



Commissioning for Quality and Innovation (CQUIN)

CCG CQUIN Indicator Specifications for 2020-21

Staff flu vaccinations

<p>Services in Scope Community Period: Q1 Q2 Q3 Q4</p>	<p>Data reporting & performance Monthly provider submission (between September and March) to PHE via ImmForm. See: https://www.gov.uk/government/collections/vaccine-uptake</p> <p>Data will be made https://www.gov.uk/government/collections/vaccine-uptake approximately 6 weeks after each quarter. Performance basis: Whole Period. Quarterly reporting not suitable due to cumulative nature of measure. See section 3 for details about the basis for performance and payment.</p>
<p>Payment basis Minimum: 70% Maximum: 90% Calculation: Whole period %</p>	<p>Description Achieving an 90% uptake of flu vaccinations by frontline staff with patient contact.</p>
<p>Accessing support NHSE&I policy lead Doug Gilbert england.uecdeliverypmo@nhs.net</p>	<p>Numerator Of the denominator, those who receive their flu vaccination.</p> <p>Denominator Total number of front line healthcare workers between 1 September 2020 and February 28th 2021.</p>
<p>Supporting Documents https://www.gov.uk/government/collections/vaccine-uptake</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147882/Green-Book-Chapter-12.pdf</p> <p>https://www.nice.org.uk/guidance/ng103</p>	<p>Exclusions</p> <ul style="list-style-type: none"> • Staff working in an office with no patient contact. • Social care workers. • Staff out of the provider for the whole of the flu vaccination period (e.g. maternity leave, long term sickness).

Malnutrition screening

<p>Scope Services: Community hospital inpatients & NHS funded residents in care homes Period: Q1 Q2 Q3 Q4</p>	<p>Data reporting & performance Quarterly submission via National CQUIN collection –see section 4 for details about auditing as well as data collection and reporting. Data will be made available approximately 6 weeks after each quarter.</p> <p>Performance basis: Quarterly. Due to requirement for frequent screening, performance should be assessed after the quarter finishes ensuring screening continuity for longer term patients and caring home residents. See section 3. For details about the basis for performance and payment.</p>
<p>Payment basis Minimum: 50% Maximum: 70% Calculation: Quarterly average %</p>	<p>Description Achieving 70% of community hospital inpatients, or NHS-commissioned residents in care homes aged 18+, having a nutritional screening that meets https://www.nice.org.uk/Guidance/QS24 (Quality statements 1&2), with evidence of actions against identified risks.</p>
<p>Accessing support NHSE&I policy lead Alexander Thompson england.ageingwell@nhs.net</p>	<p>Numerator Of the denominator, those where the following actions were taken within 24 hours of admission/ start of residence (or by 1st June 2020 for those admitted/ starting residence prior to 1st April 2020) and then repeated at least every 30 days of the patient spell or care home residence.</p>
<p>Supporting Documents Supporting documents will be available on the https://future.nhs.uk/connect.ti/ . For access please contact policy lead https://www.nice.org.uk/guidance/qs24/resources/nutrition-support-in-adults-pdf-2098545777349 https://www.bapen.org.uk/screening-and-must/must/introducing-must https://www.nice.org.uk/guidance/cg32/resources/nutrition-support-for-adults-oral-nutrition-support-enteral-tube-feeding-and-parenteral-nutrition-pdf-975383198917</p>	<p>1.A malnutrition risk screening using a validated tool, such as The Malnutrition Universal Screening Tool; (MUST) that measures all of the items below, with each documented in the management care plan¹:</p> <ul style="list-style-type: none"> •Body mass index (BMI); •Percentage unintentional weight loss; •The time duration over which weight loss has occurred; and, •The likelihood of future impaired nutrient intake. <p>2.All people who are identified as malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements.</p> <p>3.There is evidence of all actions or goals within the management care plan being acted upon.</p> <p>Denominator All community hospital spells (including those starting before 1st April 2020 and those unfinished by 31st March 2021), for patients aged 18+ with length of stay greater than 24 hours and NHS-funded residents in care homes, aged 18+</p> <p>Exclusions Hospital spells or care home residence where the admission/start of residence was before 1st April 2020 and the discharge/end of residence was before 1st June 2020.</p> <p><small>1 https://www.england.nhs.uk/ourwork/patient-participation/patient-centred/planning/ best practice for care planning.</small></p>

Use of anxiety disorder specific measures in IAPT

<p>Scope Services: IAPT services Period: Q1 Q2 Q3 Q4</p>	<p>Data reporting & performance Routine provider submission to the https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set/improving-access-to-psychological-therapies-data-set-reports</p> <p>Monthly provider level data will be available approx. 12 weeks after each period –details will be provided via the ‘Mental Health CQUIN’ https://future.nhs.uk/system/login?nextURL=/connect.ti/home/grouphome</p> <p>Performance basis: Quarterly. See section 3 for details about the basis for performance and payment.</p>
<p>Payment basis Minimum: 35% Maximum: 65% Calculation: Quarterly average %</p>	<p>Description Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).</p>
<p>Accessing support NHSE&I policy lead Sally Milne England.MHCQUIN@nhs.net</p>	<p>Numerator Of the denominator, the referrals that had paired scores recorded on the specified ADSM.</p>
<p>Supporting Documents Available from the ‘Mental Health CQUIN’ https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FMHCQUIN%2F. Please email the policy lead above to gain access. https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/</p>	<p>Denominator The number of referrals with a specific anxiety disorder problem descriptor¹, where the course of treatment was finished and where there were at least two attended treatment appointments in the financial year.</p> <p>¹ This includes 6 disorders: Obsessive Compulsive Disorder, Social Phobias, Health Anxiety, Agoraphobia, Post Traumatic Stress Disorder, Panic Disorder</p>

<https://www.nhs.uk/>

Assessment, diagnosis and treatment of lower leg wounds

<p>Scope Services: Community Nursing</p> <p>Period: Q1 Q2 Q3 Q4</p>	<p>Data reporting & performance Quarterly submission via National CQUIN collection –see section 4 for details about auditing as well as data collection and reporting. Data will be made available approximately 6 weeks after each quarter.</p> <p>Performance basis: Quarterly. See section 3 for details about the basis for performance and payment.</p>
<p>Payment basis Minimum: 25% Maximum: 50% Calculation: Quarterly average %</p>	<p>Description Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.</p>
<p>Accessing support Policy lead Una Adderley National Wound Care Strategy Programme una.adderley@yhahsn.com</p>	<p>Numerator Of the denominator, the number where the following audit criteria for diagnosis and treatment are met within 28 days of referral to service or, for a patient already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded:</p>
<p>Supporting Documents https://www.nice.org.uk/guidance/cg147 https://www.nice.org.uk/guidance/cg168 https://www.sign.ac.uk/sign-120-management-of-chronic-venous-leg-ulcers.html</p> <p>Additional supporting documents will be available via the https://future.nhs.uk/connect.ti/. For access please email the contact above.</p>	<p>1. Documentation of a full leg wound assessment that meets the minimum requirements described in https://www.ahsnnetwork.com/wp-content/uploads/2019/11/V2-Draft-Lower-Limb-Assessment-Essential-Criteria-25.11.19.pdf.</p> <p>2. Patients with a leg wound with an adequate arterial supply (ABPI >0.8-1.3) and where no other condition that contra-indicates compression therapy is suspected, treated with a minimum of 40mmHg compression therapy.</p> <p>3. Patients diagnosed with a leg ulcer documented as having been referred (or a request being made for referral) to vascular services for assessment for surgical interventions.</p> <p>Denominator Total number of patients treated in the community nursing service with a wound on their lower leg (originating between the knee and the malleolus).</p>
<p>https://www.nhs.uk/</p>	

Assessment and documentation of pressure ulcer risk

<p>Scope Services: Community hospital inpatients & NHS funded residents in care homes Period: Q1 Q2 Q3 Q4</p>	<p>Data reporting & performance Quarterly submission via National CQUIN collection – see section 4 for details about auditing as well as data collection and reporting. Data will be made available approximately 6 weeks after each quarter.</p> <p>Performance basis: Quarterly. Due to requirement for frequent screening, performance should be assessed after the quarter finishes ensuring screening continuity for longer term patients and caring home residents. See section 3. for details about the basis for performance and payment.</p>
<p>Payment basis Minimum: 40% Maximum: 60% Calculation: Quarterly average %</p>	<p>Description Achieving 60% of community hospital inpatients or NHS commissioned residents in nursing homes aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.</p>
<p>Accessing support NHSE&I policy lead Jennie Hall jennie.hall1@nhs.net</p>	<p>Numerator Of the denominator, those where the following actions were taken within 24 hours of admission/ start of residence (or by 1st June 2020 for those admitted/ starting residence prior to 1st April 2020) and then repeated at least every 30 days of the patient spell or care home residence: 1. A pressure ulcer risk assessment using a validated scale, such as Waterlow, Purpose T, or Braden, that assesses all of:</p>
<p>Supporting Documents Supporting documents will be available on the https://future.nhs.uk/connect.ti/ . For access please contact england.ageingwell@nhs.net.</p> <p>https://www.nice.org.uk/guidance/cg179/resources/pressure-ulcers-prevention-and-management-pdf-35109760631749</p> <p>https://www.nice.org.uk/guidance/qs89</p> <p>https://www.wounds-uk.com/news/details/the-2019-international-clinical-practice-guideline</p>	<p>i. Mobility; ii. Skin; iii. Nutritional status; iv. Continence; and, v. Sensory perception. 2. Has an individualised care plan which includes all of: i. Risk and skin assessment outcomes; ii. Recommendations about pressure relief at specific at-risk sites; iii. Mobility and need to reposition the patient; iv. Comorbidities; and, v. Patient preference. 3. Actions to manage the risks identified by the pressure ulcer risk assessment are documented by clinical staff.</p> <p>Denominator All community hospital spells (including those starting before 1st April 2020 and those unfinished by 31st March 2021), for patients aged 18+ with length of stay greater than 24 hours and NHS-funded residents in care homes, aged 18+.</p> <p>Exclusions Hospital spells or care home residence where the admission/start of residence was before 1st April 2020 and the discharge/end of residence was before 1st June 2020. ¹ https://www.england.nhs.uk/ourwork/patient-participation/patient-centred/planning/ best practice for care planning.</p>



<https://www.nhs.uk/>