

## GE1 (amendment for year 4 trusts) Clinical Utilisation Review

Scheme Name	GE1 Clinical Utilisation Review – Year 4
<b>QIPP Reference</b>	QIPP 16-17 S40-Commercial '17/18 QIPP reference to be added locally. This document should be read as an addendum to GE1 Clinical Utilisation Review.
<b>Eligible Providers</b>	<p>Those providers who have previously been identified as Early Implementer sites, and those providers who implemented CUR in 2015/16 at the outset of the CUR CQUIN scheme. The providers impacted during 2018/19 are:-</p> <ul style="list-style-type: none"> <li>• Salford Royal Hospitals</li> <li>• South Tees</li> <li>• Basildon &amp; Thurrock</li> <li>• Royal Liverpool University Hospitals</li> <li>• Royal Surrey</li> </ul>
<b>Duration</b>	April 2018 to March 2019
<b>Scheme Payment</b>	<p>CQUIN payment should aim to achieve payment of the sum derived using the excel workbook, 'GE1 CUR CQUIN Calculator', available from the National Team and on the CQUIN website.</p> <p>2017/18 Target Value: <b>Add locally</b></p> <p>2018/19 Target Value: <b>Add locally</b></p>
Scheme Description	
<p>CUR is a proven approach, supported by robust medical intelligence in the form of an internationally developed clinical evidence base built into clinical decision-support software. CUR can help to prevent unnecessary hospital admissions and reduce length of stay for patients by determining the most suitable level of care according to clinical need.</p> <p>Use of the software as an integral part of Provider transformation/ service improvement programmes has provided information enabling the following benefits to be secured:</p> <ul style="list-style-type: none"> <li>• Reduction in Length of Stay,</li> <li>• Reduction in acute inpatient hospital admissions,</li> <li>• Reduction in total acute inpatient hospital bed-days,</li> <li>• Reduction in avoidable discharge delays,</li> </ul>	

- Reduction in unexplained clinical variation,
- Improved patient experience and satisfaction.

The behaviour sought by implementation of this CQUIN is:

- Continuation of project team to oversee use of CUR
- Development of a localised agreement to involve the whole health system in the use of the data. Demonstration of how system leadership discussions can be progressed through use of the CUR data at a strategic level.
- Production of a robust quality improvement action plan, including key milestones for delivery.
- Through use of the CUR solution, demonstrate a consequential reduction in bed utilisation at NHS Provider or whole system level;
- CUR Reporting at Board level and provision of reports for the wider health economy, including local CCG and STP.
- Production of two case studies per year on achievement of changes in provision, directly attributable to CUR use, including impact on quality, workforce and finances.

For those Year 4 providers highlighted above, we expect to see evidence of the impact of use of CUR on existing capacity – what are the benefits to the organisation and opportunities for re-investment.

Some of the savings achieved through CUR may be needed to commission gaps or capacity shortfalls in services that improve the flow of patients once CUR has identified the reasons for patients remaining in inappropriate levels of care. Cash releasing savings will be dependent on local circumstances, and expectations should be explicit at the outset – reductions in length of acute stay may release cash where beds are closed as a consequence; where RTT pressures exist or would emerge in the absence of measures to reduce bed usage, savings are made as a result of cost avoidance – no expensive care outsourcing or additional estate required to meet demand pressures.

Provider Trusts will be required to continue to ensure high compliance in the use of the tool. Compliance rates below 85% will be subject to reduced payments.

### Measures & Payment Triggers

Payment triggers as follows, with payments proportioned as per the following table.

Descriptions	Year 4 of scheme
<b>Trigger 1:</b>	Provider can continue to evidence a project team with continued Executive Support and engagement from relevant stakeholders to monitor benefits realisation and embedding of CUR to become business as usual.
<b>Trigger 2</b>	Daily use in practice of CUR can be evidenced on agreed bed Numbers with an achievement of 85-95% compliance rate.

<b>Trigger 3</b>	<p>Delivery against agreed KPIs for the reduction in non-qualified (unmet) patients throughout the period of CUR operation, where patients do not meet clinical criteria for admission or continued stay. The CQUIN proportion for this outcome element of the CQUIN payment should be determined by measuring the reduction in the % of CUR assessments that do not meet CUR criteria. To ensure the accuracy of this calculation, Provider Trusts are required to ensure high compliance (+85%) in the use of the tool.</p>
<b>Trigger 4</b>	<p>Wider inclusion of beds. Where year 4 Trusts wish to further extend rollout across additional beds in 2018/19, the CQUIN payment for implementation, and training of staff, will not be made. As year 4 Trusts, embedding of the model across all beds should be seen as 'business as usual', and any CQUIN payments must not detract the overall benefits realisation expected by all Trusts in 2018/19.</p>
<b>Trigger 5</b>	<p>Reporting</p> <ol style="list-style-type: none"> <li>1. Production of quarterly CUR CQUIN Reports to commissioners on CUR data showing             <ol style="list-style-type: none"> <li>(i) Numbers of patients with met / not met clinical criteria</li> <li>(ii) Reasons / details for not met criteria</li> <li>(iii) Compliance rate by ward</li> <li>(iv) Evidence of actioned plans to reduce admissions / bed usage where not clinically indicated by CUR criteria.</li> </ol> </li>   <li>2. Production of mandatory monthly CUR CQUIN Minimum Data Set (MDS).</li>   <li>3. Production of quarterly Board report presenting.             <ol style="list-style-type: none"> <li>(i) CUR data showing numbers patients met / not met clinical criteria</li> <li>(ii) Reasons / details for not met criteria</li> <li>(iii) Compliance rate by ward</li> <li>(iv) Progress against plans and future plans to reduce admissions / bed usage where not clinically indicated by CUR criteria.</li> </ol> </li>   <li>4. Production of a quarterly report for local CCGs / STP footprint presenting:             <ol style="list-style-type: none"> <li>(i) CUR data showing numbers patients met/not met clinical criteria</li> <li>(ii) Reasons / details for not met criteria</li> <li>(iii) progress against plans and future plans to reduce admissions / bed usage where not clinically indicated by</li> </ol> </li> </ol>

	CUR criteria.
<b>Trigger 6</b>	Evidence of 'system leadership' discussions held at CCG / STP level formed through use of CUR data and opportunity for improvement and change at a strategic level. Evidence may include board meetings, production and presentation of CUR data.
<b>Trigger 7</b>	Production of two case studies per year, to be published by the National CUR Team, with a focus on benefits realisation, describing achievement of changes in provision, directly attributable to CUR use, including impact on quality, workforce and finances.
<b>Definitions</b>	
Minimum patient level dataset is specified with data definitions included, based on the CUR framework supplier software.	
<b>Partial Achievement Rules</b>	
Partial payment rules will need to be agreed locally between the commissioner and provider concerned.	
<b>In Year Payment Phasing &amp; Profiling</b>	
Commissioners will have agreed in year payment phasing locally with their providers.	