

IMPROVING PHYSICAL HEALTHCARE TO REDUCE PREMATURE MORTALITY IN PEOPLE WITH SERVER MENTAL ILLNESS SPECIALISED COMMISSIONING MENTAL HEALTH (MANDATORY)	
Indicator number	MH11 (National CQUIN indicator 4a)
Indicator name	Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI) a) Cardio Metabolic Assessment and treatment for Patients with psychoses
Indicator weighting	<commissioner to complete – the total weighting for this scheme in conjunction with any agreed combination of MH2, MH3 and MH5 schemes will total no less than 0.5% of the total contract value on CQUIN schemes to improve the physical health of mental health patients>
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
Denominator	As set out in National Audit of Schizophrenia
Rationale for inclusion	National CQUIN scheme
Data source	Audit data collected via a national process which will be notified early in 2015
Frequency of data collection	Separate audits for inpatients and EIP, 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 – March 2016
Final indicator value (payment threshold)	90% (inpatients), 80.0% (EIP)

<p>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)</p>	<p>Quarter 4 audit results demonstrate that, for 90% of patients audited during the period (inpatients) or for 80% of patients audited 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"> • Smoking status • Lifestyle (including exercise, diet alcohol and drugs) • Body Mass Index • Blood pressure • Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate) • Blood lipids <p>Provider supplies evidence of systematic feedback on performance to clinical teams</p>
<p>Final indicator reporting date</p>	<p>30 April 2016</p>
<p>Are there rules for any agreed in-year milestones that result in payment?</p>	<p>Yes – see below</p>
<p>Are there any rules for partial achievement of the indicator at the final indicator period/date?</p>	<p>Yes – see below</p>

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"> • Board commitment sign-up • identified clinical leadership • detailed project plan • planning for training for all clinical staff • systematic feedback process for individual clinical teams • planning for implementation of electronic healthcare records data collection of physical health assessment and measurable outcomes with a view to going live in 16/17 (assessed locally by commissioners) 	31 July 2015	20%
Quarter 2	No milestone		
Quarter 3	Clinical staff training plan fully implemented (assessed locally by commissioners) Electronic recording of outcomes fully implemented	31 January 2016	20%
Quarter 4	Results of national Royal College audit - separate samples for: <ul style="list-style-type: none"> • inpatients • community early intervention patients (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

Final indicator value for the partial achievement Q4 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