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## **CCG Improvement and Assessment Framework:**

### **Methodologies for initial baseline clinical ratings for cancer, mental health, dementia, diabetes, learning disabilities and maternity**

#### **Background and purpose**

As part of the new Clinical Commissioning Group Improvement and Assessment Framework (CCGIAF) for 2016/17, an initial baseline rating for six clinical priority areas; cancer, mental health, dementia, diabetes, learning disabilities and maternity will be published. The rating has been derived from the indicators in the new framework looking at CCGs' current baseline performance using the most recent data available as at the end of June 2016. The baseline rating provides a starting point for future assessments.

Independent panels for each of the six clinical areas have defined approaches to combining the individual metrics to reach an overall rating for each priority area.

This document sets out the methodologies used for an initial assessment for cancer, mental health, dementia, diabetes, learning disabilities and maternity.

For the 2016/17 year-end ratings that will be published in June 2017, CCGs will receive a CQC-style rating.

#### **Headlines**

- CCGs will receive an overall rating for each of the six clinical priority areas, on a four point scale. The following four point scale descriptors have been used for the banding of the six clinical priority areas:
  1. Top performing;
  2. Performing well;
  3. Needs improvement; and,
  4. Greatest need for improvement.
- The overall rating is arrived at by looking at the scores of CCGs on individual indicators from the CCGIAF. Indicator scores are compared against the national average, a national standard, in relation to an existing ambition or the distribution is split into quartiles. The approach used depends on the availability of standards for the indicator to be compared against. The specific approaches are set out in the body of this document.
- The methods used to band individual CCG IAF indicators against these benchmarks varied depending on technical characteristics of the data such as the distribution and precision of indicator values.

- In cases where small numbers were considered an issue, such as survey based indicators where there may be a small number of respondents, statistical significance tests were applied to ensure that ratings were based on significant difference from the benchmark. In other cases, where panels deemed that the data did not lend itself to statistical significance tests, an approach based on the median and quartiles was applied. The specific approaches are set out in the body of this document.
- The overall rating provides only a snapshot, based on using the most recent data available for the CCGIAF indicators as at the end of June 2016. It is a snapshot of whether CCGs are meeting national ambitions where relevant, or how their performance in other respects compares with other CCGs. Many are directly relevant to clinical outcomes, such as cancer early diagnosis.
- At this stage it is likely that the greatest value in supporting CCGs to drive improvements in care and support is to be derived by considering the results of each individual measure. It should help identify where CCGs might be able to learn from each other and help drive improvements.

## Methodologies for the clinical priority areas

### Cancer

#### Cancer indicators and banding methodology

The overall rating for cancer is based on four indicators; early diagnosis, one year survival, 62 day waits after referral, and overall patient experience. On each of these indicators, CCGs are rated red, amber or green using a set of criteria agreed by the assessment panel. These criteria include comparison to national average performance (early diagnosis, overall patient experience), an existing operational standard (62 day wait), and trajectory to the ambition set by the Cancer taskforce report (one year survival). Additional detail on thresholds is provided below:

- Stage at diagnosis, Patient experience: These have been RAG rated based on a comparison to the national average using 95% confidence intervals.
- One-year survival: The independent cancer taskforce set a national ambition for 2020 of 75%. This metric has been RAG rated based on a comparison to the required linear trajectory to meet this ambition nationally, again using a 95% confidence interval.
- 62-Day Performance: This metric has been RAG rated relative to the performance target of 85% compliance. In line with usual operational practice, CCGs meeting the performance target by 1% or less have been rated 'Amber'

#### Cancer – Overall rating methodology

The overall CCG ratings for cancer are based on the following rules:

- In box 1 (top performing): if it has a green rating on 3 or 4 of the underlying metrics and no red rating
- In box 2 (performing well): if it has a green rating on 1 or 2 metrics and no red ratings
- In box 3 (needs improvement): if it has an amber rating on all metrics or a red rating on no more than 2 metrics

- In box 4 (greatest need for improvement): if it has a red rating on three or more metrics

These rules are also illustrated in table 1.

**Table 1 - Cancer overall rating method**

<b>Number of indicators rated as 'Green'</b>	<b>4</b>	Top Performing				
	<b>3</b>	Top Performing	Needs improvement			
	<b>2</b>	Performing well	Needs improvement	Needs improvement		
	<b>1</b>	Performing well	Needs improvement	Needs improvement	Greatest need for improvement	
	<b>0</b>	Needs improvement	Needs improvement	Needs Improvement	Greatest need for improvement	Greatest need for improvement
		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Number of indicators rated as 'Red'</b>						

### Cancer – Additional information

The four cancer metrics included in the CCG IAF have been chosen based on the key priorities agreed by the Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England. However, the Framework should be seen in the wider context of the Cancer Dashboard, which contains many more metrics and gives a broader picture of cancer service performance along the entire patient pathway.

Cancer care in England is improving, as can be seen through increased survival rates, an increase in the proportion of cancers diagnosed at early stage, and generally high levels of patient satisfaction. However, there is considerable room for improvement, given the variation across the country. Our aim is to measure progress towards the ambitions for one-year survival and stage at diagnosis laid out in the independent Cancer Taskforce report. For survival and staging metrics, CCGs will be assessed each year against the national trajectory required to reach the Taskforce ambitions by 2020.

This Framework highlights variation in how well different areas of the country are diagnosing and treating cancer and supporting patients. It shows areas in need of improvement, but also highlights areas of best practice. In future years it will also show where there has been significant improvement. Cancer Alliances will play a key role in identifying priorities and promoting the sharing of best practice between CCGs within their footprint, helping to reduce variation and drive local improvement.

The patient experience metric uses the overall rating of care given by patients in the national Cancer Patient Experience Survey (CPES). The make-up of this Survey has

changed considerably in the last year, in order to better reflect progress against the areas outlined in the Cancer Strategy, so ratings in future may change significantly. It is important to note that future publications from CPES will also be case mix-adjusted.

One-year survival is case-mix adjusted already. At present, staging data has not been case-mix adjusted. Adjusting scores for the relative incidence of different cancer types may be considered for future years.

## Mental Health

### Mental Health – Indicators and methodology

The overall rating for mental health focuses on two areas where national standards, and national data collections, have been established for Improving Access to Psychological Therapies (IAPT) recovery rate and Early Intervention in Psychosis (EIP) two week wait.

Three areas where the need for transformation is considered most pressing have also been included in the CCG IAF but have not in the overall baseline rating for June 2016. These five indicators are illustrated at table 2.

**Table 2 – Mental Health CCG IAF indicators**

National standards	Transformation indicators
Improving access to psychological therapies, recovery rate	Children and young people’s mental health
Early intervention in psychosis, two week wait	Crisis care
	Out of Area Placements (OAPs)

- The overall assessment rating for mental health is based on performance against the two national standards alone. Data on wider transformation standards will be published alongside but will not inform the overall rating.
- It is intended that the CCG IAF for mental health will change substantially in future years as data quality improves and more national standards become available.

### Mental Health baseline assessment – indicators and methodology

- The national standard for IAPT recovery is that at least 50 percent of people who complete treatment move to recovery. Data for this indicator are published by NHS Digital.
- The EIP access and waiting time standard, from April 2016, requires that more than 50 percent of people experiencing first episode psychosis will be treated with a NICE- concordant package of care within 2 weeks of referral. This indicator measures the two week wait element of this standard, and data are drawn from a UNIFY2 collection at this time.

Based on their performance against each indicator CCGs will be allocated to one of four categories, as illustrated in table 3.

**Table 3 – Mental Health national standards indicator banding**

Category	IAPT recovery rate	EIP two week wait
1	> 55%	> 75%
2	50 - 55%	50 - 75%
3	45 - 49%	40 - 49%
4	< 45%	< 40%

The overall ratings for Mental Health are calculated as illustrated in table 4.

**Table 4 – Mental Health overall rating methodology**

		EIP two week wait			
Category		1	2	3	4
IAPT recovery rate	1	Top performing	Performing well	Performing well	Needs improvement
	2	Performing Well	Performing Well	Needs improvement	Needs improvement
	3	Performing well	Needs improvement	Needs improvement	Greatest need for improvement
	4	Needs improvement	Needs improvement	Greatest need for improvement	Greatest need for improvement

Mental health – Transformation indicators and assessment methodology

Due to the shortage of robust national data a number of transformational milestones have been identified for children and young people’s mental health, crisis care and out of area placements.

A bespoke UNIFY2 collection has been set up to allow CCGs to provide a self-assessment against the local arrangements that should be in place to deliver high quality care now and in the future. The score for each indicator is based on answers to specific questions, weighted according to the methodology set out in the technical document ‘*understanding the transformation indicators*’.

- The indicator for children and young people’s mental health focuses on the extent to which the CCGs, working with partners, have updated and republished an assured ‘local transformation plan’. There is also focus on commissioning of eating disorder services and specialist CYP services, membership of quality assurance network, workforce planning and whether the CCG is meeting the Mental Health Investment Standard for CYP, whereby services have received an uplift of at least as much as the baseline uplift for the year. This indicator has been weighted to reflect the importance of those meeting the mental health investment standard for CYP.
- The indicator for crisis care aims to assess whether CCGs have agreed plans with providers to achieve improvements and level of current provision in three overarching crisis areas: mental health liaison in acute hospitals, crisis resolution and home treatment and whether detentions under section 136 of the mental health act are well regulated and undertaken in an appropriate setting. This indicator has been weighted

to reflect the value of ensuring CRHTTs are adequately resourced and delivered in line with best practice.

- The indicator for Out of Area Placements (OAPs) reflects the requirement for plans to be in place to reduce the usage of out of area placements for adult mental health inpatient care, ensuring that monitoring of OAPs is taking place at the local level and that CCGs are on track to deliver a reduction in OAPs. This indicator has been weighted to reflect the importance of being on track to reduce OAPs.

Based on their performance against each indicator, CCGs will be allocated to one of four categories, as illustrated in table 5.

**Table 5 – Mental Health transformation indicator banding**

Category	CYPMH score	Crisis score	OAPs score
1	≥ 5	≥ 14	3
2	≥ 4 but below 5	≥ 9 but below 14	≥ 2 but below 3
3	≥ 2 but below 4	≥ 6 but below 9	≥ 1 but below 2
4	< 2	< 6	< 1

As these indicators are not included in the overall rating for mental health, it has been agreed that these categories should be labelled, as outlined in table 6.

**Table 6 – Mental Health transformation indicator rating methodology**

Category	Rating
1	Meeting expectations
2	Mostly meeting expectations
3	Requires Improvement
4	In need of immediate attention

## Dementia

### Dementia – Indicators and banding methodology

The 2016 initial rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

Diagnosis rates are calculated using the number of people on the dementia register, ONS population figures and CFAS II prevalence estimates. Care plan reviews are calculated using number of people who have had a care plan review and number of people on the dementia register. The indicator on the percentage of patients diagnosed with dementia who have had a face to face review of their care plan within the last 12 months is intended as a proxy measure of broader support post- diagnosis of dementia. The intention is to develop a fuller measure of post-diagnosis support for 2017/18.

Each dementia indicator is assigned to a performance category by comparing it to thresholds for each category. For the diagnosis rate indicator, we used the national ambition of 66.7% as the threshold for good performance. For the care plan review indicator, we used quartiles i.e. 25% of CCGs were allocated to each category according to their ranked performance. The thresholds for each indicator are shown in table 7.

**Table 7 – Dementia indicator banding**

Category	Diagnosis rate	Care plan reviews
1	76.7 – 100%	79.5 – 100%
2	66.7 – 76.6%	77.6 – 79.4%
3	56.7 – 66.6%	75.7 – 77.5%
4	0 – 56.6%	0 – 75.6%

Dementia – Dementia indicator banding

The overall rating for dementia is based on the CCG rating for each of the dementia indicators as illustrated in table 8.

**Table 8 – Dementia overall rating method**

		Diagnosis rate			
		1	2	3	4
Care plan review	1	Top performing	Top performing	Performing well	Needs improvement
	2	Top performing	Performing well	Needs improvement	Needs improvement
	3	Performing well	Needs improvement	Needs improvement	Greatest need for improvement
	4	Needs improvement	Needs improvement	Greatest need for improvement	Greatest need for improvement

Dementia – Additional information

The 2017 assessment will include a broader range of metrics that better reflect the quality of care being delivered at a local level. The longer term aim is to have a metric for each area of NHS England’s Transformational Framework, the Well Pathway.

## Diabetes

### Diabetes – Indicators and banding methodology

The overall rating for diabetes considers two indicators which are recognised measures of whether patients with type 1 or type 2 diabetes are being successfully supported to manage their condition. The two indicators have each been assessed using National Diabetes Audit (NDA) data to give CCGs a RAG rating as illustrated in table 9.

**Table 9 – Diabetes indicator banding method**

Category	Diabetes patients who have achieved all of the NICE-recommended treatment targets (Three targets for adults-HbA1c, cholesterol and blood pressure: one target for children-HbA1c)	People with diabetes diagnosed less than a year who attend a structured education course.
<b>Green</b>	≥40.2% (current median)	Significantly above national average (5.7%) based on a comparison using 95% confidence intervals.
<b>Amber</b>	37.8% - 40.2% (between 25 <sup>th</sup> percentile and median)	Same as national average (5.7%) based on a comparison using 95% confidence intervals.
<b>Red</b>	<37.8% (current 25 <sup>th</sup> percentile)	Significantly below national average (5.7%) based on a comparison using 95% confidence intervals.

### Diabetes – Overall rating methodology

CCG overall assessment ratings for diabetes are based in the CCG RAG ratings for each of the indicators, as illustrated in table 10. In addition, in order to support improved participation in the NDA, reflecting that low NDA participation also results in less reliable data on a CCG's overall position, it was agreed that CCGs with less than 25% of their GP practices participating in the NDA should automatically be placed in the 'greatest need for improvement' category irrespective of their performance on the two indicators.

**Table 10 – Diabetes overall rating method**

		Treatment targets		
		Green	Amber	Red
Structured education	Green	Top performing	Performing well	Needs improvement
	Amber	Performing well	Needs improvement	Needs improvement
	Red	Needs improvement	Needs improvement	Greatest need for improvement



## Diabetes – Additional information

The Structured Education and Treatment targets indicators reflect interventions recommended by NICE as key elements of successful diabetes management. The structured education measure identifies whether patients newly diagnosed with diabetes are being supported soon after diagnosis to be well informed about the actions they can take to manage their condition, whilst the treatment targets measure identifies whether diabetes is continuing to be successfully managed in subsequent years.

Other key elements in the diabetes treatment pathway include timely access to multidisciplinary footcare teams and specialist diabetes inpatient teams. Consideration will be given to the potential for reflecting local access to these services in ratings for future years.

## **Learning Disabilities**

### Learning disabilities – Indicators and banding methodology

For Learning Disabilities, two indicators are combined to give an overall rating: reliance on specialist inpatient care for people with a learning disability and/or autism and proportion of people with a learning disability on the GP register receiving an annual health check.

- The inpatient indicator is ranked 1-3 according to the number of inpatients per million of the population, with every CCG in each Transforming Care Partnership (TCP) being given the overall TCP rate rather than an individual CCG rate.
- The annual health check indicator is ranked 1- 3 according to the percentage of people on the GP Learning Disability register receiving an annual health check during the year. Those CCGs in which at least 20% of GP practices are flagged in the national publication as having data quality concerns will be given a ranking of 3.

The two indicators were each rated from 1 to 3 according to distance from the national mean performance. A 90% confidence level was used. For the inpatient indicator this analysis was carried out on the 48 TCPs, and each CCG within a TCP was given the TCP score. For the annual health check indicator, the CCGs with data quality concerns were not included in the analysis and calculation of the England average score. The banding method is illustrated in table 11.

**Table 11 – Learning disabilities indicator banding**

Indicator rating category	Indicator	
	Reliance on beds	Annual Health Checks (AHC)
1	Rate is significantly below the average rate	Performance is significantly above the average score
2	Rate is not significantly different to the average rate	Performance is not significantly different to the average score
3	Rate is significantly above the average rate	Performance is significantly below the average score, or the CCG had data quality concerns

Learning disabilities – Overall rating methodology

The overall assessment ratings for Learning Disabilities are based on the CCG RAG ratings for each of the Learning Disabilities indicators, as illustrated in table 12.

**Table 12 – Learning Disabilities overall rating method**

		Inpatient rate		
		1	2	3
Annual health check	1	Top performing	Performing well	Performing well
	2	Performing well	Needs improvement	Needs improvement
	3	Performing well	Needs improvement	Greatest need for improvement

## Maternity

Maternity – Indicators and banding methodology

The four indicators used for the maternity baseline rating are: still birth and neonatal mortality rate, maternal smoking (at the time of delivery), choices in maternity services, and women’s experience of maternity services.

All four of the maternity indicators were rated from 1 to three according to distance from the national mean performance. Indicators were rating using control limited at 90% confidence, meaning that there is only a 10% change that a CCG is identified as an outlier due to random variation alone. As illustrated in table 13, 1 indicates performance above the standard of the majority; 2 indicates performance in line with the majority; and 3 indicates performance below the standard of the majority.

**Table 13 – Maternity indicator banding**

Indicator rating category	Indicator	
	'Maternal Smoking' and 'Neonatal mortality and stillbirths'	Experience of Maternity services' and 'Choices in maternity services'
1	Rate is significantly below the average rate	Score is significantly above the average score
2	Rate is not significantly different to the average rate	Score is not significantly different to the average score
3	Rate is significantly above the average rate	Score is significantly below the average score

Maternity – Overall rating methodology

CCG overall assessment ratings for maternity are based on the number of 1 and 3 ratings CCGs are given across the four maternity indicators as illustrated by table 14.

**Table 14 – Maternity overall rating method**

Number of indicators rated as '1'	4	Top Performing				
	3	Top Performing	Performing well			
	2	Performing well	Performing well	Needs improvement		
	1	Performing well	Needs improvement	Needs improvement	Greatest need for improvement	
	0	Needs improvement	Needs improvement	Greatest need for improvement	Greatest need for improvement	Greatest need for improvement
		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Number of indicators rated as '3'</b>						

Maternity – Additional information

The stillbirth and neonatal mortality indicator will help to gauge the success of CCG activities aimed at reducing neonatal mortality and still birth rates. This indicator currently uses ONS data and is unadjusted. The latest available data from ONS is from 2014; data from 2015 will be available in the autumn and will be used for the 2017 assessment. It is recognised that using more recent data will make this indicator significantly more useful for CCGs; we will therefore continue to develop the data

source and methodology for next year's assessment to look for opportunities to make further improvements.

CCGs should use this indicator alongside information available locally and from other national sources to better understand the causes of mortality in their local populations and focus their activities towards reducing the rate. A high mortality rate warrants investigation as it may reflect shortcomings in the quality of care. However, mortality rates may be influenced by factors other than the quality of care, such as: random year on year variation; the proportion of women with high risk pregnancies giving birth to babies; and the proportion of mothers who choose to carry babies affected by severe congenital anomalies to term. Caution is therefore required when interpreting mortality rates in isolation from other sources of information.

The maternal smoking (at time of delivery) indicator will contribute to measuring the success of interventions to reduce smoking in pregnancy, as recommended by NICE guidance (PH26). Performance in this indicator will reflect the effectiveness of "stop smoking" services and working relationships with Local Authorities through the Health and Wellbeing Boards. This indicator also relates to the effective screening by maternity services of pregnant women throughout their pregnancy through validated monitoring, as required by the Saving Babies' Lives care bundle.

The use of this indicator in the CCG IAF is intended to help CCGs hold commissioners and providers of local stop smoking services to account. It will also encourage feedback between maternity services and stop smoking services to improve outcomes once a pregnant woman is identified as a smoker.

The Experience indicator measures women's experiences of maternity services based on answers to the 2015 CQC National Maternity Services Survey. The Choice indicator uses the same CQC survey to specifically look at the choices offered to users of maternity services. Each of these two indicators are composite indicators, calculated as an average of scores from six questions from the survey reflecting several points across the care pathway (antenatal, intrapartum and postnatal). The experience and choice indicators have been adjusted for age and for parity (the number of times a woman has given birth). The six questions for experience, and the six questions for choice, are available from page 89 of the technical annex at <https://www.england.nhs.uk/commissioning/ccg-auth/>. As the CCG IAF framework develops, this indicator will become aligned with the recommendations within Better Births around choice and experience.