NHS England

CQUIN 2014/15 – additional guidance on the national mental health indicator

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Description	The CQUIN 2014/15 guidance included a new national indicator on improving physical healthcare to reduce premature mortality in people with severe mental illness. This document provides additional detailed guidance for commissioners and providers specifically in relation to the first part of this indicator. It sets out the process and timescales for providers to submit data and earn CQUIN funding.
Cross Reference	CQUIN 2014/15 guidance Feb 2014 (http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf)
Superseded Docs (if applicable)	NA
Action Required	Providers to whom this CQUIN indicator applies must register by 11th July 2014 using the link which will be provided on the Royal College of Psychiatrists website (http://www.rcpsych.ac.uk/CQUIN).
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Contact Details for further information	NHS Standard Contract Team 4E44 Quarry House Quarry Hill Leeds LS2 7UB nhscb.contractshelp@nhs.net http://www.england.nhs.uk/nhs-standard-contract/

Document Status

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CQUIN 2014/15 – additional guidance on the national mental health indicator

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Contents

1 Executive summary

NHS England published guidance on the 2014/15 Commissioning for Quality and Innovation (CQUIN) scheme in December 2013. This guidance, updated in February 2014, is available at http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf.

The CQUIN guidance included a new national indicator on improving physical healthcare to reduce premature mortality in people with severe mental illness. As promised in the original publication, this document now provides additional detailed guidance for commissioners and providers specifically in relation to the first part of this indicator. It sets out the process and timescales for providers to submit data and earn CQUIN funding.

2 Introduction

NHS England published guidance in December 2013 (reissued with minor changes in February 2014) on Commissioning for Quality and Innovation schemes for 2014/15 (http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf).

The guidance included a new national indicator on improving outcomes for people with serious mental illness by promoting better communication between primary and secondary care, ensuring patients' safety and addressing physical healthcare to reduce premature mortality. The indicator was divided into two parts, the first of which was to reward providers for demonstrating, through a national data collection process, full implementation of appropriate processes for assessing, documenting and acting on cardio-metabolic risk factors in patients with psychoses, including schizophrenia.

We undertook that further detailed guidance would be made available on the national data collection process for part 1 of the indicator, and this document provides that guidance. Answers to some Frequently Asked Questions regarding parts 1 and 2 of the indicator are set out in Appendix A. The second part of the indicator related to better communication with a patient's GP, to be demonstrated by a programme of local audit. Additional tools to assist providers with implementation of this part are being developed and will be made available in due course.

3 Embedding the importance of physical health improvement for people with serious mental illness

This CQUIN will promote a change in culture and practice on inpatient wards, for the first time incentivising providers to train staff to carry out physical health assessments and treatments and ensure resources for such care are available on all inpatient wards. NHS England has sought advice from clinical experts and field leaders and recognises that there are a number of methods the CQUIN can be successfully implemented. These Include commissioned primary care experts on wards and in teams, programmes of Continuing Professional Development (CPD) and greater use of the skills of liaison mental health experts.

Commissioners may wish to work with providers in order to build on the approach set out in the national CQUIN, for instance by:

- Applying the same approach to other inpatients, beyond the scope of the national CQUIN;
- Setting expectations as to the levels of intervention likely to be required as a result of better identifying physical healthcare needs; and/or
- Extending the approach to community settings.

NHS England is committed to identifying the best ways to support good clinical practice which improves outcomes for patients. NHS England will be reviewing all

financial incentives during 2014/15 and will review the progress and potential for extension of the national CQUIN indicator on mental health as part of this process.

4 Detailed guidance on part 1 of the mental health CQUIN indicator

4.1 Scope

In response to feedback from stakeholders, it has been agreed the scope for part 1 of the indicator will be restricted to those patients with psychoses, including schizophrenia and bipolar affective disorder, **in all inpatient beds in all NHS commissioned sectors including the independent sector**. The relevant ICD 10 diagnostic codes are F10.5, F11.5, F12.5, F13.5, F14.5, F15.5, F16.5, F19.5, F20-29, F30.2, F31.2, F31.5, F32.3 and F33.3. In broad terms, this includes the following patient groups:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Drug induced psychosis.

We would encourage providers to extend the processes developed to meet this CQUIN for the benefit of all remaining relevant patients and to carry out physical health screening. According to the six parameters set out in the indicator definition andon as many inpatients as possible. However, the CQUIN data collection process will only focus on those patient groups defined above.

4.2 Provider registration

Providers to whom this CQUIN indicator applies must register by 11th July 2014 using the link which will be provided on the Royal College of Psychiatrists website (http://www.rcpsych.ac.uk/CQUIN). Providers who do not register by this date will not be eligible to receive any CQUIN payment for this part of the indicator.

4.3 Timetable for the data collection process

The timetable for the data collection process is set out below. The Royal College will be responsible for all further communications about the data collection (through the provider contacts identified in the registration process above) and will provide further detailed information in due course.

Stage 1 – by 31st October 2014: submission of patient details to enable sampling

Providers will submit details of all patients who meet the criteria for Indicator 1 and who were inpatients between 1stAugust and 30th September 2014. For each patient, providers will be asked to submit hospital number, ICD10 code(s) and ward type; no other patient data will be needed. Providers will be required to submit these data by 31st October 2014. The hospital number will be used by the CQUIN team at the Royal College of Psychiatrists for the purposes of generating and tracking the random sample, but will not be forwarded to NHS England. Some providers have indicated that it is their practice to code patients on discharge; we would encourage all providers to code patients as soon as possible after admission so they are able to identify and submit data for patients not discharged by 30th September. Some additional time has been provided to allow providers to code all eligible inpatients.

The lists submitted will be reviewed by the Royal College CQUIN team who may ask providers to provide evidence of completeness.

Stage 2 – by 28th November 2014: generation of the data collection sample by the Royal College

The Royal College will use the submitted data to generate a random sample of patients, up to a maximum of 100 valid patients. In the event where a provider submits fewer than 100 patients, no random sample will be created; instead, all patients will be included. The sample will also ensure that all ward types are accounted for at any one provider. The sample will be sent to the provider's audit department, or other identified department by 28th November 2014.

Stage 3 – by 16th January 2015: submission of completed data collection forms by providers

Providers will be expected to complete data collection forms for the sample of patients during December and early January. An on-line data submission process will be available from 5th January 2015, with a final deadline for full completion of 16th January 2015.

Stage 4 – early March 2015: publication of data collection results by NHS England

The Royal College will seek to identify any major data anomalies and will work with providers to ensure that these are minimised before presenting the final provider-level results to NHS England. NHS England will publish final results on its website early in March 2015. Commissioners must make payments to providers on the basis of these

final results. Providers are strongly encouraged to work closely with the Royal College of Psychiatrists throughout 2014/15 to ensure that the data they submit are as accurate as possible.

Providers which do not comply with the timescales for data submission set out in the guidance above will not be eligible for CQUIN payment for part 1 of the indicator.

4.4 Sample size

The data collection process does not require a minimum sample size; a maximum of 100 patients will be included to assess compliance with CQUIN requirements.

4.5 Measuring success and calculating payment

The results of the data collection will be presented as a single percentage figure for each provider. This will be calculated on the basis of the following:

- The denominator will be the total number of patients in the sample.
- The numerator will be the total number of patients in the sample for whom there was documented evidence that:
  - they were screened for all six measures listed in the CQUIN guidance during their inpatient stay; **and**
  - where clinically indicated, they were – by 28th November 2014 – directly provided with, or referred onwards to other services for interventions for each identified problem(with thresholds for intervention being as set out in NICE guidelines).

November 28 is the deadline for the Royal College to issue providers with the list of patients to be included in the CQUIN. It has also been selected as the date by which interventions or evidence of onward referral for intervention must be documented. Onward referrals and /or directly provided interventions can be arranged during or following an individual's inpatient stay or even following discharge from the mental health service.

- The Royal College will make appropriate arrangements through the data collection process, to adjust provider-level results to reflect patients legitimately recorded as having refused to undergo screening.

Further information regarding tools available to support this process can also be found at: http://www.england.nhs.uk/ourwork/sop/red-prem-mort/

NHS England and its National Clinical Directors for mental health, cardiovascular disorders, renal, liver conditions and respiratory disorders have been working with

partner organisations to develop a Lester 2014 Update tool that aligns with the CQUIN, and can assist providers to carry out checks and instigate interventions. A PDF version of the tool can be found at http://www.rcpsych.ac.uk/CQUIN. NHS England is working with a range of partners to support the implementation of this CQUIN. Links to other websites which contain material of interest to both clinicians and providers can be found from the Royal College of Psychiatrists website referenced above.

Appendix A

Frequently Asked Questions about the 2014/15 Mental Health CQUIN (parts 1 and 2)

1. **The CQUIN Guidance originally mentioned screening for Hepatitis C, has this now been removed and what was the rationale behind its inclusion?**

   The requirement to screen Hepatitis C as part of a physical health check was removed in the final version of the CQUIN guidance published in February 2014. It was included initially because undiagnosed chronic Hepatitis C is likely to become a prominent health issue in the future and there could potentially be benefits in screening for Hepatitis C when conducting other physical health checks. However, we recognise that the evidence base for specifically targeting people with serious mental illness, apart from those with substance abuse disorders, is not sufficiently robust and that it would require significant protocols for providers to be put in place. We have therefore removed it, keeping the focus on the most significant risk factors.

2. **Will providers complete a one off data collection exercise?**

   The data collection will be a one-off process co-ordinated by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI). Providers will be expected to submit data during quarter 3 as outlined above.

3. **Can we apply the CQUIN to community patients rather than the inpatient population?**

   No, the CQUIN for 2014/15 is specifically for inpatients in mental health provider settings, and the three intensive community treatment teams but the measurement of success will be for the inpatient population only. However if providers wish to expand this approach to all community patients we would encourage them to do so.

4. **How does this CQUIN link with the National Audit of Schizophrenia?**

   The 2014/15 CQUIN guidance states that data collection will be through a national audit process similar to the National Audit of Schizophrenia. We understand that this has led to confusion on whether the CQUIN would be assessed through the National Audit of Schizophrenia (NAS). We can confirm that the data collection and assessment process is completely independent of the NAS with a separate team and process being used.

5. **The CQUIN guidance mentioned that intensive community teams in all sectors i.e. early intervention teams, assertive outreach and community forensic teams are also the focus for the CQUIN, is this still the case?**

   In 2014/15, the focus for CQUIN payment will be for inpatients only. NHS England sought advice from providers and implementation experts and decided that the scope for which payment will be made should be limited to inpatients for 2014/15.

However, as a matter of good clinical practice, we urge providers to ensure that patients in the assertive outreach teams, early intervention and community forensic services also receive the physical assessments and that treatment is arranged. As these are the groups where morbidity is high and the opportunities for improvement in outcomes likely to be greatest.

6. **The CQUIN asks if the mental health provider has undertaken physical health checks and relevant interventions, does this mean that responsibility for the physical health screening and intervention will be that of the mental health providers and not the patients usual GP?**

   NHS England recognises that for some mental health service providers' implementation of this CQUIN may mean a significant shift in practice, and that arrangements may need to be made. In collaboration with commissioners to provide expert GPs or other healthcare professionals on the wards and provide a programme of physical health update training for ward staff. However, this shift in responsibilities is critical to address the significant premature mortality among this group of patients. How providers deliver the screening and intervention is to be determined locally. Some providers may decide to work in partnership with local GPs, practice nurses or other organisations. There is an expectation that the patient's GP will continue to provide the physical health care on discharge as per NICE Schizophrenia guidelines, 2014. In some instances e.g. rehabilitation and perinatal units, family members and the ward team may support the patient to access care with their GP in the GP setting as part of the patient-led care plan for the programme of recovery and rehabilitation.

7. **Can you clarify what indicator 2 of the CQUIN requires? Do physical health diagnoses also need to have ICD 10 codes on discharge summaries to the GP?**

   Indicator 2 relates to the important transfer of information between the mental health professional and GP. Correct ICD coding of both mental health and physical health diagnoses is required for this indicator. Providing correct coding will ensure that patients are on appropriate QOF registers in the GP practice. It is also a requirement that medication(s) and physical health ongoing monitoring needs are communicated to the GP.

8. **Will additional best practice and implementation support tools be provided?**

   NHS England's National Clinical Directors, Strategic Clinical Networks and Academic Health Science Networks will continue to work with leading implementers such as the Rethink Mental Illness innovation network to release best practice implementation guidance. We would recommend using the http://www.rcpsych.ac.uk/CQUIN website to access such materials.

9. **What happens if providers do not send the College information in good time?**

   Providers who do not comply with the timescales for data submission set out in the guidance above will not be eligible for CQUIN payment for part 1 of the indicator.

10. What are the arrangements for publication of data?

NHS England will make the data available to commissioners and providers via the NHS England website in March 2015.