****

**Learning Disabilities**

**Local CQUIN Templates 2016/17**

  NHS England  INFORMATION  READER  BOX     
       
       
       
  Directorate     
  Medical  Commissioning Operations  Patients and Information 
  Nursing  Trans. & Corp. Ops.  Commissioning Strategy 
  Finance     
       
       
       
       
       
  Publications Gateway Reference:    04225 
  Document Purpose  Guidance   
  Document Name  NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance Technical Annex for 2016/17   
  Author  NHS England - Commissioning Strategy Directorate   
  Publication Date  09 March 2016   
  Target Audience  CCG Clinical Leaders, CCG Accountable Officers   
  Additional Circulation List  #VALUE!   
  Description  This guidance sets out the Commissioning for Quality and Innovation (CQUIN) scheme for 2016/17, to be offered by NHS commissioners to providers of healthcare services under the NHS Standard Contract.   
  Cross Reference  NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance for 2016/17   
       
  "Superseded Docs
(if applicable)"  NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance for 2015/16   
       
  Action Required  To be actioned locally   
       
  "Timing / Deadlines
(if applicable)"  Refer to guidance   
  Contact Details for further information  e.cquin@nhs.net   
    Contracting and Incentives   
    Quarry House   
    Leeds   
    LS2 7UE   
    0   
  Document Status     
  This is a controlled document.  Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy.  Any printed copies of this document are not controlled.  As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.      
       
       
       
       


**Learning Disabilities: Local CQUIN Templates 2016/17**

Version number: 1.0

First published: March 2016

Prepared by: The Incentives Team, Commissioning Strategy

Classification: OFFICIAL

****

Contents

[5. Health Checks 4](#_Toc445220215)

[6. Health Action Plans 7](#_Toc445220219)

[7. Flagging of Patients with Learning Disabilities 10](#_Toc445220223)

[8. Care Co-ordination 16](#_Toc445220227)

[9. Breast Screening 19](#_Toc445220231)

[10. Health Equality Framework 24](#_Toc445220235)

# 5. Health Checks

| **Indicator** | |
| --- | --- |
| Indicator name | Increased signposting of annual health checks by Community Learning Disability Teams (CLDT) for people with learning disabilities |
| Indicator weighting  (% of CQUIN scheme available) | To be agreed locally |
| Description of indicator | Percentage of eligible people on the Community Learning Disability Team’s caseload who are provided with health check promotional information. |
| Numerator | Number of eligible people seen by the CLDT provided with health check promotional information. |
| Denominator | Number of eligible people on the CLDT caseload |
| Rationale for inclusion | People with a learning disability experience significantly poorer health and access to health care and treatment.  GP Practices provide Annual Health Checks for adults with learning disabilities. Routine health checks lead to the early identification of health issues and support early treatment, improving outcomes and quality of life. This CQUIN encourages community providers to increase awareness and promote take-up of these checks to their caseload. |
| Data source | CLDT report |
| Frequency of data collection | Quarterly |
| Organisation responsible for data collection | Community provider |
| Frequency of reporting to commissioner | Quarterly |
| Baseline period/date | Q1 2016-17 |
| Baseline value | Q1 2016-17 |
| Final indicator period/date (on which payment is based) | 2016/17 |
| Final indicator value (payment threshold) | To be agreed locally |
| Final indicator reporting date | As soon after Q4 as possible |
| Are there rules for any agreed in-year milestones that result in payment? | To be agreed locally |
| Are there any rules for partial achievement of the indicator at the final indicator period/date? | To be agreed locally |
| EXIT Route | To be agreed locally |

## 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 | Establish baseline | End of Q1 |  |
| Quarter 2 |  |  |  |
| Quarter 3 |  |  |  |
| Quarter 4 |  |  |  |

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Supporting Guidance and References

# 6. Health Action Plans

| **Health Action Plans** | |
| --- | --- |
| **Indicator name** | Increased number of health action plans developed for people with a learning disability who have had an annual health check |
| **Indicator weighting  (% of CQUIN scheme available)** | To be agreed locally |
| **Description of indicator** | Percentage of people with a learning disability for whom a health check outcome proforma was received by the Community Learning Disability Team (CLDT), and who have had a health action plan developed |
| **Numerator** | Number of health action plans developed |
| **Denominator** | Number of health check outcome proformas received by the CLDT |
| **Rationale for inclusion** | Community Learning Disability Teams are responsible for ensuring that health needs identified by the GP practice in the annual health check are appropriately followed up. |
| **Data source** | CLDT report |
| **Frequency of data collection** | Quarterly |
| **Organisation responsible for data collection** | Community provider |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** | Q1 2016/17 |
| **Baseline value** | Q1 2016/17 |
| **Final indicator period/date (on which payment is based)** | Q2 – Q4 2016/17 |
| **Final indicator value (payment threshold)** | To be agreed locally |
| **Final indicator reporting date** | As soon after Q4 as possible |
| **Are there rules for any agreed in-year milestones that result in payment?** | To be agreed locally |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | To be agreed locally |
| **EXIT Route** | To be agreed locally |

## 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 | Establish baseline | End of Q1 |  |
| Quarter 2 |  |  |  |
| Quarter 3 |  |  |  |
| Quarter 4 |  |  |  |

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Supporting Guidance and References

****

# 7. Flagging of Patients with Learning Disabilities

| **Flagging of learning disability status** | |
| --- | --- |
| Indicator name | Increased flagging and coding of learning disability status with subsequent reasonable adjustments to services |
| Indicator weighting  (% of CQUIN scheme available) | To be agreed locally |
| Description of indicator | There are three parts to the indicators:   1. Percentage of all admissions in acute settings, or community contacts, in which diagnosis of learning disability is recorded. 2. Percentage of all admissions with a learning disability diagnosis where key milestones in the care pathway are recorded in the patient record   Percentage of all admissions with a learning disability diagnosis, and with a stay of 3 or more days, where the care record also contains a completed risk assessment together with reasonable adjustments for patient management. |
| Numerator | Part 1 – diagnosis recording  Number of secondary care/acute admissions, including children, in which one of the Diagnosis fields includes a relevant ICD-10 code for Learning Disabilities. In the case of community settings, the number of records flagged with a learning disability in wider community care information systems (however captured) should be recorded.  Part 2 – recording of key milestones in care pathway  Number of children and adult (acute, planned, A&E, outpatient and community) admissions, attendances or contacts (elective surgical; non-elective medical or maternity) with a LD ICD-10 code – or other flag if alternate mechanism is used particularly in community settings – where key milestones from agreed relevant learning disability care pathway(s) are documented in the patient’s care record.  Part 3 – Risk assessment and reasonable adjustment  Number of children and adult acute admissions with a LD ICD-10 code and a Length of Stay greater than 2 days with a completed risk assessment AND required adjustments for patient management documented in the care record. |
| Denominator | Part 1 – diagnosis recording  Total number of secondary care/acute admissions, including children, or total number of community contacts (including A&E and outpatient attendances).  Part 2 – recording of key milestones in care pathway  Number of acute admissions (elective surgical; non-elective medical or maternity) with a LD ICD-10 code.  Part 3 – Risk assessment and reasonable adjustment  Number of acute admissions with a LD ICD-10 code and a Length of Stay exceeding 2 days. |
| Rationale for inclusion | People with a learning disability experience significantly poorer health and access to health care and treatment.  This CQUIN scheme encourages providers of acute and community services to make reasonable adjustments, having identified and flagged such patients, so that the relevant population can receive equitable healthcare compared to those without learning disabilities. |
| Data source | Provider’s administration systems |
| Frequency of data collection | Quarterly |
| Organisation responsible for data collection | Provider |
| Frequency of reporting to commissioner | To be agreed locally |
| Baseline period/date | To be agreed locally |
| Baseline value | To be agreed locally |
| Final indicator period/date (on which payment is based) | To be agreed locally |
| Final indicator value (payment threshold) | To be agreed locally |
| Final indicator reporting date | To be agreed locally |
| Are there rules for any agreed in-year milestones that result in payment? | To be agreed locally |
| Are there any rules for partial achievement of the indicator at the final indicator period/date? | To be agreed locally |
| EXIT Route | To be agreed locally |

## 

## 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 | Implementation of prompts to record the learning disability status in administration and clinical care record systems for adults and children within the acute care setting and in community care settings e.g. casualty sheets, booking-in systems, nursing care plans etc.  Training and awareness of flagging and coding by relevant clinical staff, administrators and coding staff taken place. Subjective assessment provided to the commissioner. |  |  |
| Quarter 2 | Subjective assessment of evidence of pathways being used to reasonably adjust services in acute adult and paediatric services (including outpatients and A&E) and community services during relevant quarter. |  |  |
| Quarter 3 | Subjective assessment of evidence of pathways being used to reasonably adjust services in acute adult and paediatric services (including outpatients and A&E) and community services during relevant quarter. |  |  |
| Quarter 4 | Subjective assessment of evidence of pathways being used to reasonably adjust services in acute adult and paediatric services (including outpatients and A&E) and community services during relevant quarter. |  |  |

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Supporting Guidance and References

Note – Learning Disability ICD-10 codes:

ICD-10 codes in any diagnosis position:

F06.7 Mild cognitive disorder

F70 Mild mental retardation

F71 Moderate mental retardation

F72 Severe mental retardation

F73 Profound mental retardation

F78 Other mental retardation

F79 Unspecified mental retardation

F80.3 Acquired aphasia with epilepsy (Landau-Kleffner)

F81.3 Mixed disorder of scholastic skills

F81.8 Other developmental disorders of scholastic skills

F81.9 Developmental disorder of scholastic skills, unspecified

F83 Mixed specific developmental disorders

F84 Pervasive developmental disorders

F84.0 Childhood autism

F84.1 Atypical autism

F84.2 Rett's syndrome

F84.3 Other childhood disintegrative disorder

F84.4 Overactive disorder associated with mental retardation and stereotyped movements

F84.5 Asperger syndrome

F88 Other disorders of psychological development

F89 Unspecified disorder of psychological development

# 8. Care Co-ordination

| **Indicator** | |
| --- | --- |
| Indicator name | Increased identification of a care co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition |
| Indicator weighting  (% of CQUIN scheme available) | To be agreed locally |
| Description of indicator | Percentage of patients on a Community Learning Disability Team’s caseload with a learning disability AND more than one long-term condition who have a named care co-ordinator |
| Numerator | Number of relevant cohort with more than one co-morbidity who have a named care coordinator |
| Denominator | Adult patients with a moderate to severe learning disability |
| Rationale for inclusion | The Confidentiality Inquiry into Deaths of People with a Learning Disability (2013) determined that people with complex health care needs, or more than one condition, found it difficult to access and navigate health care services. There is currently no defined system of case management for most people entering acute health care environments. |
| Data source | Individual case record |
| Frequency of data collection | Quarterly |
| Organisation responsible for data collection | Provider |
| Frequency of reporting to commissioner | Quarterly |
| Baseline period/date | n/a |
| Baseline value | n/a |
| Final indicator period/date (on which payment is based) | 2016/17 |
| Final indicator value (payment threshold) | To be agreed locally |
| Final indicator reporting date | As soon after Q4 as possible |
| Are there rules for any agreed in-year milestones that result in payment? | To be agreed locally |
| Are there any rules for partial achievement of the indicator at the final indicator period/date? | To be agreed locally |
| EXIT Route | To be agreed locally |

## 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 | Development and implementation of a clear policy and procedure for care co-ordination. | End of Q1 |  |
| Quarter 2 |  |  |  |
| Quarter 3 |  |  |  |
| Quarter 4 |  |  |  |

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Supporting Guidance and References

# 9. Breast Screening

| **Breast Screening** | |
| --- | --- |
| **Indicator name** | Increased identification of and reasonable adjustments made for women with learning disabilities eligible for breast screening |
| **Indicator weighting  (% of CQUIN scheme available)** | To be agreed locally |
| **Description of indicator** | Screening centre to establish a process with catchment area GP practices to identify individuals who have a learning disability and that relevant individuals are entered onto a register for eventual screening invitations. Screening Centre identifies and implements reasonable adjustments that can be made |
| **Numerator** | n/a as based on qualitative milestones |
| **Denominator** | n/a as based on qualitative milestones |
| **Rationale for inclusion** | There is significant premature mortality of people with learning disabilities. Section 7a public health service specifications ask that commissioners and providers work to reduce and address inequalities, and ensure that patient and population views and experiences are used to improve service delivery, especially for groups who have specific difficulty accessing the programmes. This CQUIN scheme encourages providers of breast screening services to make reasonable adjustments, having identified and flagged such patients so that the relevant population sub-group can receive equitable healthcare, compared to those without learning disabilities. |
| **Data source** | Qualitative evidence to be submitted to commissioners, including evaluation report. |
| **Frequency of data collection** | To be agreed locally and in line with milestones |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | To be agreed locally and in line with milestones |
| **Baseline period/date** | n/a |
| **Baseline value** | n/a |
| **Final indicator period/date (on which payment is based)** | 2016/17 |
| **Final indicator value (payment threshold)** | Based on milestones |
| **Final indicator reporting date** | As soon after Q4 as possible |
| **Are there rules for any agreed in-year milestones that result in payment?** | Based on milestones. Percentage of CQUIN for achievement of milestones to be agreed locally. |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | Based on milestones. Percentage of CQUIN for achievement of milestones to be agreed locally. |
| **EXIT Route** | To be agreed locally |

## 

## 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 | **Identification of individuals:**  Screening centre to establish a process with catchment area GP practices to identify individuals who have a learning disability and that relevant individuals are entered onto a register for eventual screening invitations. Description of process for identifying individuals to be sent to commissioner. | End of Q1 |  |
| Quarter 2 | **Reasonable adjustments:**  Screening Centre identifies and implements reasonable adjustments that can be made that consider:   * Improving communication * Removing barriers to access * Consideration of the environment * Tailored appointment * Additional support where results are not straight forward   Screening centre to provide commissioner with report on what reasonable adjustments have been made. | End of Q2 |  |
| Quarter 3 | **Training and awareness:**  Training and awareness-raising of all relevant staff to be developed and implementation underway. Training to include:   * increasing understanding of learning disabilities; * assessing capacity and consent; and * supporting reasonable adjustments.   Training programme to be sent to commissioner. | End of Q3 |  |
| Quarter 4 | Evaluation of effectiveness of CQUIN activity with recommendations for Y2 and Y3 for wide dissemination across the healthcare sector. Evaluation to include:   * a comparison of the number of women with a learning disability registered on the breast screening system from the comparable screening year and 2015-16; * number who completed screening, partial screens completed and outcomes * examples of reasonable adjustments made for women attending screening. | End of Q4 |  |

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
|  |  |

# Supporting Guidance and References

# 10. Health Equality Framework

| **Health Equality Framework Outcome Measure** | |
| --- | --- |
| **Indicator name** | Health Equality Framework: outcome measurement for services to people with learning disabilities |
| **Indicator weighting  (% of CQUIN scheme available)** | To be determined locally |
| **Description of indicator** | To implement use of the Health Equality Framework, using it to capture salient outcome measures for people with learning disabilities using the service.  The tool will be implemented in phases to allow for training to be completed and any necessary systems put in place. |
| **Numerator** | Not applicable as performance based on achievement of quarterly milestones |
| **Denominator** | Not applicable as performance based on achievement of quarterly milestones |
| **Rationale for inclusion** | There have not previously been adequate outcome measures to demonstrate the impact of service interventions on the health and wellbeing of people with learning disabilities. The Health Equality Framework (HEF) has been developed to fill this gap. It is based on the five determinants of health inequalities set out by the Public Health Observatory for learning disabilities and can be linked firmly to the NHS, Public Health and Social Care Outcomes Frameworks.  The HEF enables services to demonstrate the impact of interventions on individuals. Individual outcomes can also be collated to demonstrate impact on priorities for the population. |
| **Data source** | There have not previously been adequate outcome measures to demonstrate the impact of service interventions on the health and wellbeing of people with learning disabilities. The Health Equality Framework (HEF) has been developed to fill this gap. It is based on the five determinants of health inequalities set out by the Public Health Observatory for learning disabilities and can be linked firmly to the NHS, Public Health and Social Care Outcomes Frameworks.  The HEF enables services to demonstrate the impact of interventions on individuals. Individual outcomes can also be collated to demonstrate impact on priorities for the population. |
| **Frequency of data collection** | Quarterly |
| **Organisation responsible for data collection** | Provider |
| **Frequency of reporting to commissioner** | Quarterly |
| **Baseline period/date** | N/A |
| **Baseline value** | N/A |
| **Final indicator period/date (on which payment is based)** | March 2017 |
| **Final indicator value (payment threshold)** |  |
| **Final indicator reporting date** | At end of Q3  Report on baseline scores and agree on a sampling frame for audit.  Audit of 20% of care records of the initial group to show how outcomes are being built in. |
| **Are there rules for any agreed in-year milestones that result in payment?** | Yes |
| **Are there any rules for partial achievement of the indicator at the final indicator period/date?** | Yes |
| **EXIT Route** | To be agreed locally |

## 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 | Introduce the tool to the staff.  Agree on a data capture system.  Agree a sampling approach with commissioners. | July 20xx | 50% |
| Quarter 2 | Implement the tool in the phased approach agreed. Report on initial baseline scores. | September 20xx | 15% |
| Quarter 3 | Audit of care records to show outcomes built in. | December 20xx | 20% |
| Quarter 4 | Report on reassessments compared to baseline figure to evidence improvements in scores.  Report on roll-out. | March 20xx | 15% |

## 

## Rules for Partial Achievement at Final Indicator Period/ Date

| **Final indicator value for the partial achievement threshold** | **% of CQUIN scheme available for meeting final indicator value** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Supporting Guidance and References