NHS
Commissioning Board

CCG OUTCOMES INDICATOR SET 2013/14: TECHNICAL GUIDANCE

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DECEMBER 2012

CCG Outcomes Indicator Set 2013/14

Technical Guidance

First published: December 2012

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Introduction

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

- for measures derived directly from the NHS Outcomes Framework an indicator reference (highlighted in square brackets) and a weblink to the official document have been provided. In these cases, the NHS Outcomes Framework is the key source of guidance and information on clinical rationale, historical context, equality impact and data sources;

- where measures have been developed from other data collections or audits, templates are provided including descriptors, clinical rationale, data sources and latest available baseline data.

In some cases, indicator methodologies have yet to complete final assurance processes with the Health and Social Care Information Centre (HSCIC). The assurance level at the time of printing is provided as part of the information table for each indicator.

HSCIC has provided a schedule (see Annex 2) at the end of the Technical Guidance. This sets out when updates on data collections and CCG Outcomes Indicator Set baselines will be published and made available to clinical commissioning groups through the HSCIC website and Indicator Portal.

Indicators that were recommended by NICE in August 2012 are marked with an asterisk ***** in the title section of the indicator description.

CCG Outcomes Indicators 2013/14
at a glance

1 Preventing people from dying prematurely

Overarching indicators

C1.1 **Combined indicator** on potential years of life lost (PYLL) from causes considered amenable to healthcare adults and children and young people (NHS OF 1a i & ii) ^

Improvement areas

Reducing premature mortality from the major causes of death
C1.2 Under 75 mortality from cardiovascular disease (NHS OF1.1) ^ *
C1.3 Cardiac rehabilitation completion
C1.4 Myocardial infarction, stroke, stage 5 kidney disease in people with diabetes
C1.5 Mortality within 30 days of hospital admission for stroke
C1.6 Under 75 mortality from respiratory disease (NHS OF 1.2) ^ *
C1.7 Under 75 mortality from liver disease (NHS OF 1.3) ^
C1.8 Emergency admissions for alcohol related liver disease
C1.9 Under 75 mortality from cancer (NHS OF 1.4) ^ *
C1.10 a and b Cancer survival: all cancers 1 and 5yrs (NHS OF 1.4.i and ii) ^
C1.11 a and b Cancer survival: breast, lung & colorectal 1 and 5yrs (NHS OF 1.4.iii and iv) ^

Reducing premature death in people with serious mental illness
C1.12 People with severe mental illness who have received a list of physical checks

Reducing deaths in babies and young children
C1.13 Antenatal assessment < 13 weeks
C1.14 Maternal smoking at delivery
C1.15 Breastfeeding prevalence at 6-8 weeks

Reducing premature death 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

C2.1 Health-related quality of life for people with long term conditions ^ ** (NHS OF 2)

Improvement areas

Ensuring people feel supported to manage their condition
C2.2 People feeling supported to manage their condition (NHS OF 2.1) ^ * **

Improving functional ability in people with long term conditions
C2.3 People with COPD & Medical Research Council dyspnoea scale ≤3 referred to a pulmonary rehabilitation programme
C2.4 People with diabetes who have received nine care processes
C2.5 People with diabetes diagnosed less than one year referred to structured education

Reducing time spent in hospital by people with long term conditions
C2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions in adults (NHS OF 2.3.i) ^
C2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.ii) ^
C2.8 Complications associated with diabetes including emergency admission for diabetic ketoacidosis and lower limb amputation

Enhancing quality of life for carers
No CCG measure at present

Enhancing quality of life for people with mental illness
C2.9 Access to community mental health services by people from BME groups
C2.10 Access to psychological therapy services by people from BME groups
C2.11 & C2.12 Recovery following talking therapies (all ages and older than 65)

Enhancing quality of life for people with dementia
C2.13 Estimated diagnosis rate for people with dementia (NHS OF 2.6i)
C2.14 People with dementia prescribed anti-psychotic medication

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

Overarching indicators

C3.1 Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a) ^
C3.2 Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b) *

Improvement areas

Improving outcomes from planned treatments
C3.3 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 (LRTI) in children from becoming serious
C3.4 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
C3.5 are admitted to an acute stroke unit within four hours of arrival to hospital
C3.6 receive thrombolysis following an acute stroke
C3.7 are discharged from hospital with a joint health and social care plan
C3.8 receive a follow-up assessment between 4-8 months after initial admission

Improving recovery from fragility fractures
No CCG measure at present

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

4 Ensuring that people have a positive experience of care

Overarching indicators

Patient experience of primary and hospital care

C4.1 Patient experience of GP out of hours services (NHS OF 4a ii) ^
C4.2 Patient experience of hospital care (NHS OF 4 b)
C4.3 Friends and family test for inpatient acute and A&E (NHS OF 4c)

Improvement areas

Improving people's experience of outpatient care
C4.4 Patient experience of outpatient services (NHS OF 4.1)

Improving hospitals' responsiveness to personal needs
C4.5 Responsiveness to in-patients' personal needs (NHS OF 4.2)

Improving people's experience of accident and emergency services
C4.6 Patient experience of A&E services (NHS OF 4.3)

Improving women and their families' experience of maternity services
C4.7 Women's experience of maternity services (NHS OF 4.5)

Improving the experience of care for people at the end of their lives
NHS OF indicator in development. No CCG measure at present

Improving experience of healthcare for people with mental illness
C4.8 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 indicators

C5.1 Patient safety incidents reported (NHS OF 5a)

Improvement areas

Reducing the incidence of avoidable harm
C5.2 Incidence of Venous Thromboembolism (VTE) (NHS OF 5.1)
C5.3 Incidence of healthcare associated infection MRSA (NHS OF 5.2.i)
C5.4 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

Domain One Preventing people from dying prematurely

Deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. The NHS also contributes to reducing premature deaths from causes not considered 'amenable'. The inclusion of broader shared indicators, including the mortality indicators for major diseases and infant mortality, reflect the contribution that the NHS can make to outcomes where there is shared responsibility with public health, subject to final publication of the Public Health Outcomes Framework. The NHS contribution will include encouraging healthy behaviours and uptake of screening and vaccination options, in addition to providing appropriate diagnosis, care planning and treatment.

The overarching indicator provides a picture of the NHS contribution to preventing people from dying prematurely at CCG level.

C1.1	Reduction in potential years of life lost from causes amenable to health care
Title	Potential years of life lost from causes considered amenable to healthcare [NHS OF 1a] 1a.i and 1a.ii are in pre-development. These are overarching indicators.
Assurance level	1a Assured
Status	1a is live; 1a.i and 1a.ii are in pre-development.
Updated definition	Directly age and sex-standardised Potential Years of Life Lost (PYLL) rate from causes considered amenable to health care per 100,000 CCG population The NHS OF indicator will potentially be split into two parts: 1a.i Adults (age 20+) 1a.ii. Children and young people (under 20 years). The CCG indicator will combine data from 1a.i and 1a.ii
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	Office for National Statistics: http://www.ons.gov.uk/ons/rel/subnational-health4/avoidable-mortality-in-england-and-wales/2010/stb-avoidable-mortality.html

	and http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/index.html
Numerator	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD). Number of deaths from causes considered amenable to health care multiplied by age-specific life expectancy for the relevant age-group and gender.
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 Technical Appendix 2013/14	Pages: 10-13 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C1.2	**Reducing premature mortality from the major causes of death: cardiovascular disease**
Title	Under 75 mortality rate from cardiovascular disease [NHS OF 1.1] *
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) and NHAIS (Exeter) Systems.
Numerator	Number of deaths under 75 from cardiovascular disease. Cardiovascular disease is defined in terms of the following ICD-10 codes: All ICD-10 codes in Chapter IX - Diseases of the circulatory system (I00-I99).

	Death registrations in the calendar year for all England deaths based on GP of registration from PCMD. Mortality data by cause excludes deaths under 28 days for which cause of death is not classified by ICD-10 code. This indicator therefore relates to deaths between 28 days and 74 years of age inclusive. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP practice code is recorded in the PCMD, the CCG of responsibility is derived using the home postcode of the individual and a mapping files of postcode to lower super output area (LSOA) and to CCG.
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 January for the forthcoming calendar year.
NHS OF Technical Appendix 2013/14	Pages:14-15 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C1.3	**Reducing premature mortality from the major causes of death: cardiovascular disease**
Title	Cardiac rehabilitation completion.
Definition	Number of patients with coronary heart disease 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	
Data source	National Audit of Cardiac Rehabilitation http://www.cardiacrehabilitation.org.uk/nacr/
Numerator	
Denominator	
Methodology, including case mix adjustment	
Reporting arrangements	
Baseline achievement	

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
Definition	Indirectly age and sex standardised rate of myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes.
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	The National Diabetes Audit (NDA)
Numerator	Number of people collected by the NDA who have a Hospital Episode Statistics (HES) recording of MI, stroke or stage 5 chronic kidney disease (in primary and secondary diagnosis).
Denominator	Number of people with diabetes collected by the NDA.
Methodology, including case mix adjustment	Indirectly age and sex standardised rate.
Reporting arrangements	Annual snapshot.
Baseline achievement	

C1.5	Reducing premature mortality from the major causes of death: cardio vascular disease
Title	Mortality within 30 days of hospital admission for stroke. *
Assurance level	Assured
Definition	Directly age and sex standardised rate of mortality 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).
Numerator	The number of spell records that have a mortality record within 30 (<=30) days of being admitted to hospital, including deaths that occur in or out of hospital.
Denominator	The number of spells records where the patient was admitted with a primary diagnosis of one or more of the following codes: I61.- Intracerebral haemorrhage; I63.- Cerebral infarction; I64.- Stroke not specified as haemorrhage or infarction
Methodology, including case mix adjustment	Directly age and sex standardised rate
Reporting arrangements	Annual snapshot
Baseline achievement	

C1.6	**Reducing premature mortality from the major causes of death: respiratory disease**
Title	Under 75 mortality from respiratory disease [NHS OF 1.2] *
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) and NHAIS (Exeter) Systems.
Numerator	Number of deaths under 75 from respiratory disease. Respiratory disease is defined in terms of the following ICD-10 codes: All ICD-10 codes in Chapter X - Diseases of the respiratory system (J00-J99)

	Death registrations in the calendar year for all England deaths based on GP of registration from PCMD. Mortality data by cause excludes deaths under 28 days for which cause of death is not classified by ICD-10 code. This indicator therefore relates to deaths between 28 days and 74 years of age inclusive. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP practice code is recorded in the PCMD, the CCG of responsibility is derived using the home postcode of the individual and a mapping files of postcode to lower super output area (LSOA) and to CCG.
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, extracted annually on 1 January for the forthcoming calendar year.
NHS OF Technical Appendix 2013/14	Pages: 16-17 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C1.7	**Reducing premature mortality from the major causes of death: liver disease**
Title	Under 75 mortality rate from liver disease [NHS OF 1.3]
Assurance level	Assurance not initiated.
Definition	
Status	NB Information available at CCG level will involve small numbers
Clinical rationale	
Data source	
Numerator	
Denominator	
Methodology, including case mix adjustment	
Reporting arrangements	
Baseline achievement	
NHS OF Technical Appendix 2013/14	Pages 17-18 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C1.8	Reducing premature mortality from the major causes of death: liver disease
Title	Emergency admissions for alcohol-related liver disease. *
Assurance level	Assured
Definition	Directly age and sex standardised rate of emergency admissions for alcohol related liver disease 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 for Admitted Patient Care (HES APC) (HSCIC) http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics—hes and NHAIS (Exeter) Systems. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP practice code is recorded in the HES APC data, the CCG of responsibility is derived using the lower super output area (LSOA) of the individual and a mapping file of LSOA to CCG.
Numerator	The number of emergency admission spell records where the first episode contains a primary diagnosis code of alcoholic liver disease (K70).
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.
Methodology, including case mix adjustment	Directly age and sex standardised rate.
Reporting arrangements	Rolling annual indicator, to be updated quarterly.
Baseline achievement	

C1.9	Reducing premature mortality from the major causes of death: cancer
Title	Under 75 mortality rate from cancer [NHS OF1.4] *
Assurance level	Assured
Status	Live
Updated definition	Directly age and sex standardised mortality rate from cancer 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 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) and NHAIS (Exeter) Systems. ONS: mortality data by cause and mid-year population estimates: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-199137 http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-223131
Numerator	Number of deaths under 75 from all cancers. Cancer is defined in terms of the following ICD10 codes: All ICD-10 codes for Malignant Neoplasms in Chapter II - Neoplasms (C00-C97). Death registrations in the calendar year for all England deaths based on GP of registration from PCMD. Mortality data by cause excludes deaths under 28 days for which cause of death is not classified by ICD-10 code. This indicator therefore relates to deaths between 28 days and 74 years of age inclusive. GP Practice to CCG mapping file is used; http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP practice code is recorded in the PCMD, the CCG of responsibility is derived using the home postcode of the individual and a mapping files of postcode to lower super output area (LSOA) and to CCG.
Denominator	Unconstrained GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems, extracted annually on 1 January for the forthcoming calendar year.
NHS OF Technical Appendix 2012/13	Pages: 18-20 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C1.10 a) and b)	Reduced years of life lost from cancer
Title	a) One year; and b) Five year survival from all cancers. [NHS OF1.4.i and 1.4.ii)
Assurance level	Assurance not initiated.
Status	In development
Definition	**Indicator description:** One-and five-year relative survival from the three major cancers, colorectal, breast and lung, are currently reported separately. These will be replaced with four aggregate indicators for those aged 15 and over (the purpose of the change being to include minor cancers and to enable robust disaggregation to CCG level). The two aggregate indicators for C.10 are one and five 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 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 **Indicator format:** One- and five-year standardised relative survival percentage for adults (15–99 years).
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

NHS OF Technical Appendix 2013/14	Pages: 20-21 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C1.11 a) and b)	**Reduced years of life lost from cancer**
Title	a) One year; and b) Five year survival from breast, lung and colorectal cancers. [NHS OF1.4.iii and 1.4.iv)
Assurance level	Assurance not initiated.
Status	In development
Definition	**Indicator description:** One-and five-year relative survival from the three major cancers: colorectal, breast and lung, are currently reported separately. These will be replaced with four aggregate indicators for those aged 15 and over (the purpose of the change being to include minor cancers and to enable robust disaggregation to CCG level). The two aggregate indicators for C1.11 are one and five year survival for breast, lung and colorectal cancer together 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 **Indicator format:** One- and five-year standardised relative survival percentage for adults (15–99 years).
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

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C1.12	Reducing premature death in people with serious mental illness
Title	People with severe mental illness who have received a list of physical checks.*
Assurance level	Assured
Definition	People with severe mental illness who have received a list of physical checks.
Clinical rationale	Indicator 1.30 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	The indicator will be measured through the General Practice Extraction Service (GPES).
Numerator	Number of people with a record of alcohol consumption, BMI, blood pressure, total cholesterol to high-density lipoprotein ratio, blood glucose or HbA_{1c} and smoking status.
Denominator	Number of people on the practice list as at date (TBC) with a diagnosis of SMI (schizophrenia, bipolar affective disorder and other psychoses) as defined in the QOF MH rule set v22.0.
Methodology, including case mix adjustment	Percentage.
Reporting arrangements	Annual snapshot.
Baseline achievement	

C1.13	Reducing deaths in babies and young children
Title	Antenatal assessments <13 weeks. *
Assurance level	Assured with comments.
Definition	Antenatal assessments <13 weeks.
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 6 days of pregnancy.
Denominator	Not applicable
Methodology, including case mix adjustment	Number
Reporting arrangements	Quarterly snapshot

C1.14	**Reducing deaths in babies and young children**
Title	Maternal smoking at delivery. *
Assurance level	Assured
Definition	Smoking status at delivery.
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	Omnibus
Numerator	Number of maternities where mother recorded as smoking at delivery
Denominator	Number of maternities in the relevant CCG
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Quarterly snapshot
Baseline achievement	

C1.15	Reducing deaths in babies and young children
Title	Breast feeding prevalence at 6-8 weeks. *
Assurance level	Assured.
Definition	Breast feeding prevalence at 6-8 weeks.
Clinical rationale	Indicator 1.29 measures an outcome of a key component of high-quality care as defined 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.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Quarterly snapshot
Baseline achievement	

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 [NHS OF 2.0]*
Assurance level	Assurance not initiated. Method not yet shared with HSCIC
Status	In development.
Updated definition	**Indicator description:** Average health status score for individuals aged 18 and over reporting that they have a long-term condition. **Indicator construction:** Case-mix adjusted average health status (EQ-5D*) score 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). Health status is derived from responses to Q34 on the GP Patient Survey, which asks respondents to describe their health status using the five dimensions of the EuroQuol 5D (EQ-5D) survey instrument: • Mobility • Self-care • Usual activities • Pain/discomfort • Anxiety/depression **Indicator format**: number *EQ-5D™ is a registered trademark of EuroQol. Further details are available from http://www.euroqol.org. Long-term condition status for individuals is obtained from 'yes' responses to Question 30 in the GP Patient Survey: **Do you have a long-standing health condition?** Response options: Yes, No, Don't know/can't say.
Clinical rationale	The overarching indicator (together with complementary improvement indicators) provide a picture of the NHS contribution to improving the quality of life for those affected by long-term conditions.
Data source	GP Patient Survey (GPPS). The most recent GP Patient Survey data covering 2011/12 is available at http://www.gp-patient.co.uk/results/ From 2011/12, health status (EQ-5D) and the questions required for case-mix adjustment have been included in the GPPS Health Survey for England (HSE).

	An alternative source that can be used to corroborate this indicator is the Health Survey for England. http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/index.htm (Data from the annual Health Survey for England is available between 12 to 15 months after the end of each calendar year)
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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.[NHS OF 2.1]*
Assurance level	Assurance not initiated. Method not yet shared with HSCIC.
Status	In development.
Definition	**Indicator description:** The proportion of people feeling supported to manage their long-term condition. **Indicator construction:** The indicator will be based on responses to questions in the GP Patient Survey as follows: **Numerator:** For people who answer yes to the Question 30 "Do you have a long-standing health condition" (cited in template for indicator 2). The numerator is the total number of 'Yes, definitely' or 'Yes, to some extent' answers to GPPS **Question 32:** **In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)?** *Please think about all services and organisations, not just health services* • Yes, definitely • Yes, to some extent • No • I have not needed such support • Don't know/can't say Responses will be weighted according to the following 0-100 scale: "No" = 0 "Yes, to some extent" = 50 "Yes, definitely" = 100 **Denominator:** The denominator is the total number of 'Yes, definitely', 'Yes, to some extent' and 'No' answers to question 32 above. **Indicator format:** Percentage (weighted numerator/denominator)
Clinical rationale	Together with the overarching indicator, 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 (GPPS) http://www.gp-patient.co.uk/
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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.
Definition	People with 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	General Practice Extraction Service (GPES) data.
Numerator	Patients with COPD (anywhere in record) and MRC Dyspnoea Scale ≥3 in the preceding 12 months referred to (or have attended) a pulmonary rehabilitation programme.
Denominator	Patients with COPD (anywhere in record) and MRC Dyspnoea Scale ≥3 in the preceding 12 months.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot
Baseline achievement	

C2.4	Improving functional ability for people with long0term conditions
Title	People with diabetes who have received nine care processes. *
Assurance level	Assured.
Definition	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 (HbA_{1c} 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	The 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)
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
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot
Baseline achievement	

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
Definition	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	The National Diabetes Audit (NDA)
Numerator	Number of patients with diabetes collected by the National Diabetes Audit (NDA) who have been diagnosed for less than one year with a structured education referral recorded.
Denominator	Number of patients with diabetes who have been diagnosed for less than one year as recorded in GP Adult Population Data.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot
Baseline achievement	

C2.6	Reducing time spent in hospital for people with long term conditions
Title	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions (adults).[NHS OF 2.3.i] *
Assurance level	Assured.
Status	Live
Definition	Directly age and sex standardised rate of unplanned hospitalisation admissions for chronic ambulatory care sensitive conditions for people aged 19 and over per 100,000 CCG adult population. The proportion of persons aged over 18 with chronic conditions admitted to hospital as an emergency admission. This definition is based on the NHS IC Compendium of Population Health indicator: *Emergency hospital admissions: chronic conditions usually managed in primary care*.

Clinical rationale	The intent of this indicator is to measure effective management and reduced serious deterioration in people with ambulatory care sensitive (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 for Admitted Patient Care (HES APC) (HSCIC) http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics—hes and NHAIS (Exeter) Systems. GP practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP Practice code is recorded in the HES APC data, the CCG of responsibility is derived using the lower super output area (LSOA) of the individual and a mapping file of LSOA to CCG.
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS) in Hospital Episode Statistics for Admitted Patient Care (HES APC), excluding transfers, for adults with an emergency method of admission and with primary diagnoses for chronic ambulatory care sensitive conditions listed below: a) B18.0, B18.1. Exclude people with a secondary diagnosis of D57 (Sickle-cell disorders). b) J45, J46X c) I11.0, I50, J81X, I13.0. OPCS4 codes excluded: K0, K1, K2, K3, K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71 d) E10, E11, E12, E13, E14 e) J20, J41, J42X, J43, J44, J47X. J20 only with second diagnosis of J41, J42, J43, J44, J47 f) I20, I25. OPCS4 codes excluded: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5 g) D50.1, D50.8, D50.9, D51, D52 h) I10X, I11.9. OPCS4 codes excluded: K0, K1, K2, K3, K4, K50, K52, K55, K56, K57, K60, K61, K66, K67, K68, K69, K71 i) G40, G41, F00, F01, F02, F03, I48X
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.
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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).[NHS OF 2.3.ii] *
Assurance level	Assured.
Definition	Directly age and sex standardised rate of unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s(0 – 18 years) per 100,000 CCG population (0 – 18 years).
Data source	Hospital Episode Statistics for Admitted Patient Care (HES APC) (HSCIC) http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics—hes and NHAIS (Exeter) Systems. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP Practice code is recorded in the HES APC data, the CCG of responsibility is derived using the lower super output area (LSOA) of the individual and a mapping file of LSOA to CCG
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS) in Hospital Episode Statistics for Admitted Patient Care (HES APC), excluding transfers, for children under 19 with an emergency method of admission and with primary diagnoses of asthma, diabetes or epilepsy (J45, J46, E10, G40, G41).
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.
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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
Definition	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	The National Diabetes Audit (NDA)
Numerator	Number of people identified by NDA in the denominator with a HES record of NDA complications using (a) ICD-10 primary or secondary diagnosis codes or (b) OPCS-4 procedure codes for the following diagnoses or procedures: • Ketoacidosis • Angina • Myocardial Infarction • Cardiac Failure • Stroke • Diabetic Retinopathy treatments • Renal Failure • Amputation minor • Amputation major
Denominator	Number of people with diabetes collected by the NDA from primary and / or secondary Care
Methodology, including case mix adjustment	Indirectly age and sex standardised rate
Reporting arrangements	Annual Snapshot
Baseline achievement	

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
Definition	Access to community mental health services by people from black and minority ethnic 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) and any disability services are culturally appropriate.'
Data source	Mental Health Minimum Data Set.
Numerator	The number of people using adult and elderly NHS secondary mental health services by ethnic group.
Denominator	The total number of people by ethnic group using Office for National Statistics (ONS) Population Estimates for England by ethnic group.
Methodology, including case mix adjustment	Crude Rate
Reporting arrangements	Rolling annual indicator, to be updated quarterly.

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
Definition	Access to psychological therapies services by people from black and minority ethnic groups.
Clinical rationale	The Improved 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	'Improving Access to Psychological Therapies (IAPT) data set.
Numerator	Number of people who have received psychological therapies during the reporting quarter, by ethnicity (definition to be confirmed).
Denominator	The total number of people by ethnic group using Office for National Statistics (ONS) Population Estimates for England by ethnic group.

Methodology, including case mix adjustment	Calculation yet to be confirmed.
Reporting arrangements	Rolling annual indicator, to be updated quarterly.
Baseline achievement	Not available

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 not initiated
Definition	Recovery following talking therapies for people of all ages
Clinical rationale	This is a count of all those who have completed treatment (see definition below). **Treatment** is defined as at least two treatment contacts with services. The rationale for this approach is that patients attending only one therapeutic session will be unable to provide end of care pathway clinical outcome data. This calculation excludes people who had an initial assessment but did not enter treatment <u>and</u> those who receive only one treatment session.
Data source	'Improving Access to Psychological Therapies data set.
Numerator	Definition to be confirmed subject to current changes to the national definition of caseness, using the Anxiety Disorder Specific Measures in place of GAD7.
Denominator	Definition to be confirmed subject to current changes to the national definition of caseness, using the Anxiety Disorder Specific Measures in place of GAD7.
Methodology, including case mix adjustment	Calculation yet to be confirmed.
Reporting arrangements	Rolling annual indicator, to be updated quarterly.
Baseline achievement	Not available

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 not initiated.
Definition	Recovery following talking therapies for people older than 65
Clinical rationale	This is a count of all those who have completed treatment (see definition below). **Treatment** is defined as at least two treatment contacts with services. The rationale for this approach is that patients attending only one therapeutic session will be unable to provide end of care pathway clinical outcome data. This calculation excludes people who had an initial assessment but did not enter treatment **and** those who receive only one treatment session.
Data source	Improving Access to Psychological Therapies (IAPT) data set.
Numerator	Definition to be confirmed subject to current changes to the national definition of caseness, using the Anxiety Disorder Specific Measures in place of GAD7.
Denominator	Definition to be confirmed subject to current changes to the national definition of caseness, using the Anxiety Disorder Specific Measures in place of GAD7.
Methodology, including case mix adjustment	Calculation yet to be confirmed
Reporting arrangements	Rolling annual indicator, to be updated quarterly
Reporting arrangements	Annual snapshot
Baseline achievement	Not available

C2.13	Improving the quality of life for people with dementia
Title	Estimated diagnosis rate for people with dementia. [NHS OF 2.6.i]
Assurance level	Assurance not initiated.
Status	2.6.i is live only for NHS Outcomes Framework England level. Methodology to be developed in 2013/14
Updated Definition	
Clinical rationale	

Data source	
Reporting arrangements	
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C2.14	**Improving the quality of life for people with dementia**
Title	People with dementia prescribed anti-psychotic medication. *
Assurance level	Assurance initiated.
Definition	People with dementia prescribed anti-psychotic 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	Dementia Audit.
Numerator	Number of dementia patients with a prescription for an antipsychotic medication
Denominator	Number of patients with a diagnosis of dementia.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot
Baseline achievement	Not available

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. [NHS OF 3a] *
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised rate of adult emergency admissions for acute conditions (ear/nose/throat infections, kidney/urinary tract infections, heart failure) that should not usually require hospital admission; usually managed in primary care.
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 for Admitted Patient Care (HES APC) (HSCIC) http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes and NHAIS (Exeter) Systems. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP Practice code is recorded in the HES APC data, the CCG of responsibility is derived using the lower super output area (LSOA) of the individual and a mapping file of LSOA to CCG.
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS) in Hospital Episode Statistics for Admitted Patient Care (HES APC), excluding transfers, for adults with an emergency method of admission and with primary diagnoses for acute conditions, as listed below. a) J10, J11, J13X, J14, J15.3, J15.4, J15.7, J15.9, J16.8, J18.1, J18.8, A36, A37, B05, B06, B16.1, B16.9, B26, M01.4. Exclude people with a secondary diagnosis of D57 (Sickle-cell disorders) b) I24.0, I24.8, I24.9. OPCS4 codes excluded: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, V, W, X0, X1, X2, X4, X5. c) E86, K52, A02.0, A04, A05.9, A07.2, A08, A09 d) N10, N11, N12, N13.6, N15.9, N39.0, N30.0, N30.8, N30.9

	e) K25.0-K25.2, K25.4-K25.6, K26.0-K26.2, K26.4-K26.6, K27.0-K27.2, K27.4-K27.6, K28.0-K28.2, K28.4-K28.6, K20, K21 f) L03, L04, L08.0, L08.8, L08.9, L88, L98.0, I89.1, L01, L02. OPCS4 codes excluded: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S1, S2, S3, S41, S42, S43, S44, S45, S48, S49, T, V, W, X0, X1, X2, X4, X5. S47 is allowed if by itself. g) H66, H67, J02, J03, J06, J31.2, J04.0 h) A69.0, K02, K03, K04, K05, K06, K08, K09.8, K09.9, K12, K13 i) R56, O15, G25.3
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.
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C3.2	**Helping people to recover from episodes of ill health or following injury**
Title	Emergency readmissions within 30 days of discharge from hospital.[NHS OF 3b] *
Assurance level	Assured
Status	Live
Updated 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 for Admitted Patient Care (HES APC) (HSCIC) http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes and NHAIS (Exeter) Systems. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP Practice code is recorded in the HES APC data, the CCG of responsibility is derived using the lower super output area (LSOA) of the individual and a mapping file of LSOA to CCG.

Numerator	The number of finished and unfinished continuous inpatient (CIP) spells 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.
Denominator	The number of finished continuous inpatient 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.
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C3.3	**3.3 (a- d) Improving outcomes from planned treatments**
Title	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] *
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 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 gained as assessed by patients for planned treatments.
Data source	Health and Social Care Information Centre's PROMs data publication and dataset; part of the Hospital Episode Statistics dataset (see – http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1295) see http://www.ic.nhs.uk/proms
Calculation	Data for this indicator is from the PROMs dataset – not yet publicly available. The value is sourced fully calculated. The PROMs website provides a guide to methodology.
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C3.4	Preventing lower respiratory tract infections in children from becoming serious
Title	Emergency admissions for children with lower respiratory tract infections (LRTIs). [NHS OF 3.2] *
Assurance level	Assured
Status	Live
Definition	Directly age and sex standardised rate of children under 19 (0 to 18 years) admitted to hospital with selected types of lower respiratory tract infections (bronchiolitis, bronchopneumonia and pneumonia) as an emergency admission during the respective financial year: rate per 100,000.
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 in-patient care. [1] SIGN - Scottish Intercollegiate Guidelines Network (November 2006). Guideline 91. Bronchiolitis in Children - a national clinical guideline. Accessed: http://www.sign.ac.uk/guidelines/fulltext/91/index.html
Data source	Hospital Episode Statistics for Admitted Patient Care (HES APC) (HSCIC) http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics--hes and NHAIS (Exeter) Systems. GP Practice to CCG mapping file is used: http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/ccginterim/index_html Where no GP practice code is recorded in the HES APC data, the CCG of responsibility is derived using the lower super output area (LSOA) of the individual and a mapping file of LSOA to CCG.
Numerator	The number of finished and unfinished continuous inpatient spells (CIPS) in Hospital Episode Statistics for Admitted Patient Care (HES APC), excluding transfers, for children under 19 with an emergency method of admission and with primary diagnoses of lower respiratory tract infections as listed below: J10.0, J11.0, J11.1, J12.-, J13, J14, J15.-, J16.-, J18.0, J18.1, J18.9, J21.

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.
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C3.5	**Improving recovery from stroke**
Title	People who have had a stroke and are admitted to an acute stroke unit with four hours of arrival to hospital. *
Assurance level	Assured
Definition	People who have had a stroke who are 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	The Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP).
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 (within the relevant time period) except for those whose first ward of admission was ITU, CCU or HD, as answered in audit question 2.5.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot
Baseline achievement	

C3.6	Improving recovery from stroke
Title	People who have had an acute stroke who receive thrombolysis. *
Assurance level	Assured
Definition	People who have had an acute stroke who 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	The Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP).
Numerator	The number of acute stroke patients who were given Thrombolysis for Stroke (Alteplase) captured in audit question 5.1.1 Was the patient given thrombolysis?
Denominator	All acute stroke patients, including those who were already in hospital at the time of new stroke occurrence except those who had one of the pre-specified exclusion criteria.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot.
Baseline achievement	

C3.7	Improving recovery from stroke
Title	People with stroke who are discharged from hospital with a joint health and social care plan. *
Assurance level	Assured
Definition	Improving recovery from stroke for people who are 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	The Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP).
Numerator	The number of patients with a primary diagnosis of stroke who were discharged from their final inpatient hospital stay with a joint health and social care plan.
Denominator	The number of patients with a primary diagnosis of stroke alive at time of discharge from their final hospital inpatient stay to their final place of residence. **Exclusions** • patients who are deceased; • patients who are documented as having only a health or a social care need or no ongoing health/social care needs; • patients not resident in the UK; • patients who refuse a health and/or social care assessment or intervention.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot
Baseline achievement	

C3.8	**Improving recovery from stroke**
Title	People who have a follow-up assessment between 4-8 months after initial admission for stroke. *
Assurance level	Assured
Definition	People who have a follow-up assessment between 4-8 months after initial hospital 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	The Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP).
Numerator	Of the denominator, the number of patients who had a follow-up assessment between 4 – 8 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, who decline an appointment offered and patients for whom an attempt is made to offer an appointment but are untraceable as they are not registered with a GP.
Methodology, including case mix adjustment	Percentage
Reporting arrangements	Annual snapshot.
Baseline achievement	

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. [NHS OF 4a ii] *
Assurance level	Assured
Status	Live
Updated Definition	Patient experience of GP out-of-hours services, measured by scoring the results of one question from the GP Patient Survey: '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 from 2011-12 onwards http://www.gp-patient.co.uk/results/
Numerator	Number of people answering 'Very Good' or 'Good' to the question above.
Denominator	The total number of people answering the question above.
Methodology, including case mix adjustment	
NHS OF Technical Appendix 2013/14	Pages 67-69 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C4.2	Ensuring that people have a positive experience of care
Title	Patient experience of hospital care.[NHS OF 4b]
Assurance level	Assurance not initiated.
Status	In development.
Updated definition	**Indicator description:** 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 (2011) was published by CQC and the updated Overall Patient Experience measure, presenting results as used for this indicator, were published in April 2012 by DH at the following websites, respectively: http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm; 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 Technical Appendix 2013/14	Pages: 69-72 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C4.3	Ensuring that people have a positive experience of care
Title	Friends and Family Test for inpatient acute and A&E. [NHS OF 4c]
Assurance level	Assurance not initiated.
Status	NHS OF placeholder Methodology for CCG breakdown to be developed for 2014/15
Updated Definition	Under development. The Friends and Family Test will measure 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. The Friends and Family Test will be implemented in inpatient wards and A&E departments from April 2013.
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
Methodology, including case mix adjustment	
NHS OF Technical Appendix 2013/14	Page: 72 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C4.4	Improving people's experience of outpatient care
Title	Patient experience of outpatient services. [NHS OF 4.1]
Assurance level	Assurance not initiated
Status	In development
Updated definition	**Indicator description:** 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. **Indicator construction:** The indicator is a composite, calculated as the average of five survey questions.

Clinical rationale	Improvement in peoples' 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 (2011) are published on the CQC website: http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/outpatient-survey-2011
NHS OF Technical Appendix 201314	Pages: 72-74 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C4.5	**Improvement in hospitals' responsiveness to personal needs**
Title	Responsiveness to in-patients' personal needs. [NHS OF 4.2]
Assurance level	Assurance not initiated.
Status	In development.
Updated Definition	**Indicator construction:** 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 (2011) was published in April 2012 at the following website 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 Technical Appendix 2013/14	Pages: 74-76 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C4.6	Improvement in patients' experiences of accident and emergency (A&E) departments
Title	Patient experience of accident and emergency (A&E) services. [NHS OF 4.3]
Assurance level	Assurance not initiated.
Updated Definition	**Indicator description:** Patient experience of A&E services **Indicator construction:** 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 Accident and Emergency services. The questionnaire is for patients aged 16 and over.
Clinical rationale	Improvement in patients' experiences of Accident and Emergency (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 the following website: http://www.cqc.org.uk/accidentandemergency The A&E survey is coordinated nationally by the Care Quality Commission as part of the NHS patient survey programme. The latest Emergency Department Survey (2008) is used to form this indicator.
NHS OF Technical Appendix 201314	Pages: 76-78 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C4.7	Improving women's and their families experience of maternity services
Title	Women's experience of maternity services. [NHS OF 4.5]
Assurance level	Assurance not initiated.
Status	In development
Updated definition	**Indicator description:** The indicator seeks to measure important elements of experience across the whole maternity pathway: antenatal, intrapartum (labour and delivery) and postnatal. **Indicator construction:** 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 Technical Appendix 201314	Pages: 80-82 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

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. [NHS OF 4.7]
Assurance level	Assurance not initiated.
Status	In development.
Updated definition	**Indicator description:** Patient experience of community mental health services **Indicator construction:** 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. http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/community-mental-health-survey-2012 The results from the latest Community Mental Health Survey (2010/11) were published in August 2011 by the CQC at the following website: www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/communitymentalhealthservices.cfm
NHS OF Technical Appendix 2013/14	Pages: 83-85 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

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

C5.1	Safety incidents involving severe harm or death
Title	Patient safety incidents reported.[NHS OF 5a]
Assurance level	Assurance initiated.
Status	In development
Updated definition	Indicator description: The number of patient safety incidents reported to the National Reporting and Learning System (NRLS). A patient safety incident (PSI) is defined as 'any unintended or unexpected incident(s) that could have, or did, lead to harm for one or more person(s) receiving NHS funded healthcare.'
Numerator	The number of patient safety incidents reported to the NRLS A patient safety incident (PSI) is defined as 'any unintended or unexpected incident(s) that could have, or did, lead to harm for one or more person(s) receiving NHS funded healthcare'.
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	National Reporting and Learning System – NRLS http://www.nrls.npsa.nhs.uk/patient-safety-data/ (data workbooks)
NHS OF Technical Appendix 2013/14	Pages: 89-90 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C5.2	Reducing the incidence of avoidable harm (VTE)
Title	Incidence of hospital-associated venous thromboembolism (VTE). [NHS OF 5.1]
Assurance level	Assurance not initiated
Status	In development. Data availability at CCG level to be confirmed during 2013/14
Updated definition	**Indicator description:** Incidence rate of hospital admissions for VTE **Indicator construction:** The recommendation of the National VTE Programme Board and regional clinical VTE leads is to use Hospital Episode Statistics as the basis for this indicator, as the best currently available option for measuring incidence. For further details on revisions to ONS mid-year population estimates, and their availability, see http://www.statistics.gov.uk/hub/population/population-change/population-estimates/index.html. **Indicator format:** Age standardised rate per 100,000.
Clinical rationale	Reduced harm from failure to prevent VTE in a health care setting
Data source	VTE risk assessment – data published by DH http://transparency.dh.gov.uk/category/statistics/vte/ Hospital Episode Statistics (NHS Information Centre, www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hospital-episode-statistics–hes); and Population statistics (Office for National Statistics, http://www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm%3A77-22371)
Numerator	Number of hospital admissions with a primary or secondary diagnosis of VTE.
Denominator	The denominator is the resident population. Data are based on the latest revisions of ONS mid-year population estimates for the respective years (current as at September 2012).
NHS OF Technical Appendix 2013/14	Pages:92-94 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C5.3	Reducing the incidence of avoidable harm (infections)
Title	Incidence of healthcare associated infection (HCAI): MRSA [NHS OF 5.2 i]
Assurance level	Assured
Status	Live
Updated Definition	**Indicator description:** Overall number of cases of MRSA bacteraemia. **Indicator construction:** Based on mandatory surveillance of MRSA through the Health Protection Agency (HPA) Data Capture System. **Indicator format:** Number
Clinical rationale	Reducing the incidence of healthcare associated infections (HCAI)
Data source	Mandatory surveillance of MRSA bacteraemia (HPA)
NHS OF Technical Appendix 2013/14	Pages: 94-95 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

C5.4	Reducing the incidence of avoidable harm (infections)
Title	Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile). [NHS OF 5.2 ii]
Assurance level	Assured
Status	Live
Updated Definition	**Indicator description:** Overall number of cases of C.difficile **Indicator construction:** Based on mandatory surveillance of C.difficile as reported to the Health Protection Agency Data Capture System: Counts of C.difficile in provider organisations attributed to CCG using data published in HPA Table 6a. http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1179746015058 **Indicator format:** Number
Clinical rationale	Reducing the incidence of healthcare associated infections (HCAI).
Data source	Mandatory surveillance of C.difficile (Health Protection Agency – HPA)
NHS OF Technical Appendix 2013/14	Page:95 https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf

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

NHS Outcomes Framework
http://www.nice.org.uk/aboutnice/cof/Respiratory.jsp?domedia=1&mid=C3CF5142-C961-978D-FED3712F0311B09F

http://www.nice.org.uk/aboutnice/cof/Cardiovascular.jsp?domedia=1&mid=C3CF5142-C961-978D-FED3712F0311B09F

ANNEX 2

Health and Social Care Information Centre - Timetable for CCG Outcomes Indicator Set data quality and baseline updates

Specifications and baseline data for the following indicators will be made available on 18 December 2012:

- Under 75 mortality rate from cardiovascular disease (NHS OF);
- Emergency admissions for alcohol related liver disease;
- Under 75 mortality rate from respiratory disease (NHS OF);
- Emergency admissions for children with lower respiratory tract infections (NHS OF);
- Under 75 mortality rate from cancer (NHS OF);
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF);
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF);
- Emergency admissions for acute conditions that should not usually need hospital admission (NHS OF);
- Emergency re-admissions within 30 days of discharge from hospital (NHS OF);
- Patient reported outcome measures for elective procedures
  - hip replacement
  - knee replacement
  - groin hernia
  - varicose veins.

This information will be published by via the HSCIC website: *http://indicators.ic.nhs.uk*

It is expected that specifications and baseline data (where available) for the remaining indicators will be published via the HSCIC Indicator Portal on 28 March 2013: *http://indicators.ic.nhs.uk/webview/*