# CQUINS

**Commissioning for Quality and Innovation (CQUIN)**

When looking for lever for change or service development in England's secondary care CQUINs is often a term you may hear. You may be forgiven for thinking they will involve sewing or that they are a way of making something 'sparkle'. They are actually part of the current funding system.

The Commissioning for Quality and Innovation (CQUIN) payment framework is a national initiative. Each financial year, the trust agrees a set of local quality improvement goals with their commissioners with financial incentives attached. The scheme aims to increase income for the trust through improving the care given to the patients.

This system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. The sum attached to the CQUINs is variable each year based on a percentage of the contract value and depends on achieving quality improvement and goals.

The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. These may help in reducing inequalities in access to services, the experiences of using them and the outcomes achieved. The commissioners are able to use the local CQUIN quantum to finance transformation priorities linked to delivery of their operational one year plans and the five year Sustainability and Transformation Plans.

There can be a number of agreed local and national CQUINs. Delivery of the CQUIN programme is overseen by a steering group, chaired by the Head of Clinical Programmes and attended by the clinical and operational leads for each project.

**So what does this mean?**

If you think of the total Trust income as being a whole cake. A proportion of it (approx. the amount shown here) is allocated to CQUINs.

It is not an additional amount of money and will be paid if pre-agreed targets or milestones have been met (usually quarterly). If they are not met then this means a reduced income. They can be for one year or in some cases spread over two or three years. After this time the initiative/ target is usually integrated into the contract i.e. normal practice.

Most CQUINs are locally agreed however each year there are national agreed CQUINs. These will be covering a range of national

priorities and are a mechanism to ensure delivery of specific changes to practice or service.

In 2016/ 17 the national CQUINs were:

- Staff Health and Wellbeing (including Flu vaccination, food availability & health/ wellbeing plans)
- Anti-Microbial use
- Sepsis recognition and management
- Mental Health (specifically improving physical health)

Public Health England have reported that they are expecting to have a two year national CQUIN commencing in April 2017 focusing on Smoking Cessation specifically. We will update the website when the details become available.

Extracts from an example of a locally agreed CQUIN is:

| **The Whittington Hospital, London** | **Recording smoking status, giving very brief stop smoking advice and referring to local or Trust NHS stop smoking service.** |
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| **Indicator Name** | Recording smoking status on admission/out-patient attendance. Give very brief stop smoking advice and record that this has been done. Refer on an opt-out basis to local stop smoking service or if available trust in-house stop smoking service. |
| **Indicator Weighting % of CQUIN scheme available** | 100% |
| **Description:**<br>The aim of this indicator is to improve the recording of smoking status in secondary care and mental health settings and increase access to local stop smoking services. Routinely, on admission, smokers should be given effective brief stop smoking advice, NRT prescription and referred to the Trust in-house or local NHS Stop Smoking Services on an opt-out basis.<br>As a minimum all admissions should:<br>• Have smoking status established and recorded.<br>• All smokers admitted to agreed specialties (for example maternity and mental health are national priority groups) should be given very brief stop smoking advice and record this has been done.<br>• All smokers should be referred to local stop smoking service on an opt-out basis and record this has been done.<br>• On discharge all smokers should be given very brief stop smoking advice and referred on an opt-out basis to the local stop smoking service and record that this has been done in the discharge notes back to primary care / GP.<br>• Appoint a clinical stop smoking champion as part of the British Thoracic society scheme (Dr Myra Stern, Project Lead, BTS Stop Smoking Champions & Consultant in Respiratory Medicine & Integrated Respiratory Care, Whittington Health, Email: Myra.Stern@nhs.net)<br>If the above minimum is in place through an existing CQUIN or other arrangement, additional objectives subject to local negotiation include:<br>• If varenicline is included in the Trust formulary it should be offered with NRT on admission to help smokers who want to set a quit date; otherwise NRT should be offered to help smokers manage cravings;<br>• If varenicline is not already included in the Trust formulary, take action to influence decision | |

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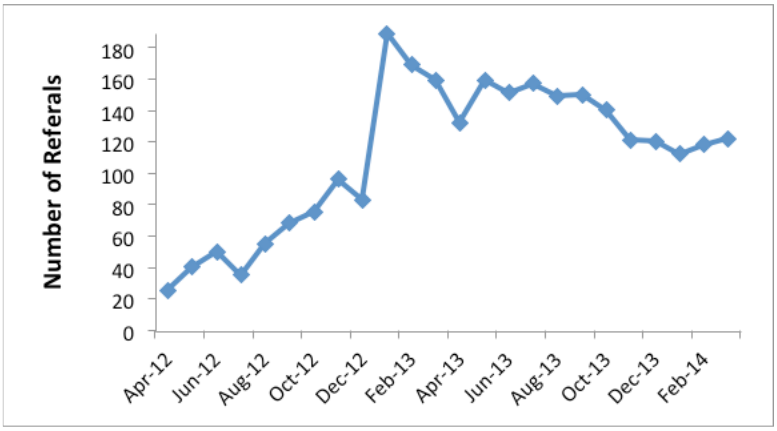
| makers and change this.<br>• Offer NRT and varenicline if appropriate at discharge along with referral to local stop smoking service;<br>• Extend above minimum to more specialties/departments/wards;<br>• Extend above minimum to out patients;<br>• Extend above minimum to other health and care settings e.g. Community services;<br>• Set up in-house stop smoking service if not already available; offer quit support to longer stay in patients and staff;<br>• Implement Smoke free policy in Trust grounds.<br>• Refer staff who smoke to Trust in-house or local stop smoking service. | |
| **Rules for calculation of payment due at year end** | Stop smoking service is to provide regular (monthly for first quarter of implementation, then quarterly) feedback to provider on outcome of referrals e.g. Set a quit date/quit/declined to set a quit date/ LSSS to follow up in 6 months and suitability of referral. |
| **Rules for achievement of milestones** | Reporting must take place on a monthly basis. Trusts will be paid for each month where comprehensive database records exist for ≤ 25% of eligible patients. A breakdown of how payments are calculated is to be agreed locally. Trusts will be paid on a quarterly basis. |

**Example of results:**




**References:**


https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/

https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

https://www.networks.nhs.uk/nhs-networks/london-respiratory-network/news/cquins


Additional resources are available on the BTS website:

https://www.brit-thoracic.org.uk/standards-of-care/quality-improvement/smoking-cessation/