

Report to:	Health and Wellbeing Board
Relevant Officer:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Relevant Cabinet Member:	Councillor Eddie Collette, Cabinet Member for Public Health
Date of Meeting:	22 nd October 2014

QUALITY PREMIUM

1.0 Purpose of the report:

- 1.1 To inform the Health and Wellbeing Board of Blackpool CCG's Quality Premium (QP) intentions for 2014/2015 and have agreement to the chosen target to 'improve on Quarter 4 2013/2014 Friends and Family Test score for patients in the Stroke Unit in Quarter 4 2014/2015'.

2.0 Recommendation(s):

- 2.1 To note the Clinical Commissioning Group's Quality Premium goals for 2014
- 2.2 To support the Clinical Commissioning Group with their choice of local metric for the Friends and Family Test element of Quality Premium

3.0 Reasons for recommendation(s):

- 3.1 To keep the Health and Wellbeing Board informed of the Clinical Commissioning Group priorities. To meet the national requirement to have the Health and Wellbeing Board support in choosing a local Quality Premium within the narrow parameters set in the Friends and Family Test.

- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A

- 3.3 Other alternative options to be considered:

Other options for a "locally selected metric", part of the national quality premium

have been explored:

Patient Experience of GP out of hours services. Not recommended as Quality Premium due to High level of attainment

Patient experience of hospital care – Adult inpatient Survey.

Across the ten areas Blackpool Teaching Hospital scored average across all but one where Accident and Emergency results showed below average score. As the score is the average (mean) of five domain scores, and each domain score is the average (mean) of scores from a number of selected questions in the CQC Inpatient Services Survey not recommended as a Quality Premium.

- The emergency Accident and Emergency department 7.9/10 (below),
- Waiting Lists and planned admissions 8.8/10 (Average)
- Waiting to get to bed on ward 7.9/10 (Average)
- The hospital and ward 8.4/10 (Average)
- Doctors 8.2/10 (Average)
- Nurses 8.1/10 (Average)
- Care and Treatment 7.4/10 (Average)
- Operations and procedures 8.2/10 (Average)
- Leaving hospital 7.0/10 (Average)
- Overall views and experiences 5.2/10 (Average)

Other measures were also considered but there is not a means to monitor these:
Clinical Commissioning Group Outcomes indicator Set 2014/15 (December 2013). Status of this measure is “In development”.

Patient Experience of outpatient services - Clinical Commissioning Group Outcomes indicator Set 2014/15 (December 2013). Status of this measure is “In development”.

Improvement in hospitals’ responsiveness to personal needs: Responsiveness to inpatients’ personal needs - Clinical Commissioning Group CCG Outcomes indicator Set 2014/15 (December 2013). Status of this measure is “In development”.

4.0 Council Priority:

4.1 The relevant Council Priority is

‘Improve health and well-being especially for the most disadvantaged’

5.0 Background Information

5.1 The 'quality premium' is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission. In financial terms it relates to £5 per head of population = £860,000.

5.2 A Clinical Commissioning Group will not receive a quality premium if it:

a) Is not considered to have operated in a manner that is consistent with Managing Public Money during 2014/15; or

b) Incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or

c) Incurs a qualified audit report in respect of 2014/15.

5.3 Achievement of the national conditions, subject to meeting the above pre-qualifying criteria, have been listed below with the percentage reward for each metric:

- Reducing potential years of life lost through amenable mortality (15%)
- Improving access to psychological therapies (15%)
- Reducing avoidable emergency admissions (25%)
- Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of Friends and Family Test FFT in 2014/15 and **showing improvement in a locally selected patient experience indicator (15%) (this is the metric that requires support from the Health and Wellbeing Board)**
- Improving the reporting of medication-related safety incidents based on a locally selected measure (15%)
- A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15%)

5.4 Friends and Family Test local measure

Quality premium: addressing issues identified in the 2013/14 Friends and Family Test, supporting roll out of Friends and Family Test in 2014/15 and showing improvement in a locally selected patient experience indicator (15 per cent of quality premium), is in two parts:

To achieve the above national quality premium, the Clinical Commissioning Group need to demonstrate;

1. Support roll out of Friends and Family Test in 2014/15 – This monitored as part of CQUIN.
2. improvement in a locally selected patient experience indicator

- 5.5 Financial allocation for 15% of Quality Premium is £129,000. The Clinical Commissioning Group must demonstrate achievement for part 1 and 2 of this quality premium measure to ensure allocation for full amount.
- 5.6 Blackpool Clinical Commissioning Group locally selected patient experience indicator: Stroke Unit Friends and Family Test score.

5.7 Rationale

The Clinical Commissioning Group has reviewed the national list of most appropriate measures and excluded them as outlined in section 3.3 of this report.

The Acute Trust overall is a high achiever on “patient improvement indicators set” and as Stroke is a High Mortality at the Trust, there is currently a specific focus on the Stroke Unit / pathway. The rationale therefore for choosing the Stroke Unit Friends and Family Test is;

- Patients (generally) experience a range of services in an acute setting,
- An Friends and Family Test Pathway Pilot was undertaken specially around stroke patients in Feb 2013/2014.
- Stroke is a high mortality area (Keogh) for Blackpool Teaching Hospitals NHS Foundation Trust
- Both Blackpool Clinical Commissioning Group and Fylde and Wyre Clinical Commissioning Group are currently undertaking a “Deep Dive” on the Stroke Pathway.
- Focus on stroke unit includes collaborative work between Clinical Commissioning Group, Acute Trust and community based organisations.

Target: improve on Quarter 4 2013/2014 Friends and Family Test score for patients in the Stroke Unit in Quarter 4 2014/2015.

Date Source: Friends and Family Test Inpatient extract at “IP Ward Level”.

Further local measure

‘People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea scale ≤ 3 referred to a pulmonary rehabilitation programme’. Financial Allocation : £129,000

Rationale

The indicator measures a key component of high-quality care as defined in the NICE quality standard for Chronic Obstructive Pulmonary Disease.

Increasing Chronic Obstructive Pulmonary Disease prevalence was a local Quality Premium last year as such the proposed new indicator builds on that work.

The provider of the Pulmonary Rehabilitation service is incentivised with a stretch target to increase referrals to their service by 10% every year and they accept patients with MRC1 -2. Therefore they have a vested interest in increasing the referral rate on behalf of the Clinical Commissioning Group. Supports Clinical

Commissioning Group Outcome Ambition 2: Improving the health-related quality of life of the 15 million+ people with one or more long term condition.

5.8 Does the information submitted include any exempt information? No

5.9 **List of Appendices:**
None

6.0 **Legal considerations:**

6.1 None

7.0 **Human Resources considerations:**

7.1 None

8.0 **Equalities considerations:**

8.1 None

9.0 **Financial considerations:**

9.1 None

10.0 **Risk management considerations:**

10.1 None

11.0 **Ethical considerations:**

11.1 None

12.0 **Internal/ External Consultation undertaken:**

12.1 None

13.0 **Background papers:**

13.1 None