

2018/19 QIS Indicators

	Indicator	Calculation or definition	Detail	CCG Lead(s)	Process or Outcome			Monitoring
HEALTH IMPROVEMENT DOMAIN								
1	% of registered patients AF, CHD, HF, stroke, diabetes, asthma, hypertension and COPD		Practices are asked to compare their prevalence with the expected and provide evidence of how they will be looking to improve (Process)	QI group	Process (20% of total process payment)			i) Practice improvement plan ii) Quarterly monitoring of improvement
2	% patients on the practice MH register who have had an annual physical health check with 5 measures (BP, HbA1c, cholesterol, lifestyle advice, BMI)	Number of patients on the Mental health register who have received physical check of 5 measures listed.	Practices are expected to either achieve the CCG mean or demonstrate progress towards the CCG mean. (Outcome)	QI group		Outcome (10% of total outcome payment)		Quarterly monitoring of improvement
3	% patients on the practice LD register who have had a health check (5) and patients on the LD register who have had a flu vaccination in the last 12 months	Number of patients on LD register, age 14 > years, who had a health check and <u>and</u> have received a flu vaccination (by injection or nasal immunisation) in last 12 months.	Practices are expected to achieve the CCG mean or demonstrate progress toward the CCG mean (Outcome) EMIS template is available for data capture. Data to be shared with practices for information and to inform improvement work	LD Clinical Lead	Process (10%)			i) Practice improvement plan ii) Quarterly monitoring of improvement

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LONG TERM CONDITIONS DOMAIN							
4	Long Term conditions composite scores – CHD, diabetes, asthma, COPD, stroke, HF, AF % on Hypertension registers achieving Hypertension target 150/90 or less.	% patients achieving all 3 elements within the Long Term Composite score (Appendix 2)	Practices are expected to achieve the CCG mean or demonstrate progress toward the CCG mean (Outcome)	QI group		Outcome (30%)	Quarterly monitoring of improvements
MEDICINES OPTIMISATION DOMAIN							
5	Medicines Optimisation Antibiotics – 3 x Indicators.	i) AB Items/ STAR-PU must be equal to or below England 2013/14 mean performance value of 1.161 items per STAR-PU. This threshold will remain during 2018/19. Numerator: Number of prescription items for antibacterial drugs (BNF 5.1) within the CCG. Denominator: Total number of Oral anti-bacterials (BNF 5.1 subset) ITEM based Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU)	Requirement of CCG Premium scheme This target is the same as the CCG target set by NHS England. All practices will be targeted so that the total practice performance meets the CCG target	Medicines management		Outcome (20%)	Quarterly via ePACT 2

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		ii) Trimethoprim: nitrofurantoin ratio Numerator: Number of prescription items for trimethoprim within the CCG. Denominator: Number of prescription items for nitrofurantoin within the CCG	This target is the same as the CCG target set by NHS England. All practices will be targeted so that the total practice performance meets the CCG target.	Medicines management		Outcome. Weighting included within all medicines optimisation targets	Quarterly via ePACT 2
		iii) Trimethoprim items prescribed to patients aged 70 years Numerator: Number of prescription items for trimethoprim with identifiable NHS number and age 70 years or greater within the CCG.	This target is the same as the CCG target set by NHS England. All practices will be targeted so that the total practice performance meets the CCG target.	Medicines management		Outcome. Weighting included within medicines optimisation targets	Quarterly via ePACT 2
		iv) To monitor Anticoagulation rates for patients identified with AF	Practices are expected to either achieve the CCG mean or demonstrate progress towards the CCG mean. (Outcome	Medicines management		Outcome. Weighting included within medicines optimisation targets	via Grasp tool Quarterly monitoring of improvements
		v) Polypharmacy – number of patients over 75 /1000 patients receiving 15 or more medicines excluding dressings.	Reduce the percentage of patients on 15+ meds, so achieving below the CCG mean or moving towards it.	Medicines management		Outcome. Weighting incl. within medicines optimisation targets	Quarterly monitoring of improvements

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CANCER DOMAIN							
6	Cancer Significant Event Analysis	Significant Event Analyses on cancer diagnosis in the calendar year (Jan – Dec) One of the SEA's - Lung Cancer if possible, if not the SEA could be a Cancer diagnosed through an Emergency Route.	<p>i) Tiered Approach to the number of SEA's per practice based on practice population. 2 SEA's for up to 10,000 patients, 3 SEA's for 10 to 20,000 patients, 4 SEA's for 20 to 30,000 patients and increasing by one SEA for every 10,000 practice population thereafter. Submission to the CCG by 07.01.2019.</p> <p>ii) Practice to send at least one clinician to a SEA Learning event with the Lung CA or Emergency Route diagnoses of CA to CCG Organised Learning event in Autumn 2018. (Date Tbc)</p>	Cancer leads will manage the process and review the SEA submissions	Process (20%)		Submission via template
7	Cancer bowel screening	Process to identify and improve bowel cancer screening uptake within the practice	<p>i) Have a system in place for the identification of non-responders to national bowel CA screening programme. Practices need to target the non-responders and offer encouragement to participate in the programme. Resources (Baseline data and Tools to help) will be made available to practices.</p> <p>ii). Practices to produce an end of year report on number of Bowel CA screening DNAs follow up method used.</p>	Cancer Leads	Process (10%)		<p>Robust process based plans submitted to Cancer Leads for approval</p> <p>Submission to Cancer leads required</p>

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ACCESS/URGENT CARE DOMAIN							
8	Emergency admissions	Rates per 1000 weighted population for all ages emergency admissions	The Practice should provide evidence of a system whereby following every emergency admission i) the patient's care/ care plan is reviewed ii) there is a review of whether that admission could have been avoided and, if so, what other services/expansion of current services would have been required so to do (Process)		Process (10%)		i) Practice improvement plan ii) Quarterly monitoring of improvement
9	Referral Pathway Improvement	Use of E-Referral	i) Practice use of the E-Referral system will be 75% at end of Q1, and 95% at end of Qtrs 2-4 (accounting for any exceptions where a Practice can demonstrate evidence that particular services was not available to accept on E-Referral) (Outcome)		Outcome (10%)		Quarterly monitoring of improvement
		CCG will provide data so practices and CCG identify and agree the top 3 areas where they are outliers in terms of high numbers of referral compared to CCG mean. Use of Advice and Guidance.	ii) Discussion at practice visits Practices will show evidence of prospective peer review and report on changes in referral behaviour or learning. (Process) iii) Practices are expected to demonstrate their use of A&G and plans on how they might expand their use of this tool. (Process)		Process (20%)		i) Practice improvement plan ii) Quarterly monitoring of improvement

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END OF LIFE DOMAIN							
10	% patients who died who had an advanced care plan discussion or a Deciding Right form in place	% patients who died between 1st April 2018 - 31st March 2019 with a ACP or Deciding Right form in place	Practices are expected to achieve the CCG mean or demonstrate progress toward the CCG mean (Outcome)			Outcome (20%)	Quarterly monitoring of improvement
INFORMATION TECHNOLOGY DOMAIN							
11	IT and digital tools	<p>i) Using on line services including ordering medications, booking appointments .</p> <p>ii)Using Strata system</p>	<p>i) Aim to increase usage to 20% of Practice population, as per NHSE data. Activity via iPlato, which comes under Indicator 11, will also qualify for the indicator 12. (Process)</p> <p>ii) Practices are expected to show the use of the Strata referral templates for community based referrals, when available in their locality. (Process)</p> <p>NB: There may be a shift in the balance to more outcome based targets in second year and this may include Strata targets.</p>	IT Leads	Process (10%)		Quarterly monitoring. Payment start will be triggered from 10% upwards and be calculated on a pro-rata basis to maximum payment on reaching 20%.

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12		Increase iPlato application use. Either 20% application usage OR 30% application downloads in 1 st year. (with expectation that targets thereafter will be based on app usage only) NB. Recruitment cannot be via repeat bulk SMS messaging which could have significant cost implications.	For practices whose patient population are predominantly elderly or where mobile reception is poor, evidence of what the practice has done to support the implementation will be considered. If a practice is not achieving target then the practice will be expected to submit a recovery plan no later than month 9 (Dec 18) as to how they are going to achieve their targets (Outcome)	IT Leads		Outcome (10%)	Quarterly monitoring. Payment will be calculated on a pro-rata basis up (with no minimum lower threshold set)