

Camden Provider Services CQUIN Summary 2010-11				
Service	CQUIN Indicator Name	Indicator Description	Indicator Goal	Rationale for inclusion
GUM	Partner notification rate	Number of clients notified that a current or ex partner has been diagnosed with a sexually transmitted infection (STI) receiving testing or treatment at Camden Provider Services GUM clinics. This is limited to: 1) as infectious syphilis, gonorrhoea, chlamydia and LGV 2) the number of potential partners who can be contacted (ie it excludes anonymous partners) and 3) records the outcome as contact informed	Reducing the number of sexually transmitted infections in Camden	Partner notification offers sexual contacts the opportunity for screening, assessment and treatment and can thus break the chain of transmission. It can also prevent long-term complications of infections, reduce reinfection, offer health education opportunities and encourage behaviour change. The BASHH (British Association for Sexual Health and HIV) Standards for the Management of STIs (2010) recommend national standards of 0.4 contacts per index case in large conurbations such as Camden.
ACN	Urgent ACN referral response rate	All patients on the ACN caseload should have urgent referrals responded to within 4 hours.	Measuring response rate to urgent ACN referrals. Patients seen within 4 hours	Referrals to the ACN service can vary in the level of urgency required for response. In line with national recommendations around admissions avoidance it is important that referrals for urgent presentations that could alternatively result in an admission are responded to in a timely fashion and in accordance with the service's own operational policy.
HV	New birth rate visits	Number of new birth visits <u>completed</u> by the health visiting team by the end of the baby's 14 <sup>th</sup> day	Increasing new birth visits undertaken within 14 days	The Healthy Child Programme (DH, Oct 2009) recommends that a face to face review is conducted at 10-14 days, preferably in the client's home. This review should be both comprehensive and holistic in nature and must be undertaken by an appropriately trained health professional to assess a family's level of need. This review is essential in order to meet NICE guidance on routine postnatal care of women ( Nov 2006)
Patient Experience 1	Improving Patient Experience - Visual or Hearing Impairment Support	Patients who require support for visual or hearing impairment	Measuring % of all eligible patients who require communication support for a visual or hearing impairment	Equity of service provision across all Camden Population including those with sensory impairment
Patient Experience 2	Improving Patient Experience - Communication or Interpreting Support	Patients who require a language interpreter that were provided with language interpretation	Measuring % of all eligible patients who require communication support and interpreting services and are offered it	Equity of service provision across all Camden Population including those for whom English is not their first Language.
HIV 1	1a: Patients involved in decisions about their care and supported to self manage	London patients reporting in an HIV specific survey that they were involved in decisions about their care	To support patients to self manage their HIV	To support patients in managing their HIV, effectiveness of therapy Quality gain: patients empowered Productivity gain: reduce demand for services and attendances; reduce admissions
HIV 2	2a: Patients with no resistance on NNRTI therapy	London patients without resistance on NNRTI +2NRTI therapy within 1 year of therapy (exclude patients on PIVOT study trial and pregnant women)	To ensure HIV therapy is optimised	To ensure treatment to BHIVA guidelines, to optimise treatment and cost effective Quality gain: patients treated to standards Productivity gain: improve cost effectiveness of services and reduce provider costs
	2b: Patients failing therapy re-suppressed within 6 months	Early identification and action to ensure London patients sustain undetectable viral load and avoid developing resistance		Indicator of effectiveness of care and treatment Quality gain: effective treatment of HIV to keep patients well Productivity gain: reduce demand for services and attendances; reduce admissions; reduce onward transmission of HIV
	2c: All patients with a CD4 <200 on therapy	Number of London patients with a CD4 <200 on therapy		To ensure treatment to BHIVA guidelines and optimise treatment and avoid poorer clinical outcomes for individuals Quality gain: effective treatment of HIV to keep patients well Productivity gain: reduce demand for services and attendances; reduce admissions; reduce onward transmission of HIV
HIV 3	3a: HIV patients with positive STI results accessing health advisor support	London HIV patients with a positive STI result who have health advice and support and partner notification issued	Preventing new HIV infections and preventing positive people from becoming unwell	To demonstrate secondary prevention role of HIV care and treatment Quality gain: support self management and behaviour change in patients Productivity gain: reduce onward transmission of HIV
	3b: Patient with key clinical indicators attending the Trust to be tested for HIV	Patients notified for TB attending the Trust to have been tested for HIV		To ensure early diagnosis and treatment of HIV, improve clinical management and outcome of co-infection. To support move to opt out HIV testing for TB Quality gain: early diagnosis of patients at high risk of HIV Productivity gain: reduce admissions; reduce onward transmission of HIV
	3c: Enhance partner notification of newly diagnosed to promote testing	London newly diagnosed patients who have regular partner and or family at risk of HIV infection who are discussed and HIV status recorded		To demonstrate secondary prevention role of HIV care and treatment Quality gain: reduction in undiagnosed HIV / late diagnosed HIV Productivity gain: reduce onward transmission of HIV
HIV 4	4a: Communication with GPs about the care of HIV patients	Communication with GPs about the care of London patients who are registered with GP and who have disclosed their HIV status, measured through letters sent	To increase the role of primary care in the care of HIV patients	To quantify and increase the role of primary care in the care of HIV patients Quality gain: effective shared care supports patients with comorbidities Productivity gain: reduce demand for acute based services and attendances