



Royal College
of Nursing

Paying for Quality – Commissioning for Quality and Innovation (CQUIN) in England

Policy Briefing

14/12

June 2012

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Introduction and context

The delivery of high quality health care has been an organising principle of the NHS for years. Arguably, those involved in the delivery of health care have always started from the principle of 'doing no harm' and built up from safety to delivery of the very highest quality of care. But that does not happen without challenges, particularly in relation to available resources, whether that's in terms of money to buy equipment, or the availability of suitably trained staff to meet the sometimes complex needs of patients.

A number of initiatives have been pursued with more or less vigour in attempts to improve quality. They can be grass roots initiatives where individuals can suggest ways to improve quality. They can also be national initiatives. Commissioning for Quality and Innovation (CQUIN) is one of these national efforts, where there is a national framework which began in 2009/10, that provides a financial reward (or penalty) for the achievement (or failure to achieve) quality goals.

This briefing sets out what we know about CQUIN, the theory behind it, and practice. An appendix provides some suggestions for further reading.

What's happening in theory?

In theory, there should be improvements in quality if there are financial incentives to achieve this. There is widespread interest in how to incentivise health care quality using finance across the globe, and similarly widespread discussion on whether this is desirable or not.^{1, 2}

The Department of Health (DH) say that CQUIN was developed to focus on quality and innovation, as part of responding to variations in quality seen across the NHS.³ The approach was to allow local commissioners and providers to negotiate the details of the agreement (i.e. what the local quality indicators would be, and how much money would rest on their achievement, or would be withheld if they were not achieved) within an overarching national framework. CQUIN was implemented in April 2009. CQUIN is one of a number of initiatives to improve quality. The DH cite the following initiatives to improve quality⁴:

¹ Diamond, GA and Kaul, S Evidence-Based Financial Incentives for Healthcare Reform Putting It Together Circulation: Cardiovascular Quality and Outcomes. 2009; 2: 134-140

<http://circoutcomes.ahajournals.org/content/2/2/134.full> [Accessed Feb 21st 2012]

² Wynia, MK The Risks of Rewards in Health Care: How Pay-for-performance Could Threaten, or Bolster, Medical Professionalism J Gen Intern Med. 2009 July; 24(7): 884–887

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695527/?tool=pmcentrez> [Accessed Feb 21st 2012]

³ Department of Health, Impact Assessment of Commissioning for Quality and Innovation payment framework, 3rd December 2008

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091690.pdf [Accessed Feb 29th 2012]

⁴ Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework

For the NHS in England 2009/10, [Accessed Feb 29th 2012]

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091435.pdf

1. defining and measuring quality
2. publishing information
3. recognising and rewarding quality
4. improving quality
5. safeguarding quality
6. staying ahead

Whilst the details would reflect local circumstances (and some local examples are given later in this briefing), the DH set the expectation that CQUIN agreements should include.⁵

- safety
- effectiveness (including clinical outcomes and patient reported outcomes)
- user experience (including timeliness of provision)
- innovation.

In 2009/10 the CQUIN payment framework was anticipated to cover 0.5% of a provider's annual contract income.⁶ In 2010/11 it is was 1.5%.⁷

More recently there has been interest in national CQUIN approaches. A new CQUIN has been developed in dementia.⁸ We are also aware and have contributed to discussions on the safety thermometer and the national CQUIN which will draw on parts of this, including improved collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and venous thromboembolism (VTE). This is due to be implemented from April 2012.

What's happening in practice?

Pay for performance evidence

The widespread interest in pay for performance (which it is commonly called) in health care is also leading to some emerging evidence about its impact. Whilst not an exhaustive view from the evidence base⁹, some themes emerge.

- It is very difficult to draw firm conclusions because of an absence of sufficiently robust evaluation of the impact of pay for performance^{10,11}

⁵ Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework For the NHS in England 2009/10, [Accessed Feb 29th 2012]
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091435.pdf

⁶ Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework For the NHS in England 2009/10, [Accessed Feb 29th 2012]
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091435.pdf

⁷ Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework – A summary guide, December 2011
http://www.vteexemplarcentres.org.uk/manual_uploads/dh_123008.pdf [Accessed Feb 29th 2012]

⁸ <http://dementia.dh.gov.uk/introducing-the-national-dementia-cqin/> [Accessed Feb 29th 2012]

⁹ This discussion is based on freely available resources from a limited search (note: the evidence base is substantial, for example putting the phrase "evidence for paying for performance in health care" in PUBMED providers 1271 search hits as at Feb 21st 2012) .

¹⁰ Scheffler, RM Pay For Performance (P4P) Programs in Health Services: What is the Evidence? World Health Report (2010) Background Paper, 31
<http://www.who.int/healthsystems/topics/financing/healthreport/P4PWHR2010ShefflerFINAL.pdf> [Accessed Feb 21st 2012]

- It is very difficult to disentangle the components *within* pay for performance which may incentivise quality improvements, for example the impact of payment over and above the publication and use of quality performance data¹²
- Pay for performance approaches need to be sensitive to the *context of care*, and careful design is required to respond to that context (such as an approach for population health as opposed to more narrowly defined clinical areas)¹³
- Pay for performance impacts can range from no impact, negligible to strongly beneficial¹⁴

In the UK, evidence on the impact of one of the more recent and evaluated pay for performance scheme - the Quality and Outcomes Framework (QoF) in primary care - includes:

- the hypertension component may not have any effect over and above the trends for improvement that may already be occurring in the system¹⁵
- however, it may have led to more equitable care¹⁶
- conversely, QoF may have led to less equitable care in diabetes¹⁷
- QoF in general and overall, may have led to health gain¹⁸

However some have raised questions about whether QoF is really driving *quality*, versus process.¹⁹ It may also have changed the dynamic of the clinical relationship with patients.²⁰

¹¹ Witter S, Fretheim A, Kessy FL, Lindahl AK. Paying for performance to improve the delivery of health interventions in low- and middle-income countries. Cochrane Database of Systematic Reviews 2012, Issue 2. Art. No.: CD007899. DOI: 10.1002/14651858.CD007899.pub2. [Accessed Feb 21st 2012]

¹² Lindenauer, PK et al N Engl J Med 2007; 356:486-496 Public Reporting and Pay for Performance in Hospital Quality Improvement
<http://www.nejm.org/doi/full/10.1056/NEJMsa064964#t=articleTop> [Accessed Feb 21st 2012]

¹³ Asch, DA and Werner, RM Paying for Performance in Population Health: Lessons From Health Care Settings Prev Chronic Dis. 2010 September; 7(5): A98 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938414/> [Accessed Feb 21st 2012]

¹⁴ Van Herck, P et al Systematic review: Effects, design choices, and context of pay-for-performance in health care BMC Health Serv Res. 2010; 10: 247.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936378/?tool=pmcentrez> [Accessed Feb 21st 2012]

¹⁵ Serumaga, B et al Effect of pay for performance on the management and outcomes of hypertension in the United Kingdom: interrupted time series study BMJ 2011;342:d108 <http://www.bmj.com/content/342/bmj.d108> [Accessed Feb 21st 2012]

¹⁶ Millet, C et al Ethnic Disparities in Coronary Heart Disease Management and Pay for Performance in the UK J Gen Intern Med. 2009 January; 24(1): 8–13.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2607505/?tool=pmcentrez> [Accessed Feb 21st 2012]

¹⁷ Millet, C et al Ethnic Disparities in Diabetes Management and Pay-for-Performance in the UK: The Wandsworth Prospective Diabetes Study PLoS Med. 2007 June; 4(6):
e191 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1891316/?tool=pmcentrez> [Accessed Feb 21st 2012]

¹⁸ Fleetcroft, R The UK pay-for-performance programme in primary care: estimation of population mortality reduction Br J Gen Pract. 2010 September 1; 60(578): e345–e352.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2930244/?tool=pmcentrez> [Accessed Feb 21st 2012]

¹⁹ Strong, M et al The UK Quality and Outcomes Framework pay-for-performance scheme and spirometry: rewarding quality or just quantity? A cross-sectional study in Rotherham, UK BMC Health Serv Res. 2009; 9: 108.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706821/?tool=pmcentrez>

²⁰ Campbell, S The Experience of Pay for Performance in English Family Practice: A Qualitative Study Ann Fam Med. 2008 May; 6(3): 228–234.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2384990/?tool=pmcentrez> [Accessed Feb 21st 2012]

CQUIN evidence and the link to nursing

CQUI's are local agreements within a national framework and as yet there does not appear to be a comprehensive view of how they have worked or not. Examples of agreements are available from the NHS Institute for Innovation and Improvement.²¹

Examples include:

East Lancashire NHS Trust has included the NHS Safety Thermometer as part of their CQUIN for 2012/13. The CQUIN requires monthly surveying of all appropriate patients on four outcomes: pressure ulcers, falls, urinary tract infection in patients with catheters and VTE. The data will be collected at the point of care by health care professionals, entered by admin staff and aggregated at the organisation level. Each set of complete data for a single quarter qualifies the provider for 33.3 per cent of the total value of the CQUIN.²²

NHS Salford Community has included Learning Difficulties in their CQUIN for 2011/12. This includes an indicator and goal of 75 per cent of patients with learning difficulties who will have their access and communication needs recorded in the continence service. This will be worth 6.25 per cent of the total value of the CQUIN.²³

Nottingham University Hospitals NHS has included discharge communications in their 2011/12 CQUIN.²⁴ This includes capturing the way that patients are discharged including a minimal data set for 90 per cent of patients:

- Patient identifier
- Admission and discharge dates
- Diagnosis, operations and procedures
- Key test results including MRSA and C.difficile
- Medication changes and medication on discharge
- Actions and future plans

Some nurses are leading work to support achievement of CQUIN goals, and are instrumental in their development and the action that needs to take place to deliver in reality. As an example, Heather Newton provides a personal view on her involvement in

²¹ http://www.institute.nhs.uk/commissioning/pct_portal/cquin.html [Accessed Feb 29th 2012]

²² <http://www.institute.nhs.uk/images/documents/wcc/PCT%20portal/CQUIN%201213/North%20of%20England/East%20Lancashire%20Hospitals%20NHS%20Trust.xls> [Accessed Apr 17th 2012]

²³ <http://www.institute.nhs.uk/images/documents/wcc/PCT%20portal/CQUIN%201112/North%20West%202011-12/2011-12%20CQUIN%20Community%20Consolidated%20File%20V3%20FINAL.xls> [Accessed Apr 17th 2012]

²⁴ <http://www.institute.nhs.uk/images/documents/wcc/PCT%20portal/CQUIN%201112/East%20Midlands%202011-12/Nottingham%20University%20Hospital%20Trust%20CQUIN%20.doc> [Accessed Apr 17th 2012]

reducing pressure ulcer incidence in her Trust.²⁵ Reducing pressure ulcers was a CQUIN goal. The value of the payment was £385,000. Heather and her colleagues:

- set up a pressure ulcer action group
- developed education and training
- refined pressure ulcer reporting
- feedback to teams
- undertook root cause analysis
- raised public and patient awareness
- identified equipment needs
- developed a pathway for vulnerable patients

Across England, there is likely to be wide variation in approach, which reflects the policy intent of locally responsive approaches, with in excess of 3,000 indicators in use in agreements across the NHS.²⁶

Some commentators have expressed concern about CQUINs. Concerns include the appropriateness of CQUIN leading to withheld funds (when goals are not achieved) at the same time as the NHS in England needs to make efficiency savings.²⁷

CQUINs, which essentially set a 'target' could suffer from the same challenges as targets themselves including 'tunnel vision'.²⁸

Comparisons of quality from the CQC and from CQUIN payments suggests that they do not always match.²⁹

What next?

There is an evaluation of CQUIN, but results are not yet available.^{30, 31}

²⁵ Described in Newton, H Reducing pressure ulcer incidence: CQUIN payment framework in practice Wounds UK, 2010, Vol 6, No 3 http://www.wounds-uk.com/pdf/content_9650.pdf [Accessed Feb 29th 2012]

²⁶ Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework – A summary guide, December 2011 http://www.vteexemplarcentres.org.uk/manual_uploads/dh_123008.pdf [Accessed Feb 29th 2012]

²⁷ Health Select Committee: Commissioning Chapter 6 How the Government has responded to weaknesses in commissioning, <http://www.parliament.the-stationery-office.co.uk/pa/cm200910/cmselect/cmhealth/268/26809.htm> [Accessed Feb 29th 2012]

²⁸ For a fuller discussion of targets in general see Wismar, M et al Health targets in Europe: Lessons from experience, Observatory Studies Series No 13 2008 http://www.euro.who.int/_data/assets/pdf_file/0008/98396/E91867.pdf [Accessed March 29 2012]

²⁹ Health Service Journal, CQUIN and CQC quality results don't match, report finds, 3rd February 2012 <http://www.hsj.co.uk/cquin-and-cqc-quality-results-dont-match-report-finds/5041015.article> [Accessed Feb 29th 2012]

³⁰ Based on <http://hrep.lshtm.ac.uk/projects/cquin.htm> (website last updated April 2010) [Accessed Feb 29th 2012]

³¹ Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework – A summary guide, December 2011 http://www.vteexemplarcentres.org.uk/manual_uploads/dh_123008.pdf [Accessed Feb 29th 2012]

The DH has indicated that CQUIN will continue, and is expected to cover higher amounts of money, and to support initiatives such as Patient Reported Outcome Measures (PROMS).³²

Other initiatives focused on nursing sensitive quality indicators, such as Energising for Excellence (E4E), is anticipated to closely tie to CQUIN in the future.³³ E4E includes falls, pressure damage and catheter associated urinary tract infections (CAUTI).

RCN view

The RCN supports initiatives which can help deliver safe, high quality care to patients. Nurses are able, as discussed in the example of pressure ulcers, to lead initiatives which are not only good for patients, but also for the NHS to help reduce the costs of avoidable ill health.

However, the precise role of specific financial incentives is controversial. We need to know more before we can wholeheartedly support CQUINs. This reflects the variety of CQUINs in use, as well as the limited evidence of their impact. We expect that some have enabled improvements, and rewarded those organisations and teams that have delivered those improvements.

However, there could be examples where CQUINs have not been used well. We will await to hear more from the national evaluation before we take a firm view.

The RCN believes that a 'good' CQUIN from a nursing perspective will include:

- Patient focus: the underlying aim should always be to deliver high quality care to patients.
- Nurse involvement at every stage: design, implementation, evaluation (including assessment of any unintended consequences) and refinement. Nurses may be particularly well placed to lead when CQUINs include nurse sensitive metrics such as pressure ulcers.
- Supportive environment: the CQUIN is championed and supported across the organisation
- Board level endorsement: the Nurse on the Board should be actively involved in endorsing the scheme and working with colleagues to ensure success on the ground.

³² Department of Health, Using the Commissioning for Quality and Innovation (CQUIN) payment framework – A summary guide, December 2011
http://www.vteexemplarcentres.org.uk/manual_uploads/dh_123008.pdf [Accessed Feb 29th 2012]

³³ Foxley, S Driving down catheter associated infection rates Nursing Times 22nd July 2011
<http://www.nursingtimes.net/home/clinical-specialisms/continence/driving-down-catheter-associated-infection-rates/5032930.article> [Accessed Feb 29th 2012]

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- Clear objectives and measurements: to ensure success can be measured in a meaningful way.
 - Frequent review: to identify any barriers to delivering against the CQUIN and resolving those barriers quickly.
 - Clear link to payment: including how payments will be able to be used, for example, to provide further roll out of training and resources for nursing teams across the organisation.

Tell us what you think

This briefing is to provide an overview of CQUIN but we would love to hear from you so please do get in contact:

Call: 020 7647 3723 or email: policycontacts@rcn.org.uk

**Policy and International Department, RCN
June 2012**

Further Reading

RCN, Transforming Community Services and the Quality and Productivity Agenda April 2010
http://www.rcn.org.uk/__data/assets/pdf_file/0009/325908/TCS_quality_and_productivity_agenda_v2.pdf

http://www.rcn.org.uk/development/practice/clinical_governance