



Newham Clinical Commissioning Group

**Approach to Commissioning for Quality
(Overarching Strategy)
2013 - 2014**

Document Control

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1.0	10/06/13	Outline how patients play a key role	Mark Santos, Chair of Health Watch	Outlined through Patient Feedback section and through the Quality Intelligence Process visual
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Final	11/09/13	Insert Stakeholders in Quality Intelligence Process visual as a source of intelligence	Quality Committee	Amendment made
		Quality Assurance Visits should be a local driver of quality		Amendment made
		Annual Quality Work Plan should be a local driver of quality		Amendment made
		Be explicit that this is the CCG Strategy		Amendment made
Final	11/09/13	Include CCG Patient Participation Groups, CCG Commissioning Reference Group, Health Watch and LBN as local drivers of quality	Mark Santos, Chair of Health Watch	Amendment made
		Insert Patient Participation Groups, the Co-production Forum and Voiceability as sources of intelligence in the Quality Intelligence process visual		Amendment made

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1.0 Introduction

The Health and Social Care Act 2012 fundamentally changed the manner in which the National Health Service (NHS) in England is organised, managed and run. Improving the quality of care and health outcomes for patients and service users is the driving force behind these changes and is what unites the NHS around a common purpose.

The purpose of Newham Clinical Commissioning Group's (CCG) Approach to Commissioning for Quality is to outline our approach to ensure we commission services of the highest quality for our population and manage the providers to ensure they provide the highest quality of services for our population.

Newham CCG is a statutory commissioning body for healthcare that was authorised by the National Commissioning Board in March 2013. It comprises of 61 constituent member practices that cover a registered population of 374,163 and our commissioning budget for 2013/ 2014 is c£375m. We have a number of challenges as outlined below:

Population

The 2011 census data shows our population is 308,000 but our registered population is 374,163. We have a relatively young population where 37% is under 25 and a turnover of 20% where people regularly enter or leave our borough. Perhaps the greatest challenge for planners in the borough is the expected population increase of 23% by 2030.

Diversity

We are one of the most diverse areas in the country with over 100 languages spoken and 70% of people coming from black and ethnic minority communities.

Deprivation

Newham is the 2nd most deprived Local Authority in England, with the highest under 75's mortality rate for women and the lowest levels of physical activity in London.

Health

- Lifestyle factors
 - Reception year children 2nd most obese in the country
 - 3rd highest rate of alcohol-related admissions in London
- Wellbeing and emotional resilience
 - 3,052 with a serious mental illness
 - Estimated 37,000 with common mental illness
- Maternity and early years
 - Highest birth rate in the country
- Heart disease, cancer and circulatory disease
 - The biggest causes of death in Newham
 - 2nd worst one year survival rate for cancer in England
- Long Term Conditions
 - 10,850 people aged 65 and over are thought to have a limiting long-term illness
 - One of the highest for diabetes prevalence in the country

We aim to address these challenges and maintain quality.

2.0 Mission, Aims and Values

Delivering improved patient care to meet local health needs rests at the heart of everything we do as a CCG. Our mission, values and aims have been developed to encapsulate what we believe are the key challenges and behaviours which will enable us to deliver real transformational change in the provision of patient centred healthcare in Newham.

Mission

Our Mission is *to achieve excellence in health and wellbeing in partnership with the local population and to commission accessible, effective care to meet local needs.*

Aims

To provide us with the best possible opportunity to achieve our Mission we have developed the following Aims:

- Improving health outcomes through developing models of integrated care and focusing on prevention
- Reducing inequalities and improving accessibility
- Reducing quality variation
- Ensuring equity of Health and Wellbeing outcomes

Values

Following on from the Aims, a set of Values have been created and will become embedded across Newham CCG as a general way of working and ethos.

- Collective clinical leadership
- An inclusive organisation
- Effective & collaborative communication
- Patient/Public voice throughout our decision making
- Transparency with our decision-making and leadership
- Commitment to continuous Learning and Development
- Enhancing local experience and talents
- Accountability and responsibility
- Caring culture and behaviour
- Working with our partners to improve health outcomes

3.0 Why is Quality Important?

The appalling failures at Mid Staffordshire NHS Foundation Trust and at the independent hospital, Winterbourne View, provide stark reminders that when we fall short in our responsibilities in respect of quality, the consequences for patients, service users and their families can be catastrophic.

Quality in the new health system, National Quality Board 2012

The recommendations and lessons learned from the reviews undertaken following these high level failures should not be ignored and signal a shift in how we should commission for care.

4.0 What is Quality?

Quality as a term has been around the NHS for a number of years but it is best defined following the work of Lord Darzi in 2008 when his work stated that the NHS will be of a high quality when it is Safe; Effective; with a Positive Experience. This led to High Quality Care for All – Measuring for Quality Improvement outlining the domains of quality as:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

These are the domains that Newham CCG will use whenever it talks about quality. However they are not exclusive, Newham CCG also places equal importance to Safeguarding Children, Safeguarding Adults and; Equality, Diversity and Human Rights

Quality of care is not achieved by focusing solely on one or two of these domains. It encompasses all three domains which should be viewed as equally important.

5.0 Drivers for Quality Improvement

National

There are several policy drivers which have a direct impact on quality. They will all inform how Newham CCG commissions high quality services as well as manages and monitors the quality of these commissioned services thereby ensuring our population receives the best possible care.

The NHS Mandate

The NHS Mandate April 2013 – March 2015 from the Government to the NHS Commissioning Board (now NHS England) sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements as follows:

- Helping people live longer
- Managing ongoing physical and mental health conditions
- Helping people recover from episodes of ill health or following injury
- Making sure people experience better care
- Providing safe care

NHS Outcomes Framework

This sets out the improvements against which the NHS Commissioning Board (NHS England) will be held to account from 2013/ 2014. The Framework has five domains that align against the improvements expected from the NHS mandate. The five domains are:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring people in a safe environment and protecting them from avoidable harm

The NHS Constitution

This was created to protect the NHS. The Constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what patients, service users and staff can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

The Constitution sets out your rights as an NHS patient. These rights cover how patients and service users access health services, the quality of care they will receive, the treatments and programmes available to them, confidentiality, information their rights to complain should things go wrong.

Quality, Innovation, Productivity and Prevention (QIPP)

This is a large scale transformational programme for the NHS across the whole of the NHS where Commissioner and Provider organisations work together to improve the quality of care the NHS delivers whilst making large scale efficiency savings.

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Francis Report

This second Public Inquiry report in relation to the serious failings at Mid Staffordshire NHS Foundation Trust identifies numerous warning signs which cumulatively, or in some cases, individually, could and should have alerted the system to the problems developing at the Trust.

The report sets out requirements for oversight and accountability to ensure that the proposals are implemented. These requirements include responsibilities for providers, commissioners, regulators, the Department of Health and the House of Commons Select Committee.

The report found that there was a critical gap in the system of oversight of quality and safety. This arose from the inability of commissioners to collect information on provider quality and to understand and make use of the contractual mechanisms that were available to them. This was further compounded by an absence of information sharing at the time of a major NHS restructure in Mid Staffordshire, where a number of senior staff moved to new positions without passing on vital information to new commissioners. Francis emphasised that commissioners should have a primary responsibility for ensuring quality, in addition to the responsibilities of providers.

Focussing on lessons learnt, the inquiries and subsequent Government response looks at the role of commissioners. It is asserted that:

- Commissioners of services must ensure that those services are well provided and are provided safely.
- The minimum standards set by the CQC should not be the standard for contracting for services.
- Commissioners should aim to set standards over and above the minimum and should tackle non-compliance with these contracted standards.
- Commissioners should be the drivers for improvement in services.
- Resources are needed to adequately scrutinise the standard of services and CCGs should have the capacity to undertake audits, inspections and investigations, of individual and group cases.
- Commissioners should have powers of intervention where services are being provided which do not accord with their contracts.

- GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously

Everyone Counts: Planning for Patients 2013/2014

This Framework sets out the principles behind the new approach to planning clinically led-commissioning to drive continuous improvement in quality.

Safeguarding Vulnerable People in the Reformed NHS

This accountability and assurance framework was commissioned by the NHS Commissioning Board (NHS England) in order to set out clearly the responsibilities of each of the key players for safeguarding in the future NHS. It aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

Although this framework focuses on the statutory requirements to safeguard children, the same key principles will apply in relation to arrangements to safeguard adults.

National Quality Board

This Board brings together leaders of national statutory organisations across the health and care system, alongside expert and lay members. Its role is to provide leadership and system alignment for quality and to provide a forum for developing collective, cross-system advice to the Department of Health and Ministers on quality.

Care Quality Commission

The Care Quality Commission is the independent regulator of all health and adult social care in England. They ensure essential quality standards are being met everywhere and they help to improve quality.

National Institute for Health and Clinical Excellence

They are an independent organisation responsible for providing guidance on promoting good health and preventing and treating ill health. They provide guidance to support healthcare professional ensure they provide high quality care.

Local

The Operating Plan

The Operating Plan describes what Newham CCG will be focusing on over the coming year, including details on QIPP Initiatives, CQUINS, Key Performance Indicators (KPIs), expected outcomes, and, financial and collaborative work across the North and East London sector. As there was no explicit requirement to develop a Commissioning Strategy Plan for this year, Newham CCG decided to roll the CSP into this year's Operating Plan.

The Plan seeks to combine the principles of the NHS constitution: the NHS Commissioning Board Mandate: The five offers to patients and the Outcomes Framework to ensure that Newham patients are at the heart of the services commissioned.

Health and Wellbeing Board

A Board established for the purposes of ensuring appropriate joint working and implementation of changes arising from the proposals to strengthen the local democratic legitimacy of the NHS through the establishment of Health and Wellbeing Boards.

Health and Social Care Scrutiny Committee

The Health and Social Care Scrutiny Commission will discharge the Council's powers under the Health and Social Care Act 2001. Relevant agencies must respond to the reports and recommendations that scrutiny makes in regard of health services. The body will have a wider remit than the health scrutiny commission which has operated since 2002, as it will incorporate a social care element, meaning that relevant local authority and voluntary services will come under its auspices.

Strategic Commissioning Group (Waltham Forest, East London and City)

This is a collaborative commissioning committee comprising of a number CCGs across the said geography to encourage greater collaborative working on commissioning, primarily Barts Health NHS Trust and other collaborative commissioning areas.

Clusters

There are 11 clusters in Newham CCG that are geographically-based comprising of a number of GP Practices. They will ensure clinician and patient feedback are as close to the patient as possible, with delegated authority to address local issues. This local intelligence, is brought together with information from a broad range of data sources (lessons learnt, public health mortality and trend data, etc.) to proactively identify quality issues for action at local, or borough level. Each Cluster has a Cluster Lead who is a GP from that specific Cluster.

Quality in General Practice

Newham CCG is extremely keen to improve the quality of services provided within and by General Practice to local residents.

It is crucial that the 61 GP Member Practices who care for Newham CCG's diverse population and complex health needs are able to deliver high quality medical services. Newham CCG will support them and work with them through a Cluster approach to achieve this.

The use of real time qualitative data is crucial to enable this and Newham CCG will work with a range of stakeholders to make sure this is possible and support the development of data sharing on a regular basis across all Member Practices and through the Cluster structures.

Quality Assurance Visits

These will be undertaken following a set structure in Provider sites. Actual observation of the care environment and the patient/carer experience is a very useful, practical and visual method of triangulating the evidence and giving assurance that service providers are meeting standards and are working within a quality improvement approach. It is also a practical way of involving board members and others in the monitoring of quality.

Newham CCG are also required to assure the Cooperation and Competition Panel (CCP) that the merger of Newham, Whipps Cross and Barts and the London to form Barts Health has not had a detrimental effect on the services provided on the Newham site. These quality assurance visits are a useful additional tool to provide that assurance.

Annual Quality Work Plan

The CCG Quality Committee will develop an annual Quality Work plan for the CCG. This plan will focus on a number of quality issues holistically as well as seek to embed quality across the entire Governance structure of the organisation.

HealthWatch/ CCG Participation Groups, CCG Commissioning Reference Group

These groups are critical in sourcing intelligence from our local population about their experience of healthcare and the quality of healthcare being provided in Newham. This intelligence will be factored into the overall Quality Intelligence process outlined on page 17.

London Borough of Newham

The London Borough of Newham, in a number of areas such as Safeguarding, Domestic Violence, Mental Health, will have a responsibility to improve care and services for the resident population of Newham. The Council and Newham CCG collaborate on various projects and areas of work to improve care for the local population and drive up quality.

6.0 Objectives of Approach

The objectives of this Approach will be embedded across everything Newham CCG does directly and/ or through its contracted relationship with North and East London Commissioning Support Unit. The objectives are:

- To ensure that high quality, safe and effective services are being commissioned for the local population
- To drive up quality through managing the market and ensuring existing providers are robustly managed against quality indicators
- To ensure that the appropriate quality monitoring mechanisms are in place so that standards of quality are understood, met and providers are able to effectively demonstrate achievement against them
- To provide assurance that quality outcomes are being realised and recommend action if the expected quality is not being met
- To promote the continuous improvement and innovation in the quality of commissioned services
- To monitor the quality of commissioning services through a robust governance structure
- To work alongside NHS England and North and East London Commissioning Support Unit to improve the quality of services commissioned for the population of Newham
- To monitor and support the management of the quality of care provided by our Member practices to support primary care quality improvement

7.0 Quality Principles

These Objectives can be transformed into a series of Quality Principles which will be used, referred to, and become embedded in all facets of commissioning undertaken by Newham CCG and/ or on behalf of Newham CCG.

When new services are procured, when services/ pathways are re-designed, when services are commissioned/ decommissioned, when Providers of care are performance managed, these Quality Principles will be at the heart of such discussions and ways of working and be intrinsic in the way Newham CCG undertakes its business.

Fig.1 – Quality Principles



Quality Principle 1 – Safety of Services

The key questions to address under this principle are:

- Is the service being provided in a clean and safe environment for our patients?
- What are the clinical risks to the service that have been identified and what plans are in place to mitigate against these risks?
- How are infection control, safeguarding or serious incidents highlighted addressed and learnt from to mitigate against repeat issues?

Quality Principle 2 – Patient-Centred

The key questions to address under this principle are:

- How have patients been involved in the decision-making process?
- How does this affect the patient experience?
- How does this improve the patient journey/ experience?
- Have we used patient experiences to improve the service?
- What have the patients told us about this?

Quality Principle 3 – Evidence-Based

The key questions to address under this principle are:

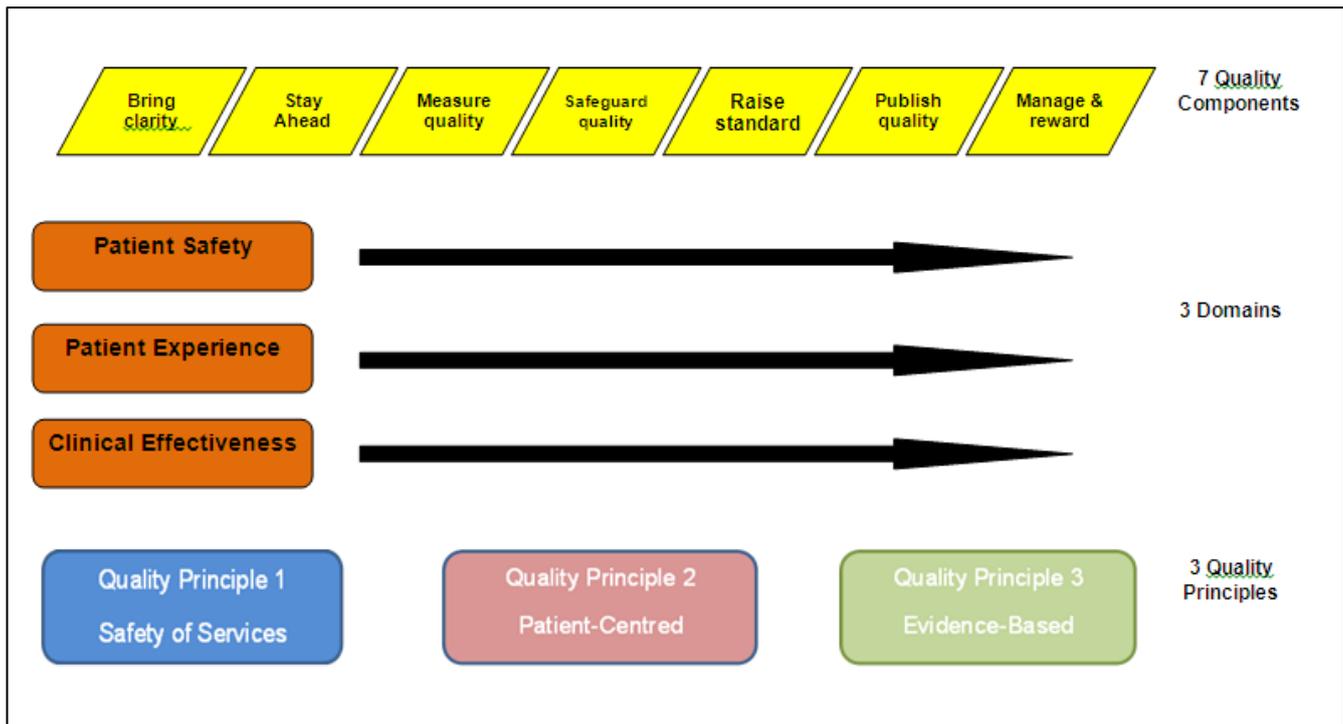
- What evidence is being used to make this decision?
- What is the data telling us?
- How does this meet the appropriate quality standards?

8.0 Newham's Quality Framework

This Approach will be implemented through the Newham Quality Framework that outlines how the seven quality components, three quality domains and three quality principles.

Quality Component	Description
Bring clarity to quality	By being clear about what high quality looks like in all specialities and reflecting this consistently when setting standards
Measure quality	By gathering and using information that shows clinical teams where they most need to improve on key measures and enables them to track the effect of changes they implement
Publish quality	By making data available so that patients and their carers can make better informed choices, clinical teams can benchmark, compare and improve their performance; commissioners and providers can agree priorities for improvement
Recognise and reward quality	By ensuring the right incentives are in place to support quality improvement
Raise standards	Through stronger clinical leadership and engagement in commissioning, strategic planning and service development
Safeguard quality	Through regulation and professions and services
Stay ahead	By supporting innovation to foster a pioneering NHS

Fig 2 – Newham Quality Framework



9.0 Embedding Quality

The CCG Board

The Board will receive regular reports and information on the quality of commissioned services across Primary, Secondary and Community Care including reports from the Quality Committee that reports directly to the CCG Board, on patient safety, patient experience and clinical outcomes.

There is also a Lay Member on the Board who is the Lay Member lead for Quality that sits on the CCG Board.

The Quality Committee

This is a formal sub-committee of the CCG Board. Its role is to:

- Monitor and manage the quality of services that are commissioned
- Provide appropriate assurances to the CCG Board about the quality of the services it commissions for the local residents
- Looks at the Patient Experience, Patient Safety and Clinical Effectiveness of services
- Ensures overall performance against key quality indicators
- Reviews quality performance on exception basis across primary, community and hospital based system
- Commissions deep dive work from Commissioning Boards in relation to quality matters

Committees/ Groups in the CCG Governance Structure

Quality will be intrinsic in the Terms of Reference of all other Committees/ Groups to ensure that it becomes embedded in everything Newham CCG does. Whilst the Quality Committee will take

a holistic overarching view to quality, it will have the ability to request detailed investigative work should it be required to form a more detailed picture on quality matters be it from Committees that are responsible from performance managing contracts or specific programme related Groups.

Clinical Leadership

The importance of Clinical Leadership is clearly reflected in the way Newham CCG conducts its business. Clinical Leadership is provided by the Chair of the CCG, Cluster Leads, Clinical Leads and Committee Leads (those Chaired by GPs).

The CCG Chair provides a level of clinical leadership across the organisation.

Cluster Leads provide the clinical leadership and support required through underpinning safe and effective health commissioning. They provide a focal point for building clinical understanding and ownership of the strategic agenda with their peers and clinicians from other professions.

Clinical Leads are clinical experts in their field and undertake their commissioning functions with the continual intention to secure the highest quality of care for local patients.

GPs that Chair other Committees/ Groups provide will continue to provide clinical leadership and challenge to providers to drive up quality.

Safeguarding Commissioning Committee

This Committee reports into the Quality Committee and will provide regular updates on Safeguarding Children and Adults matters.

North and East London Commissioning Support Unit

Newham CCG commissions a range of services and products under the banner of quality from North and East London Commissioning Support Unit (NELCSU). NELCSU will:

- Provide qualitative information and analysis where appropriate in relation to provider performance.
- Make subject experts available to support Newham CCG drive change through contract discussions – to support the integration of whole system quality across the commissioning cycle activities
- Work with the CCG to understand the quality of commissioned services for Newham residents
- Support reviews on quality data and quality submissions made by providers.

10.0 Tools to drive Quality Improvement

Newham CCG will use a number of tools to drive up quality in the services in commissions:

Commissioning for Quality and Innovations (CQUIN)

These are quality incentives that are offered to providers to drive up quality in either nationally set or locally agreed areas. The key aim of the national CQUIN framework for 2013/2014 is to secure improvements in quality of services and better outcomes for patients.

CQUIN monies should be used to incentivise providers to deliver quality and innovation improvements above the baseline requirements set out in the Standard Contract. Newham CCG are negotiating with its local providers to agree a range of local CQUINs, in addition to the nationally prescribed ones, based on local priorities and key quality issues to address as suggested by local GPs and our clinical commissioners. Commissioners should plan to make challenging but realistic CQUIN schemes available for providers, so that there is an expectation that a high proportion of commissioner CQUIN funding will be earned by providers in-year.

Clinical Quality Review Meetings

Monthly Clinical Quality Review meetings will be held with individual local Provider Trusts to monitor and manage quality matters. These fora are where detailed discussions are held on quality issues/ concerns from intelligence gathered or shared by the provider; to debate and monitor how the provider is performing against CQUINs and quality metrics.

These meetings are where Newham CCG will challenge poor quality and look to agree and review plans to improve quality.

Quality Key Performance Metrics

These are metrics that are included in provider contracts for 2013/ 2014 that come under the banner of quality. These will be monitored on a monthly basis, with performance reports being presented at the Quality Committee, the respective Clinical Quality Review Meeting and any other appropriate CCG meeting.

Quality Premiums

The 'quality premium' 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 paid to CCGs in 2014/15 – to reflect the quality of the health services commissioned by them in 2013/14 – will be based on four national measures and three local measures.

The four national measures, all of which are based on measures in the NHS Outcomes Framework, are:

- **reducing potential years of lives lost through amenable mortality** (12.5 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework;
- **reducing avoidable emergency admissions** (25 per cent of quality premium): a composite measure drawn from four measures in Domains 2 and 3 of the NHS Outcomes Framework;
- **ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services** (12.5 per cent of quality premium), based on one of the overarching objectives for Domain 4 of the NHS Outcomes Framework;
- **preventing healthcare associated infections** (12.5 per cent of quality premium), based on one of the objectives for Domain 5 of the NHS Outcomes Framework.

The three local measures should be based on local priorities such as those identified in joint health and wellbeing strategies and these are agreed as follows:

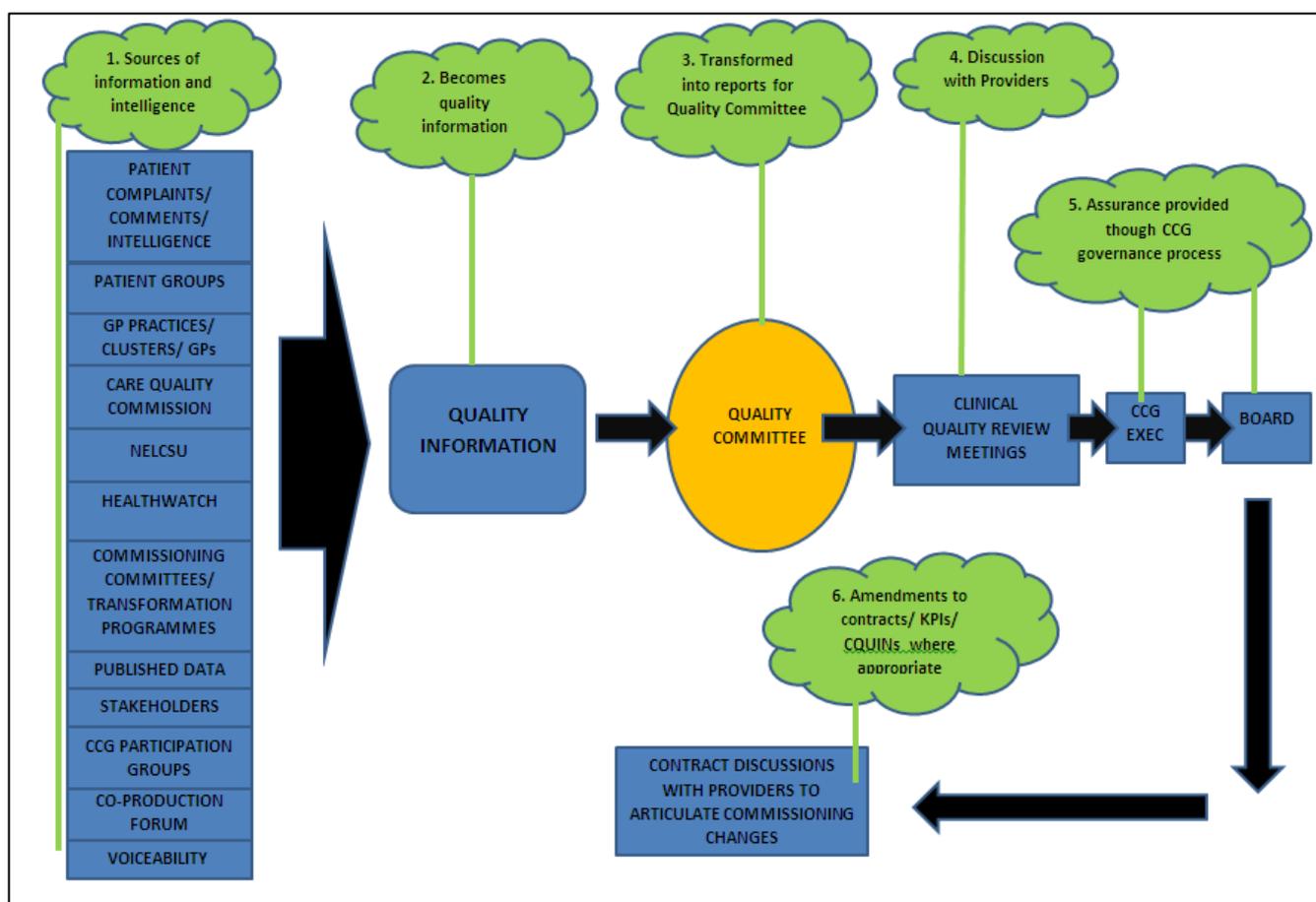
- **Diabetes** – proportion of type 2 patients with diabetes in whom the last HbA1C is 7.5% or less in the previous 15 months
- **Maternity** – increasing uptake of flu vaccinations in pregnant women
- **Mental Health** – seriously mentally ill patients whose diabetes has improved by 1 point of glycohemoglobin

Patient Feedback

Newham CCG places huge importance what patients tell them about their experiences of accessing local healthcare services, what their experience is once they have accessed a healthcare intervention/ episode be it positive or negative. Newham CCG will develop a mechanism where it routinely talks to patient groups to obtain their feedback so this intelligence can be factored into discussions about quality with local healthcare providers and potentially into commissioning intentions for the subsequent year.

Quality Intelligence Process

Newham CCG has developed a Quality Intelligence Process shown by the visual below that enables it to use data and intelligence from a range of sources to build a robust understanding of the quality of care provided by a local healthcare provider.



Data

There is a plethora of published data that can provide intelligence about the quality of care provided. Newham CCG will develop a local Quality Intelligence Tool that will bring this data together to enable them to build a more rounded and holistic view about the quality of care provided. This tool will enable the CCG to have informed discussions with healthcare providers and challenge more robustly and appropriately.

Amber Alert Process

The Amber Alert process is a Newham CCG developed process that enables local GP's to raise quality concerns about providers based on an incident they may have experienced or information they have gathered/ been sent or become aware of. It is also a mechanism to raise quality concerns on behalf of their patients.

Intelligence gathered through this mechanism will be used to challenge providers to improve services and the quality of care they deliver (where it falls short of expectations).

11.0 Benefits Realisation

Ultimately, the greatest benefit realised will be much improved patient outcomes for the local population through the delivery of our QIPP Initiatives for 2013/ 2014. This Approach to Commissioning for Quality and the Newham Quality Framework will align itself to the Operating Plan to ensure that through the services commissioned Newham residents benefit from:

- A sustained reduction in avoidable mortality and harm rates.
- A developed organisational culture that is focussed on safety and quality as its core business.
- Continuous improvement in patient experiences and outcomes.
- A 'You Said, We Did' approach where Newham CCG listens to its residents who are able to feed their comments into planning processes and shape services for the future.
- Receiving high quality, safe and effective services from high quality, safe and effective providers to enable Newham CCG to demonstrate achievement of its Vision.