Quality Payments

Commissioning for Quality and Innovation (CQUIN framework)

The Commissioning for Quality and Innovation payment framework enables commissioners to reward excellence, by linking a proportion of NHS providers' income to the achievement of local quality improvement goals.

2019-2020

TEWV had agreed a number of CQUIN schemes for 2019/20 which are listed below:

- 6 Non specialist CQUINs
- 1 Health and Justice CQUIN
- 1 Specialist CQUINS

You can find out more about the national CQUIN schemes here:

https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/

Non Specialist CQUINs covering: Teesside, Durham and Darlington and North Yorkshire and Vale of York CCGs

CQUIN No	Indicator Name	Description of Goal
2	Staff Flu Vaccinations	The aim of this CQUIN is to: Achieve an 80% uptake of Flu vaccinations by frontline clinical staff. The benefits of achieving this CQUIN are as follows: Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.
3	3a. Alcohol and Tobacco - Screening 3b. Alcohol and Tobacco - Tobacco Brief Advice 3c. Alcohol and Tobacco - Alcohol Brief Advice	The aim of this CQUIN is to: Deliver screening and provide brief advice to tobacco and alcohol users which form a key component of their path to cessation. This will be done by: • Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use. • Achieving 90% of identified smokers given brief advice. • Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral. Screening and brief advice is expected to result in 170,000 tobacco users and 60,000 at risk alcohol users receiving brief advice. A reduced version of 2018/19 CQUIN indicator, this is already

CQUIN No	Indicator Name	Description of Goal
		being delivered strongly across the country and is part of an ongoing programme to deliver the Long Term Plan
4	72 hour follow up discharge	The aim of this CQUIN is to: Achieve 80% of adult mental health inpatients receiving a follow up within 72hrs of discharge from a CCG commissioned service. The benefits of achieving this CQUIN are as follows: • 72 hour follow up is a key part of the work to support the Suicide prevention agenda within the Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge. • By completing follow up in 3 days providers support the suicide prevention agenda, ensuring patients have both a timely and well planned discharge. • This activity will increase focus on improving the overall quality of support post discharge.
5	5a. Mental Health Data: Data Quality Maturity Index 5b. Mental Health Data: Interventions	The aim of this CQUIN is to: • Achieve a score of 95% in the MHSDS Data Quality Maturity Index (DQMI) and • Achieve 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period. The benefits of achieving this CQUIN are as follows: Accurate data is a key enabler for improvement in MH services and is underpinned by the Long Term Plan. Improving mental health data quality and ensuring providers record interventions consistently using SNOMED CT will enable: • The system to use data in a more efficient and reliable way, ensuring that patients receive appropriate treatment. • Patients and clinicians to make informed decisions about treatment options. • The retirement of costly and burdensome duplicate data collections and local flows.

CQUIN No	Indicator Name	Description of Goal
6	Use of Anxiety Disorder Specific Measures in IAPT Durham & Darlington York North Yorkshire	The aim of this CQUIN is to: Achieve 65% of referrals with a specific anxiety disorder specific measure (ADSM) through the measurement of recorded paired ADSM scored for patients how have attended at least two treatment appointments and have been discharged. The use of specific anxiety disorder measures will: • Reduce inappropriate early discharge. • Safeguard patients against serious clinical problems being missed. • Give clinicians access to critical information to guide the patient's therapy. • Ensure that patients are benefiting from the most appropriate therapy. • Allow clinicians to focus on relieving the symptoms that most distress the patient.
LOCAL	IAPT: Reduce non attendances to the counselling service	The aim of this CQUIN is to: Demonstrate actions towards and implementation of the mental health workforce trajectories for mental health therapists to be co-located in primary care across North Durham, Darlington and DDES CCGs. Part A - Total number of MH therapists co-located in primary care at the end of the quarter. Part B - Total full-time equivalent of MH therapists co-located in primary care at the end of the quarter. Co-location of mental health therapists within primary care will contribute to improved patient and referrer outcomes and experience, increase productivity and performance within the service and improve working relationships with primary care colleagues.

Health and Justice CQUINs covering Street Triage

CQUIN No	Indicator Name	Description of Goal
-	Personalised Care and Support Planning within Liaison & Diversion Services.	This CQUIN is to: Increase partnership working with a variety of agencies e.g. the Police, Probation; CRC's etc.; embedding personalised care and support planning for people with vulnerabilities. During this year, activity is focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receives appropriate training, and that personalised care and support planning conversations

CQUIN No	Indicator Name	Description of Goal
		can be incorporated into consultations with service users; carers (where appropriate) and partner agencies. There are four components: 1. Establishing provider systems to ensure that clients are identified; assessments and personalised care and support planning is incorporated into routine care delivery and can be recorded as an activity. Also, to ensure relevant cohorts of clients who would benefit most from the delivery of personalised care and support planning can be identified on IT systems. Providers should submit a plan outlining their approach to increasing client identification; delivering personalised care and support planning and how this will be recorded as an activity, and how the Provider proposes to support service users to access a first appointment on a referral pathway and on-going support until the individual is engaged with the pathway. 2. Identifying relevant patient populations. Providers should submit a plan outlining how they will identify the relevant patient population with one or more vulnerabilities and with low levels of knowledge, skills and confidence (activation) to manage their health and wellbeing who would benefit from personalised care; referrals and support to access community services. They will need to take into consideration cohorts of patients who may already be participating in personalised care and support planning, for example people with learning disabilities, people with severe mental health issues who are part of the Care Programme Approach, people with complex needs who have personal health budgets or are part of the Integrated Personal Commissioning programme. This may require planning with Commissioners and other providers to agree who will lead the care planning process, and also how multi-disciplinary teams can work together. 3. Ensuring that all relevant provider staff are sufficiently competent in holding care and support planning discussions with service users, carers (where appropriate) and partner agencies through appropriate training. There is also an expectation that the provider will outline how they will raise awareness of their service in order to increase relevant referrals from partner agencies. 4. Conducting follow up and ongoing support within the parameters of the contract (as an average) of service users knowledge, skills and confidence to access community services and reduce vulnerability.

Specialist CQUINs covering North East Specialist Commissioning Group

CQUIN No	Indicator Name	Description of Goal
MH5a	Healthy Weight in Adult Secure Services	The aim of this CQUIN is to: • Deliver a healthy service environment in adult secure services regardless of security level • To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services • To ensure continuity in approach and promotion of good practice across high, medium and low secure services Providers will demonstrate that they: • Understand why change is required in each service. • Can identify the scale and nature of change needed in each service • Can devise an effective change programme and outcome metrics to deliver the action needed in each service. • Have robust corporate and service commitment to change with the underpinning governance, communication and involvement systems, processes and structures needed to underpin programme design, delivery and oversight. • Can evaluate and understand the outcomes of the service change programme revising it as needed in response

2020-2021

TEWV have agreed a number of CQUIN schemes for 2020/21 which are listed below:

- 5 Non specialist CQUINs
- 1 Health and Justice CQUIN
- 1 Specialist CQUINS

You can find out more about the national CQUIN schemes here:

https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-20-21/

Non Specialist CQUINs covering: Teesside, Durham and Darlington and North Yorkshire and Vale of York CCGs

CQUIN No	Indicator Name	Description of Goal
2	Cirrhosis and fibrosis tests for alcohol dependent patients	The aim of this CQUIN is to: Achieve tests for 35% of all unique inpatients (with at least one night stay) with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis. The benefits of achieving this CQUIN are as follows: • This indicator focuses on improved uptake of cirrhosis tests. • Improved cirrhosis testing will increase the number of liver disease diagnoses, which will change patient behaviour in time for more effective treatment and better prospects of recovery supporting a reduction in the burden that liver disease places on the NHS.
5	Staff Flu Vaccinations	The aim of this CQUIN is to: Achieve a 90% uptake of Flu vaccinations by frontline clinical staff. The benefits of achieving this CQUIN are as follows: Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.
6	Use of Anxiety Disorder Specific Measures in IAPT Durham & Darlington York North Yorkshire	This CQUIN is included in the scheme for a further year having first been supported in CQUIN in 2019/20, to allow additional learning to be incorporated. The aim is to achieve 65% of referrals with a specific anxiety disorder specific measure (ADSM) through the measurement of recorded paired ADSM scored for patients how have attended at least two treatment appointments and have been discharged.

CQUIN No	Indicator Name	Description of Goal
		The use of specific anxiety disorder measures will: • Reduce inappropriate early discharge and safeguard patients against serious clinical problems being missed. • Give clinicians access to critical information to guide the patient's therapy, maximising patient benefit.
7ab	Routine Outcome monitoring in perinatal, children and young people and perinatal mental health services.	The aim of the CQUIN is to: Achieve 40% of Achieving 40% of adults accessing select CMHS, children and young people and women in the perinatal period accessing mental health services, having their outcomes measured at least twice. The benefits of achieving this CQUIN are as follows: • The data generated due to the recording of outcome measures will enable improved recording and evaluation of wider interventions, in line with commitments within the Long Term Plan.
8	Biopsychosocial assessments by MH liaison services	Research suggests that only 53% of people who self-harm and present to emergency departments receive a biopsychosocial assessment by specialist MH staff, the aim of the CQUIN is to: Achieve 80% of Self harm referrals receive a biopsychosocial assessment concordant with NICE guidelines. The benefits of achieving this CQUIN are as follows: • Ensure an assessment is carried out on patients that have been referred from emergency departments. • Improve patient experience of MH in A&E. • Reduce repeat presentations to emergency departments and reduce the risk of suicide.

Health and Justice CQUINs covering Street Triage

CQUIN No	Indicator Name	Description of Goal
-	Personalised Care and Support Planning within Liaison & Diversion Services.	The focus of the 2020/21 CQUIN, which replaces the 2019/20 scheme, is to: Establish collaborative working with Secure Establishments to support patient safety - Liaison and Diversion and further develop the requirement of high - quality information sharing with the Prison estate in order to support the needs of this vulnerable client group and promote safer transfers of care. Also create a robust plan outlining how changes made through the CQUIN are sustained and progress the developments in the medium / long term.

CQUIN No	Indicator Name	Description of Goal
		There are three components: 1. Establishing partnerships with the Reception Prisons within the locality. This will support the safer transfer of clients from Court to the Reception Prisons if they have been assessed by the Liaison & Diversion (L&D) service. Providers need to complete a report detailing steps taken to establish and develop partnership working with the Reception Prison(s) including agreed information pathways; agreed information pack and how this is being developed collaboratively 2. Establishing systems & processes with the Reception Prisons within the locality. Provider need to establish a system to ensure that clients are identified; assessments occur and sharing of agreed levels of information with the Prisons is incorporated into routine care delivery and can be recorded as an activity. 3. Ensuring that all relevant L&D staff is sharing the appropriate, meaningful information with the Reception Prisons. This component has three elements: • Ongoing partnership working with the local Reception Prison. • Quality Assurance of the information pack being shared with the Reception Prisons via acting on any concerns raised by the Prison and ongoing record keeping / documentation audits. • Establish the percentage of clients who have been assessed by L&D who are remanded and sent to Prison with an information pack.

Specialist CQUINs covering North East Specialist Commissioning Group

CQUIN No	Indicator Name	Description of Goal
PSS2	Healthy Weight in Adult Secure Services	The focus of the 2020/21 CQUIN, which replaces the 2019/20 scheme, is for: Service users to have a physical health passport in relation to managing a healthy weight that has been co designed, details their goals, and that is transferable to other settings. Providers will demonstrate that: • The physical health passport support enables service users to set goals, chart their progress and supports a holistic approach, covering food, nutrition and physical activity goals.

CQUIN No	Indicator Name	Description of Goal
		• Ensure the physical health passport travels with service users to different settings. • Evaluate the activity relating to the use of physical health passports e.g. BMI, activity/exercise level, service user & staff feedback.