

LEICESTER CITY HEALTH AND WELLBEING BOARD
3 APRIL 2014

Subject:	Quality Premium requirement – Increased reporting of medication incidents
Presented to the Health and Wellbeing Board by:	Dawn Leese, Director of Nursing and Quality LCCCG
Author:	Dawn Leese, Director of Nursing and Quality LCCCG

EXECUTIVE SUMMARY:

The purpose of this paper is to make the Health and Wellbeing Board aware of the details specifically relating to the quality premium indicator relating to the increased level of reporting of medication errors and the proposed approach for 2014/15.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Note the quality premium requirement for CCGs in 2014/15.
- Approve the target increases and approach.

Quality Premium requirement – Increased reporting of medication incidents

Introduction/Background

The 'quality premium' (NHSE December 13, available at: <http://www.england.nhs.uk/wp-content/uploads/2014/01/qual-prem-guid-21.pdf>) is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The quality premium is paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of national and local priorities. These are:

- reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality (15 per cent of quality premium);
- improving access to psychological therapies (15 per cent of quality premium);
- reducing avoidable emergency admissions (25 per cent of quality premium);
- addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator (15 per cent of quality premium);
- improving the reporting of medication-related safety incidents based on a locally selected measure (15 per cent of quality premium);
- a further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies (15 per cent of quality premium).

NHS England has sought to design the quality premium to ensure that it:

- Rewards CCGs for improved outcomes from the services they commission against the main objectives of the NHS Outcomes Framework and the CCG Outcomes Indicator Set, i.e. reducing premature mortality, enhancing quality of life for people with long-term conditions, helping recovery after acute illness or injury, improving patient experience, and ensuring patient safety;
- Sets broad overarching objectives as far as possible, leaving CCGs to determine with health and wellbeing partners what specific local priorities they will need to pursue to achieve improvements in these areas; promotes reductions in health inequalities and recognises the different starting points of CCGs: all of the measures except avoidable emergency admissions include the ability for CCGs and local partners to set either partially or fully the level of improvement to be achieved,
- Further promotes local priority-setting by highlighting the importance of local approaches reflecting joint health and wellbeing strategies;
- Underlines the importance of maintaining patients' rights and pledges under the NHS Constitution.

The purpose of this paper is to make the Health and Wellbeing Board aware of the details and approach, specifically relating to the indicator relating to increased levels of reporting of medication errors.

The Quality Premium Guidance states that:

A CCG will earn this portion of the quality premium if:

- it agrees a specified increased level of reporting of medication errors from specified local providers for the period between Q4, 2013/14 and Q4, 2014/15; and
- these providers achieve the specified increase.

The local measure may include improved levels of reporting from primary care.

The measure should be agreed by the CCG with its local Health and Wellbeing Board and the NHS England area team.

Where the same provider is a local provider for more than one CCG, those CCGs may wish to jointly agree an increased level of reporting with that provider.

Proposed approach for 2014

The Health and Wellbeing Board are requested to agree the following approach:

- Increased reporting by UHL and LPT by **15% overall**. We have not included other providers or primary care at this stage as this was felt to be too complex for year 1 of this indicator.
- These proposed increases (once approved by MDs) will be shared with the Area team and HWBB for agreement during March / April by the individual CCGs
- These will be monitored via the Clinical Quality Review Group for each of the providers. The quality schedules for the UHL and LPT will include a ¼ and final reporting in relation to progress with achieving the agreed increases. This will allow CCGs to evidence progress and achievement of this target.

The narrative related to those increases and rational for them is as follows:

The proactive reporting of medication incidents is a positive step in developing a positive safety culture. Increased reporting should be encouraged to aid learning and allow actions to be taken to prevent future events and patient harm. Provider organisations will not be in the same starting place when agreeing this indicator and for this reason we have agreed a different

1. UHL

In the UHL 2014/15 contract there are two specific indicators which will support delivery across this requirement:

Quality Schedule indicator:

Indicator: Increased reporting of medication errors, and continued reporting of medication errors causing moderate or serious harm and 10 x drug errors resulting in harm.

Threshold: Increase in numbers of medication errors from reported 13/14 baseline and evidence of learning from medication errors and actions being taken to improve

CQUIN:

Medication Safety Thermometer - Implementation of the Medication Safety Thermometer Steps 1 and 2 as part of the National Pilot Programme.

Indicator: The Medication Safety Thermometer focuses on Medication Reconciliation, Allergy Status, Medication Omission, and Identifying harm from high risk medicines in line with Domain 5 of the NHS Outcomes Framework.

This will be implemented across all wards in UHL through 2014/15.

2. LPT

LPT have agreed in principle to a 15% increase over the agreed period (Q4, 2013/14 and Q4, 2014/15). This is based on a current reporting rate of around 600 incidents per year. Having analysed current reporting it was felt that with focussed support, education and effective feedback, then reporting could be improved in a number of areas:

- District nursing services
- Community hospitals services
- Mental Health Services for Older People Wards
- Mental health services

There are already well established mechanisms for reporting medications related incidents and this will be utilised to enable the sharing of achievement with this improvement trajectory with commissioners.

Recommendations and Next steps

The Health and Wellbeing Board is requested to:

- Agree the request for approval of the target increases and approach.