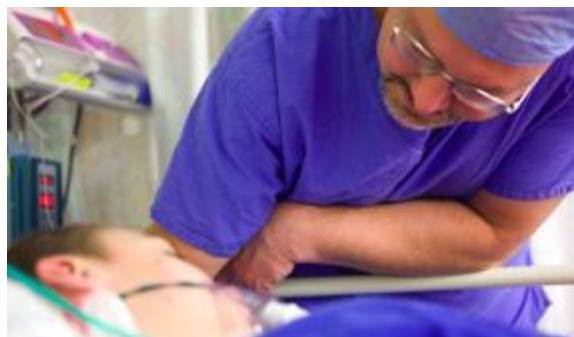


NHS England update on progress

Dominic Slowie National Clinical Director, Learning Disabilities

Matthew Fagg Deputy Director, Reducing Premature Mortality



28th March 2014



What do we know? How long have we known?



Confidential Inquiry into
premature deaths of people
with learning disabilities (CIPOLD)

Easy read short summary

Pauline Fookip
Peter Skelton
Peter Skelton
Matt Hargrave
Alexa Marshall
Lynsey Ross



$$E + R = O$$

Event + Response = Outcome

How much does policy and law change things?

It's in the outcomes framework.....so what?

1 Preventing people from dying prematurely

Overarching Indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
I Adults II Children and young people
1b Life expectancy at 75
I Males II Females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)
1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)
1.3 Under 75 mortality rate from liver disease (PHOF 4.8*)
1.4 Under 75 mortality rate from cancer (PHOF 4.9*)
I One- and II Five-year survival from all cancers
III One- and IV Five-year survival from breast, lung and colorectal cancer

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)

Reducing deaths in babies and young children
1.6 I Infant mortality (PHOF 4.11*)
II Neonatal mortality and stillbirths
III Five year survival from all cancers in children

Reducing premature death in people with a learning disability
1.7 Excess under 60 mortality rate in adults with a learning disability

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)

Reducing time spent in hospital by people with long-term conditions
2.3 I Unplanned hospitalisation for chronic ambulatory care sensitive conditions
II Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers (ASCOF 1D**)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)

Enhancing quality of life for people with dementia
2.6 I Estimated diagnosis rate for people with dementia (PHOF 4.16*)
II A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**)

3 Helping people to recover from episodes of ill health or following injury

Overarching Indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)

Improvement areas

Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
I Hip replacement II Knee replacement III Groin hernia IV Varicose veins
V Psychological therapies

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 Survival from major trauma

Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at I 30 and II 120 days

Helping older people to recover their independence after illness or injury
3.6 I Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service (ASCOF 2B(1)*)
II Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B(2)*)

4 Ensuring that people have a positive experience of care

Overarching Indicators

4a Patient experience of primary care
I GP services
II GP Out-of-hours services
III NHS dental services
4b Patient experience of hospital care
4c Friends and family test

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to I GP services and II NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 Children and young people's experience of outpatient services

Improving people's experience of integrated care
4.9 People's experience of integrated care (ASCOF 3E**)

NHS Outcomes Framework 2014/15 at a glance

Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)

- * Indicator is shared
- ** Indicator is complementary

Indicators in *italics* are placeholders, pending development or identification

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching Indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c Hospital deaths attributable to problems in care

Improvement areas

Reducing the incidence of avoidable harm
5.1 Deaths from venous thromboembolism (VTE) related events
5.2 Incidence of healthcare associated infection (HCAI)
I MRSA
II C. difficile
5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

Bringing clarity to quality

NICE Quality Standards

- Define high quality care
- Based on evidence-based guidelines

Commissioning guidance and resources

- Statutory commissioning guidance
- Best practice commissioning advice
- Practical commissioning tools

Levers

available to NHS England to influence NHS outcomes

Measuring and publishing quality

CCG Outcomes Indicator Set

- Allows CCG to benchmark against others and assess progress

Clinical audit

- Measures care against clinical best practice standards

Quality Accounts

- NHS funded providers report against set of quality indicators

Rewarding quality

QOF

- Payment mechanism to GPs for quality care against set of indicators

Standard contract

- Set nationally
- Used by commissioners as basis for provider contracts

Quality Premium

- Payment to CCGs for improvement in quality of services commissioned
- Four national, three local measures

CQUINs

- 2.5% of contract income for providers
- Small number set nationally; more set locally

Tariff (and best practice tariff)

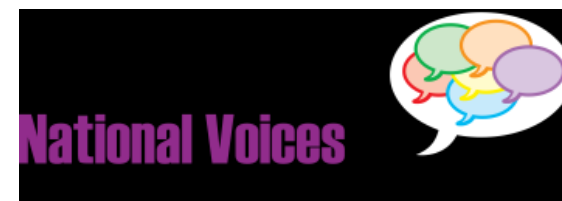
- Fixed prices for hospital procedures
- Best practice - to incentivise high quality care

Improving the Evidence Base

- LD Mortality Review Function – making case for funding
- We need to make links to:
 - Planned case note review of hospital deaths – from 2015;
 - Quality Surveillance Groups
 - Data linkage.....Professor Gyles Glover and Netta Hollings have a plan.



Coalition for Collaborative Care

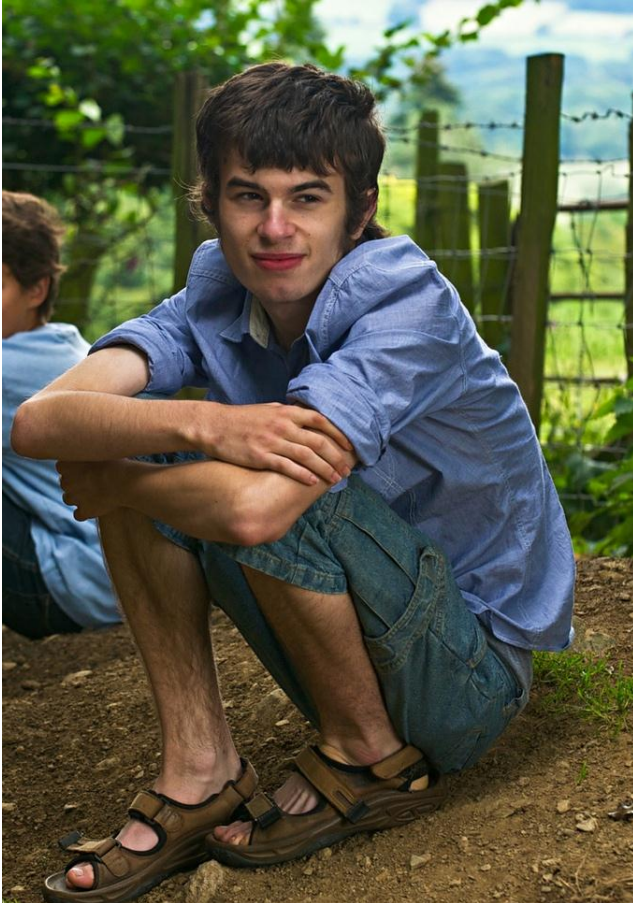


Progress



Katie Waring





"We do absolutely everything in our power to safeguard and provide the highest quality of care that we possibly can....."

Are we protecting Mia?



What can you influence?

- CCG
- Learning Disability Self Assessment Framework
- Health and Well-being Board
- Trust Boards and Governors

How?

- Ask questions
- Letters, emails, phone calls
- Learning Disability Self Assessment Framework
- Health and Well-being Board
- Trust Boards and Governors