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## 2019/20 PSS CQUIN Scheme

## Indicator Template

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

## PSS7 CUR (v2 published 28 March 2019)

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| Indicator Name | ***Clinical Utilisation Review: Acute Providers*** |
| 1. **SUMMARY of Indicator** | |
| Indicator Sponsor (with email address) | *Victoria Barrie*  [*victoriabarrie@nhs.net*](mailto:victoriabarrie@nhs.net) |
| Improving Value Reference | 1617S4CML **IV Scheme moved to BAU** |
| Duration | Two years. |
| CCG Complementarity | *N/A* |
| **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****]***  CUR is a clinical decision support software tool that enables clinicians to make objective, evidence-based assessments of whether patients are receiving the right level of care in the right setting, at the right time based on their individual physical and mental health needs. CUR can be applied in any inpatient facility (Acute, Community and Mental Health).  **CUR has been used to identify that in the NHS there are a large proportion of patients who should never have been admitted and/or are being subject to a more intensive level of care than is clinically appropriate for the level of care they are receiving.**  CUR supports organisations to tackle **inappropriate admissions** and **delayed transfers of care.** Successful healthcare organisations worldwide have embraced this approach to improve **patient outcomes and satisfaction.** As a result, the appropriate CUR tools can play a significant role in supporting the emerging **new models of care** and is an essential function of successful **Integrated Care Systems.**  CUR is an important continuous quality improvement process based on **evidence-based criteria and continual measurement**. Routine, ongoing use of CUR (alongside clinical workflow) can support organisations to deliver the highest quality of clinical services that provides the best value for system resources in order to deliver an affordable health and social care system. | |

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| **Change sought:**  *[Specify what change in behaviour is sought in general terms, with detailed specification set out in section C4****.]***  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.  Use of the software as an integral part of Provider transformation/ service improvement programmes has provided information enabling the following benefits to be secured:   Reduction in Length of Stay,   Reduction in acute inpatient hospital admissions,   Reduction in total acute inpatient hospital bed-days,   Reduction in avoidable discharge delays,   Reduction in unexplained clinical variation,   Improved patient experience and satisfaction.  The behaviour sought by implementation of this CQUIN is:   * Continuation of CUR project team and production of plans for wider implementation of CUR * Implementation of CUR across agreed bed base * Through use of the CUR solution, demonstrate a consequential reduction in bed utilisation at NHS Provider or whole system level against those beds implemented in 2018/19 * Production of a robust quality improvement action plan, including key milestones for delivery of service improvement initiatives based on CUR data * CUR Reporting at Board / sub-committee level and provision of reports for the wider health economy, including local CCG and STP.   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. |

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| 1. **CONTRACT SPECIFIC INFORMATION** *(for completion locally, using guidance in sections C below)* | |
| **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]*  One / Two Years *[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.]*   |  |  |  | | --- | --- | --- | | **Provider specific triggers** | **2019/20** | **2020/21** | | **Trigger 1:**  **Governance and Decision Making** | Not applicable | Not applicable | | **Trigger 2:**  **Implementation and Roll Out** | *Adjust for local variation* | Not applicable | | **Trigger 3:**  **Compliance** | Not applicable | Not applicable | | **Trigger 4:**  **Benefits Realisation** | *Adjust for local variation* | *Adjust for local variation* | | **Trigger 5:**  **Service Improvement Plan** | Not applicable | Not applicable | | **Trigger 6:**  **Reporting** | Not applicable | Not applicable | | **Trigger 7:**  **Case Studies** | *Adjust for local variation* | Not applicable | | |

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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]* | | |
| **C. INDICATOR SPECIFICATION GUIDE: STEP CHANGE INDICATORS** | | | |
| **C1. Providers to whom Applicable** | | | |
| **Nature of Adoption Ambition*:*** | | Providers who have previously participated in the CUR scheme (from 2017/18 through 2018/19). | |
| **List of Providers for whom Indicator is Applicable** | | Those providers who have already implemented CUR in 2017/18 should now continue to implement their 2nd or 3rd year. The providers impacted during 2019/21 are:-   * University College London NHS Foundation Trust * Kings College Hospital NHS Foundation Trust * Royal Brompton and Harefield NHS Foundation Trust * Barts Health NHS Trust * Birmingham Women and Children’s Hospital NHS Foundation Trust * University Hospitals Birmingham * Norfolk and Norwich University Hospitals NHS Foundation Trust * Basildon & Thurrock NHS Foundation Trust * Manchester University Foundation NHS Trust (incorporating Central Manchester Foundation Trust and University Hospitals South Manchester) * Lancashire Teaching Hospitals NHS Foundation Trust * Liverpool Heart and Chest NHS Foundation Trust * The Clatterbridge Cancer Centre NHS Foundation Trust * The Walton Centre NHS Foundation Trust * Alder Hey Children’s NHS Foundation Trust * Blackpool Teaching Hospitals NHS Foundation Trust * Royal Liverpool and Broadgreen University Hospitals NHS Trust * Salford Royal NHS Foundation Trust * South Tees Hospitals NHS Foundation Trust * University Hospitals Bristol NHS Foundation Trust * East Kent Hospitals NHS Foundation Trust * Maidstone and Tunbridge Wells NHS Trust * Buckinghamshire Healthcare NHS Trust * Royal Surrey County Hospital NHS Foundation Trust   These Trusts will be expected to further extend rollout, where applicable, across their total bed base during 2019/20 (exceptions may apply for example maternity and day case beds). A CQUIN payment for implementation, and training of staff, however will only be offered by exception and subject to local variation. | |
| **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.)** | | CUR can be applied in any acute, community and mental health inpatient facility. CUR can also be applied to out-patient services (acute, and Mental Health). Providers will need to agree the bed base and / or services or care settings that CUR will be applied to and the phased roll-out plan and timescale of implementation during year 1 of the scheme, for those Trusts that are implementing across further beds or services. Once roll-out has been completed, the baseline non-qualified / not met rate will be agreed with the local commissioner no later than quarter 4 for those beds rolled out in year. The benefits realisation target will be applied to the following year in relation to beds rolled out in year.  For those providers where roll out and implementation has been completed, a benefits realisation target will be agreed with the commissioner using Q4 baseline data from 2018/19 in advance of contract.  The Benefits Realisation target will be supported by the production of a benefits / service improvement plan describing how the Trust intends to reduce the number of patients that do not meet the criteria for admission, continued stay or treatment at the current level of care.  Achievement of this target will be measured in Q4 2019/20. Progress against the benefits realisation target will be reviewed at the Quarterly CQUIN review meetings. | |
| **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:**  Year One: **Payment according to CUR Payment Calculator (to which cell references refer):**   * Triggers 1 to 4 Operational Use - £50,000 * Trigger 5 Benefits Realisation – £90,000 plus {% reduction (C19) *times* % of specialised beds (C6) *times* £90 (C7)} * Triggers 6 to 7 Reporting - £40,000   Year Two: **Ditto**  The CUR Calculator is to be found alongside this template, here:  <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>  **See Section D3 for the justification of the targeted payment, including justification of the costing of the indicator, which will underpin the payment.** | | | |

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| **C4. Payment Triggers and Partial Achievement Rules** |
| **Payment Triggers**  **The interventions or achievements required for payment under this CQUIN indicator are as follows:**   |  |  |  |  | | --- | --- | --- | --- | | **Descriptions** | **First Year of indicator** | | **2nd Year** | | **Trigger 1:**  **Governance and Decision Making** | * Provider has established and can continue to evidence an active project team with relevant stakeholders to manage and oversee CUR implementation. The Trust should be able to demonstrate that CUR is embedded into trust-wide patient flow and must be able to provide details of the following roles as a minimum:- * Executive sponsor for CUR (Director of Nursing, Director of Operations of Medical Director) \ CUR Operational lead (this person must be from an operational background for example an operational senior manager * CUR Clinical Champion (Consultant) * Business Intelligence /IT lead   **Note 1** – A flow diagram should be provided in Q1 demonstrating how CUR is embedded into trust wide-patient flow. Terms of Reference of the CUR Steering Group or patient flow group should be provided) together with minutes of meetings where CUR data is presented and discussed. | | As 1st Year | | **Trigger 2:**  **Implementation and wider roll-out** | * Provider and commissioner have an agreed and documented operational plan which includes:- * Number of beds / service areas on which CUR will be used * Number and type of staff who will be trained to use the tool and to undertake training of new staff (train-the-trainer role) * Yearly reliability / refresh training to be undertaken [x days] to ensure staff are trained in the latest updates to the CUR software and to ensure continued competency in use of the tool * Internal and external reporting mechanisms including frequency and type of reporting * Timeframe for implementation, including go-live dates (for wider roll-out) * software updates installed to ensure that the organisation is using the latest version of the CUR software * Trusts will be expected to extend CUR rollout across their total bed base (some exclusions will be accepted. For example, day case beds, maternity beds) by agreement with the commissioner and National CUR Team. | | Not applicable | | **Trigger 3:**  **Compliance** | * Daily use in practice of CUR can be evidenced on agreed bed numbers with continued achievement of 85-95% compliance rate, measured on a monthly basis.   **Note 1** - For beds rolled out in 2019/20, the compliance target will be taken at the end of March 2020.  **Note 2** - For all beds covered prior to 2019/20, compliance should be maintained at 85% to 95% throughout the year (monthly). Reviews against achievement will take place quarterly | | As 1st Year | | **Trigger 4:**  **Benefits Realisation** | * Delivery against the agreed KPI for the reduction in non-qualified (unmet) patients throughout the period of CUR operation, where patients do not meet clinical criteria for admission, continued stay or treatment at the current level of care. The CQUIN payment should be determined by measuring the reduction in the % of CUR assessments that do not meet CUR criteria for the current level of care against those beds / services implemented in 2018/19.   **Note 1:** Delivery of this trigger will be measured annually at Q4. A proportional payment will be applied to partial achievement of this trigger. For example, achieving 80% of the target will result in losing 20% of the value of Trigger 4.  **Note 2**: To ensure the accuracy of this calculation, Provider Trusts are required to ensure high compliance (+85%) in the use of the tool. | * Beds implemented in 2019/20 to be included in Year 2 | | | **Trigger 5:**  **Service Improvement Plan** | 1. Production of a robust service improvement plan, in Q1 to include key milestones for delivery of service improvement initiatives, based on CUR data, for beds implemented in 2018/19. 2. Quarterly updates to the Service Improvement Plan including a report on the achievement of initiatives identified in each quarter.   **Note 1 -** A further service improvement action plan will need to be produced in 2020/21 to cover any additional beds rolled out in 2019/20. | As 1st Year | | | **Trigger 6:**  **Reporting**   1. **Quarterly progress report to commissioner** 2. **MDS and Bed Compliment Data** 3. **Internal Reporting** | * Production of quarterly CUR CQUIN Reports to commissioners on CUR data showing  1. Numbers of patients with met / not met clinical criteria 2. Reasons / details for not met criteria 3. Compliance rate by ward 4. Reporting progress of initiatives identified in the service improvement plan that reduce admissions / bed / service usage where not clinically indicated by CUR criteria.  * Production of mandatory monthly CUR CQUIN Minimum Data Set (MDS) and Bed Complement dataset. All mandatory fields must be completed * Internal Reporting - production of quarterly report to Board / sub-committee of the Board presenting:-   (i) CUR data showing numbers patients met / not met clinical criteria  (ii) Reasons / details for not met criteria  (iii) Compliance rate by ward  (iv) Progress against the service improvement action plan to reduce admissions / bed usage where not clinically indicated by CUR criteria. | As 1st Year | | | **Trigger 7:**  **Case Studies** | * Production of two case studies per year. Case studies should be produced to support initiatives identified in the Service Improvement Plan (Trigger 5) and must be able to demonstrate benefits realisation. The timetable for production of the first study can be agreed with the local Supplier Manager. The final case study should be produced in Q4. | As Year 1 | | |

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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.**   |  |  |  | | --- | --- | --- | | **Percentages of Target Payment per Trigger** | **First Year of indicator** | **Second Year** | | **Trigger 1**  **Governance and Decision Making** | 10% | 10% | | **Trigger 2:**  **Implementation and roll out** | Not applicable | Not applicable | | **Trigger 3:**  **Compliance** | 20% | 20% | | **Trigger 4:**  **Benefits Realisation** | 30% | 30% | | **Trigger 5:**   1. **Service Improvement Plan** 2. **Delivery of initiatives** | 5%  20% | 5%  20% | | **Trigger 6:**  **Reporting** | 10% | 10% | | **Trigger 7:**  **Case Studies** | 5% | 5% | | **TOTAL** | **100%** | **100%** | |

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| **Partial achievement rules**  **Year One and Two**   |  |  |  | | --- | --- | --- | | **Trigger 1** | **Governance and Decision Making** | All-or-nothing | | **Trigger 2** | **Implementation and Roll-out** | Where local variation has been applied, failure to achieve against the plan will result in a proportional payment deduction for those beds where roll-out has not been completed. | | **Trigger 3** | **Compliance** | All-or-nothing. Failure to achieve monthly compliance targets will result in 1/12 deduction of the value associated with compliance. This will be determined at the quarterly CQUIN review meetings.  Where a Trust has had a compliance issue due to an extenuating problem that has impacted on CUR compliance, then allowance will be factored in. In this situation the previous month’s compliance figure will be frozen until the issue has been resolved. The Trust would need to notify the relevant Supplier Manager and CUR National Team immediately on finding this problem so that this can be logged as an issue. | | **Trigger 4** | **Benefits Realisation** | A proportional payment will be applied to partial achievement of this trigger. For example, achieving 80% of the target will result in losing 20% of the value of Trigger 4. | | **Trigger 5** | 1. **Service Improvement Plan** 2. **Service Improvement Report** | A Service Improvement Plan should be produced by the end of Q1. Failure to produce a SIP will result in loss of this element of CQUIN funding.  A proportional payment will be applied to partial achievement of this trigger. Progress against achievements in the SIP will be measured on a quarterly basis. Failure to achieve against the milestones in the plan will result in a proportional reduction against this element of the CQUIN. |  |  |  |  | | --- | --- | --- | | **Trigger 6** | **Reporting**   1. **Quarterly progress report to commissioner** 2. **MDS and Bed Compliment Data** 3. **Internal Reporting** | Payments will be withheld against this element of the CQUIN where a quarterly report is not provided to the commissioner as detailed in C4 above.  A fully compliant MDS and Bed Compliment template must be submitted to the DLP on a monthly basis. Where this is not submitted or is non-compliant, 1/12 payment against this element of the CQUIN will be forfeited.  Payments will be forfeited against this element of the CQUIN where sufficient evidence is not provided as detailed in C4 above. | | **Trigger 7** | **Case Studies** | Payments will be forfeited against this element of the CQUIN for each case study not produced. | |
| **Definitions**   |  |  | | --- | --- | | **Trigger** | **Technical Definition** | | **Trigger 1**  **Governance and Decision Making** | Evidence of continued governance and decision making will be required through:-   * minutes of internal meetings, that will demonstrate executive ownership and that CUR is embedded into wider patient flow. Examples may include Steering Group minutes, minutes and actions plans from other groups where CUR is a regular feature on the agenda. * CUR reports / data shared with eternal stakeholders (CCGs) and minutes of meetings where CUR is discussed * Action plans in place and reported to reduce the not-met / non-qualified delays |  |  |  | | --- | --- | | **Trigger 2:**  **Implementation and Roll-out** | Provide a copy of the CUR Operational / roll out plan and provide a quarterly progress report against the plan including an update on:-   * Number of beds on which CUR is currently being used * Number and type of staff who are trained in use of the tool and those that have super-user status * No and type of staff that have undertaken yearly reliability / refresh training to ensure staff are trained in the latest updates to the CUR software and to ensure continued competency in use of the tool * Timeframe for further roll out including go-live dates * Provide assurance that the latest version of CUR software has been installed and is being used | | **Trigger 3:**  **Compliance** | An achievement of 85-90% compliance rate measured on a monthly basis. Compliance should be calculated as follows:-   * No of monthly planned reviews divided by the number of actual reviews = % compliance. * **Note 1** - In principle every patient should be assessed every day. Exclusions can be agreed locally between the commissioner and provider to reflect local implementation of CUR software.   **Note 2** - The number of planned CUR Reviews should be agreed as part of a programme plan, signed off by the commissioner   ***Example:*** CUR used on: 100 beds for all of October (31 Days) and a further 100 beds from 14 October (17 Days). Assume a bed occupancy of 90% and no bed closures.  Therefore planned numbers of CUR Reviews = {(100x31) + (100x17)} x 0.90= 4,320. |  |  |  | | --- | --- | | **Trigger 4:**  **Benefits Realisation** | Delivery against agreed KPIs, outlined at the commencement of the financial year, 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.  **Note 1** - 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.  **Note 2** - To ensure the accuracy of this calculation, Provider Trusts are required to ensure high compliance (+85%) in the use of the tool is maintained.  **Note 3** - The KPI is set with sensitivity to the period of implementation. | | **Trigger 5:**  **Service Improvement Plan**   1. **Service improvement Plan** 2. **Quarterly Report against plan** | 1. Evidence of a robust service improvement action plan, including key milestones for delivery of service improvement initiatives, based on CUR data, for beds implemented in 2019/21. 2. A report to be provided quarterly to the commissioner on the achievement of milestones and deliverables against the plan. | | **Trigger 6:**  **Reporting** | 1. Production of quarterly reports to commissioners on CUR data showing: 2. Numbers of patients with met / not met clinical criteria 3. reasons /details for not met criteria 4. compliance rate by ward 5. evidence of actioned plans to reduce admissions / bed usage where not clinically indicated by CUR criteria 6. Production of quarterly Board / sub-committee report presenting: 7. CUR data showing numbers patients met/ not-met clinical criteria 8. Reasons/details for not met criteria 9. Compliance rate by ward 10. Progress against plans and future plans to reduce admissions/bed usage where not clinically indicated by CUR criteria 11. From the above, provide a quarterly report to other local system stakeholders, with specific detail of the externally generated delays, to inform system service planning. Active participation in any stakeholder meetings arranged to address the external delays to patient flows. | | **Trigger 7:**  **Case Studies** | Production of two case studies per year. Case studies should be produced to support initiatives identified in the Service Improvement Plan (Trigger 5) and must be able to demonstrate benefits realisation. The timetable for production of the first study can be agreed with the local Supplier Manager. The final case study should be produced in Q4. | |
| **C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.** |
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| **Reporting of Achievement against Triggers:** |
| Providers will be required to submit quarterly reports to commissioners using the attached CUR reporting template, outlining progress against the key triggers. This will be supplemented by a CUR MDS and Bed Compliment template, against which providers will be required to submit monthly to the DLP. All mandatory fields must be completed in order to secure payment against this trigger. |
| **Information for Benchmarking:** |
| An MDS dashboard is available for Providers to access via the NCDR portal. This enables the benchmarking of CUR performance against peer groups including percentage of non-qualified / not met rates and top reasons for internal and external delays. |
| **Information Governance:** |
| Not applicable. |
| **Reporting Template requirement:** |
| Monthly MDS and Bed Compliment template to be completed and submitted to the DLP. All mandatory fields must be completed to secure payment against this trigger. |

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| **C6. Supporting Guidance and References** | |
| **Further details on implementation, and references to documents that will support implementation:**  A CUR extranet is available for providers and commissioners to access all supporting material and documentation relating to CUR. This can be accessed by emailing [h.heywood@nhs.net](mailto:h.heywood@nhs.net) | |
| **D. Indicator Justification and Evaluation** | |
| **D1. Evidence and Rationale for Inclusion** | |
| **Evidence Supporting Intervention Sought**  Since commencing CUR reporting in 2016/17 with 11 Trusts, the number of Trusts using CUR has increased significantly to 23. In 2016/17 we reported 128,826 reviews with a non-qualified rate of 41%.  CUR data for 2018/19 (Q2) shows the following:   * A total of 2,6388,465 CUR assessments have been reported by 23 NHS Trusts who have submitted the CUR MDS. * In Q2 2018/19 a total of ***203,647*** ***(26%)*** of those daily assessments did not meet the CUR criteria for an appropriate patient stay, across 23 NHS Trusts. This represents a 15% improvement in the number of not-met / non-qualified patient stays. * Across these 23 Trusts, potential beds saved would equal ***2,134*** (Q2 year to date). These beds were therefore occupied by a patient that could have been managed at an alternative level of care. If we assumed that an average sized acute ward (25 beds), cost £1.2m (marginal cost rate) per year to provide ***this would equate to annual costs of c £102m per Trust.*** * A number of Trusts have been piloting CUR in an admission setting. Data from Q2 2018/19 shows an average **of 9% of admissions** are not clinically appropriate, with potentially 33 beds that could be saved across these trusts. These Trusts are continuing to use CUR in admissions settings as they have recognised the value the CUR brings, and this will enable the freeing up of valuable beds in admissions units. * The view from most providers, prior to undertaking CUR, is that the majority of the reasons for inappropriate patient stays sit outside of the control of the Trusts. External delays caused by the lack of community and primary care services, including social care - either because of capacity restrictions or because it does not exist in the first place. * Evidence from 23 sites now reporting against the CUR MDS proves that this is not necessarily the case, indeed the position is quite the opposite. During Q2 2018/19 **203,647** **assessments (26%)** did not meet the criteria for an admission or continued stay. ***The majority of the reasons (64%) for CUR criteria not being met were due to internal delays***, within the control of NHS Trusts. * **Arguably Providers cannot be held responsible for reducing the number of patient stay assessments where the CUR criteria are not met for external based reasons.**In many cases this will require action across the ‘whole STP system’ including by CCGs and community/ social/ primary care providers. CUR supports the production of CUR Commissioning reports which should be shared with external local stakeholders. * Through use of CUR we can now demonstrate a significant improvement in reductions of the not-met / non-qualified rates across providers since the national CUR programme commenced. * There is still a significant opportunity for NHS Trusts to implement change to address the levels of internal delays (64%) associated with a non-qualified rate of 26% nationally.   A CUR Transformation Directory (Volume 1) was published in 2018 describing qualitative benefits arising from CUR use by NHS Providers in receipt of the CUR CQUIN. This is available of the CUR Extranet and Volume 2 will be published in March 2019.  A formal evaluation of the PSS CQUIN scheme, for 2016/2019 is being funded by the National Institute for Health Research. This evaluation is being undertaken by a consortium of universities led by Queen Mary University of London. This is due to be completed and reported Autumn 2019. | |
| **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.**  We are now starting to see the benefits and learning CUR brings, through the rich strategic and operational information that supports service re-design and improvement. The benefits and learning are extrapolated through the **National CUR Learning Network** which is now open to all NHS CUR providers. Qualitative benefits of CUR identified by NHS Providers can also be found in the CUR Transformation Directory (Volume 1).  CUR can be applied in any inpatient facility (Acute, Community and Mental Health). Benefits of CUR include:-   |  |  |  | | --- | --- | --- | | Value | Outcomes | Beneficiary | | Patient Experience | * Avoids **unnecessary admission to hospital,** if applied in an admission setting * **Reduction in Length of Stay**, with accelerated discharge from hospital * Reduces the detrimental effect to physical and mental health of patients, caused by delays and unnecessary days of care * Improved **patient safety and reductions in the risk of harm** * Improved **quality of care** leading to **improved patient outcomes** and **increased patient satisfaction** | Patients | | System Assurance | * Identifies **causes of delay** across the system (hospital, community, social care) and **validates** and **prioritises** the **critical issues** affecting LOS * Use of **evidence-based criteria** and benchmarking * Ability to demonstrate and improve system value * Supports **winter planning** and optimal use of beds and levels of care including down-stream capacity management * Identifies **opportunities** for system, facility and service realignment * Supports **system co-ordination** through display of current status and demand * **Predictability of system pressures** and impending alert situations * Provides an **STP wide** approach to **winter planning** | System | | Commissioning | * Supports the commissioning of capacity and new services relative to population need and demand * Identifies productivity improvement opportunities and provider benchmarking * Provides the ability to **forecast demand** real time across the system | System | | Operational Efficiencies | * Identification of internal and external blockages to patient flow * Increased bed use / throughput * Improved **patient flow including reductions in DTOC, length of stay** and **winter planning** * Improved **care management and care co-ordination** * Identifies patients who should **never have been admitted** and systemic improvement opportunities for admittance avoidance * Demonstrates whether or not patients are **clinically appropriate** for the level of care they are receiving or bed they are occupying * Identifies **causes of delay** for each day of care beyond what is clinically necessary: analysed by responsible parties (hospital, doctor, or community) * Real-time **demand management capability and forecasting** * Supports **winter planning and escalation processes** | Provider | | |
| **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.**  After several years use, the CUR system should yield savings to providers sufficient to fund its continuation on top of the benefit accruing to commissioners. | |
| **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:**  The payment is designed to be reflective of the costs that will be incurred by providers to cover licence, training and resource (staff costs), with ample resource to ensure that there is a 50% over payment.  Renewal of licence cost payments are subject to the new CUR Framework agreement, expected to go live May 2019. | |
| **D4. Evaluation: Approach, data and resources** | |
| **Evaluation Approach:**  The reporting flows required by this CQUIN, together with the national resources supporting the CUR Minimum Data Set are sufficient to enable CUR to be evaluated nationally.  A formal evaluation of the PSS CQUIN scheme, for 2016/2019 is being funded by the National Institute for Health Research. This evaluation is being undertaken by a consortium of universities led by Queen Mary University of London. This is due to be completed and reported Autumn 2019. | |
| **Information for Evaluation** | *[Information flows required for evaluation should be referenced here, building on those set out at C5]*   * Quarterly reports to commissioners * Monthly CUR MDS and Bed Compliment data to be submitted to the DLP. All mandatory fields must be completed. * Benefits realisation calls to identify qualitative benefits arising from CUR use are undertaken on a 6-monthly basis. The outputs of these calls are included in the CUR transformation directory. |
| **Resources for Evaluation** | Support from NHSE business informatics team to establish CUR MDS and submission route. Evaluation of achievements of CQUIN triggers is undertaken on a quarterly basis by the Local Commissioning Teams, supported by the National CUR Team. |