

INCLUSION MATTERS

Commissioning for Quality and Innovation (CQUIN) 2013/14

CQUIN Table 1: Summary of goals

Goal Number	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	E-Clinics	Increase the delivery of psychological therapies through on-line, telephone, text and remote video interactions.	1.25%	TBC	Safety, Effectiveness and Patient Experience
2	On-line Relapse Prevention	Establish on-line relapse prevention facilities.	0.625%	TBC	Safety, Effectiveness and Patient Experience
3	Electronic GP Letters	Develop a system for sending GP letters electronically	0.625%	TBC	Safety, Effectiveness and Patient Experience, Innovation
Totals:			2.5%		

CQUIN Table 2: Summary of indicators

Goal Number	Indicator Number	Indicator Name	Indicator Weighting (% of CQUIN scheme available)	Expected financial value of Indicator (£)
1	1.1	E-Clinics	1.25%	
2	2.1	On-line Relapse Prevention	0.625%	
3	3.1	Electronic GP Letters	0.625%	
Totals:			2.5%	

LOCAL CQUIN– E-CLINIC (NUMBER 1)

E-Clinic	
Indicator number	1.1
Indicator name	E-Clinic
Indicator weighting (% of CQUIN scheme available)	1.25%
Description of indicator	Inclusion Matters will increase the delivery of psychological therapies through on-line, telephone, text and remote video interactions.
Numerator	<ol style="list-style-type: none"> 1. IM to develop an e-clinic model to improve online access to psychological therapies. 2. In the first year to train 10 staff in each area to deliver online therapy 3. By Q4 trained staff to deliver 15% of therapy online 4. IM to produce Quarterly progress report
Denominator	<ol style="list-style-type: none"> 1. E-clinic in place and operational. 2. 10 staff completed e-clinic training 3. Trained e-clinic staff have delivered 15% of their therapy online 4. Quarterly progress reports delivered to CCGs
Rationale for inclusion	<ul style="list-style-type: none"> • Enhances access to the service, particularly for some individuals whose mobility may be restricted or who are otherwise 'hard to reach'. • Enables people experiencing depression and anxiety to engage with therapies in a flexible way and at their own convenience (time and setting), and supports them to manage their conditions themselves over the longer term.

	<ul style="list-style-type: none"> • People trust digital media with regard to privacy and safety for on-line systems. • There is evidence that e-therapy can be equally effective to therapies delivered face to face. • It significantly reduces unnecessary face-to-face contacts and administrative costs. • E-therapy recognises that people have lives leveraged by digital technology, enabled by extensive digital connectivity (92% of the population, for example, have a mobile phone – 70% for people aged 65 and over- and 45% have a smart phone). • This fits in with the proposed scheme in Liverpool (six neighbourhoods initially) to develop an independent living programme for older people at risk of repeat hospital admissions. The scheme relies on digital technologies to design lifestyles and home environments around individuals to support them to live at home.
Data source	IML/IMS, IAPTus
Frequency of data collection	Quarterly
Organisation responsible for data collection	IML/IMS
Frequency of reporting to commissioner	Quarterly at contract Meeting
Baseline period/date	April2013
Baseline value	N/A
Final indicator period/date (on which payment is based)	Q4 2013/2014 contract year
Final indicator value (payment threshold)	
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	All reports submitted in line with quarterly reporting timescales
Final indicator reporting date	As per agreed reporting timescales.
Are there rules for any agreed in-year milestones that result in payment?	Payment based on achievement of quarterly milestones (See detail of Quarterly milestones below)

Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A
---	-----

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)
Q1	<ul style="list-style-type: none"> - Develop implementation plan involving users and local stakeholders - Work with RDaSH to personalise e-clinic platform for IM - Communicate plan to CCGs and other stakeholders - Communicate plan internally 	As per agreement	25%
Q2	<ul style="list-style-type: none"> - Develop and agree policies, procedures and Governance arrangements - Instigate training for staff - Initiate pilots in Liverpool and Sefton with 2 workers to assess workability of system - Agree data collection and reporting structures - Provide progress report to CCGs 	As per agreement	25%
Q3	<ul style="list-style-type: none"> - Review pilots and implement changes based on learning - If pilot successful roll out across Liverpool and Sefton with agreed numbers per area. - By end of Q3, trained e-clinic staff doing 10% of their activity online. - Provide progress report to CCGs and other stakeholders 	As per agreement	25%
Q4	<ul style="list-style-type: none"> - By end of Q4, trained e-clinic staff doing 15% of their activity online - Provide progress report to CCG including DNA, outcome activity and service user satisfaction 	As per agreement	25%

LOCAL CQUIN – ON-LINE RELAPSE PREVENTION (NUMBER 2)

ON-LINE RELAPSE PREVENTION	
Indicator number	2.1
Indicator name	On-line relapse prevention
Indicator weighting (% of CQUIN scheme available)	0.625%
Description of indicator	Inclusion Matters will establish on-line relapse prevention facilities.
Numerator	<ol style="list-style-type: none"> 1. IM to develop an on-line relapse prevention facility. 2. In the first year to train 5 staff in each area to act as online facilitators 3. To develop online relapse prevention facilities in relation to at least three different conditions 4. By Q4 online relapse prevention will be offered to all clients who have finished a course of therapy in relation to the specific conditions 5. IM to produce Quarterly progress report
Denominator	<ol style="list-style-type: none"> 1. Online facility in place and operational 2. 5 staff completed online facilitation training 3. There are online relapse prevention facilities for a least three different conditions 4. All clients who have finished a course of treatment in agreed conditions to be offered access to online relapse prevention facility 5. Quarterly progress report delivered


	to CCGs
Rationale for inclusion	<ul style="list-style-type: none"> • IML to develop on-line facilities that support people to manage their depression and anxiety over the longer term, and prevent relapse. • Where relapse occurs, people can use on-line support to effect a speedier • return to previous levels of functioning • Enhances support networks particularly for some individuals whose mobility may be restricted or who are otherwise 'hard to reach'. • Enables people experiencing depression and anxiety to engage with support in a flexible way and at their own convenience (time and setting), and supports them to manage their conditions themselves over the longer term. • People trust digital media with regard to privacy and safety for on-line systems. • It significantly reduces unnecessary face-to-face contacts and administrative costs.
Data source	IML/IMS, IAPTus
Frequency of data collection	Quarterly
Organisation responsible for data collection	IML/IMS
Frequency of reporting to commissioner	Quarterly at contract Meeting
Baseline period/date	April 2013
Baseline value	N/A
Final indicator period/date (on which payment is based)	Q4 2013/2014 contract year
Final indicator value (payment threshold)	
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	All reports submitted in line with quarterly reporting timescales
Final indicator reporting date	As per agreed reporting timescales.
Are there rules for any agreed in-year milestones that result in payment?	Payment based on achievement of quarterly milestones (See detail of Quarterly

	milestones below)
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A

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)
Q1	<ul style="list-style-type: none"> - Develop implementation plan involving users and local stakeholders - Work with Communication lead to develop relapse prevention facilities - Communicate plan to CCGs and other stakeholders - Communicate plan internally 	As per agreement	25%
Q2	<ul style="list-style-type: none"> - Develop and agree policies, procedures and Governance arrangements - Instigate training for staff - Initiate pilots in Liverpool and Sefton with one condition (to be agreed, either depression, OCD or problem anger) to assess workability of system - Agree possible data collection and reporting structures - Provide progress report to CCGs 	As per agreement	25%
Q3	<ul style="list-style-type: none"> - Review pilots and implement changes based on learning - If pilot successful roll out across Liverpool and Sefton - Provide progress report to CCGs 	As per agreement	25%
Q4	<ul style="list-style-type: none"> - By end of Q4, Online relapse prevention facilities should be available for at least three conditions – eg depression, OCD or problem anger. - Provide progress report including activity and service user satisfaction - Provide progress report to CCGs and other stakeholders 	As per agreement	25%

LOCAL CQUIN – ELECTRONIC GP LETTERS (NUMBER 3)

ELECTRONIC GP LETTERS	
Indicator number	3.1
Indicator name	Electronic GP letters
Indicator weighting (% of CQUIN scheme available)	0.625%
Description of indicator	<p>In conjunction with iMerseyside, Mayden Health, and Health Care Gateway, Inclusion Matters will develop a system for sending GP letters electronically. (See embedded</p> <div style="text-align: center;">  <p>IM Minimum Data Set Electronic Letters.doc</p> </div> <p>document).</p>
Numerator	<ol style="list-style-type: none"> 1. IM in conjunction with partners to develop an electronic GP letter system. 2. By Q4 all IM staff trained to in using electronic GP letters 3. IM to produce Quarterly progress report
Denominator	<ol style="list-style-type: none"> 5. Electronic GP letters in place and operational. 6. All staff trained to send GP letters electronically were appropriate 7. Quarterly progress report delivered to CCGs

Rationale for inclusion	<ul style="list-style-type: none"> • Prompt delivery, reducing risks to patient safety and improved efficiency through a smoother transition and continuity of care. • Secure communication of confidential information. • Discharge information readily available in the event of (re-) referral elsewhere. • Reduction in lost letters. • Unit costs would remove the cost of paper, envelope, franking, address labels and administrative staff resource. • Reduced effort on the part of GP practices having to scan in letters.
Data source	IML/IMS, IAPTus
Frequency of data collection	Quarterly
Organisation responsible for data collection	IML/IMS and imerseyside
Frequency of reporting to commissioner	Quarterly at contract Meeting
Baseline period/date	April2013
Baseline value	N/A
Final indicator period/date (on which payment is based)	Q4 2013/2014 contract year
Final indicator value (payment threshold)	
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	All reports submitted in line with quarterly reporting timescales
Final indicator reporting date	As per agreed reporting timescales.
Are there rules for any agreed in-year milestones that result in payment?	Payment based on achievement of quarterly milestones (See detail of Quarterly milestones below)
Are there any rules for partial achievement of the indicator at the final indicator period/date?	N/A

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)
Q1	<ul style="list-style-type: none"> - Develop implementation plan involving iMerseyside, Health Care Gateway, Mayden Health and local stakeholders - Configure systems eglAPTus, MIG and EMIS to support electronic GP letters - Pilot and resolve local electronic pathways using dummy patients. 	As per agreement	25%
Q2	<ul style="list-style-type: none"> - After pathway confirmed design live pilot involving two practices - Training for IM staff in relation to sending Electronic GP letters - Training for Practice staff in relation to accepting declining electronic letters 	As per agreement	25%
Q3	<ul style="list-style-type: none"> - Review learning from pilots - Develop and agree roll out plan 	As per agreement	25%
Q4	<ul style="list-style-type: none"> - Identify practices that can accept electronic GP letters - Roll out to all practices that can access electronic GP letter process - Produce a report detailing usage and gaps 	As per agreement	25%