

## 1.1 Indicator 4 Improving Physical Healthcare to Reduce Premature Mortality in People with Severe Mental Illness Templates

This is a two part indicator – 4a & 4b.

### 4a Cardio Metabolic Assessment and Treatment for Patients with Psychoses\*\*

<b>IMPROVING PHYSICAL HEALTHCARE TO REDUCE PREMATURE MORTALITY IN PEOPLE WITH SEVERE MENTAL ILLNESS IMPROVEMENT GOAL SPECIFICATION</b>	
Indicator number	4a
Indicator name	Cardio Metabolic Assessment and Treatment for Patients with Psychoses
Indicator weighting	4a and 4b total weighting be agreed locally (suggested minimum of 0.25%): <ul style="list-style-type: none"> <li>• 4a = 80% of total funding</li> </ul>
Description of indicator	To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.
Numerator	As set out in National Audit of Schizophrenia for inpatients
Denominator	As set out in National Audit of Schizophrenia for inpatients
Rationale for inclusion	National CQUIN scheme.
Data source	Inpatient Audit data collected via Royal College of Psychiatrists  Data on community Early Intervention psychosis teams will be collected by providers and be presented to commissioners in order to demonstrate progress towards implementation in community settings.
Frequency of data collection	Audits of inpatient settings to be coordinated by the Royal College of Psychiatry, with data expected to be submitted during Quarters 2 and 3 of 2015/16 – results to be available in Quarter 4.
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Audit reporting requirements as set out above. Additional direct reporting to commissioners locally in Quarters 1, 3 and 4.
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	January 2016 – March 2016

Final indicator value (payment threshold)	90% (inpatients), 80.0% (EIP)
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	<p>Quarter 4 audit results demonstrate that, for 90% of patients audited by the Royal College during the period (inpatients) or for 80% of patients audited locally during the period (community EIP), the provider has undertaken an assessment of each of the following key cardio metabolic parameters, with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (eg smoking cessation programme, lifestyle interventions, medication review, treatment according to NICE guidelines and /or onward referral to another clinician for assessment, diagnosis, and treatment)</p> <p>The parameters are:</p> <ul style="list-style-type: none"> <li>• Smoking status;</li> <li>• Lifestyle (including exercise, diet alcohol and drugs);</li> <li>• Body Mass Index;</li> <li>• Blood pressure;</li> <li>• Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate);</li> <li>• Blood lipids.</li> </ul> <p>Provider supplies evidence of systematic feedback on performance to clinical teams.</p>
Final indicator reporting date	30 April 2016
Are there rules for any agreed in-year milestones that result in payment?	Yes – see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes – see below

## Indicator 4a Milestones \*\*

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	Implementation plan covering: <ul style="list-style-type: none"> <li>• Board commitment sign-up</li> <li>Identified clinical leadership</li> <li>• detailed project plan</li> <li>• Planning for training for all clinical staff</li> <li>• Systematic feedback process for individual clinical teams</li> <li>• Planning for implementation of electronic healthcare records</li> <li>data collection of physical health assessment and measurable outcomes with a view to going live in 16/17</li> </ul> Implementation plan (assessed locally by commissioners)	31 July 2015	20%
Quarter 2	Implementation plan to be rolled out.		
Quarter 3	Clinical staff training plan fully implemented (assessed locally by commissioners)	31 January 2016	20%
Quarter 4	Results of national Royal College audit - for inpatients (see sliding scales below for payment details).  Early Intervention Psychosis Services - Provider to submit report to its Board and to the CCG demonstrating the progress made (see sliding scales below for payment details).  Evidence of systematic feedback on performance to clinical teams (assessed locally by commissioners)	29 April 2016	60% in all, made up of:  30%  20%  10%

**Rules for partial achievement at final indicator period/date**

The two tables below provide for a sliding scale of payment in relation to the element of the indicator which is payable on the basis of the actual audit results for Quarter 4.

Audit of inpatients

<b>Final indicator value for the partial achievement Q4 threshold</b>	<b>% of CQUIN scheme available for meeting final indicator value</b>
49.9% or less	No payment
50.0% to 69.9%	25% payment
70.0% to 79.9%	50% payment
80.0% to 89.9%	75% payment
90.0% or above	100% payment

Report Submitted to CCG - EIP Services \*\*

<b>Final indicator value for the partial achievement Q4 threshold</b>	<b>% of CQUIN scheme available for meeting final indicator value</b>
39.9% or less	No payment
40.0% to 59.9%	25% payment
60.0% to 69.9%	50% payment
70.0% to 79.9%	75% payment
80.0% or above	100% payment

\*\* Sections revised in July 2015

Choose an item.

#### 4b Communication with General Practitioners

<b>IMPROVING PHYSICAL HEALTHCARE TO REDUCE PREMATURE MORTALITY IN PEOPLE WITH SEVERE MENTAL ILLNESS (SMI) IMPROVEMENT GOAL SPECIFICATION</b>	
Indicator number	4b
Indicator name	Communication with General Practitioners
Indicator weighting	4a & 4b total weighting be agreed locally (suggested minimum of 0.25%): <ul style="list-style-type: none"> <li>• 4b = 20% of total weighting</li> </ul>
Description of indicator	<p>90% of patients should have either an updated CPA ie a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed.</p> <p>Completion of a local audit of communication with patients' GPs, demonstrating that, for 90% of patients audited, an up-to-date care plan and/or discharge summary has been shared with the GP, which meets the standards of the Academy of Royal Colleges and includes NHS number, ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health conditions and ongoing monitoring and treatment needs and Recovery focussed healthy lifestyle plans.</p>
Numerator	<p>The number of patients in the audit sample for whom the provider has provided to the GP an up-to-date copy of the patient's care plan or a discharge summary which sets out appropriate details of all of the following:</p> <ul style="list-style-type: none"> <li>• NHS number;</li> <li>• All primary and secondary mental and physical health diagnosis, including ICD codes;</li> <li>• Medications prescribed and monitoring requirements; an</li> <li>• Physical health condition and ongoing monitoring and treatment needs;</li> <li>• Recovery focussed healthy lifestyle plans.</li> </ul>
Denominator	A sample of a minimum of 100 patients who are subject to the CPA –and who have been under the care of the provider for at least 100 days at the time of the audit.
Rationale for inclusion	National CQUIN scheme
Data source	Local audit
Frequency of data collection	One audit in Quarter 2
Organisation responsible for data collection	Provider

Choose an item.

Frequency of reporting to commissioner	Reports required in respect of Quarter 2.
Baseline period/date	NA
Baseline value	NA
Final indicator period/date (on which payment is based)	Audit undertaken in Q2, July – September 2015.
Final indicator value (payment threshold)	90.0%
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	<p>Quarter 2 audit demonstrates that, for 90% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan or a comprehensive discharge summary for patients with no CPA initiated.</p> <p>Quarter 2 audit demonstrates that, for 90% of patients audited during the period, the provider has provided to the GP an up-to-date copy of the patient’s care plan, which sets out appropriate details of all of the following:</p> <ul style="list-style-type: none"> <li>• NHS number;</li> <li>• All primary and secondary mental and physical health diagnosis, including ICD codes;</li> <li>• Medications prescribed and monitoring requirements; an</li> <li>• Physical health condition and ongoing monitoring and treatment needs;</li> <li>• Recovery focussed healthy lifestyle plans.</li> </ul>
Final indicator reporting date	31 October 2015
Are there rules for any agreed in-year milestones that result in payment?	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes – see below

**Rules for partial achievement at final indicator period/date**

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
49.9% or less	No payment
50.0% to 69.9%	25% payment
70.0% to 79.9%	50% payment
80.0% to 89.9%	75% payment
90.0% or above	100% payment

Choose an item.