

Local CQUIN Menu 2016/17

Gateway Reference Number: 04225 NB: This document forms part of the CQUIN Guidance for 2016/17 which can be found here: <u>https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/</u>

NHS England INFORMATION READER BOX

 Directorate

 Medical
 Commissioning Operations
 Patients and Information

 Nursing
 Trans. & Corp. Ops.
 Commissioning Strategy

 Finance
 Finance
 Commissioning Strategy

| eference: 04225 | | |
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| Guidance | | |
| ame NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance Technical Annex for 2016/17 | | |
| NHS England - Commissioning Strategy Directorate | | |
| 09 March 2016 | | |
| CCG Clinical Leaders, CCG Accountable Officers | | |
| | | |
| 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. | | |
| NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance for 2016/17 | | |
| NHS England: Commissioning for Quality and Innovation (CQUIN) - Guidance for 2015/16 | | |
| To be actioned locally | | |
| Refer to guidance | | |
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Document Status

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There are 7 priority areas in the menu and a total of 29 indicators. The priority areas are as follows:

- Integration
- Learning Disabilities
- Mental Health
- Person Centred Care
- Physical health
- Productivity
- Urgent and Emergency Care

A pre-populated indicator template is provided for each goal. These can be downloaded and used as is or commissioners can adapt them to better suit their local circumstances.

| Priority Area | Goal | Goal | Goal Description |
|---------------|--------|------------------|---|
| | number | name | |
| Integration | 1 | Workforce | Improved system-wide integration of workforce. |
| | | Development | |
| Click for | 2 | End of Life Care | Improved integration of providers along the End of Life Care pathway. |
| templates | | Pathways | |
| | 3 | Care Homes | Improvement of waiting times for care home admission eligibility |

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| Priority Area | Goal | Goal | Goal Description |
|-----------------------------------|--------|------------------------------|--|
| | number | name | |
| | | Assessments | assessments. |
| | 4 | Avoidable Hospital | Prevention of avoidable hospital admissions originating from care homes. |
| | | Admissions from | |
| | | Care Homes | |
| Learning Disabilities | 5 | Health Checks | Increased signposting of annual health checks by Community Learning Disability Teams for people with learning disabilities. |
| Disabilities | 6 | Health Action Plans | Increased number of health action plans developed for people with learning |
| Click for | 0 | | disability who have had an annual health check. |
| templates | 7 | Flagging of Patients | Increased flagging and coding of learning disability status with subsequent |
| | | with Learning | reasonable adjustments to services. |
| | | Disabilities | |
| | 8 | Care Co-ordination | Increased identification of a care co-ordinator for people with a learning |
| | | | disability accessing healthcare who have more than one long term condition. |
| | 9 | Breast Screening | Increased identification of, and reasonable adjustments made for women |
| | 10 | | with learning disabilities eligible for breast screening. |
| | 10 | Health Equality Framework | To implement use of the Health Equality Framework, using it to capture |
| | | Framework | salient outcome measures for people with learning disabilities using the service. |
| Mental Health Click for templates | 11 | Depression in Older | Improved screening, assessment and further clinical investigation of |
| | | People | depression in older people. |
| | 12 | Mental Health of | Improvement of screening for common mental health disorders among |
| | | People with Long | inpatient admissions of people with long-term conditions (LTCs). |
| | | Term Conditions | |
| | 13 | CAMHS Transition | Improvement of patient & carer involvement, experience and outcomes in |
| | | | transitions out of Child and Adolescent Mental Health Services (CAMHS). |
| | 14 | Avoidable Mental | Safe reduction of the number of avoidable repeat detentions under the |
| | L | Health Act Detentions | Mental Health Act. |
| | 15 | Discharge Planning | Optimisation of patient flow through collaborative discharge planning and |
| | | | continuity of care between in-patient and community mental health services. |

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| number 16 17 18 19 | nameDementia DischargeSummariesDementia: John'sCampaignImproving Access toPsychologicalTherapies | Improving discharge summaries with follow-up recommendations for older people with dementia or delirium. Development and implementation of provider policy on welcoming carers and family members of people with dementia according to patient's needs and not restricted by visiting hours. Enhancing recovery through improved access to psychological therapies (IAPT). |
|--------------------------------|--|--|
| 17 | Summaries Dementia: John's Campaign Improving Access to Psychological | people with dementia or delirium. Development and implementation of provider policy on welcoming carers and family members of people with dementia according to patient's needs and not restricted by visiting hours. Enhancing recovery through improved access to psychological therapies |
| 18 | Campaign Improving Access to Psychological | and family members of people with dementia according to patient's needs and not restricted by visiting hours. Enhancing recovery through improved access to psychological therapies |
| | Psychological | |
| 19 | | |
| | Motivational Interviewing | Increased training of staff in core skills of motivational interviewing for improved care planning. |
| 20 | Patient Activation Measures | Introducing an Activation System for patients with Long Term Conditions (LTCs). |
| 21 | Frailty Identification and Care Planning | Promote a system of timely identification and proactive management of frailty based on CGA, with information on severity grades recorded and discharge summaries shared, and care plan developed in community, mental health and acute providers. |
| 22 | Faecal Incontinence | Improving faecal incontinence care by identifying contributing factors of faecal incontinence with baseline assessment and providing initial management plan. |
| 23 | Urinary Incontinence | Increased assessment, treatment and management for inpatients aged 75 and over. |
| 24 | Acute Kidney Injury | To focus on AKI diagnosis and treatment in hospital and care planning, to monitor kidney function after discharge. |
| 2 | 20 10 11 12 13 | Interviewing0Patient Activation Measures1Frailty Identification and Care Planning2Faecal Incontinence3Urinary Incontinence |

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| Priority Area | Goal number | Goal name | Goal Description |
|--|----------------|--|--|
| | | | |
| | 25 | Cancer | Urgent GP (GMP,GDP or Optometrist) referral for suspected cancer to first treatment (62 day classic). Root-cause analysis on all long waiters and a clinical harm review for a positive diagnosis |
| Productivity Click for templates | 26 | Clinical Utilisation Reviews | Reducing inappropriate hospital utilisation through the installation and implementation of a Clinical Utilisation Review (CUR) system over two years. Clinical Utilisation Reviews are being recommended via NHS England's Specialised Commissioning template, with adjustments to reflect the fact that this will be used by CCGs. |
| | 27 | Delayed Transfers of Care | Enabling more patients to be discharged to their usual place of residence within 7 days of admission. |
| Urgent and Emergency | 28 | NHS 111 Referrals | Reducing inappropriate of NHS 111 referrals to 999 and A&E. |
| Care Click for templates | 29 | Mental Health Patients Re- attendance in A&E | Improving the coding of diagnoses and re-attendance rates of patients with mental health needs at A&E. |
| | 30 | 999 Calls Resulting in Transportation to A&E | Alleviate unnecessary pressure on A&E departments by reducing the rate of 999 calls that result in transportation to a type 1 or type 2 A&E Department. |

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