PAPER F

Committee	**HEALTH AND WELLBEING BOARD**
Date	**28 MAY 2015**
Title	**CLINICAL COMMISIONING GROUP OPERATIONAL PLAN UPDATE**

EXECUTIVE SUMMARY

1. This report follows a presentation to the Health & Wellbeing Board in March 2015 and provides an update on the CCG Operational Plans submitted on the 14 May 2015, to include:

   (a) an update on the finalised Quality Premium measures and Local Priority targets submitted in the Operational Plan.

BACKGROUND

2. As part of the planning and assurance process with NHS England for 2015/16, the CCG is required to identify Quality Premium measures, including local priority targets, within the CCG Operational Plans.

3. The Quality Premium guidance had not been released nationally at the time of the Operational Plans submission date of 7 April 2015, so the Quality Premium measures and Local Priority targets could not be finalised for this submission.

4. The Quality Premium guidance was issued on 27 April 2015, allowing the Quality Premium measures and Local Priority targets to be finalised.

5. The Operational Plans were re- submitted on the 14 May, including the finalised Quality Premium measures for 2015/16, provided in more detail in Appendix 1:

CCG QUALITY PREMIUM MEASURES

(a) Reduce potential years life lost from causes considered amendable to healthcare;
(b) Urgent and Emergency Care: Delayed Transfers of Care which are an NHS responsibility
(c) Mental Health: Reduction in the number of patients attending AE department for a mental health related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in coding of patients attending AE.
(d) Mental Health: Increase in the proportion of adults in contact with secondary care mental health services who are in paid employment
(e) Improving Antibiotic Prescribing
   (i) Reduction in number of antibiotics prescribed in primary care

(ii) Reduction in proportion of broad spectrum antibiotics prescribed in primary care

(iii) Secondary care providers validating their total antibiotic prescription data.

(f) Local Priority 1 - Lipids Management – Measure: Diabetic Patients whose last cholesterol is 5mmol or less.

(g) Local Priority 2 - Non-steroidal anti–inflammatory drugs (NSAIDS)

SUMMARY

6. The Health and Wellbeing Board is asked to note and approve the Mental Health Quality and Delayed Transfer of Care Premium Measures and the NSAID Local Priority target.

RECOMMENDATION

7. That the Health and Wellbeing Board note and approve the Local Priorities in the final CCG Operational Plan Submission of 14 May 2015.

APPENDIX 1

Quality Premium measures 2015/16

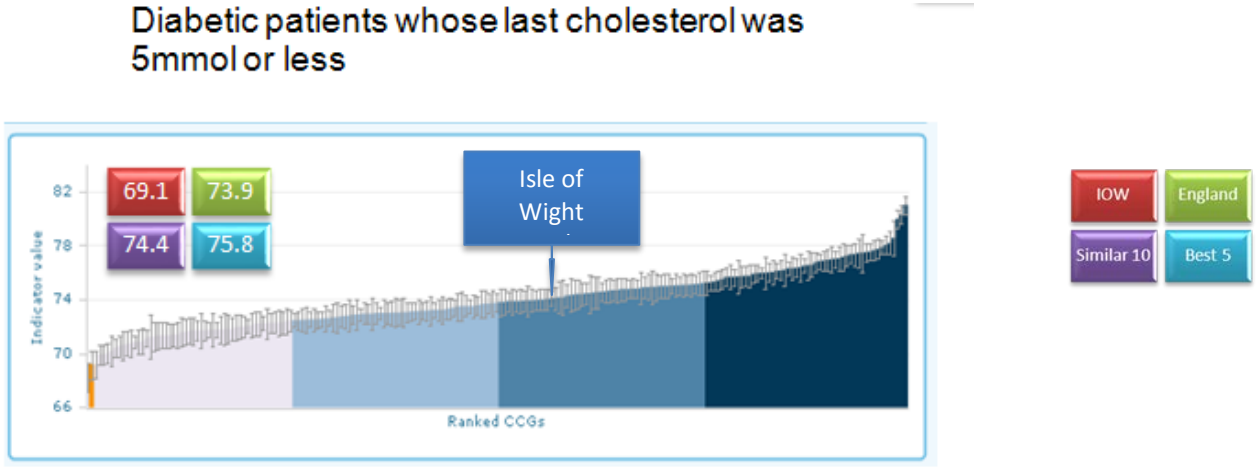
The eligibility Gateway applies in 2015-16 as for 2014-15 (see below under 2014-15 progress) with the addition to all three RTT targets being included not just admitted.

QP Measure	Target	Value
Reduce potential years life lost (PYLL) from causes considered amenable to healthcare	> 1.2% reduction from 2012 (1858)	10% £71,000
Urgent and Emergency Care: Delayed Transfers of Care which are an NHS responsibility	Less than the number in 2014/15 (2,923)	30% £213,000
Mental Health: Reduction in the number of patients attending AE department for a mental health related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in coding of patients attending AE.	Primary coding will be at least 90% (2014 69.77%) AND The proportion of patients with primary diagnosis of mental health related needs that spend more than 4 hours in AE is greater than 95% (2014-15 88.3%)	20% £142,000
Mental Health: Increase in the proportion of adults in contact with secondary care mental health services who are in paid employment	Increase in the % OR reduction in the gap between % in paid employment and employment rate of general population	10% £71,000
Improving Antibiotic Prescribing: a) Reduction in number of antibiotics prescribed in primary care b) Reduction in proportion of broad spectrum antibiotics prescribed in primary care c) Secondary care providers validating their total antibiotic prescription data.	a) = > 1% reduction (to reach 1.188 from 1.194) b) Below median for English CCGs (11.3%) OR reduced by 10% from 2013/14 value (to reach 13.4% from 14.3%) c) Further guidance awaited.	10% £71,000
Local Priority 1	See below	10% £71,000
Local Priority 2	See below	10% £71,000

Quality Premium – Local Priority Targets 2015/16

1. Local Priority 1 - Lipids Management – Measure: Diabetic Patients whose last cholesterol is 5mmol or less.

The local priority is in addition to the national quality premium priorities which will require the CCG to work together to improve quality and outcomes. During 2014/15 the CCG decided to focus on Lipid Management as the IOW performance lags behind the England average. There is scope to improve prescribing and ensure patients manage their lifestyle to promote good health. The measure we will use to assess improvement is nationally collected data, illustrated over the page. The IOW performance is indicated by the bar on the far left of the diagram. We aim to improve performance as illustrated by the Isle of Wight box (located in the centre of the diagram) equal to the performance of our comparator group of CCGs (Commissioning for Value) by 2018/19. The figures in the top left hand corner show: IOW performance (top left), England average (top right), similar 10 comparator group (bottom left) and best 5 of the comparator group (bottom right).

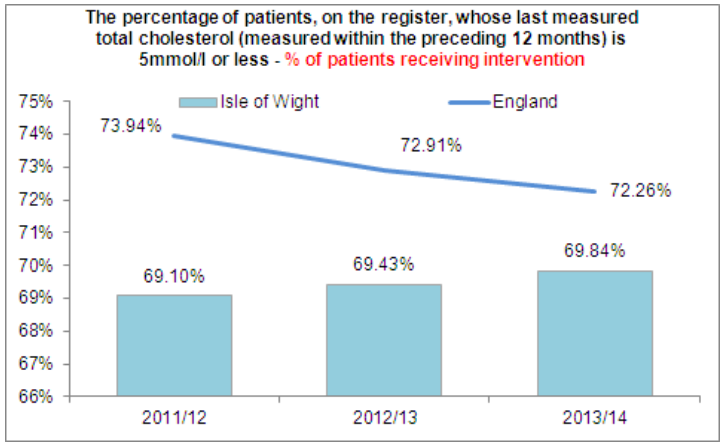


The percentage of diabetic patients whose last cholesterol was 5mmol or less 2011/12, per CCG.

The percentage of patients, on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less:

	% of patients receiving intervention	
	IOW CCG	England
2011/12 (April 2011-March 2012)	69.1%	73.94%
2012/13 (April 2012-March 2013)	69.43%	72.91%
2013/14 (April 2013 – March 2014)	69.84%	72.26%

Source: HSCIC – recorded disease prevalence, achievements and exceptions QOF, England, data as at June of year of release.



The Operations Plan 2014/15 included an intended ambition to be at the same rate as Comparator Groups (Rural and Coastal) within 5 Years = 74.4%

	Diabetes mmol	Diabetes Register	Percent
2018/19	7752	10419	74.40%
2017/18	7229	9829	73.55%
2016/17	6741	9273	72.70%
2015/16	6285	8748	71.85%
2014/15	5860	8253	71.00%
2013/14	5406	7786	69.43%
2012/13	5100	7345	69.43%
2011/12	4643	6719	69.10%

Current Performance – Proxy Measure - local data to gauge potential published performance (source: ECLIPSE).

2014/15 – The following rates represent an average of performance figures for each of the Island's GP practices (not including Beacon).

Quarter 1 - 74%; Quarter 2 – 74% and Quarter 3 – 73%

Source Eclipse live (Medicines Management)

2. Local Priority 2 - NSAIDS

Non-steroidal anti–inflammatory drugs (NSAIDs) are commonly prescribed for pain relief. However they often produce side-effects, particularly affecting the lining of the stomach and digestive system if they are taken by mouth (orally), becoming more likely with older age, and which is a common cause of hospital admissions. Best practice advice when a NSAID is prescribed regularly to a person over 65 years of age, to be taken by mouth, is to prescribe a second type of medicine, to be taken every day, called a proton pump inhibitor (PPI), to significantly reduce stomach acid production, to reduce the likelihood of the NSAID side-effects. Current GP Practice prescribing data for the Isle of Wight tells us that a PPI is not prescribed in almost 30% of the over 65-year old population who are regularly prescribed a NSAID orally, on repeat prescription. We will ask GPs to increase the prescribing of PPIs in people over the age of 65 years, also prescribed NSAIDs orally on repeat prescription, to 85% or more. It is not possible to aim for a 100% target; the prescribing of a PPI may not be appropriate for every person.

Date	Number of IOW patients currently issued a repeat prescription for an oral NSAID in the last 90 days	Number of patients who have also been issued with a repeat prescription for a PPI in the last 90 days	Percent issued with a repeat prescription for a PPI in the last 90 days
Baseline Q4 2014/15	1248	881	70.6%
Q1 2015/16	1248	961	77.0%
Q2 2015/16	1248	998	80.0%
Q3 2015/16	1248	1036	83.0%
Q4 2015/16	1248	1061	85.0%