NHS England

Quality Premium:

2013/14 guidance for CCGs

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Amended: March 2013

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Contents

Executive summary

1. The ‘quality premium’ is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

2. The quality premium paid to CCGs in 2014/15 – to reflect the quality of the health services commissioned by them in 2013/14 – will be based on four national measures and three local measures.

3. The four national measures, all of which are based on measures in the NHS Outcomes Framework, are:

    - **reducing potential years of lives lost through amenable mortality** (12.5 per cent of quality premium): the overarching objective for Domain 1 of the NHS Outcomes Framework;

    - **reducing avoidable emergency admissions** (25 per cent of quality premium): a composite measure drawn from four measures in Domains 2 and 3 of the NHS Outcomes Framework;

    - **ensuring roll-out of the Friends and Family Test and improving patient experience of hospital services** (12.5 per cent of quality premium), based on one of the overarching objectives for Domain 4 of the NHS Outcomes Framework;

    - **preventing healthcare associated infections** (12.5 per cent of quality premium), based on one of the objectives for Domain 5 of the NHS Outcomes Framework.

4. The three local measures should be based on local priorities such as those identified in joint health and wellbeing strategies. These will be agreed by individual CCGs with their Health and Wellbeing Boards and with the area teams of the NHS Commissioning Board (NHS CB).

5. In accordance with the regulations[1] laid in March 2013:

    - it will be a pre-qualifying criterion for any payment that a CCG manages within its total resources envelope for 2013/14 and does not exceed the agreed level of surplus drawdown;

    - the total payment for a CCG (based on its performance against the four national measures and three local measures) will be reduced if its

[1] The National Health Service (clinical commissioning groups - Payments in Respect of Quality) Regulations 2013

providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 62-day waits from urgent GP referral to first definitive treatment for cancer, and (d) maximum 8-minute responses for Category A red 1 ambulance calls.

6. The NHS CB will reserve the right not to make any payment where there is a serious quality failure during 2013/14.

7. The total amount payable for achievement of the quality premium will be £5 per patient in the CCG, according to the same formula as the payment of the running costs allowance. (This is in addition to a CCG's main financial allocation for 2014/15 and in addition to its running costs allowance.)

8. The regulations have set out the purposes for which the CCG is able to spend the quality premium payment. Under the regulations, CCGs must use the funding awarded to them under the quality premium in ways that improve quality of care or health outcomes and/or reduce health inequalities.

Background

9. Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), the NHS CB has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities.

10. The design of the quality premium will evolve from year to year. Following engagement with CCGs and other organisations, the NHS CB has sought to design the 2013/14 quality premium in ways that:

- promote improvements against the main objectives of the NHS Outcomes Framework, ie reducing premature mortality, enhancing quality of life for people with long-term conditions, ensuring swift recovery after acute illness or injury, improving patient experience, and ensuring patient safety;
- set broad overarching objectives as far as possible, leaving CCGs to determine with health and wellbeing partners what specific local priorities they will need to pursue to achieve improvements in these areas;
- promote reductions in health inequalities and recognise the different starting points of CCGs, with a predominant focus on rewarding CCGs for improvements against those starting positions rather than having to achieve the same absolute standard of performance - the only exception to this being the MRSA element of the Domain 5 criteria;
- further promote local priority-setting by having three measures that reflect joint health and wellbeing strategies;

- underline the importance of maintaining patients' rights and pledges under the NHS Constitution.

11. The NHS CB has indicated its commitment to developing a national measure relating to mental health outcomes for inclusion in the 2014/15 quality premium.

National measures

Domain of NHS OF	Domain 1: preventing people from dying prematurely.
Quality premium measure	Potential years of life lost from causes considered amenable to healthcare: adults, children and young people.
Rationale	The overall aim of Domain 1 is to reduce premature mortality. This aim is shared between the NHS and public health frameworks. The contribution that can be delivered by the NHS is best measured by potential years of life lost from causes considered amenable to healthcare. CCGs will be able to determine which aspects of premature mortality are of greatest relevance in their local population. In order to reduce premature mortality within the population, CCGs will need to address the physical health needs of people with mental health conditions and learning disabilities.
Value	12.5% of quality premium.
Threshold	To earn this portion of the quality premium, the potential years of life lost (adjusted for sex and age) from amenable mortality for a CCG population will need to reduce by at least 3.2% between 2013 and 2014. This is based on the 10-year average annual reduction in potential years of life lost from amenable mortality.

Technical definition	Causes considered amenable to healthcare are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause of death in older people who often have multiple morbidities. The Office for National Statistics (ONS) produces mortality data by cause, which excludes deaths under 28 days. These indicators therefore relate to deaths between 28 days and 74 years of age inclusive. Please refer to Technical Guidance at the end of this document.

Domain of NHS OF	Domain 2: Enhancing quality of life for people with long term conditions. Domain 3: Helping people to recover from episodes of ill health or following injury.
Quality premium measure	Avoidable emergency admissions. Composite measure of: • unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages) • unplanned hospitalisation for asthma, diabetes and epilepsy in children • emergency admissions for acute conditions that should not usually require hospital admission (all ages) • emergency admissions for children with lower respiratory tract infection.

Rationale	Good management of long term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the NHS improve the quality of care and reduce the frequency and necessity for emergency admissions. About a third of avoidable admissions are for people with a secondary diagnosis relating to mental health. Progress in reducing emergency admissions is likely to need a strong focus on improving the physical health of people with mental health conditions.
Value	25% of quality premium.
Threshold	To earn this portion of the quality premium, there will need to be a reduction or a zero per cent change in emergency admissions for these conditions for a CCG population between 2012/13 and 2013/14, or the Indirectly Standardised Rate of admissions in 2013/14 is less than 1,000 per 100,000 population.
Technical definition	The NHS Outcome Framework contains four indicators measuring emergency admissions for those conditions (sometimes referred to as 'ambulatory care sensitive conditions') that could usually have been avoided through better management in primary or community care. These are indicators 2.3i and 2.3ii focusing on chronic (ie long term) conditions and indicators 3a and 3.2 focusing on acute conditions. For the purpose of the quality premium these complementary measures are being combined to create a single composite measure. Please refer to Technical Guidance at the end of this document.

Domain of NHS OF	Domain 4: ensuring that people have a positive experience of care.
Quality premium measure	1. Roll-out of Friends and Family Test. A CCG's local providers deliver the nationally agreed roll-out plan to the national timetable – maternity services by the end of October 2013 and additional services (to be defined) by the end of March 2014. 2. Patient experience for acute inpatient care and A&E services, as measured by the Friends and Family Test.
Rationale	The Friends and Family Test is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify poor performance and encourage staff to make improvements where services do not live up to the expectations of patients. This leads to a more positive experience of care for patients. The comparability of the data (through the use of a standardised question and methodology) will allow commissioners to understand overarching levels of patient experience for the services that they commission.
Value	12.5% of quality premium.
Threshold	To earn this portion of the quality premium, there will need to be: 1) assurance that all relevant local providers of services commissioned by a CCG have delivered the nationally agreed roll-out plan to the national timetable 2) an improvement in average FFT scores for acute inpatient care and A&E services between Q1 2013/14 and Q1 2014/15 for acute hospitals that serve a CCG's population.

Technical definition	Aggregate responses will be attributed to CCGs using centrally available data. Please refer to Technical Guidance at the end of this document.

Domain of NHS OF	Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm.
Quality premium measure	• Incidence of MRSA bacteraemia. • Incidence of Clostridium difficile (C. difficile).
Rationale	Although the NHS has made significant improvement in recent years in reducing MRSA bloodstream infections and C. difficile infections, the rates of reductions in these infections have been greater in the acute sector than for community onset cases (such as those acquired in care homes). Around half the numbers of MRSA and C. difficile infections are now community-onset cases. CCGs will have a pivotal role to play in driving further improvements in reduction of healthcare associated infections.
Value	12.5% of quality premium.
Threshold	A CCG will earn this portion of the quality premium if: • there are no cases of MRSA bacteraemia assigned to the CCG; and • C. difficile cases are at or below defined thresholds for the CCG.
Technical definition	Data on C. difficile infections and MRSA bacteraemia by CCG will be published monthly. Please refer to Technical Guidance at the end of this document.

Local measures

12. The quality premium will also include three locally identified measures. The three local measures should be based on local priorities such as those identified in joint health and wellbeing strategies. These will be agreed by individual CCGs with their Health and Wellbeing Boards and with area teams of the NHS CB.

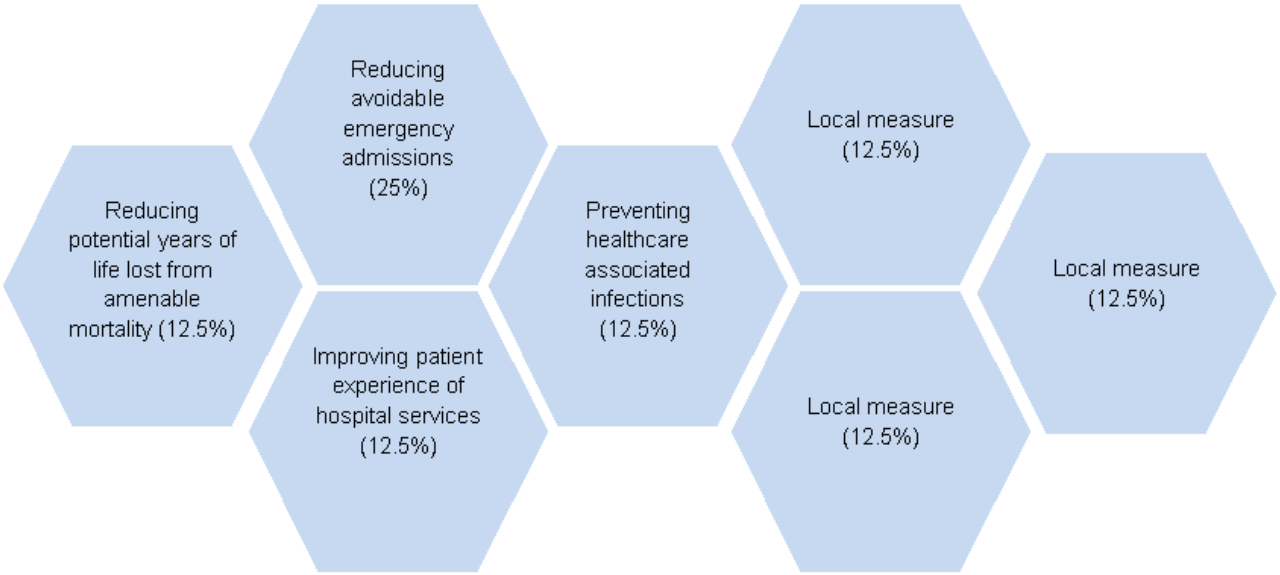
13. These measures should focus on local issues and priorities, especially where current outcomes are poor compared to others and where improvement in these areas will contribute to reducing health inequalities.

14. The NHS CB strongly supports the inclusion by CCGs of local improvement measures related to mental health outcomes that will help promote parity of esteem between physical and mental health.

15. Each measure should be based on robust data and the improvement needed to trigger the reward should be expressly agreed between the CCG and the NHS CB area team. Where there is concern about the validity of data, the measures identified in the CCG Outcomes Indicator Set should be used as a default.

16. The local measures should not duplicate the national measures described above, including individual components of composite national measures, nor should they duplicate the NHS Constitution measures set out below. They should reflect services that CCGs are responsible for commissioning or are commissioning jointly with other organisations. They may, if a CCG and its Health and Wellbeing Board(s) wish include aggregate or composite indicators.

Overall distribution of quality reward



Serious quality failure

17. CCGs will be responsible for the quality of the care and treatment that they commission on behalf of their population. The NHS CB will reserve the right not to make any quality premium payments to a CCG in cases of serious quality failure, ie where the Care Quality Commission judges that a provider is in serious breach of its registration requirements.

18. In such circumstances and when deciding whether or not to withhold payment, the NHS CB will want to understand the steps that the CCG has taken to monitor the quality of the care it has commissioned and the action it has taken, in collaboration with other parts of the system, should serious concerns about quality be identified.

Financial gateway

19. A CCG will not receive a quality premium if it has failed to manage within its total resources envelope, or has exceeded the agreed level of surplus drawdown, based on the principle that effective use of public resources should be seen as an integral part of securing high-quality services.

20. The NHS CB may also withhold or reduce a quality premium payment if a CCG does not meet requirements in relation to financial propriety.

NHS Constitution indicators

21. A CCG will have its quality premium reduced if the providers from whom it commissions services do not meet the NHS Constitution requirements for the following patient rights or pledges:

Patient right or pledge	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral.
Threshold and calculation method	Achieved for at least 92% of patients over the course of the 2013/14 year. The position for 2013-14 will be measured from the incomplete RTT pathway snapshots (patients waiting to start consultant-led treatment at month end) in the monthly RTT returns from April 2013 to March 2014. The waiting time standard that at least 92% of patients are waiting within 18 weeks should be achieved on average for the year. This will be calculated by summing the numerators (patients waiting within 18 weeks) from each month end and then dividing by the sum of all the denominators (patients waiting) from each month end.
Attribution to CCG	Data will be available by CCGs as providers will submit data on the basis of the CCG that is responsible for a given patient.
Technical definition	See line CB_B3 in *Everyone Counts: Planning for Patients 2013/14 - Technical Definitions* for further details: http://www.commissioningboard.nhs.uk/wp-content/uploads/2012/12/ec-tech-def.pdf

Patient right or pledge	Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department
Threshold and calculation method	Achieved for at least 95% of patients over the course of the 2013/14 year. The position for 2013/14 will be measured from Weekly Situation Reports (sitreps) and will consist of data for all types of A&E across 52 weeks of sitreps from week ending 7 April 2013 to week ending 30 March 2014. The number of attendances (numerator) and number of 4 hour waits (denominator) will then be used to calculate an overall percentage for the year.
Attribution to CCG	Data will be mapped from providers to CCGs using a mapping derived from Hospital Episode Statistics figures. This calculates what proportion of each provider can be attributed to a given CCG. Any activity that is under 1% of the trust's overall activity will be ignored in this mapping. The mapping will be updated at regular intervals, with the latest mapping being used to cover the whole period. Only organisations submitting on HES will have their activity mapped to CCGs. Therefore, any type 3 units that do not submit on HES will not have their sitrep data allocated to any CCG.
Technical definition	See line CB_B5 in *Everyone Counts: Planning for Patients 2013/14 - Technical Definitions* for further details: http://www.commissioningboard.nhs.uk/wp-content/uploads/2012/12/ec-tech-def.pdf

Patient right or pledge	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer.
Threshold and calculation method	Achieved for at least 85% of patients over the course of the 2013/14 year. This will be calculated by summing data for the four quarters of 2013/14 to produce one annual figure against which the CCG will be assessed. As the patient is only reported in the period they are treated irrespective of when their pathway of care started, quarters can be added together.
Attribution to CCG	Data will be available by CCG as providers will submit data on the basis of the CCG that is responsible for a given patient.
Technical definition	See line CB_B12 in *Everyone Counts: Planning for Patients 2013/14 - Technical Definitions* for further details: http://www.commissioningboard.nhs.uk/wp-content/uploads/2012/12/ec-tech-def.pdf

Patient right or pledge	Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes.
Threshold and calculation method	Achieved for at least 75% of patients over the course of the 2013/14 year. The percentage will be calculated by summing the numerator (the number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes) over the 12 months April-March and also summing the denominator (the number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident) over the same period. The percentage will then be calculated using the usual numerator/denominator method for the whole year.
Attribution to CCG	Each CCG will be judged by the performance of the ambulance trust that serves its geographic area.

Technical definition	See line CB_B15_01 in *Everyone Counts: Planning for Patients 2013/14 - Technical Definitions* for further details: http://www.commissioningboard.nhs.uk/wp-content/uploads/2012/12/ec-tech-def.pdf

Calculation of quality premium payments

22. The total amount payable for achievement of the quality premium will be £5 per patient in the CCG, according to the same formula as the payment of the running costs allowance For each measure (national and local) where the identified quality threshold is achieved the CCG will be eligible for the indicated percentage of the overall funding available to it.

23. Where a CCG has failed to manage within its total resources envelope the CCG will not receive a quality premium payment.

24. Where a CCG does not deliver the identified patient rights and pledges on waiting times, a reduction of 25 per cent for each relevant NHS Constitution measure will be made to the quality premium payment.

25. The quality premium payment will be made in the 2014/15 financial year.

How CCGs can use the quality premium

26. Under the regulations, CCGs must use the funding awarded to them under the quality premium in ways that improve quality of care or health outcomes and/or reduce health inequalities. CCGs will have to publish details of how they spend quality premium payments, so that they are accountable to the public and their local community.

Worked Example

Illustrative assumptions:

- a CCG has a population of 160,000;
- the CCG manages within its total resources for 2013/14;
- the CCG achieves two of the three local measures;
- the CCG achieves all the national measures with the exception of Domain 4;
- the CCG meets two out of the four NHS Constitution measures.

Measure	Percentage of quality premium	Value for illustrative CCG	Measure achieved	Eligible quality premium funding[2]
Domain 1	12.5%	£100,000	Y	£100,000
Domains 2 & 3	25%	£200,000	Y	£200,000
Domain 4	12.5%	£100,000	N	£0
Domain 5	12.5%	£100,000	Y	£100,000
Local Measure 1	12.5%	£100,000	Y	£100,000
Local Measure 2	12.5%	£100,000	Y	£100,000
Local Measure 3	12.5%	£100,000	N	£0
TOTAL	**100%**	**£800,000**		**£600,000**

NHS Constitution rights and pledges	Measure achieved	Adjustment to funding	Quality premium funding
Referral to treatment times (18 weeks)	Y	-	
A&E waits	N	25%	- £150,000
Cancer waits – 62 days	Y	-	
Category A Red 1 ambulance calls	N	25%	- £150,000
Total adjustment			- £300,000
REVISED TOTAL			**£300,000**

[2] Subject to financial gateway and delivery of identified patient rights and pledges

CCG quality premium: technical guidance

Indicator 1 – Reduction in Preventable Years of Life Lost (PYLL) from causes considered amenable to healthcare

Summary

1. A CCG will receive this part of the quality premium if the Directly Standardised Rate of PYLL from amenable causes is more than 3.2 per cent lower in the calendar year 2013 compared to the calendar year 2012.

Detailed definition

2. ONS define amenable mortality as "A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare". The specific causes of death that are considered amenable to healthcare are listed and discussed in the ONS publication *Definition of avoidable mortality*[3]. The list of ICD-10 codes included in Appendix 1.
3. The methodology for calculating the PYLL rate uses the average age-specific period life expectancy for each five-year age band for the relevant calendar year as the age to which a person in that age band who died from one of the amenable causes might have been expected to live in the presence of timely and effective health care. The age-specific period life expectancy is different for each calendar year, and will be published at alongside the data. These age-specific life expectancies are used to weight the number of deaths in that age band to give the number of years of life lost for that age band.
4. The total number of years of life lost is calculated by sex for each age band. Totals are for the two sexes are directly standardised against an England standard population based on ONS estimates for 2012 and expressed as a rate per 100,000 population.
5. The deaths are allocated to each CCG based on the GP of registration from the Primary Care Mortality Database (PCMD). Where no GP Practice code is recorded in the PCMD, the CCG of responsibility is derived using the home postcode of the individual and the CCG of geographical responsibility according to the NHS Postcode Directory.
6. The data will be supplied and calculated by the Information Centre for Health and Social Care. Baseline data for 2012 will be available in autumn 2013. Outcome data for 2013 will be available in autumn 2014.

[3] http://www.ons.gov.uk/ons/about-ons/user-engagement/consultations-and-surveys/archived-consultations/2011/definitions-of-avoidable-mortality/definition-of-avoidable-mortality.pdf

Indicator 2 – Reducing avoidable emergency admissions

Summary

7. A CCG will receive this part of the quality premium if:

    - the Indirectly Standardised Rate of avoidable emergency admissions is lower or the same in 2013/14 compared to 2012/13, OR
    - the Indirectly Standardised Rate of admissions in 2013/14 is less than 1,000 per 100,000 population.

Detailed definition

8. This indicator is based on the admissions for diagnoses included within four NHS Outcomes Framework indicators:

    - 2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions
    - 2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
    - 3a Emergency admissions for acute conditions that should not usually require hospital admission
    - 3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)

9. In the NHS Outcomes Framework, indicators 2.3i and 3a were originally restricted to adults only but in this indicator for the quality premium all ages are included.

10. The data are extracted from the Hospital Episode Statistics (HES) system. The admissions for each CCG are based on the GP Practice recorded in HES. Where no GP Practice code is recorded, the CCG of responsibility is derived using the home postcode of the individual and the CCG of geographical responsibility according to the NHS Postcode Directory.

11. A list of the ICD-10 diagnoses that are included is listed in Appendix 2, along with the other parameters used in the HES query.

12. The rate will be Indirectly Standardised using the England rate in 2012/13.

13. The data will be supplied and calculated by the Information Centre for Health and Social Care. Baseline data for 2012/13 will be available in summer 2013. Outcome data for 2013/14 will be available in summer 2014.

Indicator 3 – ensuring roll-out of the Friends and Family Test (FFT) and improving patient experience of hospital services

Summary

14. A CCG will receive this part of the quality premium if

- all relevant local providers of services commissioned by a CCG have delivered the nationally agreed roll-out plan to the national timetable; AND
- there is an improvement in average FFT scores for acute inpatient care AND A&E services between Q1 2013/14 and Q1 2014/15 for the main hospitals that serve a CCG's population[4].

Detailed definition – roll-out

15. A provider will be considered relevant to a CCG for the roll-out plan if it is on the list of providers for a CCG in Appendix 3. This is based on providers that had more than 10 per cent of a CCG's birth events in Q1 and Q2 2012/13 HES data.

16. We have provided a list of provider(s) that will be considered for each CCG so that they are clear which provider(s) the CCG will need to work with to ensure roll-out.

Detailed definition – acute inpatient care and A&E

17. For acute inpatient care, the providers will be based on the share of admissions where speciality <> 502,640,700-715, AGESTART = 16-120 and CLASSPAT =1. This restricts the admissions included to acute care, adults and excludes daycases.

18. For A&E, the providers are based on the share of attendances, where age is 16-120, and A&E department is type 1 or 2, and the attendance did not result in admission.

19. The average score for a CCG's providers will be calculated based on a weighted average of those providers' scores, where the weights are based on the shares of activity in each year.

20. Only the main providers are included for each measure. Main providers will be defined as those that have a greater than 10 per cent share of the CCG's acute inpatients and A&E attendances respectively.

21. We have not provided a list of providers for acute inpatient care and A&E because this should depend on the share of activity at each provider in the relevant year, which cannot be known in advance.

22. The specific dates when baseline and outcome data will become available is not yet known.

[4] If any of a CCG's main providers have not implemented the FFT for inpatients and A&E services by Q1 2013/14 then improvement cannot be measured and this part of quality premium will not be awarded.

Indicator 4 – Incidence of MRSA bacteraemia and Clostridium difficile

Summary

23. A CCG will receive this part of the quality premium if

- there are no cases of MRSA bacteraemia assigned to the CCG; and
- C. difficile cases are at or below defined thresholds for the CCG.

Detailed definition

24. For MRSA, there must be no cases of MRSA bacteraemia assigned to the CCG in 2013/14. This is based on mandatory surveillance of MRSA through the Health Protection Agency Data Capture System.

25. For C difficile, the NHS CB has published a specific threshold for each CCG. The spreadsheet can be downloaded here: http://www.commissioningboard.nhs.uk/everyonecounts/

26. The data will be supplied and calculated by the Information Centre for Health and Social Care. Outcome data for 2013/14 will be available by summer 2014.

Appendix 1: Amenable causes of mortality included in indicator 1

ICD-10 Codes	Condition group and cause	Ages included
Infections		
A15–A19, B90	Tuberculosis	0–74
A38–A41, A46, A48.1, B50–B54, G00, G03, J02, L03	Selected invasive bacterial and protozoal infections	0–74
B17.1, B18.2	Hepatitis C	0-74
B20-B24	HIV/AIDS	All
Neoplasms		
C18–C21	Malignant neoplasm of colon and rectum	0–74
C43	Malignant melanoma of skin	0–74
C50	Malignant neoplasm of breast	0–74
C53	Malignant neoplasm of cervix uteri	0–74
C67	Malignant neoplasm of bladder	0–74
C73	Malignant neoplasm of thyroid gland	0–74
C81	Hodgkin's disease	0–74
C91, C92.0	Leukaemia	0–44
D10–D36	Benign neoplasms	0–74
Nutritional, endocrine and metabolic		
E10–E14	Diabetes mellitus	0–49
Neurological disorders		
G40–G41	Epilepsy and status epilepticus	0–74
Cardiovascular diseases (CVD)		
I01–I09	Rheumatic and other valvular heart disease	0–74
I10–I15	Hypertensive diseases	0–74
I20–I25	Ischaemic heart disease	0–74
I60–I69	Cerebrovascular diseases	0–74
Respiratory diseases		
J09–J11	Influenza (including swine flu)	0–74
J12–J18	Pneumonia	0–74
J45– J46	Asthma	0–74
Digestive disorders		
K25–K28	Gastric and duodenal ulcer	0–74
K35–K38, K40–K46, K80–K83, K85,K86.1-K86.9, K91.5	Acute abdomen, appendicitis, intestinal obstruction, cholecystitis / lithiasis, pancreatitis, hernia	0–74
Genitourinary disorders		
N00–N07, N17–N19, N25-N27	Nephritis and nephrosis	0–74
N13, N20–N21, N35, N40, N99.1	Obstructive uropathy & prostatic hyperplasia	0–74
Maternal & infant		
P00–P96, A33	Complications of perinatal period	All
Q00–Q99	Congenital malformations, deformations and chromosomal anomalies	0–74
Injuries		
Y60–Y69, Y83–Y84	Misadventures to patients during surgical and medical care	All

Appendix 2: Specification of HES query for indicator 2

1 Field Name ADMIMETH is equal to the following: 21, 22, 23, 24, 28
(Rationale: This restricts the data to emergency admissions only.)

2 Field Name EPISTAT is equal to the following: 1 or 3
(Rationale: This includes both finished and unfinished hospital episodes.)

3 Field Name ADMIDATE Limited to admissions within the relevant financial year.
(Rationale: Data is presented annually with an admission date within the financial year of interest)

4 Field Name SEX is equal to the following: 1 or 2
(Rationale: Data is for the sum of males and females and excludes the small number of records where sex was unknown or unspecified.)

5 Field Name EPIORDER is equal to: 1
(Rationale: This restricts the data to the first emergency admission in a hospital spell.)

6 Field Name ADMISORC is not equal to: 51, 52, 53
(Rationale: This excludes transfers.)

7 Field Name EPITYPE is equal to: 1
(Rationale: This restricts the data to general episodes (excludes birth, delivery and mental health episodes).)

8 Field Name CLASSPAT is equal to: 1
(Rationale: This restricts the data to ordinary admissions (excludes day case and maternity admissions)).

9a Field Name 4 CHAR PRIMARY DIAGNOSIS CODE (DIAG_01) is any of (a) to (q) are true AND Field Name STARTAGE is between 1-120 or >7000.
a) DIAG_01 is equal to any of: B18.0, B18.1. Exclude people with a secondary diagnosis of D57 (Sickle-cell disorders).
b) DIAG_01 is equal to any of: J45, J46X
c) DIAG_01 is equal to any of: I11.0, I50, J81X, I13.0. OPCS4 codes excluded: K0, K1, K2, K3, K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71
d) DIAG_01 is equal to any of: E10, E11, E12, E13, E14
e) DIAG_01 is equal to any of: J20, J41, J42X, J43, J44, J47X. J20 only with second diagnosis of J41, J42, J43, J44, J47
f) DIAG_01 is equal to any of: I20, I25. OPCS4 codes excluded: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5
g) DIAG_01 is equal to any of: D50.1, D50.8, D50.9, D51, D52
h) DIAG_01 is equal to any of: I10X, I11.9. OPCS4 codes excluded: K0, K1, K2, K3, K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71
i) DIAG_01 is equal to any of: G40, G41, F00, F01, F02, F03, I48X
j) DIAG_01 is equal to any of: J10, J11, J13X, J14, J15.3, J15.4, J15.7, J15.9, J16.8, J18.1, J18.8, A36, A37, B05, B06, B16.1, B16.9, B26, M01.4. Exclude people with a secondary diagnosis of D57 (Sickle-cell disorders).

k) DIAG_01 is equal to any of: I24.0, I24.8, I24.9. OPCS4 codes excluded: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5.
l) DIAG_01 is equal to any of: E86, K52, A02.0, A04, A05.9, A07.2, A08, A09.
m) DIAG_01 is equal to any of: N10, N11, N12, N13.6, N15.9, N39.0, N30.0, N30.8, N30.9.
n) DIAG_01 is equal to any of: K25.0-K25.2, K25.4-K25.6, K26.0-K26.2, K26.4-K26.6, K27.0-K27.2, K27.4-K27.6, K28.0-K28.2, K28.4-K28.6, K20, K21.
o) DIAG_01 is equal to any of: L03, L04, L08.0, L08.8, L08.9, L88, L98.0, I89.1, L01, L02. OPCS4 codes excluded: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S1, S2, S3, S41, S42, S43, S44, S45, S48, S49, T, V, W, X0, X1, X2, X4, X5. S47 is allowed if by itself.
p) DIAG_01 is equal to any of: H66, H67, J02, J03, J06, J31.2, J04.0.
h) DIAG_01 is equal to any of: A69.0, K02, K03, K04, K05, K06, K08, K09.8, K09.9, K12, K13.
q) DIAG_01 is equal to any of: R56, O15, G25.3.

OR

9b Field Name 4 CHAR PRIMARY DIAGNOSIS CODE (DIAG_01) is any of (a) to (b) AND Field Name STARTAGE is <19 or >7000
a) J45, J46, E10, G40, G41
b) J10.0, J11.0, J11.1, J12.-, J13, J14, J15.-, J16.-, J18.0, J18.1, J18.9, J21.-

Appendix 3 – Providers for each CCG to be considered for Friends and Family maternity roll-out

The table below gives a list of CCGs and the provider codes that will be considered for each. A list of provider codes->names is available from the Organisation Codes Service[5].

Code	Name	Providers			
00C	NHS Darlington CCG	RXP			
00D	NHS Durham Dales, Easington and Sedgefield CCG	RXP	RLN	RVW	
00F	NHS Gateshead CCG	RR7	RTD		
00G	NHS Newcastle North and East CCG	RTD			
00H	NHS Newcastle West CCG	RTD			
00J	NHS North Durham CCG	RXP			
00K	NHS Hartlepool and Stockton-on-Tees CCG	RVW	RTR		
00L	NHS Northumberland CCG	RTF	RTD		
00M	NHS South Tees CCG	RTR			
00N	NHS South Tyneside CCG	RE9			
00P	NHS Sunderland CCG	RLN			
00Q	NHS Blackburn with Darwen CCG	RXR			
00R	NHS Blackpool CCG	RXL			
00T	NHS Bolton CCG	RMC			
00V	NHS Bury CCG	RW6	RMC		
00W	NHS Central Manchester CCG	RM2			
00X	NHS Chorley and South Ribble CCG	RXN			
00Y	NHS Oldham CCG	RW6			
01A	NHS East Lancashire CCG	RXR			
01C	NHS Eastern Cheshire CCG	RJN			
01D	NHS Heywood, Middleton & Rochdale CCG	RW6			
01E	NHS Greater Preston CCG	RXN			

[5] http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/nhs-trusts

Code	Name	Providers			
01F	NHS Halton CCG	RBN	RWW	REP	RJR
01G	NHS Salford CCG	RMC	RW6		
01H	NHS Cumbria CCG	RNL			
01J	NHS Knowsley CCG	RBN	REP	RVY	
01K	NHS Lancashire North CCG	RXN			
01M	NHS North Manchester CCG	RW6			
01N	NHS South Manchester CCG	RM2			
01R	NHS South Cheshire CCG	RJE			
01T	NHS South Sefton CCG	REP	RVY		
01V	NHS Southport and Formby CCG	RVY			
01W	NHS Stockport CCG	RWJ	RM2		
01X	NHS St Helens CCG	RBN	RWW		
01Y	NHS Tameside and Glossop CCG	RWJ	RW6		
02A	NHS Trafford CCG	RM2			
02D	NHS Vale Royal CCG	RJR	RWW		
02E	NHS Warrington CCG	RWW			
02F	NHS West Cheshire CCG	RJR			
02G	NHS West Lancashire CCG	RVY			
02H	NHS Wigan Borough CCG	RRF	RMC		
02M	NHS Fylde & Wyre CCG	RXL	RXN		
02N	NHS Airedale, Wharfedale and Craven CCG	RCF			
02P	NHS Barnsley CCG	RFF			
02Q	NHS Bassetlaw CCG	RP5			
02R	NHS Bradford Districts CCG	RAE	RWY	RCF	
02T	NHS Calderdale CCG	RWY			
02V	NHS Leeds North CCG	RR8	RCD		
02W	NHS Bradford City CCG	RAE			
02X	NHS Doncaster CCG	RP5			

Code	Name	Providers			
02Y	NHS East Riding of Yorkshire CCG	RWA	RCB		
03A	NHS Greater Huddersfield CCG	RWY			
03C	NHS Leeds West CCG	RR8			
03D	NHS Hambleton, Richmondshire and Whitby CCG	RTR	RCB		
03E	NHS Harrogate and Rural District CCG	RCD			
03F	NHS Hull CCG	RWA			
03G	NHS Leeds South and East CCG	RR8	RMP		
03H	NHS North East Lincolnshire CCG	RJL			
03J	NHS North Kirklees CCG	RXF	RWY		
03K	NHS North Lincolnshire CCG	RJL			
03L	NHS Rotherham CCG	RFR			
03M	NHS Scarborough and Ryedale CCG	RCB			
03N	NHS Sheffield CCG	RHQ			
03Q	NHS Vale of York CCG	RCB			
03R	NHS Wakefield CCG	RXF			
03T	NHS Lincolnshire East CCG	RWD	RJL		
03V	NHS Corby CCG	RNQ			
03W	NHS East Leicestershire and Rutland CCG	RWE			
03X	NHS Erewash CCG	RX1	RTG		
03Y	NHS Hardwick CCG	RFS	RK5		
04C	NHS Leicester City CCG	RWE			
04D	NHS Lincolnshire West CCG	RWD			
04E	NHS Mansfield & Ashfield CCG	RK5			
04F	NHS Milton Keynes CCG	RD8			
04G	NHS Nene CCG	RNS	RNQ		
04H	NHS Newark & Sherwood CCG	RK5	RX1	RWD	
04J	NHS North Derbyshire CCG	RFS	RWJ		
04K	NHS Nottingham City CCG	RX1			

Code	Name	Providers			
04L	NHS Nottingham North & East CCG	RX1			
04M	NHS Nottingham West CCG	RX1			
04N	NHS Rushcliffe CCG	RX1			
04Q	NHS South West Lincolnshire CCG	RWD	RX1		
04R	NHS Southern Derbyshire CCG	RTG			
04V	NHS West Leicestershire CCG	RWE	RJF		
04X	NHS Birmingham South and Central CCG	RLU	RR1		
04Y	NHS Cannock Chase CCG	RJD	RBK	RJF	
05A	NHS Coventry and Rugby CCG	RKB			
05C	NHS Dudley CCG	RNA			
05D	NHS East Staffordshire CCG	RJF			
05F	NHS Herefordshire CCG	RLQ			
05G	NHS North Staffordshire CCG	RJE	RJN		
05H	NHS Warwickshire North CCG	RLT			
05J	NHS Redditch and Bromsgrove CCG	RWP			
05L	NHS Sandwell and West Birmingham CCG	RXK	RLU	RNA	RBK
05N	NHS Shropshire CCG	RXW			
05P	NHS Solihull CCG	RR1			
05Q	NHS South East Staffs and Seisdon Peninsular CCG	RJF	RR1	RL4	
05R	NHS South Warwickshire CCG	RJC			
05T	NHS South Worcestershire CCG	RWP			
05V	NHS Stafford and Surrounds CCG	RJD	RJE		
05W	NHS Stoke on Trent CCG	RJE			
05X	NHS Telford & Wrekin CCG	RXW			
05Y	NHS Walsall CCG	RBK			
06A	NHS Wolverhampton CCG	RL4			
06D	NHS Wyre Forest CCG	RWP			
06F	NHS Bedfordshire CCG	RC1	RC9		

Code	Name	Providers			
06H	NHS Cambridgeshire and Peterborough CCG	RGT	RGN	RQQ	
06K	NHS East and North Hertfordshire CCG	RWH	RQW		
06L	NHS Ipswich and East Suffolk CCG	RGQ			
06M	NHS Great Yarmouth & Waveney CCG	RGP			
06N	NHS Herts Valleys CCG	RWG	RVL		
06P	NHS Luton CCG	RC9			
06Q	NHS Mid Essex CCG	RQ8	RDE		
06T	NHS North East Essex CCG	RDE			
06V	NHS North Norfolk CCG	RM1			
06W	NHS Norwich CCG	RM1			
06Y	NHS South Norfolk CCG	RM1	RGR		
07G	NHS Thurrock CCG	RDD	RN7		
07H	NHS West Essex CCG	RQW	RGT		
07J	NHS West Norfolk CCG	RCX			
07K	NHS West Suffolk CCG	RGR	RGT		
07L	NHS Barking & Dagenham CCG	RF4			
07M	NHS Barnet CCG	RVL	RAL		
07N	NHS Bexley CCG	RN7	RYQ		
07P	NHS Brent CCG	RYJ	RAL		
07Q	NHS Bromley CCG	RYQ			
07R	NHS Camden CCG	RAL	RYJ		
07T	NHS City and Hackney CCG	RQX			
07V	NHS Croydon CCG	RVR	RJZ	RYQ	RTP
07W	NHS Ealing CCG	RC3	RYJ		
07X	NHS Enfield CCG	RVL	RAP		
07Y	NHS Hounslow CCG	RFW	RYJ		
08A	NHS Greenwich CCG	RYQ			
08C	NHS Hammersmith and Fulham CCG	RYJ	RQM		

Code	Name	Providers			
08D	NHS Haringey CCG	RKE	RAP		
08E	NHS Harrow CCG	RVL	RYJ	RWG	RAS
08F	NHS Havering CCG	RF4			
08G	NHS Hillingdon CCG	RAS			
08H	NHS Islington CCG	RKE			
08J	NHS Kingston CCG	RAX			
08K	NHS Lambeth CCG	RJ1	RJZ		
08L	NHS Lewisham CCG	RJ2	RJ1	RJZ	
08M	NHS Newham CCG	R1H			
08N	NHS Redbridge CCG	RF4	R1H		
08P	NHS Richmond CCG	RAX	RFW		
08Q	NHS Southwark CCG	RJZ	RJ1		
08R	NHS Merton CCG	RJ7	RVR	RAX	
08T	NHS Sutton CCG	RVR			
08V	NHS Tower Hamlets CCG	R1H			
08W	NHS Waltham Forest CCG	R1H			
08X	NHS Wandsworth CCG	RJ7	RQM	RAX	RJ1
08Y	NHS West London (K&C, QPP) CCG	RYJ	RQM		
09A	NHS Central London (Westminster) CCG	RYJ	RQM		
09C	NHS Ashford CCG	RVV			
09D	NHS Brighton & Hove CCG	RXH	RYR		
09E	NHS Canterbury and Coastal CCG	RVV			
09F	NHS Eastbourne, Hailsham and Seaford CCG	RXC			
09G	NHS Coastal West Sussex CCG	RYR			
09H	NHS Crawley CCG	RTP	RXH		
09J	NHS Dartford, Gravesham and Swanley CCG	RN7			
09L	NHS East Surrey CCG	RTP			
09N	NHS Guildford and Waverley CCG	RA2			

Code	Name	Providers			
09P	NHS Hastings & Rother CCG	RXC			
09W	NHS Medway CCG	RPA			
09X	NHS Horsham and Mid Sussex CCG	RXH	RTP		
09Y	NHS North West Surrey CCG	RTK			
10A	NHS South Kent Coast CCG	RVV			
10C	NHS Surrey Heath CCG	RDU			
10D	NHS Swale CCG	RPA			
10E	NHS Thanet CCG	RVV			
10G	NHS Bracknell and Ascot CCG	RDU	RHW		
10H	NHS Chiltern CCG	RXQ			
10J	NHS North Hampshire CCG	RN5			
10K	NHS Fareham and Gosport CCG	RHU			
10L	NHS Isle of Wight CCG	R1F			
10M	NHS Newbury and District CCG	RHW	RN5	RN3	
10N	NHS North & West Reading CCG	RHW			
10Q	NHS Oxfordshire CCG	RTH			
10R	NHS Portsmouth CCG	RHU			
10T	NHS Slough CCG	RAS	RTH	RDU	RYJ
10V	NHS South Eastern Hampshire CCG	RHU	RYR		
10W	NHS South Reading CCG	RHW			
10X	NHS Southampton CCG	RHM			
10Y	NHS Aylesbury Vale CCG	RXQ			
11A	NHS West Hampshire CCG	RHM	RN5		
11C	NHS Windsor, Ascot and Maidenhead CCG	RDU	RTK	RHW	
11D	NHS Wokingham CCG	RHW			
11E	NHS Bath and North East Somerset CCG	RN3			
11H	NHS Bristol CCG	RVJ			
11J	NHS Dorset CCG	RD3	RBD		

Code	Name	Providers			
11M	NHS Gloucestershire CCG	RTE			
11N	NHS Kernow CCG	REF	RK9		
11T	NHS North Somerset CCG	RVJ	RA3		
11X	NHS Somerset CCG	RBA	RA4	RN3	
12A	NHS South Gloucestershire CCG	RVJ			
12D	NHS Swindon CCG	RN3			
12F	NHS Wirral CCG	RBL			
13P	NHS B'ham xcity	RR1	RLU		
99A	NHS Liverpool CCG	REP			
99C	NHS North Tyneside CCG	RTD	RTF		
99D	NHS South Lincolnshire CCG	RGN	RWD		
99E	NHS Basildon and Brentwood CCG	RDD	RQ8		
99F	NHS Castle Point and Rochford CCG	RAJ			
99G	NHS Southend CCG	RAJ			
99H	NHS Surrey Downs CCG	RVR	RAX		
99J	NHS West Kent CCG	RWF			
99K	NHS High Weald Lewes Havens CCG	RXH	RXC	RWF	
99M	NHS North East Hampshire and Farnham CCG	RDU	RA2		
99N	NHS Wiltshire CCG	RN3	RNZ		
99P	NHS North, East, West Devon CCG	RH8	RK9	RBZ	
99Q	NHS South Devon and Torbay CCG	RA9			

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