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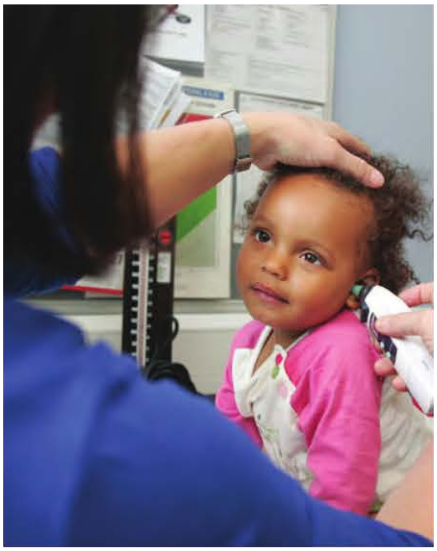

Commissioning Outcomes Framework

Engagement document

First published: 29 November 2011

The NHS Commissioning Board is engaging with Clinical Commissioning Groups, patient and professional organisations to develop emerging proposals for the Commissioning Outcomes Framework. This document sets out the background to the Commissioning Outcomes Framework and our proposed approach for how it will work.

The NHS Outcomes Framework sets out national outcomes goals. The Board will translate these into outcomes and indicators that are meaningful at local level in the Commissioning Outcomes Framework. The Board will use the Commissioning Outcomes Framework to drive local improvements in quality and outcomes for patients, to hold clinical commissioning groups to account and so that there is clear, publicly available information on the quality of healthcare services commissioned by commissioning groups and progress in reducing health inequalities.

Any ideas for developing the Framework may be emailed to cof@nhs.net

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Introduction

1. This document sets out the background to the Commissioning Outcomes Framework and our proposed approach for how it will work. The document is intended to support fuller engagement with emerging clinical commissioning groups (CCGs), patient and professional groups, and other stakeholders to inform the development of the framework.

Background: focusing on outcomes

2. *Liberating the NHS*[1] set out a vision of an NHS that achieves health outcomes that are among the best in the world. To achieve this, it outlined two major shifts:

   - a move away from centrally driven process targets which get in the way of patient care; and
   - a relentless focus on delivering the outcomes that matter most to people.

3. The purpose of the reforms is to put patients at the heart of everything the NHS does. Patients will have more choice and control, helped by easy access to the information they need about local health services. Success will be measured, not through process targets, but against results that matter to patients – such as improving cancer and stroke survival rates and patient experience of NHS care.

4. The NHS Outcomes Framework[2] sets out the national indicators that the Secretary of State for Health will use to assess the progress of the NHS Commissioning Board in improving patient outcomes. *Liberating the NHS* proposed that the NHS Commissioning Board will in turn develop a Commissioning Outcomes Framework to assess the quality of the services commissioned locally by CCGs, in other words to translate the NHS Outcomes Framework into outcomes and indicators that are meaningful at local level. In both cases, these indicators will cover the three areas of quality defined in the Health and Social Care Bill: clinical effectiveness, patient experience and patient safety.

5. The purpose of the Commissioning Outcomes Framework will be to:

   - drive local improvements in quality and outcomes for patients
   - hold CCGs to account for their progress in delivering these outcomes

[1] Available at http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm

[2] Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

- provide clear, publicly available information on the quality of healthcare services commissioned by CCGs.

6. The COF is not, however, simply the local version of the national outcomes framework. The national outcomes framework is comprehensive - and many of the measures are meaningful only at the national level. Instead, the COF will describe how CCGs will be held to account for the improvement in outcomes in their locality that it is reasonable and fair to expect to be achieved through better commissioning.

7. The consultation response to *Liberating the NHS*[3] showed there was widespread and strong support for such a framework. The NHS Future Forum report[4] confirmed almost universal support for making improvement in quality and healthcare outcomes the primary purpose of all NHS care.

8. The Health and Social Care Bill places statutory duties on the Secretary of State, the NHS Commissioning Board and CCGs to promote continuous improvements in the quality of health services, with particular regard to clinical effectiveness, patient experience and patient safety. The Bill also places a duty on the NHS Commissioning Board to conduct an annual assessment of how well each CCG has discharged its duties, including its duty of continuous quality improvement. The Framework will enable the NHS Commissioning Board to measure achievement – and publish information on achievement – against this duty of quality.

9. The Commissioning Outcomes Framework will become operational from April 2013, as CCGs take on full responsibility for commissioning (subject to the passage of the Health and Social Care Bill). The NHS Commissioning Board is expected to publish the final set of indicators for 2013/14 in Autumn 2012 to inform clinical commissioning groups in planning for 2013/14.

Content of the Commissioning Outcomes Framework

10. Just like other outcomes frameworks, the core of the Commissioning Outcomes Framework will be a set of indicators that will demonstrate improvement in overall outcomes. Examples of indicators in the NHS Outcomes Framework include:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions

[3] Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122661

[4] Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_127868

- The proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability after 30 days
- Patient experience of hospital care

11. Indicators will be prioritised on the basis of how well they measure the local contribution to achieving the key outcomes and improvement areas in the NHS Outcomes Framework, which covers five domains:
    - Preventing people from dying prematurely;
    - Enhancing quality of life for people with long term conditions;
    - Helping people recover from episodes of ill health or following injury;
    - Ensuring that people have a positive experience of care;
    - Treating and caring for people in a safe environment and protecting them from avoidable harm.

12. The Commissioning Outcomes Framework will also seek to measure how far the services commissioned by CCGs are contributing to reductions in health inequalities. This means it could be an important tool to demonstrate how the Board and CCGs are meeting the requirements of the Equality Act, and the duties set out in the Bill on reducing inequalities.

13. This will mean breaking down performance against indicators, as far as possible, by the protected equality characteristics and socio-economic group. This will identify where particular groups have unequal access to services or unequal outcomes from those services and enable CCGs and health and wellbeing boards to identify priorities for improvement. A robust approach to case-mix adjustment will be needed to weight achievement in accordance with the scale of the challenge.

Scope

14. CCGs will be responsible for commissioning the majority of healthcare services for their populations. They will do so with the benefit of commissioning guidance that the NHS Commissioning Board will provide. The Commissioning Outcomes Framework will measure the outcomes of those services.

15. Because it is an accountability framework for CCGs, we propose that the Commissioning Outcomes Framework will not in itself cover services that the Board commissions directly, for example primary care and specialised services. The Board will set up robust systems for measuring the quality of services that it commissions directly and ensuring that they contribute to the best possible outcomes for patients. We propose that the Board will publish information on the quality of directly commissioned services alongside information on the Commissioning Outcomes

Framework so that local communities and Health and Wellbeing Boards can look in the round at the overall quality of local healthcare services.

16. We envisage that the Commissioning Outcomes Framework could include outcomes achieved through a combination of good provision of GP services and good commissioning of wider healthcare service. For example, this could include health-related quality of life for patients with long term conditions. This would reflect both the quality of the services commissioned by CCGs and the quality of primary care provided by their constituent GP practices. CCGs will have a statutory duty to support continuous improvements in the quality of primary medical care.

17. The Commissioning Outcomes Framework will focus on quality and reducing health inequalities. It will form part of a wider system of accountability for CCGs. This wider system of accountability will also cover CCGs' financial performance, their contribution to joint health and wellbeing strategies, and fulfilment of other statutory duties such as patient and public involvement. The Commissioning Outcomes Framework will not, however, cover these wider areas: it will focus on the quality of the health services commissioned, not on how they are commissioned.

Relationship to other Outcomes Frameworks

18. There are three overarching outcomes frameworks for the health and social care system: the NHS Outcomes Framework[5], the Public Health Outcomes Framework[6], and the Adult Social Care Outcomes Framework[7]. If we are to achieve the outcomes that matter most to people, the NHS, public health and social care need to work together to provide more joined up, integrated services and improve overall health and wellbeing. To support this greater focus on integration, the three frameworks include a number of shared or complementary indicators.

19. The Commissioning Outcomes Framework will reflect all of the outcomes the NHS Outcomes Framework shares with the Public Health Outcomes Framework (for example, reducing premature mortality) or which are replicated in the Adult Social Care Outcomes Framework (for example people with long term conditions feeling supported to manage their condition). This will help the NHS Commissioning Board hold CCGs to account for outcomes that depend on integration of NHS, public health and social care services.

[5] Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944
[6] Published for consultation at http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962
[7] Available at http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464

Informing priorities for improving outcomes

20. We envisage that the Commissioning Outcomes Framework will be used to inform both national priorities and local priorities for improvement.

21. At the national level, the Secretary of State will use the mandate for the NHS Commissioning Board to set out his ambitions for quality improvement. The NHS Commissioning Board will in turn work with CCGs to determine how to address these ambitions. The Board would use relevant indicators from the Commissioning Outcomes Framework to set expectations for improvement and monitor progress.

22. At local level, we envisage that the Commissioning Outcomes Framework will support CCGs in working with health and wellbeing boards to assess local needs, agree joint strategic priorities, and develop commissioning plans. The Framework would help CCGs and health and wellbeing boards look at the current quality and outcomes from local healthcare services, both compared with previous years and compared with other localities, and identify possible priorities for improvement.

23. Achievement against the indicators will then be measured and reported during and at the end of the year so that performance against both national and local priorities can be reviewed and priorities for improvement in future years can be identified.

24. CCGs and health and wellbeing boards may of course agree local priorities for improvement that are not based on indicators in the Commissioning Outcomes Framework.

25. In its annual assessment of CCGs, the NHS Commissioning Board would look both at progress against the Commissioning Outcomes Framework and at the CCG's contribution towards local priorities agreed in the joint health and wellbeing strategy. The Board would also take both these factors into account in determining quality rewards for CCGs, subject to regulations made under the Health and Social Care Bill

Selecting indicators

26. Indicators will be prioritised on the basis of how well they measure the local contribution to achieving the key outcomes and improvement areas in the NHS Outcomes Framework. In selecting indicators for the Commissioning Framework, the NHS Commissioning Board will need to look at the strength of the evidence linking indicators to outcomes. It will also need to ensure that CCGs can influence the outcome measures chosen and that they act as a spur for continuous quality improvement.

27. All the indicators in the Commissioning Outcomes Framework will measure progress in improving outcomes. Some indicators will measure outcomes directly, such as morbidity or mortality, patient reported outcome measures and patient reported experience measures. Other outcomes, however, may not be sufficiently attributable to the influence of CCGs as commissioners, for instance because of size of population, or there may be long time-lags before the outcomes are achieved. The Framework will also, therefore, need to include some proxy indicators of outcomes that are nonetheless good predictors of improvement. These could be 'intermediate' outcome indicators or healthcare processes that are shown to have a strong link to outcomes.

28. The set of indicators will include:

- NHS Outcomes Framework indicators that are clinically and statistically significant when measured at CCG population level;
- indicators based on NICE quality standards[8], which set markers of high-quality, cost-effective care, covering the treatment and prevention of different diseases and conditions, and which are linked to the outcomes in the NHS Outcomes Framework;
- indicators from other sources to ensure that all the NHS Outcomes Framework outcomes and improvement areas are measured, even where relevant quality standards are not yet available.

29. The Commissioning Outcomes Framework is intended to drive quality improvement and to hold CCGs to account for their progress in delivering improved outcomes. It is not intended to pinpoint the precise contribution of commissioners or providers to the outcomes. Nevertheless, the indicators selected for the COF will need to relate clearly to outcomes (or robust predictors of outcomes) that can be influenced through the actions of CCGs - for example through deciding what services to commission, using contracts to specify requirements for quality and outcomes, using CQUIN to incentivise specific aspects of improvement, and monitoring the quality of services provided.

30. In selecting indicators, we will give priority to areas where there is evidence of inappropriate variation in clinical practice or in health outcomes (between geographical areas or equality groups) and where the introduction of an indicator would make a significant difference in reducing these inequalities.

Work to date

31. We are working with the team responsible for the NHS Outcomes Framework to identify which indicators will lend themselves to measurement at CCG population level.

[8] Further details on the quality standards programme can be found on the NICE website at http://www.nice.org.uk/aboutnice/qualitystandards/qualitystandards.jsp

32. As indicated in the NHS White Paper consultation response[9], we have also asked NICE to work with the NHS Information Centre to develop potential indicators based on quality standards (see para 28 above). NICE will make recommendations for the NHS Commissioning Board to consider. NICE have set up an independent advisory committee to consider indicators for the Commissioning Outcomes Framework[10].

33. The NHS Commissioning Board may also wish to commission indicators from other sources and to include topics not covered by quality standards. This is particularly important as it will take time for NICE to develop a comprehensive library of quality standards. The Board will need to identify indicators to cover a broad spectrum of care and areas for improvement agreed with the Secretary of State in the mandate. All indicators will be developed through a robust, evidence-based process.

Implementation

34. The indicators that are being considered for the Commissioning Outcomes Framework will be published at various stages through the development process to inform planning and preparation by CCGs:

- **November 2011:** NICE will publish the draft indicators recommended by its Advisory Committee for further development, based on quality standards.
- **April 2012:** the full set of draft indicators being developed for potential inclusion in the Framework will be published.
- **August 2012:** NICE will publish the indicators the Advisory Committee recommends for consideration by the NHS Commissioning Board;
- **October 2012:** the NHS Commissioning Board will publish the final set of indicators for 2013/14.

Data management

35. The new Calculating Quality Reporting Service (CQRS)[11], which is currently being procured and expected to go live in April 2013, will analyse and report on achievement against the Commissioning Outcomes Framework.

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9 Liberating the NHS: Legislative framework and next steps, available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122661

10 Further details are available at http://www.nice.org.uk/aboutnice/cof/cof.jsp

11 Further details at http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gppcs/cqrs

36. The Information Centre will be the data supplier for the CQRS, using the GP Extraction Service[12] for data extracted from GP clinical systems and the Secondary Uses Service and other sources for data from hospital and community services. A diagram showing the proposed arrangements for data collection and analysis is attached at Annex A.

37. The Information Centre will safeguard patient confidentiality and maintain data security, following the principles of Information Governance approved by the National Information Governance Board and the Medical Ethics Committees of the BMA and RCGP.

38. Some indicators may require new data collections. In other cases, there may be a need for better recording of data in existing systems, for example better recording of secondary healthcare outcomes in primary care systems. There will also be an option for CCGs or the NHS Commissioning Board to submit data for indicators via a web portal, for example results of local data collections by CCGs or centrally conducted surveys by the Board.

39. When the NHS Commissioning Board publishes the final indicator set for 2013/14 in October 2012, this will be accompanied by available information on baseline levels of performance (at CCG population level wherever possible).

40. CQRS will provide at least monthly reports of in-year performance to CCGs and the NHS Commissioning Board, with projections of end of year achievement. The content and completeness of the monthly reports will depend on the data source for each indicator. For some indicators the data may be available near to real time (e.g. data extracted from GP clinical systems). For other indicators, there will be less frequent collections (some annual) and a longer time lag. The NHS Commissioning Board will need to consider data availability and time lags when it selects indicators.

41. Data will be published at CCG level once it has been cleaned to ensure accuracy and patient confidentiality (e.g. supression of small numbers). Where case-mix adjustment is used, this will be applied to indicators before achievement is published. In the interests of transparency, the underlying data and the methodology used in the case mix adjustment would also be made available when requested.

Evolution of the Commissioning Outcomes Framework

42. We anticipate that, where possible, there will be continuity in the indicators measured through the Commissioning Outcomes Framework to support long-term planning. At the same time, the Commissioning Outcomes Framework would need to be reviewed on an annual basis,

[12] Further details on GPES are available at http://www.ic.nhs.uk/gpes

so that it keeps pace with the evidence base and includes a balanced set of indicators that best support improvements in outcomes for patients.

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Annex A - Proposed Arrangements for Data Collection