

Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)

There are 2 parts to this CQUIN indicator:

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)	Value (£)
CQUIN 2a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses	80% of 0.25% (0.20%)	
CQUIN 2b	Communication with General Practitioners	20% of 0.25% (0.05%)	

2b. Communication with General Practitioners

Indicator	
Indicator name	Communication with General Practitioners
Indicator weighting (% of CQUIN scheme available)	20% of 0.25% (0.05%)
Description of indicator	90% of patients to 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.
Numerator	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/CPA review letter or a discharge summary which sets out details of all of the following: <ul style="list-style-type: none"> i. NHS number ii. All primary and secondary mental and physical health diagnoses iii. Medications prescribed and recommendations (may include duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication) iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified v. Care Plan or discharge plan
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 12 months at the time of the audit.
Rationale for inclusion	Appropriate sharing of information between practitioners about diagnosed physical and mental health conditions is essential for safe practice. The rationale for this CQUIN is to ensure essential information needed for safe and effective care of patients who are also seen by secondary care mental health services is communicated to primary care professionals.
Data source	Internal audit undertaken by providers

Indicator	
Frequency of data collection	One audit in Quarter 2
Organisation responsible for data collection	MH provider
Frequency of reporting to commissioner	Results of local audit required to be reported to local commissioners in Quarter 3
Baseline period/date	N/A
Baseline value	N/A
Final indicator period/date (on which payment is based)	Audit undertaken in Q2, July – September 2016.
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/CPA review letter or a discharge summary which sets out details of all of the following:</p> <ul style="list-style-type: none"> i. NHS number ii. All primary and secondary mental and physical health diagnoses iii. Medications prescribed and recommendations (may include duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication) iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified v. Care Plan or discharge plan
Final indicator reporting date	January 2017
Are there rules for any agreed in-year milestones that result in payment?	N/A
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes – see below

Rules for partial achievement

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