

## REGIONAL CQUIN SCHEME FOR LONDON 2010/2011

Version Control: Final Version 09/02/10

### MENTAL HEALTH TRUSTS

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Coordinating Commissioner          | PCT:                              |
| Associate Commissioners            |                                   |
| Expected financial value of Scheme | £ TBC Prior to contract signature |

#### Goals and Indicators

| Goal no. | Description of goal  | Quality Domain(s) <sup>1</sup>          | Indicator number <sup>2</sup> | Indicator name   | SHA regional indicator <sup>3</sup> | Indicator weighting     |
|----------|--|---|-------------------------------|--|-------------------------------------|-------------------------|
| 1        | <b><i>To improve the physical health care of patients with mental health problems</i></b>                            | Effectiveness<br>Safety                 | 1a                            | Mental Health teams' awareness of their patients' long term physical conditions                        | Regional                            | 30% of regional element |
|          |  | Safety,<br>effectiveness,<br>experience | 1b                            | Ensuring access to routine physical health checks for people with Coronary Heart Disease and Diabetes. | Regional                            | 25% of regional element |
| 2        | <b><i>Establish baseline information on prescribing of antipsychotics for people with dementia.</i></b>              | Effectiveness<br>Safety                 | 2                             | Establish baseline information on prescribing of antipsychotics for people with dementia.              | Regional                            | 15% of regional element |
| 3        | <b><i>To improve the collection and reporting of currency data which will inform future service improvements</i></b> | Innovation<br>Effectiveness             | 3                             | MH trust collection and reporting of HoNOS-PbR data.   | Regional                            | 30% of regional element |

<sup>1</sup> Safety / Effectiveness / Experience / Innovation

<sup>2</sup> May be several for each goal

<sup>3</sup> Yes, regionally mandated/ Yes, regionally suggested/ No

**Detail of Indicator 1a** Mental Health teams' awareness of their patients' long term physical conditions

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| Description of indicator  | 1a. Mental Health teams are aware of patients' long term physical conditions, and this is reflected in individual care plans.   |
| Numerator   | No. of patients on the Care Programme Approach (CPA) whose encounter record has been obtained from their GP.<br><br>(The encounter record is a high level summary of key physical health conditions, investigations and medications. It is usually a 2-5 page summary detailing key issues from the last 12 months.)  |
| Denominator   | No.of patients on the CPA.  |
| Rationale for inclusion   | Essential information to implement the professional standards necessary to ensure patient safety as per NICE Guidelines, and RCPsych Physical Health Standards of Care guidelines. The NICE Medicines reconciliation process states that at the point of admission or for allocation to CPA the GP should send the record within 24 hours so that major patient safety issues are avoided.<br><br>Impossible to ensure access to appropriate management of long term conditions unless conditions are identified and primary care plan understood.<br><br>To quantify the quality and productivity gains as a direct result of this CQUIN initiative and determine how this will be realised<br><br>Impossible to concord with NICE Guidelines on Medicines reconciliation unless prescribing across the interface and its impact on physical health is understood.<br><br>Improves communication between primary and secondary care. |
| Data source and frequency of collection (To be cross referenced with contract schedule 5) | To be collected internally by MH trust.<br><br>PCTs may wish to corroborate reports with GP practices e.g. Via random spot checks.  |
| Organisation responsible for data collection  | MH Trust.<br><br>PCTs should ensure GP practices are aware of this indicator.   |
| Frequency of reporting to commissioner  | Quarterly.  |
| Baseline period / date  | New measure.  |

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| Baseline value  | Assume zero starting point.   |
| Final indicator period / date (on which payment is based)                                   | Q4 2010/11  |
| Final indicator value (on which payment is based)   | 80%   |
| Final indicator reporting date  | 31/03/11<br>PCTs may wish to agree an earlier reporting date to accommodate year-end accounting.  |
| Rules for partial achievement of indicator at year-end                                      | As below  |
| Rules for any agreed in-year milestones that result in payment                              | Quarterly payments to be made based on a snapshot of performance at end of quarter. Achievement of quarterly milestone results in payment of 25% of total payable for this indicator.<br>By end Q1 20% records obtained<br>By end Q2 40% records obtained<br>By end Q3 60% records obtained<br>By end Q4 80% records obtained |
| Rules for delayed achievement against final indicator period/date and/or in-year milestones | For each quarter, if milestone is not achieved but performance has improved since previous quarter, the trust will be paid 12.5% of total payable for this indicator.<br>If milestone is not achieved and performance has not improved, no payment will be made for that quarter.   |

**Detail of Indicator 1b** Access to routine physical health checks for people with Coronary Heart Disease and Diabetes.

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| Description of indicator | 1b.<br>All patients on CPA and known to have Diabetes, Coronary Heart Disease or COPD will be facilitated to make an appointment with the primary health care team to enable chronic disease management and reviews. This will support routine physical health checks for people listed on the Quality and Outcomes Framework (QOF) registers for Coronary Heart Disease and Diabetes. |
| Numerator                | No. of patients on CPA with Diabetes, Coronary Heart Disease, or COPD on QOF registers, who have received primary care health checks in the last 15 months.  |
| Denominator              | No. of patients on CPA identified as having a diagnosis of Diabetes, Coronary Heart Disease or COPD.   |
| Rationale for inclusion  | To improve the physical health of people with  |

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|   | <p>severe and enduring mental health problems.</p> <p>To prevent the deterioration of physical health problems.</p> <p>Part of a suite of regional CQUIN indicators to ensure people with long-term conditions receive care in the most appropriate setting.</p> <p>To quantify the quality and productivity gains as a direct result of this CQUIN initiative and determine how this will be realised</p> <p>NICE Schizophrenia, 2002 and 2009 guidelines</p> <p>RCPsych Scoping paper on physical health, 2009</p> <p>NICE medicines reconciliation</p> <p>Forthcoming CQC special review of the physical health of people with mental ill health.</p> |
| Data source and frequency of collection (To be cross referenced with contract schedule 5) | <p>To be audited in Q1 and Q3 by MH trust.</p> <p>PCTs may wish to corroborate reports with GP practices.</p>  |
| Organisation responsible for data collection  | <p>MH Trust</p> <p>PCTs should ensure GP practices are aware of this indicator.</p>  |
| Frequency of reporting to commissioner  | <p>Twice in year at end of month 03 and month 09.</p> <p>PCTs and trusts may negotiate alternative dates to fit with other reporting cycles.</p>   |
| Baseline period / date  | Baseline to be established by Q1 audit.  |
| Baseline value  | Baseline to be established by Q1 audit.  |
| Final indicator period / date (on which payment is based)                                 | Q3 audit – (to include productivity metrics)   |
| Final indicator value (on which payment is based)   | <i>As shown below.</i>   |
| Final indicator reporting date  | <i>31/01/11 (Unless alternative reporting dates have been agreed)</i>  |
| Rules for partial achievement of indicator at year-end                                    | <p>Improvement of less than 10 percentage points = no payment</p> <p>Improvement of 11-20 percentage points = payment of 30%</p> <p>Improvement of 21-30 percentage points = payment of 60%</p> <p>Improvement in excess of 30 percentage points = payment of 100%</p> <p>PCTs may revise this payment scale if initial audit shows &lt;10% or &gt;70% compliance.</p>   |
| Rules for any agreed in-year milestones that result in payment                            | None   |
| Rules for delayed achievement against final indicator period/date and/or                  | PCTs and trusts may negotiate alternative  |

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| in-year milestones | reporting dates by mutual agreement. |
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**Detail of Indicator 2** Baseline information on prescribing of antipsychotics for people with dementia

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| Description of indicator  | 2. Establish baseline information on prescribing of antipsychotics for people with dementia.   |
| Numerator   | N/A  |
| Denominator   | N/A  |
| Rationale for inclusion   | <p>Anti-psychotics have limited impact on challenging behaviour in dementia and can be associated with severe side-effects in long term including increasing cognitive impairment in dementia sufferers.</p> <p>To quantify the quality and productivity gains as a direct result of this CQUIN initiative and determine how this will be realised</p> <p>Report to Minister of State by Prof. Sube Banerjee (2009): Time for action - Use of anti-psychotic medication for people with dementia</p> <p>NICE-SCIE guidelines (2007) on Supporting People with dementia and their carers in health and social care.</p> <p>Drugs and Therapeutics Bulletin (2003): Drugs for disruptive features in dementia</p>  |
| Data source and frequency of collection (To be cross referenced with contract schedule 5) | <p>Annual internal audit to include details of:</p> <ol style="list-style-type: none"> <li>a) Number of patients prescribed antipsychotics as a proportion of total number of patients with dementia</li> <li>b) primary and secondary diagnoses</li> <li>c) previous history of psychosis</li> <li>d) identification of antipsychotic medication used and dosage</li> <li>e) evidence of non-pharmacological interventions considered</li> <li>f) records of discussion with carers</li> <li>g) frequency of review and records of outcome</li> <li>h) To quantify the quality and productivity gains as a direct result of this CQUIN initiative and determine how this will be realised</li> </ol> <p>*Trusts that are members of POMH-UK may use the relevant audit tool developed by that organisation.</p> |
| Organisation responsible for data collection  | MH Trust   |

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| Frequency of reporting to commissioner  | Annually   |
| Baseline period / date  | New measure  |
| Baseline value  | N/A  |
| Final indicator period / date (on which payment is based)                                   | Audit to be reported to commissioner no later than 31/12/10  |
| Final indicator value (on which payment is based)   | Audit undertaken and reported with an action plan to address the issues raised, including milestones as appropriate. |
| Final indicator reporting date  | 31/12/10   |
| Rules for partial achievement of indicator at year-end                                      | None   |
| Rules for any agreed in-year milestones that result in payment                              | Change to the reporting date may be negotiated between provider and commissioner.                                    |
| Rules for delayed achievement against final indicator period/date and/or in-year milestones | N/A  |

### Detail of Indicator 3: HoNOS-PbR data.

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| Description of indicator | 3. Routine use of the national mental health clustering tool (HoNOS-PbR) to establish baseline data, in preparation for activity based contracting.   |
| Numerator                | No. of patients in adult mental health services (excluding secure and specialised services) who have been assessed with the national MH clustering tool in the last 6 months and whose score has been recorded and reported to commissioners. The report should include the numbers in each cluster shown by service (as specified in the contract).  |
| Denominator              | No. of patients in adult mental health services. (Excluding secure and specialised services)  |
| Rationale for inclusion  | <p>To embed use of assessment and outcome measurement through HoNOS-PbR in clinical practice.</p> <p>To make progress in introduction of currencies for mental health services in line with national policy</p> <p>To establish the collection and reporting of a London and national dataset to inform a trajectory of future service transformations in relation to pathway development and quality initiatives.</p> <p>To be developed in future years to provide benchmarking data and opportunities, alongside</p> |

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|   | <p>other data to improve service models and care pathways.</p> <p>To quantify the quality and productivity gains as a direct result of this CQUIN initiative and determine how this will be realised</p>   |
| Data source and frequency of collection (To be cross referenced with contract schedule 5)   | Internal collection  |
| Organisation responsible for data collection  | MH Trust   |
| Frequency of reporting to commissioner  | Quarterly  |
| Baseline period / date  | N/A  |
| Baseline value  | N/A  |
| Final indicator period / date (on which payment is based)                                   | Quarterly reconciliation   |
| Final indicator value (on which payment is based)   | <i>As detailed below</i>   |
| Final indicator reporting date  | <p>31/12/10</p> <p>PCTs may wish to agree a year an earlier reporting date, in order to support year end accounting and contract development for 11-12.</p>  |
| Rules for partial achievement of indicator at year-end                                      | As detailed below.   |
| Rules for any agreed in-year milestones that result in payment                              | <p><u>By end of Q1:</u><br/>25% of all patients recorded and reported = 25% payment</p> <p><u>By end of Q2:</u><br/>50% of all patients recorded and reported = 25% payment</p> <p><u>By end of Q3:</u><br/>75% of all patients recorded and reported = 25% payment</p> <p><u>By end of Q4:</u><br/>100% of all patients recorded and reported= 100% payment</p> <p>Productivity plan achieved</p> <p>PCTs may agree alternative incremental approaches with trusts but endpoint must be 100% achievement by Q4.</p> |
| Rules for delayed achievement against final indicator period/date and/or in-year milestones | Achievement of milestones later than the specified date but within year = 12.5% payment instead of 25%   |