



Methodology used for calculating the headline opportunities for your CCG

Annex to the RightCare Commissioning for Value 'Where to look' packs
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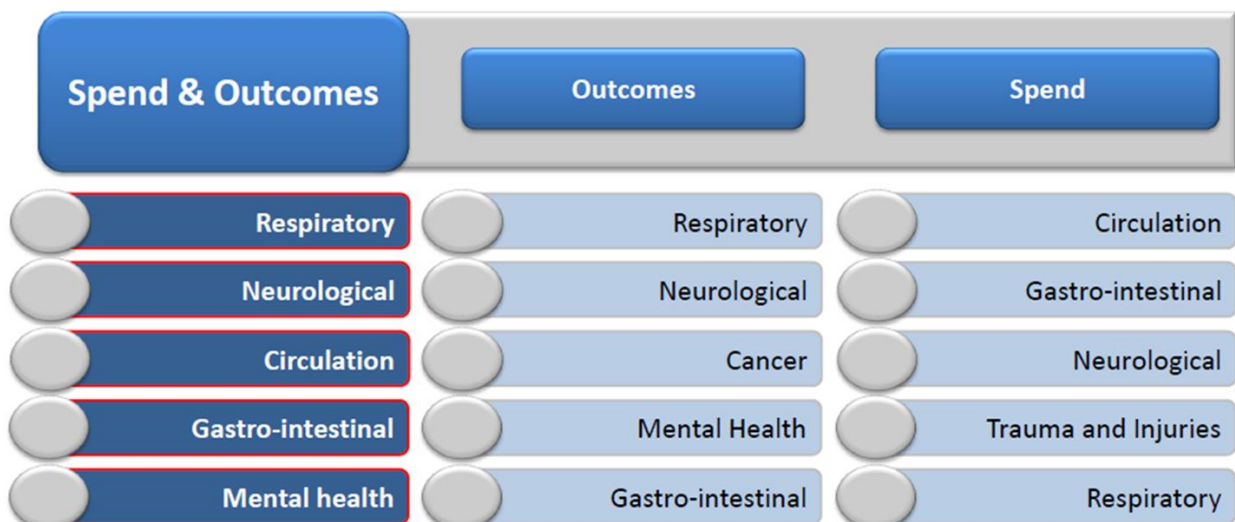
1 Overview

This slide replaces the quadrant slide used in the 2013 and 2014 Commissioning for Value packs where programmes were manually selected. The new 'Headlines for your Health Economy' slide uses a consistent methodology to show up to five opportunity programmes in three lists; spend, outcomes and spend/outcomes combined. These three headline lists are driven by 28 spend indicators and 100 quality/outcome indicators. The detailed list of these indicators is available in the annex published on the Commissioning for Value pages of the [NHS England website](#). CCG performance is compared to the best 5 peer group average to calculate an 'opportunity'.

Important note: Potentially a programme could appear in the 'Spend & Outcomes' list but not appear in the 'Outcome' and/or 'Spend' lists.

In the example below 'Circulation' appears as a 'Spend & Outcome' and 'Spend' opportunity but not as 'Outcome' opportunity. Circulation just missed out on inclusion to the 'Outcome' only list but when combined with the high spend opportunity this becomes a 'Spend & Outcome' opportunity. Please see full methodology in sections 2, 3 and 4 for full details.

Headline opportunity areas for your health economy



2 Spend

Elective, non-elective and prescribing spend data are used to calculate opportunities across 10 programmes (Note: opportunity for Mental Health is calculated using only prescribing data). **Maternity is not included in spend opportunity calculations.**

The CCG value for each indicator is compared to the average of the best 5 performing CCGs in the similar 10 peer group.

Where the CCG value is higher than the average there is deemed to be a 'spend opportunity'. Where the value is less there is no 'spend opportunity' and the indicator is awarded zero (0). Elective, non-elective and prescribing opportunities are then summed to form a programme opportunity total.

Example: AnyTown CCG:

<i>Prescribing =</i>	<i>£0</i>
<i>Elective =</i>	<i>£1000</i>
<i>Non-elective =</i>	<i>£2500</i>
<i>Total =</i>	<i>£3500</i>

These total programme opportunities are then ranked 1 to 10 (1=highest opportunity, 10=lowest opportunity)

The highest 5 ranking opportunities are used to populate the Top-5 spend opportunity list.

3 Outcomes

100 indicators are used to calculate opportunities across 11 programmes. **Maternity is included in quality/outcomes.**

Programme indicator groups are as follows:

Programme	Number of Indicators
Cancer	13
Circulation	17
Endocrine	8
Gastro-Intestinal	3
Genito-Urinary	6
Maternity	14
Mental Health	19
Musculoskeletal	5
Neurological	3
Respiratory	7
Trauma and Injury	5

The CCG value for each indicator in the programme is compared to the average of the best 5 performing CCGs in the similar 10 cluster group.

Depending on the polarity of the indicator (Higher better or lower better) the opportunity is calculated as the absolute difference between the two values.

Example: AnyTown CCG:

Indicator: Cancer - % Females aged 50-70 screened for breast cancer in last 36 months

Polarity: Higher rate is better

AnyTown CCG = 70%

Best 5 average = 85%

Opportunity = 15%

The CCG opportunity for each individual indicator is then ranked by comparing it with opportunity of each of its similar 10 peer group. (1=highest opportunity, 11=lowest opportunity). Where there is no difference or the CCG performs better than the average the indicator opportunity is given a ranking of 10 (10 being the median value of the ranks in the lowest quartile).

A programme opportunity ranking is then calculated from the average of all contributing individual indicator opportunity rankings.

These programme level averages are then ranked 1 to 11 (1=highest opportunity programme, 11=lowest opportunity programme).

The highest five ranking opportunities are used to populate the Top-5 outcome opportunity list (see exemptions and assumptions).

Example:

Musculoskeletal outcome 1 – Opportunity ranking = 10 (no opportunity)

Musculoskeletal outcome 2 – Opportunity ranking = 5

Musculoskeletal outcome 3 – Opportunity ranking = 8

Musculoskeletal outcome 4 – Opportunity ranking = 2

Musculoskeletal outcome 5 – Opportunity ranking = 1

Musculoskeletal outcome average score = $10+5+8+2+1 = 5.2$

All 11 programme outcome averages are then ranked with the top 5 selected for the outcome opportunity list

3.1 Exemptions

The overall average of programme averages is used as a cut-off for inclusion of a programme in a CCGs outcome opportunity list. If an average opportunity above this cut-off is included in a CCGs highest five opportunities then it is excluded. The CCG will only receive 4 outcome opportunities. If there are two above the cut off then the CCG will only receive 3 outcome opportunities and so on.

3.2 Assumptions

Where there is an equal ranking average between programmes the programme budgeting spend ranking is used as a tie breaker. For example if Mental Health (1), Circulation (2) and Cancer (3) are tied 5th on a CCG list of ranking averages then Mental Health will be selected for inclusion as it is the highest spending programme.

3.3 Caveat

NHS Aylesbury Vale CCG, NHS Bath and North East Somerset CCG, NHS Bracknell and Ascot CCG, NHS Camden CCG, NHS Chiltern CCG, NHS Corby CCG, NHS Enfield CCG, NHS Harrogate and Rural District CCG, NHS Newark & Sherwood CCG, NHS Rushcliffe CCG, NHS South Reading CCG, NHS Walsall CCG, NHS West Leicestershire CCG have had their top 5 reviewed manually using the data in the packs as the methodology did not return the minimum 3 'Outcome' opportunities.

4 Spend & Outcomes

The calculated programme rankings for spend (1=highest opportunity, 10=lowest opportunity) are multiplied by the corresponding programme ranking for outcomes (1=highest opportunity, 11=lowest opportunity) to produce a spend/outcome opportunity score. **(Note: Maternity is excluded from spend/outcomes as there is no spend ranking).**

Example: AnyTown CCG:

Cancer spend ranking = 2

Cancer outcome ranking = 3

Spend/outcome score = 6

The calculated spend/outcome scores are then ranked 1 to 10 (1=highest opportunity, 10=lowest opportunity) with the PB hierarchy used to separate equal ranks (see 3.2 Assumptions).

4.1 Exemptions

The programmes where the CCG outcome ranking is above the calculated cut off (see 3.1 Exemptions) are then removed from this list of spend/outcome opportunities.

4.2 Assumptions

Due to Mental Health only having prescribing as a spend indicator the outcome opportunity has been used as a proxy for spend opportunity. In CCGs with Mental Health as an outcome opportunity this programme will take precedence over the 5th placed spend and outcome opportunity in the CCG list.

The highest 5 ranking spend/outcome opportunities are used to populate the Top-5 spend/outcome opportunity list. A CCG will never receive more spend/outcome opportunities than outcome only opportunities.

4.3 Caveat

NHS Aylesbury Vale CCG, NHS Bath and North East Somerset CCG, NHS Bracknell and Ascot CCG, NHS Camden CCG, NHS Chiltern CCG, NHS Corby CCG, NHS Enfield CCG, NHS Harrogate and Rural District CCG, NHS Newark & Sherwood CCG, NHS Rushcliffe CCG, NHS South Reading CCG, NHS Walsall CCG, NHS West Leicestershire CCG have had their top 5 reviewed manually using the data in the packs as the methodology did not return the minimum 3 'Spend & Outcome' opportunities.