

07P Name: NHS BRENT CCG

Read the definitions in the Everyone Counts: Planning for Patients 2014/15 - 2018/19 Technical Definitions for CCGs and Area Teams before completing the template

1. Self Certification

i) Do your plans ensure that the performance standards in the NHS Constitution will be delivered throughout 2014/15 and 2015/16? Yes/No

Yes/No
Yes ▼

If No, please provide commentary (max 4000 characters)

ii) Have you assured provider CIPs are deliverable without impacting on the quality and safety of patient care from 2014-15 till 2018-19? Yes/No

Yes/No
No ▼

If No, please provide commentary (max 4000 characters)

NWLH - High Level CIPs reviewed and ongoing assurance is being undertaken via CQG
Ealing ICO - High Level CIPs reviewed. Assurance / Detail will be outstanding until August
CNWL MHT - Reviewed and Assured

E.A.S.4 iii) Do you plan to manage HCAs so that your local population have no cases of MRSA in 2014-15 and 2015-16? Yes/No

Yes/No
Yes ▼

If No, please provide commentary (max 4000 characters)

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 Read 'Setting 5-year ambitions for improving outcomes A how-to guide for commissioners' before completing the template

2. Ambitions for Improving Outcomes

Outcome Ambition 1

E.A.1

i) What is your ambition for securing additional years of life from conditions considered amenable to healthcare?

E.A.1	PYLL (Rate per 100,000 population)	
Baseline	2516	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	2431	
2015/16	2353	
2016/17	2278	
2017/18	2205	
2018/19	2135	

Note: PYLL forms part of the 2014/15 Quality Premium.

Outcome Ambition 2

E.A.2

ii) What is your ambition for improving the health-related quality of life for people with long-term conditions?

E.A.2	Average EQ-5D score for people reporting having one or more long-term condition	
Baseline	73.41	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	74.14	
2015/16	74.89	
2016/17	75.63	
2017/18	76.39	
2018/19	77.15	

Outcome Ambition 3

E.A.4

iii) What is your ambition for reducing emergency admissions?

E.A.4	Emergency admissions composite indicator	
Baseline	2734	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	2521	
2015/16	2496	
2016/17	2471	
2017/18	2446	
2018/19	2421	

Note: the composite avoidable emergency admissions indicator forms part of the 2014/15 Quality Premium and is a measure in the Better Care Fund.

Outcome Ambition 5

E.A.5

iv) What is your ambition for increasing the proportion of people having a positive experience of hospital care?

E.A.5	The proportion of people reporting poor patient experience of inpatient care	
Baseline	167.14	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	165.47	
2015/16	163.81	
2016/17	162.18	
2017/18	160.55	
2018/19	158.95	

Outcome Ambition 6

E.A.7

v) What is your ambition for increasing the proportion of people having a positive experience of care outside hospital, in general practice and the community?

E.A.7	The proportion of people reporting poor experience of General Practice and Out-of-Ours Services	
Baseline	9.98	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	9.88	
2015/16	9.78	
2016/17	9.68	
2017/18	9.59	

2018/19	9.49
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Read the Quality Premium Guidance before completing the template

3. Quality Premium Measures

E.A.1

i) Potential years life lost (PYLL) from ammenable causes in 2014/15

E.A.1	PYLL (Rate per 100,000 population)
2014/15	2431

E.A.4

ii) What trajectory are you aiming for in the composite avoidable emergency admissions indicator in 2014/15?

E.A.4	Emergency admissions composite indicator
Q1 2014/15	683
Q2 2014/15	680
Q3 2014/15	673
Q4 2014/15	670

E.A.3

iii) For IAPT, what proportion of people that enter treatment against the level of need in the general population are planned in 2014/15 and 2015/16?

E.A.3	The number of people who receive psychological therapies	The number of people who have depression and/or anxiety disorders (local estimate based on National Adult Psychiatric Morbidity Survey 2000)	Proportion
Q1 2014/15	969	37678	2.57%
Q2 2014/15	1014	37678	2.69%
Q3 2014/15	1069	37678	2.84%
Q4 2014/15	1099	37678	2.92%
2015/16	5650	37678	15.00%

E.A.6

iv) Which Friends and Family patient improvement indicator have you selected for an improved average score to be achieved between 2013/14 and 2014/15.

Please Select an indicator

E.A.6

Do you plan to meet all other criteria of the Quality Premium Friends and Family measure? Please set out further details below.

Brent CCG plans to meet all the criteria. We have agreed a plan with providers to ensure actions to address poor experience are implemented in a timely manner. The CCGs Quality Safety, Clinical Risk and Research Committee work plan for 2014/15 includes a review of root cause analysis of poor FFT scores. This will inform further actions required to address performance. The CCG's Quality, Safety and Clinical Risk Committee will take a lead role in monitoring the delivery of the action plan to aid improved performance for patient experience.

E.A.9

v) Have you agreed (in conjunction with your Health and Wellbeing Board and NHS England area team) a specified increased level of reporting of medication errors from specified local providers between Q4,2013/14 and Q4, 2014/15?
Yes/No

Yes/No
No ▼

Please provide commentary, explaining the specified level of increase and if you do not plan to meet this, why? (max 4000 characters)

This specific area will be discussed at the next Health and Well Being Board on 9th April.

vi) Where there are requirements for Quality Premium measures and/or planned levels of improvement to be agreed with the relevant Health and Wellbeing Board and NHS England area team, do you have their agreement to each of these?
Yes/No

Yes/No
Yes ▼

If No, please provide commentary (max 4000 characters)

		2014/15		
Indicator Definition (please specify the local measures chosen) max 4000 characters		Numerator	Denominator	Measure
Local Priority 1	Increase the identification of people with chronic kidney disease (CKD), as measured by QoF registers based on patients over 18 (CKD 1 Adj), from 2.2% in 2012/13 to 3.7% in 2014/15	9936	268550	0.0370

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5. Other Measures

E.A.S.5

i) Number of C.Difficile infections in 2014/15

E.A.S.5	2014									2015			2014/15 Total
	April	May	June	July	August	September	October	November	December	January	February	March	Total
Number of C. Difficile infections	3	3	3	3	3	3	3	3	3	3	3	2	35

E.A.S.1

ii) What dementia diagnosis rate are you aiming for in 2014/15 and 2015/16:

E.A.S.1	Number of people diagnosed	Prevalence of dementia	% diagnosis rate
2014/15	1411	2475	57.01%
2015/16	1596	2575	61.98%

E.A.S.2

iii) What level of IAPT recovery are you aiming for in 2014/15 and 2015/16?

E.A.S.2	The number of people who have completed treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness" and at final session did not)	(The number of people who have completed treatment within the reporting quarter, having attended at least two treatment contacts) minus (The number of people who have completed treatment not at clinical caseness at initial assessment)	% recovery rate
2014/15	1336	3108	42.99%
2015/16	2119	4238	50.00%

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E.C.7-8

4. Activity Measures

i)

E.C.7-8	Activity Trajectories	A&E Attendances - All types
	2014/15 Total	163558
	2013/14 Forecast Outturn	158163
	Forecast growth in 2014/15	3.4%
	2015/16 Total	167780
	Forecast growth in 2015/16	2.6%
	2016/17 Total	172158
	Forecast growth in 2016/17	2.6%
	2017/18 Total	176698
	Forecast growth in 2017/18	2.6%
	2018/19 Total	181406
	Forecast growth in 2018/19	2.7%