

# Health and Wellbeing Board

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<b>Date of Meeting:</b>	29 May 2014
<b>Report of:</b>	Simon Whitehouse, Chief Officer, NHS South Cheshire CCG
<b>Subject/Title:</b>	NHS South Cheshire CCG – Quality Premium 2014-15

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## 1.0 Report Summary

The 'quality premium' was introduced in 2013-14 as a new mechanism to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. As set out in the Planning Guidance – *'Everyone Counts: Planning for Patients'*<sup>1</sup> the quality premium will continue into 2014-15.

The main aim of the quality premium 2014-15 is to reflect the quality of the health services commissioned by CCGs in 2014/15, which will be paid to CCGs in 2015/16. It will be based on six measures that cover a combination of national and local priorities.

It rewards CCGs for improved outcomes from the services they commission against the main objectives of the NHS outcomes Framework and the CCG Outcomes Indicator Set, that is:

**Domain 1** – Preventing people from dying prematurely;

**Domain 2** – Enhancing quality of life for people with long-term conditions;

**Domain 3** – Helping people to recover from episodes of ill health or following injury;

**Domain 4** – Ensuring that people have a positive experience of care;

**Domain 5** – Treating and caring for people in a safe environment and protecting them from avoidable harm.

The quality premium also underlines the importance of maintaining patients' rights and pledges under the NHS Constitution and achieving financial and quality requirements.

The quality premium sets broad overarching objectives as far as possible, leaving CCGs to determine with health and wellbeing partners what specific priorities they will need to pursue to achieve improvement in these areas.

The following section of the report provides the Health and Wellbeing Board with an overview of NHS South Cheshire CCG Quality Premium for 2014-15, detailing the national and local measures.

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<sup>1</sup> Everyone Counts: Planning for Patients, 2014/15 to 2018/18, NHS England, 20<sup>th</sup> December 2013

## 2.0 Recommendations

The Health and Wellbeing Board are asked to:

- 1) Review the Quality Premium 2014-15 for NHS South Cheshire CCG and confirm support for the local priority measure chosen.
- 2) Discuss the plans in relation to the draft Health and Wellbeing Strategy across Cheshire East including the direction of travel enabling health and social care to work in more integrated ways.

## 3.0 QUALITY PREMIUM 2013-14 – NATIONAL AND LOCAL MEASURES

The 'quality premium' 2014-15 is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The quality premium paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities.

**The five national measures** (identified in the NHS Outcomes Framework) are:

- Reducing potential years of lives lost through amenable mortality (15% of quality premium)
- Improving access to psychological therapies (15% of quality premium)
- Reducing avoidable emergency admissions (25% of quality premium)
- Addressing issues identified in the 2013-14 Friends and Family Test (FFT), supporting roll out of the FFT in 2014-15 and showing improvement in a locally selected patient experience indicator (15% of quality premium)
- Improving the reporting of medication-related safety incidents based on locally selected measure (15% of quality premium)

**The local quality measure** that has been identified for NHS South Cheshire CCG (and agreed by NHS England) is:

- to continue their programme of work to appropriately manage patients with Atrial Fibrillation whilst promoting therapeutic optimisation in accordance with best practice. We aim to increase the number of patients who are appropriate anti-coagulated who have been identified most at risk of catastrophic stroke in line with second quartile national average.

The table below presents the rationale for the local quality measure and the expected outcomes.

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## NHS South Cheshire CCG – Local Quality Premium Measure 2014-15

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### LOCAL PRIORITY

Continue programme of work to appropriately manage patients with **Atrial Fibrillation** whilst promoting therapeutic optimisation in accordance with best practice.

#### **What is AF?**

Atrial fibrillation is when the atrial section of the heart is not working properly. Because this part of the heart is not pumping the blood around the body effectively, the blood can clot and could lead to a stroke.

There are two ways to correct this problem:

1. Correct the rhythm of the heart,
2. Introduce a substance into the body to stop the blood from clotting.

NHS South Cheshire CCG is committed to promoting the early identification and treatment of AF in order to reduce the risk of patient's suffering a catastrophic stroke.

Due to this, South Cheshire CCG has for the past two years included the early identification of AF as part of the Primary Care CQUIN (a local incentive scheme funding Practices to take part in quality improvement initiatives).

The results of the AF work in 2012-2013 were fed back to our Public Health Team to assess the impact.

### RATIONALE

#### **Public Health Findings**

- South Cheshire CCG's number of patients with confirmed diagnosis of AF has increased from 3,392 – 3,723 (i.e. circa 10%) (from 2012/11 – 2011/12)
- 1,593 patients were identified in Year 1 as having possible AF. The above increase represents only 21% of patients with possible AF having confirmed diagnosis and treatment plans
- Of the patient's with confirmed AF, following the use of the GRASP tool, use of anticoagulation increased by 3% for those most at risk of stroke (57-60% of the total)
- Of those patients with AF, 859 patients are still not anti-coagulated (23%)
- Public Health determined that due to this, 50 patients are at risk of avoidable catastrophic stroke in year.

There is evidence to suggest that the use of anti-coagulation (e.g. Warfarin or NOACs) for patients with AF will reduce their chance of suffering a catastrophic stroke.

The limited number of contra-indications for the use of Warfarin ( the evidence presented to the CCG in 2013 by Dr. Guy Hayhurst on behalf of Cheshire East Council's Public Health Team) and the fact that NHS South Cheshire CCG is below average for anticoagulation provides some robust opportunities for improving patient outcomes.

#### **Further JSNA Evidence:**

In South Cheshire CCG there are:

- An estimated 14,300 people with undiagnosed hypertension
  - A further 12,200 people who have hypertension that is diagnosed but not sufficiently well controlled.
  - In total an estimate of over 26,500 people whose high blood pressure is damaging their health and are directly leading to 50 avoidable heart attacks or strokes every year.
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- Within Cheshire East 2011/12 – 516 emergency admissions for stroke. Local data suggests only a small proportion of those suffering a stroke are currently being assessed and treated at a specialist stroke centre.

### **Joint Health and Wellbeing Strategy for the Population for Cheshire East 2014-2016:**

#### Strategic Priority:

**Outcome two – Working and living well...** *‘Driving out causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough’*

#### Priority for Collective Action:

‘Reducing the incidence of cardiovascular disease’.

#### Strategic Priority:

**Outcome three - Ageing well...** *‘Enabling older people to live healthier and more active lives for longer’*

#### Priority for Collective Action:

‘Improve the co-ordination of care around older people....and support independent living (including falls prevention)’.

### **OUTCOMES**

Increase the number of patients who are appropriate anti-coagulated who have been identified most at risk of catastrophic stroke in line with second quartile national average.

Increased management closer to home and in primary care setting

Reduction in long term dependency on specialty services

Reduction in health inequalities

## **4.0 Access to Information**

For further details on the Quality Premium 2014-15 the CCG directly via telephone on 01270 275391 or via email at [joanne.vitta@nhs.net](mailto:joanne.vitta@nhs.net)

**If any reports are likely to contain confidential or sensitive information that should not be made available to the general public please contact Democratic Services for advice.**