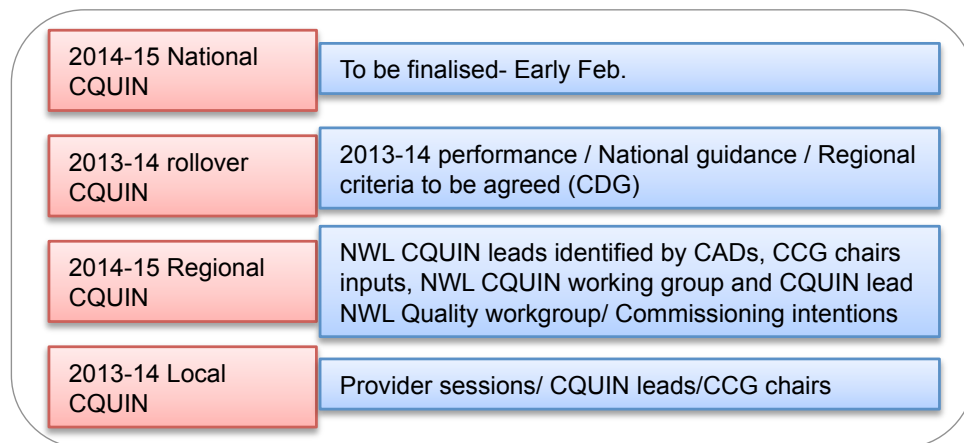


Managing the Contracting Round 2014/15

2014/15 CQUIN approach and update

2December 14, 2013

Developing the 2014-15 CQUIN list



- Shaping a healthier future
- 2014-15 NWL operating plan
- Quality Schedule
- Care closer to home-making the shift
- Out of hospital care - London

- CQUIN working group meetings
- Provider sessions
- Working groups- Acute, Mental, Community
- NWL checkpoint meetings
- Contracting Round Steering group
- Commissioning Delivery group

2014-15 NWL CQUIN list

- What national CQUINS will continue in 2014-15?
- What CQUINS will roll over from 2013-14 to 2014-15?
- What was performance in 2013-14 CQUIN- how do we reset target for 2014-15?
- What are our new priorities or imperatives?
- What will be our local and regional CQUINS?
- How much are the CQUINs worth in 2014-15? (split between national, regional and local to be agreed)

2014-15 Commissioning intentions-impact on CQUINs themes and indicators

PRINCIPLES

Keeping patients well and out of hospital

Clinically led with engagement from GPs

Strategically transforming how we deliver care

Patient and public involvement

THEMES

- Keeping care out of hospitals
 - Redesign and improve Urgent care provision models and delivery
- Integrated care provision across providers and care settings- Acute, Community, Mental Health and LAS
 - Diabetes/ COPD other Long term conditions
 - Prevention and Personalised patient centric approach
- Focus on patient safety/ experience- Francis report
 - Clinical transparency/patient involvement
- Provide alternative models of care
 - Innovative access to specialist opinion
- Avoid unnecessary multiple trips to hospital

Using Regional CQUINs and Incentives to promote integrated care

An example with Diabetes



North West London
Commissioning Support Unit

A CCG wishes to develop an integrated diabetes service for their population, which is expected to improve quality of care for patients, improve outcomes and reduce emergency admissions and secondary care resource utilization

- Providers and commissioners could contract for this service for five years using a prime provider model (this is just one of many options), with a single community provider subcontracting elements of care from secondary care physicians.
- They could pay for this integrated service provision through a local variation to the diabetes tariff, agreeing a core payment, based on cost and assumed cost reductions, **with a 20% performance bonus, based on delivering improved outcomes in patient satisfaction, care planning, blood glucose levels and blood pressure controls. (This would result in a net saving)**
- Alongside this they could **incentivise GPs referring into the community service to improve the quality of their referrals and ongoing care** (over and above the requirements of the core GMS contract), through use of a local incentive scheme agreed with their Area Team.

Use Regional CQUINs to motivate cross sector working and tie up organizations in Joint Incentives

Using Regional CQUINs and Incentives to promote integrated care

Cross sector working- Can we agree joint incentives?



North West London
Commissioning Support Unit

CQUIN Theme	Acute	Mental H	Community	LAS
OOH and Urgent care	Reduce inappropriate A&E usage by ensuring that EHT actively supports alternative provision	Overall reduction in the number of A&E attendances for a named cohort of frequent attendees	To reduce the number of hospital admissions of high intensity patients on the Community Nursing Case load who attend A&E or admitted in an emergency to an acute setting- Prevention CQUIN	Establishing rapid response teams to deliver care in patients homes when appropriate
Diabetes Long term conditions	Decrease emergency admissions by 30% and nursing home admissions by 10% for diabetics and frail elderly	Improving the physical health of patients with MH problems and good practice communication - Care plans/CPA review outcome letters sent to GP within 2 weeks- DM/COPD checklists		Early recognition of DM hypoglycemia/coma/ Rapid response treatment teams to manage/divert care away from A and E
Effective discharge	An improved outcome for patients so that their discharge is more effectively managed and synchronized better with transport and homecare arrangements.	Improving discharge information to GPs - Safe Discharge between Secondary and Primary Care -Compliance with discharge process in line with agreed standards	Patient involvement through the use of patient decision aids for patients E.g. osteoarthritis for treatment of hip and knee	Readmissions prevention through Transport services

2013-14 CQUINs in 2014-15 – NWL thoughts

	Description	2013-14 CQUINs	2014-15 List
1 National	<ul style="list-style-type: none"> Nationally mandated CQUINs 	<ul style="list-style-type: none"> Friends and Family Test NHS Safety Thermometer Dementia care Venous thromboembolism (VTE) 	<ul style="list-style-type: none"> Retain at same 0.5% value Consider moving Dementia indicators to Quality premiums More rigorous indicator/evidence for FFT
2 Regional	<ul style="list-style-type: none"> CQUINs aligned to the NWL strategic priorities 	<ul style="list-style-type: none"> Supporting care outside of hospital Real-time information Secondary care quality standards 	<ul style="list-style-type: none"> Retain Supporting care outside of hospital CQUINN but introduce cross cutting themes with MH and Community Introduce CQUIN around Integrated care/ Person Centred Coordinated care to focus on long term conditions To move real-time information and secondary care quality standards to metrics/ Quality premiums
3 Local	<ul style="list-style-type: none"> CQUINs that reflect local priorities May vary by provider 	<ul style="list-style-type: none"> Cancer Pathology formulary Acute inpatient integrated formulary Acute inpatient psychiatric liaison 	<ul style="list-style-type: none"> Pick list of loco-regional priorities <ul style="list-style-type: none"> reduction of cardiac arrests outside of critical care Readmission MDG to discuss all readmissions Telecare-telephone advice , email advice/ virtual consults

2014-15 CQUINs – Long list for discussion (Details in CQUIN excel)

	Description	Acute	Mental Health	Community
1 National	<ul style="list-style-type: none"> Nationally mandated CQUINs 	<ul style="list-style-type: none"> Friends and Family Test NHS Safety Thermometer Dementia care 4th CQUIN TBC 	<ul style="list-style-type: none"> NHS Safety Thermometer Diagnosis coding improvements 	<ul style="list-style-type: none"> NHS Safety Thermometer Dementia care
2 Regional	<ul style="list-style-type: none"> CQUINs aligned to the NWL strategic priorities 	<ul style="list-style-type: none"> Supporting care outside of hospital Clinical Transparency Integrated care for LTC 	<ul style="list-style-type: none"> Access/Urgent Care: to support Urgent Assessment and Care Pathway Shared care prescribing 	<ul style="list-style-type: none"> Care bundles approach to LTC Diabetic foot care Care Navigator
3 Local	<ul style="list-style-type: none"> CQUINs that reflect local priorities May vary by provider 	<ul style="list-style-type: none"> 24/7 Access to specialist opinion Enhanced Discharge Ambulatory care pathways Clinical decision support adoption strategy Reduction of on day cancellations Maternity experience Never Events 	<ul style="list-style-type: none"> Physical Health Dementia CAMHS Learning Disabilities Parental Mental Health 	<ul style="list-style-type: none"> Home tissue viability services Ambulatory care support STARRS Self managed care