

<b>CQUIN 2016/17</b>	
<b>Indicator number</b>	For local numbering
<b>Indicator name</b>	Embedding of Health and Wellbeing event/sessions into cancer pathway for cancer patients
<b>Indicator weighting (% of CQUIN scheme available)</b>	For local agreement
<b>Description of indicator</b>	Percentage of patients receiving/accessing a health and wellbeing session
<b>Numerator</b>	Number of patients receiving a health and wellbeing session
<b>Denominator</b>	Number of patients receiving health and wellbeing sessions in a quarter
<b>Rationale for inclusion</b>	<p>Domain 1 Preventing people from dying early</p> <p>Domain 2 Enhancing quality of life for people with long term conditions</p> <p>Domain 3: Helping People to recover from episodes of ill health or following injury.</p> <p>National Cancer Survivorship Initiative ` Taking action to improve outcomes ` 2013. Recommendations made to improve cancer outcomes by the use of elements of Recovery Package which includes Health and Wellbeing sessions/events</p> <p>The objective of the scheme is to ensure that patients are actively managed through all parts of the care pathway and that they are supported in recovering from their episode of illness post discharge</p> <p>To encourage providers and primary care to proactively and holistically support patients through their cancer treatment through the use of patient education and support events .</p>

<b>Data source</b>	<p><b>Local Data Collection - Quarterly Report</b>  All patients at end Tumour groups that can be included (for local agreement )  Breast  Colorectal  Prostate  Skin  Gynecology  Lung</p> <p>Inclusion – All patients who following diagnosis of cancer (as per identified tumour group) should be offered Health and well-being sessions/ event pre or post-surgery who are diagnosed and treated at XXX Hospitals  Exclusion – All patients who have been identified by local MDT as not suitable for attendance at a HWB event/session</p>
<b>Frequency of data collection</b>	Quarterly
<b>Organisation responsible for data collection</b>	Provider
<b>Frequency of reporting to Commissioner</b>	Quarterly by Working day 15
<b>Baseline period/date</b>	Quarter 1
<b>Baseline value</b>	To be collected
<b>Final indicator period/date (on which payment is based)</b>	31 <sup>st</sup> March 2016
<b>Final indicator value (payment threshold)</b>	<ul style="list-style-type: none"> <li>- Provider to initiate data collection and report baseline position</li> </ul> <p><b>Notes to commissioner for local agreement</b></p> <ul style="list-style-type: none"> <li>- Quarter on quarter increase in percentage of patients offered or attending a HWB session/event for 1 or 2 tumor sites</li> <li>- Quarter 4 Consider what a realistic percentage would be to aim for? ?advise a ‘hard’ year-end target – e.g. 50% of all patients attending HWB session /event</li> </ul>
<b>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to Commissioner)</b>	Calculation for payment is through quarterly reporting Annual reconciliation of achievement
<b>Final indicator reporting date</b>	Q4 2015-16 (in line with SUS)
<b>Are there rules for any agreed in-year milestones that result in payment</b>	Yes
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	<p>Yes</p> <p><b>For local agreement</b>  At Q4 50% of patients attending HWB session /Event - 100% of payment  50% of patients attending HWB session/event – 50% of payment  Less than 50% but &gt;20% improvement on baseline –</p>

	25% of payment
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**CQUIN Table 4: Milestones** (only to be completed for indicators that contain in-year milestones)

Goal No.	Indicator No.	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)
1	1	Quarter 1 2015/16	Submission of baseline data for identified cohort of patients Development of plan for delivery of multi disciplinary support/events for identified cohort of patients at XXX Hospitals . This will involve identification of CNS at keyworker and use of HNA as part of care plan pathway . Timeline for delivery of sessions/events should be include plus identified methods of collation patient experience	End Q1 in line with Q1 reporting schedule July 2016	10%
1	1	Quarter 2 2015/16	Improvement on baseline position. Provide update on plan of delivery, patients assigned to key worker and percentage of patients attending a HWB session/event and any patient experience data	End Q2 in line with Q2 reporting schedule- October 2016	10%
1	1	Quarter 3 2015/16	Improvement on Q2 position Delivery of well being sessions/event for identified cohort of patients ,attendance and patient experience . Agreed percentage of patients assigned CNS keyworker	End Q3 in line with Q3 reporting schedule – January 2017	10%

1	1	Quarter 4 2025/16	Achievement of 50% of patients attending a HWB session/event . Reports on attendance and patient experience feedback Develop plan to roll out HWB sessions/events to other identified cohorts of patients for subsequent year	End Q4 in line with Q4 reporting schedule	70%
				<b>Total:</b>	100%

**Notes:**

Health and wellbeing events/sessions should be offered to patients once they have completed initial treatment

Events should typically include

- Healthy lifestyle choices including physical health and healthy weight management
- Signs on symptoms of recurrence and potential consequences of treatment
- Specific issues relating to their type of cancer
- Benefits and financial support /signposting
- How to get back to work
- Other local facilities and support groups and signposting

The events can be organised and facilitated by secondary care, primary care, Public Health and Third sector or voluntary groups

Group's most effective if tailored to needs and concerns of specific cancer groups

Text highlighted in blue is for local discussion and agreement