## 2019/20 PSS CQUIN Scheme

## Indicator Template

## *[Section B to be completed before insertion in contracts.]*

## PSS2 Supporting Hepatitis C Virus (HCV) Elimination

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| Indicator Name | ***Towards Hepatitis C Virus (HCV) Elimination***  |
| 1. **SUMMARY of Indicator**
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| Indicator Sponsor (with email address) | *Helen Bennett, HCV Programme Manager* *helen.bennett18@nhs.net;* *Professor Graham Foster, National Clinical Lead*g.r.foster@qmul.ac.uk*;**All queries to: England.hepc-enquiries@nhs.net;* |
| Improving Value Reference | *[Improving Value reference if any]* |
| Duration |  *[Specify full duration of indicator, in years]* One. |
| CCG Complementarity | *[Reference any related CCG indicators]* |
| **Problem to be addressed (maximum 150 words):*****[****Briefly characterise the shortfall in quality or efficiency that the indicator is designed to address; detailed evidence should be placed in section D1****]*** Clinical advice has highlighted that in order to respond to the WHO strategy for elimination by 2030 and NHS England’s ambition to accelerate this to 2025, increased focus on improving treatment of diagnosed patients and increasing rates of testing and diagnosis is required. Whilst the wider health and social care system has a role to play, ODNs, as expressed in the service specification, have a leadership role to play in supporting these actions. |
| **Change sought:***[Specify what change in behaviour is sought in general terms, with detailed specification set out in section C4****.]*** This CQUIN supports the continued evolution of infrastructure, governance and partnership-working across health and care providers working in HCV networks in their fourth year of operation, rolling out new HCV treatments and now working towards HCV elimination. Treatment is becoming more challenging at the same time as new support is becoming available. The CQUIN therefore recognises the stretch in maintaining treatment levels at ODN level. This CQUIN aims to support * Alignment to the outcomes and ambitions of the strategic procurement for drugs / elimination initiatives
* Increased case finding rates
* Sustained and improved activity rates to achieve the ambition of accelerated elimination by 2025
* ODN coordination - by incentivising actions to act as the system leader in coordinating treatment rollout
* ODN case-finding initiatives - by incentivising partnership working on testing and treating in high prevalence or high transmission settings to assist elimination plans
* ODN care cascade improvements - by incentivising actions to link with laboratories to act on new and historic positive tests
* ODN engagement with pharma – ODNs are required to pro-actively engage and play a leadership role with the HCV treatment suppliers in the deployment of relevant supplier funded case finding schemes (offered either through existing or subsequent procurements) to support progress towards elimination in their local area
* Enhanced data collection to demonstrate the effectiveness and equity of this way of working and the availability of new treatments
* Alignment with the goals of the ODN service specification

As there is a requirement for this CQUIN indicator to align and facilitate the outcomes of the strategic procurement for drugs / elimination initiatives, NHS England gives notice that it may seek to adjust the terms of this CQUIN indicator by normal contract variation. Providers leading networks are responsible for facilitating a working group for this CQUIN scheme, mapping patient pathways and further evolving plans to improve partnership working in collaboration with their ODN treatment partners and whole systems stakeholders, this includes pharma (after the conclusion of the procurement process). The CQUIN focuses on achievable actions which can be taken by the clinical team and / or Trust. This CQUIN assumes Trusts will uses CQUIN funds to make the necessary investments in the ODN clinical team to undertake leadership, coordination, treatment, and data tasks across the ODN and its partners. Trusts will maximise their opportunity for CQUIN achievement by doing this. Each ODN host may make payments out of its CQUIN funding to other providers within the network, should they wish, to support successful achievement of the CQUIN.  This is for ODN providers to arrange between themselves.By the end of the CQUIN scheme, ODNs will:* Be part of ongoing HCV clinical care as set out by NICE in published and any forthcoming technology appraisal guidance, with all patients receiving Hepatitis C care benefiting from ODN policy-compliant care approved by an MDT
* Have clear and fully understood arrangements for partnership working inclusive of local patient groups and providers. There should be a clear updated written plan for partnership working with clarity about the responsibility of each ODN partner in relation to elimination plans and progress towards the goal of accelerated elimination, patient treatment run rates, treatment selection, and data input onto the Registry and/or Blueteq. There should be agreed communications about the ODN which allow professionals and patients alike to understand how the ODN operates and how to contact it.
* Have developed partnerships which involve providers, commissioners, voluntary organisations and patients. Evidence of formal agreements and arrangements to support activity to facilitate the effective operation of the ODN must be available including examples of:
1. Memoranda of understanding (or equivalent) between the Hubs and spokes within the ODN.
2. Report evidence of how resources have been invested in the work of the entire network wide HCV teams to support the work of all partners in the ODN who have a role in delivery.
3. Provide clear monitoring data on ODN operation and outcomes for patients, including the impact of the ODN model for improving access and real-life effectiveness of new treatments as evidenced through data input onto the Registry and/or Blueteq. This should contribute to public health, activity, outcomes and experience monitoring needs.
4. Be actively involved in opportunities to share learning and develop solutions within and across ODNs at regional and national level, to build the ODN collaboration model, support sustainable roll-out and goals of accelerated elimination.
5. Be actively involved with any pharma elimination initiatives which are relevant to their local ODN and available because of NHS England procurement exercises or as offered by suppliers and accepted by the ODN.
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| 1. **CONTRACT SPECIFIC INFORMATION** *(for completion locally, using guidance in sections C below)*
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| **B1.Provider** (see Section C1 for applicability rules) | *[Insert name of provider ]* |
| **B2. Provider Specific Duration.** What will be the first Year of Indicator for this provider, and how many years are covered by this contract? | 2019/20 *[Adjust locally]*Oneyear *(Adjust locally)* |
| **B3.Indicator Target Payment** (see Section C3 for rules to determine target payment) | Full compliance with this CQUIN indicator should achieve payment of: Target Value: *[Add locally ££s]* |
| **B4. Payment Triggers.**The triggers, and the proportion of the target payment that each trigger determines, and any partial payment rules, for each year of the indicator, are set out in Section C4.Relevant provider-specific variation, if any, is set out in this table.*[Adjust table as required for this indicator – or delete if no provider-specific information is required.]*

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| **Provider specific triggers** | **2019/20** |
| **Trigger 1:** |  |
| **Trigger 2:** |  |
| **Trigger 3** |  |

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| **B5. Information Requirements** |
| **Obligations under the indicator to report against achievement of the Triggers, to enable benchmarking, and to facilitate evaluation, are as set out in Section C5.** |
| Final indicator reporting date for each year. | Month 12 Contract Flex reporting date as per contract. *[Vary if necessary.]* |
| **B6. In Year Payment Phasing & Profiling** |
| Default arrangement: half payment of target CQUIN payment each month, reconciliation end of each year depending upon achievement. *[Specify variation of this approach if required]* |

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| **C. INDICATOR SPECIFICATION GUIDE: STEP CHANGE INDICATORS** |
| **C1. Providers to whom Applicable** |
| **Nature of Adoption Ambition*:***  | *[characterise the providers for whom this indicator is applicable: eg all providers of service XYZ]* |
| **List of Providers for whom Indicator is Applicable** | *[List all providers to whom the indicator should be offered.]*The list of eligible providers (to be confirmed by Regions) is LEAD PROVIDER1. The Newcastle Upon Tyne Hospitals NHS Foundation Trust
2. Pennine Acute Hospitals NHS Trust & Central Manchester University Hospital Trust
3. Royal Liverpool & Broad Green University Hospital NHS Trust
4. Sheffield Teaching Hospitals NHS Foundation Trust
5. Hull & East Yorkshire NHS Trust
6. Leeds Teaching Hospitals
7. East Lancashire Hospital NHS Trust
8. University Hospitals of Leicester
9. University Hospitals Birmingham NHS Foundation
10. Nottingham University Hospitals NHS Trust
11. Cambridge University Hospitals NHS Foundation Trust
12. Imperial College Healthcare Trust
13. Royal Free London NHS Foundation Trust
14. Barts Health
15. Kings College Hospital NHS Foundation Trust & St George’s University Hospitals NHS Foundation Trust
16. Royal Surrey County Hospital NHS Foundation Trust
17. Brighton & Sussex University Hospitals
18. Oxford University Hospitals NHS Foundation Trust
19. University Hospital Southampton NHS Foundation Trust
20. University Hospitals Bristol NHS Foundation Trust
21. Plymouth Hospitals NHS Trust
22. Kings College Hospital NHS Foundation Trust
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| **C2. Provider Specific Parameters** |
| **The indicator requires the following parameters to be set for each provider in advance of contract, in order to determine precisely what is required of each provider, and/or to determine appropriate target payment (as per C3.)** | *[Specify for this indicator the parameters, including duration, that need to be set to determine the indicator requirements precisely, for example the patient group to be covered, the baseline level of performance, the required stretch, etc.]* |
| **C3. Calculating the Target Payment for a Provider**  |
| **The target overall payment for this indicator (the payment if the requirements of the indicator are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:** [*Specify in detail how the target payment should be set for each year of the indicator – whether a standard payment per provider, or whether it is dependent upon scale and stretch (e.g. number of patients served, or increase in number of patients to receive a specific service enhancement).]* *[Given an example of the calculation.* 1. **Governance and Partnership Working**: £150,000 per network. Where 2 providers share lead status the split of this funding to be agreed with commissioner and the 2 providers.
2. **Stewardship and NICE compliance** 0.6% CQUIN-applicable contract value.

The combined value is subject to a floor of £500,000. **See Section D3 for the justification of the targeted payment, including justification of the costing of the indicator, which will underpin the payment.** |
| **C4. Payment Triggers and Partial Achievement Rules** |
| **Payment Triggers****The interventions or achievements required for payment under this CQUIN indicator are as follows:***[Set out the processes, behavioural changes and outcomes against which some portion of the payment should be made, in terms of inputs or processes, information flows, and/or patient outcomes.]*

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| **Descriptions** | **First Year of indicator** |
| **Trigger 1-:****Minimum Activity** | * Patient cohort: patients with a treatment start date between 1st April to 31st March of the CQUIN year
* Value: each quarter is worth 17.5% of the available 70%.
* Assessment frequency: twice per year, after the end of Q2 and Q4. Data Source: Blueteq
* Assessing compliancy: NHS England’s national Finance Team will assess compliance based on Blueteq activity data
* Notes: If an ODN does not meet the quarterly activity targets, however meets or exceeds the annual minimum target by year end, a retrospective payment will be made for the full value of this Trigger i.e. the ODN can fully achieve this CQUIN if the activity is met by year end.
* ODNs must achieve 20% or more of the Trigger 1 minimum activity target at **year end**, below this threshold there is no payment and any quarterly monies paid will be ‘clawed back’
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| **Trigger 2:** ODN average expected treatment cost per patient | * Patient cohort: patients with a treatment start date between 1st April to 31st March of the CQUIN year
* Value: each quarter is worth 2.5% of the available 10%.
* Assessment frequency: twice per year, after the end of Q2 and Q4.
* Data Source: Blueteq
* Assessing compliance: NHS England’s national Finance Team will assess compliance based on Blueteq activity data
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| **Trigger 3:** Completeness and Data Quality | * Patient cohort: patients who commenced treatment or were expected to commence treatment between 1st April 2019 and 31st March 2020.
* Value: each quarter is worth 5% of the available 20%
* Should data entry into the Registry drop below 60% no CQUIN payment will be made.
* Assessment frequency: assessed annually at the end of Q4.
* Data source: the Registry
* Assessing compliance: performance will be assessed by NHS England’s Head of Information and Intelligence in the Specialised Services National Support Team during April based on the information in the Registry.
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| **Percentages of Target Payment per Payment Trigger****The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.**

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| **Percentages of Target Payment per Trigger** | **First Year of indicator** |
| **Trigger 1A** | 70% |
| **Trigger 2** | 10% |
| **Trigger 3** | 20% |
| **TOTAL** | 100% |

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| **Partial achievement rules****Trigger 1, Minimum Activity*** Where activity targets are only partially met in every quarter the payment is pro-rated on a quarterly basis.
* If activity is less than 20% of the plan by year end, no payment will be made

**Trigger 2: pro rata****Trigger 3:** if completion is less than 60% of the total number of eligible patients, no payment will be made, otherwise pro-rata |
| **Definitions***[Provide detailed technical definitions for the Payment Triggers and associated measures set out above, as required.]*In each Contract Year, each ODN is required to utilise the preferred treatment options for each patient genotype, as specified on the rate card.Considering the recently completed strategic procurement process, ODNs now have increased flexibility to test and treat patients and the maximum ODN run rates have been removed. The rates of treatment envisaged by NICE are now seen as minimums. Initially in each Contract Year, each ODN is required to utilise the preferred treatment options for each patient genotype (as specified on the rate card) until collectively the ODNs have treated a specified number of patients. NHS England will notify ODNs when the specified number of patients has been reached. Once the specified number of patients is reached, the rate card no longer applies and ODNs are free to prescribe any of the treatments available under the contract.The emphasis of the programme is now accelerated elimination and ODNs are encouraged to find and treat significantly more patients than in previous years of the CQUIN. To support this the Activity Trigger (1) focuses on maintaining current ODN activity levels. **Trigger 1, Minimum Activity****Activity targets: 11,202****Value:**Up to 70% of the CQUIN is available to ODNs who continue to achieve the activity levels set at 2018/19 actual treatment levels at month 10 projected to year end. Run rates have been historically linked to PHE prevelance data which can be found here: <https://www.gov.uk/government/publications/hepatitis-c-commissioning-template-for-estimating-disease-prevalence> The quarterly activity targets will be released twice per year:* Q1 and Q2 ODN level activity targets will be released on 1st March 2019
* Q3 and Q4 ODN level activity targets will be released on or before 1st October 2019

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| Minimum Activity level | Payment level |
| 100%  | Full payment |
| Between 99% - 20%  | Payment is pro- rated and rounded up to the nearest whole number.  |
| Less than 20% | No payment |

Performance will be measured by the NHS England Finance Team based on Blueteq activity data. Assessment will be made twice per year, after the end of Q2 and Q4 supported by quarterly reporting. If an ODN does not meet the quarterly activity targets, however meets or exceeds the annual target by year end, a retrospective payment will be made for the full value of this Trigger i.e. the ODN can fully achieve this CQUIN if the activity target is met by year end. * Each quarter is worth 17.5% of the available 70%.
* 70% of the CQUIN monies are available to ODNs achieving 100% of the minimum quarterly activity target.
* Where quarterly activity levels are between 99% and 20% payment is pro-rated and rounded up to the nearest whole number.
* Should activity fall below 20% of the annual activity target, no payment will be made.
* ODNs must achieve a minimum of 20% of the Trigger 1 activity target at **year end**, below this threshold there is no payment and any quarterly monies paid will be ‘clawed back’
* ODNs can achieve full payment if the yearend activity figure, meets or exceeds the annual target, irrespective of the quarterly performance. A retrospective payment will be made after Q4 for the full 70%.
* Worked examples are provided in Appendix 1.
* Activity rates are counted per patient not per treatment e.g. if a patient receives 2 courses of treatment 6 months apart this is counted once in the activity figures; when the first course of treatment commences.
* Patient treatment activity in trials will be counted as part of the activity target (patients treated in trials funded by a drug company are now included in this trigger).
* ODNs are encouraged to treat a significant increase in patients as the programme progresses toward the elimination goal.

The following definitions apply: Treatment Failure leading to a re treatment: this is the failure of a patient to achieve sustained virologic response at 12 weeks (SVR12) following completion of the intended duration of treatment (or following early discontinuation on the advice of a physician for failure to respond) with the patient having complied with at least 80% of the treatment regimen as evidenced by a declaration from the relevant clinician.These retreatments should be checked for eligibility for a rebate from the drugs manufacturers. As activity rates are counted per patient not per treatment, retreatments are not counted in the activity figures. E.g. patient commences first course of treatment in May, in August the patient has not achieved an SVR, the patient is prescribed and takes a second course of DAAs – the patient is counted once in the activity figures during May. The link to the retreatment policy is (<https://www.england.nhs.uk/wp-content/uploads/2017/08/ccp-statement-retreatment-chronic-hepatitis-c-infection.pdf> Children and adolescents are included in the number of new patients treated but have their own rate card indicating preferred treatment options. The link to the Medicines for Children and Adolescents Policy is: <https://www.england.nhs.uk/publication/commissioning-medicines-for-children-specialised-services>. **Quarterly reporting**ODNs should provide 3 quarterly reports (Q1, Q2 and Q3) and one annual report in Q4 to the national team at: England.hepc-enquiries@nhs.net, with a courtesy copy to the local NHS England teams. Content must include:Quarterly report (Q1, Q2, Q3)* Number of patients treated, lost to follow up, SVR12, DNA rates, etc.
* Case finding activities completed
* Case finding plans and future actions for the next quarter
* Plans to move services into the community e.g. drug and alcohol treatment centres, hostels, etc. and a gap analysis of the current services across the ODN and the strategy to address these needs
* Detail the monthly outreach activity in the quarterly and annual reports
* List the postcodes targeted and activity numbers in the outreach locale(s)
* List the community places where services are deployed and could be deployed e.g. prisons, drug and alcohol services, GP practises with Opioid Substitution Therapy, pop up clinics, mobile services, etc. and the current staff time allocated
* Provide a summary of and/or copies of the agreed communications about the ODN which allow professionals and patients alike to understand how the ODN operates and how to contact it
* Evidence of how resources have been invested in the work of the entire network wide HCV teams to support the work of all partners in the ODN who have a role in delivery
* Any other pertinent information relevant to the ODN

Annual report, Q4* Narrative on the preceding year’s activity, targets, and identification of any trends
* The local priorities for the ODN
* Provide details of all the organisations within the ODN footprint where HCV test or HCV test and treat services occurs e.g. prisons, pharmacies, spoke hospitals, community services, and any other organisations as appropriate to local population/ disease prevalence. The list should state if test only or test and treat facilities are available and the progress made, highlight the successes, any issues, risks and concerns.
* Provide a list of services (e.g. addiction services, needle exchange pharmacies) where testing is not provided and plans to engage with them
* Provide copies of the MOU/ SLA for 50% of the local laboratories and/ or with the field epidemiologist at Public Health England (PHE)
* Provide a copy of the standard operating procedure in the quarterly/ annual report
* Describe how data will be transferred from either the Laboratory or PHE
* The timescales for processing data upon receipt by the ODN
* Provide a copy of the patient pathways for contacting patients and notifying referrers of positive results
* An overview of the system level performance of the ODN
* ODNs should explore their lost to follow-up rates and document what action has been taken to reduce this volume.
* Demonstrate via a graph or waterfall diagram or narrative at what points in the pathway patients are being lost, and if changes in the pathway have occurred/ are planned and the impact of service model changes.
* Clinical Lead to identify any areas of concern of either non- engagement or lack of service provision with an associated action plan
* The ODNs future plans for the forthcoming year
* An overview of the ODNs three-year plan
* Activity within other hospitals in the network and plans to address any shortfall
* Significant impediments to service expansion and their solutions
* Patient engagement and feedback
* Any other relevant information the ODN would like to include

**Trigger 2, ODN average expected treatment cost per patient** Metrics are described for 2019/2020. Performance against the CQUIN will be measured by the NHS England Finance Team based on Blueteq data. Trigger 2, CQUIN assessments are made twice per year, after Q2 and Q4. ODNs can achieve half or full payment if the yearend aggregate activity figure achieves the relevant metric thresholds, irrespective of the half yearly performance. A retrospective payment will be made after Q4 for any amounts due.* This measure is based on the associated number of recorded treatments on Blueteq.
* Where the necessary information is supplied regarding patient treatment in trials, an adjustment is made to remove the impact of less efficient prescribing arrangements in order that participation in research is supported.
* Where trial activity is included in the activity figures, trial patients are included in this trigger.

 Where a rate card applies, there will be no change to the metric calculation. Where no rate card applies, there will be no FLTC and treatment costs will instead be measured against the expected treatment cost. This represents the planned treatment price plus an allowance of £100 fees and taxes.* Where the ODN average treatment cost per patient is less than or equal to the ODN average expected treatment cost, this indicator will be paid in full.
* Where the ODN average treatment cost per patient is between 100% and 110% of the ODN average expected treatment cost, half payment will be made;
* Where the ODN average treatment cost per patient is more than 110% of the ODN average expected treatment cost, no payment will be made

**Trigger 3, Completeness and Data Quality** **Value: insert here**The objective of this trigger is to create an active database of all patients with a confirmed HCV diagnosis and to track the patient through from initial diagnosis to provision of treatment and outcome. This includes all patients i.e. those who are treated in industry funded trials, self-funding patients, those who are re-infected, those whose initial treatment fails and are retreated, and those who commence treatment then cease ahead of the expected duration. Patients must be entered onto the NHS England Registry. The ODN clinical lead is required to confirm that data entry is an accurate reflection of service delivery via the Annual report. The patient cohort being measured is: **Patients who commenced treatment or were expected to commence treatment between 1st April 2019 and 31st March 2020.** There is a 2-week period at the end of the financial year for organisations to submit any outstanding data entry. Trigger 3’s CQUIN performance will be assessed by NHS England’s Head of Information and Intelligence in the Specialised Services National Support Team on 15th April 2020.

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| Patient cohort | Patients who completed or where expected to complete treatment between 1st April 2019 and 31st March 2020 |
| Assessment day | 15th April 2020 |

Data Metrics:The table below lists the metrics associated with Trigger 3:

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| --- | --- | --- |
| Patient cohort | Data entry field to be completed | CQUIN target |
| All patients (treated and untreated) | NameNHS numberAge Gender | 80% |
| All treated patients | Obligatory fields | 50% of the patients have 80% of the fields completed\* |
| All treated patients  | Core data fields | 80% of the patients have 80% of the fields completed\*\* |
| All treated patients who complete SVR12 | SVR12 | 85% SVR for all patients treated in hospital settings60% for patients treated in prisons, pharmacies, prisons and drug and alcohol services. |

\*For example: 160 patients have been treated during the CQUIN period. If 80 of the patients have any 5 of the 6 fields on the list completed the CQUIN will be met.\*\* For example: 160 patients have been treated during the CQUIN period. If 128 of the patients have any 11 of the 13 fields on the list completed the CQUIN will be met.**CQUIN performance metrics**

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| **% achievement of data completion** | **% of CQUIN available** |
| >80% | 100% of the available CQUIN |
| Between 60% - 80% | Pro-rata |
| Less than 60% | No payment |

**SVR12 Completion**Measuring SVR12 is best clinical practise and enables demonstration of cure and elimination, supports NHS England’s ability to meet the contractual requirements with the drugs manufacturers and allows maximisation of the recoverable amounts of money (rebates) where treatments have been unsuccessful. SVR12 data is required for those patients who should have an SVR during the CQUIN period of 1st April 2019 – 31st March 2020, this is a different denominator to the data required in other sections of this document. It is noted that this will include people from the preceding CQUIN year and not capture those commencing treatment at the end of the CQUIN year. Some worked examples are provided in the table below:

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| --- | --- | --- | --- |
|  | Example 1 | Example 2 | Example 3 |
| Patient starts treatment | 05/11/2018 | 06/05/2019 | 09/12/2019 |
| Treatment duration | 12 weeks | 8 weeks | 4 weeks |
| Treatment completion date | 04/02/2019 | 01/07/2019 | 06/01/2020 |
| SVR12 due date | 29/04/19 | 23/09/19 | 30/03/2020 |

When setting the metrics for this Trigger consideration has been given to clinical lead feedback that as an increasing number of chaotic patients are treated some of these may choose not to return to be tested for an SVR12 and therefore the metric is not 100%. The SVR12 metrics are: * 85% of patients treated in hospital settings
* 60% of patients treated in prisons, pharmacies, prisons and drug and alcohol services

The Registry includes a field to mark patients as ‘lost to follow up’ – any patients marked as such will be counted as a patient with no SVR and will count against achievement of the CQUIN. Please see the example below:

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| --- | --- | --- |
|  | Example 1, CQUIN met | Example 2, CQUIN unmet |
|  | Hospital | Other | Hospital | Other |
| Total no. of eligible patients between 1st April 2019 – 31st March 2020 | 10 | 46 | 10 | 46 |
| No. of patients completing SVR12  | 8(80%) | 35(76%) | 4(40%) | 20(44%) |
| No. of patients marked as lost to follow up | 2 | 11 | 6 | 26 |

N.B. the definition of a treated patient who requires an SVR for the purposes of those residing in a prison or an immigration centre is to have completed a minimum of 4 weeks of the course of the treatment. As the HCV programme has been established for 3 years (at the time of writing) it is anticipated that ODNs have developed /will develop relationships with organisations that can support prisoners upon release e.g. using peer co-ordinators, connecting with probation services, etc. therefore prisoners/ex-prisoners will continue to be included as part of this measure.  |
| **C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.**  |
| *[Please indicate below what data is needed (i) to validate payment against the triggers, (ii) to support benchmarking and benefit realisation, to whom it should flow and how information governance issues are addressed (eg pseudonymisation). (Any further information needed for evaluation should be specified in section D4.)* *[Please also indicate whether a standardised reporting template is required for either purpose to supplement what can be derived from existing data flows.]***Data Sources, Frequency and responsibility for collection and reporting**The HCV Programme uses two main software programmes to manage patient information: the HCV Registry and treatment outcome system and the Blueteq system. During the period of this CQUIN there are likely to be developments within each system and there is an aspiration to increase the functionality of the Registry to enable one software programme to be used which will incorporate the role of Blueteq. **Commercial confidentiality**The supporting information for measures which relate to confidential prices of treatments are available directly to ODN lead providers on a commercial in confidence basis and should only be shared as needed with ODN partner organisations who are party to a confidentiality agreement. Further information will be provided to ODN lead providers. |
| **Reporting of Achievement against Triggers:** |
| Two types of data requirement:* Narrative reports – produced by ODN Clinical Teams
* Dataset: this is demonstrated via 3 sources: Blueteq, drugs MDS and HCV Patient Registry and Treatment outcomes system data input all of which must be fully completed and complied with

Providers will need to produce evidence of appropriate administrative arrangements in place to enable MDTs / data reporting.Final indicator period/date (on which payment is based) & Value:* Measures for financial year as at Month 6 and Month 12 except where otherwise stated

Final indicator reporting date:* Month 12 Contract Flex reporting date as per contract
 |
| **Information for Benchmarking:** |
|  |
| **Information Governance:** |
| **Commercial confidentiality**The supporting information for measures which relate to confidential prices of treatments are available directly to ODN lead providers on a commercial in confidence basis and should only be shared as needed with ODN partner organisations who are party to a confidentiality agreement. Further information will be provided to ODN lead providers. |
| **Reporting Template requirement:** |
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| **C6. Supporting Guidance and References** |
| **Further details on implementation, and references to documents that will support implementation:****Queries**Please email the national team using England.hepc-enquiries@nhs.net |

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| **D. Indicator Justification and Evaluation** |
| **D1. Evidence and Rationale for Inclusion**  |
| **Evidence Supporting Intervention Sought***[Please summarise evidence base and/or give reference to the evidence supporting the indicator (which may be expert opinion – so long as the source of that opinion is given).* *[Evidence is required to support:** *The characterisation of the problem.*
* *The choice of behavioural change to remedy the problem - in terms of its cost-effectiveness.]*

New HCV Treatments are recognised to be cost effective by NICE. The operation of managed network principles can:1. Ensure clinically appropriate medicine choice and treatment duration is selected in line with latest evidence, and maximise the access to treatment relative to investment, achieving greater health gain
2. Ensure patient treatment interventions maximise adherence to treatment regimen and minimise relapse thus minimising the reduction in health outcomes for real world treatment compared to trial conditions
3. Provide an equitable basis to rollout and prioritise patients with highest clinical need.

NICE has concluded that many new oral HCV treatments are cost effective for certain patient groups (see <https://www.nice.org.uk/guidance/conditions-and-diseases/liver-conditions/hepatitis>)Reducing harm from Hepatitis C is a priority for the NHS. As the programme enters its fourth year PHE have reduced the estimated number of people with chronic Hepatitis C infection in England, from 160,000 people to around 125,000. By January 2019 over 30,000 people had received drug treatment for HCV in the UK.A wide body of literature on generalisability of healthcare research suggests treatment adherence and clinical outcomes achieved in real world settings fall short of clinical trial based outcomes (For example Sculpher et al 2004[[1]](#footnote-1)) Effective clinical networks are one way to minimise this shortfall. |
| **Rationale of Use of CQUIN incentive****CQUIN as an instrument is justified if net costs beyond normal service requirements are incurred by providers whilst benefits and cost savings accrue to patients and commissioners.** *[Specify the rationale for use of CQUIN as an incentive for this behaviour, specifying in particular:** *the costs of the behaviour change, and the stretch involved beyond standard service quality, net of cost savings accruing to providers*
* *the benefits accruing to patients,*
* *cost-savings accruing to commissioners (NHS E, CCGs, other] and*
* *respectively year by year, one-off and enduring.*

 *[Refer to any evidence with URL-references, or set this out in Supporting Guidance for this indicator – to sit as a separate document on the CQUIN website].*NHS England has implemented the establishment of Hepatitis C networks to ensure clinical and cost-effective care is delivered with oversight from Hepatitis C centres and MDTs. Strong partnership working across the complex pathways for patients is essential to ensure patients have access to both clinical expertise and local delivery of care.There are many commissioners and services involved in the treatment of patients who may have Hepatitis C or are infected and also suffer from other co-morbidities or conditions. Acute services, drug and alcohol services, detained settings, primary and community care providers may be caring for the eligible patient groups. Many patients with Hepatitis C are within disadvantaged groups.Treatment selection is complex to support adherence, avoid resistance and relapse and to make best use of NHS resources. Hepatitis C ODNs provide a vehicle for ensuring that clinicians are aware of which are the most cost effective, efficacious treatments and to help choose between alternative products and treatment plans.England has lacked any national data linking across services to improve accuracy of data on patient numbers, treatment, outcomes and access. This CQUIN scheme supports the innovation required by the whole system to work together to manage access to new treatments in a cost-effective way. Networks are expected to play an active role in developing and refining the outcome data collected by partner providers over the next 2 years to develop the evidence base of treatment in routine clinical practice. |
| **D2. Indicator Duration and Exit Route** |
| **The appropriate duration of an indicator depends upon how long CQUIN support is required before the change in behaviour sought can be embedded in services specification or otherwise.***[Specify for this indicator the duration over which CQUIN funding support is required, and how the recurring costs of the intervention sought will be supported thereafter. (This may depend upon: the period before costs feed through Reference Costs into tariff; or before cost-savings and/or service payments accrue to providers. For some indicators, the CQUIN funding is required to cover one-off fixed costs – which may take a year or two or three before fully incurred.]*The set-up costs of HCV ODNs were supported financially in ETO provider CQUIN or central funding allocation in 2015/16. As a year 4 and year 5 CQUIN, the governance costs will be embedded in reference costs from the year after the CQUIN concludes. Governance arrangements will need to reflect funding flows needed from Tariff income in year 4 across partner organisations to fund ongoing network infrastructure. |
| **D3. Justification of Size of Target Payment** |
| **The evidence and assumptions upon which the target payment was based, so as to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms), is as follows:**[*Set out the costing of the intervention, including contribution to overheads, costs of setting up data-flows, and evaluation costs, as well as the costs of the required intervention itself, in terms of the personnel required, their time and grade. These HR costs should be included irrespective of whether the work will be done alongside other responsibilities or whether new recruitment is required.**[Set out how this costing underpins the target payment: the target payment in general should be some 150% of the costs to the implementing provider net of any in-year savings and net of any enhanced payments[[2]](#footnote-2) under Tariff or otherwise.]* |
| **D4. Evaluation: Approach, data and resources** |
| **Evaluation Approach:** *[Where the indicator is to some extent uncertain of impact, set out the approach to evaluation.]* |
| **Information for Evaluation** | *[Information flows required for evaluation should be referenced here, building on those set out at C5]* |
| **Resources for Evaluation** | *[Costs of evaluation – the personnel required to conduct the evaluation – should be estimated and set out here, and should be built into the costing of the indicator. Payments by the provider to support the evaluation team should if appropriate be specified as a CQUIN indicator payment trigger in section C4.]* |

**Appendix 1, Worked examples re Trigger 1**

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1. Sculpher MJ, Pang FS, Manca A et al. Generalisability in economic evaluation studies in healthcare: a review and case studies. Health Technology Assessment 2004; 8:1-206. See also Drummond MF, McGuire A eds. Economic Evaluation in Health Care: Merging Theory with Practice. Oxford University Press NICE guidance [↑](#footnote-ref-1)
2. If revenues will decline in year as a result of any reduction in activity, the loss in revenue should in general be assumed to be made good by reduced costs and/or replacement activity. [↑](#footnote-ref-2)