GE4 Optimal Device

Scheme Name	**GE4 Optimal Device**
Eligible Providers	Acute providers that implant High Cost Tariff Excluded cardiac devices with aggregate cost of at least £500,000 per annum.
Duration	April 2016 to March 2017.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] 1% of high-cost cardiac device expenditure subject to a minimum of £20,000. Target Value: Add locally CQUIN %: Add locally

Scheme Description

The aim of the scheme is maintenance / improvement in optimisation of device usage during the year of transition to a centralised national procurement and supply chain arrangement through:

- The enhancement and maintenance of local systems to assure compliance with national policies and specifications;
- And the development of local policies to optimise cost effective device usage and ensuring quality outcomes for patients.

Improved compliance with policies and specifications will result in improved outcomes.

Measures & Payment Triggers

The measure has been designed to ensure that appropriate device specification is maintained and where required improved; this will be measured by the number of medium/standard specification High Cost Tariff Excluded cardiac devices used as a percentage of the total number of such devices used. Policies and specifications clearly set out the instances when low or high specification devices should be used.

The number of medium/standard specification High Cost Tariff Excluded cardiac devices used in 2016/17 as a percentage of the total number of such devices (A) should be equal to or better than the agreed baseline percentage of medium/standard specification device usage (B).
A ≥ B = payment

The baseline will be set based on the higher of either:

- 2015/16 actual performance adjusted for any planned or full year effects of commissioner requested changes in 2016/17
- A 60% minimum base level

Examples:

Baseline	2016/17	
75%	75%	Would trigger payment
75%	77%	Would trigger payment
75%	72%	Would not trigger payment
60%	57%	Would not trigger payment

All high and low specification high cost tariff excluded device usage should be in line with commissioning policies, specifications and contractual requirements and will be subject to review and /or audit in line with existing contractual arrangements.
A quality matrix will be developed from the national service specification (A09) and the BHRS standards to support and allow the commissioners to audit and monitor Clinical quality.

Newly commissioned high cost devices, or increases in the volume of specific high cost devices that have resulted from commissioning decisions, may at the discretion of the commissioner be excluded from the 2015/16 baseline and 2016/17 percentages for the CQUIN payment calculation.

Definitions

- Low Specification device is a device that meets the minimum specification and may not deliver all the quality outcomes and benefits for the patient.
- Standard /Medium Specification device is a device which will satisfy the clinical requirement in the majority of patients, providing the clinical outcomes and quality benefits outlined in the NICE guidance.
- High specification device is a device that has additional features required to treat specific clinical needs.

A table indicating device categorisation is available on the PSS CQUIN webpage in support of this scheme.

Partial achievement rules

Payment will be linked to quarterly maintenance or improvement of the year-to-date selection of medium specification range high cost tariff excluded cardiac devices against the agreed 2015/16 baseline.

In Year Payment Phasing & Profiling

A 50% payment will be triggered if the actual achievement is within 1% the baseline and quality indicators are being met such as box change rates and acute hospital admission rates for disease management e.g. heart failure or arrhythmia episodes
Full payment is triggered if actual achievement is at or above baseline.

Rationale for inclusion

To ensure that device selection for patients remains consistent with the commissioning policy, service specification and contractual requirements in place for providers whilst the new national procurement and supply chain arrangements are put in place.

Considerable improvements in the NHS's purchasing efficiency for high cost tariff excluded devices have been forecast from the centralisation of procurement and supply chain arrangements. This complementary CQUIN scheme is to support the development of systems to ensure that quality is monitored and maintained whilst the procurement benefits are achieved by ensuring device selection remains consistent with the commissioning agreements, and clinical outcomes.

The centralisation of procurement and supply chain arrangements is a significant change to the historic arrangements, and whilst full clinical choice will remain, the CQUIN promotes continued local clinical involvement in device usage during a period of change whilst clinical involvement arrangements in future procurement become fully established.

The target for 2016/17 is to ensure device selection optimisation remains constant or improves. There is a wide variety in the scale of cardiac device expenditure by provider. The total annual expenditure is c.£200m with typical expenditure being c.£1.5m (with specialist centres being in the c.£10m range)	
Data Sources, Frequency and responsibility for collection and reporting	
Monthly contract monitoring information. Device usage data should flow to commissioners every month. High, medium and low specification categories can be derived from a simple look-up table that is available on the PSS CQUIN webpage.	
Baseline period/ date & Value	April 2015 to March 2016. Significant data quality issues have been experienced during 2015/16 with device information. In the event that data quality issues are not resolved, providers will have to supply baseline information.
Final indicator period/date (on which payment is based) & Value	Like for like measure of Full year April 2016 to March 2017
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
CQUIN Exit Route *How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?*	The CQUIN is to maintain clinical engagement in device cost effectiveness activities and maintain quality through the 2016/17 transition period. It is not anticipated that a CQUIN will be required for this once the new centralised procurement and supply chain arrangements have been implemented and other policies are in place to encourage optimisation. However, there is potential for an enhanced device selection improvement CQUIN for 2017/18.

Supporting Guidance and References

No additional materials.

The project has been supported by a provider expert working group, liaison with industry associations and Clinical leadership is provided by Vaughan Lewis, Medical Director, NHS England South Region.