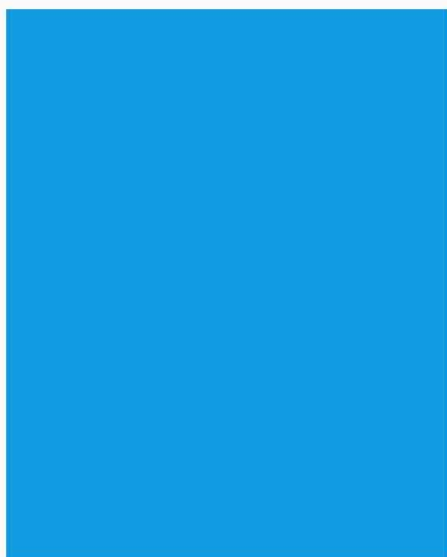
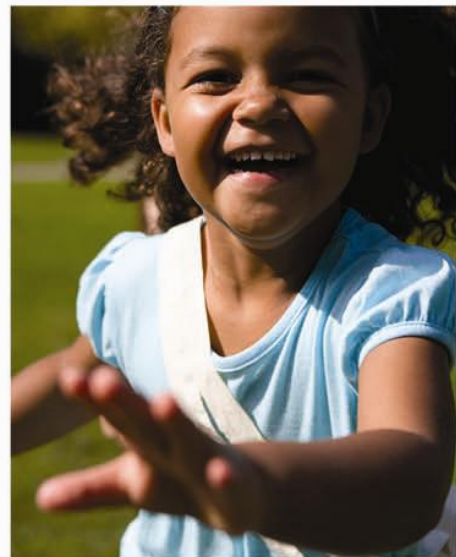


Commissioning for quality
and innovation (CQUIN):
2013/14 guidance

Draft – December 2012



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2013/14 guidance

First published: December 2012

This document is in draft form pending regulations (the 'standing rules') that are due to come into force in February 2013. We do not anticipate any substantive changes to the document. However, a final version will be published in February 2013.

Contents

1. Introduction	4
2. Financial Framework	4
3. Innovation Health and Wealth	5
4. National CQUINs	10
5. Friends and Family Test	11
6. NHS Safety Thermometer	15
7. Dementia	22
8. Venous Thromboembolism	30
9. Local CQUIN Goals and Indicators	35

1. Introduction

The key aim of the Commissioning for Quality and Innovation (CQUIN) framework for 2013/14 is to secure improvements in quality of services and better outcomes for patients, whilst also maintaining strong financial management.

Working with stakeholders during 2013/14, the NHS Commissioning Board (NHS CB) will oversee a fundamental review of the incentives, rewards and sanctions within the NHS Standard Contract, including CQUIN, and other available levers to inform the 2014/15 planning round.

This document is for commissioners and providers who will be using the CQUIN framework in 2013/14. It provides an overview of the financial framework for the 2013/14, detailed guidance on the national pre-qualification criteria and national goals for 2013/14, as well as advice for those developing local CQUIN goals.

2. Financial Framework

CQUIN for 2013/14 is set at a level of 2.5 per cent value for all healthcare services commissioned through the NHS Standard Contract. 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.

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. 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 the proportion of payment associated with each CQUIN indicator and the basis upon which payment will be made.

CQUIN monies remain non-recurrent.

CQUIN monies should be used to incentivise providers to deliver quality and innovation improvements above the baseline requirements set out in the Standard Contract. 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.

Non-participation in any applicable national CQUIN scheme should result in non-payment of that proportion of CQUIN funding.

3. Innovation Health and Wealth (Prequalification Criteria)

*Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS*¹ set out that from April 2013 compliance with high impact innovations would become a prequalification requirement for CQUIN. By 31 March 2013, providers will need to have put in place measures to meet the criteria set out below in order to qualify for the release of any 2013/14 CQUIN funding. Whilst the minimum requirements for providers are set nationally, providers will need to work with local commissioners to ensure that plans are aligned with local commissioning strategies.

Local commissioners will be responsible for assessing whether providers meet the prequalification criteria. Prequalification criteria apply equally to clinical commissioning group (CCG) commissioned services and NHS CB commissioned services. CCGs may wish to assess jointly with the relevant NHS CB direct commissioning team whether prequalification criteria are met jointly where they both hold contracts with a provider.

In order for providers to qualify for CQUIN payments, they will need to satisfy at least 50 per cent of the pre-qualification criteria that apply to them. The table below sets out the pre-qualification criteria and which criteria apply to which service type:

¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_134597.pdf

Area of innovation	Criteria for providers			Local commissioner assurance
3 million lives	<p>Set a trajectory for 2013/14 for increasing planned use of telehealth/telecare technologies</p> <p>In order to do this, providers will need to demonstrate that they have:</p> <ul style="list-style-type: none"> • set a baseline for 2012/13 • based their planning assumptions on the evidence available from the Whole System Demonstrator programme (available on www.3millionlives.co.uk) or give evidence as to why this evidence has not informed the planning process <p>Providers will need to demonstrate their intention to use the framework and resources provided on www.3millionlives.co.uk to work with technology providers to agree new model of technology provision for telehealth/telecare.</p> <p>Supporting materials can be found on www.3millionlives.co.uk or www.innovation.nhs.uk</p>			Ensure trajectory is robust and in line with commissioning strategy for 2013/14
Provider types	Acute services provider ✓	Community services provider ✓	Ambulance services provider n/a	Mental health or learning disabilities services provider ✓

Area of innovation	Criteria for providers			Local commissioner assurance
Intra-operative fluid management (IOFM)	<p>Demonstrate to commissioners that 2013/14 trajectories for the technology are in place which are consistent with National Technology Assessment Centre (NTAC) guidance</p> <p>Providers will need to:</p> <ul style="list-style-type: none"> • establish 2012/13 baseline use • put in place trajectories for 2013/14. Plans will need to be based on the number of specific procedures listed in appendix 3 of the NTAC guidance. Based on the number of relevant local OPCS coded procedures, providers will need to identify a local target of at least 80%. Whilst the target itself is based on the OPCS coded procedures listed in the NTAC guidance, the actual planned uptake can either be for procedures listed in the NTAC appendix 3 or for other relevant high risk surgery <p>Relevant NTAC guidance can be found on www.innovation.nhs.uk</p>			Ensure provider plan for 2013/14, including baseline assessment, is robust
Provider types	Acute services provider ✓	Community services provider n/a	Ambulance services provider n/a	Mental health or learning disabilities services provider n/a

Area of innovation	Criteria for providers			Local commissioner assurance
Child in a chair in a day	<p>Review the provision of wheelchair services to ensure outcomes similar to those achieved by the best-performing providers of mobility services for children</p> <p>In order to do this, providers should develop an action plan for improvement. Supporting national guidance will be published shortly on www.innovation.nhs.uk</p>			Assure robustness of service review in line with local commissioning strategy.
Provider types	Acute services provider ✓ (where applicable)	Community services provider ✓	Ambulance services provider n/a	Mental health or learning disabilities services provider n/a

Area of innovation	Criteria for providers			Local commissioner assurance
International & commercial activity	Demonstrate that clear plans are in place to exploit the value of commercial intellectual property – either standalone or in collaboration with Academic Health Science Network			Assure that clear plans are in place
Provider types	Acute services provider ✓	Community services provider ✓	Ambulance services provider ✓	Mental health or learning disabilities services provider ✓

Area of innovation	Criteria for providers			Local commissioner assurance
Digital First	<p>Establish a 2012/13 baseline and a trajectory for improvement to reduce inappropriate face-to-face contact</p> <p>In order to do this, providers will need to:</p> <ul style="list-style-type: none"> • identify which of the 10 digital initiatives identified in the report <i>Digital First - the Delivery Choice for England's population</i> (see www.innovation.nhs.uk) apply to them • identify any other local initiatives aimed at reducing inappropriate face to face contact • work with local commissioners to establish ambitious trajectories for 2013/14 corresponding with the needs and priorities for the local healthcare economy. • use the benchmarking tool which will be available early in the New Year on www.innovation.nhs.uk to assess the initiatives that they are undertaking to reduce inappropriate face-to-face interactions and the potential savings that could be attained. 			Assure robustness of baseline and trajectory
Provider types	Acute services provider ✓	Community services provider ✓	Ambulance services provider ✓	Mental health or learning disabilities services provider ✓

Area of innovation	Criteria for providers				Local commissioner assurance
Carers for people with dementia	Demonstrate that plans have been put in place to ensure that for every person who is admitted to hospital where there is a diagnosis of dementia, their carer is sign-posted to relevant advice and receives relevant information to help and support them				Assure that provider plans are in line with local commissioning strategy and 2013/14 national dementia CQUIN
Provider types	Acute services provider ✓	Community services provider n/a	Ambulance services provider n/a	Mental health or learning disabilities services provider ✓	

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4. National CQUINs

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. There are four national CQUIN goals for 2013/14, which are:

- *Friends and Family Test* – where commissioners will be empowered to incentivise high performing Trusts;
- improvement against the *NHS Safety Thermometer* (excluding VTE), particularly pressure sores;
- improving *dementia* care, including sustained improvement in **F**inding people with dementia, **A**ssessing and **I**nvestigating their symptoms and **R**eferring for support (FAIR); and
- *Venous thromboembolism (VTE)* – 95 per cent of patients being risk assessed and achievement of a locally agreed goal for the number of VTE admissions that are reviewed through root cause analysis.

The level of funding attributed to each national goal should be split evenly. Where a national CQUIN goal does not apply to a particular contract, commissioners may either replace that goal with a local goal that applies to the contract type or split the national CQUIN funding across those national goals that do apply.

National CQUIN goals apply equally to services commissioned by the NHS CB 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 or learning disability services providers
Friends and Family Test	✓	n/a	n/a	n/a
NHS Safety Thermometer ²	✓	✓	n/a	✓
Dementia	✓	n/a	n/a	n/a
Venous thromboembolism (VTE)	✓	n/a	n/a	n/a

² Some elements of the NHS Safety Thermometer only apply to certain contracts: this is set out in detail at <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

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. The 2011/12 national inpatient survey showed that only 13 per cent of patients in acute hospital inpatient wards and A&E departments were asked for feedback.

INDICATORS:

The CQUIN will be structured with three separate elements:

1. 30 per cent of the funding for phased expansion: NHS providers will need to deliver the nationally agreed roll-out plan to the national timetable – maternity by the end of October 2013 and additional services (yet to be defined) by end of March 2014. Missing any element of this will result in non-payment of the CQUIN.
2. 40 per cent of the funding for increasing the response rate in the acute inpatient and A&E areas. Achieving a response rate in the top 50 per cent which also improves on the Q1 response rate.
3. 30 per cent of the funding for increasing the score of the Friends and Family Test question within the 2013/14 staff survey compared with 2012/13 survey results.

DATA SOURCE:

1. Two one-off returns from providers to local commissioners on the position at end of October 2013 and March 2014.
2. Providers of NHS funded services will provide monthly data on Friends and Family Test results through the UNIFY central data collection system.
3. Annual Staff Survey.

NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Acute hospital providers will need to ensure that they can provide Friends and Family scores from 1 April 2013 at the latest that meets the national guidance.
- Commissioners will need to be assured that their acute hospital providers are on track to have fully implemented the Friends and Family Test from 1 April 2013
- Commissioners and providers will need to put in place implementation plans for rolling out the Friends and Family Test to other areas during 2013/14. The NHS CB will publish a national programme, but the first roll-out is for maternity services by October 2013.

SUPPORTING INFORMATION:

National Friends and Family Guidance published by the Department of Health is available at <http://www.dh.gov.uk/health/2012/10/guidance-nhs-fft/>

CQUIN TEMPLATES

FRIENDS AND FAMILY TEST: PHASED EXPANSION	
Indicator number	1.1
Indicator name	Friends and Family Test - Phased expansion
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.125% 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 October 2013 and end of March 2013
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Six monthly
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Achieving both October 2013 and March 2014 milestones
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 in April 2014
Are there rules for any agreed in-year milestones that result in payment?	Needs to be full implementation for payment
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Set out above

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)
End of October 2013	Delivery of Friends and Family roll-out for maternity services	End of October 2013	Stage 1 of the 30% element of the CQUIN

FRIENDS AND FAMILY TEST: INCREASED RESPONSE RATE	
Indicator number	1.2
Indicator name	Friends and Family Test – Increased Response Rate
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.125% 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 UNIFY data collection system
Frequency of data collection	Monthly return
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	Q1 in 2013/14
Baseline value	The response rate in the previous quarter
Final indicator period/date (on which payment is based)	End of Q4
Final indicator value (payment threshold)	Provider having a response rate that achieves a response rate in the top 50% which also improves on the Q1 response rate
Final indicator reporting date	Data available by end of April 2014 (for Q4)
Are there rules for any agreed in-year milestones that result in payment?	Not applicable as year end
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Set out above

FRIENDS AND FAMILY TEST – IMPROVED PERFORMANCE ON STAFF TEST	
Indicator number	1.3
Indicator name	Friends and Family Test - Improved Performance on the Staff Friends and Family Test
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.125% of contract value>
Description of indicator	Improved performance on the staff Friends and Family Test
Numerator	Not applicable
Denominator	Not applicable
Rationale for inclusion	National CQUIN scheme
Data source	Publication of annual staff survey through Staff Survey Co-ordinating Centre (Picker UK)
Frequency of data collection	Annual staff survey (collected in autumn and reporting in February the following year)
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Annually
Baseline period/date	2012/13 annual staff survey
Baseline value	Provider score in 2012/13 staff survey
Final indicator period/date (on which payment is based)	2013/14 survey results
Final indicator value (payment threshold)	Provider having a better result in 2013/14 compared with 2012/13
Final indicator reporting date	Published in February 2014 for 2013/14 survey results
Are there rules for any agreed in-year milestones that result in payment?	Not applicable as year end
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Set out above

6. NHS Safety Thermometer

GOAL:

To 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.

INDICATORS:

1. For those organisations yet to establish reliable data collection, the CQUIN will incentivise the consistent collection of data to establish a robust baseline.
2. For those organisations that have established their baseline data and received payment for doing so using the NHS Safety Thermometer CQUIN in 2012/13, the CQUIN will incentivise 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 survey, to collect data on pressure ulcers, falls and urinary tract infection in patients with a catheter. To avoid confusion between the separate VTE CQUIN and the VTE indicators in the NHS Safety Thermometer, completion of the VTE indicator data in the NHS Safety Thermometer is not required for the survey to be considered complete for CQUIN purposes. Organisations may still wish to collect VTE data using the NHS Safety Thermometer for their own local improvement purposes.

PRIORITISING PRESSURE ULCER PREVALENCE:

On the basis of national data, it is likely that most organisations will find that the majority of their harm is represented by pressure ulcers. Where applicable, it is therefore recommended that the measure for the 2013/14 improvement CQUIN is the prevalence of all pressure ulcers as measured using the 'P3' measure in the NHS Safety Thermometer.

Organisations will find that 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 post-admission) pressure ulcers for the purposes of the pressure ulcer improvement CQUIN. Provider organisations should work with partners across the health and social care system to address the causes of pressure ulcers and reduce their prevalence, regardless of source.

Evidence from the NHS Safety Thermometer pilot data to date 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, NHS Institute for Innovation & Improvement) and through integration of the goal into local change plans particularly if implemented across the health and social care sector. For extremely high performing organisations, a 'time between' measure may be appropriate, which incentivises achievement of a goal based on the number of days between single incidences of pressure ulcers. More information is available in the detailed guidance at <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Commissioners will need to establish for which indicator their provider is eligible, on the basis of whether CQUIN payments were made for data collection during 2012/13.
- Providers will need to confirm whether they wish to participate in this national CQUIN.
- Both providers and commissioners will need to understand where the NHS Safety Thermometer CQUIN is applicable³, 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 aims once a robust baseline NHS Safety Thermometer survey collection has been established.
- For those providers eligible for indicator 2 (the improvement CQUIN), the commissioner and provider should agree their local improvement target. 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).
- We recommend that you have the following materials and information on hand: your CQUIN for 2012/13; your local NHS Safety Thermometer; the Information Centre data quality guide⁴; the local description of the data collection method; the NHS Quality Observatories web materials⁵.
- 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.

SUPPORTING INFORMATION:

A guidance document to support the use of the CQUIN can be found on the 'harm free care' website⁶. The guidance provides a 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 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.

³ See table at Appendix B

⁴ <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/data-quality/the-quality-of-nationally-submitted-health-and-social-care-data-in-england--first-annual-report-2012-experimental-statistics>

⁵ <http://bit.ly/QIAzCZ>

⁶ <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

CQUIN TEMPLATES

NHS SAFETY THERMOMETER – DATA COLLECTION	
Indicator number	2.1
Indicator name	NHS Safety Thermometer – Data Collection
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.125% of contract value>
Description of indicator	To collect data on the following three elements of the NHS Safety Thermometer: pressure ulcers, falls and urinary tract infection in patients with a catheter
Numerator	Number of months per quarter for which a complete record of NHS Safety Thermometer survey data covering all appropriate patients in all appropriate settings for all relevant measures is submitted
Denominator	Total number of relevant months in the quarter (usually three)
Rationale for inclusion	National CQUIN scheme.
Data source	Provider submission to the Information Centre which publishes the data at http://www.ic.nhs.uk/services/nhs-safety-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	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Not applicable. This CQUIN is based on quarterly achievement.
Final indicator value (payment threshold)	Not applicable. This CQUIN is based on quarterly achievement.
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Commissioners will satisfy themselves of the appropriate completion and submission of the data collection for each provider by reference to the Information Centre's publication of Safety Thermometer results for each provider. Further clarification on completeness of data submission (eg related to patient exclusion data) should be obtained from the relevant provider if necessary.
Final indicator reporting date	NHS Safety Thermometer data for March 2014 will be available on 15 April 2014
Are there rules for any agreed in-year milestones that result in payment?	Each set of complete data for a single quarter will qualify the provider for 25% of the total value for this CQUIN
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Not applicable

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 complete survey for each month in the quarter is submitted to the Information Centre	Data for June 2013 will be available on 10 July 2013	25%
Quarter 2	A complete survey for each month in the quarter is submitted to the Information Centre	Data for September 2013 will be available on 9 Oct 2013	25%
Quarter 3	A complete survey for each month in the quarter is submitted to the Information Centre	Data for December 2013 will be available on 8 Jan 2014	25%
Quarter 4	A complete survey for each month in the quarter is submitted to the Information Centre	Data for March 2014 will be available on 15 April 2014	25%

NHS SAFETY THERMOMETER – SUGGESTED IMPROVEMENT GOAL (NOT MANDATORY)	
Indicator number	2.2
Indicator name	NHS Safety Thermometer – Improvement
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> (<i>non-mandatory, commissioners may agree a different improvement goal</i>)
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.ic.nhs.uk/services/nhs-safety-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 2013 set by individual organisations following the available guidance on data quality
Baseline value	<commissioner to complete> Median of local data as described above. National pressure ulcer prevalence data from the NHS Safety Thermometer to date suggests a prevalence of 6.6% for all pressure ulcers (old and new)
Final indicator period/date (on which payment is based)	Payment is split into two 6-monthly periods with 50% of the total annual available payment being available in each 6-month period
Final indicator value (payment threshold)	<commissioner to complete>

Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	<p>Achievement of 95% or greater of the agreed improvement goal for the first 6-month period (shown through special cause⁷) followed by maintenance of that goal for the second 6-month period will trigger full payment of the CQUIN.</p> <p>A sliding scale of payment for partial achievement of the improvement goal should also operate so that improvement from baseline performance (shown through special cause) that does not fully meet the target is still rewarded to some extent:</p> <ul style="list-style-type: none"> • 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.
Final indicator reporting date	<p>NHS Safety Thermometer data for March 2014 will be available on 15 April 2014</p>
Are there rules for any agreed in-year milestones that result in payment?	<p>The CQUIN goal will have been met if all of the following parameters are met:</p> <ul style="list-style-type: none"> • there is evidence of special cause variation of the median value from the agreed baseline; • the reset median value is stably maintained for six consecutive months or improved further; • the difference in the median values from the baseline to the re-set value is equivalent to the agreed improvement goal. <p>Performance against the improvement CQUIN goal will need to be reviewed separately for each 6-month period.</p>
Are there any rules for partial achievement of the indicator at the final indicator period/date?	<p>No</p>

⁷ See guidance at <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

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

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
April 2013 to September 2013	<p>The CQUIN goal for the first six months will have been met if all of the following parameters are met:</p> <ul style="list-style-type: none"> • there is evidence of special cause variation of the median value from the agreed baseline within the specified period; • the difference in the median value from the baseline to the re-set value is equivalent to the agreed improvement goal; • the reset median value is achieved within the first six months. 	Data for September 2013 will be available on 9 Oct 2013	50%
October 2013 to March 2014	<p>The CQUIN goal for the second six months will have been met if all of the following parameters are met:</p> <ul style="list-style-type: none"> • there is evidence of special cause variation of the median value from the agreed baseline either within the first or second six months; • the difference in the median value from the baseline to the re-set value is equivalent to the agreed improvement goal; • the reset median value is achieved within the first six months and is stably maintained for the next six months, or the reset median value is achieved within the second six months 	Data for March 2014 will be available on 15 April 2014	50%

Performance against the improvement goal should be reviewed separately for each 6-month period. For the purposes of payment, the improvement goal can be assumed to be sustained for six months following the re-set of the median. Commissioners must monitor ongoing performance, and if performance is not sustained, payment must be recovered.

If the full improvement goal is not met, but there is improvement from baseline that resets the median value, using the above rules, a sliding scale of payment should be used to reward improvement according to the size of the improvement, as shown above. Again, each 6-month period should be considered separately. If the full goal is achieved for the first six months but performance deteriorates for the next six months, provided it does not deteriorate to the original baseline, a proportionate payment can be made for the second six months using the above rules. More details are available at <http://harmfreecare.org/measurement/nhs-safety-thermometer/>

7. Dementia

GOAL:

To incentivise the identification of patients with dementia and other causes of cognitive impairment 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 and where patients are identified as potentially having dementia ensuring that at least 90 per cent are appropriately assessed and where appropriate 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 case finding question, or b) had a clinical diagnosis of delirium on initial assessment, or c) had a known diagnosis of dementia;
- of these, how many should have undergone a diagnostic assessment, and how many did;
- of these, 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 also 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.

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

identification of all those with delirium and 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 “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 with 72 hours of admission.

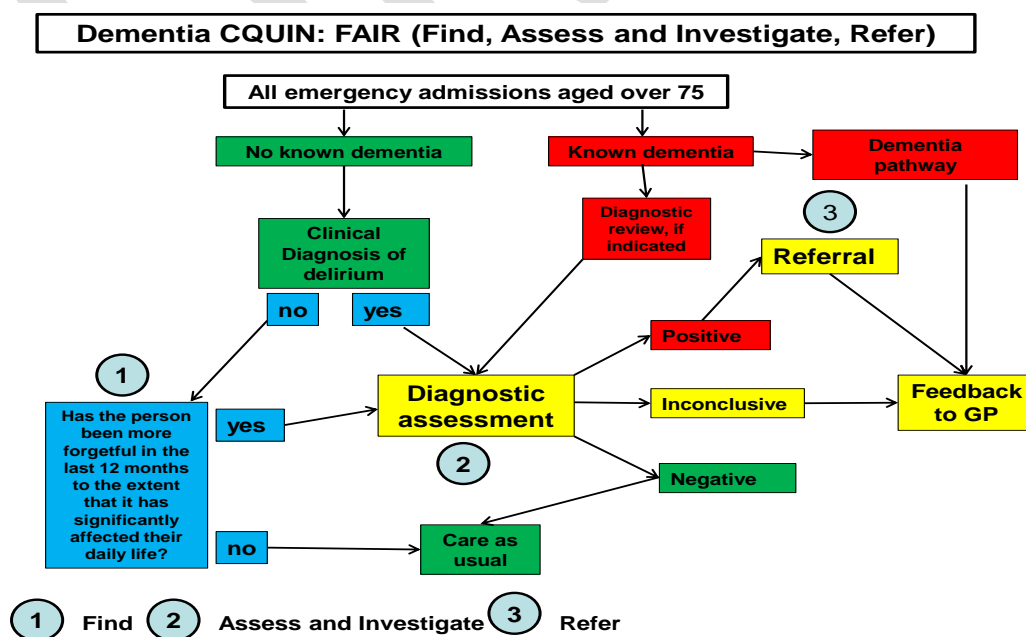
Assess and Investigate

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 a 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 to an old age psychiatry liaison team and the person assessed in hospital or it could be referral to a memory clinic or referral to the GP to alert that an assessment had raised the possibility of the presence of dementia. In addition, depending on local services, the patient can be seen as 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.

The CQUIN payment is triggered by meeting the threshold of at least 90 per cent in each of the three stages (divided equally) in any three consecutive months in the first year. Day cases, patients with a length of stay of less than 72 hours, transfers, and elective admissions are not included.



NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Providers will need to confirm whether they wish to participate in this national CQUIN.
- Providers will need to ensure their data collection systems are fully implemented before 1 April 2013.
- 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>

Dementia Commissioning Pack

<http://dementia.dh.gov.uk/dementia-commissioning-pack/commissioning-pack-resources-antipsychotics/>

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
Numerator	<ol style="list-style-type: none"> 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 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	<ol style="list-style-type: none"> 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	UNIFY 2
Frequency of data collection	Monthly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	April 2013 – March 2014
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 has achieved an average of 90% or greater in each of the elements of the indicator each month for any three consecutive months in the first year
Final indicator reporting date	March 2014
Are there rules for any agreed in-year milestones that result in payment?	Commissioners may wish to make this CQUIN payment on a quarterly basis, based on provider performance for that quarter
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)
Each quarter	90% against each of the three elements of the indicator in that month	20 days after that quarter	1/12 th

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 2013, March 2014)
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	April 2013 – March 2014
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 2014
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 2013 – March 2014
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 2014
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. Venous Thromboembolism (VTE)

GOAL:

To reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE)

INDICATORS:

1. Proportion of all adult inpatients that have had a VTE risk assessment on admission to hospital, using the clinical criteria of the national tool.
2. Number of root cause analyses (RCAs) on confirmed cases of pulmonary embolism or deep vein thrombosis.

DATA SOURCE:

Performance against the risk assessment indicator is measured through a nationally mandated monthly Unify2 data collection for all providers of NHS acute services. Guidance on the data collection is available on the Department of Health website, and will be subject to in-year revision as necessary. The NHS Standard Contract for Acute Services requires reporting of appropriate prophylaxis, and completion of root cause analysis on all confirmed cases of pulmonary embolism (PE) or deep vein thrombosis (DVT). Cases of hospital associated thrombosis (HAT) are identified through diagnostic services (scans positive for PE or DVT) and HAT deaths through pathology (autopsy) and bereavement (death certificate data) services.

ROOT CAUSE ANALYSIS OF HOSPITAL ASSOCIATED THROMBOSIS:

Hospital associated thrombosis is defined as “a VTE event occurring whilst an inpatient or within 90 days of discharge”. In order to identify an appropriate target for the number of RCAs to be carried out, the commissioner and provider will need to assess:

- whether systems are sufficiently robust to identify all cases of VTE and from this derive the number of hospital associated thromboses (HATs);
- whether all identified cases of HAT are subject to RCA;
- the systems to consider the results of RCAs and take appropriate action.

The suggested pathway is:

1. identify all cases of VTE through diagnostic services, pathology and bereavement services;
2. identify how many of these satisfy the definition for HAT;
3. subject these cases to RCA;
4. report the conclusions and resulting actions.

All providers will have to first establish systems for identifying VTE and HAT through diagnostic services. Many will be doing this for the first time: an indicative ‘ballpark’ figure for the expected total number of cases for individual providers might be derived from the number of VTE cases from 2012/13 identified by coding. (ICD10 coding has limitations in this respect, and there is no single code for VTE, but

indicative figures can be derived.) Approximately half these cases might be expected to be HAT (this is from population-based data and King's Thrombosis Centre HAT data but some variation might be expected). Further information about the rate of incidence of VTE among in-patients, and the proportion that may be expected to be hospital associated can be found at the Exemplar Network website:

www.vteprevention-nhsengland.org.uk.

NEXT STEPS FOR PROVIDERS AND COMMISSIONERS:

- Providers will need to confirm whether they wish to participate in this national CQUIN.
- The CQUIN templates will need to be completed and inserted into the Contract.
- Both providers and commissioners will need to understand where to access the data and how to review the quality of the data generated.
- Commissioners and providers will need to agree their local improvement target for RCA. 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).
- Providers and commissioners will need to agree the content of the RCA reports, when and where these will be presented, and how they will receive feedback on any actions resulting from them. Suggested content includes the total number of VTE cases; total number of HAT (also expressed as a proportion of admissions); total number of HAT cases subject to RCA (also expressed as proportion of HAT cases); percentage of preventable HAT; and actions to be taken.

SUPPORTING INFORMATION:

A range of resources are available to local health economies to tackle VTE:

National VTE Risk Assessment Tool:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088215

Hospital Associated Thrombosis and Root Cause Analysis guidance and tools (housed on national VTE prevention website)

<http://www.vteprevention-nhsengland.org.uk/cgi-bin/kingsthrombosis/index.pl>

National VTE reporting database

A VTE registry for root cause analyses is in development and is expected to be open to receive data from all providers during 2013/14. The Registry is based at the King's Thrombosis Centre and more details can be found at: <http://www.vteprevention-nhsengland.org.uk/cgi-bin/kingsthrombosis/index.pl>

NICE clinical guideline CG92, and NICE Quality Standard for VTE Prevention (QS3)

<http://guidance.nice.org.uk/CG92>

Other resources and information are available on the VTE Prevention website:

<http://www.vteprevention-nhsengland.org.uk>

CQUIN TEMPLATES

VTE – RISK ASSESSMENT	
Indicator number	4.1
Indicator name	VTE Risk Assessment
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.125% of contract value including RCA indicator>
Description of indicator	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool
Numerator	Number of adult inpatient admissions reported as having had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool (including those risk assessed using a cohort approach in line with the published guidance http://www.vteprevention-nhsengland.org.uk)
Denominator	Number of adults who were admitted as inpatients (includes day cases, maternity and transfers both elective and non-elective admissions)
Rationale for inclusion	National CQUIN scheme.
Data source	<insert local data sources which are the basis of monthly data return through Unify2 eg PAS system>
Frequency of data collection	<insert local frequency of data collection eg real time/on admission>
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Monthly
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	April 2013 – March 2014
Final indicator value (payment threshold)	95% <Local organisations may choose to adopt a higher threshold, where providers are already achieving 95%>
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	All payments must be based on (1) achievement of at least 95% (or a higher local target) and (2) achievement of the quarterly target for root cause analyses of hospital associated thrombosis, as reported to the commissioner
Final indicator reporting date	20 working days after the end of each month (deadline for Unify2 submission)
Are there rules for any agreed in-year milestones that result in payment?	Commissioners may wish to make this CQUIN payment on a quarterly basis, based on provider performance for that quarter
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)
Each quarter	Achievement of agreed target for both risk assessment and root cause analysis for each month during that quarter	20 days after that quarter	25%

VTE – ROOT CAUSE ANALYSES	
Indicator number	4.2
Indicator name	VTE Root Cause Analyses
Indicator weighting (% of CQUIN scheme available)	<commissioner to complete – minimum 0.125% of contract value including risk assessment indicator>
Description of indicator	The number of root cause analyses carried out on cases of hospital associated thrombosis
Numerator	<insert locally agreed numerator, considering the total number of VTE derived from coding data, the local systems for identification of VTE and root cause analysis, taking into account advice and guidance at http://www.vteprevention-nhsengland.org.uk >
Denominator	<insert locally agreed denominator, considering the total number of VTE derived from coding data, the local systems for identification of VTE and root cause analysis, taking into account advice and guidance at http://www.vteprevention-nhsengland.org.uk >
Rationale for inclusion	National CQUIN scheme
Data source	<insert local data sources which are the basis of report to commissioners>
Frequency of data collection	<insert local frequency of data collection eg real time/on admission>
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	<insert agreed frequency. Recommend quarterly>
Baseline period/date	<insert locally agreed baseline period>
Baseline value	<insert local baseline value – eg average number of RCA on hospital associated thrombosis undertaken each quarter during 1 April 2012 – 31 March 2013>
Final indicator period/date (on which payment is based)	April 2013 – March 2014
Final indicator value (payment threshold)	<insert locally agreed improvement target>
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	All payments must be based on (1) achievement of at least 95% (or a higher local target) and (2) achievement of the quarterly target for root cause analyses of hospital associated thrombosis, as reported to the commissioner

Final indicator reporting date	20 working days after the end of each month (deadline for Unify2 submission)
Are there rules for any agreed in-year milestones that result in payment?	Commissioners may wish to make this CQUIN payment on a quarterly basis, based on provider performance for that quarter
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)
Each quarter	Achievement of agreed target for both risk assessment and root cause analysis for each month during that quarter	20 days after that quarter	25%

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. The number and content of local CQUIN schemes are entirely for local agreement. Where providers hold several contracts with commissioners, collaboration is encouraged to agree schemes across contracts where appropriate.

The local CQUIN schemes for the year should be agreed prior to 31 March and included within the contract, using the templates provided.

Organisations may wish to consider some of the advice received from a recent academic review of CQUINs when developing their local schemes.

Financial incentive initiatives should build on evidence of what works

The key factors to consider when designing schemes include the extent to which the scheme:

- is perceived as fair and legitimate and, linked to this, whether what is being asked is feasible (this is influenced by a range of factors including the validity and reliability of indicators, the extent to which individuals can impact on performance and the organisational setting provides the capacity to respond in the desired way, and whether the reward is sufficient to cover the additional costs of achieving it);
- is clear and targeted properly;
- is based on data which are perceived as accurate.

Local indicator development is time consuming and can limit the opportunity for benchmarking

Indicator development is time consuming and ideally involves piloting, rather than a 'big bang' approach. Selecting from existing, validated indicators could avoid the time and effort of developing indicators at each site. The following resources may help in identifying appropriate indicators:

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html
<http://www.ic.nhs.uk/services/measuring-for-quality-improvement>
<http://www.rightcare.nhs.uk/index.php/nhs-atlas/>
<http://www.advancingqualitynw.nhs.uk/index.php>
<http://www.ic.nhs.uk/proms>

A small number of indicators linked to high impact changes may be preferable to a large number of indicators covering a wide range of conditions

CQUIN schemes containing a large numbers of indicators, combined with the annual process of retiring indicators and introducing new ones, make sustained effort and institutionalisation of behaviour change more difficult. Initiatives such as Advancing

Quality in the NHS North West and best practice tariffs, which have been shown to have positive impacts on quality are underpinned by this principle, which appears to facilitate a more focused and sustainable approach to change. Commissioners will wish to consider the overall value of the contract in agreeing the number of indicators with providers.

Mechanisms for engaging clinicians should be clearly identified

A key challenge with CQUIN implementation has been clinical engagement. Engagement will be limited unless processes to engage clinicians are clearly articulated. As part of this process, what constitutes 'engagement' (in particular the extent to which clinicians can input into the process, as opposed to being informed about the likely contents of CQUIN schemes) should be defined in order to ensure that any processes are fit for purpose and that expectations of all parties are clear at the outset.

Indicators and reward structures should be designed and used in a way which complements other incentives and levers in the system

Commissioners and providers may wish to review the NHS CB planning framework and road-test tariff to ensure local schemes do not duplicate or contradict other system levers.

'All or nothing' payment rules can have unintended consequences

Where payment is conditional on achievement of absolute levels of performance, it has been reported as having a demotivating effect, particularly where progress was made but absolute targets not achieved. Where in-year data suggest that absolute target performance levels are not achievable, there is a danger that attention and effort will be diverted elsewhere to other, more achievable goals.

Careful thought needs to be given to weighting of rewards

Some goals will take more time and effort to achieve than others. Commissioners and providers may wish to consider how payments are weighted to reflect this.

Careful thought needs to be given to costs and benefits of data collection, monitoring and feedback

Data collection can be a significant burden and clinicians may view it as a distraction from quality improvement. Factors such as the extent to which participants view the measures as useful and the stability of measures over time, as well as the extent to which data collection builds on existing data systems are all important in influencing attitudes to data collection. The costs and benefits of data collection and monitoring should be considered in a way which recognises other features of a scheme's design and sees them as interrelated, rather than treating this as a narrow 'technical' issue which can be assessed in isolation from other scheme features.

DRAFT

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