Health and Wellbeing Board

21st June 2013

Durham Dales, Easington and Sedgefield Clinical Commissioning Group Quality Premium Priorities for 2013/14

Report of Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Purpose of Report

1. The purpose of this report is to confirm DDES CCG's portfolio of quality premium indicators for 2013/14. The NHS planning framework "Everyone Counts – Planning for Patients 2013/14" provided a timetable for CCGs to submit plans to meet the requirement outlined within the body of the document.

2. This report summarises DDES CCG's final plan submitted to the Area Team of the National Commissioning Board on the 28th March 2013. This report is a follow up on the report discussed at the Health and Wellbeing board on 6th March 2013 entitled "DDES CCG, Planning Framework and Final Commissioning Intentions for 2013/14" providing further detail on the national quality premium areas and the three local quality premium areas with rationale for selection and change.

Quality Premiums – National Measures

3. In December 2012 the NHS Commissioning Board published guidance "Quality Premium: 2013/14 guidance for CCGs" which outlined how the 'quality premium' is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for the associated improvements in health outcomes and reducing inequalities.

4. The national quality premiums are categorised and aligned to the NHS outcome domains, the percentage that the national quality premiums contribute towards the CCG quality premium reward are as follows:
   - Reducing potential years of life lost form amenable mortality (12.5%)
   - Reducing avoidable emergency admissions (25%)
   - Improve patient experience of hospital services (12.5%)
   - Prevent healthcare associated infections (12.5%)

   The remaining 37.5% allocation of the quality premium will be equally apportioned to the delivery of three local priorities.

Quality Premiums – Local Priorities

5. At the end of 2012 the National Commissioning Board published a supporting document for CCGs: "Outcomes benchmarking support packs: CCG level" which provided CCG level information on population profiles, deprivation and disease prevalence, hospital activity profiles as well as a cross section of health outcomes indicators related to the NHS outcome domains.

6. The DDES CCG Outcome support pack identified 12 areas where DDES CCG had outcomes in the worst quintile in the country, which included:
    - Potential years of life lost (PYLL) from causes considered amenable to healthcare
    - Under 75 mortality rate from cardiovascular disease
    - Under 75 mortality rate from respiratory disease
    - Under 75 mortality rate from cancer
    - Health related quality of life for people with long term conditions
    - Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)
    - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
    - Emergency admissions for acute conditions that should not usually require hospital admission
    - Patient reported outcome measures for elective procedures – hip replacement
    - Emergency admissions for children with lower respiratory tract infections
    - Incidence of Healthcare associated infection (HCAI): MRSA
    - Incidence of Healthcare associated infection (HCAI): C Difficile

    For the full spine chart showing DDES CCG outcomes please see Appendix 2.

7. As articulated in the 6th March 2013 Shadow Health and Wellbeing Board paper entitled "DDES CCG, Planning Framework and Final Commissioning Intentions for 2013/4" DDES CCG initially selected the following indicators which are all outcomes where DDES CCG are in worst quintile:
    - Under 75 mortality rate from cancer
    - Health related quality of life for people with long term conditions
    - Emergency admissions for children with a lower respiratory tract infection

    These local quality premium indicators were agreed at the Health and Wellbeing Board during the March meeting and were the same as those initially submitted by neighbouring CCGs providing opportunities for working at scale.

8. The NHS planning framework "Everyone Counts – Planning for Patients 2013/14" provided a timetable for CCGs to enable a dialogue between the CCG and the NHS England Area Team between submissions. The NHS England Area Team (Durham, Darlington and Tees) provided significant feedback on a numbers of areas including the selection of local quality premium indicators. There was concern around the stability of the 'Health related quality of life for people with long term conditions' indicator due to the high level of variance over time. It was

noted by the Area Team that only a handful of CCGs across the Country had chosen this indicator because of this and that the CCG might want to consider changing. After consideration of this fact all CCGs in the Durham, Darlington and Tees (DDT) area who first selected this indicator changed it. One neighbouring CCGs changed to a compound indicator where the risk of variation was reduced; another CCG in the DDT area changed it to the indicator 'Estimated diagnosis rate for people with dementia'. DDES CCG changed the indicator to: 'Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s' which is an area where DDES CCG has amongst the worst performance in the Country.

9. DDES CCG regret that the Health and Wellbeing board were not consulted of this change before the submission date, but unfortunately due to the tight timescales involved this was not possible. The NHS England Area Team have confirmed that they will be discussing priorities for the next financial year earlier in the year so that these can be debated by the Health and Wellbeing Board and subsequently agreed by them in good time. As the NHS England Area Team will also be part of that process they will be able to advise of any changes to the process in a more timely fashion as they will have more experience of what is required of the process.

10. The final submission made to area team on the 28th of March included the following local quality premium priorities:
    - Reducing under 75 mortality rate from cancer
    - Reducing unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
    - Reducing emergency admissions for children with a lower respiratory tract infection

Implications

11. The new local quality premium indicator supports the Health and Wellbeing Board Strategic Aim "Children and young people make healthy choices and have the best start in life" by ensuring that children in Durham Dales, Easington and Sedgefield receive improved services so that they and their families are able to manage the child's asthma, diabetes and epilepsy more effectively preventing hospital admissions, reducing family stress and improving life opportunities for the child. Within our clear and credible plan DDES CCG have a commitment in improving the health and wellbeing of our children by having a specific strategic aim focussed on child health "Make sure our children and young people have a better start in life". The selection of this new quality premium indicator further demonstrates our ambition to make real changes in the health system for our children and young people.

12. DDES CCG would welcome work to further understand the issues surrounding why our children have many more admissions than average for asthma, diabetes and epilepsy along with lower respiratory tract infections and are keen to work with Public Health colleagues to better understand any underlying issues.

13. Even though the "Health related quality of life for people with long term conditions" indicator is no longer a local quality indicator for the purposes of

attracting quality premium resources in to the county it will continue to be a high priority for DDES as agreed with the Health and Wellbeing Board. We will continue to do all that we can to improve this indicator and it will be monitored closely by the CCG as part of our internal performance data set.

14. DDES CCG would like to reassure the Health and Wellbeing board that our work programme remains comprehensive and this can be seen from our most recent Plan on a Page in Appendix 3.

Recommendations

15. It is recommended that the Health and Wellbeing Board:

- note the contents of this report
- support DDES CCG in the selection of their local quality premium priorities.

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Appendix 1: Implications

Finance: Priority indicators are linked to 37.5% of the Quality Premium Reward

Staffing: DDES CCG with support from North of England Commissioning support have secured the staff capacity to take forward these priority areas. Colleagues from Public Health will also be involved in better understanding any underlying issues.

Risk: Failure to achieve targets will have a detrimental effect on the health of patients in the area and also not achieve Quality Premium Rewards.

Equality and Diversity / Public Sector Equality Duty: There are no implications to Equality and Diversity

Accommodation: There are no implications to accommodation

Crime and Disorder: There are no Crime and Disorder implications

Human Rights: There are no implications to Human Rights

Consultation: Report is for information only

Procurement: Not applicable

Disability Issues: Not applicable

Legal Implications: Not applicable

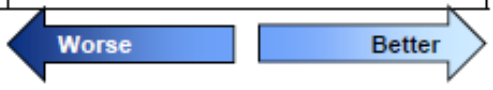
Appendix 2

NHS Durham Dales, Easington and Sedgefield CCG
Summary spine chart

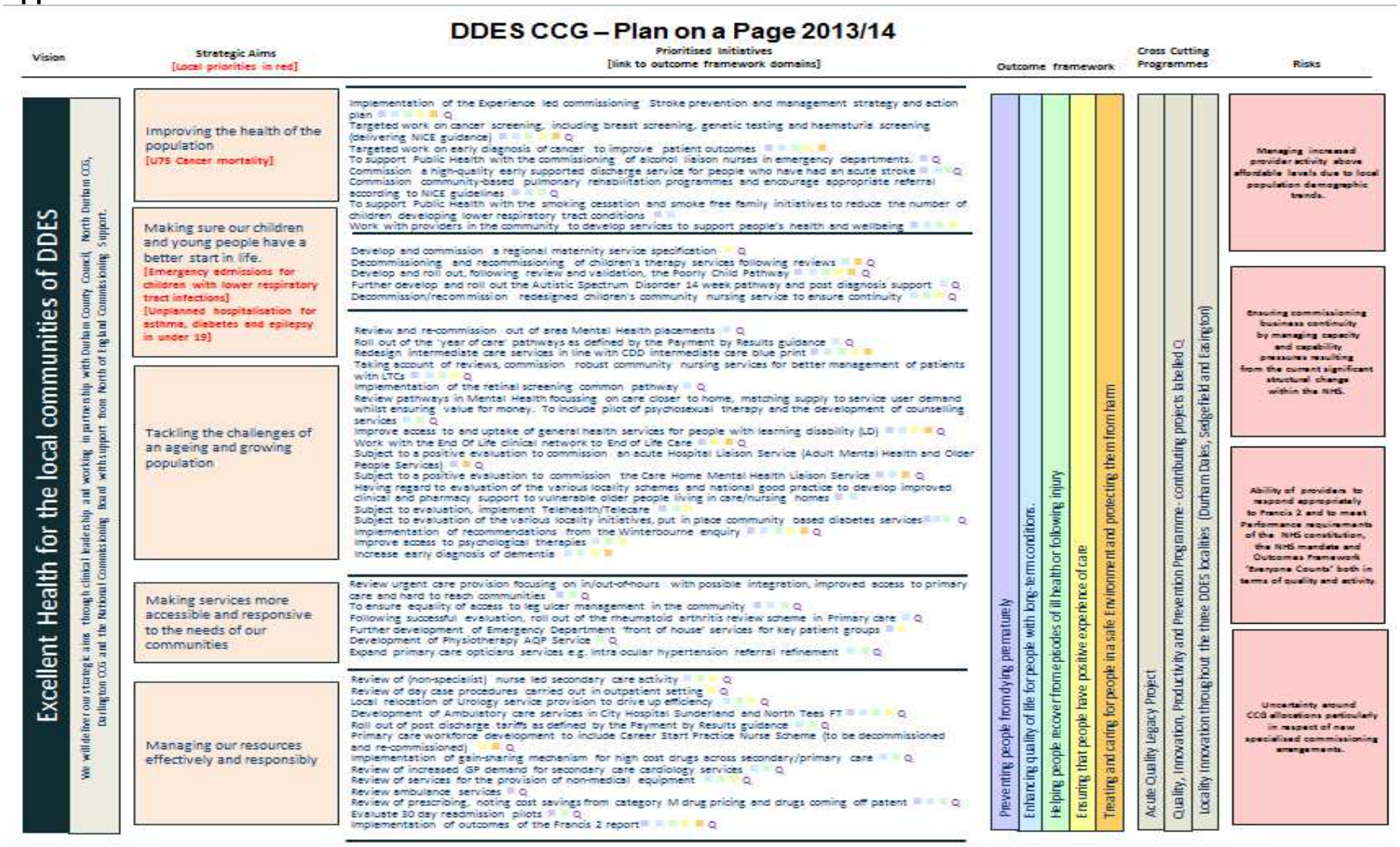
The chart below shows the distribution of the CCGs on each indicator in terms of ranks. This CCG is shown as a red diamond. The yellow box shows the interquartile range and median of CCGs in the same ONS cluster as this CCG. The dotted blue line is the England median. Each indicator has been orientated so that better outcomes are towards the right (light blue).

This CCG is in the Mining & Manufacturing cluster

Outcome Indicator	CCG and cluster distribution
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1.1 Under 75 mortality rate from cardiovascular disease	
1.2 Under 75 mortality rate from respiratory disease	
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	
1.4 Under 75 mortality rate from cancer	
2 Health related quality of life for people with long term conditions	
2.1 Proportion of people feeling supported to manage their condition	
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	
3a Emergency admissions for acute conditions that should not usually require hospital admission	
3b Emergency readmissions within 30 days of discharge from hospital	
3.1i Patient reported outcome measures for elective procedures – hip replacement	
3.1ii Patient reported outcome measures for elective procedures – knee replacement	
3.1iii Patient reported outcome measures for elective procedures – groin hernia	
3.2 Emergency admissions for children with lower respiratory tract infections	
4ai Patient experience of GP services	
4aii Patient experience of GP out of hours services	
4aiii Patient experience of NHS dental services	
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	
5.2il Incidence of Healthcare associated infection (HCAI): C Difficile	



Appendix 3


DDES CCG – Plan on a Page 2013/14
Vision
Strategic Aims
[Local priorities in red]
Prioritised Initiatives
[link to outcome framework domains]
Outcome framework
Cross Cutting Programmes
Risks
Excellent Health for the local communities of DDES
We will deliver our strategic aims through clinical leadership and working in partnership with Durham County Council, North Durham CCG, Darlington CCG and the National Commissioning Board with support from North of England Commissioning Support.
Improving the health of the population
[U75 Cancer mortality]
Making sure our children and young people have a better start in life.
[Emergency admissions for children with lower respiratory tract infections]
[Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19]
Tackling the challenges of an ageing and growing population
Making services more accessible and responsive to the needs of our communities
Managing our resources effectively and responsibly
Implementation of the Experience led commissioning Stroke prevention and management strategy and action plan
Targeted work on cancer screening, including breast screening, genetic testing and haematuria screening (delivering NICE guidance)
Targeted work on early diagnosis of cancer to improve patient outcomes
To support Public Health with the commissioning of alcohol liaison nurses in emergency departments.
Commission a high-quality early supported discharge service for people who have had an acute stroke
Commission community-based pulmonary rehabilitation programmes and encourage appropriate referral according to NICE guidelines
To support Public Health with the smoking cessation and smoke free family initiatives to reduce the number of children developing lower respiratory tract conditions
Work with providers in the community to develop services to support people's health and wellbeing
Develop and commission a regional maternity service specification
Decommissioning and recommissioning of children's therapy services following reviews
Develop and roll out, following review and validation, the Poorly Child Pathway
Further develop and roll out the Autistic Spectrum Disorder 14 week pathway and post diagnosis support
Decommission/recommission redesigned children's community nursing service to ensure continuity
Review and re-commission out of area Mental Health placements
Roll out of the 'year of care' pathways as defined by the Payment by Results guidance
Redesign intermediate care services in line with CDD intermediate care blue print
Taking account of reviews, commission robust community nursing services for better management of patients with LTCs
Implementation of the retinal screening common pathway
Review pathways in Mental Health focussing on care closer to home, matching supply to service user demand whilst ensuring value for money. To include pilot of psychosexual therapy and the development of counselling services
Improve access to and uptake of general health services for people with learning disability (LD)
Work with the End Of Life clinical network to End of Life Care
Subject to a positive evaluation to commission an acute Hospital Liaison Service (Adult Mental Health and Older People Services)
Subject to a positive evaluation to commission the Care Home Mental Health Liaison Service
Having regard to evaluation of the various locality schemes and national good practice to develop improved clinical and pharmacy support to vulnerable older people living in care/nursing homes
Subject to evaluation, implement Telehealth/Telecare
Subject to evaluation of the various locality initiatives, put in place community based diabetes services
Implementation of recommendations from the Winterbourne enquiry
Improve access to psychological therapies
Increase early diagnosis of dementia
Review urgent care provision focusing on in/out-of-hours with possible integration, improved access to primary care and hard to reach communities
To ensure equality of access to leg ulcer management in the community
Following successful evaluation, roll out of the rheumatoid arthritis review scheme in Primary care
Further development of Emergency Department 'front of house' services for key patient groups
Development of Physiotherapy AQP Service
Expand primary care opticians services e.g. intra-ocular hypertension referral refinement
Review of (non-specialist) nurse led secondary care activity
Review of day case procedures carried out in outpatient setting
Local relocation of Urology service provision to drive up efficiency
Development of Ambulatory care services in City Hospital Sunderland and North Tees FT
Roll out of post discharge tariffs as defined by the Payment by Results guidance
Primary care workforce development to include Career Start Practice Nurse Scheme (to be decommissioned and re-commissioned)
Implementation of gain-sharing mechanism for high cost drugs across secondary/primary care
Review of increased GP demand for secondary care cardiology services
Review of services for the provision of non-medical equipment
Review ambulance services
Review of prescribing, noting cost savings from category M drug pricing and drugs coming off patent
Evaluate 30 day readmission pilots
Implementation of outcomes of the Francis 2 report
Preventing people from dying prematurely
Enhancing quality of life for people with long-term conditions.
Helping people recover from episodes of ill health or following injury
Ensuring that people have positive experience of care
Treating and caring for people in a safe Environment and protecting them from harm
Acute Quality Legacy Project
Quality, Innovation, Productivity and Prevention Programme - contributing projects labelled Q
Locality Innovation throughout the three DDES localities (Durham Dales, Sedgefield and Easington)
Managing increased provider activity above affordable levels due to local population demographic trends.
Ensuring commissioning business continuity by managing capacity and capability pressures resulting from the current significant structural change within the NHS.
Ability of providers to respond appropriately to Francis 2 and to meet Performance requirements of the NHS constitution, the NHS mandate and Outcomes Framework "Everyone Counts" both in terms of quality and activity
Uncertainty around CCG allocations particularly in respect of new specialised commissioning arrangements.