

Commissioning for Quality and Innovation (CQUIN)

Guidance for 2020 - 2021

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NHS England and NHS Improvement – Working together for the NHS

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1.0 Introduction

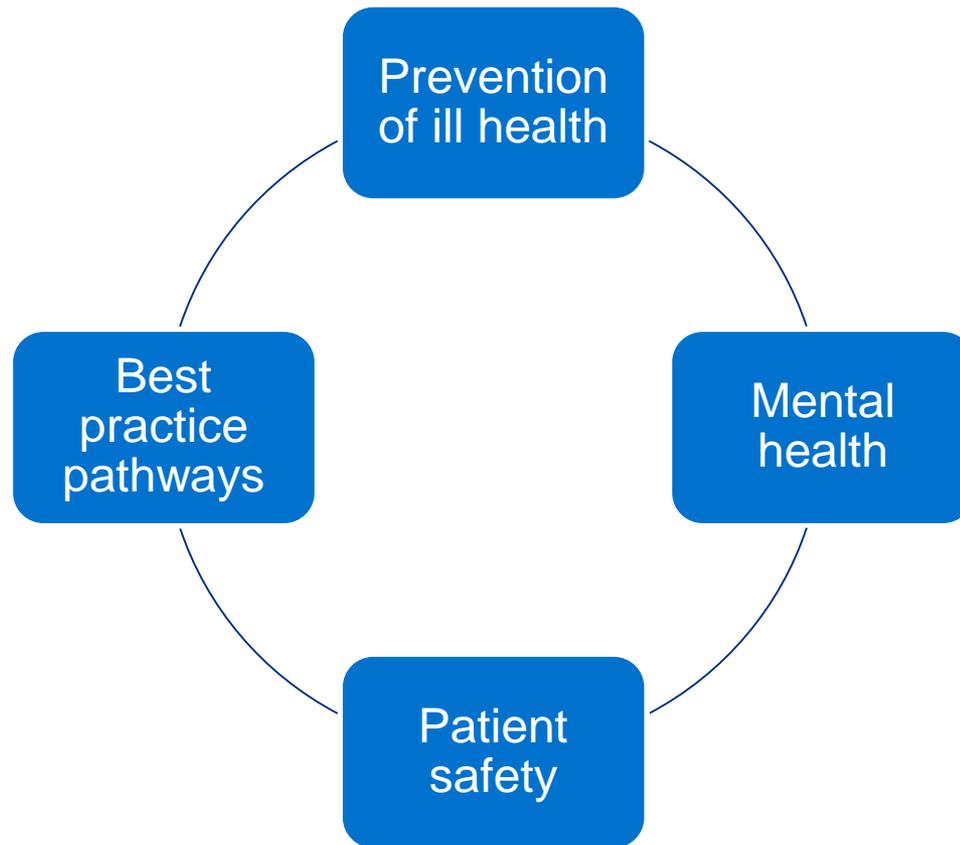


- This document provides the guidance for the Commissioning for Quality and Innovation (CQUIN) scheme for 2020/21. It sets out details of both the CCG and Prescribed Specialised Services (PSS) schemes.
- Consistent with the approach taken in 2019/20, we are focusing on the spread of good practice, building on success in delivering clinical improvements developed and adopted by colleagues in local, regional and national teams, and which will generate real benefit to patients and providers.
- The CQUIN design criteria have been retained, ensuring a continued focus on narrow operational improvements, rather than on complicated and burdensome change. These require that indicators in the scheme:
 - highlight proven, standard operational delivery methods;
 - support implementation of relatively simple interventions;
 - form part of wider national delivery goals that already exist, thereby not adding new cost pressures;
 - are explicitly supported by wider national implementation programmes; and
 - command stakeholder support.
- We have worked closely with the newly established CQUIN National Design Group, consisting of representatives from partner organisations, helping to test and develop proposals. In addition, each clinical process or method included in the scheme has been tested with a range of providers in order to ensure it is deliverable in the way described, that complexity is removed, and that the learning from existing implementation has been incorporated.
- All clinical processes and methods are already being adopted nationally, and their inclusion in CQUIN is designed to help draw attention to the benefits and harness the experience of existing adopters to support more rapid uptake. In each case, national support from clinical programmes is in place to help providers to deliver the improvements and build them into normal clinical practice. See later pages for information on how to access this support.
- In some areas priority has been given, exceptionally, to promoting through CQUIN the robust recording of clinical activity. These areas will be included in the scheme for the minimum time required to improve reporting, enabling a transition to clinical indicators when the infrastructure to measure uptake is in place.
- Payment rules continue to promote simplicity, with lower and upper adoption goals for each intervention chosen to ensure CQUIN funding is fully earnable, building on current adoption and acknowledging the variation that already exists between providers.

2.0 Overview of quality and safety indicators

2.0 Overview of quality and safety indicators

The 2020/21 CCG and PSS CQUIN schemes comprise indicators, aligned to 4 key areas as below, all of which directly support delivery of the Long Term Plan. Descriptions of each intervention are contained on the following slides.



2.0 Overview of quality and safety indicators



2.1 CCG scheme

The CCG CQUIN scheme highlights the below repeatable methods and interventions selected from current delivery goals across all provider types, aligned under four priority areas. All have been reviewed to ensure they are in line with current routine clinical practice, and are simple and straightforward to implement. National programme teams are supporting implementation by making available practical tools, training and support.

Prevention of ill health	Mental health	Patient safety	Best practice pathways
<ul style="list-style-type: none">• Appropriate antibiotic prescribing for UTI in adults age 16+• Cirrhosis and fibrosis tests for alcohol dependent patients• Malnutrition screening• Oral health assessments• Staff flu vaccinations	<ul style="list-style-type: none">• Use of anxiety disorder specific measures in IAPT• Outcome measurement across specified mental health services• Biopsychosocial assessments by MH liaison services	<ul style="list-style-type: none">• Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions• Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery• Assessment, diagnosis and treatment of lower leg wounds• Assessment and documentation of pressure ulcer risk	<ul style="list-style-type: none">• Treatment of community acquired pneumonia in line with BTS care bundle• Rapid rule out protocol for ED patients with suspected acute myocardial infarction (excluding STEMI)• Adherence to evidence based interventions clinical criteria• Access to patient information at scene• Data security protection toolkit compliance, and reported access to NHS mail

Detailed specifications can be found [here](#).

2.0 Applicable indicators will depend on the type of provider



2.1 CCG scheme

The following table shows how the supported methods and interventions are relevant to the providers of different services. More information on each is contained in [section 3.0](#). All national indicators must be adopted where the relevant services are in scope for each contract, and their value should be equally weighted across the CQUIN funding available. This means if there are 5 indicators relevant for a provider, each would be worth 0.25% (ensuring the scheme is worth 1.25% of the Actual Annual Value in total). Where fewer than three national indicators are readily applicable to a particular contract, CCGs may offer additional local CQUIN indicators (of appropriate number and complexity, proportionate to the scale of the contract).

Acute	Mental health	Community	Care homes	Ambulance
Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	Use of anxiety disorder specific measures in IAPT	Assessment, diagnosis and treatment of lower leg wounds	Oral health assessments	Access to patient information at scene
Treatment of community acquired pneumonia in line with BTS care bundle	Outcome measurement across specified mental health services	Malnutrition screening	Malnutrition screening	Staff flu vaccinations
Appropriate antibiotic prescribing for UTI in adults aged 16+	Biopsychosocial assessments by MH liaison services	Assessment and documentation of pressure ulcer risk	Assessment and documentation of pressure ulcer risk	
Cirrhosis and fibrosis tests for alcohol dependent patients	Cirrhosis and fibrosis tests for alcohol dependent patients	Staff flu vaccinations	Data security protection toolkit compliance, and reported access to NHS mail (also applicable to CCG commissioned domiciliary care providers)	
Rapid rule out protocol for ED patients with suspected acute myocardial infraction (excluding STEMI)	Staff flu vaccinations			
Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery				
Adherence to evidence based interventions clinical criteria				
Staff flu vaccinations				

2.0 Overview of quality and safety indicators

2.2 PSS scheme

PSS areas included within CQUIN have been simplified in line with the approach taken to the CCG scheme. The design of the scheme has been streamlined, with significantly fewer national indicators than in the 2019/20 scheme. All have been reviewed to ensure they are in line with current routine clinical practice, and are simple and straightforward to implement. National programme teams are supporting implementation by making available practical tools, training and support.

Prevention of ill health	Mental health	Patient safety	Best practice pathways
<ul style="list-style-type: none"> • Hep C elimination • Managing a healthy weight in adult secure MH services 	<ul style="list-style-type: none"> • CAMHS needs formulations in inpatient and community services • D/deaf communications assessments in CAMHS and adult inpatient services • Routine outcome monitoring in perinatal inpatient services 	<ul style="list-style-type: none"> • Antifungal stewardship 	<ul style="list-style-type: none"> • Paediatric movement therapy • Severe asthma • Shared decision making

Detailed specifications can be found [here](#).

3.0 CCG scheme

Highlighted good practice
selected for inclusion

3.1 Prevention of ill health



Highlighted action/ method

Benefit delivered

Support and information

CCG1: Appropriate antibiotic prescribing for UTI in adults aged 16+

Applicability: All providers of acute services.

CQUIN goal: 40% to 60%

Supporting ref: [NICE Guidance NG113](#) & [NICE Quality Standard QS90](#)

- There is established NICE / Public Health England guidance for the appropriate prescribing of antibiotics to treat urinary tract infection (UTI), including pyelonephritis and catheter associated infection (CAUTI). Improving the diagnosis and management of UTI, including review of catheter use, will reduce treatment failure, risk of healthcare associated bacteraemia, and reduce associated length of stay.
- In particular, better prescribing will improve the diagnosis & treatment of the estimated 38,000 hospital associated CAUTIs which lead to a further 2,500 catheter associated blood stream infections (CABSIs) each year. CAUTIs incur 46,000 excess bed days and 1,500 deaths each year.

- Supporting documents will be available on the [Antimicrobial Resistance Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Elizabeth Beech at elizabeth.beech@nhs.net

CCG2: Cirrhosis and fibrosis tests for alcohol dependent patients

Applicability: All providers of acute and MH services.

CQUIN goal: 20% to 35%

Supporting ref: [NICE Guidance NG49](#) & [NICE Guidance NG50](#)

- The NHS E/I prevention team, in partnership with Public Health England have been using CQUIN over recent years to ensure that effective screening and brief interventions are in place for those drinking at 'at risk' levels. This indicator builds on the improved screening rates, and draws attention to evidence that earlier diagnosis can improve outcomes, so focuses on improved uptake of cirrhosis and fibrosis tests.
- In 2016/17, more than 50,000 liver admissions were unplanned and avoidable. Improved cirrhosis and fibrosis testing will increase the number of liver disease diagnoses, which will change patient behaviour in time for more effective treatment and better prospects of recovery supporting a reduction in the burden that liver disease places on the NHS.

- Supporting documents will be available [here](#)
- Contact Alice Rose O'Connell at alice.oconnell@nhs.net

3.1 Prevention of ill health



Highlighted action/ method

Benefit delivered

Support and information

CCG3: Malnutrition screening

Applicability: All providers of community inpatient services and care homes with NHS funded residents.

CQUIN goal: 50% to 70%

Supporting ref: [NICE Quality Standard QS24](#)

- Malnutrition is a common clinical and public health problem in England, which is found in all care settings, all disease categories, and individuals of all ages. In 2011 – 2012 The National Institute for Health Research estimated the cost of malnutrition to be £19.6 billion in England.
- It is estimated to affect 5% of the adult population in England, and is expected to increase with the aging population.
- This indicator builds on work carried out through the nutrition improvement collaboratives, and supports simple screening for malnutrition using a validated tool, such as “The Malnutrition Universal Screening Tool”. Improved screening is expected to support prevention, identification and treatment, enabling potentially significant reductions in both the clinical and economic burden of malnutrition, linked to associated increased admissions and LOS in hospital.

- Supporting documents will be available on the [Ageing Well Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Alexander Thompson at england.ageingwell@nhs.net

CCG4: Oral health assessments

Applicability: All care homes with NHS funded residents.

CQUIN goal: 30 to 50%

Supporting ref: [NICE Guidance NG48](#), [NICE Oral Health Assessment Tool](#),

- NICE guidance exists to undertake oral health assessments, however audit work by CQC has established that there is variable uptake of recognised tools in order to undertake the assessment. Consistent uptake of assessments will help to keep people free from pain, and will support patients to take the medicines they need to prolong health.
- Good oral health can also reduce the risk of malnutrition and of acquiring aspiratory pneumonia in residential settings.

- Supporting documents will be available on the [Ageing Well Future NHS Collaboration Platform](#). For access please contact Alexander Thompson at england.ageingwell@nhs.net
- [NICE: Improving oral health for adults in care homes: A quick guide for managers](#)

CCG5: Staff flu vaccinations

Applicability: To all NHS providers with frontline staff.

CQUIN goal: 70% to 90%

Supporting ref: [NICE Guidance NG103](#)

- Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, with a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.

- Delivery supported by NHS I lead, with [ImmForm Guidance](#) and a seasonal campaign to drive awareness. [Green Book](#) also contains published guidance.
- Contact Doug Gilbert at: england.uecdeliverypmo@nhs.net

3.2 Mental health



Highlighted action/ method

Benefit delivered

Support and information

CCG6: Use of anxiety disorder specific measures in IAPT

Applicability: All MH providers with IAPT services.
CQUIN goal: 35% to 65%
Supporting ref: [IAPT manual](#)

- This is included in the scheme for a further year having first been supported in CQUIN in 2019/20, to allow additional learning to be incorporated.
- As detailed in the IAPT manual, the use of specific anxiety disorder measures will:
 - Reduce inappropriate early discharge and safeguard patients against serious clinical problems being missed;
 - Give clinicians access to critical information to guide the patient's therapy, maximising patient benefit.

- Supporting documents will be available on the [MH CQUIN Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Sally Milne at: England.MHCQUIN@nhs.net.

CCG7: Outcome measurement across specified mental health services

Applicability: All MH providers with adult community mental health, CYP and perinatal MH services.
CQUIN goal: 10% to 40%
Supporting ref: [NCCMH Community MH framework](#)

- Drawing learning from the 2019/20 IAPT CQUIN, the NHSE/I mental health team has been working with providers to extend the focus on outcomes measurement to adult community, CYP and perinatal MH services.
- The data generated due to the recording of outcome measures will enable improved recording and evaluation of wider interventions, in line with commitments within the Long Term Plan.

- Supporting documents will be available on the [MH CQUIN Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Sally Milne at: England.MHCQUIN@nhs.net.

CCG8: Biopsychosocial assessments by MH liaison services

Applicability: All providers of MH liaison services.
CQUIN goal: 60% to 80%
Supporting ref: [NICE Guidance CG16](#), [NICE Guidance CG133](#) & [NICE Quality Standard QS34](#)

- There is detailed NICE guidance supporting the delivery of comprehensive biopsychosocial assessments for people who present to emergency departments due to self-harm. Mental health liaison services are now fully funded and rolled out across the country and this CQUIN draws attention to the benefits of ensuring an assessment is carried out on patients that have been referred from emergency departments.
- Through ensuring that all appropriate patients receive a comprehensive biopsychosocial assessment (research suggests that only 53% of people who self-harm and present to emergency departments receive a biopsychosocial assessment by specialist MH staff), this indicator will improve patient experience of MH in A&E (a 2015 CQC study found that only 36% report a positive experience), reduce repeat presentations to emergency departments and reduce the risk of suicide.

- Supporting documents will be available on the [MH CQUIN Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Sally Milne at: England.MHCQUIN@nhs.net.

3.3 Patient safety



Highlighted action/ method

CCG9: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions

Applicability: All providers of acute services.

CQUIN goal: 20% to 60%

Supporting ref: [NICE Guidance CG50](#) & [RCP London Guidance](#)

Benefit delivered

- The NEWS2 protocol is RCP and NHS-endorsed best practice for identifying the signs of deterioration alongside clinical judgement.
- Considerable work has been delivered across the country over the past few years, supported by CQUIN, to improve the identification and treatment of acute illness. Over the past two years this work has drawn attention to the importance of timely escalation and its inclusion in CQUIN uses evidence based best practice to improve consistency in the recording and response to deterioration.
- The simple steps identified will draw on learning from early adopters to standardise the approach to identification and recording of deterioration across the country, enabling swifter response, which will reduce the rate of cardiac arrest and reduce the rate of preventable deaths in England.
- The indicator is expected to deliver up to a 5% reduction in both length of stay and cardiac arrest rate, and a 2% reduction in mortality for this cohort of patients.

Support and information

- Supporting documents will be available on the [Deterioration Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Sharon Lamont at s.lamont@nhs.net

CCG10: Screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery

Applicability: Relevant surgical wards within all acute providers.

CQUIN goal: 45% to 60%

Supporting ref: [NICE Guidance NG24](#)

- There is detailed NICE guidance setting out the requirements to offer iron before surgery to patients with iron-deficiency anaemia. This indicator draws attention to the importance of screening and treatment in line with that guidance, and driving the more consistent delivery of standard clinical practice. Improved compliance would reduce blood transfusion rate for major blood loss surgeries, reducing the occurrence of patient safety risks associated with blood transfusion including fluid overload, infection and incorrect blood transfusions being given.
 - Overall, it is estimated that consistent uptake of screening to 60% would deliver savings of around £3m associated with units of blood being saved due to lower transfusion rates, reductions in critical care periods, saved bed days and reductions in admission rates.
- The pre-operative anaemia management CQUIN code table will be available on the 'associated projects' section of the [GIRFT website](#).
 - Contact Matthew Barker at m.barker1@nhs.net

3.3 Patient safety

Highlighted action/ method

CCG11: Assessment, diagnosis and treatment of lower leg wounds

Applicability: All providers of community nursing services.

CQUIN goal: 25% to 50%

Supporting ref: [NICE Guidance CG147](#), [NICE Guidance CG168](#) & [SIGN Guideline 120](#)

Benefit delivered

- NICE guidance has existed since 2012 on the appropriate treatment of lower leg wounds, and work by the 'National wound care strategy' programme has been supporting roll out of good practice since 2016.
- It is estimated that approximately 1.5% of the adult population in the UK is affected by active lower limb ulceration (73,000 patients) and yet less than a quarter receive appropriate assessment and treatment.
- This unwarranted variation of care and the under use of evidence-based best practice results in sub-optimal healing rates and increased NHS spend.

Support and information

- Supporting documents will be available on the [Wound Care Future NHS Collaboration Platform](#). For access please contact the email address below.
- Contact Una Adderley at una.adderley@yhahsn.com

CCG12: Assessment and documentation of pressure ulcer risk

Applicability: All providers of community inpatient services.

CQUIN goal: 40% to 60%

Supporting ref: [NICE Guidance CG179](#)

- There is recently updated NICE guidance that sets out clear best practice for assessing the risk of pressure ulcer development and acting upon any risks identified. It is fully aligned with the recently republished NPIAP (National pressure injury advisory panel) international clinical practice guidelines.
- Inclusion in CQUIN is expected to contribute to reducing the number of pressure ulcers nationally, improving standards of care for nursing home patients.

- Supporting documents will be available on the [Ageing Well Future NHS Collaboration Platform](#). For access please contact Alexander Thompson at england.ageingwell@nhs.net

3.4 Best practice pathways

Highlighted action/ method

CCG13: Treatment of community acquired pneumonia (CAP) in line with BTS care bundle

Applicability: All providers of acute services.

CQUIN goal: 45% to 70%

Supporting ref: [BTS CAP Care Bundle](#) & [NICE Guidance CG191](#), [NICE Guidance NG138](#)

Benefit delivered

- Particularly as part of winter planning, management of community acquired pneumonia (CAP) has been a priority across NHSE/ I for many years, and the adoption of elements of the care bundle have been driven in part by the same day emergency care (SDEC) programme and through the national respiratory team. Over 40% of providers have already adopted most elements of the care bundle.
- The care bundle, published by the British Thoracic Society and aligned with NICE guidelines, sets out the discreet steps that providers need to follow and requires no additional investment or complex pathway changes. This will reduce 30 day mortality, reduce length of stay (by up to 1 day according to estimates by the national team) and improve patient experience. Delivery will help to lessen the burden that pneumonia places on acute providers, which is currently associated with a spend of £765m and approximately 29,000 deaths each year.

Support and information

- Supporting documents will be available [here](#).
- Contact Mark Dinsdale at england.clinicalpolicy@nhs.net

CCG14: Rapid rule out protocol for ED patients with suspected acute myocardial infarction (excluding STEMI)

Applicability: All 'Type 1' emergency departments within acute trusts.

CQUIN goal: 40% to 60%

Supporting ref: [NICE Guidance DG15](#) & [NICE Guidance CG95](#)

- Since 2014, NICE has recommended the use of high sensitivity troponin assays in conjunction with early rule out protocols for acute myocardial infarction in people with chest pain.
- Improved compliance with the rapid rule out protocol has been supported by an ongoing programme of work, following successful national roll out of the use of high sensitivity troponin. This CQUIN aims to raise awareness of the protocol and will lead to improvements in appropriate same day discharge, reductions in length of stay and overall patient experience.
- It is predicted that this could lead to overall national benefits upwards of £20m as a direct result of this improved rule out.

- Supporting documents will be available [here](#).
- Contact Rachel Vokes at nhsi.sdeccquinsupport@nhs.net

3.4 Best practice pathways

Highlighted action/ method

Benefit delivered

Support and information

CCG15: Adherence to evidence based interventions clinical criteria

Applicability: All providers of acute services.
CQUIN goal: 60% to 80%
Supporting ref: [Evidence Based Interventions](#)

- The Evidence-Based Interventions programme seeks to reduce the number of inappropriate interventions patients receive by drawing on NICE, NICE-accredited or specialist society guidance and local CCG policies to create a wide consensus around the appropriate clinical criteria which should be met prior to treatment.
- This indicator focuses on the 13 'Category 2' recommendations, where interventions may only be provided if the relevant clinical criteria are met.
- As detailed in the statutory guidance, compliance with the clinical criteria will reduce avoidable harm to patients and deliver safer patient care, address unwarranted variation, ensure that clinicians are supported at both national and local level to provide the best care for patients, and free up limited resources.

- Supporting materials, including patient information leaflets and video content, tailored seminars and webinars, and a dashboard showing activity and variation are provided by the Programme and will be available on the [EBI Future NHS Collaboration Platform](#).
- For general support please contact Dr Aoife Molloy at england.EBIinterventions@nhs.net

CCG16: Access to patient information at scene

Applicability: All ambulance providers.
CQUIN goal: 5% accessed at scene
Supporting ref: [UEC Assurance Statement](#)

- Digital maturity is one of the major short term goals in the Ambulance Digital Strategy and a priority in the Long Term Plan, borne out of the recommendations in the [Lord Carter Report](#). A key objective of this work is to support ambulance providers to enable access to patient data on scene, to support clinical decision making and in turn will lead to improved outcomes for patients and a safe reduction in avoidable ambulance conveyance.
- Building on the foundations of the 2019/20 CQUIN, this will further embed best practice.

- Guidance available on the [Urgent and Emergency care Future NHS Platform](#) with additional support from NHS Digital.
- Additional guidance on [Ambulance Quality Indicators](#).
- Contact Claire Joss at: england.ambulance@nhs.net

CCG17: Data security protection toolkit compliance, and reported access to NHS mail

Applicability: All care homes with NHS funded residents and domiciliary care providers.
CQUIN goal: 100% compliant and 100% accessed
Supporting ref: [Long Term Plan Implementation Framework 2.14](#)

- Primary Care Networks and community services organisations will be contracted in 2020/21 to support care homes through the adoption of the Enhanced Health In Care Home model, first published in 2016. The work on delivering evidence based good practice across care homes has highlighted the importance of ensuring care homes are able to properly and securely share information about patients to treat more effectively.
- All organisations that have access to NHS patient data and systems must use the data security and protection toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.
- Utilising NHS mail will drive significant efficiencies in communication between organisations, provide safer ways of sharing patient information and reduce the time of patient registration.

- Supporting documents will be available on the [Ageing Well Future NHS Collaboration Platform](#). For access please contact england.ageingwell@nhs.net
- For general support please contact Pallavi Kaushal at Pallavi.kaushal@nhs.net
- Additional information can be found on the [Digital Social Care website](#)

4.0 Specialised services scheme

Highlighted good practice
selected for inclusion

4.1 Prevention of ill health



Highlighted action/ method

Benefit delivered

Support and information

PSS1: Case finding patients who are living with HCV and may not be engaged in treatment/ aware of their infection to contribute to the elimination of the disease by 2025

Applicability: 23 HCV Operational Delivery Network hosts.

CQUIN goal: 40% to 90% of the run rate set by NHSE/I.

Supporting ref: [NICE guidance PH43](#), [NICE Guidance re. Direct Acting Antivirals](#)

- In support of the NHSE/I public commitment to achieve hepatitis C elimination ahead of the WHO target of 2030 and be the first country in the world to do so.
- Supports the NHS Long Term Plan in reducing health inequalities as many of the groups most affected by HCV are not in regular contact with healthcare services and experience significant health inequalities.
- Increased clinical benefits as direct acting antiviral drugs are well established and have high cure rates.
- Finding and treating patients who are not aware of their HCV infection improves long term prognosis for patients and prevents onward transmission, additionally supporting prevention.

- Support provided by the national HCV elimination programme: england.hepc-enquiries@nhs.net
- National Elimination Initiatives supporting the identification of patients living with HCV being rolled out over 20/21.

PSS2: Supporting patients to manage a healthy weight in adult secure settings through interventions that culminate in service users having a 'physical health passport'

Applicability: To all providers of adult secure mental health services.

CQUIN goals: 75% to 90% of eligible service users having a physical health passport in relation to managing a healthy weight or, for new admissions, a passport that is in development in preparation for the first CPA at 3 months.

Supporting ref: Forthcoming practice guidance.

- Aligns with the NHS Long Term Plan ambitions regarding obesity and improving the quality of inpatient care.
- Current literature indicates that the lives of people with severe mental illness are 10 to 25 years shorter than the general population. Obesity is one of the most significant modifiable risk factors for premature mortality and chronic disease in individuals with mental illness.
- NICE guidelines suggest that service users should demonstrate an active engagement in diet, exercise and other lifestyle interventions to reduce weight before medical treatment is considered. This is very difficult to achieve in the secure services due to the severe, chronic nature of mental disorder, the treatments received, and the restrictions on freedom of movement.
- The physical health passport supports enables service users to set goals and chart their progress and supports a holistic approach, covering food and nutrition and physical activity goals, and travelling with service users to different settings.

- Updated practice guidance is currently being consulted on and will be published, supported by the Clinical Reference Group.
- Guidance will be provided by early March on what a good physical health passport looks like on the [PSS CQUIN Future NHS Collaboration Platform](#). Please contact england.PSSCQUIN@nhs.net for access.
- Support contact: Louise.Davies10@nhs.net

4.2 Mental health



Highlighted action/ method

PSS3: Achieving high quality 'formulations' for CAMHS inpatients

Applicability: Tier 4 CAMHS settings.

CQUIN goal: : 50% to 80% of inpatients have had a formulation or review, or update of existing formulation, within 6 weeks of admission, that is based on the collation of up to date information and understanding from the young person, family and all relevant sources, and that has been shared in the appropriate format with the young person, carers and community key workers as part of a dynamic assessment process. Excluded from the denominator are patients for whom a formulation is not an aim or function of the admission and who have had the rationale for that decision recorded and accessible for audit and reporting purposes.

Supporting ref: forthcoming guidance.

Benefit delivered

- Aligns with the NHS Long Term Plan goals to improve quality of care, and reduce restrictive practices.
- Improved effectiveness of and team consistency in approaches, methods and interventions delivered in Tier 4 hospital and community settings.
- Improved discharge plans and patient outcomes in Tier 4 settings.

Support and information

- Updated CQUIN guidance will be published prior to 1 April on the [PSS CQUIN Future NHS Collaboration Platform](#). Please contact england.PSSCQUIN@nhs.net for access.
- This will include examples of what good looks like in terms of the formulation process, drawing out implications from formulations on training and service development, and implementing those service changes that have been identified.
- Support Contact: LouiseDoughty@nhs.net

PSS4: Use of communications assessment tools to ensure the needs of D/deaf patients are appropriately identified

Applicability: D/deaf services in specialised adult and CAMHS mental health services

CQUIN goal: 100% of existing and new D/deaf adult services users assessed with the Sunburst Assessment Tool, and 100% of new and existing D/deaf CAMHS service users assessed using the CAMHS Communication Profile

Supporting ref: '[All About Me](#)' Recovery Tool

- Aligns with the NHS Long Term Plan goals to improve quality of care, and reduce restrictive practices.
- Can help reduce the length of hospital stays.
- Needs of D/deaf patients appropriately identified and adaptations made to support effective communication.
- More effective transfers of care at discharge and service transition points.
- Improved clinical and patient reported outcomes.
- Reference material and guidance is available on the [CQUIN webpages](#)
- Providers will be supported by the Deaf Advisory Group, a subgroup of the Specialised MH CRG.
- Support Contact: s.warmington@nhs.net
alexanderhamilton@nhs.net

4.2 Mental health



Highlighted action/ method

PSS5: Routine outcome monitoring in perinatal inpatient services

Applicability: Perinatal services in Mother and Baby Units

CQUIN goal: Two, equally weighted components:

- (1) 75% to 95% of patients discharged from MBUs with paired clinician-rated outcome scores recorded (HoNOS); and
- (2) 35% to 55% of patients discharged with paired patient-rated outcome scores recorded (CORE-OM/CORE-10)

Supporting ref: [Implementation manual for Routine Outcome Measurement in Perinatal MH](#) (CORC 2019) and framework for [Routine Outcome Measures in Perinatal Psychiatry](#) (CR216, RCPsych 2018).

Benefit delivered

- Outcomes data can shed light on the effectiveness of interventions being delivered, supporting national objectives around developing the evidence base for specialised services and commissioning for outcomes.
- Access to routine clinical feedback has been demonstrated to improve outcomes for patients. Reviewing of individual outcome measures can aid clinical decision making and have a positive impact on care and treatment.
- Perinatal MH is a priority area of focus within the 5 Year Forward View for MH and within the Long Term Plan (LTP). Supports LTP ambition to improve quality of care.

Support and information

- [Implementation manual for Routine Outcome Measurement in Perinatal MH](#) (CORC2019)
- [Framework for Routine Outcome Measures in Perinatal Psychiatry](#) (CR216, RCPsych 2018).
- Support contact: amelia.mosley@nhs.net

4.3 Patient safety



Highlighted action/ method

PSS6: Supporting the anti-microbial resistance agenda by better targeting the usage of Antifungals

Applicability: All acute specialised providers providing anti-fungals to more than 20 patients per quarter.

CQUIN goal: 75% to 90% of patients whose records are audited, are found to have been treated by approved antifungals as per local guidelines and to have been reviewed appropriately by an antifungal stewardship team within 7 days.

Supporting ref: [Carter Review](#)

Benefit delivered

- Aligns with The Long Term Plan 2.22: "we will continue to support system-wide improvement, surveillance, infection prevention and control practice, and antimicrobial stewardship".
- Evidence shows reduced costs and improved clinical benefits for patients by auditing anti-fungal prescriptions.
- Antifungal spend is in excess of £80 million per year, with inappropriate spend estimated at £11 to £25 million.
- If the World Health Organisation is correct and there is a worldwide build-up of resistance, the costs associated with treating patients who have developed fungal resistance will increase rapidly.

Support and information

- Accessing support: england.improvingvalue@nhs.net
- The Improving Value AFS project group will monitor progress and provide guidance.
- Supporting documents, including an implementation pack, are available from the [CQUIN webpages](#).

4.4 Best practice pathways

Highlighted action/ method

Benefit delivered

Support and information

PSS7: Optimal approaches to movement therapy for children with cerebral palsy

Applicability: 19 named specialist centres.
CQUIN goal: 40-66% of cerebral palsy patients having received a cerebral palsy integrated pathway(CPIP) assessment that is entered on the national database.
Supporting ref: [NICE Guidance CG145](#) & [NICE Guidance NG62](#)

- Early intervention can prevent deformity, pain and need for complex surgery . Cost savings from reductions in surgery are estimated at £6m per annum. The proposal also aims to ensure equity of access to the pathway for all children with cerebral palsy and avoid geographical variation. There are several thousand children in England who would benefit from specialist MDT review.
- Aligns with The NHS Long Term Plan to provide a commitment to improving the quality of care for children with long-term conditions.
- Increases the focus on improving children's lives by ensuring that professionals work together across organisational boundaries.

- Paediatric neurosciences clinical reference group chair, and from lead commissioner.
- Support Contact: charlie.fairhurst@gstt.nhs.uk

PSS8: Optimal management of patients with severe asthma

Applicability: 13 severe asthma specialist centres.
CQUIN goal: Two, equally weighted components:
(1) 40% to 50% of patients currently on a biologic who have not been discussed in an MDT, have their data entered in the Severe Asthma Registry, having had their eligibility checked through MDT discussion.
(2) 60% to 80% of new patients have their data entered in the Severe Asthma Registry, having been discussed within MDT.
Excluded from the denominators are patients who have not given their consent.
Supporting ref: [NICE severe asthma quality standards \(2018\)](#) [NICE Guidance TA278](#)

- Asthma specifically is a key improvement objective of the LTP for respiratory disease.
- Supports the Improving Value Programme to reduce the number of patients who are receiving omalizumab inappropriately.
- By establishing severe asthma networks across the country it can be ensured that all appropriate patients are referred, investigated and all interventions have been considered before treatment is escalated, which may include prescribing high cost drugs.

- National respiratory clinical reference group.
- Severe asthma toolkit to be published in early 2020/21; implementation pack already available on [Sharepoint](#); email england.improvingvalue@nhs.net for access.
- Support Contacts: alannah.thornton1@nhs.net and Kathy.blacker@nhs.net

4.4 Best practice pathways

Highlighted action/ method

PSS9: Achieving high quality shared decision making conversations

Applicability: All providers of specialised services relating to: ablation for atrial fibrillation and aortic stenosis, cardiac surgery (CABG vs PCI), neurosurgery, early stage lung cancer, palliative chemotherapy, localised prostate cancer, adjuvant use of chemotherapy for colorectal cancer.

CQUIN goal: Demonstration of an improvement in SDMQ9 scores between Q2 and Q4 or maintenance of a mean SDMQ9 score of 65% to 75% across all applicable pathways.

Supporting ref: [NICE Guideline CG138](#) and [NICE Guidelines](#)

Benefit delivered

- Engaging with people effectively about their available options is proven to reduce costly and high-risk treatments by up to 20%.
- Enables health professionals to comply with post Montgomery legal requirement to take “reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments”.
- Can create a new relationship between patients and clinicians as required by the expectation set out in the Long Term Plan that personalisation becomes business as usual.

Support and information

- Bespoke training, support and peer support offers will be available from the personalised care team, contact Jonathan Berry england.shareddecisionmaking@nhs.net
- [NHS E and I Shared Decision Making guidance and resources](#)
- Clinical reference group guidance will be available on the appropriate decision point for each pathway. Please contact: england.PSSCQUIN@nhs.net
- Support is also available via the [Improving Value](#) scheme, contact jill.lockheart1@nhs.net
- FAQs and Clinical Reference Group guidance on the appropriate decision point for each pathway available on the [PSS CQUIN Future NHS Collaboration Platform](#), Please contact england.PSSCQUIN@nhs.net for access

5.0 Scheme eligibility and value

5.0 Scheme eligibility and value



5.1 Eligibility

Any provider of healthcare services commissioned under an NHS Standard Contract (full-length or shorter-form version) is eligible for CQUIN. This is inclusive of the independent sector e.g. care homes and the third sector.

5.2 CCG CQUIN scheme values

For CCG contracts, the CQUIN scheme is worth a maximum of 1.25%, payable in addition to the Actual Annual Value (AAV). There continues to be a differential approach to the percentage allocated to CQUIN for specialised services contracts; see section [5.3](#). The AAV (for both CCG and PSS schemes) is the aggregate of all payments made to the provider for services delivered under the specific contract during the contract year, not including CQUIN and other incentive payments, and after any deductions or withholdings, subject to certain exclusions (see section [6.1 Rules](#)).

The CCG indicators should be worth an equal amount, and be prioritised in the following ways:

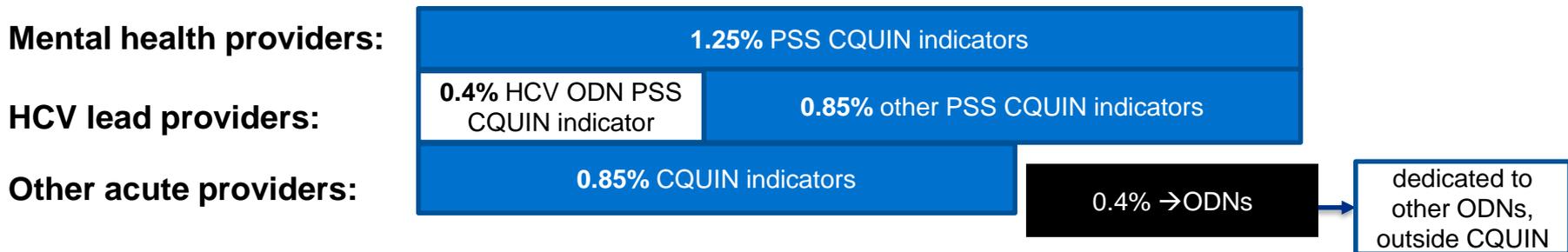
- All national indicators must be adopted where the relevant services are in scope for each contract, and their value should be equally weighted across the CQUIN funding available. This means if there are 5 indicators relevant for a provider, each would be worth 0.25% (ensuring the scheme is worth 1.25% of the AAV in total). Where fewer than three national indicators are readily applicable to a particular contract, CCGs may offer additional local CQUIN indicators (of appropriate number and complexity, proportionate to the scale of the contract); and
- where more than 8 indicators apply to a given contract, the commissioners and providers should agree the most relevant 8 indicators across the services in scope for each contract, with each indicator attracting the same value within the contract.

As confirmed in the NHS Operational and Contracting guidance 2020/21, where the total value of CQUIN has not been earned, arrangements for the use of the resultant funding can be considered within the local System Collaboration and Financial Management Agreement – see [NHS Standard Contract webpage](#) for further details.

5 Scheme eligibility and value

5.3 PSS CQUIN scheme values

For the PSS scheme, as in previous years, a portion of the CQUIN monies will be dedicated to sustain and expand the work of Operational Delivery Networks (ODNs) in ensuring consistency of care quality across the country. In addition, recognising the ongoing commitment to the elimination of hepatitis C, ODN leads for hepatitis C will, alongside mental health providers, continue to be eligible for a higher PSS CQUIN allocation when compared to other acute providers of specialised services. Consequently, for HEP C ODN leads, and MH providers the PSS CQUIN scheme is worth a maximum of 1.25%, and for other acute providers it will be worth a maximum of 0.85%.



Commissioners will offer a provider-specific PSS CQUIN package at a sum equivalent to the above percentage of planned CQUIN-applicable contract value.

Commissioners will include **all** applicable indicators within PSS CQUIN packages. The value of the “Achieving Hepatitis C Elimination” will be set at 0.4 % (out of the total 1.25% CQUIN package for the HCV ODN hosts), subject to a minimum value of £330,000. For all other indicators, each indicator’s CQUIN value should be equally weighted across the CQUIN funding available (0.85% for acute providers, 1.25% for MH providers). Where there is a shortfall of applicable national PSS CQUIN indicators, NHS England commissioners may construct local CQUIN indicators as part of a package.

6.0 Rules and guidance

Agreeing and implementing a CQUIN scheme

6.0 Rules and guidance - agreeing and implementing a CQUIN scheme



6.1 Rules

This guidance applies to commissioners and providers using the NHS Standard Contract in 2020/21. The CCG indicators are not mandatory for inclusion in CQUIN schemes in contracts where NHS England is the sole commissioner. Our intention is to make the scheme challenging but realistic and we expect that a high proportion of CQUIN funding will be earned. The following established rules (1-11) should govern the approach to establishing the CQUIN scheme locally:

Rule	Detail
1	A scheme must be offered to each provider which provides healthcare services under the NHS Standard Contract (but see notes on non-contract activity (section 6.8) and low-value contracts (section 6.6).
2	There should be one scheme per contract, offered by the co-ordinating commissioner to the provider. (See note on arrangements for agreeing schemes among the commissioners who are party to a contract (section 6.2).
3	The commissioner may offer a combined scheme to a number of related providers or may seek to align the content of separate schemes across different providers.
4	For each indicator, unless otherwise specified (for select PSS indicators), payment should be determined by reference to the thresholds detailed within the individual indicator specifications. Where the upper threshold is reached, 100% of payment will be earned. No payment will be earned until performance is above the lower threshold. Payment should be graduated between the two thresholds evenly.
5	The maximum value of the scheme – the maximum amount which a provider can earn under it – will be the percentage specified in sections 5.2 and 5.3 of the Actual Annual Value of the contract as defined in the NHS Standard Contract 2020/21, subject to certain exclusions, see rule 6.
6	The exclusions, on the value of which CQUIN is not payable, are: a) (For the avoidance of doubt) any payments made to providers from the 2020/21 Financial Recovery Fund ; b) High cost drugs, devices and listed procedures (available at https://improvement.nhs.uk/resources/national-tariff-2021-consultation/) and all other items for which the commissioner makes payment on a “pass-through” basis to the provider (that is, where the commissioner simply meets the actual cost to the provider of a specific drug or product, for example); and c) The value of all services delivered by the provider under the relevant contract to Chargeable Overseas Visitors (as defined in the NHS Standard Contract), regardless of any contribution on account paid by any commissioner in respect of those services.

6.0 Rules and guidance - agreeing and implementing a CQUIN scheme



6.1 Rules continued...

Rule	Detail
7	Funding paid to providers under the scheme is non-recurrent.
8	Discussion between the commissioner and provider (or groups of providers) on the content of each scheme is encouraged, specifically where too many or too few national indicators are applicable to a particular contract (see section 5.2), but in the end it is for the commissioner to determine, within the framework of this guidance, the priorities and focus for each scheme.
9	The scheme offered to each provider must be in accordance with this guidance and, where local development is required, must give the provider a realistic expectation of earning a high proportion of the percentage available. Further detail on the process for proposal and agreement of schemes is set out in section 6.2 – 6.10 .
10	Each scheme must be recorded in the Schedule 4D of the local contract (which will be in the form of the NHS Standard Contract). Contracts must set out clearly the proportion of payment associated with each scheme indicator and the basis upon which payment will be made.
11	The provider must submit local CQUIN performance reports and reconciliation accounts to its co-ordinating commissioner, in accordance with the requirements of Service Condition 39 of the Contract and must submit national data returns on progress against CQUIN indicators (as mandated by NHS Digital through Information standards notices and/or approved collections).
12	Any disputes about schemes which have been agreed and recorded within contracts should be resolved in accordance with the dispute resolution mechanism set out in the NHS Standard Contract.

6.0 Rules and guidance - agreeing and implementing a CQUIN scheme



6.2 Agreement between commissioners

Where multiple commissioners are proposing to be party to the same contract with a provider, they must identify one of them to act as co-ordinating commissioner and put in place a Collaborative Commissioning Agreement (<https://www.england.nhs.uk/nhs-standard-contract/20-21/>). This agreement can be used to describe the governance arrangements; how the co-ordinating commissioner will consult and engage with other commissioners to determine the proposed content of the CQUIN scheme to be offered to the provider.

6.3 Updating CQUIN schemes in multi-year contracts

There will be situations where existing contracts remain in place for 2020/21. The terms of the NHS Standard Contract are clear that any CQUIN scheme must be in accordance with national CQUIN guidance and we therefore expect that commissioners and providers will agree appropriate changes to the CQUIN schedules in their local contracts to reflect this updated National CQUIN guidance and will implement those changes, by 31 March 2020, as part of a wider Variation to their contracts.

6.4 Offer and agreement between commissioners and providers (new contracts)

For 2020/21, commissioners and providers will in most cases be seeking to agree a new contract to take effect on 1 April 2020. Where this is the case, then – in line with rule 8 – it is important to be clear about how they should engage on any content of the 2020/21 CQUIN scheme which is to be locally agreed – and what happens if they are unable to reach agreement:

- commissioners will wish to engage with providers, or groups of similar providers, at the earliest opportunity, in order to discuss proposals for CQUIN schemes;

6.0 Rules and guidance - agreeing and implementing a CQUIN scheme



6.4 Offer and agreement between commissioners and providers (new contracts) cont...

- where multiple commissioners are party to the same contract with a provider, it is for the co-ordinating commissioner to lead the discussions with the provider on CQUIN;
- the commissioner must make a reasonable offer of a CQUIN scheme to the provider;
- ultimately, where the commissioner has made such an offer and the provider has not accepted it as part of a signed contract by 27 March 2020, the commissioner will be entitled to withdraw the offer of local CQUIN indicators from the percentage specified in sections [5.2](#) and [5.3](#) and need not make available local CQUIN indicators to that provider for the remainder of that contract year, even if a contract is subsequently signed. In this scenario, the commissioner should ensure that it reduces accordingly any CQUIN payments it makes on account to the provider; and
- for the avoidance of doubt, the agreed scheme should be recorded in section 4D of the NHS Standard Contract.

6.5 Independent and third sector providers

The CQUIN scheme has been designed to be offered to the full range of providers that deliver services under the NHS Standard Contract. Where national indicators apply, commissioners should aim to ensure scheme compliance by locally contracting for these. Commissioners must explicitly offer the CQUIN to all independent and third sector providers unless they have decided to apply the small value contracts exemption ([6.6](#)).

6.0 Rules and guidance - agreeing and implementing a CQUIN scheme



6.6 Small-value contracts

Providers should have the opportunity to earn CQUIN payments, regardless of how small the value of their contract is. We recognise, however, that it may not always be a good use of resource for commissioners and providers to develop and agree detailed schemes for very low-value contracts. At their sole discretion, therefore, commissioners may choose simply to pay the percentage specified in sections [5.2](#) and [5.3](#) to providers where this value would be non-material, rather than develop a specific scheme. Where they intend to do this, they must make it clear at the outset of their procurement or contract negotiation process, so that providers understand that a separate CQUIN scheme is not to be offered. Within their contracts, they should then:

- Select the appropriate option within the CQUIN Schedule (4D), so that it is clear that the small-value contract exception is being applied; and
- ensure that the Local Prices (Schedule 3A) and the Expected Annual Contract Value (Schedule 3F) are expressed at full value (that is, including any value which would otherwise have been paid as CQUIN), as now required under Service Condition 38.15 of the 2020/21 NHS Standard Contract.

6.7 Joint commissioning

Where NHS and Local Authority commissioners are jointly commissioning services under the NHS Contract for example care homes but not pooling funds, CQUIN only applies to that healthcare funding part. Local Authority commissioners could choose to match funding to the CQUIN equivalent but this is for local determination.

6.8 CQUIN and Non-Contract Activity

Non-Contract Activity (NCA) billing arrangements are not intended as a routine alternative to formal contracting, but for use where there are small, unpredictable flows of patient activity delivered by a provider which is geographically distant from the commissioner.

As a general principle, CQUIN payments may be earned by a provider on NCA. Subject to the exceptions outlined in [6.1 Rule 6](#), the terms of a provider's CQUIN scheme with its main commissioner for the relevant service will be deemed to apply to any NCA activity it carries out in that service. Providers will need to supply reasonable evidence to NCA commissioners of that scheme and of achievement of incentive goals.

6.0 Rules and guidance - agreeing and implementing a CQUIN scheme



6.9 Local incentive schemes and services covered by local prices

It is of course possible for commissioners, at their discretion, to offer additional incentives to providers, on top of the main national scheme.

Such schemes should be recorded as Local Incentive Schemes in the relevant schedule of the NHS Standard Contract. If local incentives affect services covered by National Prices, commissioners may need to submit a Local Variation to Monitor, as outlined in the National Tariff Payment System 2020/21.

We recognise that, particularly where a competitive procurement approach is being used, commissioners may choose, as an explicit part of setting a local price for a contract, to create a broader local incentive scheme, incorporating the national CQUIN scheme but linking a higher proportion of contract value (above the percentage specified in sections [5.2](#) and [5.3](#)) to agreed quality and outcome measures, rather than activity levels. This is a legitimate approach, and there is no requirement in this situation for the commissioner to offer a further CQUIN scheme to the provider, on top of the agreed local price. Commissioners should ensure that they make their intended approach clear from the outset of the procurement process.

6.10 CQUIN earn-ability

NHS England and Improvement will be seeking to collect in-year information in order to confirm whether CQUIN awards are expected to be earned during 2020/21. Providers and commissioners will be expected to comply with the requirements of that return. More information will be shared on this in due course.

Version Control

Date	Update
20 January 2020	Initial publication
19 February 2020	Policy lead update for the CCG1 indicator