



## Cumbria CCG Quality Improvement Scheme

NHS Cumbria Clinical Commissioning Group (CCG) is committed to improving the outcomes for its population; with General Practice playing a vital role in achieving that. Across the practices within the CCG there are good outcomes in many areas, but these are not achieved consistently by all practices, with unwarranted clinical variation. To address this issue the CCG in 2016 developed a Quality Improvement Scheme, which is an incentivised scheme which aims to improve outcomes, reduce unwarranted variation and enable practices to work collaboratively.

### The Aims

The main objective for this scheme is to improve the health outcomes of patients, reduce inequalities, enable practices to work collaboratively and ensure the most cost effective use of resources. Other principles that have been adopted in the development and design of the scheme include:

- Addressing areas of poorer outcomes for patients compared with national benchmarks
- Targeting outcome areas that are a critical feature of the clinical strategies of the Vanguard (South Cumbria) and Success (North Cumbria) programmes aligning the focus of practices with the broader health system
- Recognising the impact of deprivation on outcomes
- Reducing the level of unwarranted clinical variation between practices
- Reducing bureaucracy for practices by streamlining sources of funding and using data that is readily available

### The Execution

The Quality Improvement Scheme was executed by measuring improvements on a value-added basis; through targeted work across practices to improve the outcomes for patients, whilst recognising that each practice is different and will need to focus on different parts of the overall objectives.

The scheme is incentivised with payments made to practices on an outcomes basis. This is predicated on them achieving metrics set out within seven easily measurable indicated areas. 70% of payment was made upon the completion of an action plan of improvements to cover staffing costs and then the further 30% will be paid out in July 2017 if these metrics have been achieved.

The seven indicators were developed to ensure a balanced focus on the triple aim of population health, value for money and best care. The metrics and areas identified for improvements are highlighted in the NHS Outcome Framework, CCG Outcomes indicator set and the NHS RightCare Commissioning for Value pack.

#### The seven indicators are:

1. Health Improvement
2. Long Term Conditions
3. Medicines Optimisation
4. Cancer
5. Access
6. Referral Management
7. End of Life Care

For further details please contact:

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The CCG supported practices in their endeavours to improve in the indicated areas by providing the following information:

- A rationale for each indicator
- Information on how they should be delivered and what practices will be expected to do
- Resources available to practices and information on local initiatives
- Metrics of measurement against performance levels (targets)

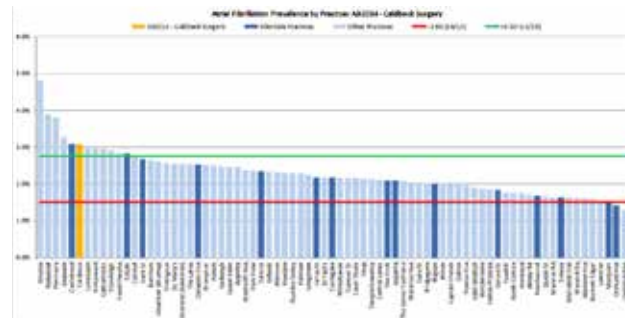
Practices were required to complete Action Plans detailing improvement objectives against metrics of the indicators. Their plans needed to consider how to reduce their unwarranted variation, the impact of deprivation on outcome and how they will demonstrate continuous improvement.



## The Outcomes

The outcomes of this scheme are measured over the two year duration of the scheme by analysing local activity data against metrics of the seven scheme indicators. Each practice signed up to the scheme within Cumbria CCG regularly has their levels of prevalence measured against the metrics for each set indicators which is collated as a QIS score.

The QIS scores are calculated for each practice by the level of standard deviation from the Cumbria mean, as seen on the graph of Atrial Fibrillation Prevalence by practice.



A full data pack is shared with each practice which highlights their performance against each metric of the indicators and also their performance against other practices within their locality. Thus allowing them to highlight areas where they need to focus their improvement on in order to receive the 30% of the incentive payment paid on the achievement of metrics.

Early outcomes from the scheme are showing that practices are having positive results against each of the metrics within the indicators:

- **Cancer** – 83% of practices at Cumbria CCG are achieving the metrics set for cancer prevalence.
- **Access** – 61% of practices are achieving the metrics set for unplanned hospitalisations for chronic ambulatory care sensitive conditions.
- **End of Life Care** – 81% practices are achieving the metrics set for patients who died with an advanced care plan discussion or a deciding right form in place.

### Lessons learned

- When measuring improvements on a value-added basis; recognising the different populations that practices serve allows you to set easily measurable targets.
- The best places to look when setting the metric for indicators were NHS CCG Outcome Indicator set, Commissioning for Value Pack (RightCare), prescribing indicators and local data.
- Focussing incentive schemes upon outcomes instead of process can lead to reductions in unwarranted variation and improved outcomes for patients.

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