## 

## 2019/20 PSS CQUIN Scheme

## Indicator Template

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

## PSS9 Immunoglobulin Stewardship (v1 19 March 2019)

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| Indicator Name | ***Immunoglobulin Stewardship*** | |
| 1. **SUMMARY of Indicator** | | |
| Indicator Sponsor (with email address) | *Rob Coster*  [Robcoster@nhs.net](mailto:Robcoster@nhs.net) | |
| Improving Value Reference | *Ref: FO6181918BI Current National IV Scheme* | |
| Duration | Two Years | |
| CCG Complementarity | *Nil [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****]***  There have been continuing supply issues with immunoglobulin in 2018/19, requiring sub-regional Immunoglobulin Assessment Panels (SRIAPs) more closely to manage immunoglobulin use, ensuring appropriateness of use, dose, frequency and outcome monitoring.  A questionnaire on IAP function in 2016 identified considerable variation in the establishment, role and functions of IAPs across England. Improving Value resources were subsequently developed to support the development of regional/hub IAPs; all regions are working with providers to develop SRIAPs although the issue of financial support for these panels has been repeatedly raised by trusts. New guidelines have been produced to improve prescribing, and stronger SRIAPs are required to ensure effective stewardship of Ig following the new guidance and to support any demand management measures if they are required due to on-going supply issues. | | |
| **Change sought:**  *[Specify what change in behaviour is sought in general terms, with detailed specification set out in section C4****.]***  All patients requiring immunoglobulin must be assessed or reviewed:   * All new patients to be reviewed and approved prior to starting use or if emergency use assessed for appropriate and continued usage. * All current patients to be review by panel in terms of dosage, frequency and appropriate use against new NHS England guidelines by March 2020   The CQUIN aims to support trusts to develop SRIAPs to improve stewardship and scrutiny of immunoglobulin use and support demand management implementation if required.  SRIAPs will be expected to review increasing requirements for immunoglobulins by trusts in 2019/20 to manage volumes available.  It is envisaged that a SRIAP hub level would lead to more robust decision-making and improved oversight of use of immunoglobulin in new andf existing patients than the current single trust panels.  Year 1: Development of SRIAPs - to support the infrastructure and governance of the panel at the preferred/required level introducing revised NHS England Ig guidance and review existing use against this guidance and to approve new patient usage in line with guidance.  Year 2: Continued compliance with NHS England guidance, including implementation of electronic referral/prior approval system. | | |
| 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 2020/21 *[Adjust locally]*  One/twoyears *[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:** |  |  | | **Trigger 2:** |  |  | | **Trigger 3:** |  |  | | **Trigger 4:** |  |  | | **Trigger 5:** |  |  | | | |
| **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*:*** | 20 trusts to act as hubs and to provide expertise for panels to cover all acute trusts (Some panels may require co-hubs to fully support panels e.g. east midlands.) | |
| **List of Providers for whom Indicator is Applicable** | *South*   * *Oxford (Thames Valley)* * *Southampton* * *Plymouth (Peninsula)* * *Bristol (South West)* * *Brighton (Surrey and Sussex)* * *TBC (Kent and Medway)*   *London*   * *St George’s (South London)* * *Barts (North East London)* * *Royal Free (North Central London)* * *Imperial (North West London)*   *North*   * *Sheffield (South Yorkshire)* * *Newcastle (North East and Cumbria)* * *Leeds (North and West Yourshire)* * *Hull (East and Humber)* * *Royal Liverpool(Cheshire and Mersey including Alder Hay and Walton Centre)* * *Manchester Foundation Trust (Greater Manchester and Lancs including Salford Royal)*   *Midlands and East*   * *Cambridge (East of England)* * *UH Birmingham (Central/South Midlands)* * *NUH/UHL (east Midlands)* * *UH of North Midlands(North West Midlands)* | |
| **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.)** | | N/A |
| **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:**  Example Payment structure  All SRIAP host providers to receive £95,000 for hosting panel.  In addition, an average panel would receive a further £65,000 reflecting an average patient load. This element will be pro-rata depending on number of patients to be reviewed by SRIAP. With larger panels receiving higher payment than smaller panels.  **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:**   |  |  |  | | --- | --- | --- | | **Descriptions** | **First Year of indicator** | **Second Year** | |  |  |  | | **Trigger 1** | Support admin payment to support panel   * Panel operating with agreed clinical and admin support | Support admin payment to support panel   * Panel operating with agreed clinical and admin support | | **Trigger 2** | Improved recording of usage, monitoring and recording of efficacy outcomes   * 100% new patients reviewed by panel and 100% usage reported on MDSAS | Improved recording of usage, monitoring and recording of efficacy outcomes   * 100% new patients reviewed by panel and 100% usage reported on MDSAS | | **Trigger 3** | Improved recording of usage, monitoring and recording of efficacy outcomes   * 65% of current patients at 31st March 2019 reviewed against new guidelines including all neurology patients and reviews recorded on MDSAS | Improved recording of usage, monitoring and recording of efficacy outcomes   * Remaining 35% (for 100%) of current patients reviewed against new guidelines and reviews recorded on MDSAS by Dec 31st 2020 | | **Trigger 4** | Improved communications between NHS England specialised commissioning, the Commercial Medicines Unit (CMU), IAPs and acute trust providers. (100% returns to stock taking and forecasting requirements) | Improved communications between NHS England specialised commissioning, the Commercial Medicines Unit (CMU), IAPs and acute trust providers. (100% returns to stock taking and forecasting requirements) | | **Trigger 5** |  | Implemented electronic referral/prior approval system for all new referrals | | | |
| **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** | **Third Year** | | **Trigger 1** | 60% | 60% |  | | **Trigger 2** | 10% | 10% |  | | **Trigger 3** | 25% | 10% |  | | **Trigger 4** | 5% | 5% |  | | **Trigger 5** | n/a | 15% |  | | **TOTAL** | 100% | 100% |  | | | |
| **Partial achievement rules**  **Year One**  **Trigger 1:** 100%-if panel is constituted fully with pre- agreed input of clinical and admin staff (Immunologist, Haematologist, Neurologist, chair, pharmacy, admin support)  **Trigger 2:**   * 100% for >95% of new patients reviewed and recorded on MDSAS * 75% for >90% of new patients * 50% payment made for >80% of review of all new patients * Nothing paid for 80% or less.   **Trigger 3:**   * 100% for 100% of target * 75% for review of all existing neurology patients and half of remaining requirement, * 50% for review of all existing neurology patients   **Trigger 4:** All-or nothing. 100% only for all returns completed to CMU for stocktaking and forecasting.  **Year Two**  **Trigger 1:** as above  **Trigger 2:** as above  **Trigger 3:** Review of 100% of existing patients at 30th March 2019 completed by 31stDec 2020. 25% of payment withheld for each 5% not completed. <80% of all reviews carried out nil payment for trigger  **Trigger 4:** as above  **Trigger 5:** to be negotiated locally once system available | | |
| **Definitions**  *N/A* | | |
| **C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.** | | |
| **Trigger 1:** List of panel members and specialty/ role on panel  **Trigger 2:** Panel records of all new reviewed patients. Data to be checked against Trust MDSAS reports provided by trusts to SRIAP.  **Trigger 3:** As for Trigger 2  **Trigger 4:** Responses to stock take and forecasting report from CMU  **Trigger 5:** To be agreed  Panel/ commissioners to devise and agree own panel reporting templates to collect required data. Standardised data set from MDSAS will be provided. | | |
| **Reporting of Achievement against Triggers:** | | |
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| **Information for Benchmarking:** | | |
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| **Information Governance:** | | |
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| **Reporting Template requirement:** | | |
| Local agreed template/panel report | | |
| **C6. Supporting Guidance and References** | | |
| **Further details on implementation, and references to documents that will support implementation:** | | |

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| **D. Indicator Justification and Evaluation** | |
| **D1. Evidence and Rationale for Inclusion** | |
| **Evidence Supporting Intervention Sought**  The use of immunoglobulin is commissioned by NHS England in line with existing Clinical Guidelines for Immunoglobulin Use (2nd edition), which suggests the use of IAPs to manage local demand for immunoglobulin and, in times of shortage, to prioritise use in those with greatest clinical need. | |
| **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.**  The CQUIN is available to fund the required increased higher level of clinical input initially in to SRIAPs to drive a behaviour change in immunoglobulin prescribing and improve stewardship.   * the benefits accruing to patients,   For patients: protecting supply for those that require immunoglobin the most due to current supply issues and increasing demand outstripping available supplies. SRIAP s will also be required to manage demand management plans if there is a shortage and use needs to be further prioritised.   * cost-savings accruing to commissioners (NHS E, CCGs, other]   Cost savings will accrue predominantly to commissioners as immunoglobulin is a pass-through cost and saving made on use will accrue to NHSE England.  Likely to be associated financial benefits in both years due to more robust decision-making and better management of use of immunoglobulin.  Savings: a fairly conservative £12.5m per annum i.e. 5% reduction in growth; as both usage (<10%PA ) and prices (expected 10-15% in July 2019) are increasing, savings are expected to be greater.  See PSS9 Immunoglobulin Commissioning Guidance, which embedded here: | |
| **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.**  The duration of the CQUIN is set at two years to allow time to carry out all historic reviews of current patients and to embed practice. After two years it is anticipated work load will reduce and alternative payment structures can be agreed at a local level. | |
| **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:**  For all: a secretariat amount to cover Band 6 admin co-ordinator and time for consultants input (Immunologist, neurologist and haematologist) which will be high in the first two years whilst the reviews of existing patients are conducted.  Standard Cost of supporting panel   |  |  |  | | --- | --- | --- | | **Staff** | **Resource** | **Cost/Admin** | | Chair | 0.5 PA/wk | £6250 | | Neurologist | 1.0PA/wk | £12,500 | | Haemotologist | 1.0 PA/wk | £12,500 | | Immunologist | 1.0 PA/wk | £12,500 | | Admin Support Band 6 | 1 wte | £40,000 | | Specialist Pharmacist/  Nurse Band 8A | 0.2 Wte | £10,500 | |  | Total | £94,250 | | |
| **D4. Evaluation: Approach, data and resources** | |
| **Evaluation Approach:**  CMU data will be used to determine if there is a decrease in growth/usage. CMU data and MDSAS immunoglobulin database information will be compared for variation of sales data against usage data. Current trends in usage in certain conditions will be monitored for changes in practice against current MDSAS baseline data. | |
| **Information for Evaluation** | *[Information flows required for evaluation should be referenced here, building on those set out at C5]*   * MDSAS database reports * CMU usage data * MDSAS Trust level reports * SRIAPs Membership list. |
| **Resources for Evaluation** |  |