

Templates for use with:

NHS Standard Contract 2014/15 Technical Guidance and Commissioning for Quality and Innovation (CQUIN) 2014/15 Guidance



Templates for use with:

NHS Standard Contract 2014/15 Technical Guidance

and

Commissioning for Quality and Innovation (CQUIN) 2014/15 Guidance

First published: December 2013

Updated: NA

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**Publication template for sanction variations (from Technical Guidance Appendix 8)**

Whenever the Commissioners and the Provider agree to vary or disapply the sanction applicable to any Operating Standard or National Quality Requirement in respect of any Contract this template should be completed by the Co-ordinating Commissioner and submitted to: englandsanctionvariation@nhs.net

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| BACKGROUND |
| Overview  | *Summary of and rationale for the service change that will be supported by varying or disapplying the national sanctions. Justify the new approach and explain how it is in patients’ best interests.* |
| Link to Local Variation to National Price | *Is this related to a Local Variation to a National Price?**If Yes, attach completed Monitor submission template in respect of that Local Variation**If full details of the variation to or disapplication of national sanctions have been included in the attached Monitor submission template no further details need be provided in this template* |
| Operational Standards and/or National Quality Requirements affected | *List all affected* |
| Commissioner(s) | *Commissioner(s) party to the agreement (this must be all Commissioners who are parties to the relevant Contract)* |
| Provider | *Provider party to the agreement*  |
| Proposed duration | *[ ] years [ ] months.* *Commencing [ ]**Frequency of any planned reviews [ ]**Note: The duration of any sanction variation or disapplication should not exceed (but may be less than) the remaining duration of the Contract in respect of which it is agreed.*  |
| Impact | *How will the new approach impact the quality of care patients receive?* *What quality metrics are being monitored?**Are there associated operational risks? How are these being managed?**How will the new approach be evaluated?**How will the variation or disapplication create more effective incentives for the Provider to achieve the desired outcome for patients?* |
| Contact | *Email address in case of follow up enquiries* |

**Publication template for CQUIN variations (from CQUIN guidance Appendix A)**

This template should be completed when commissioners and providers agree to vary from national CQUIN goals or rules and submitted to: england.cquinvariation@nhs.net

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| **BACKGROUND** |
| Overview  | *Summary of and rationale for the service change that will be supported by varying the national CQUIN goals or rules. Justify the new approach and explain how it is in patients’ best interests.* |
| Link to local variation of national price | *Is this related to a variation in national price?**If Yes, which one (refer to the unique reference number of the price variation)* |
| National goals affected | *National CQUIN goals affected* |
| National rules affected | *CQUIN rules affected* |
| Commissioner(s) | *Commissioner(s) party to the agreement* |
| Provider(s) | *Provider(s) party to the agreement*  |
| Estimated value | *An estimate of the expected financial impact of the variation for the commissioner and provider, relative to the impact of a standard CQUIN scheme*  |
| Proposed duration | *Number of years, including frequency of any planned reviews.**Note: The duration of any CQUIN variation should not exceed (but may be less than) the duration of the overall contract within which it is agreed.* *Note: Commissioner and provider will need to agree how they will handle any future changes to CQUIN rules for multi-year schemes, e.g. what happens if the total % available for CQUIN goes up or down.* |
| Proposed duration | *Number of years, including frequency of any planned reviews.**Note: The duration of any CQUIN variation should not exceed (but may be less than) the duration of the overall contract within which it is agreed.*  |
| Impact | *How will the new approach impact the quality of care patients receive? What quality metrics are being monitored?**Are there associated operational risks? How are these being managed?**How will the new approach be evaluated?**How will the variation create a more effective incentive for the provider(s) to achieve the desired outcomes for patients?* |
| Start date of agreement | *Date agreement begins* |
| End date of agreement  | *Date agreement ends* |
| Contact | *Email address in case of follow up enquiries* |

**National CQUIN Templates: Friends and Family Test (from CQUIN Guidance section 5)**

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| **FRIENDS AND FAMILY TEST – IMPLEMENTATION OF STAFF FFT - NHS TRUSTS ONLY** |
| **Indicator number** | 1a |
| **Indicator name** | Friends and Family Test – Implementation of staff FFT |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.0375% of contract value> |
| **Description of indicator** | Implementation of staff FFT as per guidance, according to the national timetable |
| **Numerator** | Not applicable |
| **Denominator** | Not applicable |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | Local provider response to local commissioners |
| **Frequency of data collection** | Check on implementation at end of July 2014 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | One off |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | July 2014 |
| **Final indicator value (payment threshold)** | Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance |
| **Final indicator reporting date** | Response from providers to commissioners by 31 July 2014 |
| **Are there rules for any agreed in-year milestones that result in payment?** | Funding payable once July 2014 indicator achieved |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | Not applicable |

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| **FRIENDS AND FAMILY TEST: EARLY IMPLEMENTATION** |
| **Indicator number** | 1b |
| **Indicator name** | Friends and Family Test – early implementation |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.0188% of contract value for acute providersminimum of 0.05% for other providers> |
| **Description of indicator** | Early implementation |
| **Numerator** | Not applicable |
| **Denominator** | Not applicable |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | Local provider response to local commissioners |
| **Frequency of data collection** | Check on implementation at end of October 2014 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | One off activity |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | October 2014 |
| **Final indicator value (payment threshold)** | Full delivery of FFT across all services delivered by the provider as outlined in guidance |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Provider to demonstrate to commissioner that milestone has been met |
| **Final indicator reporting date** | Response from providers to commissioners by 31 October 2014 |
| **Are there rules for any agreed in-year milestones that result in payment?** | Not applicable |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | For acute providers, there will be no payment for partial achievement.For other providers, partial implementation will result in receiving half of the funding available for the indicator (20% of the FFT CQUIN). There will be further guidance on the conditions for partial funding. |

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| **FRIENDS AND FAMILY TEST: PHASED EXPANSION** |
| **Indicator number** | 1c |
| **Indicator name** | Friends and Family Test - Phased expansion |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.0375% of contract value> |
| **Description of indicator** | Phased expansion |
| **Numerator** | Not applicable |
| **Denominator** | Not applicable |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | Local provider response to local commissioners |
| **Frequency of data collection** | Check on implementation at end of January 2015 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | One off |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | January 2015 |
| **Final indicator value (payment threshold)** | Full delivery of the nationally set milestones |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Provider to demonstrate to commissioner that milestones have been met |
| **Final indicator reporting date** | Response from providers to commissioners by 31 January 2015 |
| **Are there rules for any agreed in-year milestones that result in payment?** | Not applicable |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | Not applicable |

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| **FRIENDS AND FAMILY TEST: INCREASED RESPONSE RATE FFT IN ACUTE PROVIDERS** |
| **Indicator number** | 2 |
| **Indicator name** | Friends and Family Test – Increased or Maintained Response Rate |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.0188% of contract value> |
| **Description of indicator** | Increased or maintained response rate |
| **Numerator** | Not applicable |
| **Denominator** | Not applicable |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | Provider submission via UNIFY data collection system |
| **Frequency of data collection** | Monthly return |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Monthly |
| **Baseline period/date** | See below |
| **Baseline value** | See below |
| **Final indicator period/date (on which payment is based)** | Q4 in 2014/15 |
| **Final indicator value (payment threshold)** | A response rate for Quarter 4 that is at least 20% for A&E services and at least 30% for inpatient services  |
| **Final indicator reporting date** | Data available by end of April 2015 (for Q4) |
| **Are there rules for any agreed in-year milestones that result in payment?** | Yes – see below |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | No |

**Milestones**

| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
| --- | --- | --- | --- |
| Quarter 1 | A response rate for Quarter 1 that is at least 15% for A&E services and at least 25% for inpatient services | 31 July 2014 | 50% |
| Quarter 4 | A response rate for Quarter 4 that is at least 20% for A&E services and at least 30% for inpatient services | 30 April 2015  | 50% |

**National CQUIN Templates: NHS Safety Thermometer Test (from CQUIN Guidance section 6)**

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| **NHS SAFETY THERMOMETER –** **IMPROVEMENT GOAL SPECIFICATION** **(NOT MANDATORY – ORGANISATIONS CAN SET AN ALTERNATIVE NHS SAFETY THERMOMETER IMPROVEMENT GOAL)** |
| Indicator number | 2.1 |
| Indicator name | NHS Safety Thermometer  |
| Indicator weighting (% of CQUIN scheme available) | <commissioner to complete – minimum 0.125% of contract value> |
| Description of indicator | <Reduction in the prevalence of pressure ulcers> *(non-mandatory, commissioners may agree a different improvement goal if pressure ulcer improvement is not appropriate)* |
| Numerator | The number of patients recorded as having a category 2-4 pressure ulcer (old or new) as measured using the NHS Safety Thermometer on the day of each monthly survey |
| Denominator | Total number of patients surveyed on the day |
| Rationale for inclusion | National CQUIN scheme |
| Data source | Provider submission to the Information Centre which publishes the data at http://www.hscic.gov.uk/thermometer |
| Frequency of data collection | One day per month <to agree locally which dates> |
| Organisation responsible for data collection | Provider |
| Frequency of reporting to commissioner | Monthly |
| Baseline period/date | Median of six consecutive monthly data points up to 31 March 2014 |
| Baseline value | <commissioner to complete> Median of local data calculated as described above. National pressure ulcer prevalence data from the NHS Safety Thermometer suggests a prevalence of around 5% for all pressure ulcers (old and new) for the 2013/14 year to date. |
| Final indicator period/date (on which payment is based) | Median of five consecutive monthly data points up to 31 March 2015. For this median value to count as improvement the 5 consecutive monthly data points have to be below the baseline median value (i.e. demonstrate improvement according to special cause variation rules)  |
| Final indicator value (payment threshold) | <commissioner to complete, 50% reduction from baseline pressure ulcer prevalence recommended>Note the requirement for the median value to have been re-set following special cause variation rules. This means that for the final indicator value to demonstrate improvement, it must be constructed from 5 consecutive monthly data points up to 31 March 2015 all of which are at a lower level than the baseline median value. |
| Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner) | Achievement of 95% or greater of the agreed improvement goal (shown through special cause[[1]](#footnote-1),[[2]](#footnote-2)) will trigger full payment of the CQUIN. |
| Final indicator reporting date | NHS Safety Thermometer data for March 2015 will be available on 15 April 2015 |
| Are there rules for any agreed in-year milestones that result in payment? | NoTo reduce complexity, organisations should be assessed on their achievement at year end as set out above. |
| Are there any rules for partial achievement of the indicator at the final indicator period/date?  | Yes A sliding scale of payment for partial achievement of the improvement goal should also operate so that improvement from baseline performance (shown through special cause) that does not fully meet the target is still rewarded to some extent: * achievement of 80-95% of target = 40% payment
* achievement of 60-79% of target = 30% payment
* achievement of 40-59% of target = 20% payment
* achievement of 20-39% of target = 10% payment
* achievement of <20% of target = 0% payment.
 |

**Milestones** (only to be completed for indicators that contain in-year milestones)

| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
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**National CQUIN Templates: Dementia and Delirium (from CQUIN Guidance section 7)**

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| **DEMENTIA – FIND, ASSESS, INVESTIGATE & REFER** |
| **Indicator number** | 3.1 |
| **Indicator name** | Dementia – Find, Assess, Investigate and Refer |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.075%> |
| **Description of indicator** | The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, and the number referred on to specialist services. Each patient admission can only be included once in each indicator but not necessarily in the same month, as the identification, assessment and referral stages may take place in different months. |
| **Numerator** | 1. Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma).
2. Number of above patients reported as having had a diagnostic assessment including investigations
3. Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners
 |
| **Denominator** | 1. Number of patients >75 admitted as an emergency, with length of stay >72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma)
2. Number of above patients with clinical diagnosis of delirium or who answered positively on the dementia case finding question
3. Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive
 |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | UNIFY 2 |
| **Frequency of data collection** | Monthly |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | April 2014 – March 2015 |
| **Final indicator value (payment threshold)** | 90% |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Provider achieves 90% or more for each element of the indicator for Quarter 4 of 2014/15, taken as a whole. |
| **Final indicator reporting date** | 30 April 2015 |
| **Are there rules for any agreed in-year milestones that result in payment?** | Yes – see below |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | No |

**Milestones**

| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
| --- | --- | --- | --- |
| Quarter 1 | Provider achieves 90% or more for each element of the indicator for Quarter 1 of 2014/15, taken as a whole | 31 July 2014 | 25% |
| Quarter 2 | Provider achieves 90% or more for each element of the indicator for Quarter 2 of 2014/15, taken as a whole | 31 October 2014  | 25% |
| Quarter 3 | Provider achieves 90% or more for each element of the indicator for Quarter 3 of 2014/15, taken as a whole | 31 January 2015 | 25% |
| Quarter 4 | Provider achieves 90% or more for each element of the indicator for Quarter 4 of 2014/15, taken as a whole | 30 April 2015  | 25% |

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| **DEMENTIA – CLINICAL LEADERSHIP** |
| **Indicator number** | 3.2 |
| **Indicator name** | Dementia – Clinical Leadership |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.0125% of contract value> |
| **Description of indicator** | Named lead clinician for dementia and appropriate training for staff |
| **Numerator** | Not applicable |
| **Denominator** | Not applicable |
| **Rationale for inclusion** | National CQUIN scheme. |
| **Data source** | Provider |
| **Frequency of data collection** | Annual |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Twice (pre-April 2014, March 2015) |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | April 2014 – March 2015 |
| **Final indicator value (payment threshold)** | Not applicable |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Provider must confirm named lead clinician and the planned training programme (to be determined locally) for dementia for the coming year. Payment will be made at the end of the year, provided the planned training programme has been undertaken. |
| **Final indicator reporting date** | March 2015 |
| **Are there rules for any agreed in-year milestones that result in payment?** | No |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | No |

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| **DEMENTIA – SUPPORTING CARERS** |
| **Indicator number** | 3.3 |
| **Indicator name** | Dementia – Supporting Carers of People with Dementia |
| **Indicator weighting (% of CQUIN scheme available)** | <commissioner to complete – minimum 0.0375% of contract value> |
| **Description of indicator** | Ensuring carers feel supported |
| **Numerator** | Not applicable |
| **Denominator** | Not applicable |
| **Rationale for inclusion** | National CQUIN scheme  |
| **Data source** | Provider report to provider Board |
| **Frequency of data collection** | Monthly |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Bi-annually |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | April 2014 – March 2015 |
| **Final indicator value (payment threshold)** | Not applicable |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Provider must demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported and reported the results to the Board. Provider and commissioner should work together to agree the content of the audit. |
| **Final indicator reporting date** | March 2015 |
| **Are there rules for any agreed in-year milestones that result in payment?** | No |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | No |

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| **CARDIOMETABOLIC ASSESSMENT FOR PATIENTS WITH SCHIZOPHRENIA** |
| **Indicator number** | 1 |
| **Indicator name** | Cardio metabolic assessment for patients with schizophrenia |
| **Indicator weighting (% of CQUIN scheme available)** | 0.08125% |
| **Description of indicator** | To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia.The audit sample must cover all relevant services provided by the provider  |
| **Numerator** | As set out in the National Audit of Schizophrenia |
| **Denominator** | As set out in the National Audit of Schizophrenia |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | National Audit of Schizophrenia |
| **Frequency of data collection** | One-off, expected to be during Quarter 3 of 2014/15 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | One-off, through the National Audit of Schizophrenia, expected to be during Quarter 4 of 2014/15 |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | October – December 2014 |
| **Final indicator value (payment threshold)** | 90.0% |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | The Provider’s results from the National Audit of Schizophrenia demonstrate that, for 90% of patients audited, the Provider has undertaken an assessment of each of the following six key cardio metabolic parameters (as per the 'Lester tool'), with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment).The six parameters are:* Smoking status
* Lifestyle (including exercise and diet)
* Body Mass Index
* Blood pressure
* Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
* Blood lipids.
 |
| **Final indicator reporting date** | 30 April 2015  |
| **Are there rules for any agreed in-year milestones that result in payment?** | No |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | Yes – see below |

**Rules for partial achievement at final indicator period/date**

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
| 49.9% or less | No payment |
| 50.0% to 69.9% | 25 % payment |
| 70.0% to 79.9% | 50% payment |
| 80.0% to 89.9% | 75% payment |
| 90.0% or above | 100% payment |

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| **COMMUNICATION WITH GENERAL PRACTITIONERS** |
| **Indicator number** | 2 |
| **Indicator name** | Communication with General Practitioners |
| **Indicator weighting (% of CQUIN scheme available)** | 0.04375% |
| **Description of indicator** | Completion of a programme of local audit of communication with patents’ GPs, focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and ongoing monitoring and treatment needs. |
| **Numerator** | The number of patients in the audit sample for whom the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:* all primary and secondary mental and physical health diagnosis, including ICD codes;
* medications prescribed and monitoring requirements; and
* physical health condition and ongoing monitoring and treatment needs.
 |
| **Denominator** | A sample of 100 patients who are subject to the Care Programme Approach and who have been under the care of the Provider for at least 100 days at the time of the audit |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | Local audit |
| **Frequency of data collection** | Two audits, one in Quarter 2, one in Quarter 4 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Reports required in respect of Quarter 2 and Quarter 4 |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | January – March 2015 |
| **Final indicator value (payment threshold)** | 90.0% |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Quarter 4 audit demonstrates that, for 90% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:* all primary and secondary mental and physical health diagnosis, including ICD codes;
* medications prescribed and monitoring requirements; and
* physical health condition and ongoing monitoring and treatment needs.
 |
| **Final indicator reporting date** | 30 April 2015  |
| **Are there rules for any agreed in-year milestones that result in payment?** | Yes – see below |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | Yes – see below |

**Milestones**

| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
| --- | --- | --- | --- |
| Quarter 2 | Audit methodology and sampling approach agreed, baseline audit completed and findings reported | 31 October 2014  | 30% |
| Quarter 4 | Final audit demonstrates that, for 90.0% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:* all primary and secondary mental and physical health diagnosis, including ICD codes;
* medications prescribed and monitoring requirements; and
* physical health condition and ongoing monitoring and treatment needs.
 | 30 April 2015  | 70% |

**Rules for partial achievement at final indicator period/date**

This provides for a sliding scale of payment in relation to the 70% element of the indicator which is payable on the basis of the actual audit results for Quarter 4.

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
| 49.9% or less | No payment |
| 50.0% to 69.9% | 25 % payment |
| 70.0% to 79.9% | 50% payment |
| 80.0% to 89.9% | 75% payment |
| 90.0% or above | 100% payment |

**National CQUIN Templates: Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness (SMI) (from CQUIN Guidance section 8)**

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| --- |
| **CARDIOMETABOLIC ASSESSMENT FOR PATIENTS WITH SCHIZOPHRENIA** |
| **Indicator number** | 1 |
| **Indicator name** | Cardio metabolic assessment for patients with schizophrenia |
| **Indicator weighting (% of CQUIN scheme available)** | 0.08125% |
| **Description of indicator** | To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia.The audit sample must cover all relevant services provided by the provider  |
| **Numerator** | As set out in the National Audit of Schizophrenia |
| **Denominator** | As set out in the National Audit of Schizophrenia |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | National Audit of Schizophrenia |
| **Frequency of data collection** | One-off, expected to be during Quarter 3 of 2014/15 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | One-off, through the National Audit of Schizophrenia, expected to be during Quarter 4 of 2014/15 |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | October – December 2014 |
| **Final indicator value (payment threshold)** | 90.0% |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | The Provider’s results from the National Audit of Schizophrenia demonstrate that, for 90% of patients audited, the Provider has undertaken an assessment of each of the following six key cardio metabolic parameters (as per the 'Lester tool'), with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment).The six parameters are:* Smoking status
* Lifestyle (including exercise and diet)
* Body Mass Index
* Blood pressure
* Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
* Blood lipids.
 |
| **Final indicator reporting date** | 30 April 2015  |
| **Are there rules for any agreed in-year milestones that result in payment?** | No |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | Yes – see below |

**Rules for partial achievement at final indicator period/date**

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
| 49.9% or less | No payment |
| 50.0% to 69.9% | 25 % payment |
| 70.0% to 79.9% | 50% payment |
| 80.0% to 89.9% | 75% payment |
| 90.0% or above | 100% payment |

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| --- |
| **COMMUNICATION WITH GENERAL PRACTITIONERS** |
| **Indicator number** | 2 |
| **Indicator name** | Communication with General Practitioners |
| **Indicator weighting (% of CQUIN scheme available)** | 0.04375% |
| **Description of indicator** | Completion of a programme of local audit of communication with patents’ GPs, focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and ongoing monitoring and treatment needs. |
| **Numerator** | The number of patients in the audit sample for whom the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:* all primary and secondary mental and physical health diagnosis, including ICD codes;
* medications prescribed and monitoring requirements; and
* physical health condition and ongoing monitoring and treatment needs.
 |
| **Denominator** | A sample of 100 patients who are subject to the Care Programme Approach and who have been under the care of the Provider for at least 100 days at the time of the audit |
| **Rationale for inclusion** | National CQUIN scheme |
| **Data source** | Local audit |
| **Frequency of data collection** | Two audits, one in Quarter 2, one in Quarter 4 |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Reports required in respect of Quarter 2 and Quarter 4 |
| **Baseline period/date** | Not applicable |
| **Baseline value** | Not applicable |
| **Final indicator period/date (on which payment is based)** | January – March 2015 |
| **Final indicator value (payment threshold)** | 90.0% |
| **Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)** | Quarter 4 audit demonstrates that, for 90% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:* all primary and secondary mental and physical health diagnosis, including ICD codes;
* medications prescribed and monitoring requirements; and
* physical health condition and ongoing monitoring and treatment needs.
 |
| **Final indicator reporting date** | 30 April 2015  |
| **Are there rules for any agreed in-year milestones that result in payment?** | Yes – see below |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?**  | Yes – see below |

**Milestones**

| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
| --- | --- | --- | --- |
| Quarter 2 | Audit methodology and sampling approach agreed, baseline audit completed and findings reported | 31 October 2014  | 30% |
| Quarter 4 | Final audit demonstrates that, for 90.0% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:* all primary and secondary mental and physical health diagnosis, including ICD codes;
* medications prescribed and monitoring requirements; and
* physical health condition and ongoing monitoring and treatment needs.
 | 30 April 2015  | 70% |

**Rules for partial achievement at final indicator period/date**

This provides for a sliding scale of payment in relation to the 70% element of the indicator which is payable on the basis of the actual audit results for Quarter 4.

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
| 49.9% or less | No payment |
| 50.0% to 69.9% | 25 % payment |
| 70.0% to 79.9% | 50% payment |
| 80.0% to 89.9% | 75% payment |
| 90.0% or above | 100% payment |

**Template for indicators for local CQUINs (from CQUIN Guidance Appendix C)**

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| **Indicator** |
| **Indicator number** |  |
| **Indicator name** |  |
| **Indicator weighting (% of CQUIN scheme available)** |  |
| **Description of indicator** |  |
| **Numerator** |  |
| **Denominator** |  |
| **Rationale for inclusion** |  |
| **Data source** |  |
| **Frequency of data collection** |  |
| **Organisation responsible for data collection** |  |
| **Frequency of reporting to commissioner** |  |
| **Baseline period/date** |  |
| **Baseline value** |  |
| **Final indicator period/date (on which payment is based)** |  |
| **Final indicator value (payment threshold)** |  |
| **Final indicator reporting date** |  |
| **Are there rules for any agreed in-year milestones that result in payment?** |  |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** |  |

**Milestones**

| **Date/period milestone relates to** | **Rules for achievement of milestones (including evidence to be supplied to commissioner)** | **Date milestone to be reported** | **Milestone weighting (% of CQUIN scheme available)** |
| --- | --- | --- | --- |
| Quarter 1 |  |  |  |
| Quarter 2 |  |  |  |
| Quarter 3 |  |  |  |
| Quarter 4 |  |  |  |

**Rules for partial achievement at final indicator period/date**

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
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|  |  |

1. <http://harmfreecare.org/measurement/nhs-safety-thermometer/> [↑](#footnote-ref-1)
2. <http://www.qualityobservatory.nhs.uk/index.php?option=com_cat&view=item&Itemid=28&cat_id=588>  [↑](#footnote-ref-2)