

**IMPROVING PHYSICAL HEALTHCARE TO REDUCE PREMATURE MORTALITY IN  
PEOPLE WITH SEVERE MENTAL ILLNESS  
CARDIOMETABOLIC ASSESSMENT FOR PATIENTS WITH SCHIZOPHRENIA**

<b>Indicator number</b>	3
<b>Indicator name</b>	Cardio metabolic assessment for patients with schizophrenia
<b>Indicator weighting (% of CQUIN scheme available)</b>	<b>0.106%</b>
<b>Description of indicator</b>	To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia.  The audit sample must cover all relevant services provided by the provider
<b>Numerator</b>	As set out in the National Audit of Schizophrenia
<b>Denominator</b>	As set out in the National Audit of Schizophrenia
<b>Rationale for inclusion</b>	National CQUIN scheme
<b>Data source</b>	National Audit of Schizophrenia
<b>Frequency of data collection</b>	One-off, expected to be during Quarter 3 of 2014/15
<b>Organisation responsible for data collection</b>	Provider
<b>Frequency of reporting to commissioner</b>	One-off, through the National Audit of Schizophrenia, expected to be during Quarter 4 of 2014/15
<b>Baseline period/date</b>	Not applicable
<b>Baseline value</b>	Not applicable
<b>Final indicator period/date (on which payment is based)</b>	October – December 2014
<b>Final indicator value (payment threshold)</b>	90.00%
<b>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)</b>	The Provider's results from the National Audit of Schizophrenia demonstrate that, for 90% of patients audited, the Provider has undertaken an assessment of each of the following six key cardio metabolic parameters (as per the 'Lester tool'), with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment).  The six parameters are: Smoking status; Lifestyle (including exercise and diet) Body Mass Index; Blood pressure; Blood lipids Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
<b>Final indicator reporting date</b>	30-Apr-15

<b>Are there rules for any agreed in-year milestones that result in payment?</b>	No
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	Yes – see below

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

<b>Final indicator value for the partial achievement 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

**IMPROVING PHYSICAL HEALTHCARE TO REDUCE PREMATURE MORTALITY IN  
PEOPLE WITH SEVERE MENTAL ILLNESS  
COMMUNICATION WITH GENERAL PRACTITIONERS**

<b>Indicator number</b>	4
<b>Indicator name</b>	Communication with General Practitioners
<b>Indicator weighting (% of CQUIN scheme available)</b>	<b>0.04%</b>
<b>Description of indicator</b>	Completion of a programme of local audit of communication with patients' GPs, focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and ongoing monitoring and treatment needs.
<b>Numerator</b>	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, which sets out appropriate details of all of the following: all primary and secondary mental and physical health diagnosis, including ICD codes; medications prescribed and monitoring requirements; and physical health condition and ongoing monitoring and treatment needs.
<b>Denominator</b>	A sample of 100 patients who are subject to the Care Programme Approach and who have been under the care of the Provider for at least 100 days at the time of the audit
<b>Rationale for inclusion</b>	National CQUIN scheme
<b>Data source</b>	Local audit
<b>Frequency of data collection</b>	Two audits, one in Quarter 2, one in Quarter 4
<b>Organisation responsible for data collection</b>	Provider
<b>Frequency of reporting to commissioner</b>	Reports required in respect of Quarter 2 and Quarter 4
<b>Baseline period/date</b>	Not applicable
<b>Baseline value</b>	Not applicable
<b>Final indicator period/date (on which payment is based)</b>	January – March 2015
<b>Final indicator value (payment threshold)</b>	90.00%
<b>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)</b>	Quarter 4 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: all primary and secondary mental and physical health diagnosis, including ICD codes; medications prescribed and monitoring requirements; and physical health condition and ongoing monitoring and treatment needs.

<b>Final indicator reporting date</b>	30-Apr-15
<b>Are there rules for any agreed in-year milestones that result in payment?</b>	Yes – see below
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	Yes – see below

### Milestones

<b>Date/period milestone relates to</b>	<b>Rules for achievement of milestones (including evidence to be supplied to commissioner)</b>	<b>Date milestone to be reported</b>	<b>Milestone weighting (% of CQUIN scheme available)</b>
Quarter 2	Audit methodology and sampling approach agreed, baseline audit completed and findings reported	31-Oct-14	30%
Quarter 4	Final audit demonstrates that, for 90.0% 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: all primary and secondary mental and physical health diagnosis, including ICD codes; medications prescribed and monitoring requirements; and physical health condition and ongoing monitoring and treatment needs	30-Apr-15	70%

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

This provides for a sliding scale of payment in relation to the 70% element of the indicator which is payable on the basis of the actual audit results for Quarter 4.

<b>Final indicator value for the partial achievement 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