CCG
Outcomes
Indicator Set
2014/15:
technical
guidance

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Description	The CCG Outcomes Indicator Set provides clear, comparative information for use by CCGs and partners in identifying local priorities for quality improvement and to demonstrate progress that local health systems are making on outcomes.
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CCG Outcomes Indicator Set 2014/15

Technical guidance

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Introduction

This Technical Guidance sets out the detailed definitions and data sources for each 2014/15 CCG Outcomes Indicator Set measure, grouped under the five domains of the NHS Outcomes Framework.

CCG Outcomes Indicator Set measures are developed from NHS Outcomes Framework indicators that can be measured at clinical commissioning group (CCG) level together with additional indicators developed by NICE and the Health and Social Care Information Centre (HSCIC).

For each indicator details are given of:

- the development and assurance status (as of December 2013);

- the definition;

- the clinical rationale;

- the data sources on which the indicator is based;

- the relevant numerator and denominator;

- related NHS Outcomes Framework indicators;

- when 2014/15 data will be available (which reflects the reporting schedules of the data sources) and published via the HSCIC website and indicator portal.

In some cases, indicator methodologies are in development or are yet to complete final assurance processes with the HSCIC. (The assurance process tests the robustness and appropriateness of proposed indicators and the data sources to be used.) Work will continue on these and CCGs will be advised as these become available.

Details of the equality impact assessments prepared by NICE in respect of indicators it has recommended are set out in Annex 1. The Equalities Analysis carried out by the Department of Health with respect to the NHS Outcomes Framework can be found at: https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015.

An at-a-glance summary of the 2014/15 CCG Outcomes Indicator Set can be found at Annex 2.

Domain One: Preventing people from dying prematurely

C1.1	Reduction in potential years of life lost (PYLL) from causes amenable to health care
Title	Combined indicator on potential years of life lost (PYLL) from causes considered amenable to healthcare adults children and young people
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised potential years of life lost to conditions amenable to healthcare in the respective calendar year per 100,000 CCG population
Clinical rationale	Causes considered amenable to health care 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 (for which cause of death is not classified by ICD-10 codes). These indicators therefore relate to deaths between 28 days and 74 years of age inclusive.
	ONS consulted on a proposed list of causes considered amenable to healthcare in February 2011 and updated the list in April 2012. ONS's definition and related data for 2010 for England and Wales can be found at: http://www.ons.gov.uk/ons/rel/subnational-health4/avoidable-mortality-in-england-and-wales/2010/stb-avoidable-mortality.html
Data source	Primary Care Mortality Database (PCMD), provided by ONS.
	ONS population estimates: http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html
	GP registered population, National Health Application Infrastructure Services (NHAIS) ('Exeter') System
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD)
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, supplied annually on 1 January for the forthcoming calendar year
NHS OF indicator(s)	1ai and ii
Dates when in-year data will be available	June 2015

C1.2	Reducing premature mortality from the major causes of death: cardiovascular disease
Title	Under 75 mortality rate from cardiovascular disease
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised mortality rate from cardiovascular disease for people aged under 75 in the respective calendar year per 100,000 CCG population
Clinical rationale	One of four improvement areas which account for the large portions of the disease burden amenable to health care. Progress in these outcomes therefore provides a useful initial analysis of what accounts for progress in the overarching indicators. This indicator measures premature mortality from cardiovascular disease, and seeks to encourage measures such as the prompt diagnosis and effective management of cardiovascular conditions and treatments to reduce the re-occurrence of cardiovascular disease events and to prevent or to slow the process of chronic cardiovascular conditions. The detection of risk factors for, and the diagnosis and effective treatment of, cardiovascular disease will influence mortality associated with cardiovascular disease.
Data source	Primary Care Mortality Database (PCMD) provided by the Office for National Statistics GP registered population, NHAIS (Exeter) System
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD)
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, supplied annually on 1 January for the forthcoming calendar year
NHS OF indicator(s)	1.1
Dates when in-year data will be available	June 2015

C1.3	Reducing premature mortality from the major causes of death: cardiovascular disease
Title	Cardiac rehabilitation completion
Assurance level	Assurance initiated
Status	In development
Definition	Number of patients with coronary heart disease (CHD) who completed cardiac rehabilitation. Completion is defined as the end of the cardiac rehabilitation delivery phase and second assessment, as collected by the national audit of cardiac rehabilitation (NACR)
Clinical rationale	Cardiac rehabilitation enables people with CHD to have the best possible help (physical, psychological and social) to preserve or resume their optimal functioning in society. It represents the sum of activities required to influence favourably the underlying cause of CHD, as well as the best possible, physical, mental and social conditions, so that people may, by their own efforts preserve or resume when lost, as normal a place as possible in the community. Rehabilitation cannot be regarded as an isolated form or stage of therapy but must be integrated within secondary prevention services of which it forms only one facet.
Data source	National Audit of Cardiac Rehabilitation (NACR): http://www.cardiacrehabilitation.org.uk/nacr/ Hospital Episode Statistics (HES)
Numerator	The number of people in the denominator who have phase 3 start date for cardiac rehabilitation (as collected by the NACR)
Denominator	The number of people admitted to hospital during the respective year with one of the following: (i) a primary diagnosis of acute myocardial infarction (MI) (ii) a procedure code of percutaneous coronary intervention (PCI) (iii) a procedure code of coronary artery bypass graft
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2016

C1.4	**Reducing premature mortality from the major causes of death: cardiovascular disease**
Title	Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes
Assurance level	Assured
Status	In development
Definition	Indirectly age and sex standardised rate for myocardial infarction, stroke and stage 5 chronic kidney disease per 100 people with diabetes in the National Diabetes Audit
Clinical rationale	The intent of this indicator is to measure the proportion of people with diabetes who develop long-term conditions or complications that may be exacerbated by poor management of diabetes. Some, but not all, complications or episodes of ill-health may potentially be avoidable with high-quality management of diabetes in primary care. These long-term conditions or complications are therefore used as proxies for outcomes of care.
Data source	National Diabetes Audit (NDA) GP practice to CCG mapping file from the HSCIC website: http://systems.hscic.gov.uk/data/ods/datadownloads/gppractice
Numerator	Number of people collected by the NDA who have HES primary or secondary diagnosis (ICD10) codes, or primary and secondary OPCS codes during the follow-up period of MI, stroke or end stage kidney disease
Denominator	Number of people with diabetes identified by the NDA who were alive at the start of the follow-up period
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	March 2016

C1.5	Reducing premature mortality from the major causes of death: cardiovascular disease
Title	Mortality within 30 days of hospital admission for stroke
Assurance level	Assured
Status	In development
Definition	Mortality rate of patients who die within 30 days of hospital admission for stroke
Clinical rationale	Some (but not all) deaths within a defined period after admission to hospital may be avoidable through high-quality co-ordinated specialist stroke care.
Data source	Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP) Office for National Statistics (ONS) mortality
Numerator	The number of spell records that have a mortality record within 30 (<=30) days of being admitted to hospital for stroke, including deaths that occur in or out of hospital
Denominator	The number of spell records where the patient was admitted with a primary diagnosis of stroke
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C1.6	Reducing premature mortality from the major causes of death: respiratory disease
Title	Under 75 mortality from respiratory disease
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised mortality rate from respiratory disease for people aged under 75 in the respective calendar year per 100,000 CCG population.
Clinical rationale	One of four improvement areas which account for the large portions of the disease burden amenable to health care. Progress in these outcomes therefore provides a useful initial analysis of what accounts for progress in the overarching indicators.

This indicator measures premature mortality from respiratory disease, and seeks to encourage measures such as early and accurate diagnosis, optimal pharmacotherapy, physical interventions, prompt access to specialist respiratory care, structured hospital admission and appropriate provision of home oxygen.

The detection of risk factors for, and the diagnosis and effective treatment of, respiratory disease will influence mortality associated with respiratory disease. |
| **Data source** | Primary Care Mortality Database (PCMD) provided by the Office for National Statistics

GP registered population, NHAIS (Exeter) System |
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD)
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, supplied annually on 1 January for the forthcoming calendar year
NHS OF indicator(s)	1.2
Dates when in-year data will be available	June 2015

C1.7	Reducing premature mortality from the major causes of death: liver disease
Title	Under 75 mortality rate from liver disease
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised mortality rate from liver disease for people aged under 75 in the respective calendar year per 100,000 CCG population
Clinical rationale	One of four improvement areas which account for the large portions of the disease burden amenable to health care. Progress in these outcomes therefore provides a useful initial analysis of what accounts for progress in the overarching indicators. This indicator measures premature mortality from liver disease, and seeks to encourage measures such as prevention, early and accurate diagnosis and timely access to appropriate treatment and support.
Data source	Primary Care Mortality Database (PCMD) provided by the Office for National Statistics GP registered population, NHAIS (Exeter) System
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD)
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, supplied annually on 1 January for the forthcoming calendar year
NHS OF indicator(s)	1.3
Dates when in-year data will be available	June 2015

C1.8	Reducing premature mortality from the major causes of death: liver disease
Title	Emergency admissions for alcohol-related liver disease
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised emergency admission rate for alcohol related liver disease in adults per 100,000 CCG population
Clinical rationale	Some, but not all admissions for liver disease may be potentially avoidable by high quality management in primary care. This indicator therefore acts as a proxy for overall management.
Data source	Hospital Episode Statistics (HES) GP registered population, NHAIS (Exeter) System
Numerator	HES Continuous Inpatient Spells (CIPS). The CIP spells are constructed by the HSCIC HES Development team.
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, supplied annually on 1 April for the forthcoming financial year
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C1.9	**Reducing premature mortality from the major causes of death: cancer**
Title	Under 75 mortality rate from cancer
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised mortality rate from cancer for people aged under 75 in the respective calendar year per 100,000 CCG population
Clinical rationale	One of four improvement areas which account for the large portions of the disease burden amenable to health care. Progress in these outcomes therefore provides a useful initial analysis of what accounts for progress in the overarching indicators.
	This indicator measures premature mortality from cancer, and seeks to encourage measures such as early and accurate diagnosis, optimal pharmacotherapy, physical interventions, prompt access to specialist cancer care, structured hospital admission and appropriate provision of home oxygen.
Data source	Primary Care Mortality Database (PCMD) provided by the Office for National Statistics
	GP registered population, NHAIS (Exeter) System
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD)
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; supplied annually on 1 January for the forthcoming calendar year
NHS OF indicator(s)	1.4
Dates when in-year data will be available	June 2015

C1.10	Reduced years of life lost from cancer
Title	One year survival from all cancers
Assurance level	Not yet assured
Status	In development
Definition	One- year standardised relative survival percentage for adults (15–99 years). An aggregate indicator for one year survival for all cancers in adults 15+. Relative survival is an estimate of the probability of survival from the cancer alone. It is defined as the ratio of the observed survival and the survival that would have been expected if the cancer patients had experienced the same background mortality by age and sex as the general population. Note: ONS may replace 'relative survival' with 'net survival'. 2011 figure will be on a different basis from the previous figures See link to latest data using new methodology, which explains the difference: http: //www.ons.gov.uk/ons/rel/cancer-unit/cancer-survival/2006---2010--followed-up-to-2011/stb-cancer-survival.html
Clinical rationale	Reduced years of life lost from cancer
Data source	ONS: mortality data by cause (England and Wales): http://www.ons.gov.uk/ons/rel/vsob1/mortality-statistics—deaths-registered-in-england-and-wales—series-dr-/2010/dr-table5-2010.xls ONS: mid-year population estimates: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-231847 and http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html ONS: cancer registrations data: http://www.ons.gov.uk/ons/rel/vsob1/cancer-statistics-registrations—england—series-mb1-/no—41—2010/rft-cancer-registrations-2010.xls
Calculation	Calculated rates provided by the London School of Hygiene and Tropical Medicine
NHS OF indicator(s)	1.4i
Dates when in-year data will be available	March 2015

C1.11	Reduced years of life lost from cancer
Title	One year survival from breast, lung and colorectal cancers
Assurance level	Not yet assured
Status	In development
Definition	One-year standardised relative survival percentage for adults (15–99 years). An aggregate indicator for one year survival for all cancers in adults 15+. Relative survival is an estimate of the probability of survival from the cancer alone. It is defined as the ratio of the observed survival and the survival that would have been expected if the cancer patients had experienced the same background mortality by age and sex as the general population. Colorectal, breast and lung cancers are defined in terms of the following ICD-10 codes: Colorectal C18-C20, C21.8; Breast C50; Lung C33-C34. Note: ONS may replace 'relative survival' with 'net survival'. 2011 figure will be on a different basis from the previous figures. See link to latest data using new methodology, which explains the difference: http: //www.ons.gov.uk/ons/rel/cancer-unit/cancer-survival/2006---2010--followed-up-to-2011/stb-cancer-survival.html
Clinical rationale	Reduced years of life lost from cancer
Data source	ONS: mortality data by cause (England and Wales): http://www.ons.gov.uk/ons/rel/vsob1/mortality-statistics—deaths-registered-in-england-and-wales—series-dr-/2010/dr-table5-2010.xls ONS: mid-year population estimates: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-231847 and http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html ONS: cancer registrations data: http://www.ons.gov.uk/ons/rel/vsob1/cancer-statistics-registrations—england—series-mb1-/no—41—2010/rft-cancer-registrations-2010.xls
Calculation	Calculated rates provided by the London School of Hygiene and Tropical Medicine
NHS OF indicator(s)	1.4.iii
Dates when in-year data will be available	March 2015

C1.12	Reducing premature death in people with severe mental illness
Title	People with severe mental illness who have received a list of physical checks
Assurance level	Assured
Status	In development
Definition	The percentage of people with severe mental illness (SMI) who have received a complete list of physical checks
Clinical rationale	This indicator measures a key component of high-quality care as defined in Schizophrenia NICE clinical guideline 82 (2009) and Bipolar disorder NICE clinical guideline 38 (2006)
Data source	GP data extracted via the General Practice Extraction Service (GPES)
Numerator	The number of people on the GP list at 31 March with a diagnosis of SMI (as above) who have a record of a complete list of physical checks appropriate to their age and condition in the preceding 12 months: • body mass index (BMI) • blood pressure • ratio of total cholesterol:hdl (high-density lipoprotein cholesterol or "good cholesterol.")* † • blood glucose or HbA1c (glycated haemoglobin)* • alcohol consumption • smoking status.
Denominator	The number of people on the GP list at 31 March with a diagnosis of SMI (i.e. psychosis, schizophrenia and bipolar affective disease) where it is appropriate for the care component to be carried out. Patients identified for this indicator have one or more of these diagnosis codes in their electronic health record and their latest mental health diagnosis is not in remission.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

C1.13	Reducing deaths in babies and young children
Title	Antenatal assessments <13 weeks
Assurance level	Assured
Status	Live
Definition	Number of women in the relevant CCG population who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and six days of pregnancy
Clinical rationale	This indicator measures a key component of high-quality care as defined in Antenatal care NICE clinical guideline 62 (2008). Recommendation 1.2.5.2 states: "Early in pregnancy, all women should receive appropriate written information about the likely number, timing and content of antenatal appointments associated with different options of care and be given an opportunity to discuss this schedule with their midwife or doctor".
Data source	Unify2
Numerator	Number of women in the relevant CCG population who have seen a midwife or a maternity healthcare professional for health and social care assessment of needs, risks and choices by 12 weeks and six days of pregnancy
Denominator	Not applicable
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C1.14	Reducing deaths in babies and young children
Title	Maternal smoking at delivery
Assurance level	Assured
Status	Live
Definition	The percentage of women who were smokers at the time of delivery, out of the number of maternities
Clinical rationale	This indicator measures a key component of high-quality care as defined in NICE clinical guideline 62, recommendation 1.3.10.4, which states: "Monitor smoking status and offer smoking cessation advice, encouragement and support throughout the pregnancy and beyond".
Data source	HSCIC Omnibus http://www.hscic.gov.uk/datacollections/ssatod
Numerator	Number of maternities where mother recorded as smoking at delivery
Denominator	Number of maternities in the relevant CCG
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C1.15	Reducing deaths in babies and young children
Title	Breast feeding prevalence at 6-8 weeks
Assurance level	Assured
Status	Live
Definition	Breast feeding prevalence at 6-8 weeks
Clinical rationale	This indicator measures an outcome of a key component of high-quality care as defined in NICE guideline 62, recommendation 1.1.1.1, which states: "New antenatal information should be given to pregnant women according to the following schedule. Before or at 36 weeks: breastfeeding information, including technique and good management practices that would help a woman succeed, such as detailed in the UNICEF 'Baby Friendly Initiative'."
Data source	Unify2
Numerator	Number of infants totally or partially breastfed at 6-8 weeks of age
Denominator	Number of infants whose breastfeeding status was known at 6-8 weeks
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C1.16	Reducing premature mortality from the major causes of death: cancer
Title	Cancer: diagnosis via emergency routes
Assurance level	Assurance initiated
Status	In development
Definition	The percentage of invasive cases of cancer where the first presentation to secondary care on their route to being diagnosed with cancer is traced back to an emergency route.
Clinical rationale	About a quarter of people with cancer are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes. Identifying the proportion of people who first present as an emergency is likely to prompt investigation into how to increase earlier presentation, leading to improved outcomes.
Data source	Cancer Analysis System (CAS), National Cancer Intelligence Network (NCIN). The CAS contains a fully signed off extract of cancer registrations supplied by the National Cancer Registration Service.

Numerator	Of cases of cancer in the denominator, the number with a route to diagnosis of 'Emergency Presentation'. Tumours are assigned to the emergency presentation route where no screening data exist and data are available in the hospital episode statistics (HES) with a traceable pathway back through episodes to an episode with either:
	
	• an inpatient admission with method of admission code:
	
	   - an emergency via accident and emergency (A&E) services, including the casualty department of the provider (21)
	
	   - GP (22)
	
	   - bed bureau, including the Central Bureau (23),
	
	   - other means, including patients who arrive via the A&E department of another healthcare provider (a transfer) (28),
	
	  or:
	
	• an outpatient referral with source of referral code:
	
	   - following an emergency admission (01)
	
	   - referral from an A&E department (04)
	
	   - following an A&E attendance (10).
	
	The assignment of a route to diagnosis is based on combining datasets to assign the most likely route.

Denominator	The number of invasive cases of cancer, excluding non-melanoma skin cancer, diagnosed during the respective year. This is for both males and females, all age groups. ICD-10 diagnosis codes are C00-C97, excluding C44.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

C1.17	Reducing premature mortality from the major causes of death: cancer
Title	Cancer: record of stage at diagnosis
Assurance level	Assured
Status	In development
Definition	The percentage of new cases of cancer for which a valid stage is recorded, for a given year, given by CCG
Clinical rationale	A major determinant of cancer outcomes is the tumour stage at diagnosis. Improving the recording of cancer stage at diagnosis will allow more detailed and actionable analyses of outcomes by treatment type, patient pathway, and case mix.
Data source	Cancer Analysis System (CAS), National Cancer Intelligence Network (NCIN)
Numerator	Of the cases of cancer in the denominator, the number with a valid stage at diagnosis recorded, as defined by the former United Kingdom Association of Cancer Registries (UKACR) registration rules
Denominator	The number of new invasive cases of cancer (ICD-10 diagnosis codes are C00-C97), excluding non-melanoma skin cancer (C44), diagnosed during the respective year
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

C1.18	Reducing premature mortality from the major causes of death: cancer
Title	Cancer: early detection
Assurance level	Assured
Status	In development
Definition	The percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin, given by CCG
Clinical rationale	Diagnosing cancer at an early stage improves the chance of survival. Specific public health interventions, such as screening programmes and information and education campaigns, aim to improve rates of early diagnosis. This indicator is therefore a useful proxy for assessing likely improvements in cancer survival rates.
Data source	Cancer Analysis System (CAS), National Cancer Intelligence Network (NCIN).
Numerator	Of cases of cancer in the denominator, the number diagnosed at stage 1 or 2
Denominator	The number of new cases of cancer diagnosed during the respective year, at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

C1.19	Reducing premature mortality from the major causes of death: cancer
Title	Lung cancer: record of stage at diagnosis
Assurance level	Assured
Status	In development
Definition	The percentage of cases of lung cancer for which a valid stage field is recorded, given by CCG
Clinical rationale	Lung cancer has one of the lowest survival outcomes of any cancer because more than two-thirds of people are diagnosed at a late stage when curative treatment is not possible. Earlier diagnosis and referral to specialist teams should improve survival rates.
Data source	National Lung Cancer Audit
Numerator	Of the denominator, the number of patient records where the stage field at the time of decision to treat is completed (according to staging rules)
Denominator	The number of patients first seen in the respective Lung Cancer Audit year
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	March 2016

C1.20	Reducing premature mortality from the major causes of death: cancer
Title	Breast cancer: mortality
Assurance level	Assurance initiated
Status	In development
Definition	Directly age standardised mortality rate from breast cancer for women, per 100,000 female CCG population
Clinical rationale	Breast cancer is the most common cancer in women in England and also affects a very small proportion of men. There is a trend of increasing incidence because of lifestyle factors and improved detection, and decreasing mortality because of earlier detection and improvements in the quality and availability of effective treatments.
Data source	Primary Care Mortality Database (PCMD) provided by the Office for National Statistics GP registered population, NHAIS (Exeter) System
Numerator	The number of registered deaths from breast cancer during the respective calendar year by CCG and 5-year age group, females, all ages. Breast cancer is identified by ICD-10 code: C50.
Denominator	CCG female population, by 5-year age group, from aggregated practice populations as at 1 January for the forthcoming calendar year
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

C1.21	Reducing premature mortality from the major causes of death: cardiovascular disease
Title	Heart failure: 12 month all-cause mortality
Assurance level	Assurance initiated
Status	In development
Definition	The percentage of people who died within 12 months of their first admission with a primary diagnosis of heart failure
Clinical rationale	People with chronic heart failure often experience a poor quality of life, and the condition has a poor prognosis: 30–40% of people diagnosed with heart failure die within one year; thereafter, the mortality is less than 10% per year. The indicator will support local understanding of mortality related to chronic heart failure, and should lead to action that will result in improved outcomes.
Data source	Hospital Episode Statistics (HES) HES linked ONS mortality data
Numerator	Of the denominator, the number of people who died within 12 months of their first admission.
Denominator	The number of people admitted to hospital with an admission spell record where the first episode contains a primary diagnosis of heart failure
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	Date to be confirmed

C1.22	Reducing premature death from fragility fractures
Title	Hip fracture: incidence
Assurance level	Assured
Status	In development
Definition	The rate of people admitted with a primary diagnosis of hip fracture per 100,000 CCG population
Clinical rationale	Hip fracture is the most common reason for admission to an orthopaedic trauma ward, and incidence is projected to rise. Mortality is high – about 1 in 10 people with a hip fracture die within one month and about 1 in 3 within 12 months. Most of the deaths are a result of associated comorbidities and not the fracture itself, reflecting the high prevalence of comorbidity in people with hip fracture. A fall and fracture often signals underlying ill health. The indicator will support local understanding of hip fracture incidence, and should lead to action that will result in improved outcomes
Data source	Hospital Episode Statistics (HES). GP registered population, NHAIS (Exeter) System
Numerator	The number of admission spell records where the first episode contains a primary diagnosis of hip fracture in people aged 60 and over
Denominator	CCG level count of people registered with the constituent GP practices
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C1.23	Reducing premature death in people with severe mental illness
Title	Severe mental illness: smoking rates
Assurance level	Assured
Status	In development
Definition	The percentage of people who are current smokers out of people with severe mental illness (SMI) identified on GP systems, given by CCG
Clinical rationale	Smoking is the most important cause of preventable ill health and premature death in the UK. It has been reported that deaths from smoking-related diseases are twice as high among people with schizophrenia. The indicator will support local understanding of smoking rates in people with severe mental illness, and should lead to action that will result in improved outcomes.
Data source	GP data extracted by GPES
Numerator	Of the people in the denominator, the number who are identified as current smokers
Denominator	The number of people on the GP list at 31 March (for the financial year starting the next day) with a diagnosis of SMI, where it is appropriate for the care component to be carried out. Patients identified for this indicator have one or more of the diagnosis codes for schizophrenia, bipolar affective disorder or other psychoses in their electronic health record and their latest mental health diagnosis is not in remission.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

Domain Two: Enhancing the quality of life of people with long-term conditions

C2.1	Enhancing quality of life for people with long-term conditions
Title	Improved health-related quality of life for people with long-term conditions
Assurance level	Assured
Status	In development
Definition	Average health status (EQ-5D*) scores for individuals aged 18 and over reporting that they have a long-term condition. It assesses whether health-related quality of life is increasing over time for the population with long-term conditions, while controlling for measurable confounders (age, gender, disease mix etc).
Clinical rationale	The overarching indicator (together with complementary improvement indicators) provides a picture of the NHS contribution to improving the quality of life for those affected by long-term conditions.
Data source	GP Patient Survey
Numerator	The sum of the weighted EQ-5D values for all responses from people identified as having a long-term condition
Denominator	The sum of all weighted responses from people identified as having a long-term condition
NHS OF indicator(s)	2.0
Dates when in-year data will be available	September 2015

C2.2	Enhancing quality of life for people with long-term conditions
Title	A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition
Assurance level	Assured
Status	Live
Definition	Proportion of people feeling supported to manage their conditions, based on responses to one question from the GP Patient Survey
Clinical rationale	Together with indicator 2.1, this improvement indicator should provide a picture of the NHS contribution to improving the quality of life for those with long-term conditions.
Data source	GP Patient Survey
Numerator	The weighted number of 'Yes, definitely' and 'Yes, to some extent' responses to question 32 of the GP Patient Survey multiplied by the non-response weight from the GP Patient survey (wt_new)
Denominator	The total number of 'Yes, definitely', 'Yes, to some extent' and 'No' responses to question 32 multiplied by the non-response weight from the GP Patient Survey (wt_new)
NHS OF indicator(s)	2.1
Dates when in-year data will be available	September 2015

C2.3	Improving functional ability for people with long-term conditions
Title	People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 referred to a pulmonary rehabilitation programme
Assurance level	Assured
Status	In development
Definition	The percentage of people with chronic obstructive pulmonary disease (COPD) and Medical Research Council (MRC) Dyspnoea Scale ≥3 referred to a pulmonary rehabilitation programme.
Clinical rationale	The indicator measures a key component of high-quality care as defined in the NICE quality standard for COPD: Statement 6, "People with COPD meeting appropriate criteria are offered an effective, timely and accessible multidisciplinary pulmonary rehabilitation programme".
Data source	GP data
Numerator	The number of people on the GP list at 31 March with COPD and MRC Dyspnoea Scale >=3 in the preceding 12 months who have been referred to, or who have attended, a pulmonary rehabilitation programme at any time
Denominator	The number of people on the GP list at 31 March with COPD (there is evidence in the patient's electronic health record of a COPD diagnosis code at any time) and MRC Dyspnoea Scale >=3 in the preceding 12 months
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	June 2015

C2.4	**Improving functional ability for people with long-term conditions**
Title	People with diabetes who have received all nine care processes.
Assurance level	Assured
Status	In development
Definition	The percentage of people with diabetes who have received nine care processes
Clinical rationale	The nine basic annual health checks for people with diabetes measured by this indicator are: • weight and BMI measurements • blood pressure • smoking status • blood test (HbA1c or blood glucose levels) • urinary albumin test (or protein test to measure kidney function) • serum creatinine test (indicator for renal function) • cholesterol levels • eye check (retinopathy screening) • foot check. Type 2 diabetes: footcare (NICE clinical guideline 10, 2004), Type 1 diabetes (NICE clinical guideline 15, 2004) and Type 2 diabetes (NICE clinical guideline 87, 2009) state that people with diabetes should receive key health checks to monitor and manage the condition, as well as to reduce the risk of complications such as stroke, heart disease and amputations.
Data source	National Diabetes Audit (NDA)

Numerator	Number of people with diabetes collected by the NDA who have received all of the nine care processes listed above within the audit year as follows.
	Risk factors:
	1. blood pressure (systolic and diastolic)
	2. blood test (HbA1c – blood glucose levels)
	3. cholesterol levels
	4. BMI and weight
	5. smoking review
	Tests for early complications
	6. foot exam
	7. eye screening (retinopathy screening)
	8. urinary albumin test (or protein test to measure the kidney function)
	9. blood creatinine (indicator for renal function)
	Results for care processes are taken from both primary and secondary care records
Denominator	Number of people with diabetes collected by the NDA, including registration from primary and secondary care as follows:
	• registrations from primary care - diabetes patients with a GP record in the selected data
	• registrations from secondary care - diabetes patients with a secondary care record in the selected data but not a GP record
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	March 2016

C2.5	Improving functional ability for people with long-term conditions
Title	People with diabetes diagnosed less than a year who are referred to structured education
Assurance level	Assured
Status	In development
Definition	The percentage of people with diabetes diagnosed less than a year who are referred to structured education
Clinical rationale	This indicator measures a key component of high-quality care as defined in the NICE quality standard for diabetes, Statement 1: "People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to ongoing education".
Data source	National Diabetes Audit
Numerator	The number of people who were offered structured education during the following 12 months. For example, for those diagnosed in 2012, the number of people who were offered structured education in 2012/13
Denominator	People with diabetes who were newly diagnosed with diabetes during audit period, for example those diagnosed in 2012
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	March 2016

C2.6	**Reducing time spent in hospital for people with long-term conditions**
Title	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions (adults)
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised rate of unplanned hospitalisation admissions for chronic ambulatory care sensitive conditions
Clinical rationale	The intent of this indicator is to measure effective management and reduced serious deterioration in people with ACS conditions. Active management of ACS conditions such as COPD, diabetes, congestive heart failure and hypertension can prevent acute exacerbations and reduce the need for emergency hospital admission.
Data source	Hospital Episode Statistics (HES) GP registered population, NHAIS (Exeter) System
Numerator	Hospital Episode Statistics (HES) Continuous Inpatient Spells (CIPS). The CIP spells are constructed by the HSCIC HES Development team.
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year
NHS OF indicator(s)	2.3i
Dates when in-year data will be available	December 2014

C2.7	**Reducing time spent in hospital for young people with specific long-term conditions that should be managed outside hospital**
Title	Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised rate of unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s
Clinical rationale	The intent of this indicator is to measure effective management and reduced serious deterioration in young people with specific long term conditions. Active management of these conditions can prevent acute exacerbations and reduce the need for emergency hospital admission.
Data source	Hospital Episode Statistics (HES) GP registered population, NHAIS (Exeter) System
Numerator	Hospital Episode Statistics (HES) Continuous Inpatient Spells (CIPS). The CIP spells are constructed by the HSCIC HES Development team.
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year
NHS OF indicator(s)	2.3ii
Dates when in-year data will be available	December 2014

C2.8	**Reducing time spent in hospital for people with long-term conditions**
Title	Complications associated with diabetes, including emergency admission for diabetic ketoacidosis and lower limb amputation
Assurance level	Assured
Status	In development
Definition	Indirectly age and sex standardised rate per 100 for complications associated with diabetes
Clinical rationale	Some complications associated with diabetes are avoidable with high-quality diabetes management in primary care. Rates of lower limb amputation are therefore used as a proxy for outcomes of care. This indicator also relates to a key component of high-quality care as defined in the NICE quality standard for diabetes: Statement 10: "People with diabetes with or at risk of foot ulceration receive regular review by a foot protection team in accordance with NICE guidance, and those with a foot problem requiring urgent medical attention are referred to and treated by a multidisciplinary foot care team within 24 hours".
Data source	National Diabetes Audit (NDA)
Numerator	Number of people identified by NDA in the denominator with a HES record of NDA complications using ICD-10 primary or secondary diagnosis codes, or primary and secondary OPCS codes
Denominator	Number of people with diabetes identified by the NDA who were alive at the start of the follow-up period
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	March 2016

C2.9	**Enhancing the quality of life for people with severe mental illness**
Title	Access to community health services by people from BME groups
Assurance level	Assured
Status	In development
Definition	Access to community mental health services by BME groups
Clinical rationale	This indicator reflects access to mental health services among people from black and minority ethnic groups. Service user experience in adult mental health (NICE clinical guideline 136, 2011), recommendation 1.2.5, states: "Local mental health services should work with primary care and local third sector, including voluntary, organisations to ensure that: all people with mental health problems have equal access to services based on clinical need and irrespective of gender, sexual orientation, socioeconomic status, age, background (including cultural, ethnic and religious background) or disability and that services are culturally appropriate".
Data source	Mental Health Minimum Data Set (MHMDS) ONS mid-year population estimates
Numerator	The number of people using adult and elderly NHS secondary mental health services by ethnic group and ethnic subgroup.
Denominator	The total number of people by ethnic group using Office for National Statistics (ONS) Population Estimates from the 2011 Census for England by ethnic group and subgroup.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C2.10	Enhancing the quality of life for people with severe mental illness
Title	Access to psychological therapy services by people from BME groups
Assurance level	Assured
Status	In development
Definition	Access to psychological therapy services by people from black and minority ethnic groups
Clinical rationale	The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE. A major ambition of the programme is to ensure equity of access in line with both prevalence and the community profile including age, race and other protected quality characteristics described in the Equality Act 2010.
Data source	IAPT data set. ONS mid-year population estimates
Numerator	The number of people using talking therapies by ethnic group
Denominator	The total number of people by ethnic group using Office for National Statistics (ONS) Population Estimates from the 2011 Census for England by ethnic group and subgroup.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C2.11	Enhancing the quality of life for people with severe mental illness
Title	Recovery following talking therapies for people of all ages
Assurance level	Assurance initiated
Status	In development
Definition	The number of people who are moving to recovery following talking therapies
Clinical rationale	The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE.
Data source	Improving Access to Psychological Therapies data set
Numerator	The number of people that have completed treatment who have moved from being at caseness to not being at caseness. (Caseness is measured using PHQ-9 and ADSM.)
Denominator	[The number of people who have completed treatment within the reporting quarter, having attended at least two treatment contacts] minus [The number of people who have completed treatment not at clinical caseness at initial assessment]
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C2.12	Enhancing the quality of life for people with severe mental illness
Title	Recovery following talking therapies for people older than 65
Assurance level	Assurance initiated
Status	In development
Definition	The number of people over 65 who are moving to recovery following talking therapies
Clinical rationale	The Improving Access to Psychological Therapies (IAPT) programme develops talking therapies services that offer treatments for depression and anxiety disorders approved by NICE.
Data source	Improving Access to Psychological Therapies data set
Numerator	The number of people over 65 that have completed treatment who have moved from being at caseness to not being at caseness. (Caseness is measured using PHQ-9 and ADSM.)
Denominator	[The number of people over 65 who have completed treatment within the reporting quarter, having attended at least two treatment contacts] minus [The number of people over 65 who have completed treatment not at clinical caseness at initial assessment]
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C2.13	Improving the quality of life for people with dementia
Title	Estimated diagnosis rate for people with dementia
Assurance level	Assurance not initiated
Status	Awaiting development of methodology for NHS Outcomes Framework indicator
Definition	
Clinical rationale	
Data source	
Numerator	
Denominator	
NHS OF indicator(s)	2.6i
Dates when in-year data will be available	

C2.14	Improving the quality of life for people with dementia
Title	People with dementia prescribed anti-psychotic medication
Assurance level	Assured
Status	In development
Definition	The percentage of people with dementia who have been prescribed antipsychotic medication
Clinical rationale	People with dementia often experience behavioural and psychological symptoms. These symptoms can often be prevented or managed without anti-psychotic medication. Reducing the use of antipsychotic drugs for people with dementia is a national priority in England.
Data source	National Dementia and Antipsychotic Prescribing Audit http://www.hscic.gov.uk/dementiaaudit
Numerator	Of the people in the denominator, the number with a prescription for antipsychotic medication between 1 April and 31 March
Denominator	The number of people with a diagnosis of dementia at 31 March, no matter when diagnosed
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	September 2015

C2.15	Health related quality of life for carers
Title	Health related quality of life for carers
Assurance level	Assured
Status	In development
Definition	Average health status (EQ-5D*) scores for individuals aged 18 and over reporting that they are carers
Clinical rationale	The health status of carers plays an important role in their ability to support the individuals for whom they provide care.
Data source	GP Patient Survey (GPPS)
Numerator	The sum of weighted EQ-5D scores for all responses from people who indicate that they are carers
Denominator	The sum of weighted responses from people who indicate that they are carers. Where being a carer is defined by answering yes to question 56 in the GPPS.
NHS OF indicator(s)	1.4
Dates when in-year data will be available	September 2015

C2.16	Health related quality of life for people with a long-term mental health condition
Title	Health related quality of life for people with a long-term mental health condition
Assurance level	Assurance initiated
Status	In development
Definition	The average weighted health status (EQ-5D) score for adults with a long-term mental health condition, given by CCG
Clinical rationale	The indicator supports identification of the degree to which wider health needs of individuals with a long-term mental health condition are being addressed.
Data source	GP Patient Survey
Numerator	The sum of weighted EQ-5D scores for all responses from people who identify themselves as having a long-term mental health condition
Denominator	The sum of all weighted responses from people who identify themselves as having a long-term mental health condition
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	September 2015

Domain Three: Helping people to recover from ill health or following injury

C3.1	Helping people to recover from episodes of ill health or following injury
Title	Emergency admissions for acute conditions that should not usually require hospital admission
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised rate of emergency admissions for acute conditions that should not usually require hospital admission
Clinical rationale	Preventing conditions such as ear, nose or throat infections, kidney or urinary tract infections, or heart failure from becoming more serious. Some emergency admissions may be avoided for acute conditions that are usually managed in primary care. Rates of emergency admissions are therefore used as a proxy for outcomes of care.
Data source	Hospital Episode Statistics (HES) GP registered population, NHAIS (Exeter) System
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS), excluding transfers, with an emergency method of admission and with primary diagnoses for acute conditions that should not usually require hospital admission
Denominator	CCG level count of patients registered with the constituent GP practices
NHS OF indicator(s)	3a
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C3.2	**Helping people to recover from episodes of ill health or following injury**
Title	Emergency readmissions within 30 days of discharge from hospital
Assurance level	Assured
Status	Live
Definition	Percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission; indirectly standardised by age, sex, method of admission and diagnosis / procedure. Admissions for cancer and obstetrics are excluded.
Clinical rationale	Effective recovery from illnesses and injuries requiring hospitalisation. Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications. Emergency re-admissions are therefore used as a proxy for outcomes of care.
Data source	Hospital Episode Statistics (HES) GP registered population, NHAIS (Exeter) System
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS) that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main specialty upon readmission coded under obstetric and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell. The date of the last, previous discharge from hospital, and the date and method of admission from the following CIP spell, are used to determine the interval between discharge and emergency readmission. The numerator is based on a pair of spells, the discharge spell and the next subsequent readmission spell (this spell must meet the numerator criteria). The selection process thus carries over the characteristics of the denominator for the discharge spell and applies additional ones to the readmission spell.

Denominator	The number of finished CIP spells within selected medical and surgical specialties, with a discharge date up to 31 March within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded.
NHS OF indicator(s)	3b
Dates when in-year data will be available	March 2015 / June 2015 / September 2015 / December 2015

C3.3	3.3 (a- d) Improving outcomes from planned treatments
Title	Total health gain as assessed by patients for elective procedures a) hip replacement b) knee replacement c) groin hernia d) varicose veins
Assurance level	Assured
Status	Live
Definition	Patient's reported improvement in health status following elective procedures: currently, hip replacement, knee replacement, groin hernia and varicose veins. The Patient Reported Outcome Measures (PROMs) indicators are reported separately for the four separate conditions. The questionnaires provided to patients measure their health status before the procedure and 3-6 months after (depending on the procedure). A comparison of these measurements shows whether, and to what extent, the procedure has improved their health status.
Clinical rationale	Measuring health gain as assessed by patients for planned treatments.
Data source	PROMs dataset, the Health and Social Care Information Centre (HSCIC).
Calculation	The value is sourced fully calculated. PROMs comprise a pair of questionnaires completed by the patient, one before and one after surgery (at least three months after for groin hernia and varicose vein operations, or at least six months after for hip and knee replacements). Patients' self-reported health status (sometimes referred to as health related quality of life) is assessed through a mixture of generic and disease or condition-specific questions. To add to the value of the PROMs questionnaire data, it is linked routinely with HES episode-level information. A list of all of the items in the PROMs dataset is included in the PROMS Data Dictionary and the PROMs website provides a guide to methodology. Both can be accessed via: http://www.hscic.gov.uk/proms.
NHS OF indicator(s)	3.1 i-iv
Dates when in-year data will be available	September 2016

C3.4	**Preventing lower respiratory tract infections in children from becoming serious**
Title	Emergency admissions for children with lower respiratory tract infections (LRTIs)
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised rate of children under 19 (0 to 18 years) admitted to hospital with lower respiratory tract infections as an emergency admission during the respective financial year. per 100,000 CCG population
Clinical rationale	Preventing lower respiratory tract infections (LRTIs) in children from becoming more serious, for example, by preventing complications in vulnerable children and improving the management of conditions in the community, whilst taking into account that some children's conditions and cases might require an emergency hospital admission as part of current good clinical practice. For example, a clinical guideline for bronchiolitis published in November 2006[1] recommends that children showing low oxygen saturation as measured by pulse oxymetry should be admitted to inpatient care. [1] SIGN - Scottish Intercollegiate Guidelines Network (November 2006). Guideline 91. Bronchiolitis in Children - a national clinical guideline: http://www.sign.ac.uk/guidelines/fulltext/91/index.htm
Data source	HES Continuous Inpatient Spells (CIPS). GP registered population, NHAIS (Exeter) System
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS), excluding transfers, for children with an emergency method of admission and with primary diagnoses for lower respiratory tract infections
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; supplied annually on 1 April for the forthcoming financial year
NHS OF indicator(s)	3.2
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C3.5	Improving recovery from stroke
Title	People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital
Assurance level	Assured
Status	In development
Definition	Percentage of patients with stroke admitted to an acute stroke unit within four hours of arrival to hospital
Clinical rationale	This indicator measures a key component of high-quality care as defined in the NICE quality standard for stroke, Statement 1: "People seen by ambulance staff outside hospital, who have sudden onset of neurological symptoms, are screened using a validated tool to diagnose stroke or transient ischaemic attack (TIA). Those people with persisting neurological symptoms who screen positive using a validated tool, in whom hypoglycaemia has been excluded, and who have a possible diagnosis of stroke, are transferred to a specialist acute stroke unit within one hour".
Data source	Sentinel Stroke National Audit Programme (SSNAP), Royal College of Physicians
Numerator	The number of acute stroke patients whose first ward of admission is a stroke unit AND who arrive on the stroke unit within four hours of arrival at hospital, except for those patients who were already in hospital at the time of new stroke occurrence, who should instead be admitted to a stroke unit within four hours of onset of stroke symptoms
Denominator	All patients admitted to hospital with a primary diagnosis of stroke, except for those whose first ward of admission was ITU, CCU or HDU
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C3.6	Improving recovery from stroke	
Title	People who have had a stroke who receive thrombolysis following an acute stroke	
Assurance level	Assured	
Status	In development	
Definition	Percentage of people who have had an acute stroke that receive thrombolysis	
Clinical rationale	This indicator measures a key component of high-quality care as defined in the NICE quality standard for stroke, Statement 3: "Patients with suspected stroke are admitted directly to a specialist acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated".	
Data source	Sentinel Stroke National Audit Programme (SSNAP), Royal College of Physicians.	
Numerator	The number of acute stroke patients who were given Thrombolysis for Stroke (Alteplase)	
Denominator	All acute stroke patients, including those who were already in hospital at the time of new stroke occurrence	
NHS OF indicator(s)	Not applicable	
Dates when in-year data will be available	December 2015	

C3.7	Improving recovery from stroke	
Title	People who have had a stroke who are discharged from hospital with a joint health and social care plan	
Assurance level	Assured	
Status	In development	
Definition	Percentage of people with stroke discharged from hospital with a joint health and social care plan	
Clinical rationale	The indicator relates to the NHS Stroke Improvement Programme (SIP), set up to support the development of stroke care networks and the implementation of the National Stroke Strategy. More information on SIP is available at http://www.improvement.nhs.uk/stroke/ These indicators are also supported by the Royal College of Physicians National Clinical Guideline for stroke.	
Data source	Sentinel Stroke National Audit Programme (SSNAP), Royal College of Physicians.	
Numerator	Of the denominator, the number of patients for whom there is documented evidence of joint care planning between health and social care for post discharge management	
Denominator	The number of eligible patients entered into the SSNAP audit with a primary diagnosis of stroke. Eligible patients are those alive at time of discharge from their final hospital inpatient stay to their final place of residence excluding: • patients who refuse a health and/or social care assessment or intervention; or • patients for whom a joint plan is not applicable as they have only a health or a social care need (not both) or have neither need.	
NHS OF indicator(s)	Not applicable	
Dates when in-year data will be available	December 2015	

C3.8	Improving recovery from stroke
Title	People who have had a stroke who receive a follow up assessment between 4-8 months after initial admission
Assurance level	Assured
Status	In development
Definition	The percentage of people who have a follow-up assessment between four and eight months after initial admission for stroke
Clinical rationale	The indicator relates to the NHS Stroke Improvement Programme (SIP) set up to support the development of stroke care networks and the implementation of the National Stroke Strategy. More information on SIP is available at http://www.improvement.nhs.uk/stroke/ The indicator is supported by the recommendations in the Royal College of Physicians National Clinical Guideline for Stroke.
Data source	Sentinel Stroke National Audit Programme (SSNAP), Royal College of Physicians
Numerator	Of the denominator, the number of patients who had a follow-up assessment between four and eight months after initial admission for stroke
Denominator	The number of stroke patients entered into SSNAP excluding: • patients who died within six months of initial admission for stroke; • patients who decline an appointment offered; • patients for whom an attempt is made to offer an appointment but are untraceable as they are not registered with a GP.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C3.9	Improving recovery from stroke
Title	Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit
Assurance level	Assured
Status	In development
Definition	Of patients entered into the Sentinel Stroke National Audit Programme (SSNAP) with a primary diagnosis of stroke, the number that spend 90% or more of their stay on a stroke unit
Clinical rationale	The National Sentinel Stroke Audits have documented increasing numbers of patients being treated in stroke units over the past ten years. Over this period, there was a reduction in mortality and length of hospital stay
Data source	Sentinel Stroke National Audit Programme (SSNAP), Royal College of Physicians.
Numerator	Of the denominator, the number of patients who spend 90% or more of their stay on a stroke unit
Denominator	All patients entered into SSNAP with a primary diagnosis of stroke, except for those whose first ward of admission was ITU, CCU or HDU and those who died on the same day as arrival/onset of symptoms
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C3.10	Improving recovery from fragility fractures
Title	Proportion of patients recovering to their previous levels of mobility or walking ability
Assurance level	Not yet assured
Status	In development
Definition	Proportion of patients recovering to their previous levels of mobility or walking ability at i) 30 and ii) 120 days
Clinical rationale	The indicator helps inform the degree of effectiveness of treatment for a hip fracture including support after discharge.
Data source	National Hip Fracture Database (NHFD) http://www.nhfd.co.uk/
Numerator	Number of patients in the extract whose mobility category at i) 30 days and ii) 120 days was lower (i.e. better), the same or only one mobility category higher (i.e. worse) than mobility category at admission
Denominator	Patients in the NHFD within the following categories: • patients 60 to 110 years old inclusive; • patients with a mobility status in category 1, 2 or 3 at admission; • patients admitted between 1 January and 31 December for the year to be reported (plus a period of 30 days follow-up for all patients in extract).
NHS OF indicator(s)	3.5i and ii
Dates when in-year data will be available	December 2015

C3.11	Improving recovery from fragility fractures
Title	Hip fracture: formal hip fracture programme
Assurance level	Assured
Status	In development
Definition	Of people with hip fracture, the proportion who receive a formal Hip Fracture Programme from admission evidenced as having a joint acute care protocol at admission, and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopedic surgeon, with General Medical Council (GMC) numbers recorded
Clinical rationale	There is a high prevalence of comorbidity in people with hip fracture. A fall and fracture often signals underlying ill health. A formal hip fracture programme includes regular assessment and continued rehabilitation from a range of healthcare professionals with different skills.
Data source	National Hip Fracture Database
Numerator	Of the denominator, the proportion who receive a formal hip fracture programme from admission evidenced as having a joint acute care protocol at admission, and evidence of MDT rehabilitation agreed with a responsible orthogeriatrician and orthopedic surgeon, with GMC numbers recorded
Denominator	The number of patients in the National Hip Fracture Database, excluding those who died without receiving surgery or died within 48 hours of receiving surgery
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C3.12	Improving recovery from fragility fractures
Title	Hip fracture: timely surgery
Assurance level	Assured
Status	In development
Definition	Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission
Clinical rationale	The NICE clinical guideline on hip fracture (NICE clinical guideline 124) recommends that surgery is performed on the day of, or the day after, admission, and the full guideline states that this will have a high impact on outcomes that are important to patients.
Data source	National Hip Fracture Database
Numerator	Of the denominator, the number of patients who receive surgery on the same day, or the day after, admission
Denominator	The number of patients in the National Hip Fracture Database, excluding those who died on the day, or day after, admission (unless they underwent surgery)
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C3.13	Improving recovery from fragility fractures
Title	Hip fracture: multifactorial risk assessment
Assurance level	Assured
Status	In development
Definition	Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician
Clinical rationale	NICE's Quality Standard 16 includes the quality statement that "people with hip fracture are offered a multifactorial risk assessment to identify and address future falls risk, and are offered individualised intervention if appropriate". Improvements against this indicator should lead to improved outcomes in terms of fewer hip fractures resulting in falls, and reduced mortality after falls.
Data source	National Hip Fracture Database
Numerator	Of the denominator, the number of patients who received a multifactorial risk assessment of future falls risk.
Denominator	The number of patients in the National Hip Fracture Database, excluding those who died in hospital.
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2015

C3.14	Improving recovery from mental health conditions
Title	Alcohol: admissions
Assurance level	Assured
Status	In development
Definition	The proportion of people who were admitted with a primary diagnosis of an alcohol-specific condition per 100,000 CCG population
Clinical rationale	Improvement against this indicator may be regarded as a proxy for improvements in alcohol dependence and harmful alcohol use. Such improvements may arise as a result of various healthcare and public health initiatives, including the use of brief interventions in primary care and other settings.
Data source	Hospital Episode Statistics (HES) GP registered population, NHAIS (Exeter) System
Numerator	The number of admission spell records where the first episode contains a primary diagnosis of an alcohol-specific condition
Denominator	CCG level count of people registered with the constituent GP practices
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C3.15	Improving recovery from mental health conditions
Title	Alcohol: readmissions
Assurance level	Assured
Status	In development
Definition	The number of people who were re-admitted as an emergency with a primary diagnosis of an alcohol-specific condition within 30 days after a previous discharge following an alcohol-specific admission, as a percentage of total alcohol-specific admissions
Clinical rationale	Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events (such as incomplete recovery or complications). Emergency re-admissions are therefore used as a proxy for outcomes of care.
Data source	HES Continuous Inpatient Spells
Numerator	The number of admission spell records where the first episode contains a primary diagnosis of an alcohol-specific condition and the patient was discharged, in the last 30 days, after an admission which also has a primary diagnosis code in the first episode relating to an alcohol-specific condition
Denominator	The number of admission spell records where the first episode contains a primary diagnosis of an alcohol-specific condition
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C3.16	Improving recovery from mental health conditions
Title	Readmissions to mental health within 30 days of discharge
Assurance level	Assurance initiated
Status	In development
Definition	Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge.
Clinical rationale	Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications, including the post-discharge support offered to manage these. Emergency re-admissions are therefore used as a proxy for outcomes of care.
Data source	Mental Health Minimum Data Set
Numerator	Of people in the denominator, the number who were readmitted to mental health services within 30 days of their discharge date
Denominator	The number of discharges from mental health services in the period being reported on
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

C3.17	Improving recovery from mental health conditions
Title	Proportion of adults in contact with secondary mental health services in paid employment
Assurance level	Assured
Status	In development
Definition	The percentage of adults receiving secondary mental health services who are in paid employment, given by CCG
Clinical rationale	Participation in paid employment is an indicator of recovery, and of the degree to which wider outcomes for individuals are being addressed, as well as having therapeutic value in itself.
Data source	Mental Health Minimum Data Set
Numerator	Of people in the denominator, the number recorded as being in employment at their most recent assessment, formal review or other multi-disciplinary care planning meeting. The measure is focused on 'paid' employment, to be clear that voluntary work is to be excluded for the purposes of this measure.
Denominator	The number of working age adults aged 18 to 69 who have received secondary mental health services at any point during the quarter
NHS OF indicator(s)	Not applicable
Dates when in-year data will be available	December 2014 / March 2015 / June 2015 / September 2015

Domain Four: Ensuring that people have a positive experience of care

C4.1	Ensuring that people have a positive experience of care
Title	Patient experience of GP out-of-hours services
Assurance level	Assured
Status	Live
Definition	Patient experience of GP out-of-hours services, measured by scoring the results of one question from the GP Patient Survey (GPPS) The indicator is based on the percentage of people responding 'Good' or 'Very Good' to the following question: 'Overall, how would you describe your experience of out-of-hours GP services?'
Clinical rationale	Improvement in patients' experiences of GP out-of-hours services
Data source	GP Patient Survey
Numerator	Number of people answering 'Very Good' or 'Good' to the question above
Denominator	The total number of people answering the question above
NHS OF indicator(s)	NHS OF 4a ii
Dates when in-year data will be available	September 2015

C4.2	Ensuring that people have a positive experience of care
Title	Patient experience of hospital care
Assurance level	Assured
Status	Live
Definition	This Overall Patient Experience score is the average (mean) of five domain scores, and each domain score is the average (mean) of scores from a number of selected questions in the CQC Inpatient Services Survey.
Clinical rationale	Improvement in patients' experiences of NHS inpatient care
Data source	The Care Quality Commission's Adult Inpatient Survey – from the CQC nationally coordinated patient survey programme. The latest Adult Inpatient Survey (2012) was published by CQC at: http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm Results for the updated Overall Patient Experience measure, as used for this indicator, are published by DH at: http://transparency.dh.gov.uk/tools-for-understanding-patient-experience/ Guidance material for this survey (covering inclusion and exclusion criteria for compiling the sample frame) is available on the NHS national patient survey coordination centre website: www.nhssurveys.org
NHS OF indicator(s)	NHS OF 4b
Dates when in-year data will be available	September 2014

C4.3	Ensuring that people have a positive experience of care
Title	Friends and Family Test
Assurance level	Assurance not initiated
Status	In development
Definition	The Friends and Family Test measures whether people receiving NHS treatment would recommend the place where they received care to their friends and family. The national roll out of the test was one of a set of recommendations by the Nursing and Quality Care Forum in May 2012.
Clinical rationale	Improving the number of positive recommendations to friends and family by people receiving NHS treatment for the place where they received this care.
Data source	Under development
NHS OF indicator(s)	NHS OF 4c
Dates when in-year data will be available	Date to be confirmed

C4.4	Improving people's experience of outpatient care
Title	Patient experience of outpatient services
Assurance level	Assured
Status	In development
Definition	The indicator seeks to measure important elements of experience across the three stages of the care pathway: pre-visit; during the visit to the outpatients department, and the transition/post-visit period.

The indicator is a composite, calculated as the average of five survey questions. |
Clinical rationale	Improvement in people's experiences of NHS outpatient care
Data source	The Outpatient Survey is coordinated nationally by the Care Quality Commission as part of the NHS patient survey programme. Results from the last survey (2012) are published on the CQC website: http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/outpatient-survey-2011
NHS OF indicator(s)	NHS OF 4.1
Dates when in-year data will be available	Date to be confirmed

C4.5	Improvement in hospitals' responsiveness to personal needs
Title	Responsiveness to inpatients' personal needs
Assurance level	Assured
Status	In development
Definition	The indicator is a composite, calculated as the average of five survey questions. Each question describes a different element of the overarching theme 'responsiveness to patients' personal needs'.
Clinical rationale	Improvement in responsiveness to patients' inpatient care needs.
Data source	The Care Quality Commission's Adult Inpatient Survey – from the CQC nationally coordinated patient survey programme. The latest Adult Inpatient Survey (2012) was published in April 2013 at: http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2011 Guidance material for this survey (covering inclusion and exclusion criteria for compiling the sample frame) is available on the NHS national patient survey coordination centre website: www.nhssurveys.org
NHS OF indicator(s)	NHS OF 4.2
Dates when in-year data will be available	September 2014

C4.6	Improvement in patient's experiences of accident and emergency (A&E) departments
Title	Patient experience of accident and emergency (A&E) services
Assurance level	Assured
Status	In development
Definition	The indicator is a composite measure, calculated as the average score of the five survey questions below. Each question describes a different element of the overarching theme: Improving people's experiences of A&E services. The questionnaire is for patients aged 16 and over.
Clinical rationale	Improvement in patients' experiences of A&E departments
Data source	The A&E survey is coordinated nationally by the Care Quality Commission as part of the NHS patient survey programme. Details are available at: http://www.cqc.org.uk/accidentandemergency The latest Emergency Department Survey (2008) is used to form this indicator.
NHS OF indicator(s)	NHS OF 4.3
Dates when in-year data will be available	Not applicable: the survey is run once every four years; the most recent was in 2012.

C4.7	**Improving women's and their families experience of maternity services**
Title	Women's experience of maternity services
Assurance level	Assured
Status	In development
Definition	The indicator seeks to measure important elements of experience across the whole maternity pathway: antenatal, intrapartum (labour and delivery) and postnatal.
	The indicator is a composite, calculated as the average (mean) of six questions from the 2010 CQC survey of women's experience of maternity services.
Clinical rationale	Improving women's experience of maternity services.
Data source	The Care Quality Commission's Maternity Survey from the CQC nationally coordinated patient survey programme.
	Results from the last maternity survey (2010) are published on the CQC website: http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/maternity-services-survey-2010
NHS OF indicator(s)	NHS OF 4.5
Dates when in-year data will be available	Date to be confirmed

C4.8	**Improvement in the experience of healthcare for adults (18 years and above) with mental illness**
Title	Patient experience of community mental health services
Assurance level	Assurance not initiated
Status	In development
Definition	The indicator is a composite measure, calculated as the average score of four survey questions from CQC's Community Mental Health Survey. The questions relate to patients' experience of contact with a health and social care worker. The mean of the scores for each question is calculated for each provider to give the provider indicator score. The mean of the provider scores is calculated to give the national indicator score. Confirmation of the methodology used to construct the indicator is available on the DH website: http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients/DH_087516
Clinical rationale	Improvement in the experience of healthcare for adults (18 years and above) with mental illness
Data source	The Care Quality Commission's Community Mental Health Services Survey – from the CQC nationally co-ordinated patient survey programme. The results from the latest Community Mental Health Survey (2012) were published in August 2013 by the CQC at: www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/communitymentalhealthservices.cfm
NHS OF indicator(s)	NHS OF 4.7
Dates when in-year data will be available	Date to be confirmed

C4.9	**Improving the experience of care for people at the end of their lives**
Title	Bereaved carers' views on the quality of care in the last three months of life
Assurance level	Assurance not initiated
Status	In development
Definition	Measure of the experience of the quality of care received in the last three months of life based on responses to this question in the National Bereavement Survey: "Overall, and taking all services into account, how would you rate his/her care in the last three months of life?" • Outstanding • Excellent • Good • Fair • Poor • Don"t know This is supplemented by the answers to the following questions: • Overall, do you feel that the care he/she got [at home] from the GP in the last three months of his life was? • Overall, do you feel that the care he/she got from the staff in the hospice was? • Overall, do you think that the care he/she got from the care home in the last three months of his life was? • Overall, do you feel that the care he/she got from the staff in the hospital on that [last] admission was (please answer for both doctors and nurses)? 'Don't Know' is not reported in the data for any of the questions.
Clinical rationale	The care received by a person in the final months of their life should be of equal quality regardless of the setting in which it takes place.
Data source	National Bereavement Survey (VOICES)
NHS OF indicator(s)	NHS OF 4.6
Dates when in-year data will be available	Date to be confirmed

Domain Five: Treating and caring for people in a safe environment and protecting them from harm

C5.1	Patient safety incidents
Title	Patient safety incidents reported
Assurance level	Assured
Status	In development
Definition	For each of a CCG's five main providers, this indicator shows the rate of patient safety incidents per 1,000 total provider bed days
Clinical rationale	Improved readiness of the NHS to report harm and to learn from it. Reporting patient safety incidents and identifying common risks to patients should increase awareness and provide opportunities to improve patient safety.
Data source	Organisation Patient Safety Incident workbook, reported to the National Patient Safety Agency (NPSA) by the National Reporting and Learning System (NRLS) HES Admitted Patient Care (APC) data
Numerator	For each CCG this indicator will report the number of patient safety incidents as reported by their five main providers alongside a rate of patient safety incidents per 1,000 total provider bed days. The five main providers are the ones that a CCG commissions most activity with. All of the figures are reported at provider level.
Denominator	Not applicable
NHS OF indicator(s)	NHS OF 5a
Dates when in-year data will be available	June 2015 / December 2015

C5.3	Reducing the incidence of avoidable harm (infections)
Title	Incidence of healthcare associated infection (HCAI) MRSA
Assurance level	Assured
Status	Live
Definition	The number of MRSA bloodstream infections reported per CCG
Clinical rationale	Reducing the incidence of healthcare associated infections (HCAI)
Data source	Mandatory surveillance by Public Health England (PHE) http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1254510675444
Numerator	The number of MRSA bloodstream infections
Denominator	Not applicable
NHS OF indicator(s)	NHS OF 5.2 i
Dates when in-year data will be available	September 2014 / December 2014 / March 2015 / June 2015

C5.4	Reducing the incidence of avoidable harm (infections)
Title	Incidence of healthcare associated infection (HCAI) Clostridium Difficile (*C. difficile*)
Assurance level	Assured
Status	Live
Definition	The number of C. difficile infections reported, in people aged 2 and over, per CCG.
Clinical rationale	Reducing the incidence of healthcare associated infections (HCAI)
Data source	Mandatory surveillance by Public Health England http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1254510678961
Numerator	The number of C. difficile infections reported, in people aged two and over
Denominator	Not applicable
NHS OF indicator(s)	NHS OF 5.2 ii
Dates when in-year data will be available	September 2014 / December 2014 / March 2015 / June 2015

Annex 1: Equality Impact Assessments prepared by NICE - weblinks

Chronic Obstructive Pulmonary Disease COPD
http://www.nice.org.uk/aboutnice/cof/Respiratory.jsp?domedia=1&mid=D4D2B329-AAE5-97AB-89045117176DCF86

Dementia
http://www.nice.org.uk/aboutnice/cof/MentalHealth.jsp?domedia=1&mid=D4DEB8AD-0AC4-8492-27EE7535CFCD4851

Diabetes
http://www.nice.org.uk/aboutnice/cof/EndocrineNutritionalAndMetabolic.jsp?domedia=1&mid=D48627A4-B824-758C-0BCF7FEA80EBBA6A

Maternity
http://www.nice.org.uk/aboutnice/cof/MaternityAndReproductive.jsp?domedia=1&mid=D4743131-9891-7307-B3B969C20F80BC3C

Mental health
http://www.nice.org.uk/aboutnice/cof/MentalHealth.jsp?domedia=1&mid=D4DF715E-05E9-E706-21A53567844BAD9C

Liver disease
http://www.nice.org.uk/aboutnice/cof/Gastrointestinal.jsp?domedia=1&mid=D4AC8126-C748-A2A4-05390D01E23DD0F2

Stroke
http://www.nice.org.uk/aboutnice/cof/Cardiovascular.jsp?domedia=1&mid=D4F159F7-C971-7FA2-2EBEF1D177D37318

Lung cancer
http://www.nice.org.uk/aboutnice/ccgois/CancersAndTumours.jsp?domedia=1&mid=0749800D-EA70-E7DC-C189BF2518FCC727

Breast cancer
http://www.nice.org.uk/aboutnice/ccgois/CancersAndTumours.jsp?domedia=1&mid=074A7DD6-C4E8-33B5-A3F9037774C00EE9

Heart failure
http://www.nice.org.uk/aboutnice/ccgois/Cardiovascular.jsp?domedia=1&mid=0AFC009E-BBAD-D601-EEE3AD5B3BE08C53

Severe mental illness
http://www.nice.org.uk/aboutnice/ccgois/MentalHealth.jsp?domedia=1&mid=0B18F391-DDA1-09FD-0C476562AB785316

Hip fracture
http://www.nice.org.uk/aboutnice/ccgois/Musculoskeletal.jsp?domedia=1&mid=0B3B924C-FA3D-1DE7-27EE0E8791E95872

Carers

http://www.nice.org.uk/aboutnice/ccgois/OtherCrossCutting.jsp?domedia=1&mid=0B4B2D0C-B922-A548-491AC33E243F8159

Alcohol

http://www.nice.org.uk/aboutnice/ccgois/OtherCrossCutting.jsp?domedia=1&mid=0B4A0C2B-C2F5-1B2C-8E8406F4324B61ED

Annex 2-CCG Outcomes Indicator Set 2014/15

1 Preventing people from dying prematurely

Overarching indicator
- Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a i & ii) ^

Improvement areas

Reducing premature mortality from the major causes of death
- Under 75 mortality from cardiovascular disease (NHS OF 1.1) ^ *
- Cardiac rehabilitation completion
- Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes
- Mortality within 30 days of hospital admission for stroke
- Under 75 mortality from respiratory disease (NHS OF 1.2) ^ *
- Under 75 mortality from liver disease (NHS OF 1.3) ^
- Emergency admissions for alcohol related liver disease
- Under 75 mortality from cancer (NHS OF 1.4) ^ *
- One year survival from all cancers (NHS OF 1.4 i) ^
- One year survival from breast, lung & colorectal cancers (NHS OF 1.4 iii) ^
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer; record of stage at diagnosis
- Breast cancer: mortality
- Heart failure: 12 month all cause mortality
- Hip fracture: incidence

Reducing premature death in people with severe mental illness
- People with severe mental illness who have received a list of physical checks
- Severe mental illness: smoking rates

Reducing deaths in babies and young children
- Antenatal assessment < 13 weeks
- Maternal smoking at delivery
- Breastfeeding prevalence at 6-8 weeks

Reducing premature deaths in people with learning disabilities
NHS OF indicator in development. No CCG measure at present

2 Enhancing quality of life for people with long-term conditions

Overarching indicator
- Health-related quality of life for people with long-term conditions (NHS OF 2) ^ **

Improvement areas

Ensuring people feel supported to manage their condition
- People feeling supported to manage their condition (NHS OF 2.1) ^ * **

Improving functional ability in people with long-term conditions
- People with COPD & Medical Research Council Dyspnoea scale ≤3 referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education

Reducing time spent in hospital by people with long-term conditions
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.i) ^
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.ii) ^
- Complications associated with diabetes inc emergency admission for diabetic ketoacidosis and lower limb amputation

Enhancing quality of life for carers
- Health-related quality of life for carers (NHS OF 1.4)

Enhancing quality of life for people with mental illness
- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health-related quality of life for people with a long term mental health condition

Enhancing quality of life for people with dementia
- Estimated diagnosis rate for people with dementia *NHS OF measure in development. No CCG measure at present*
- People with dementia prescribed anti-psychotic medication

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators
- Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) ^
- Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) *

Improvement areas

Improving outcomes from planned treatments
- Increased health gain as assessed by patients for elective procedures
  a) hip replacement b) knee replacement c) groin hernia d) varicose veins
  (NHS OF 3.1 i - iv)

Preventing lower respiratory tract infections in children from becoming serious
- Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)

Improving recovery from injuries and trauma
NHS OF indicator in development. No CCG measure at present

Improving recovery from stroke
People who have had a stroke who
- are admitted to an acute stroke unit within four hours of arrival to hospital
- receive thrombolysis following an acute stroke
- are discharged from hospital with a joint health and social care plan
- receive a follow-up assessment between 4-8 months after initial admission
- spend 90% of more of their stay on an acute stroke unit

Improving recovery from fragility fractures
- Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 i and ii)
- Hip fracture: formal hip fracture programme, timely surgery, and multifactorial risk assessment

Helping older people to recover their independence after illness or injury
No CCG measure at present

Improving recovery from mental illness
- Alcohol admissions and readmissions
- Mental health readmissions within 30 days of discharge
- Proportion of adults in contact with secondary mental health services in paid employment

4 Ensuring that people have a positive experience of care

Overarching indicators

Patient experience of primary and hospital care
- Patient experience of GP out of hours services (NHS OF 4a ii) ^
- Patient experience of hospital care (NHS OF 4 b)
- Friends and family test for acute inpatient care and A&E (NHS OF 4c)

Improvement areas

Improving people's experience of outpatient care
- Patient experience of outpatient services (NHS OF 4.1)

Improving hospitals' responsiveness to personal needs
- Responsiveness to in-patients' personal needs (NHS OF 4.2)

Improving people's experience of accident and emergency services
- Patient experience of A&E services (NHS OF 4.3)

Improving women and their families' experience of maternity services

Improving the experience of care for people at the end of their lives
- Bereaved carers views on the quality of care in the last 3 months of life NHS OF 4.6)

Improving experience of healthcare for people with mental illness
- Patient experience of community mental health services (NHS OF 4.7)

Improving children and young people's experience of healthcare
NHS OF indicator in development. .No CCG measure at present

Improving people's experience of integrated care
NHS OF indicator in development. No CCG measure at present

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicator
- Patient safety incidents reported (NHS OF 5a)

Improvement areas

Reducing the incidence of avoidable harm
- Incidence of healthcare associated infection: MRSA (NHS OF 5.2.i)
- Incidence of healthcare associated infection: C difficile (NHS OF 5.2.ii)

No CCG measures at present for category 2, 3 and 4 pressure ulcers and incidence of medication errors causing serious harm

Improving the safety of maternity services
No CCG measure at present

Delivering safe care to children in acute settings
No CCG measure at present

NOTES & LEGEND

NHS OF: indicator derived from NHS Outcomes Framework

^ NHS OF indicator that is also measurable at local authority level

* NHS OF indicator shared with Public Health Outcomes Framework

** NHS OF indicator complementary with Adult Social Care Outcomes Framework

Other indicators are developed from NICE quality standards or other existing data collections.