Quality premium 2013/14; eligibility and assessment arrangements
The guidance sets out the arrangements and the roles of CCGs and NHS England in assessing the levels of Quality Premium earned by CCGs in 2013/14, together with details of dates when the awards will be made to CCGs.
Quality Premium 2013/14

Eligibility and assessment arrangements

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Purpose

1. This guidance:
   a) gives additional information with respect to the 2013/14 quality premium HCAI measure and:
   b) advises CCGs of the arrangements for the assessment and confirmation of 2013/14 quality premium awards including the roles of CCGs, NHS England area teams and the NHS England national support centre.

2. The guidance should be read in conjunction with the 2013/14 quality premium guidance\(^1\).

   Domain 5 measure: Healthcare associated infections (HCAIs)

3. For the avoidance of doubt, it is advised that a CCG's position on this measure with respect to MRSA will be on the basis of cases attributed to the CCG after a post-infection review has been carried out.

Application of financial and quality criteria

4. It was set out in the quality premium guidance that a quality premium may not be paid if certain financial and quality requirements were not met by a CCG. In order to give additional clarity on how these requirements will be applied further details are given below, including in terms of links to criteria considered in the CCG assurance process.

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<td>A pre-qualifying criterion for any payment that a CCG manages within its total resources envelope for 2013/14 and b) does not exceed the agreed level of surplus drawdown</td>
<td>A CCG will have its quality premium payable in 2014/15 withheld on financial grounds if it a) has not delivered its planned surplus or deficit for 2013/14 or b) has delivered its planned surplus or deficit but only after receipt of unplanned support or c) receives a qualified audit report or d) in the view of NHS England, during 2013/14 the CCG has not operated in a manner that is consistent with the obligations and principles set out in Managing Public Money(^2).</td>
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<td>NHS England may also withhold or reduce a quality premium payment if a CCG does not meet requirements in relation to financial propriety.</td>
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| The Care Quality Commission (CQC) has determined that a provider is in serious breach of its registration requirements. In deciding whether to withhold payment of the quality premium, NHS England will want to understand the steps that the relevant CCG has taken to monitor the quality of the care it has commissioned and the action it has taken, in collaboration with other parts of the system. | Enforcement action is being taken by CQC against a provider in relation to quality matters and:  
  a) it has been identified via the CCG assurance process that a CCG is not engaged in proportionate action planning in response to the quality failure in order to address patient risk and:  
  b) this remains the case with respect to the CCG at the end of 2013/14. |

**Arrangements for assessment and confirmation of 2013/14 Quality Premium awards**

5. Assessment of each CCG’s position with respect to the four national quality premium measures will be carried out by the national support centre.

6. Assessment of each CCG’s position with respect to its three local measures will be carried out jointly by the CCG and the relevant area team. CCGs will be asked to complete a template which sets out:
   - the planned level of improvement for each local measure
   - the position at the end of 2013/14 (see paragraph 9 below)
   - the data sources used to measure improvement

7. The area team may ask for further details of the CCG’s position and the data used to support it where this is necessary to establish the quality premium achievement.

8. CCGs will need to provide information in sufficient time for the outcome to be notified by area teams to the national support centre by the end of quarter 2, 2014/15 (see paragraph 11 below).

9. CCGs should therefore work with area teams now to identify whether the data setting out the position at the end of 2013/14 for all local measures will be available by quarter 2, 2014/15. Where a local measure is based on a national data collection and the end of year data will not be available by quarter 2, 2014/15 the CCG should identify with the area team the dates for which data will be available by that time and also whether this will give sufficient assurance on the likely end of year position. Where it is not considered that such data will give sufficient assurance, the CCG should agree with the area team what additional information it should supply in order to give such assurance.
10. Where a local measure is based on a locally designed data collection CCGs should ensure that details of the 2013/14 end of year position is available by quarter 2, 2014/15.

11. Area teams should advise the national support centre of the local measures achieved by each CCG by the end of quarter 2, 2014/15. This will be taken into account alongside the CCG’s position in relation to:
- the national quality premium measures
- the financial and quality requirements set out in paragraph 4 above and
- the NHS Constitution requirements set out in the quality premium guidance.

12. Details of the format for supplying the above information will be separately advised.

13. NHS England may need to ask CCGs for information to support identification of whether CCGs have satisfied the requirements in relation to the financial and serious quality failure criteria set out in paragraph 4 above.

14. CCGs will initially be provisionally advised of the level of their quality premium award. Prior to the award being confirmed there will be an opportunity for CCGs to check whether the data position on which the award has been calculated concurs with their understanding.

15. Both the provisional and final notifications of quality premium awards will be made early in Q3, 2014/15. In order for CCGs to maximise their ability to make the most effective use of the payment within 2014/15, they should consider making plans for its use in advance of this date so that these plans can be implemented as soon as the level of award is confirmed.