



Commissioning for Quality in Rheumatoid Arthritis (CQRA): Case Study

Use of commissioning metrics to drive service improvements: a Commissioner's perspective

Ashton, Leigh and Wigan Primary Care Trust (PCT) has produced a contract specification as part of a service redesign for rheumatology. Specific commissioning metrics developed by Commissioning for Quality in Rheumatoid Arthritis (CQRA) have been incorporated into the specification in order to define and monitor the quality of RA service provision within the PCT as Paul Carroll, Assistant Director Commissioning, NHS Ashton, Leigh and Wigan explains.

“Commissioners want to be satisfied that the services being commissioned meet standards and guidelines set by national bodies such as the National Institute for Health and Clinical Excellence (NICE). Collecting, collating and summarizing data from commissioned services provides an overview of service provision and is an essential first step in benchmarking current service delivery against an agreed best standard. Use of standardized data collection and analysis also allows comparison against other service providers. The value of the commissioning metrics and associated data collection form developed by Commissioning for Quality in Rheumatoid Arthritis (CQRA) is that these are based on clinically-relevant evidence which has been assessed by a national body of experts. Analysis of data from the commissioning metrics will provide an understanding of the pattern of service allowing areas for service improvement to be identified and specific goals to be set to monitor and measure improved service delivery.

“Throughout the National Health Service (NHS) service contracts are becoming more comprehensive and the development of contract specifications is now increasingly widespread. In response to national developments, external quality control initiatives and local needs, a recent programme to develop a detailed specification for the provision of a consultant-led, community-based rheumatology service for patients within NHS Ashton, Leigh and Wigan has been undertaken as part of a service redesign for rheumatology. The specification will form the basis upon which contractual arrangements will be made with the providers

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of rheumatology services for the PCT population. A clinical panel, involving various stakeholders including clinicians and patients, was established to evaluate national standards, best practices and the various accompanying publications which govern the treatment of rheumatological conditions. National standard specifications, which include scope, workforce, referral, service delivery models and a quality and performance monitoring system including key performance indicators (KPIs), are available for a range of services. These were used as a starting point and adapted to take into account local needs.

“Many of the KPIs such as access, speed of diagnostics and referral, ‘choose and book’ – a system that aims to provide patient choice of specialist care provider through their GP surgery – and service user experience, as captured by patient satisfaction surveys, are applicable to a range of services and were incorporated into the contract specification. However, we have also chosen to develop and include indicators that are specific to RA patients based on insight from the development of CQRA metrics and these will be performance managed with a penalty attached for failure to deliver. The use of a penalty system marks a new development and complements existing incentive-driven schemes (such as the Commissioning for Quality and Innovation [CQUIN] payment framework) which together aim to drive improvements in the quality of services commissioned. The rheumatology specific KPIs cover patient management, incorporating two metrics from the CQRA project, and outcomes. Patient management KPIs are the percentage of patients taking disease-modifying antirheumatic drugs (DMARDs) who receive monthly assessment with evaluation of disease activity scores (DAS), and the percentage of patients who receive an annual review. Others that we considered included the percentage decrease of flare-ups as a proportion of patients from an agreed baseline, reduction in joint replacement and corrective surgery from an agreed baseline and the impact of the disease on work or ability to work.

“The two CQRA commissioning metrics chosen for inclusion were identified as key quality issues in achieving a priority outcome, namely the timely achievement of clinical control of the disease to enable patients to continue with their daily lives. In addition improvements in the length of time patients are unable to work, the speed of return to work and an increase in the number of patients managing their condition whilst staying in work will be monitored. The collaboration between commissioning and clinical specialists has been vital in the development of the contract specification: clinical input provides credibility and a ‘sensecheck’ that the specifications will lead to service improvements and are practical to deliver with the projected level of resource. The incorporation of CQRA commissioning metrics as KPIs associated with either incentives or penalties within a contract specification for rheumatology demonstrates the practicality and value of the metrics as a means of assessing and driving improvements in the quality of RA service provision.”

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