Guidance on CCG quality premium payments

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Quality premium payments reward CCGs for improvements in services provision and patient outcomes, while requiring them to deliver good financial management. Here we examine the guidance from NHS England on achieving this.

NHS England has published guidance for CCGs on achieving quality premium payments for service improvements achieved in 2015/16. The payments, which reward CCGs for “improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes” will be paid in 2016/17. They must be used to improve the quality of health services, outcomes or reducing inequalities in access or outcomes.

Five measures

The payments are based on five measures that reflect local and national priorities (see Table 1). Urgent and emergency care and mental health each account for 30 per cent of the quality premium. They comprise a menu of measures from which a CCG, together with the Health and Wellbeing Board and local NHS England Team, can choose which to aim for and what proportions of the quality premium for that section they will account for.

Reducing premature mortality and improving antibiotic prescribing each make up 10 per cent of the total. The local measures will be based on the CCG’s priorities identified in joint health and wellbeing strategies. They should not duplicate national measures and will each account for 10 per cent of the quality premium.

Cars and sticks

The maximum quality premium payable will be £5 per head of population. It will not be paid if the CCG does not manage its finances well and according to plan, or if there is a serious quality failure (though a quality premium could be paid if it addressed that failure). Payments will be reduced by 20–30 per cent if the CCG
does not meet NHS Constitution targets for the 18-week limit between referral and treatment, maximum four-hour waits in A&E, maximum 14-day wait from an urgent GP referral for suspected cancer, and a maximum eight-minute response for Category A Red 1 ambulance calls.

Prescribing and the quality premium

Improving prescribing can contribute to several of the targets and will clearly have a major role in delivering better antibiotic use. It seems doubtful that improvements in drug treatment would have a significant impact on premature mortality in the time frame covered by this guidance, unless starting from a low baseline. By contrast, higher quality maintenance therapies and more effective acute interventions it could have a more immediate impact on unplanned admissions among patients with conditions normally amenable to care in the community, and in reducing emergency admissions among children with long term conditions.

Better management of mental health conditions will involve reducing the number of patients who smoke (among whom smoking-related mortality is currently twice the population average) and this will require investment in smoking cessation treatments and services. Medicines optimisation should help to improve quality of life among people treated with an antipsychotic.

There are several targets for improving antibiotic prescribing compared with performance in 2013/14. First, CCGs will agree with each GP practice how much they will reduce prescribing to contribute to an overall reduction of at least one per cent; this will make up half of this part of the quality premium. Second, GP prescribing of broad-spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) must be reduced by 10 per cent or to below the median for English CCGs (11.3 per cent), whichever is the smaller. That is worth 30 per cent.

The final 20 per cent of this part of the quality premium depends on secondary care providers with ≥10 per cent of their activity being commissioned by the CCG validating their total antibiotic prescribing data using Public Health England’s protocol.2

Conclusion

The quality premium for 2015/16 requires CCGs to deliver good financial management, meet targets promised under the NHS Constitution and to improve service provision and patient outcomes. Better antibiotic prescribing accounts for a small proportion of the premium total and most of this will come from improvements in primary care.

Reference


Declaration of interests

None to declare.

Steve Chaplin is a pharmacist who specialises in writing on therapeutics