NHS England

Commissioning for quality and innovation (CQUIN): 2014/15 guidance

February 2014

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Description	The CQUIN framework aims to support operational improvements in the quality of services, whilst creating new, improved patterns of care. This document is for commissioners and providers who will be using the CQUIN framework in 2014/15. It provides an overview of the financial framework for 2014/15, sets out the rules for CQUIN variations, provides detailed guidance on the national goals for 2014/15 and offers advice for those developing local CQUIN goals.
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Commissioning for quality and innovation (CQUIN):

2014/15 guidance

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Contents

1. Introduction

The 2014/15 National Tariff Payment System document published by Monitor and NHS England sets out the key challenges for next year, both for providers and for commissioners, in improving quality and outcomes for patients whilst keeping within a fixed NHS budget by improving productivity. The approach to national tariff rules is designed to give commissioners and providers clear principles and consistent incentives to innovate locally.

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2014/15 is to support improvements in the quality of services and the creation of new, improved patterns of care. It is intended to complement our approach to the payment system, providing a coherent set of national rules. This approach is consistent with the conclusions from NHS England's review of incentives, rewards and sanctions, based on the principle of a national default position, but with freedom, support and encouragement for genuine innovation.

CQUIN monies should be used to incentivise providers to deliver quality and innovation improvements over and above the baseline requirements set out in the NHS Standard Contract, whether this be incremental improvement or radical service redesign. Commissioners should plan to make challenging but realistic CQUIN schemes available for providers, so that there is an expectation that a high proportion of commissioner CQUIN funding will be earned by providers in-year. Commissioners should plan to spend their CQUIN monies and target their efforts at a small number of high impact goals, with a recommended maximum of ten local CQUIN goals per contract.

This document is for commissioners and providers who will be using the CQUIN framework in 2014/15. It provides an overview of the financial framework for 2014/15, sets out the rules for CQUIN variations, provides detailed guidance on the national goals for 2014/15 and offers advice for those developing local CQUIN goals.

There will be no innovation pre-qualification criteria for 2014/15. NHS England is firmly committed to supporting the full implementation of the recommendations set out in *Innovation, Health and Wealth: Accelerating Adoption and Diffusion in the NHS*, but believes that this can best be addressed for the future through ongoing contracting discussions between commissioners and providers. Specifically, providers will be required, as part of their NHS Standard Contract, to agree an action plan for innovation during 2014/15. Full details of the contractual requirements in this respect can be found in the NHS Standard Contract 2014/15 and supporting guidance.

If you have any queries regarding the content of this guidance, please contact nhscb.contractshelp@nhs.net.

2. Financial framework

CQUIN for 2014/15 is set at a level of 2.5 per cent value for all healthcare services commissioned through the NHS Standard Contract, excluding high cost drugs, devices and listed procedures[1]. As a minimum, one fifth of this value (0.5 per cent of overall contract value) is to be linked to the national CQUIN goals, where these apply, but commissioners may decide to link a higher proportion of CQUIN value to national goals.

The full year financial value of a CQUIN scheme should be calculated as a percentage of the full year value for all healthcare services commissioned through the NHS Standard Contract, excluding high cost drugs, devices and listed procedures. Providers should only be paid where they have achieved the agreed CQUIN goals.

CQUIN payments should be made to providers in accordance with the detail set out in the NHS Standard Contract.

Commissioners must set out clearly in contracts the proportion of payment associated with each CQUIN indicator and the basis upon which payment will be made.

CQUIN monies remain non-recurrent, but where commissioners wish to implement multi-year schemes to support longer term service redesign they can do so, in accordance with the CQUIN variation rules set out in section 3 below.

Non-participation in any applicable national CQUIN scheme should result in non-payment of that proportion of CQUIN funding, except where this is agreed as a CQUIN variation, in accordance with the rules set out in section 3 below.

All 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 time for commissioners and providers to develop and agree detailed CQUIN schemes for very low-value contracts. At their sole discretion, therefore, commissioners may choose simply to pay the CQUIN value to providers where the 2.5 per cent CQUIN value would be non-material, rather than develop a specific CQUIN scheme.

Services to which no national CQUIN indicators apply will typically be covered by local prices rather than mandatory national tariffs. We recognise that, particularly where a competitive procurement approach has been used, commissioners may choose, as an explicit part of setting a local price for a contract, to create a broader local incentive scheme, incorporating CQUIN but linking a higher proportion of contract value (above the 2.5 per cent envisaged in CQUIN) 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 2.5 per cent CQUIN scheme to the provider, on top of the agreed local price. Commissioners should make this clear from the outset.

[1] As defined in Annex 7B of The 2014/15 National Tariff Payment System.

CQUIN payments can be earned on Non-Contract Activity (NCA). 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. The terms of the provider's CQUIN scheme with its main commissioner will be deemed to apply to any NCA activity it carries out. Providers will need to supply reasonable evidence to NCA commissioners of achievement of CQUIN goals. (Detailed arrangements for non-contract activity are set out in *Who Pays? Determining responsibility for payments to providers*[2]*.*

[2] http://www.england.nhs.uk/wp-content/uploads/2013/08/who-pays-aug13.pdf

3. CQUIN variation

3.1 Principles

Where commissioners and providers are seeking to radically change or improve services, through innovative contracting and payment models, the national CQUIN rules or national goals may not be appropriate for local circumstances. For example, commissioners and providers may be trying to implement a new service delivery model based on a package of care for a cohort of service users. In this case, an innovative outcome-based payment approach might be more appropriate than the use of separate CQUIN payments to incentivise improvement, or it might best be supported through multi-year CQUINs.

The NHS Standard Contract will permit such variations, provided commissioners and providers apply the following three principles:

- The variation is in the best interests of patients. It will support the development of new and innovative service delivery models which are in the best interests of patients today and in the future. It will create a more effective incentive for the provider(s) to achieve the desired outcomes for patients.

- The variation promotes transparency to improve accountability and encourage sharing of best practice. It must be documented in the NHS Standard Contract using the summary template provided at Appendix A below, and submitted to: england.cquinvariation@nhs.net. Submissions will be published. Providers must still use all reasonable endeavours to improve services in line with national CQUIN goals and must continue to collect and submit any mandated data returns, including for example for the NHS Safety Thermometer and the Friends and Family Test.

- Commissioners and providers must engage constructively with each other when seeking to agree variations. This process should involve clinicians, patient groups and other relevant stakeholders where possible. Providers and commissioners should agree short and long-term objectives for service improvement and a framework for agreeing variations, including the sharing of information and whether other stakeholders will be involved in making decisions on the variation.

CQUIN variations can be agreed between one or more commissioners and one or more providers. CQUIN variations only have effect for the services specified in the agreement and for the parties to that agreement. We encourage agreements by multiple commissioners, or a lead commissioner acting on behalf of multiple commissioners and multiple providers acting to provide integrated care services that benefit patients. Operating multiple CQUIN schemes for different commissioners within the same contract is unlikely to be workable and we therefore recommend that any CQUIN variation applies at the whole contract level, rather than to individual commissioners only.

A CQUIN variation can be agreed for more than one year, although the duration must not be longer than the duration of the relevant contract. Where agreements are

for longer than one year, commissioners and providers will have to consider the potential for changes to the national pricing and incentive rules and agree how they would handle any multi-year CQUINs should this occur. For example, the overall percentage of contract value associated with CQUIN could go up or down. Parties would wish to agree whether this would result in a corresponding increase or decrease in the amount paid to the provider and whether there should be any sharing of potential risks associated with future changes.

4. National CQUINs

As a minimum, 0.5 per cent of the value for all healthcare services commissioned through the NHS Standard Contract is to be linked to the national CQUIN goals, where these apply, but commissioners may decide to link a higher proportion of CQUIN value to national goals. There are four national CQUIN goals for 2014/15:

- *Friends and Family Test* – where commissioners will be empowered to incentivise high performing providers.

- Improvement against the *NHS Safety Thermometer*, particularly pressure ulcers.

- Improving *dementia and delirium* care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR).

- Improving *diagnosis in mental health* – where providers will be rewarded for better assessing and treating the mental and physical needs of their service users.

If all four national goals apply to the provider, each should attract a minimum of 0.125 per cent (split across any sub-indicators as set out in the indicator-specific guidance).

If some, but not all of the national goals apply, each should attract a minimum of 0.125 per cent, but – at the commissioner's discretion – they may choose to split the whole 0.5 per cent identified for national indicators evenly across those indicators that apply.

If no national goals apply, the whole of the 2.5 per cent should be based on local indicators.

National CQUIN goals apply equally to services commissioned by NHS England and by CCGs using the NHS Standard Contract. The table below sets out the contract types to which national CQUIN goals apply.

National CQUIN Scheme	Acute services providers	Community services providers & care homes	Ambulance services providers	Mental health providers
Friends and Family Test	✓	✓ (community services only)	✓	✓
NHS Safety Thermometer[3]	✓	✓	n/a	✓
Dementia and delirium	✓	n/a	n/a	n/a
Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)	n/a	n/a	n/a	✓

Templates for the national CQUINs are available as Word documents on the NHS England website.

[3] Some elements of the NHS Safety Thermometer only apply to certain contracts. This is set out in detail in the guidance at: http://harmfreecare.org/wp-content/uploads/2012/06/NHS-ST-CQUIN-2012.pdf.

5. Friends and Family Test

GOAL:
To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience. In the first six months of use, the Friends and Family test gathered almost one million responses; by contrast, in the 2012 inpatient survey, 64,500 patients were asked for feedback.

INDICATORS:
The CQUIN will be structured according to the type of provider.

For acute providers, funding will be given for three elements:

1. Further implementation of patient FFT and staff FFT.
    a. 30 per cent of the funding for implementation of the staff FFT across the provider, as specified in the national guidance, from April 2014[4].
    b. 15 per cent of the funding for early implementation of the patient FFT in outpatient and day case departments, as specified in the national guidance, by 1 October 2014.
2. 15 per cent of the funding for increasing and or maintaining response rates in A&E and inpatient areas. The response rates for A&E and inpatient departments will be monitored as separate elements and will not be combined, but payment of this CQUIN element will be dependent upon achievement in both areas, as follows:
    a. for increasing or maintaining response rates in acute inpatient services. Providers will need to achieve either:
        i. a baseline response rate in Q1 of at least 25 per cent and by Q4 a response rate that is both (a) higher than the response rate for Q1 and (b) 30 per cent or over; or
        ii. maintaining a response rate that is over 30 per cent.
    b. for increasing or maintaining response rates in A&E. Providers will need to achieve either:
        i. a baseline response rate of at least 15 per cent and by Q4 a response rate that is both (a) higher than the response rate for Q1 and (b) 20 per cent or over; or
        ii. maintaining a response rate that is over 20 per cent.

[4] CQUIN indicator 1a is only applicable to NHS Trusts in 2014/15. Non NHS Trusts are not required to implement the Friends and Family Test for staff in 2014/15.

3. 40 per cent of the funding for further increasing response rates within inpatient services. The CQUIN payment to be triggered if the provider achieves a response rate of 40% or more for the month of March 2015.

For mental health, community services providers and ambulance trusts, funding will be given for one element:

1. Further implementation of patient FFT and staff FFT.
    a. 30 per cent of the funding for implementation of the staff FFT across the provider, as specified in the national guidance, from April 2014[5].
    b. 40 per cent of the funding for early implementation of the patient FFT, by 1 October 2014: half of this funding will be available for partial implementation (to be defined in further guidance) and the full funding for full implementation.
    c. 30 per cent of the funding for full implementation of patient FFT in accordance with the national timetable

DATA SOURCE:

1a - A one-off return from providers to local commissioners on the position at end of June 2014.

1b - A one-off return from providers to local commissioners on the position at end of October 2014.

1c - A one-off return from providers to local commissioners on the position at:

- end of December 2014 for mental health and community health providers
- end of March 2015 for ambulance service providers

2 and 3 - Providers of NHS funded services will provide data on Friends and Family Test results through the UNIFY2 central data collection system.

NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Commissioners will need to be assured that their providers are on track to have fully implemented the staff Friends and Family Test from 1 April 2014.
- Providers will need to ensure that they can provide staff Friends and Family results from 1 July 2014 at the latest that meet the national guidance.
- Commissioners and providers will need to put in place implementation plans for rolling out the patient Friends and Family Test to other areas during 2014/15.
- Providers will need to ensure that they can provide patient Friends and Family results from 1 October 2014 as per the national guidance (for indicator 1b).

[5] CQUIN indicator 1a is only applicable to NHS Trusts in 2014/15. Non NHS Trusts are not required to implement the Friends and Family Test for staff in 2014/15.

SUPPORTING INFORMATION:
National guidance on the Friends and Family Test published by NHS England is available at http://www.england.nhs.uk/ourwork/pe/fft/.

Any enquiries can be directed to: england.friendsandfamilytest@nhs.net.

CQUIN TEMPLATES

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 June 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)	Q1 2014/15
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 30 June 2014
Are there rules for any agreed in-year milestones that result in payment?	Funding payable once June 2014 indicator achieved
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Not applicable

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 providers minimum 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

FRIENDS AND FAMILY TEST: PHASED EXPANSION	
Indicator number	1c for mental health and community health providers
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)	December 2014
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 December 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?	Not applicable

FRIENDS AND FAMILY TEST: PHASED EXPANSION	
Indicator number	1c for ambulance service providers
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 April 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)	March 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 end March 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

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 UNIFY2 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%

FRIENDS AND FAMILY TEST: INCREASED RESPONSE RATE FFT IN ACUTE PROVIDERS	
Indicator number	3
Indicator name	Friends and Family Test – Increased Response Rate in acute inpatient services
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.05% of contract value>
Description of indicator	Increased response rate
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Provider submission via UNIFY2 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)	March 2015
Final indicator value (payment threshold)	A response rate of 40% (or more) for the month of March 2015
Final indicator reporting date	Data available by end of April 2015 (for 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

The table below sets out how the CQUIN for FFT varies according to the type of provider

	Acute provider				Community services provider	Mental health provider	Ambulance
	Inpatient	A&E	Maternity	Outpatient & day case			
1a. Implementation of staff FFT (NHS trusts only)	30%				30%	30%	30%
1b. Early implementation of patient FFT				15%	40%	40%	40%
1c. Full implementation of patient FFT across all areas					30%	30%	30%
2. Response rates in A&E and inpatient	15%						
3. Response rates in inpatient	40%						
Total payable CQUIN	**100%**				**100%**	**100%**	**100%**

6. NHS Safety Thermometer

GOAL:
To measure and reduce harm. The power of the NHS Safety Thermometer lies in allowing frontline teams to measure how safe their services are and to deliver improvement locally. The data can also be aggregated to measure improvement at a regional and national level.

INDICATORS:
The CQUIN will incentivise achievement of a locally agreed improvement goal. Organisations are recommended to prioritise improvement in pressure ulcer prevalence.

DATA SOURCE:
Providers must undertake a survey on one day per month, of all appropriate patients, using the NHS Safety Thermometer tool, to collect data on pressure ulcers, falls, new venous thromboembolism (VTE) and urinary tract infection (in patients with a catheter).

Due to the removal of the separate national VTE CQUIN, it is no longer necessary to separate out the VTE indicator data, so the data collection should include VTE data as originally intended.

PRIORITISING PRESSURE ULCER PREVALENCE:
Based on the existing evidence from national data, it is likely that most organisations will find that the majority of the harm they measure using the NHS Safety Thermometer is represented by pressure ulcers. Where applicable, we therefore recommend that the measure for the 2014/15 improvement CQUIN is the prevalence of all pressure ulcers as measured using the 'P3' measure in the NHS Safety Thermometer.

Pressure ulcers originate across and indeed outside of the health and social care system. No distinction should be made between old ('present on admission') and new (developed after 72 hours of admission) pressure ulcers for the purposes of this CQUIN. Provider organisations should work with their partners across their local health and social care system to address the causes of pressure ulcers and reduce their prevalence, regardless of source.

The importance of this cross-boundary working is emphasised by current NHS Safety Thermometer results which suggest that on average around 75 per cent of patients with pressure ulcers are recorded as not being acquired whilst the patient was in the care of the current provider. The pressure ulcer CQUIN should therefore be considered in the context of all relevant providers in a local health community with a view to supporting joint working of organisations across a patient pathway.

For CQUIN incentives to achieve the best possible outcomes, they must be set at realistic but stretching levels. Evidence from the NHS Safety Thermometer pilot suggests that it is possible to achieve a 50 per cent reduction in pressure ulcer prevalence within one year using strong leadership, high quality evidence (NICE guidelines), improvement materials (resources are available from the Harm Free

Care programme) and integration of the goal into local change plans particularly if implemented across the health and social care sector. This evidence should be used as a guide when setting local pressure ulcer improvement goals. Where health communities have already made substantial improvements, CQUIN incentives should ensure continuous improvement rather than 'resting on their laurels', conforming to the realistic but stretching principle outlined earlier.

For extremely high performing organisations, those that are very low outliers in the national data, or alternatively small providers where very few patients are included in each monthly survey, a 'time between' measure may be appropriate. This incentivises achievement of a goal based on the number of days between single incidences of pressure ulcers. More information is available in last year's *Delivering the NHS Safety Thermometer CQUIN 2013/14* at http://harmfreecare.org/wp-content/uploads/2012/06/NHS-ST-CQUIN-2012.pdf.

NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Both providers and commissioners will need to understand where the NHS Safety Thermometer CQUIN is applicable[6], how to review the quality of the data generated and how to discuss local, national and setting-specific data in order to set realistic, but stretching, improvement goals in relation to an organisation's current baseline NHS Safety Thermometer data.

- The commissioner and provider should agree their local improvement goal. This discussion should include: provider and commissioner clinical leads; provider and commissioner contracts or business managers (with responsibility for CQUIN management); and provider and commissioner analysts or audit specialists (including the person responsible for submitting data). To support cross-boundary working it may be appropriate to hold these discussions jointly with all relevant providers rather than with each provider in isolation.

- We recommend that you have the following materials and information on hand: your local NHS Safety Thermometer and data; the local description of the data collection method; and the NHS Quality Observatories web materials including the tool for calculating special cause and medians[7].

- We recommend that the commissioner requires a joint improvement plan owned as a minimum by all relevant providers in their health community incentivised by CQUIN and with every effort made to engage other providers, including social care. This should be based on local intelligence (eg RCA investigations completed in the past six months) that identifies where, when, how and why pressure ulcers are most commonly arising, so that improvement efforts can be focused effectively.

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[6] See table at Appendix A of *Delivering the NHS Safety Thermometer CQUIN 2013/14*, available at http://harmfreecare.org/wp-content/uploads/2012/06/NHS-ST-CQUIN-2012.pdf

[7] http://www.qualityobservatory.nhs.uk/index.php?option=com_cat&view=item&Itemid=28&cat_id=588

- We recommend that commissioners visit providers on a quarterly basis to work with them on the process for data collection, as this will assist in ensuring high data quality and validation of the data collection.

ASSESSING ACHIEVEMENT OF THE CQUIN INCENTIVE:
Feedback from the NHS Safety Thermometer improvement CQUIN in 2013/14 suggests that organisations found the rules for demonstrating improvement via special cause variation in two separate six-month periods within the same year quite complex and potentially restrictive.

In response, for 2014/15, commissioners should use an organisation's median pressure ulcer prevalence for the six months from October 2013 to March 2014 to set their baseline value for CQUIN purposes. To enable contract discussions prior to the end of this six-month period, organisations should agree a reduction goal based on the projected median and amend that, if appropriate, once the actual median for October 2013 to March 2014 is known. They should set a goal for reducing this prevalence as described above, although we recommend a goal of 50 per cent reduction. So if an organisation's median prevalence is 6 per cent, we would recommend a goal of 3 per cent. Where organisations have already demonstrated significant improvement during 2013/14, as some have, this should be taken into account when setting goals for 2014/15 to ensure that they are not required to maintain an unachievable improvement trajectory. The final period for the purposes of judging whether an organisation has reached their goal should be the final five months of the financial year 2014/15, from November to March.

If an organisation demonstrates a re-set median according to special cause variation, for the last five months of 2014/15, then it will have qualified for incentive payment. In other words, if the last five monthly data points to 31 March 2015 are below the baseline median value from the corresponding period in 2013/14, then the organisation has achieved improvement and the median value should be re-set. These rules replace those for setting the baseline and calculating CQUIN payment that were published on page 21 of the *Delivering the NHS Safety Thermometer CQUIN 2013/14* guidance[8].

If the median is re-set but not to the same extent as the desired goal (for example 4 per cent rather than 3 per cent), partial payment is appropriate (see the Improvement goal specification below for partial achievement payment).

SUPPORTING INFORMATION:
While the rules about setting the baseline and assessing the achievement of the CQUIN have changed as set out above, other information in the *Delivering the NHS Safety Thermometer CQUIN 2013/14* guidance[6], such as information on assessing whether special cause variation has occurred, set out on pages 40-44 and guidance about which services should be included and excluded, in Appendix A, are still valid. The guidance also explains the broad five-step process to support commissioners and providers to determine: the applicability of the NHS Safety Thermometer to their organisations; the quality of their baseline data; the baseline performance; the scope

[8] http://harmfreecare.org/wp-content/uploads/2012/06/NHS-ST-CQUIN-2012.pdf

for improvement; and appropriate application of the CQUIN goals available. There is also a monitoring tool available to support calculation of baseline performance, detect special cause and calculate CQUIN payment[9].

CQUIN INCENTIVES FOR OTHER SAFETY THERMOMETER CONTENT:
As outlined above, reduction in pressure ulcers is considered the most appropriate area for the NHS Safety Thermometer improvement CQUIN incentives. However, for some providers, it may be considered more appropriate to look at alternative measures if, for example, pressure ulcers are not the most prevalent harm recorded via the NHS Safety Thermometer. If alternatives are being investigated, the following issues should be considered.

All NHS Safety Thermometer items are collected on a whole community basis. The principles outlined above, namely of incentives applied to all relevant providers and jointly owned improvement plans, should also apply.

The relatively low proportion of patients with one of the other three harms at the point of monthly survey may make it difficult to distinguish variation from improvement in all but the largest providers.

VTE risk assessment is considered a standard aspect of care that should not be incentivised.

Where commissioners wish to incentivise improvement in VTE outcome, the incidence methods used for calculation of the NHS Outcomes Framework measure[10] may be less affected by changes in care provision (eg more outpatient VTE treatment) than the NHS Safety Thermometer.

A set reduction target for use of catheters could be counter-productive, as there will be genuine clinical need for an unknown proportion of patients.

The NHS Safety Thermometer uses a pragmatic measurement of catheter plus current antibiotics rather than direct identification of catheter-associated urinary tract infection. Incentivising reductions could be counter-productive as there will be genuine clinical need for both the catheter and the antibiotics for an unknown proportion of patients.

Successful falls and injury prevention across the whole community relies on commissioners providing adequate access to NICE recommended interventions[11] including specialist falls clinics, home hazard assessments and strength and balance training. Incentivising providers would be appropriate only where commissioners are

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[9] http://www.qualityobservatory.nhs.uk/index.php?option=com_cat&view=item&Itemid=28&cat_id=588

[10] https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015

[11] http://guidance.nice.org.uk/CG161

confident they have fully implemented the Falls and Bone Health Commissioning toolkit[12] and joint local improvement plans would need to include general practice.

[12] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/dh_103146

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 five 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 five 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[13,14]) 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?	No. To 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?	A sliding scale of payment for partial achievement of the improvement goal should 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

[13] http://harmfreecare.org/measurement/nhs-safety-thermometer/

[14] http://www.qualityobservatory.nhs.uk/index.php?option=com_cat&view=item&Itemid=28&cat_id=588

7. Dementia and delirium

GOAL:
To incentivise the identification of patients with dementia and delirium, alone and in combination alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.

INDICATORS:
1. 60 per cent of funding for: undertaking case finding for at least 90 per cent of patients aged 75 and over admitted as an emergency for >72 hours; ensuring that, where patients are identified as potentially having dementia or delirium, at least 90 per cent are appropriately assessed; and ensuring that, where appropriate, patients with dementia are referred on to specialist services.
2. 10 per cent of funding for ensuring sufficient clinical leadership of dementia within providers and appropriate training of staff.
3. 30 per cent of funding for ensuring carers of people with dementia feel adequately supported.

DATA SOURCE:
Providers must collect and submit data to UNIFY2 on:

- the total number of patients aged 75 and over, who were admitted as emergencies and stayed for more than 72 hours;
- of these, how many a) were asked the dementia case finding question, or b) had a clinical diagnosis of delirium using a locally developed protocol, or c) had a known diagnosis of dementia?
- of these, how many should have undergone a diagnostic assessment and how many did?
- of those who received a diagnostic assessment, how many should have been referred on to other services or back to their GP and how many were then referred in accordance with local pathways agreed with commissioners?

Providers must submit their planned training programme before the start of the year and report at the end of the year on progress against these plans.

Providers must undertake a monthly audit of carers of people with dementia and report the findings to their Board at least twice per year. The content of this audit is for local determination but must include a question on whether carers of people with dementia feel adequately supported.

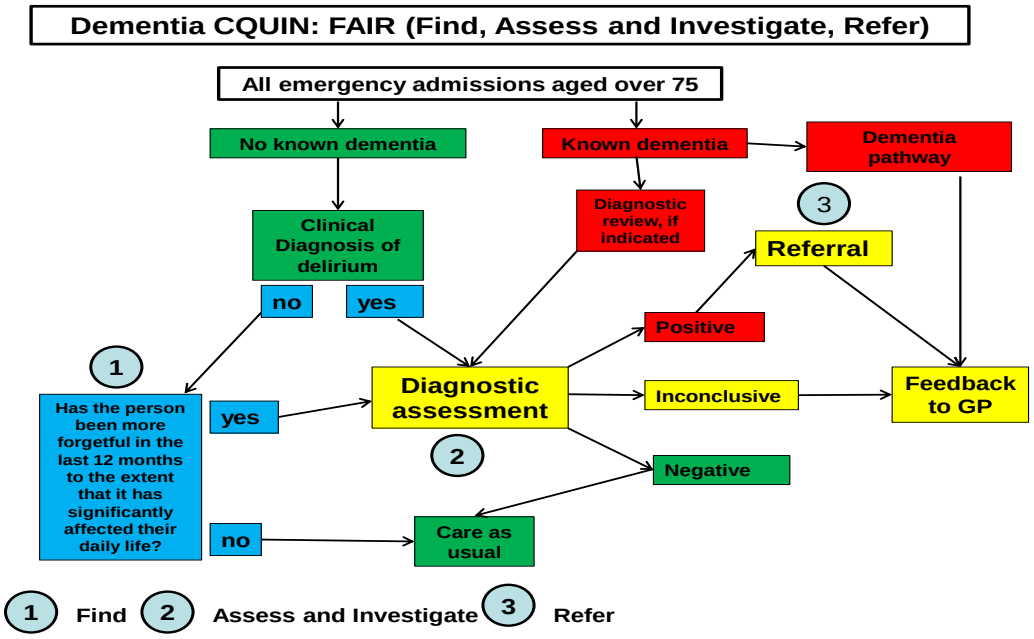
The clinical diagnosis of delirium should be made using a locally agreed protocol. Assessment tools which might be useful include: a) a validated delirium diagnosis tool (such as the Confusion Assessment Method); b) a brief test of attention (eg saying the calendar months backwards or counting from twenty down to one; or c) the validated single question in delirium asked to someone who knows the person well (“do you think [patient’s name] has been more confused in the past three days?”)

FIND, ASSESS, INVESTIGATE AND REFER (FAIR):
There are three separate stages to this element of the CQUIN:

Find
The case finding of at least 90 per cent of all patients aged 75 and over following emergency admission to hospital, using the dementia case finding question and identifying all those with delirium (using a clinical assessment of delirium) and dementia (that is, with a known diagnosis of dementia). Patients with an existing diagnosis of dementia do not require further assessment but should have a diagnostic review if clinically indicated. Patients with a clinical diagnosis of delirium should move straight to assessment and investigation. Patients with neither should be asked the 'dementia awareness question' (asking the patient or another such as family or professional caregiver "have you/has the patient been more forgetful in the past 12 months to the extent that it has significantly affected your/their daily life?") This has to be completed within 72 hours of admission.

Assess and Investigate
The diagnostic assessment and investigation of at least 90 per cent of those patients who have been assessed as at risk of dementia from the dementia case finding question and/or presence of delirium. The provider should carry out a diagnostic assessment including investigations to determine whether the presence of dementia is possible.

Refer
The referral of at least 90 per cent of clinically appropriate cases for specialist diagnosis of dementia and appropriate follow up, in accordance with local pathways agreed with commissioners. This may include referral to an old age psychiatry liaison team, with the person assessed in hospital, or it could be referral to a memory clinic or to the GP to alert that an assessment had raised the possibility of the presence of dementia. Depending on local services, the patient can be seen as an inpatient or outpatient by a geriatrician, nurse specialist/nurse consultant, general physician with interest in dementia, clinical psychologist or neurologist. Any pathways involving onward referral from the acute setting for conditions not related to the original admission must be agreed with the commissioner.



NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Providers will need to ensure their data collection systems are fully implemented before 1 April 2014.

- Both providers and commissioners will need to understand where to access the data and how to review the quality of the data generated.

- Providers will need to ensure they have a named lead clinician for dementia and that this role is clearly documented in the individual's job plan.

- Providers and commissioners will need to agree the content of the carers audit and when results will be presented to the provider Board, as well as how they will receive feedback on these audits and any actions resulting from them.

SUPPORTING INFORMATION:
A range of further resources are available on dementia care in hospital, including:

NHS Confederation Report - Acute Awareness
http://www.nhsconfed.org/Publications/reports/Pages/Dementia-report-Acute-awareness.aspx

Alzheimer's Society - Counting the Cost
http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=356

CCQI Audit of Dementia in the General Hospital
http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/dementia/nationalauditofdementia.aspx

Alzheimer's Society agitation guidelines
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1163&categoryID=200294

CQUIN TEMPLATES

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 be included only 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 (eg 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 (eg 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	UNIFY2
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%

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

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

8. Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)

GOAL:
To support NHS England's commitment to reduce the 15 to 20 year premature mortality in people with severe mental illness and improve their safety through improved assessment, treatment and communication between clinicians.

For 2014/15 this CQUIN focuses on all patients with psychoses, including schizophrenia and bipolar affective disorder, in all types of inpatient beds, intensive community teams in all sectors ie early intervention teams, assertive outreach and community forensic teams. However, providers are encouraged to extend the processes developed to meet this CQUIN for the benefit of all patients.

This CQUIN will incentivise providers to ensure that service users have recorded comprehensive physical and mental health diagnoses, communicated between primary care and specialist mental health clinicians and with the service user. The primary aim is to reduce premature mortality, improve patient safety, patient experience and quality of life, through shared communications and reconciliation of treatments. This CQUIN also supports and facilitates closer working relationships between specialist mental health providers and primary care. It has the capacity to lead to reductions in length of stay through addressing the impact of untreated physical morbidity on recovery.

INDICATORS:
Indicator 1: 65 per cent of funding for demonstrating, through a national audit process similar to the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with psychoses, including schizophrenia.

The following cardio metabolic parameters (similar to the 'Lester tool' and the cardiovascular outcome framework) are assessed;

- Smoking status
- Lifestyle (inc. exercise, diet, alcohol and drugs)
- Body Mass Index
- Blood pressure
- Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
- Blood lipids

The results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment eg smoking cessation programme, lifestyle advice and medication review.

Further details regarding best practice interventions will be provided in a separate document (*Our Ambition to Reduce Premature Mortality: A resource to support commissioners in setting a level of ambition*) which is available at:

http://www.england.nhs.uk/wp-content/uploads/2014/01/mortality-rep1.pdf

Further guidance on the national audit process will be made available.

Indicator 2: 35 per cent of funding for completion of a programme of local audit of communication with patients' GPs, focusing on patients on the CPA, demonstrating by Quarter 4 that, for 90 per cent of patients, an up-to-date care plan has been shared with the GP, including the holistic components set out in the CPA guidance:

a. ICD codes for all primary and secondary mental and physical health diagnoses.
b. Medications prescribed and monitoring and adherence support plans.
c. Physical health condition(s) and ongoing monitoring and treatment needs.
d. Recovery interventions including lifestyle, social, employment and accommodation plans where necessary for physical health improvement.

The local audit will cover a sample of patients in contact with all specified services for more than 100 days and who are on the CPA.

DATA SOURCES: See tables below

BACKGROUND:
The SMI patient population makes up 5 per cent of the total population but accounts for 18 per cent of total deaths. There is an excess of over 40,000 deaths among SMI patients which could be reduced if SMI patients received the same healthcare interventions as the general population[15].

NICE Health Technology Assessments (HTAs), NICE guidelines and Quality Standards provide clear guidance about the necessary treatment and monitoring of care, but the 2012 Schizophrenia Commission and the National Audit of Schizophrenia 2012, in a community CPA sample of over 5,000 service users, found that less than 29 per cent of patients receive the basic annual physical health checks and ongoing monitoring support they need.

NHS England's principle is to support co-production of care plans between service users and their clinicians. Accurate and comprehensive assessment and formulation, co-produced between the patient and the multi-disciplinary team is the fundamental basis of addressing needs and implementing personalised recovery outcomes based on evidence based NICE/Social Care Institute for Excellent (SCIE) concordant care plans.

Accurate physical and mental health coding is essential to assist implementation of a tariff system in mental health, which can address comorbidities across the whole pathway of care, to support increasing patient choice in mental health and to provide commissioners with the information they need to commission effective, needs-based services.

[15] Shukla H and Watson S (2013) *A Tale of two populations* (personal communication, October 2013).

Understanding the case mix of service users with the most complex needs is essential to plan needs-based services with the appropriate skills mix of staff and a learning and development strategy based on assessed needs.

There is a risk to the patient if information as important as formulation and diagnosis, physical health care needs and investigation results and medications is not shared routinely between a person's GP and any specialist treating clinicians. Lack of information sharing and reconciliation between treating clinicians can result in duplication of tasks for the patient, lack of continuing care, essential medications and psychological therapies and costly duplication of diagnostic tests.

NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Providers and commissioners will need to agree how best to support their services to put in place systematic arrangements to ensure that their services are routinely undertaking cardio metabolic assessments which cover the parameters outlined in the measurement section.

- Providers and commissioners will need to start to ensure that, following assessments, treatment arrangements are in place and communicated with the patient and their family and between clinicians in all sectors who have responsibility for the patient.

- In circumstances where a provider is commissioned by more than one commissioner (NHS England and the CCG co-ordinating commissioner) it is likely that early agreement is needed to ensure that the content of audits meets all commissioners' needs.

SUPPORTING INFORMATION:

The Lester Tool
http://www.rcpsych.ac.uk/pdf/RCP_11049_Positive%20Cardiometabolic%20Health%20chart-%20website.pdf

Cardiovascular Outcome Strategy
https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy

ICD coding web link
http://apps.who.int/classifications/icd10/browse/2010/en

NICE schizophrenia guideline 2009
http://guidance.nice.org.uk/CG82

National Audit of Schizophrenia standards for 2013/14
http://www.rcpsych.ac.uk/pdf/NAS%20standards%20and%20outcome%20indicators%20for%20round%202%20FINAL.pdf

National Audit of Schizophrenia (NAS) report
http://www.rcpsych.ac.uk/pdf/NAS%20report%20-%20What%20you%20need%20to%20know%20FINAL.pdf

Schizophrenia Commission report
http://www.schizophreniacommission.org.uk/the-report/

Rethink Innovation Network
http://www.rethink.org/about-us/the-schizophrenia-commission/innovation-network

The Royal Colleges in collaboration have produced the following templates for ideal discharge summaries:

Mental Health discharge summary:
http://www.rcpsych.ac.uk/mediacentre/pressreleases2012/dischargesummary.aspx

http://www.rcplondon.ac.uk/sites/default/files/documents/discharge-summary_2012_final.pdf

Department of Health. Refocusing the Care Programme Approach: Policy and Positive Practice Guidance. London: Department of Health (2008)

http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf

Mental Health Partnerships website
http://mentalhealthpartnerships.com/

CQUIN TEMPLATES

CARDIO METABOLIC 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 a national audit process similar to 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 process
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 a national audit process, 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 a national audit demonstrate that, for 90% of patients audited, the provider has undertaken an assessment of each of the following 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 (eg smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment) The parameters are: • Smoking status • Lifestyle (including exercise, diet alcohol and drugs) • 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

PATIENTS ON THE CPA: COMMUNICATION WITH GENERAL PRACTITIONERS	
Indicator number	2
Indicator name	Patients on the CPA: 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, focusing on patients on the 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 CPA 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 per cent 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

9. Local CQUIN goals and indicators

At least 2 per cent of a provider's total contract outturn will be available for local CQUIN schemes, agreed between commissioner and provider. Where providers hold several contracts with commissioners, collaboration is encouraged to agree schemes across contracts where appropriate.

The local CQUIN schemes for the year must be agreed prior to contract signature and included within the NHS Standard Contract, using the tool and templates provided. It is advised that mechanisms for engaging with clinicians early on are clearly identified when designing local schemes[16].

Local CQUIN schemes should be for one year, unless through CQUIN variation. (See Section 3: CQUIN variations).

CQUIN pick list tool

Following recommendations from an academic review of previous CQUIN schemes[17], we have provided a 'pick-list' of existing validated indicators in order to reduce the time and effort of each commissioner and provider developing their own indicators.

The template contains a selection of national indicators, included on the basis of whether data is likely to be collected already by providers. It allows users to search for appropriate indicators for their local needs and priorities and provides details of the indicator to enable population of CQUIN templates. Whilst we have provided details and descriptions of potential indicators, it is for commissioners and providers to determine the following features:

- Indicator weighting: some goals will take more time and effort to achieve than others. Payments can therefore be weighted to reflect this. It is good practice to record the rationale behind the weighting of a local indicator, in order to inform the future weighting of schemes.
- Frequency of reporting to commissioner: this will largely depend on the data collection frequency.
- Baseline period/date: dependent on data source.
- Baseline value: the indicators provided in the pick list draw on data available nationally and so a baseline should be available for your organisation.
- Final indicator period/date (on which payment is based): to be agreed between commissioner and provider. We recommend one month after March 2015.

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[16] Note that, in line with the recommendations of the Independent Review of the Liverpool Care Pathway, commissioners must not put in place financial incentives relating to the use of the Liverpool Care Pathway. Further information is available at: https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients

[17] Available online: http://www.nottingham.ac.uk/business/documents/news-documents/evaluation-of-the-commissioning-for-quality-and-innovation-framework---final-report---feb-2013.pdf

- Final indicator value: to be agreed between commissioner and provider. See Box 1 for advice on how to set an improvement goal.
- Rules for calculation of payment due at final indicator period/date.
- Final indicator reporting date: Enter any rules for how to calculate the payment due at the final indicator period/date eg payment to be based on achievement of in-year milestones/payment to be based on achievement throughout Q4/Payment to be based on percentage achieved on 31st March 2015 etc. Include details of how achievement should be evidenced to commissioner.
- Whether there are any rules for agreed in-year milestones that result in payment – see Box 2 for advice on this.
- Whether there are any rules for partial achievement of the indicator at the final indicator period/date – see Box 2 for advice on this.

It is advisable that the indicators you choose from the pick list and any other indicators are designed and used in a way which complements other incentives and levers in the system.

The number and content of local CQUIN schemes is entirely for local agreement. However, we recommend designing a scheme with a small number of indicators linked to high impact changes as opposed to a large number of indicators covering a wide range of conditions, with a recommended maximum of 10 local CQUIN goals. For small value contracts, fewer goals may be appropriate.

Box 1: Setting an improvement goal

When considering how to set a target for improvement you should consider the following:

1. How does your organisation compare to others? Benchmarking is the first and most important step in driving improvement. If national data on your indicator is not available consider comparing with peer locations.
2. What is your baseline median value? This is the middle value of your data over a period of time. In the example tabled below the median baseline value (the middle number in a set of numbers) is 8%

Month	% Pressure Ulcer Prevalence
December 2013	7.8
January 2014	8
February 2014	8
March 2014	8.2

3. How far does your median value differ from national or peer organisations?
4. How much work has been done in this area to date?
5. How well do you understand the barriers to change?
6. Are your locality partners working with you?

Whilst we have provided details of national indicators to aid in commissioning for quality and innovation we recognise that there will still be a need for indicators to be

developed locally where a relevant national indicator is not available. The following are factors to consider when developing such a scheme:

- Is there a data collection to date? – it is preferable to utilise data collections already in use, if the purpose fits?
- Data source – what is the local data collection method? Are staff trained to collect the data correctly?
- Quality of the data – eg is there more than six months' worth of data? Does the data cover a large amount of your population?
- Review data – if you already have data collection in place review the data so far. What is the data telling you? What trends can be seen over time?
- Consider the long term – setting a robust CQUIN scheme with a longer term perspective will mean it can be used beyond March 2015 for future schemes.
- Frequency of data collection – is there scope for in-year payments? These are preferable to achievement of absolute levels of performance which can have a demotivating effect.
- Setting an improvement goal – see Box 1 for advice on setting an improvement goal.
- Other sources: in the pick list we have included only those NICE Quality Standards for which there is a national data source available. Organisations may wish to consider other quality standards in designing their own schemes. See the website for further information: http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp.

Box 2: Partial achievement or in-year milestones?

With an 'all or nothing' approach to payment there is a danger that where organisations anticipate threshold achievements cannot be attained, they may have little motivation to continue to pursue quality targets. Organisations may wish to consider specifying rules for partial achievement or in-year milestones, examples of which are below:

- Partial achievement: if an organisation achieves 75% of the target, 25% of available CQUIN scheme is paid out, 80% pay 50% etc.
- In-year milestones: this could be for example by achieving *x* by the end of Quarter 1 *x* amount of the CQUIN payment will apply.

In addition to the advice above, the following resource produced by the Association of Public Health Observatories (now part of Public Health England) is useful when developing indicators: http://www.apho.org.uk/resource/item.aspx?RID=44584

The CQUIN pick list tool is attached at Appendix B as a separate Excel file on the NHS England website.

Appendix A

Publication template for CQUIN variations

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

This template is available as a Word document on the NHS England website.

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, eg 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*

Appendix B

The CQUIN pick list tool is attached as a separate Excel file on the NHS England website.

Appendix C

Template for indicators for local CQUINs

This template is available as a Word document on the NHS England website.	
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

Appendix D

Summary of changes made between the December 2013 and February 2014 versions of this guidance

This Appendix lists the sections of the CQUIN Guidance which have been materially amended in the updated version, published in February 2014, from the version published in December 2013.

Paragraph / section	Change
Section 5 Friends and family test Indicator 3	The requirement for the provider to achieve zero negative responses has been removed.
Section 5 Friends and family test Indicator 3 (footnote)	The types of provider to whom this indicator applies has been clarified.
Section 5 Friends and family test Data source	Data sources for indicators 1a and 1c have been amended.
Section 5 Friends and family test Templates 1a, 1c, 3.	The FFT templates have been updated accordingly.
Section 5 Friends and family test Table	The FFT table showing how CQUIN for FFT varies according to the type of provider has been updated accordingly.
Section 8 Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)	Clarification that the national audit process will be similar to the National Audit of Schizophrenia Removal of Hepatitis C parameter Addition of reference to 'Our Ambition to Reduce Premature Mortality: A resource to support commissioners in setting a level of ambition'
Dementia and delirium Find, assess, investigate and refer (FAIR)	90% threshold has been removed.
Appendix B Pick list (Excel document)	Updated to include indicators from the Patient Led Assessments of the Care Environment (PLACE) system. For more information about PLACE please visit http://www.england.nhs.uk/2013/02/19/place/

	The indicator name and description relating to 7 day services (picklist-298) have been amended. The target for arrival at hospital to consultant time is 14 hours rather than 12 hours previously.

The ‘Templates for use with NHS Standard Contract 2014/15 Technical Guidance and Commissioning for Quality and Innovation (CQUIN) 2014/15 Guidance’ document available on the NHS Standard Contract webpage has been updated accordingly.

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