

## An illustrative example of a CQUIN scheme for Mental Health & Learning Disability services in 2010/11

This example CQUIN scheme is intended to illustrate a set of well-defined CQUIN indicators across a range of clinical areas, demonstrating how the new standard template for schemes could be used in 2010/11. **It is not intended to provide a set of goals and indicators which can simply be lifted into local contracts, nor to demonstrate a level of stretch that is relevant to all providers. CQUIN schemes are developed at local level by commissioners and providers working together with clinicians to agree goals and indicators and to set payment thresholds that reflect genuine ambition locally, in line with published guidance on the CQUIN framework<sup>1</sup>.** Please also note that services commissioned by Specialised Commissioning Groups should be subject to a separate CQUIN scheme, hence they are not covered by this generic mental health example scheme.

### CQUIN SCHEME FOR: ANY-SHIRE MENTAL HEALTH NHS TRUST

Coordinating Commissioner	Any-shire PCT
Associate Commissioners	Somewhere-shire PCT Northerly PCT Southerly PCT
Total financial value of Scheme	£2.25million (1.5% of expected Actual Outturn Value of £150million)

#### Goals and Indicators

Goal no.	Description of goal	Quality Domain(s)	Indicator number <sup>2</sup>	Indicator name	National or Regional Indicator <sup>3</sup>	Indicator weighting within overall scheme
1	Improve the care of people with dementia through the development of an integrated Dementia Pathway across mental health & learning disability, community and acute sectors	Effectiveness	1	Dementia pathway	Yes , regionally mandated	19%

<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091443](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443)

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

<sup>3</sup> Nationally mandated / Regionally mandated / Regionally suggested / No

ILLUSTRATIVE EXAMPLE ONLY

2	Reduce number of patients detained under the Mental Health Act who abscond from inpatient care	Safety	2	Patients detained under the Mental Health Act who abscond from inpatient care	No	15%
3	Improve patient satisfaction with treatment received and with privacy and respect	Patient Experience	3	Patient reported satisfaction	No	15%
4	Improve the physical health of clients of mental health and learning disability services by providing smoking cessation support	Effectiveness	4a	Training to give effective stop smoking advice	No	5%
			4b	Patient referrals to NHS Stop Smoking services	No	12%
5	Improve carer experience by ensuring they are actively involved (where wanted), well informed and supported	Patient Experience	5	Documentation of support for carers	No	12%
6	Implementation of recovery outcome measures	Innovation	6	Recovery outcome measures	No	12%
7	Increasing patient choice and control by piloting personal health budgets	Innovation	7	Personal health budgets	No	10%

## Detail of Indicator (to be completed for each indicator)

## Indicator 1

Description of indicator	<p>Development and implementation of an integrated Dementia Pathway across mental health &amp; learning disability, community and acute sectors: leading and working on Partnership Trust elements of the pathway in partnership with all key stakeholders.</p> <p>The components of this indicator are:</p> <ol style="list-style-type: none"> <li>Participation at a senior level from clinical and management staff at all multi-sector steering group meetings</li> <li>Development of a documented, agreed, integrated sector pathway with an associated dataset and an agreed action plan for piloting and implementation of the Trusts elements of the integrated pathway</li> <li>Piloting of the pathway with adjustments made where indicated</li> <li>Demonstrate that patients with dementia in the Trust are following the pathway, and care is given according to the pathway (threshold to be agreed)</li> <li>Dementia awareness training commissioned and commenced as part of the pathway development</li> </ol>
Numerator	Yes/No of delivery of milestones
Denominator	N/A
Rationale for inclusion	<p>To improve dementia patients' experience by ensuring that safe and effective care is given, communication channels are clear, and cross boundary working is achieved across mental health, community and acute sectors, resulting in a better quality of life for both inpatients and outpatients under the care of the local health economy</p> <p>This has been agreed as a regional indicator for all trusts in the Any-shire region.</p> <p>This is also aligned to the Any-shire PCT World Class Commissioning project for Dementia, developing a multi-disciplinary pathway for Dementia patients.</p>
Data source and frequency of collection	<ol style="list-style-type: none"> <li>Minutes of multi-agency steering group meetings (bi-monthly)</li> <li>Steering group report outlining agreed integrated sector pathway, including developed data set and Trust-based action plan for piloting and implementation for Trust-based elements of the pathway (30<sup>th</sup>)</li> </ol>

**ILLUSTRATIVE EXAMPLE ONLY**

	<p>September 2010)</p> <p>c) Trust report on completion of 3 month pilot, detailing outcomes and adjustments required (10 working days after end December 2010)</p> <p>d) Trust audit report of all newly referred patients with dementia during January and February 2011, showing level of adherence to the pathway (18 March 2011)</p> <p>e) Trust report on number of staff who have completed training during 2010/11 and plan for achievement of 100% training of eligible staff during 2011/12 (18 March 2011)</p>
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	As shown above in “Data source and frequency of collection”
Baseline period / date	N/A
Baseline value	N/A
Final indicator period / date on which payment is based	See above
Final indicator value (payment threshold)	Completion of all elements of indicator (outlined a) to e) above)
Final indicator reporting date	18 March 2011
Rules for partial achievement of indicator at year-end	Please see below for in-year milestones and partial payments
Rules for any agreed in-year milestones that result in payment	<p>40% of the payment allocated to this indicator may be earned in-year, as follows:</p> <ul style="list-style-type: none"> <li>• Achievement of a) and b) by 30<sup>th</sup> September 2010 will result in 20% of the allocated payment being made</li> <li>• Achievement of c) by 10 working days after the end of December 2010 will result in a further 30% of the allocated payment being made</li> </ul> <p>The remainder of the payment will be made subject to the final indicator reporting date of 18<sup>th</sup> March 2011</p>

**Indicator 2**

Description of indicator	Patients detained under the Mental Health Act who abscond from inpatient care
--------------------------	---

ILLUSTRATIVE EXAMPLE ONLY

Numerator	Number of patients detained under the Mental Health Act who abscond from inpatient care	
Denominator	Number of patients detained under the Mental Health Act	
Rationale for inclusion	<p>There have been 3 patient suicides at Any-shire Mental Health Trust in the period January 2009 to December 2010, all of which were patients detained under the Mental Health Act who absconded from inpatient care.</p> <p>Being off the ward without permission has the strongest association with inpatient suicide and it can be reduced through a combination of measures - better observation, modern technology at exits, improved ward milieu and re-designed nursing roles.</p> <p>This indicator has therefore been agreed as a high priority for 2010/11 and is regarded not only as a way of preventing future suicides but improving the safety of all patients detained under the Mental Health Act.</p>	
Data source and frequency of collection	Provider monthly report	
Organisation responsible for data collection	Provider	
Frequency of reporting to commissioner	Monthly	
Baseline period / date	April – December 2009	
Baseline value	5% (cumulative data for the period)	
Final indicator period / date on which payment is based	April – December 2010	
Final indicator value (payment threshold)	1% (cumulative data for the period)	
Final indicator reporting date	10 <sup>th</sup> working day after end of December 2010	
Rules for partial achievement of indicator at year-end	Indicator value	% of payment made
	<4% but greater than or equal to 2%	75% of allocated payment made
	<2% but greater than 1%	95% of allocated payment made
Rules for any agreed in-year milestones that result in payment	N/A	
Rules for delayed achievement against final indicator period/date and/or in-year milestones	If the final indicator value of 1% is not achieved at the end of Q3 but is achieved at the end of Q4, then a maximum of 95% of the payment allocated to this	

	indicator will be made.
--	-------------------------

**Indicator 3**

Description of indicator	Patients reporting following discharge from within acute in-patient settings that they were satisfied with treatment received and treated with privacy and respect
Numerator	<p>Number of people answering the highlighted choice shown below for each respective question:</p> <p>Q18 - 'Did the psychiatrist(s) treat you with respect and dignity?' <b>yes, always</b></p> <p>Q22 - 'Did the nurses treat you with respect and dignity?' <b>'yes, always</b></p> <p>Q26 - 'Were you given enough privacy when discussing your condition or treatment with the hospital staff?' <b>'yes, always</b></p> <p>Q27 - 'Were you involved as much as you wanted to be in decisions about your care and treatment?' <b>'yes definitely</b></p> <p>Q47- Overall rating of care received <b>excellent</b></p>
Denominator	Total number of survey respondents
Rationale for inclusion	<p>Patient views of whether they have been treated with dignity and respect is the biggest indicator of their broader experience of care. This question has formed part of the Healthcare Commission Inpatient Survey for several years.</p> <p>There is substantial variation between services in the responses received to this question. The Care Quality Commission Annual inpatient survey 2009 demonstrated that the performance of this mental health trust needed to be improved in this area.</p>
Data source and frequency of collection	<p>CQC inpatient survey used to establish baseline data (2009)</p> <p>Local survey using same questions to measure improvement (2010)</p>
Organisation responsible for data collection	Provider Trust
Frequency of reporting to commissioner	<p>Provider trust to share survey data from 2010 when it becomes available in January 2011</p> <p>Provider will also provide an action plan by the end of April 2010 to outline the proposed strategy for improving patient satisfaction in the required areas.</p>

ILLUSTRATIVE EXAMPLE ONLY

Baseline period / date	CQC 2009 inpatient survey (of inpatients between 16-64 yrs old who were admitted between 1 <sup>st</sup> July 2008 and 31 <sup>st</sup> December 2008)
Baseline value	CQC 2009 inpatient survey percentage rating for: Question 18: Yes always – 69% Question 22: Yes always – 56% Question 26: Yes always – 58% Question 27: Yes definitely – 34% Question 47: Excellent – 21%
Final indicator period / date on which payment is based	Local survey to take place on rolling basis for patients admitted between 1 <sup>st</sup> July and 31 <sup>st</sup> December 2010 – surveys to be sent to patients two weeks post discharge
Final indicator value (payment threshold)	5 percentage point increase on the baseline score for each question. (Analysis of 2009 data showed a sampling variation of +/- 4 on each of the questions, so an improvement of between 4 and 8 points per question would demonstrate a likely statistically significant improvement):  Question 18: Yes always – 74% Question 22: Yes always – 61% Question 26: Yes always – 63% Question 27: Yes definitely – 39% Question 47: Excellent – 26%
Final indicator reporting date	28 February 2011
Rules for partial achievement of indicator at year-end	If the improvements are made in some but not all of the specified questions, 20% of the total allocated payment for this indicator will be made per question where the improvement has been achieved.
Rules for any agreed in-year milestones that result in payment	N/A
Rules for delayed achievement against final indicator period/date and/or in-year milestones	N/A

**Indicator 4a**

Description of indicator	Implement a programme of training in very brief anti-smoking interventions for mental health and learning disability community team professionals, to improve delivery of effective stop smoking advice to smokers. Brief advice can consist of three simple steps - Ask, Advise and Act.
--------------------------	---

ILLUSTRATIVE EXAMPLE ONLY

Numerator	Number of mental health and learning disability community team professionals who have received very brief anti-smoking intervention training
Denominator	Number of mental health and learning disability community team professionals
Rationale for inclusion	<p>Rates of smoking are 2-4 times higher among people with psychiatric disorders and substance use disorders.</p> <p>When seeking mental health treatment, heavy smokers report substantially poorer well-being, greater symptom burden, and more functional disability compared to non-smokers</p> <p>Clients of NHS mental health services have a higher relative risk of death than the general population due, in part, to high rates of tobacco use</p>
Data source and frequency of collection	Local NHS Stop Smoking Services - Quarterly
Organisation responsible for data collection	Local NHS Stop Smoking Services
Frequency of reporting to commissioner	Quarterly
Baseline period / date	April – December 2009
Baseline value	less than 5% trained
Final indicator period / date on which payment is based	April 1 <sup>st</sup> 2010 – March 31 <sup>st</sup> 2011
Final indicator value (payment threshold)	50% of mental health and community team professionals trained by March 2011
Final indicator reporting date	10 <sup>th</sup> working day after end of Q4
Rules for partial achievement of indicator at year-end	50% of the money for training 25% of staff
Rules for any agreed in-year milestones that result in payment	N/A
Rules for delayed achievement against final indicator period/date and/or in-year milestones	N/A

**Indicator 4b**

Description of indicator	% of patients who confirm they smoke at initial assessment who are referred to the local NHS Stop Smoking Services using the DH programme
--------------------------	---



ILLUSTRATIVE EXAMPLE ONLY

Numerator	Number of patients referred								
Denominator	Number of patients who confirm they smoke at initial assessment								
Rationale for inclusion	<p>Rates of smoking are 2-4 times higher among people with psychiatric disorders and substance use disorders.</p> <p>When seeking mental health treatment, heavy smokers report substantially poorer well-being, greater symptom burden, and more functional disability compared to non-smokers.</p> <p>Public mental health clients have a higher relative risk of death than the general population due, in part, to high rates of tobacco use</p>								
Data source and frequency of collection	Local NHS Stop Smoking Services - Quarterly								
Organisation responsible for data collection	Local NHS Stop Smoking Services								
Frequency of reporting to commissioner	Quarterly								
Baseline period / date	October - December 2009								
Baseline value	<1%								
Final indicator period / date on which payment is based	October 2010 – March 31 <sup>st</sup> 2011								
Final indicator value (payment threshold)	10%								
Final indicator reporting date	10 <sup>th</sup> working day after end of Q4								
Rules for partial achievement of indicator at year-end	<p>Sliding scale for payment:</p> <table border="1"> <thead> <tr> <th>Indicator value</th> <th>Payment made</th> </tr> </thead> <tbody> <tr> <td>At least 5% but less than 7%</td> <td>50% of allocated payment made</td> </tr> <tr> <td>At least 7% but less than 8%</td> <td>70% of allocated payment made</td> </tr> <tr> <td>At least 8% but less than 10%</td> <td>90% of allocated payment made</td> </tr> </tbody> </table>	Indicator value	Payment made	At least 5% but less than 7%	50% of allocated payment made	At least 7% but less than 8%	70% of allocated payment made	At least 8% but less than 10%	90% of allocated payment made
Indicator value	Payment made								
At least 5% but less than 7%	50% of allocated payment made								
At least 7% but less than 8%	70% of allocated payment made								
At least 8% but less than 10%	90% of allocated payment made								
Rules for any agreed in-year milestones that result in payment	N/A								
Rules for delayed achievement against final indicator period/date and/or in-year milestones	N/A								

**Indicator 5**

Description of indicator	Documented evidence of carers of inpatients being actively involved where wanted, well informed and supported
Numerator	<p>Total number of care records which record that:</p> <ul style="list-style-type: none"> <li>• the inpatient's main carers have been identified and contact details recorded</li> <li>• an interview is offered within three working days of admission</li> <li>• the carer's views about ongoing and future involvement are recorded</li> <li>• carers are given an information sheet describing local arrangements</li> <li>• carers are offered a referral to a carers support worker</li> <li>• carers are provided with carers pack (by staff or carers support worker)</li> </ul>
Denominator	Total number of care records audited
Rationale for inclusion	<p>There are 1.2 million people in the UK who care for others full-time and 4.8 million who care for others part-time, but carers are often overlooked even though they make a major contribution, not just to the lives of others but to the economy.</p> <p>It is estimated that people providing high levels of care double their own risk of becoming sick or permanently disabled as a result of their responsibilities.</p> <p>Caring for someone with mental health problems can be a very stressful experience. However the carer has a very important role, and this has been increasingly recognised by the statutory services. There is plenty of evidence that if someone with mental health problems has a family member or friend looking out for them, they cope much better than those who are on their own. Carers do now have more rights; to be treated as a partner by professionals, to support and information, to flexible work arrangements, etc. (put into a number of Acts of Parliament, such as the Carers Equal Opportunities Act 2004 and the Flexible Working Regulations 2007).</p> <p>In Health Care Commission "Pathways to Recovery" the report highlighted that approaches to involving carers and consideration of their needs during admission and assessment protocols need to be developed further.</p>

ILLUSTRATIVE EXAMPLE ONLY

	Locally, this has been identified as a priority by patient and carer representatives and local GPs.
Data source and frequency of collection	Provider audit report (50 consecutive admissions starting from a date within the quarter identified by the Commissioner)  Audit undertaken at end of Q1 and repeated at end of February 2011
Organisation responsible for data collection	Joint audit undertaken by Commissioner and Provider representatives
Frequency of reporting to commissioner	Specified dates above
Baseline period / date	Q1 audit report
Baseline value	To be established by Q1 audit result
Final indicator period / date on which payment is based	Sample from the period December 2010 – February 2011
Final indicator value (payment threshold)	To be agreed based on Q1 audit report
Final indicator reporting date	18 March 2011
Rules for partial achievement of indicator at year-end	N/A
Rules for any agreed in-year milestones that result in payment	N/A
Rules for delayed achievement against final indicator period/date and/or in-year milestones	N/A

**Indicator 6**

Description of indicator	<p>Agree and implement recovery outcome measures for patients on the Care Programme Approach (CPA) with clinical conditions relating to functional illnesses</p> <p>The following steps need to be completed in order to achieve the indicator:</p> <ul style="list-style-type: none"> <li>a) Adopt the recovery outcome measures agreed with service users and commissioners for clinical conditions relating to functional illnesses to extend monitoring of outcomes over and above those required for mandatory reporting</li> <li>b) Establish a baseline of how many service users who have outcome measures collected and agree an action plan for improvement</li> </ul>
--------------------------	--

ILLUSTRATIVE EXAMPLE ONLY

	<p>with commissioners</p> <p>c) Agree a planned increase in the number of service users who have outcome measures collected from baseline data</p> <p>d) Increase use of outcome measures against trajectory plan</p>
Numerator	<p>a) to c): Y/N delivery</p> <p>d) Number of patients on CPA with functional illnesses in receipt of care who have a recovery indicator recorded within the time period.</p>
Denominator	<p>a) to c): N/A</p> <p>d) Number of patients on CPA with functional illnesses</p>
Rationale for inclusion	<p>When it comes to helping those with a severe or enduring mental illness, a recovery-based approach is advocated. This means services will need to support individuals to rebuild their lives and achieve the goals they want.</p> <p>New Horizons states in measuring recovery: Services need to develop measures and tools to ensure care is planned around user-defined goals and quality of life outcomes.</p> <p>The Next Stage Review defined high-quality care as effective, safe and a good experience. <i>High Quality Care for All</i> set out the Quality Framework. This goal contributes to 4 of the 7 key areas:</p> <ol style="list-style-type: none"> <li>1. Bringing clarity to quality</li> <li>2. Measures quality</li> <li>3. Publishes quality</li> <li>4. Recognises and rewards quality</li> </ol>
Data source and frequency of collection	<p>a) Provider report within 10 working days of Q1 end</p> <p>b) Provider report within 10 working days of Q2 end</p> <p>c) Commissioner-Provider agreement by end of October 2010</p> <p>d) Provider report within 10 working days of Q4 end</p>
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly

ILLUSTRATIVE EXAMPLE ONLY

Baseline period / date	July – September 2009
Baseline value	To be established by Q2 baseline report
Final indicator period / date on which payment is based	Quarter ending 30 <sup>th</sup> March 2011
Final indicator value (payment threshold)	TBC: Value agreed between Commissioner and Provider by the end of October 2010
Final indicator reporting date	10th working day after the quarter end
Rules for partial achievement of indicator at year-end	TBC during October 2010
Rules for any agreed in-year milestones that result in payment	25% of the allocated payment will be made if elements a) and b) have been achieved by the end of Q2
Rules for delayed achievement against final indicator period/date and/or in-year milestones	N/A

**Indicator 7**

Description of indicator	% of people offered a personal health budget to promote self-management of depression
Numerator	Number of patients in receipt of care for primary diagnosis of depression who were offered a personal health budget
Denominator	Number of patients in receipt of care for primary diagnosis of depression
Rationale for inclusion	<p>High Quality Care for All announced that from 2009 there will be a pilot programme, building on experience with individual budgets in social care, to test personal health budgets as a way of giving people greater choice and control over the services they use.</p> <p>Primary care trusts are already able to offer personal health budgets that do not involve giving money directly to individuals. The Health Act – which received Royal Assent on 12 November 2009 – allows direct payments as part of a pilot programme in authorised sites.</p> <p>Any-shire PCT has now received authorisation to participate in this pilot programme and wishes to ensure that the Provider is offering the option of a Personal Health Budget to all eligible patients.</p>

## ILLUSTRATIVE EXAMPLE ONLY

Data source and frequency of collection	Provider quarterly report.	
Organisation responsible for data collection	Provider	
Frequency of reporting to commissioner	Quarterly	
Baseline period / date	N/A	
Baseline value	N/A	
Final indicator period / date on which payment is based	April 2010 – March 2011	
Final indicator value (payment threshold)	At least 20%	
Final indicator reporting date	End of Q4 2010/11	
Rules for partial achievement of indicator at year-end	Number of patients offered Personal Health Budgets	% of indicator payment made
	<20% but at least 10%	50%
Rules for any agreed in-year milestones that result in payment	N/A	
Rules for delayed achievement against final indicator period/date and/or in-year milestones	N/A	

**CQUIN Definitions:****“Scheme”**

The agreed package of goals and indicators, which in total, if achieved, enables the provider to earn 1.5% of its contract value. Where the provider has multiple contracts, the scheme should be reflected within all contracts, (exceptions specified within guidance).

**“Goal”**

A description of the intended objective which is being incentivised by the CQUIN scheme eg. “to improve patient satisfaction within maternity clinics”, or “to improve the health of the population by delivering effective stop smoking advice to smokers and ensuring referral pathways to the local NHS Stop Smoking Services” . A goal may be measured using several indicators (see below).

**“Indicator”**

A measure which determines whether the goal or an element of the goal has been achieved, and on the basis of which payment is made. The achievement of one indicator should not be dependent on the achievement of a separate indicator within the scheme.

**“Payment threshold”**

The level of performance against the indicator which must be achieved to earn payment. This should be informed by available evidence, (eg. a NICE Quality Standard, a National Service Framework or benchmarking) and by the provider’s own baseline. Where a baseline needs to be set in-year, the payment threshold may also need to be confirmed in-year.

In addition to the final indicator value, it may also be appropriate to agree payment thresholds for a) partial achievement of the indicator and/or b) in-year milestones. However any locally agreed rules should comply with the national policy on rewarding measurement through CQUIN schemes; acute schemes cannot reward measurement in 2010/11, hence any payments for in-year milestones should reward real process or outcome improvements only.