayed transfers of care which are NHS responsibility 2015/16 compared to 2014/15.
3. Increase in number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays

Mental health – 30% of quality premium

Menu – any one or a combination of:

1. Reduction in no. of patients attending A&E for mental health-related needs waiting more than 4 hours to be treated and discharged or admitted (95%)
and a defined improvement in the coding of patients attending A&E (90% coded)
2. Reduction in no. of people with severe mental illness who are currently smokers
3. Increase in proportion of adults in contact with secondary mental health services who are in paid employment
4. Improvement in health related quality of life for people with a long term mental health condition



A NEW VIEW

Patient safety – 10% of quality premium

Improved antibiotic prescribing in primary and secondary care

Composite measure:

- Reduction in the number of antibiotics prescribed in primary care
- Reduction in the proportion of broad spectrum antibiotics prescribed in primary care
- Secondary care providers validating their total antibiotic prescription data

Local measures – 20% of quality premium

Two local measures worth 10% each

- should reflect priorities in joint health and wellbeing strategies
- should be based on indicators from the CCG outcomes indicator set unless the CCG and the HWB and NHS E agree no indicators on the list are appropriate
- levels of improvement to be agreed between the CCG, HWB and NHSE
- local measures must not duplicate the national quality premium measures or NHS constitution measures
- measures reflect services that CCGs are responsible for commissioning or jointly commissioning

NHS Constitution measures

Any quality premium achieved can be reduced if the following NHS Constitution measures are not achieved:

NHS Constitution requirement	Reduction to quality premium
Maximum 18 weeks from referral to treatment, comprising: <ul style="list-style-type: none"> • 90% completed admitted standard • 96% completed non-admitted standard • 92% incomplete standard 	30% total (comprising 10% for each standard, separately assessed)
Maximum four hour waits in A&E departments – 95% standard	30%
Maximum 14 day wait from an urgent GP referral for suspected cancer – 93% standard	20%
Maximum 8 minutes responses for Category A (Red 1) ambulance calls – 75% standard	20%

In addition, the quality premium will not be achieved if a CCG:

- a) is not considered to have operated in a manner that is consistent with [Managing Public Money](#) during 2015/16; or
- b) ends the 2015/16 financial year with an adverse variance against planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid this; or
- c) incurs a qualified audit report in respect of 2015/16

NHS England also reserves the right not to make any payment where there is a serious quality failure during 2015/16.