Appendix 2

The Selection of Quality Premium Indicators for 2015 /2016 - Rationale

1. **Urgent and Emergency Care**

The following three measures are included within the national menu for selection

1. Avoidable emergency admissions
Composite measure of:
    a) unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults);
    b) unplanned hospitalisation for asthma, diabetes and epilepsy in children;
    c) emergency admissions for acute conditions that should not usually require hospital admission (adults);
    d) emergency admissions for children with lower respiratory tract infection.

2. Delayed transfers of care which are an NHS responsibility
3. Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays

The recommendation for selection is measure number 1.

This is because it is felt that this has the largest impact on ED performance of the three metrics. It also aligns to CCG Strategic Priority for Long Term Conditions and the Health and Wellbeing Strategy to provide more integrated health and social care services that will ensure a better experience of care is offered to older people and those with long term conditions. This measure also supports and aligns to work being led by Workstream 1 within SRIG in terms of reducing demand and clinical navigation.

2. **Mental Health**

The following four measures are included within the national menu for selection

1. Reduction in the number of patients attending an A&E department for a mental health-related needs who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E.
2. Reduction in the number of people with severe mental illness who are currently smokers.
3. Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.
4. Improvement in the health related quality of life for people with a long term mental health condition.

The recommendations for selection are measures number 2, 3 and 4.

This is because:

Measure 2 - Reducing smoking rates is a CCG strategic priority and improving the wellbeing and physical health of those with mental illness is a key priority in 'Wellness in Mind' the Nottingham Mental Health and Wellbeing Strategy 2014-17. The life expectancy of people with poor mental health is lower than those with good mental health due to a combination of unhealthy behaviours – particularly smoking.

Measure 3 - The Nottingham Health and Wellbeing Strategy has an objective to improve mental health. A specific target of the strategy is focused on supporting people to remain in

work or begin paid employment, including people with mental illness. 'Wellness in Mind' the Nottingham Mental Health and Wellbeing Strategy 2014-17 has a specific target to promote mental resilience and prevent mental health problems, including reducing unemployment rates.

Measure 4 - Inclusion of this indicator supports the CCG and wider partnership objective of ensuring parity of esteem. 'Wellness in Mind' the Nottingham Mental Health and Wellbeing Strategy 2014-17 is predicated on improving the quality of life of people with a long term mental health condition. The CCG has a specific action within its strategy to improve the physical health of patients with mental illness.

3. Local Priorities

There is no national menu for selection as the two local measures chosen should be based on local priorities from the CCG Outcomes Indicator Set.
The recommendations for selection are emergency admissions from alcohol related liver disease and uptake of bowel screening.

This is because:

Emergency admissions from alcohol related liver disease is an indicator from Domain 1 (preventing people from dying prematurely) of the CCG Outcomes Indicator Set. In Nottingham City the rates of hospital admissions related to alcohol are significantly higher than the England average, and rates have risen steadily since 2007/8.

This can be seen by indicator number 305 in the table at appendix one. This indicator also aligns to Nottingham City Joint Health and Wellbeing Strategy (preventing alcohol misuse), Nottingham Alcohol Strategy and the overarching Nottingham Plan to 2020 (Reducing the rate of alcohol related hospital admissions).

Bowel Screening Uptake aligns to to cancer mortality, survival and early diagnosis indicators within domain 1 of the CCG Outcomes Indicator set. It also aligns to strategic priority on cancer within City CCG strategy and is not yet achieving the targets set.

Appendix One

Domain		IndicatorID	IndicatorName	Range	Increase / Decrease
1 Preventing people from dying prematurely		301	1.1 Potential Years of Life Lost amenable to healthcare - female	IQ Range	Sig Decrease
		302	1.1 Potential Years of Life Lost amenable to healthcare - male	Worst	Non-sig Decrease
		303	1.2 Under 75 Mortality from CVD	Worst	Non-sig Decrease
		304	1.6 Under 75 Mortality from respiratory disease	Worst	Non-sig Increase
		305	1.8 Emergency admissions for alcohol released liver disease	Worst	Non-sig Decrease
		306	1.9 Under 75 Mortality from cancer	IQ Range	Non-sig Decrease
		307	1.10 One year survival from all cancers combined	Worst	Non-sig Increase
		308	1.7 Under 75 Mortality from liver disease	Worst	Non-sig Decrease
		309	1.4 Myocardial infarction, stroke and stage 5 kidney disease in people with diabetes	Worst	N/A
		310	1.11 One year survival from breast, lung and colorectal cancers	Worst	Non-sig Increase
		311	1.17 Record of stage of cancer at diagnosis	IQ Range	
Enhancing quality of life for people with LTC		401	2.2 % of patients with long term conditions who feel supported to manage their condition	IQ Range	Non-sig Decrease
		402	2.6 Unplanned admissions chronic ACS conditions	Worst	Non-sig Decrease
		403	2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	IQ Range	Non-sig Decrease
		405	2.15 Health-related quality of life for carers	IQ Range	Non-sig Increase
		451	2 Health-related quality of life for people with long-term conditions	Worst	Non-sig Increase
Helping people to recover from episodes of ill health or following injury		501	3.1 Emergency admissions for acute conditions that should not usually require hospital admission	IQ Range	Non-sig Increase
		502	3.2 Emergency readmissions within 30 days of discharge from hospital	Worst	N/A
		503	3.3 Hip replacement casemix adjusted health gain	Worst	Non-sig Increase
		504	3.3 Knee replacement casemix adjusted health gain	IQ Range	Non-sig Increase
		505	3.3 Groin hernia casemix adjusted health gain	IQ Range	Non-sig Decrease
		506	3.4 Emergency admissions for children with lower respiratory tract infections	IQ Range	Non-sig Increase
		507	3.3 Varicose veins casemix adjusted health gain	N/A	Non-sig Decrease
		558	3.6.i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Worst	Non-sig Decrease
		559	3.6.ii Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital.	Best	Sig Increase
Ensuring that people have a positive experience of care		601	4.1 Patient experience of GP out-of-hours services	IQ Range	Non-sig Decrease
		602	4.2 Patient experience of hospital care	IQ Range	N/A
		603	4.5 Responsiveness to Inpatients' personal needs	Worst	
		651	4.4.i Access to GP services	IQ Range	Sig Decrease
		652	4.4.ii Access to NHS dental services	Best	Non-sig Increase
		653	4a.i Patient experience of GP services	IQ Range	Sig Decrease
		654	4a.ii Patient experience of GP out-of-hours services	Best	Non-sig Decrease
		655	4a.iii Patient experience of dental services	IQ Range	Non-sig Increase
Treating and caring for people in a safe environment and protecting them from avoidable harm.		701	5.4 Incidence of healthcare-associated infection - C.Difficile	Best	N/A
		702	5.3 Incidence of healthcare-associated infection - MRSA	Best	N/A

1 Preventing people from dying prematurely

Overarching indicator
- Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a I & II) ^

Improvement areas

Reducing premature mortality from the major causes of death
- Under 75 mortality from cardiovascular disease (NHS OF 1.1) ^ *
- Cardiac rehabilitation completion
- Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes
- Mortality within 30 days of hospital admission for stroke
- Under 75 mortality from respiratory disease (NHS OF 1.2) ^ *
- Under 75 mortality from liver disease (NHS OF 1.3) ^
- Emergency admissions for alcohol related liver disease
- Under 75 mortality from cancer (NHS OF 1.4) ^ *
- One year survival from all cancers (NHS OF 1.4I) ^
- One year survival from breast, lung & colorectal cancers (NHS OF 1.4 III) ^
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer: record of stage at diagnosis
- Breast cancer: mortality
- Heart failure: 12 month all cause mortality
- Hip fracture: incidence

Reducing premature death in people with severe mental illness
- People with severe mental illness who have received a list of physical checks
- Severe mental illness: smoking rates

Reducing deaths in babies and young children
- Antenatal assessment < 13 weeks
- Maternal smoking at delivery
- Breastfeeding prevalence at 6-8 weeks

Reducing premature deaths in people with learning disabilities
NHS OF indicator in development. No CCG measure at present

2 Enhancing quality of life for people with long-term conditions

Overarching indicator
- Health-related quality of life for people with long-term conditions (NHS OF 2) ^ **

Improvement areas

Ensuring people feel supported to manage their condition
- People feeling supported to manage their condition (NHS OF 2.1) ^ * **

Improving functional ability in people with long-term conditions
- People with COPD & Medical Research Council Dyspnoea scale ≤3 referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education

Reducing time spent in hospital by people with long-term conditions
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.I) ^
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.II) ^
- Complications associated with diabetes inc emergency admission for diabetic ketoacidosis and lower limb amputation

Enhancing quality of life for carers
- Health-related quality of life for carers (NHS OF 1.4)

Enhancing quality of life for people with mental illness
- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health-related quality of life for people with a long-term mental health condition

Enhancing quality of life for people with dementia
- Estimated diagnosis rate for people with dementia *NHS OF measure in development. No CCG measure at present*
- People with dementia prescribed anti-psychotic medication

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators
- Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) ^
- Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) *

Improvement areas

Improving outcomes from planned treatments
- Increased health gain as assessed by patients for elective procedures
  a) hip replacement b) knee replacement c) groin hernia d) varicose veins (NHS OF 3.1 I - IV)

Preventing lower respiratory tract infections in children from becoming serious
- Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)

Improving recovery from injuries and trauma
NHS OF indicator in development. No CCG measure at present

Improving recovery from stroke
People who have had a stroke who
- are admitted to an acute stroke unit within four hours of arrival to hospital
- receive thrombolysis following an acute stroke
- are discharged from hospital with a joint health and social care plan
- receive a follow-up assessment between 4-8 months after initial admission
- spend 90% of more of their stay on an acute stroke unit

Improving recovery from fragility fractures
- Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 I and II)
- Hip fracture: formal hip fracture programme, timely surgery, and multifactorial risk assessment

Helping older people to recover their independence after illness or injury
No CCG measure at present

Improving recovery from mental illness
- Alcohol admissions and readmissions
- Mental health readmissions within 30 days of discharge
- Proportion of adults in contact with secondary mental health services in paid employment

4 Ensuring that people have a positive experience of care

Overarching indicators

Patient experience of primary and hospital care
- Patient experience of GP out of hours services (NHS OF 4a II) ^
- Patient experience of hospital care (NHS OF 4 b)
- Friends and family test for acute inpatient care and A&E (NHS OF 4c)

Improvement areas

Improving people's experience of outpatient care
- Patient experience of outpatient services (NHS OF 4.1)

Improving hospitals' responsiveness to personal needs
- Responsiveness to in-patients' personal needs (NHS OF 4.2)

Improving people's experience of accident and emergency services
- Patient experience of A&E services (NHS OF 4.3)

Improving women and their families' experience of maternity services

Improving the experience of care for people at the end of their lives
- Bereaved carers views on the quality of care in the last 3 months of life NHS OF 4.6)

Improving experience of healthcare for people with mental illness
- Patient experience of community mental health services (NHS OF 4.7)

Improving children and young people's experience of healthcare
NHS OF indicator in development. No CCG measure at present

Improving people's experience of integrated care
NHS OF indicator in development. No CCG measure at present

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicator
- Patient safety incidents reported (NHS OF 5a)

Improvement areas

Reducing the incidence of avoidable harm

- Incidence of healthcare associated infection: MRSA (NHS OF 5.2.I)
- Incidence of healthcare associated infection: C difficile (NHS OF 5.2.II)

No CCG measures at present for category 2, 3 and 4 pressure ulcers and incidence of medication errors causing serious harm

Improving the safety of maternity services
No CCG measure at present

Delivering safe care to children in acute settings
No CCG measure at present

NOTES & LEGEND

NHS OF: Indicator derived from NHS Outcomes Framework

^ NHS OF indicator that is also measurable at local authority level

* NHS OF indicator shared with Public Health Outcomes Framework

** NHS OF indicator complementary with Adult Social Care Outcomes Framework

Other indicators are developed from NICE quality standards or other existing data collections.