



NHS RightCare Commissioning for Value Focus Pack

Mental health and dementia
May 2016

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Introduction: Welcome to your focus pack

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Welcome to your focus pack on mental health and dementia. The information contained in this pack is personalised for your CCG and should be used to support local discussions and inform a more in-depth analysis around mental health services. There is a page of useful links at the end and there is a video guide to the pack too.

Each of these focus packs provides detailed information on the opportunities to improve in the highest spending programmes previously covered by Commissioning for Value packs. This pack includes a wider range of outcomes measures and information on the most common mental health diagnoses.

By using this information, together with local intelligence and reports such as your Joint Strategic Needs Assessment, your CCG will be able to ensure its plans focus on those opportunities which have the potential to provide the biggest improvements in health outcomes, resource allocation and reducing inequalities.

One of the main focuses for the Commissioning for Value series has always been reducing unwarranted variation in outcomes. NHS England, Public Health England and CCGs have legal duties under the Health and Social Care Act 2012 with regard to reducing health inequalities. Commissioners should continue to use these packs and supporting tools to drive local action to reduce inequalities in access to services and in the health outcomes achieved.

The primary objective for NHS RightCare is to maximise value:

- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare

The approach has been tested and proven successful in recent years in a number of different health economies. The programme focusses on improving population value including improving outcomes, quality, and releasing capacity and resources for future investment.

To build on the success and value of the RightCare programme, NHS England and Public Health England are taking forward the RightCare approach to ensure it becomes embedded in the new commissioning and public health agendas for the NHS. It is now referenced in the Mandate to NHS England, the NHS Planning Guidance, the CCG Improvement and Assessment Framework and the Quality Premium for 2016/17.

The RightCare programme includes the Commissioning for Value packs and tools, the NHS Atlas series and a number of casebooks. NHS England has committed significant funding to rolling out the RightCare approach to all CCGs over the next two years. Wave 1 has 65 CCGs and these are now receiving early support from one of ten RightCare Delivery Partners. The remaining CCGs are in Wave 2 and will receive support from an expanded team of Delivery Partners later in 2016.

“ What Commissioning for Value does is shine an honest light on what we are doing. The RightCare approach then gives us a methodology for quality improvement, led by clinicians. It not only improves quality but also makes best use of the taxpayers' pound ensuring the NHS continues to be one of the best value health and care systems in the world. ”

Professor Sir Bruce Keogh
National Medical Director, NHS England

“ The data and evidence available through tools such as Commissioning for Value will help commissioners make the most important decisions in delivering concrete and sustainable clinical and financial benefits across the NHS. We expect that the roll-out of the RightCare programme will drive up the quality of care while contributing significantly to meeting the efficiency challenge set out in the Five Year Forward View. ”

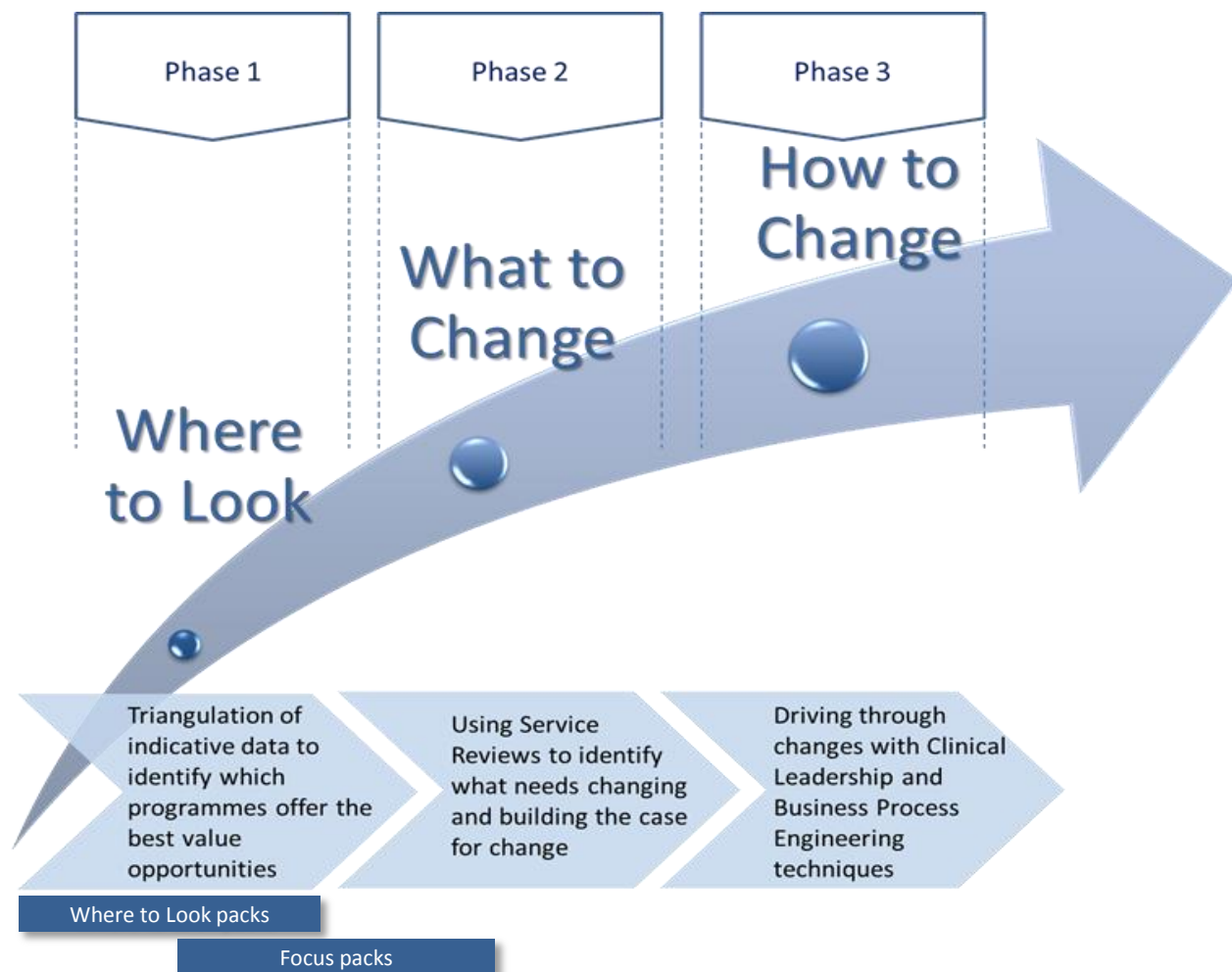
Paul Baumann
Chief Financial Officer, NHS England

“ For many years, people with mental health problems have been largely neglected, with care provided by Cinderella services unable to meet their needs for mental and physical healthcare. People with severe mental illnesses, such as schizophrenia die between 15 and 20 years prematurely. Now, for the first time, mental healthcare for adults and children has become a major priority, with a growing evidence base about what works for whom. The RightCare approach and Commissioning for Value provide CCGs with the simple tools necessary to provide much needed improvement in the quality of care and quality of life for people with mental health problems.”

Professor Tim Kendall
National Clinical Director for Mental Health, NHS England

“ Dementia is an illness that affects many people and is a priority for the NHS and social care. The beauty of the RightCare approach is that it will provide essential information for CCGs about indicators of good care for people with dementia, their families and carers, which is an essential prerequisite to drive up standards and improve the quality of care.”

Professor Alistair Burns
National Clinical Director for Dementia, NHS England



Commissioning for Value is a partnership between NHS England and Public Health England. The *Where to Look* packs produced in January 2016 support the first phase of the NHS RightCare approach.

The *Where to Look* packs begin with a review of indicative data to highlight the top priorities or opportunities for transformation and improvement for your CCG.

These focus packs help CCGs to begin work on phase two *What to Change* by using indicative data along a pathway to identify improvement opportunities.

One in four people will be affected by a mental health problem in their lifetime. The cost of mental ill health to the economy, NHS and society is over £100bn every year. For too long, people with mental health needs and dementia have struggled to get the support they need.

The 2016 Five Year Forward View for Mental Health sets ambitious targets for mental health and recommends significantly investing to improve care: crisis care, psychological therapies, liaison services in A&E departments, perinatal and children's services and suicide prevention. Sitting alongside the Prime Minister's challenge for dementia and the publication of Children and Young People's Mental Health Local Transformation Plans, the trajectory for transforming mental health and dementia services is now clear.

CCGs have a key role to play in achieving this change. The Mental Health and Dementia Intelligence Network, from which the indicators within this pack are drawn, contains a range of information which can help inform a better understanding of both the needs of your local population and how services are currently meeting their needs, and the wider context within which services are commissioned. A link to the Network can be found at the end of this pack.

Improvement in outcomes and access to evidence based interventions for children and young people with mental health problems is a priority. By 2020, at least a third more children and young people must have access to evidence based interventions, and services must be delivering the referral to treatment standard for eating disorders. Further funds have been made available to accelerate improvements, however national data lags behind. The Mental Health Services Dataset is now flowing centrally, but will take time to have data of sufficient quality. Therefore this pack does not contain any indicators for children and young people's mental health.

All local areas created joint Local Transformation Plans in 2015 detailing how children and young people's mental health would deliver the vision in Future in Mind, endorsed by the Five Year Forward View for Mental Health. Commissioners will have used local data available for their plans. The quantitative analysis of the Local Transformation Plans which aggregate the reported spend and activity will be followed shortly by qualitative reviews.

The NHS England website has links to a number of useful tools and documents that commissioners may find helpful, including advice on commissioning for outcomes, model service specifications and planning tools. Some of the data, such as the prevalence data, is being refreshed and will be available from 2018. A link to the site is available at the end of this pack.

Much work is also underway to improve the range and quality of data for mental health and dementia. The indicators within this pack need to be seen within this broader context of improvements to the way we are recording and reporting against performance in mental health and dementia services.

Indicators on dementia, crisis care, psychological therapies, children and young people's mental health, early intervention in psychosis and out of area treatments will be used to inform the CCG improvement and assessment framework to be published in June 2016.

From July 2016 new metrics will be available in the dementia and mental health fingertips tools at <http://fingertips.phe.org.uk/profile-group/mental-health>

Later in 2016 the Commissioning for Value programme will produce a more in-depth mental health pack. In this we will use information from the Mental Health Services Dataset to provide a broader picture of activity, including more detailed information on the different conditions that patients have and the services they access.

Your CCG is compared to the 10 most demographically similar CCGs. This is used to identify realistic opportunities to improve health and healthcare for your population. The analysis in this pack is based on a comparison with your most similar CCGs which are:

- East Staffordshire
- Calderdale
- Ashford
- North East Lincolnshire
- Darlington
- North Lincolnshire
- Telford and Wrekin
- Newark & Sherwood
- Warwickshire North
- Bassetlaw

To help you understand more about how your most similar 10 CCGs are calculated, the Similar 10 Explorer Tool is available on the NHS England website. This tool allows you to view similarity across all the individual demographics used to calculate your most similar 10 CCGs. You can also customise your similar 10 cluster group by weighting towards a desired demographic factor.

In addition to the similar 10, there are CCG cluster groups which have been constructed using the same variables (eg deprivation) as the similar 10. This larger cluster group is used in the opportunity tables, represented by a green triangle. Your CCG is in the following cluster group:

- Traditional communities with deprived areas and poorer health

This focus pack presents analysis of a wide range of indicators focussing on spend, activity, quality and outcomes. The indicators have been chosen with advice from the National Mental Health, Dementia and Neurology Intelligence Network.

The data in this pack are the latest available*. The charts identify the metadata for each indicator and the full metadata set will be available on the Commissioning for Value pages of the NHS England website shortly. Data quality has been assessed and only indicators which are sufficiently robust have been included in the pack.

The pack is divided into three sections – common mental health, severe mental illness and dementia. Each set of data is presented as an exploration, starting with the pathways on a page, then moving to prescribing spend, opportunity tables and charts providing further analysis for a range of indicators.

Should you have any queries about the indicators or the data, please refer to the contact details on the ‘further information and support’ page at the end of this pack.

*Several indicators have been updated since the publication of the 2016 refreshed ‘Where to look’ packs. Therefore some figures and potential opportunities may differ slightly from those packs.

The pathways on pages 19 and 45 are very similar to those mental health related 'pathways on a page' from the previous CFV packs, though some indicators have been updated and others replaced based on the latest evidence. The dementia pathway on page 78 is new to this focus pack.

The intention of these pathways is not to provide a definitive view on priorities but to help commissioners explore potential opportunities. These help commissioners to understand how performance in one part of the pathway may affect outcomes further along the pathway. Each indicator is shown as the percentage difference from the average of your 10 most similar CCGs.

The indicators are colour coded to help you see if your CCG has 'better' (**green**) or 'worse' (**red**) values than your peers. This is not always clear-cut, so (**blue**) is used where it is not possible to make this judgement without understanding the local context. For example low prevalence may reflect that a CCG truly does have fewer patients with a certain condition, but it may reflect that other CCGs have better processes in place to identify and record prevalence in primary care. **Blue indicators could show significant opportunities for improvement.**

Even where an indicator is **green** there may still be an opportunity to improve. The programme opportunity tables identify the opportunities that exist for your CCG to improve to a level which matches the average of the best five of your similar 10 CCG group. Please note: The variation from the average of the similar 10 CCGs is statistically significant for those indicators where the confidence intervals do not cross the 0% axis.

The first charts in each section provide a more in-depth view of the prescribing spend for your CCG compared to your 10 most similar CCGs. The charts show the rate for your CCG (yellow bar), the average of the best five comparator (blue bar) and also the absolute difference (the 'how different are we?' column). They should be used to explore key lines of enquiry to identify potential opportunities for improvement.

Following these, the opportunity tables, starting on pages 23, 48 and 81, identify the best CCG in your similar 10, who you may wish to contact – either directly, or through your Delivery Partner if you are in a Wave 1 CCG. There is more information on how to read these tables on pages 16 and 17.

Prescribing indicators have been chosen to reflect highest spend. Clinical experts have advised on the chemical groupings of drugs used to treat certain conditions within a pathway. Annex A gives details of those groupings.

For some indicators, the difference between the value for your CCG and the Best 5 is marked as Not Statistically Significant (NSS). This means that we cannot say with confidence (statistically defined as >95% confidence) that any difference between your CCG and the Best 5 is not simply due to chance. Values for these cases have been included in order to provide detailed information for use in considering whether to explore an area further.

Finally, the charts starting on pages 28, 54 and 86 then provide a further analysis of a range of indicators in the focus pack and are illustrative of each pathway. The charts show the opportunity identified in the spine chart together with the full England distribution and a focus on the similar 10 CCGs.

Top chart:

The opportunity box from the spine chart is shown in the top right of the blue banner. The top chart shows the whole England distribution together with the highlighted Similar 10 group (grey bars) and your CCG (yellow bar). The England average is shown by the dashed blue line. The England value and the Best 5 / Lowest 5 average values are shown below this chart.

Bottom chart:

Shows your CCG and the Similar 10 group together with their indicator values. The Best 5 / Lowest 5 CCG average is shown by a dark blue line. The full indicator name, source and time period are shown at the bottom left.

The analysis presented in the following pages can be replicated for *all* indicators in the focus pack using the Commissioning for Value Focus Pack Tool. The tool is available on the Commissioning for Value web pages. The link is shown on page 101.

The opportunity tables present all focus pack indicators for five aspects of the pathway.

• **Risk** • **Prevalence and detection** • **Service and quality** • **Spend** • **Outcomes**

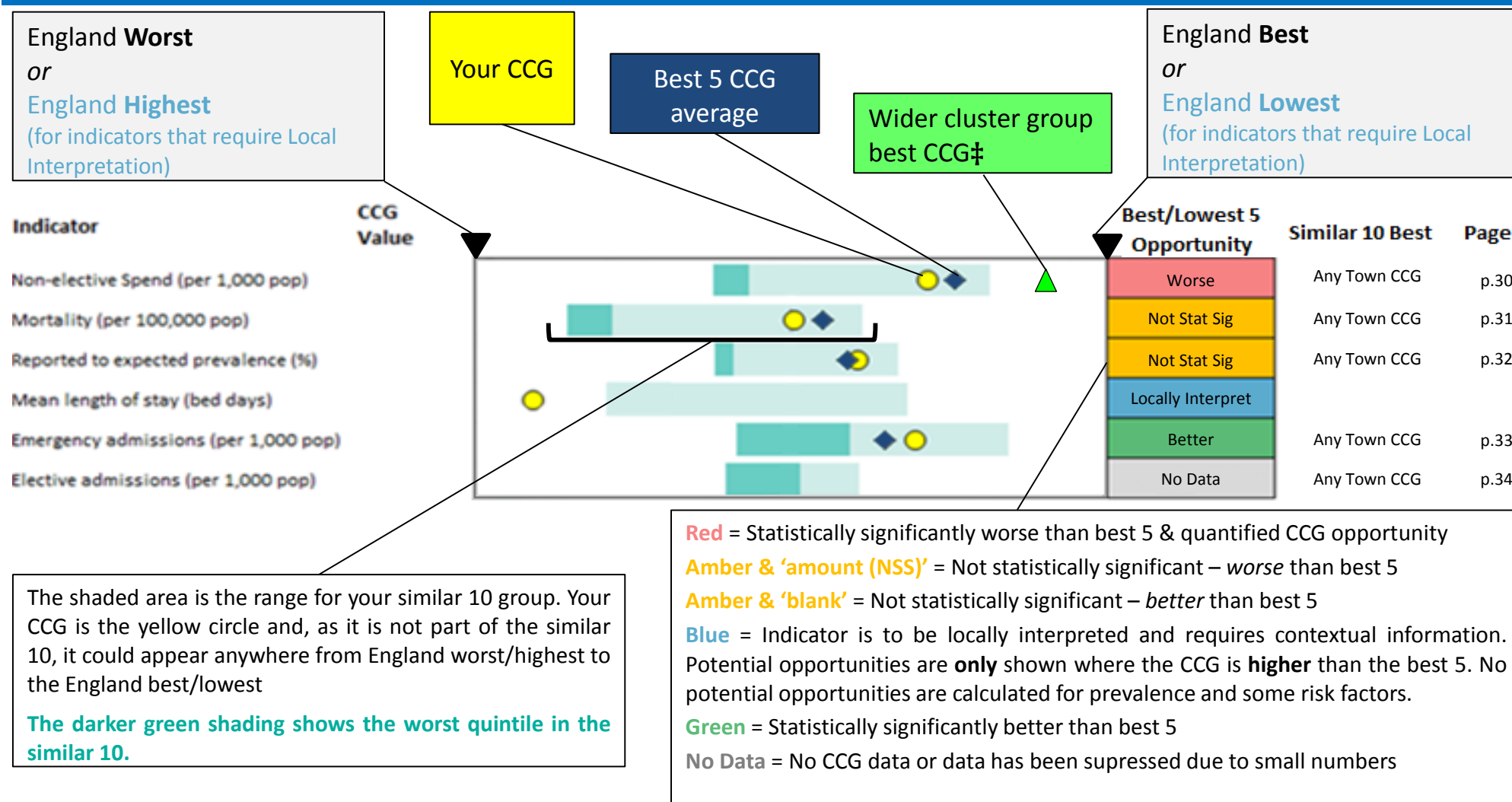
The width of the spine chart shows the England range. Your CCG is benchmarked against its similar 10 group. The shaded area of the spine chart within the table shows the range for the similar 10 group. Where the CCG is highest or lowest compared with its similar 10 group it is shown as outside that group range. This has been done to clearly show where the CCG is in relation to the similar 10 and the England worst/highest and best/lowest values.

Opportunities have been calculated for all indicators apart from those that relate to recorded prevalence and some risk factors. Where an indicator can be clearly interpreted as worse or better the spine charts show the position of the CCG, the best five average, and the wider cluster best CCG. The opportunity is quantified where the CCG is worse in relation to the Best 5 average.

Where an indicator needs to be locally interpreted (for example elective spend) and the CCG is higher than the average of the 5 CCGs with the lowest values, the opportunity table shows the potential opportunity. By calculating the potential opportunity it is possible to answer the question “Is it worth investigating this further?” The Best 5 average and the cluster best are not shown on the spine chart for these indicators.

Opportunity table: Interpretation

17

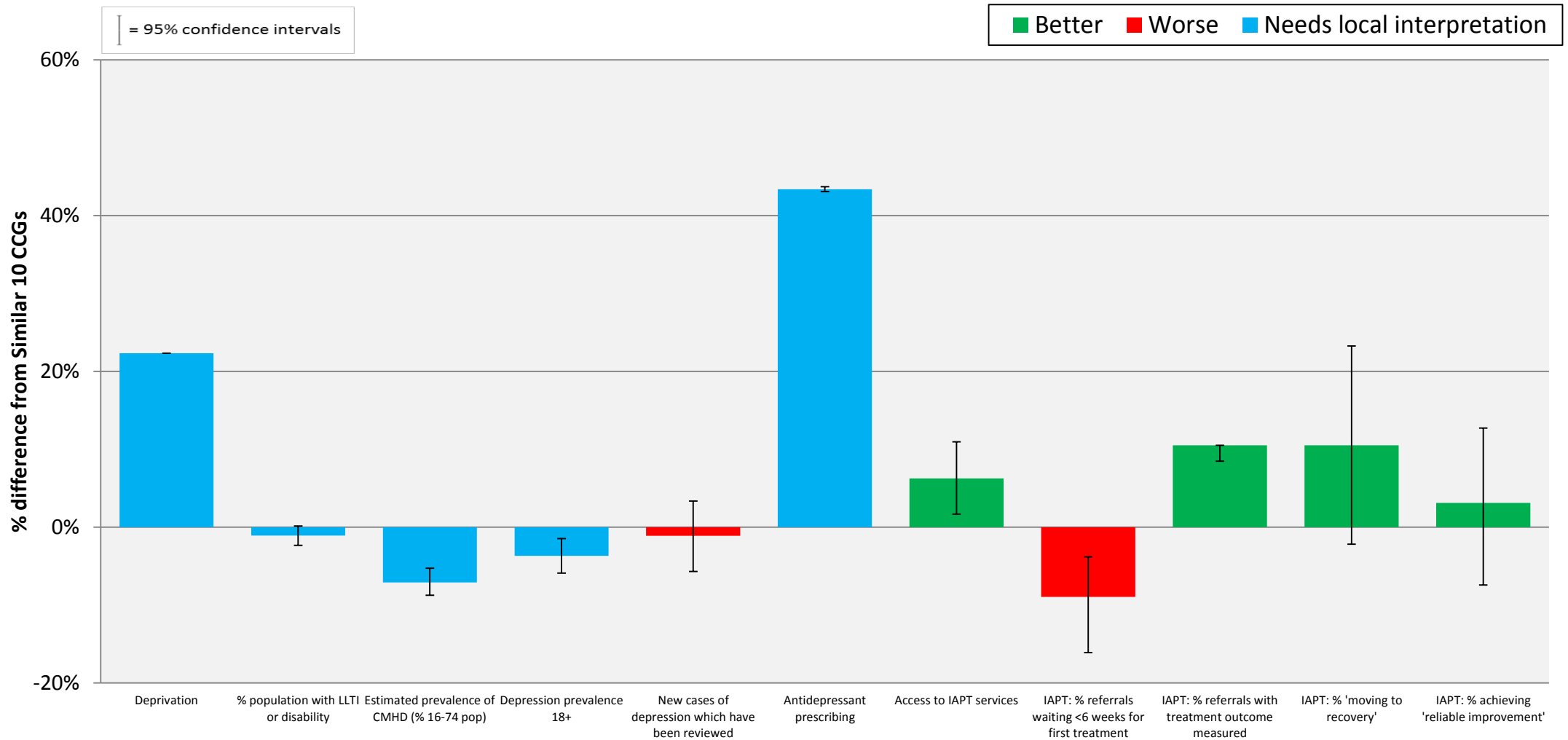


‡ The wider cluster group best CCG is not always in the similar 10. It is included to indicate a 'stretch' target. Your wider CCG cluster group is identified on page 11.

Part 1: Common mental health

Common Mental Health Disorder Pathway

19

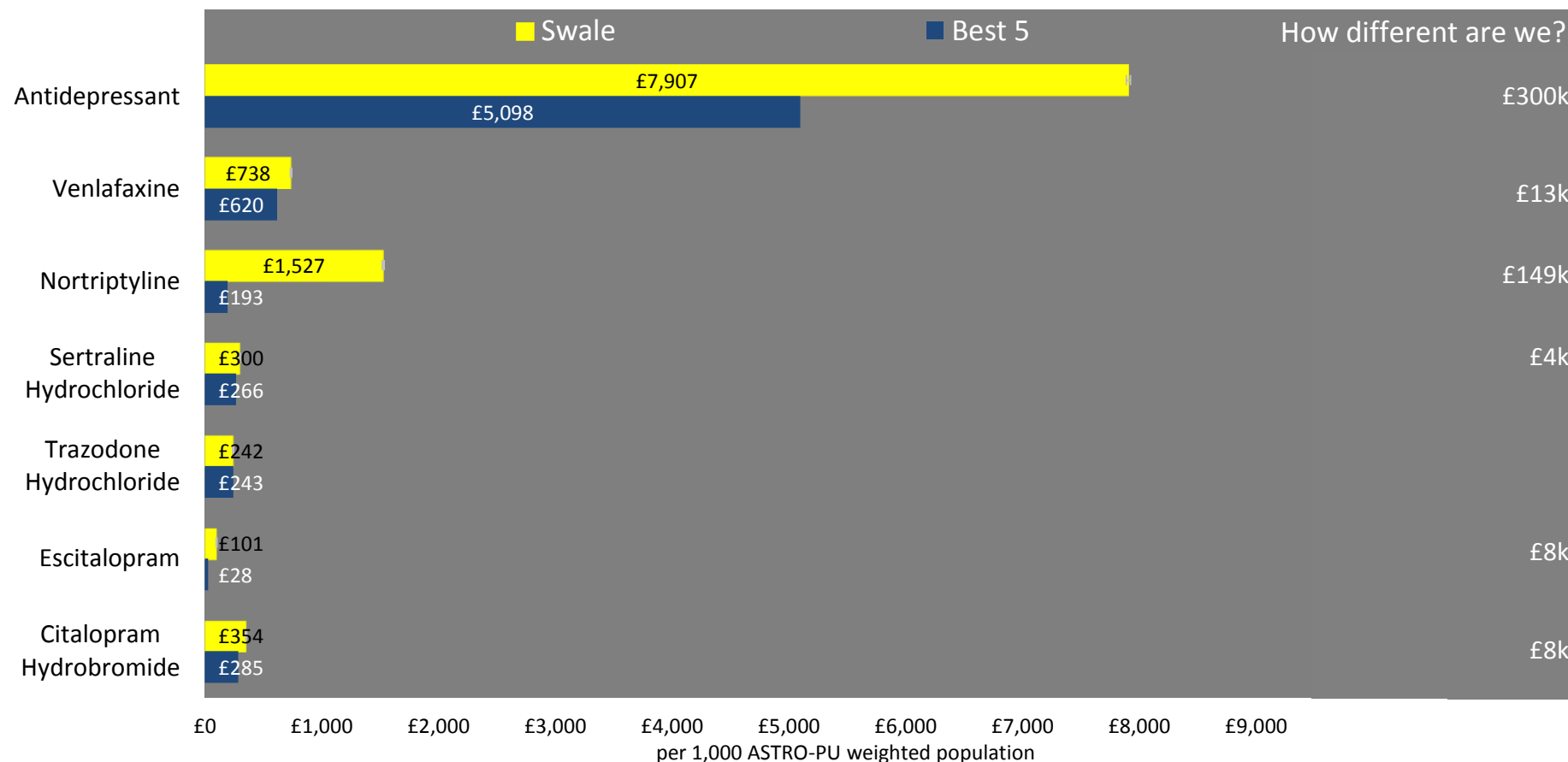


NICE Guidance:

<http://pathways.nice.org.uk/pathways/common-mental-health-disorders-in-primary-care>

Common Mental Health Disorder Primary Care Prescribing

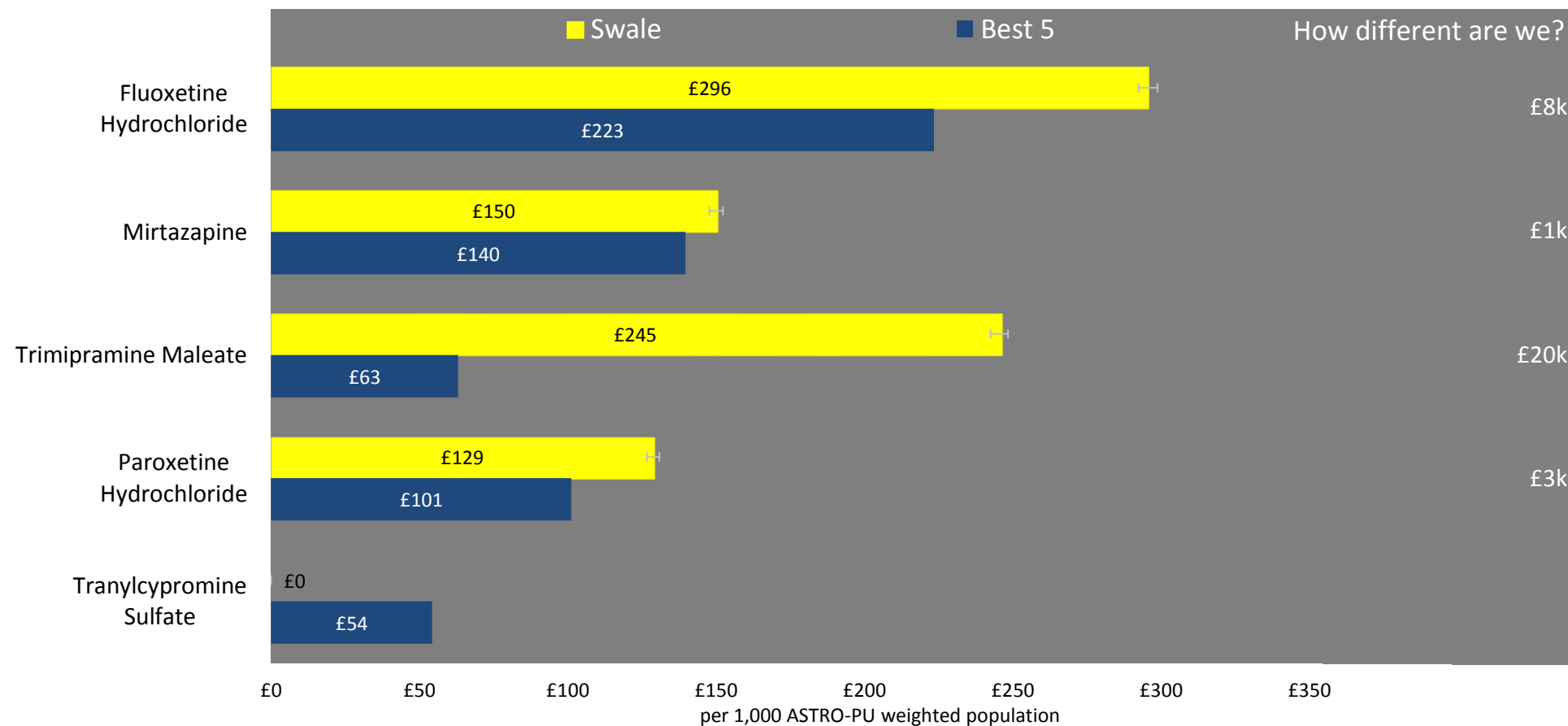
20



Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

95% confidence intervals
NSS Not statistically significant*
 *Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators



Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

95% confidence intervals

NSS Not statistically significant*

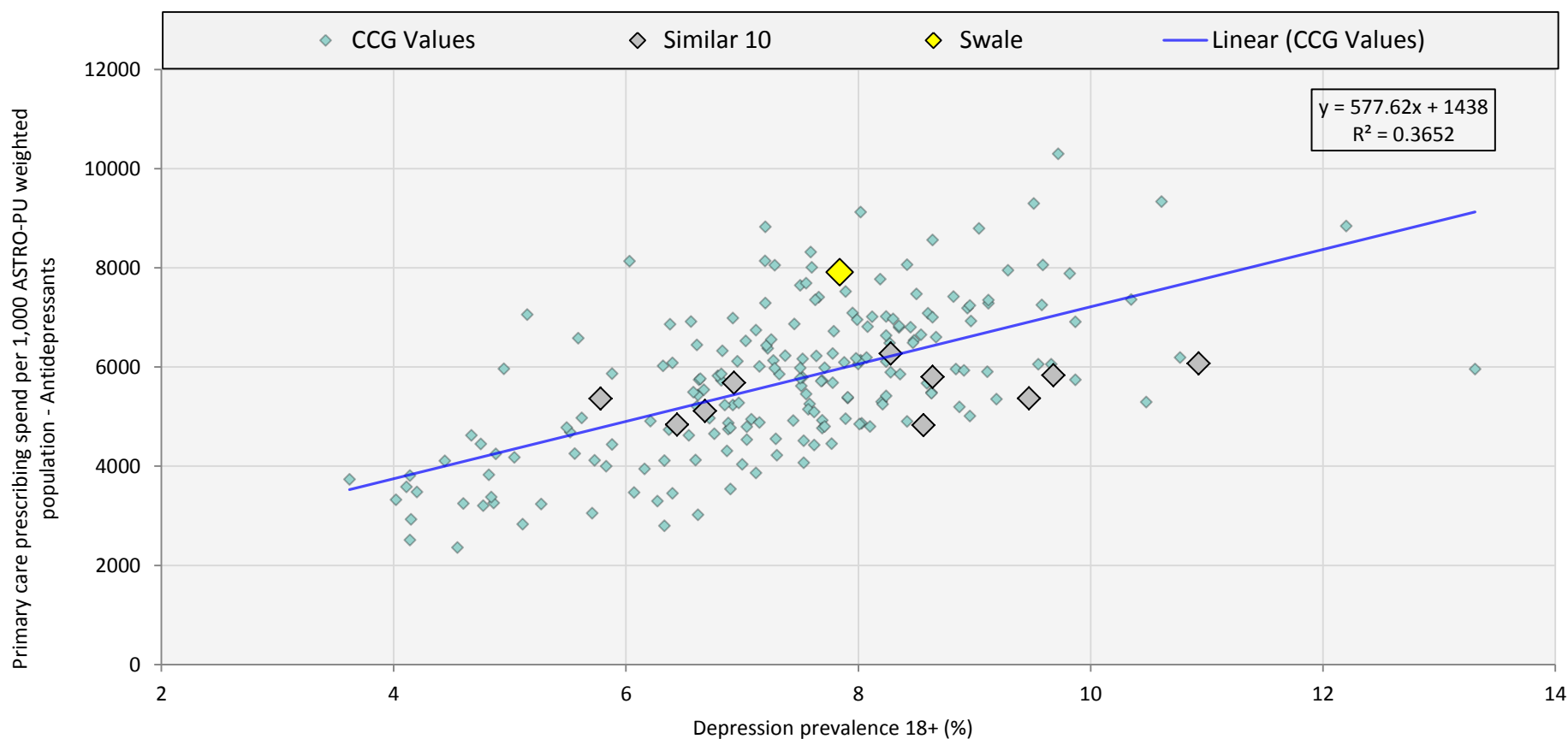
*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

Scatter Plot Analysis

22

The Commissioning for Value Explorer Tool allows the comparison of two indicators, the diagram below is an example. This is an invaluable tool to enable users to assess how one indicator relates to another. The similar 10 can be highlighted too. It is important to remember that correlations do not imply causation but the relationships can help target where to look. The explorer tool is available here:

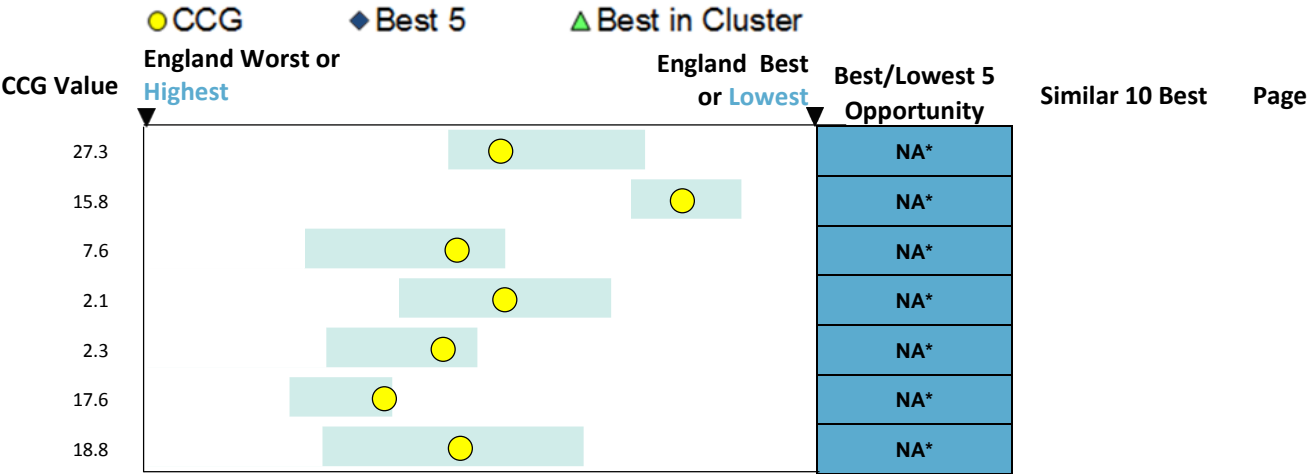
<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator

Overall index of multiple deprivation
Older people living in income deprived households aged 60+ (%)
CHD and/or diabetes prevalence (%)
COPD prevalence (%)
Cancer prevalence (%)
Estimated prevalence for back pain (%)
Population with LLTI or disability (%)



All opportunities within this pack are presented as annual opportunities

* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Common Mental Health Disorder - Opportunity table - Prevalence and detection

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	CCG England Worst or Highest	Best 5	Best in Cluster England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Estimated prevalence of CMHD aged 16-74 pop (%)	12.3				NA*		
Depression prevalence 18+ (%)	7.8				NA*		
New cases of depression (%)	1.3				NA*		
Long term mental health problems prevalence (%)	6.5				NA*		
Depression and anxiety prevalence (%)	14.2				NA*		

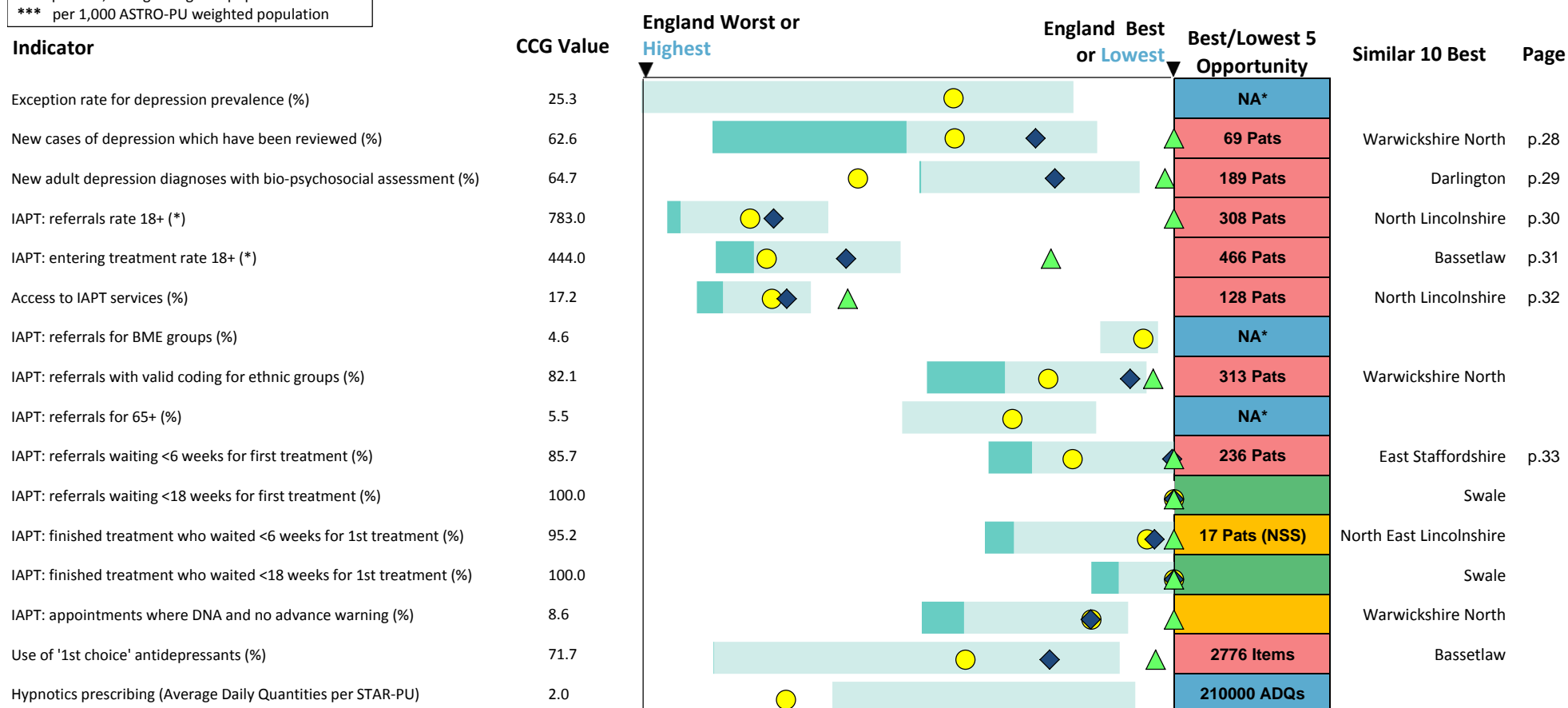
* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Common Mental Health Disorder - Opportunity table - Activity and quality

NHS Swale CCG 25

* per 100,000 population
 ** per 100,000 age weighted population
 *** per 1,000 ASTRO-PU weighted population








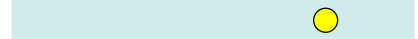




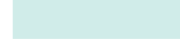

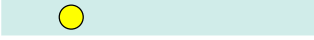



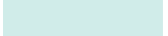
* No opportunity is calculated for exception rates

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Common Mental Health Disorder - Opportunity table - Spend

NHS Swale CCG 26

* per 100,000 population
 ** per 100,000 age weighted population
 *** per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	England Worst or Highest	England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Antidepressant prescribing (***)	7907			£300k		p.34
Venlafaxine prescribing (***)	738			£13k		p.35
Nortriptyline prescribing (***)	1527			£149k		p.36
Sertraline Hydrochloride prescribing (***)	300			£4k		p.37
Trazodone Hydrochloride prescribing (***)	242					p.38
Escitalopram prescribing (***)	101			£8k		p.39
Citalopram Hydrobromide prescribing (***)	354			£8k		p.40
Fluoxetine Hydrochloride prescribing (***)	296			£8k		p.41
Mirtazapine prescribing (***)	150			£1k		
Trimipramine Maleate prescribing (***)	245			£20k		
Paroxetine Hydrochloride prescribing (***)	129			£3k		
Tranlycypromine Sulfate prescribing (***)	No Data			No Data		

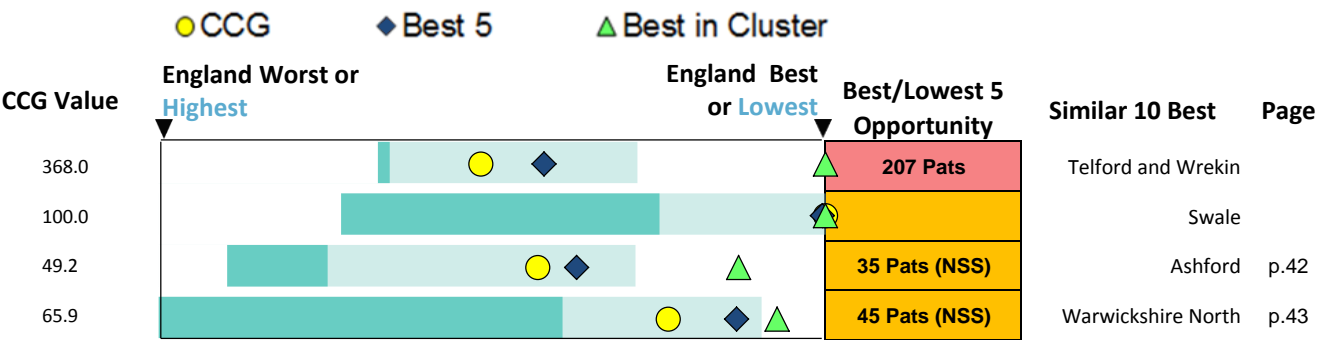
Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Common Mental Health Disorder - Opportunity table - Outcomes

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator

IAPT: finishing treatment rate 18+ (*)
IAPT: % referrals with treatment outcome measured (%)
IAPT: % 'moving to recovery' (%)
IAPT: % achieving 'reliable improvement' (%)

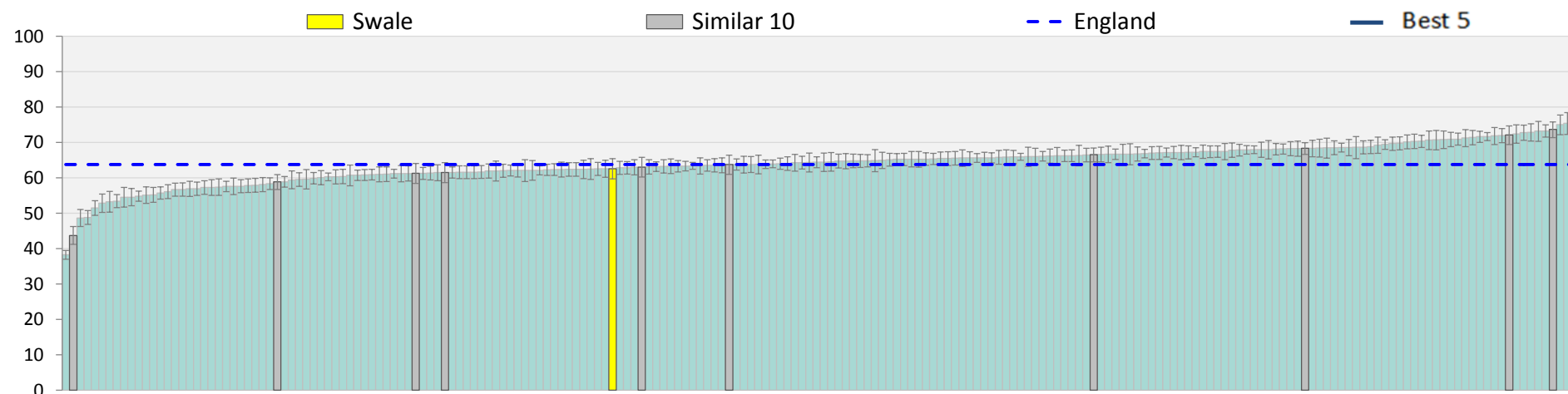


Please refer to slide 17 for full guidance on interpretation of this table of opportunities

New cases of depression which have been reviewed 10-56 days after diagnosis (%)

69 Pats

28

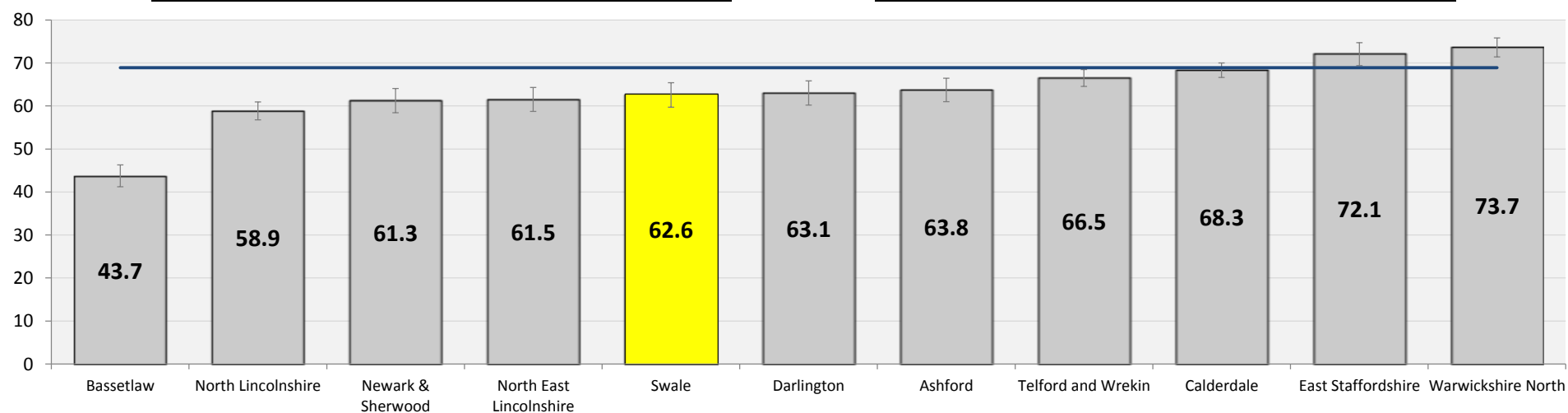


England

63.8

Best 5

68.9



Definition: Review of depression: % of newly diagnosed patients with depression who had a review 10-56 days after diagnosis

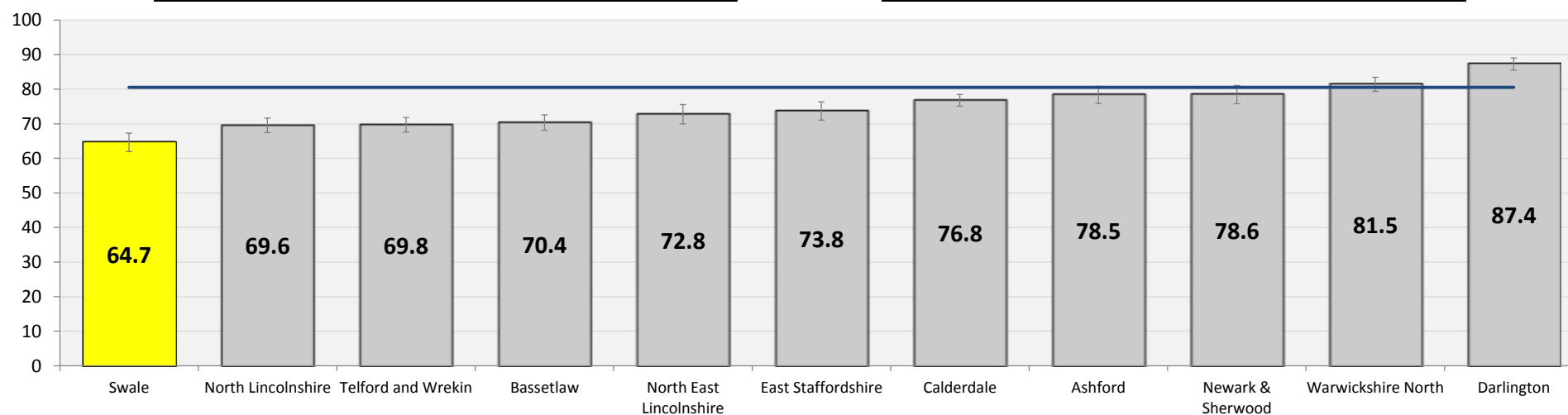
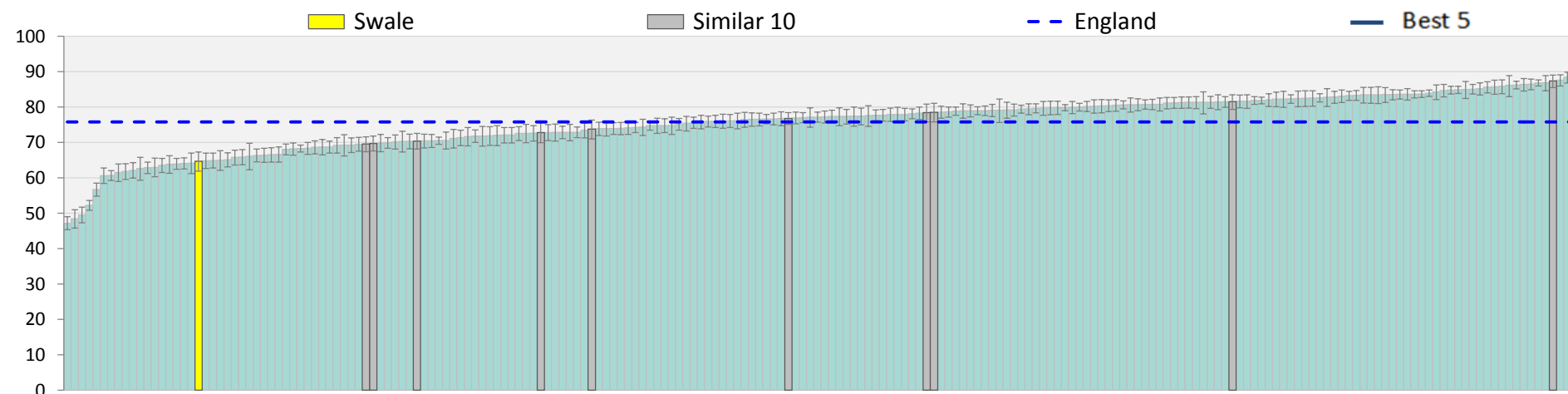
Source: QOF, HSCIC, Fingertips, PHE

Year: 2014/15

New adult depression diagnoses with bio-psychosocial assessment on diagnosis (%)

189 Pats

29

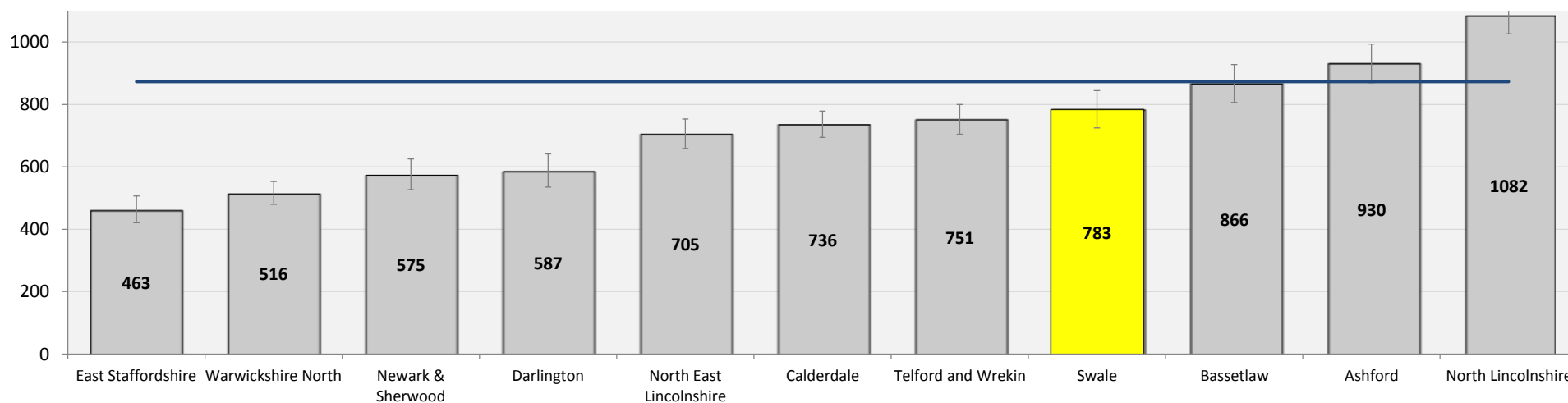
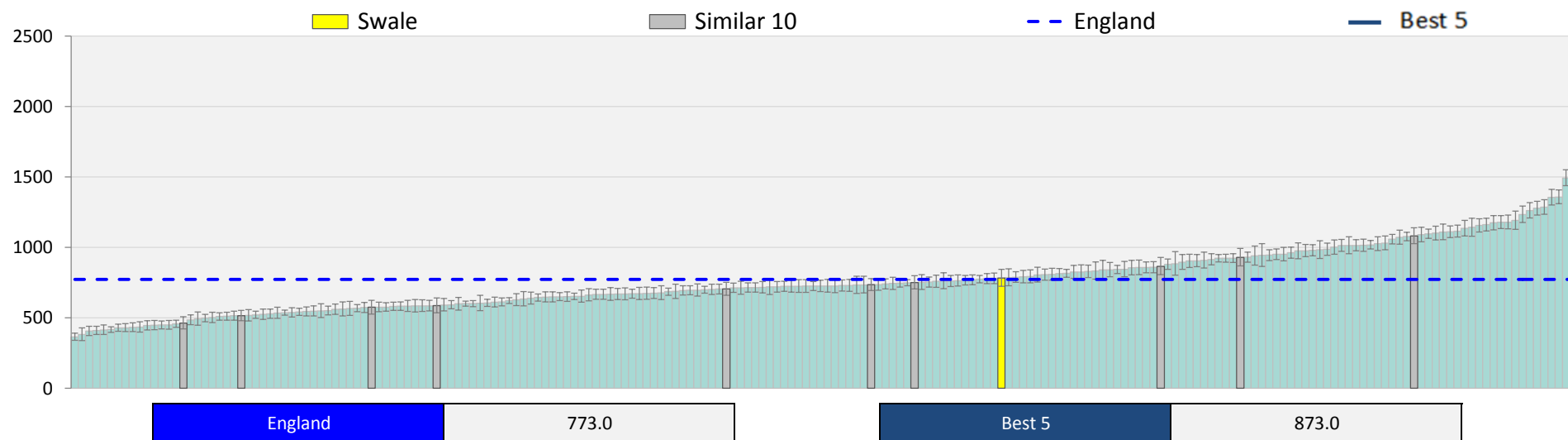


Definition: Assessment of depression: % of adults with a new diagnosis of depression who had a bio-psychosocial assessment on diagnosis
 Source: QOF, HSCIC, Fingertips, PHE
 Year: 2013/14

IAPT referrals: rate per 100,000 population aged 18+

308 Pats

30

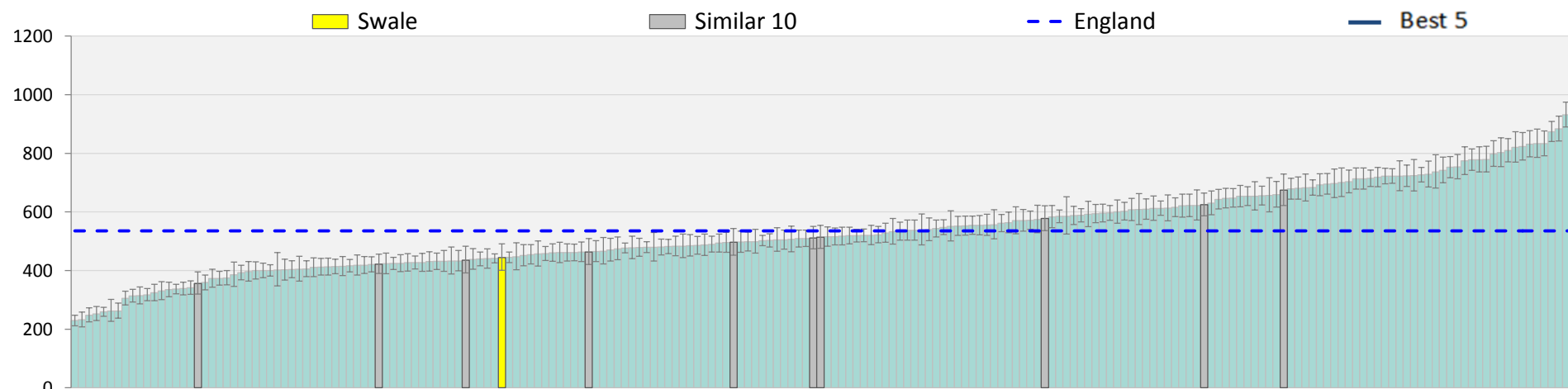


Definition: IAPT referrals: rate (quarterly) per 100,000 population aged 18+
 Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC. Fingertips, PHE
 Year: 2015/16 Q2

Entering IAPT treatment: rate beginning IAPT treatment per 100,000 population aged 18+

466 Pats

31

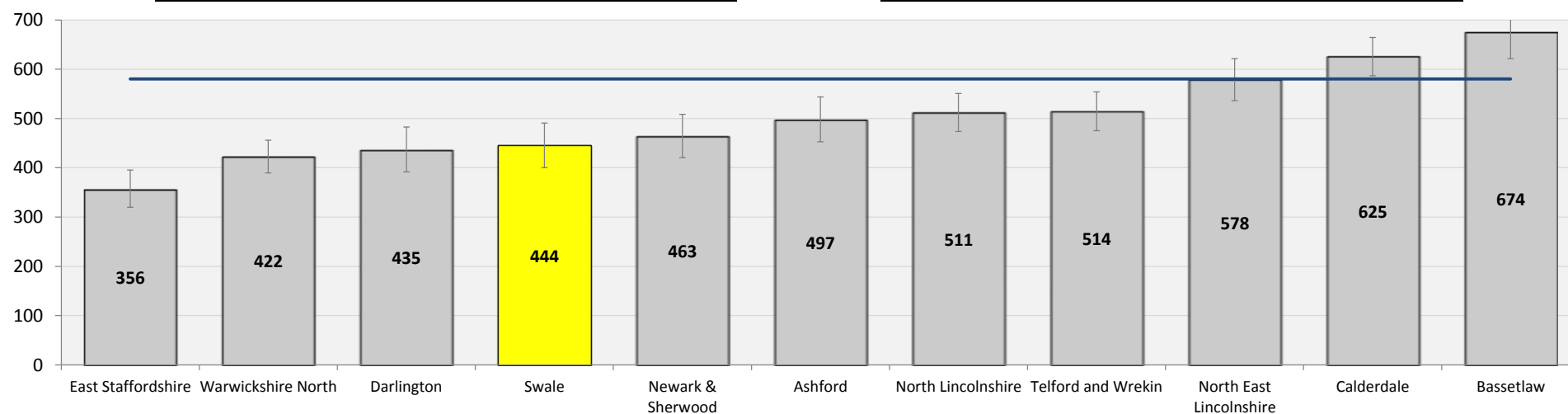


England

535.0

Best 5

580.0



Definition: Entering IAPT treatment: rate (quarterly) beginning IAPT treatment per 100,000 population aged 18+

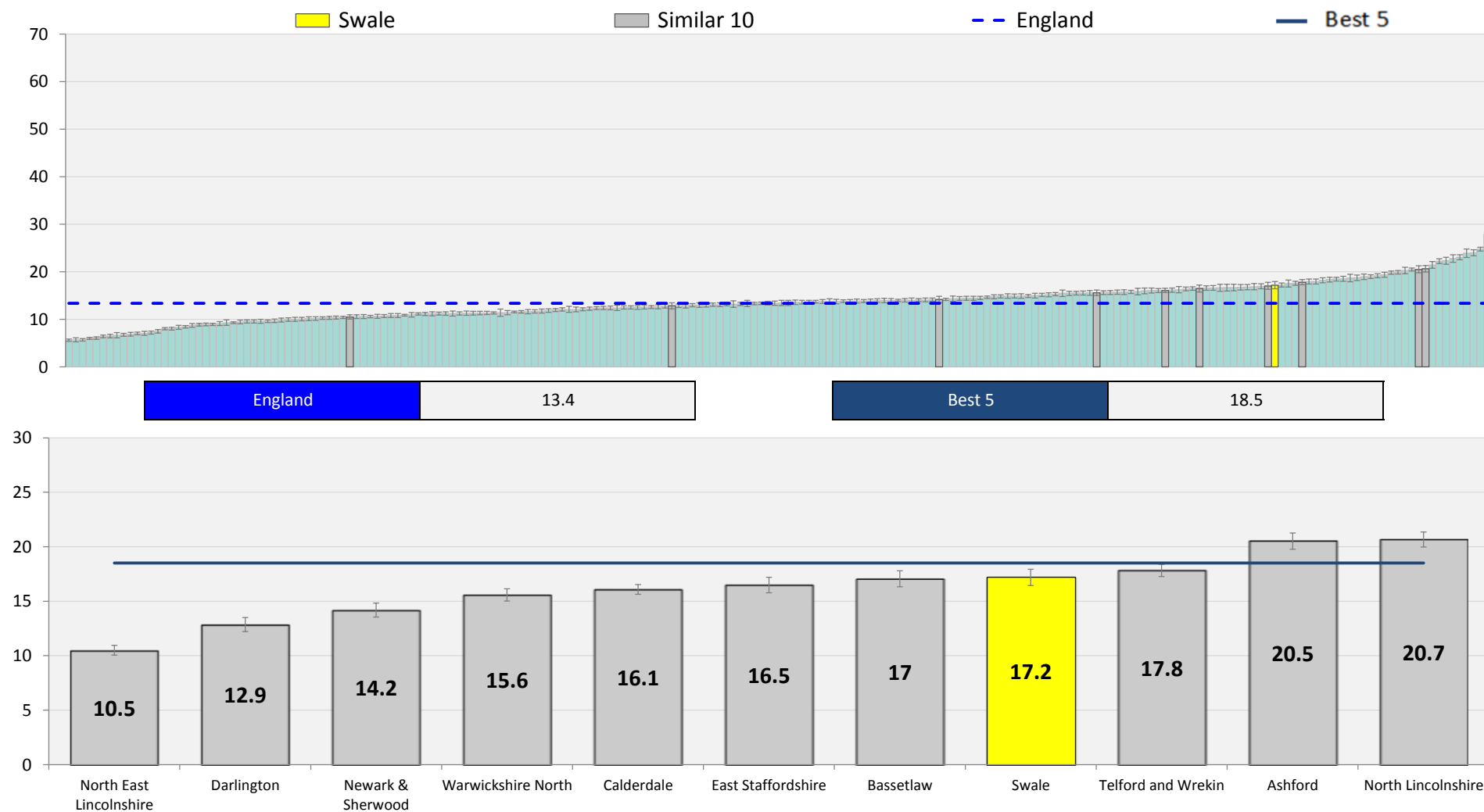
Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC. Fingertips, PHE

Year: 2015/16 Q2

Access to IAPT services: People entering relative to estimated anxiety/depression prevalence (%)

128 Pats

32



Definition: Access to IAPT services: People entering IAPT as % of those estimated to have anxiety/depression

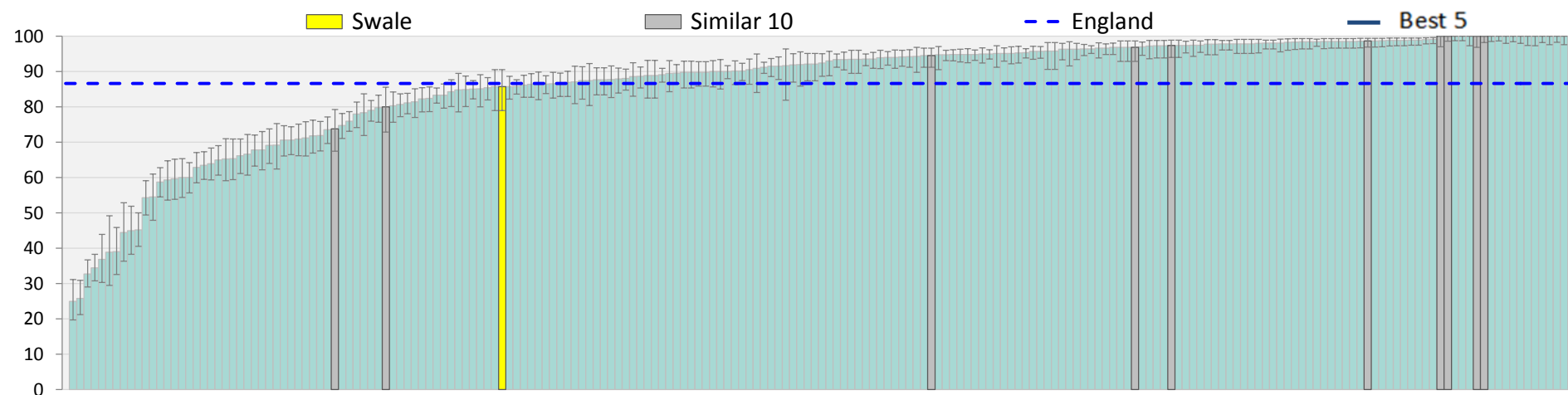
Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC. Fingertips, PHE

Year: 2014/15

IAPT: referrals waiting <6 weeks for first treatment (%)

236 Pats

33

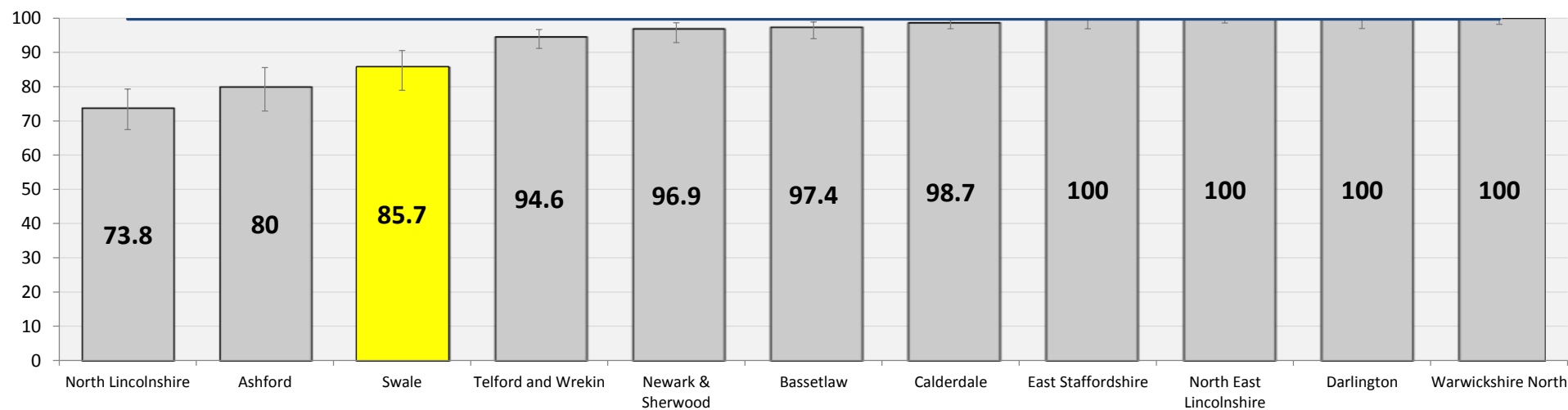


England

86.6

Best 5

99.7



Definition: Waiting < 6 weeks to enter treatment (supporting waiting time measure): % of referrals (in month) waiting <6 weeks for first treatment

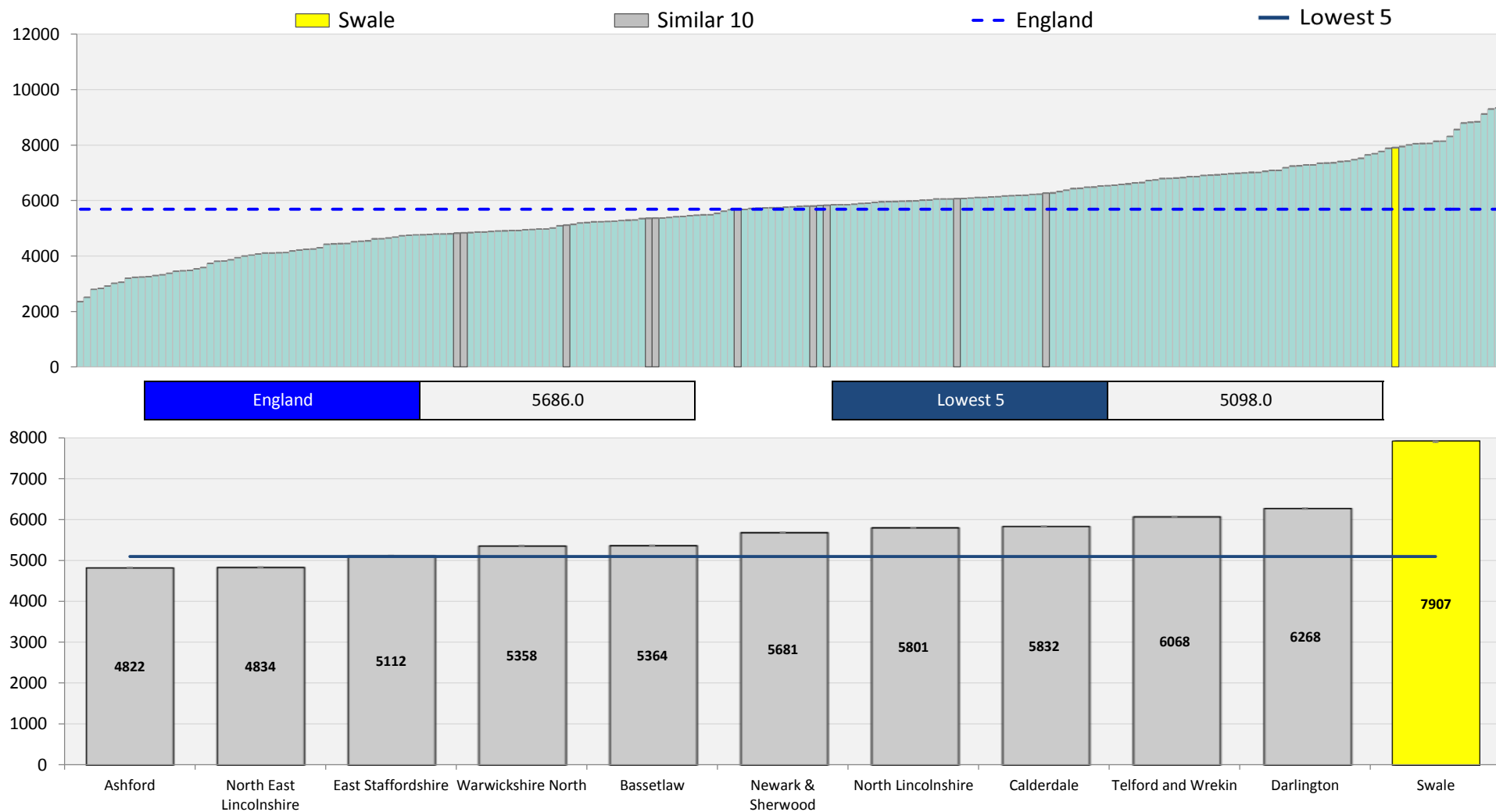
Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC, Fingertips, PHE

Year: Sep 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Antidepressants

£300k

34

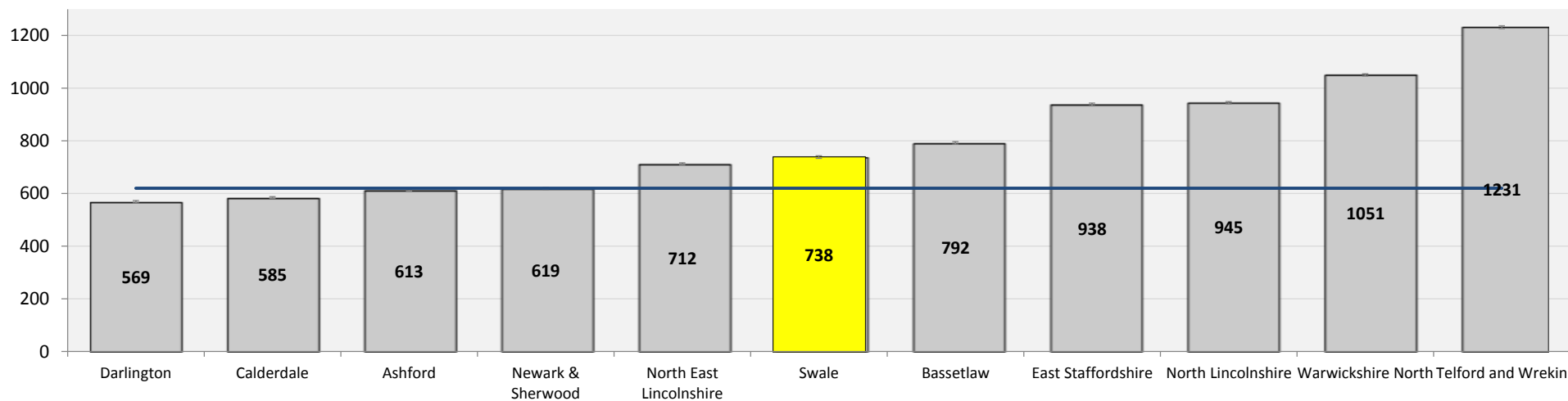
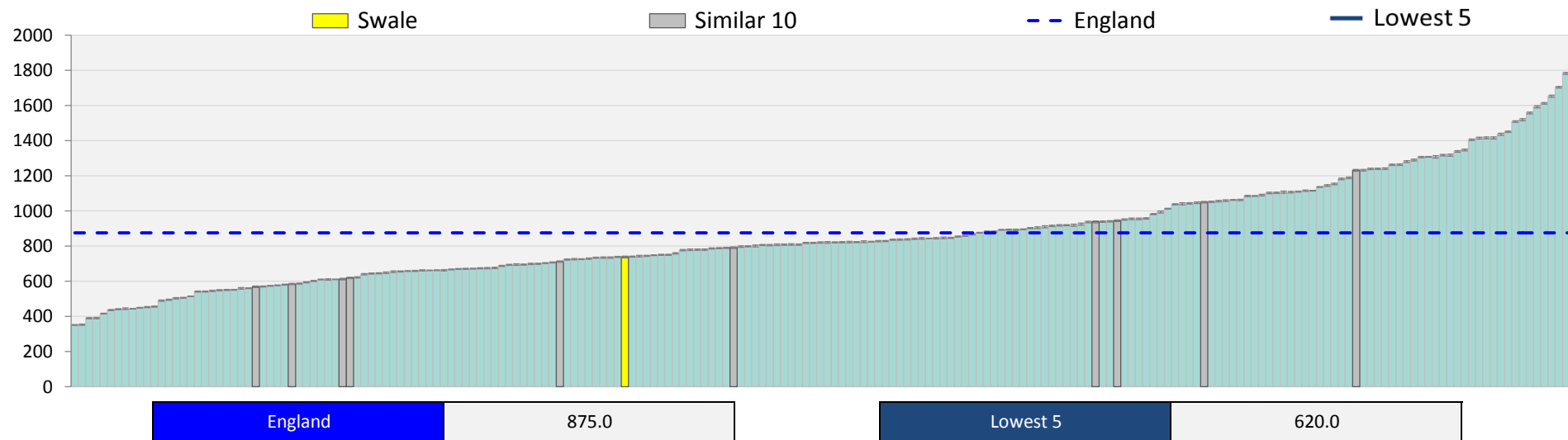


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Antidepressants
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Venlafaxine

£13k

35

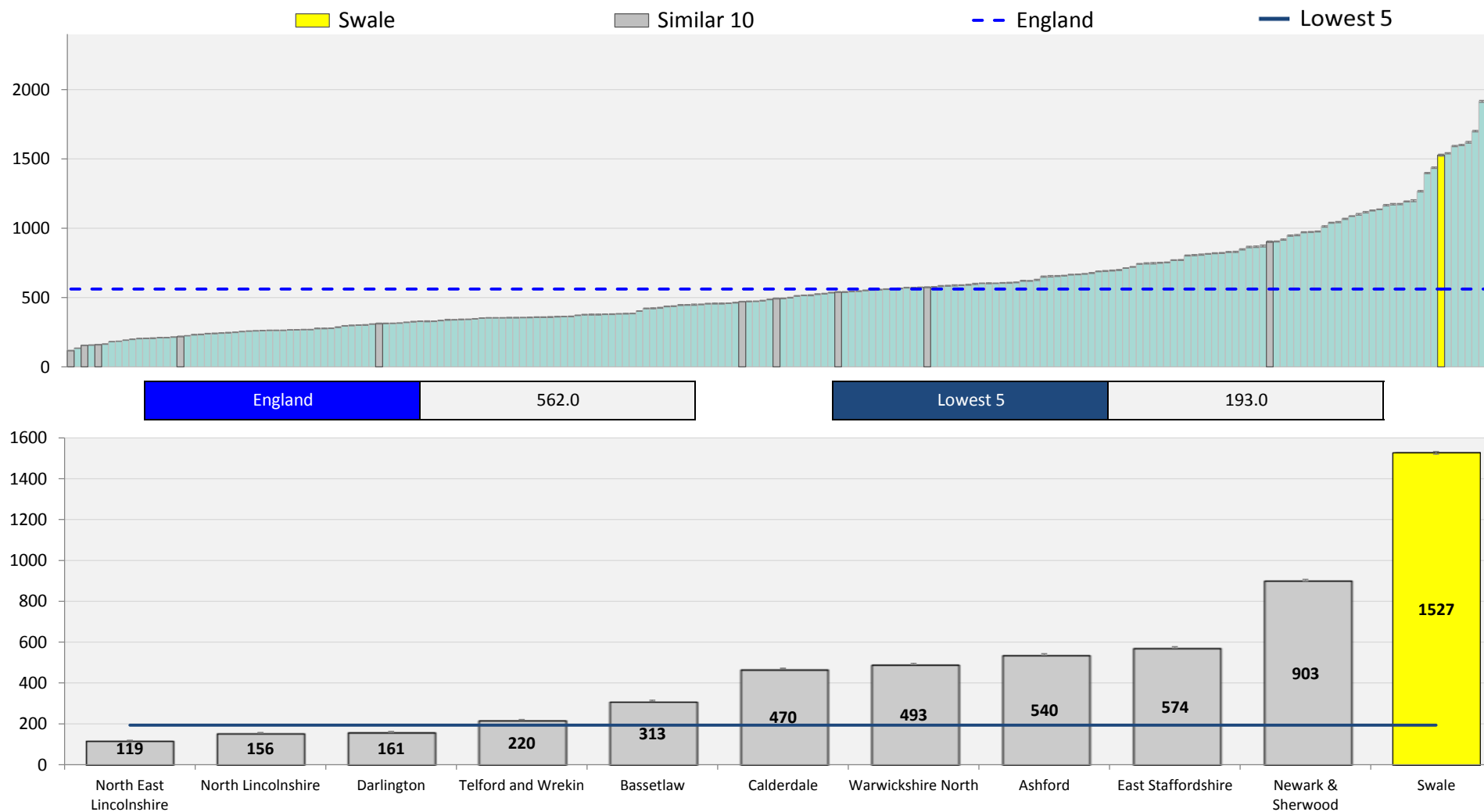


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Venlafaxine
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Nortriptyline

£149k

36

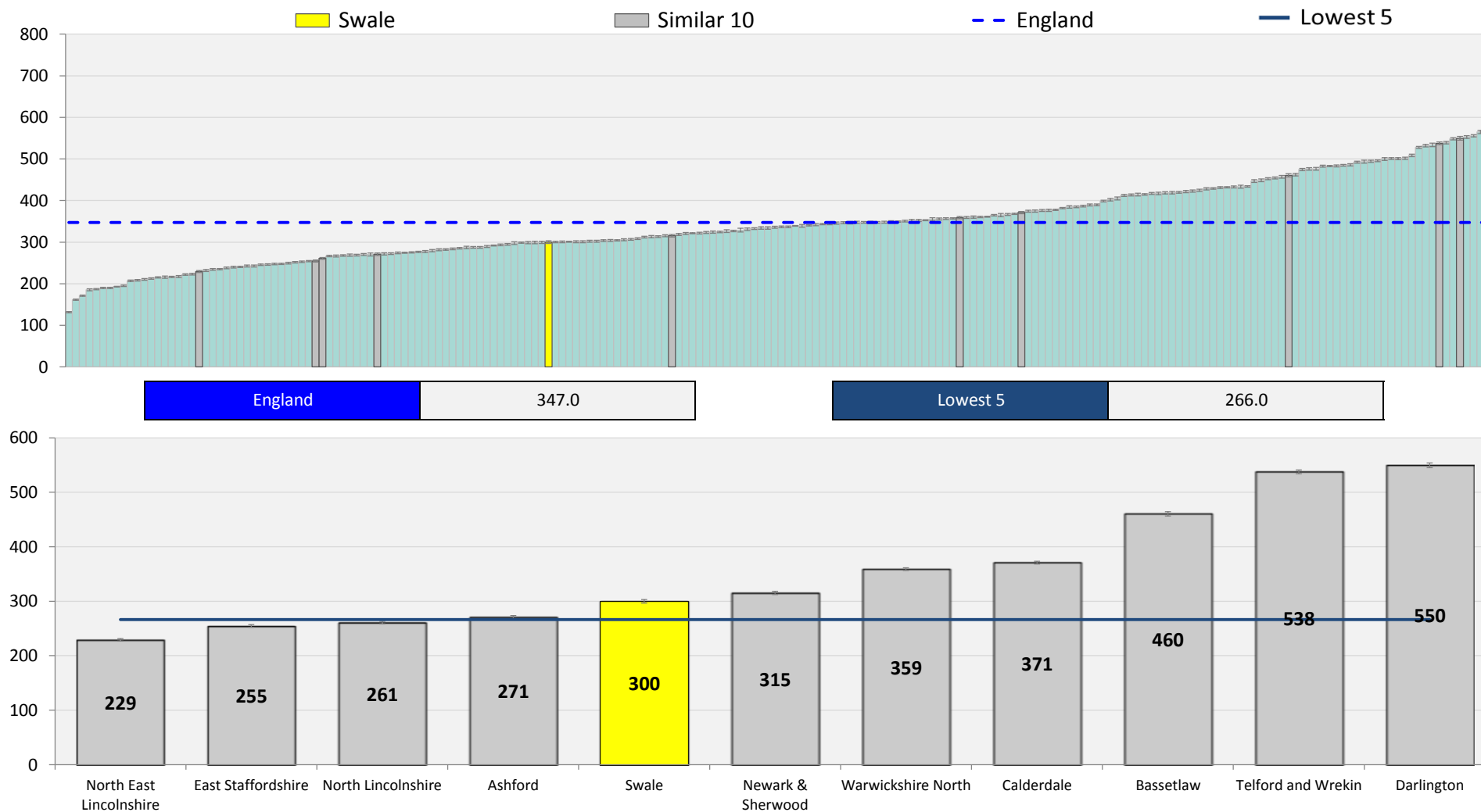


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Nortriptyline
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Sertraline Hydrochloride

£4k

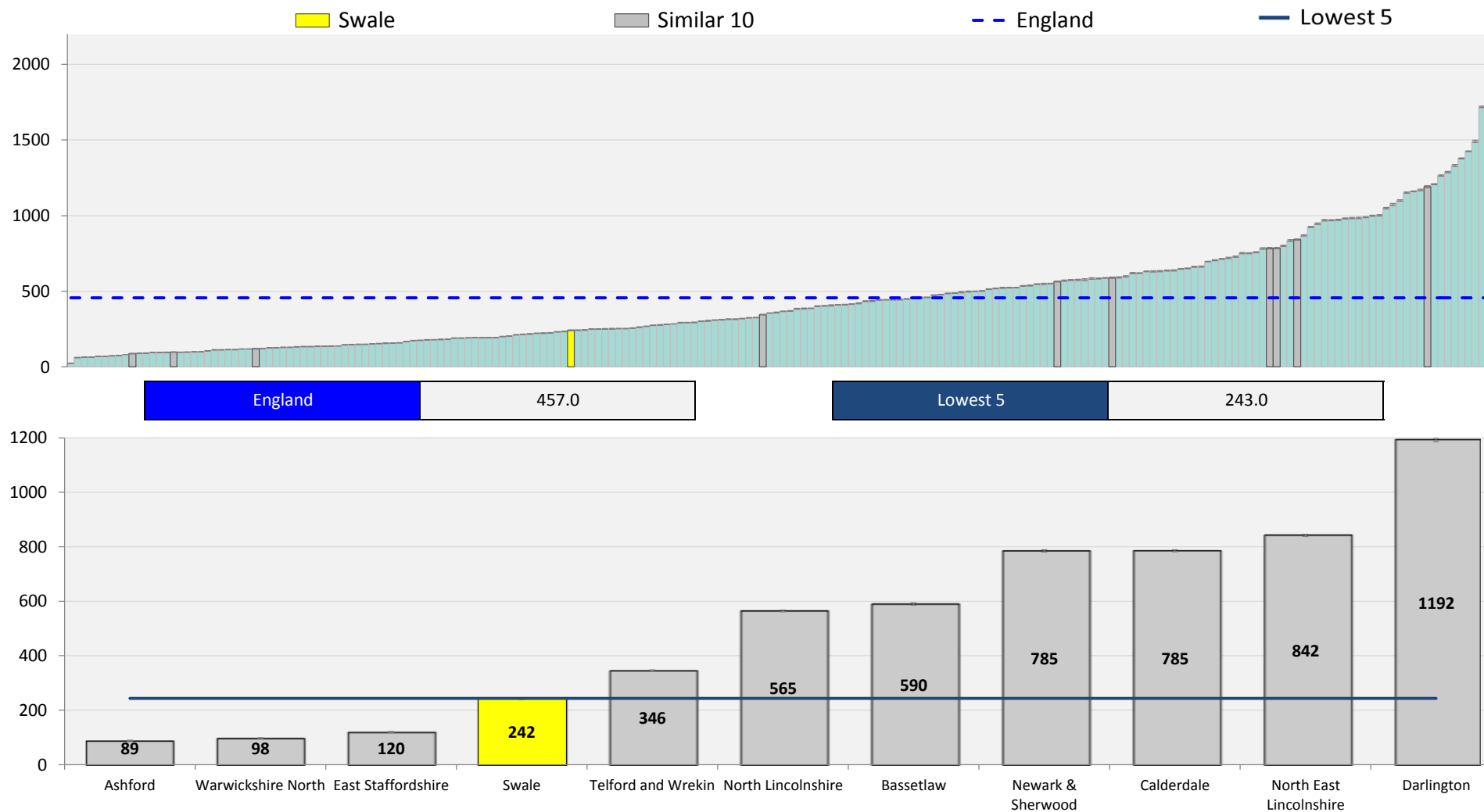
37



Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Sertraline Hydrochloride
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Trazodone Hydrochloride

38

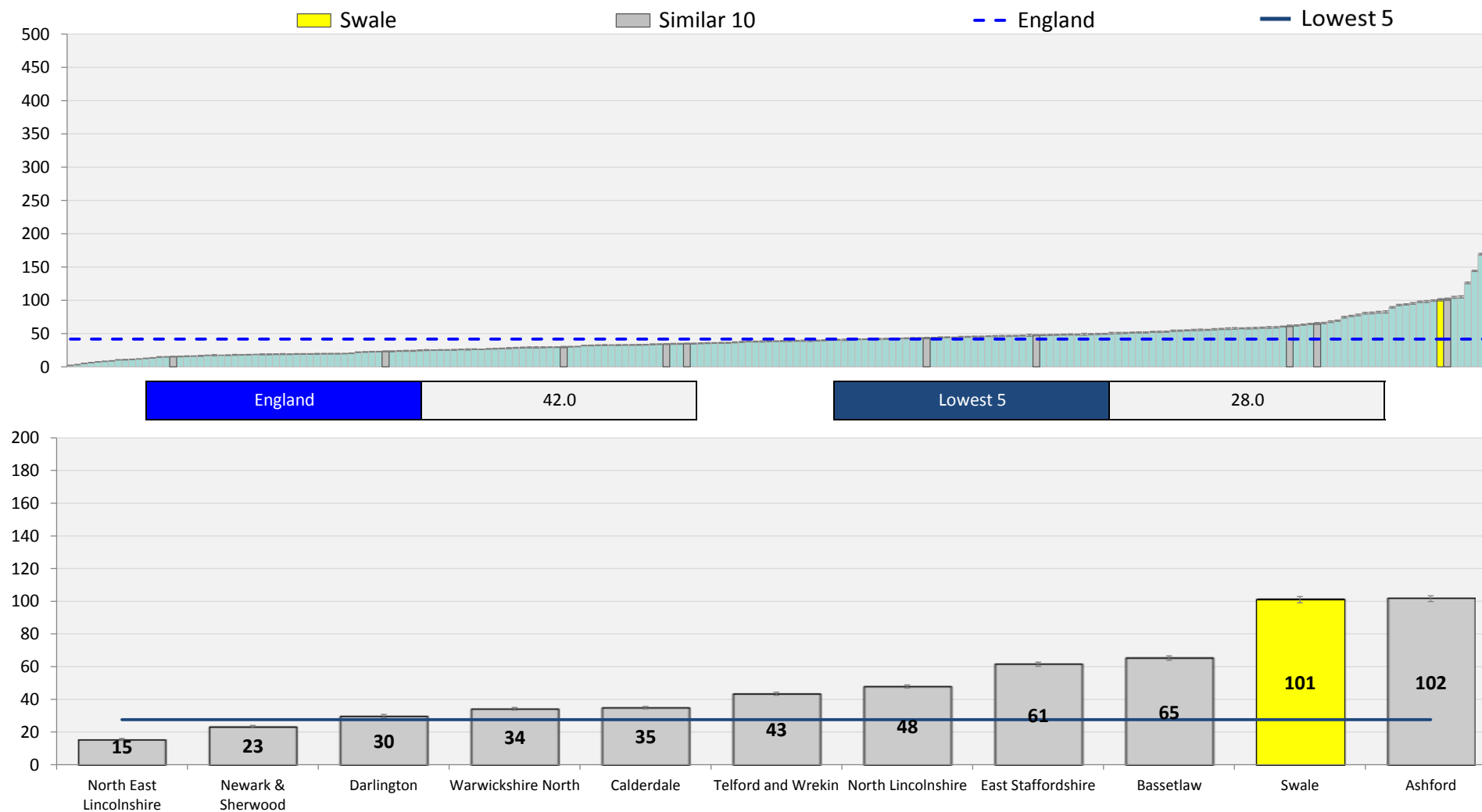


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Trazodone Hydrochloride
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Escitalopram

£8k

39



Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Escitalopram

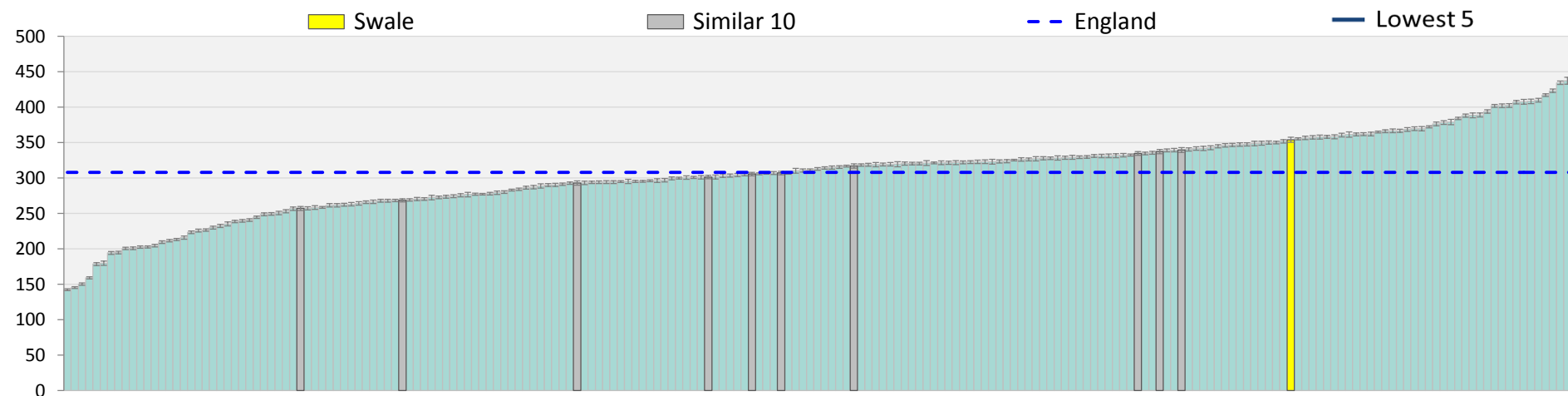
Source: ePACT.net, provided by the NHS Business Services Authority

Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Citalopram Hydrobromide

£8k

40

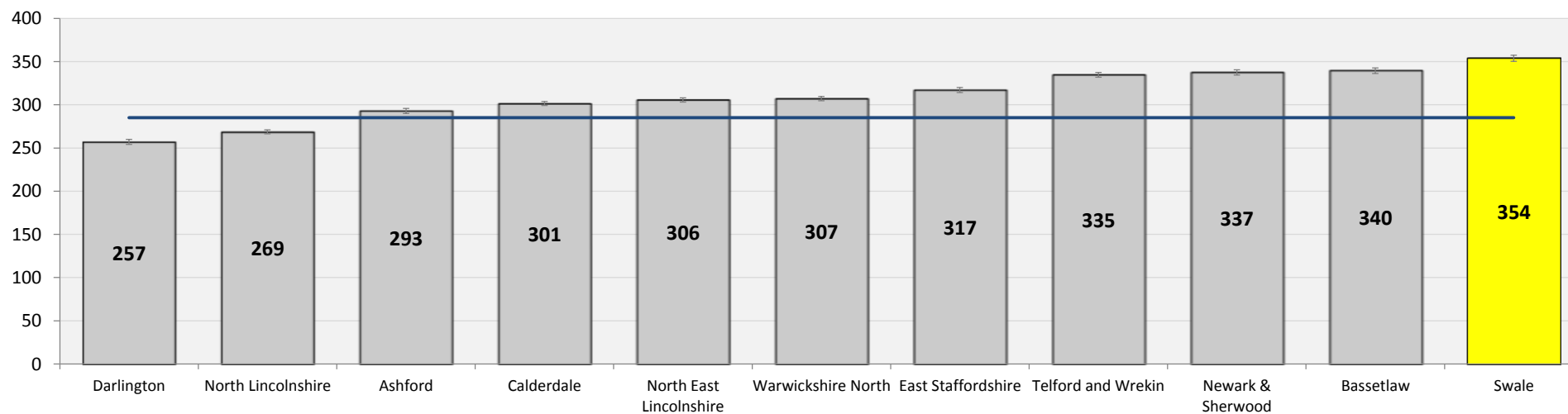


England

308.0

Lowest 5

285.0



Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Citalopram Hydrobromide

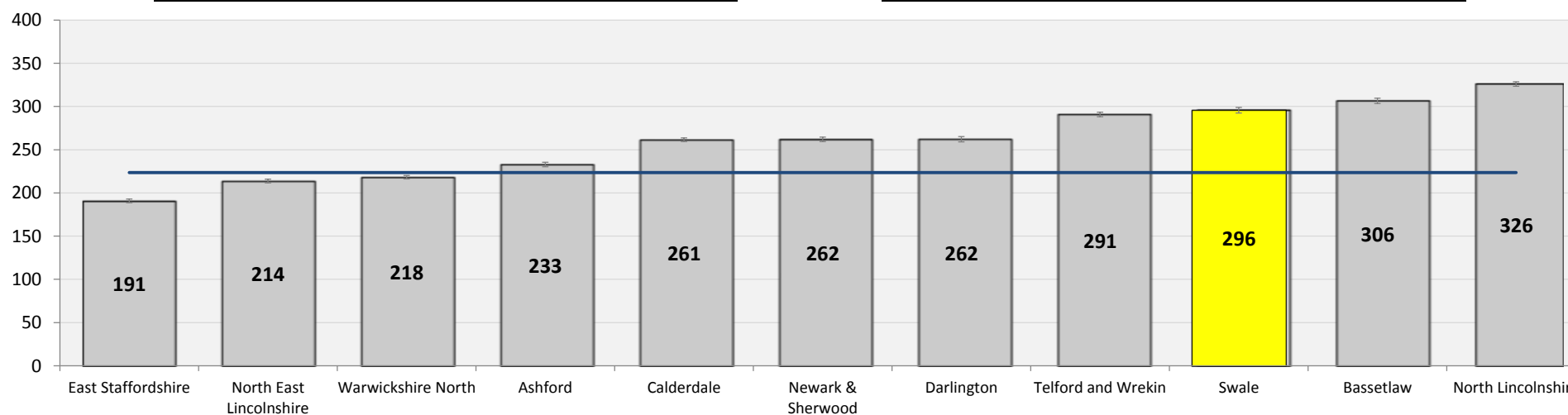
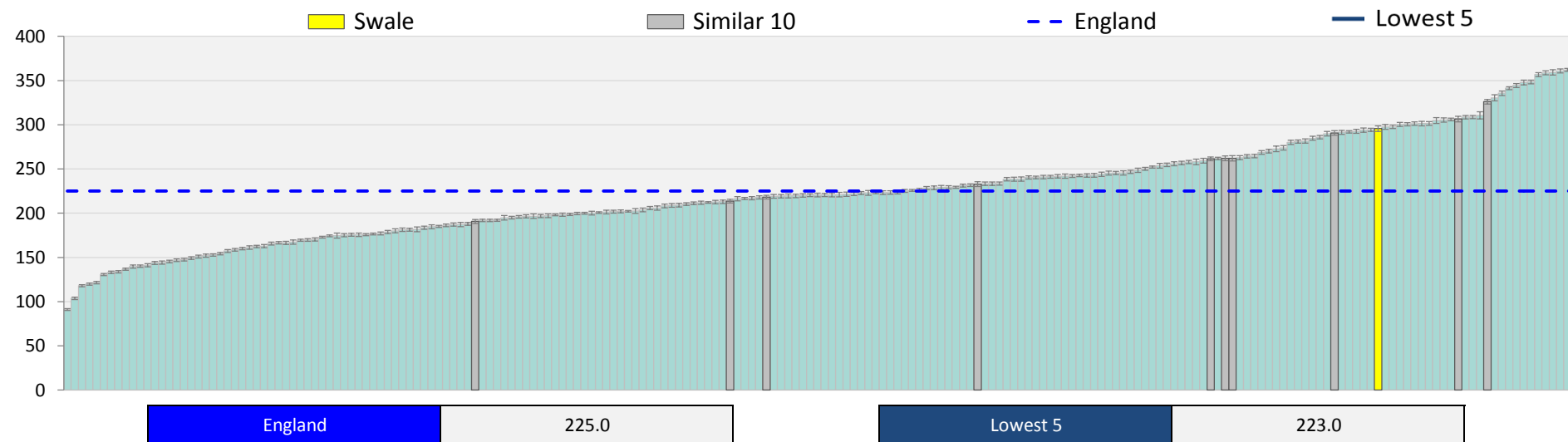
Source: ePACT.net, provided by the NHS Business Services Authority

Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Fluoxetine Hydrochloride

£8k

41



Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Fluoxetine Hydrochloride

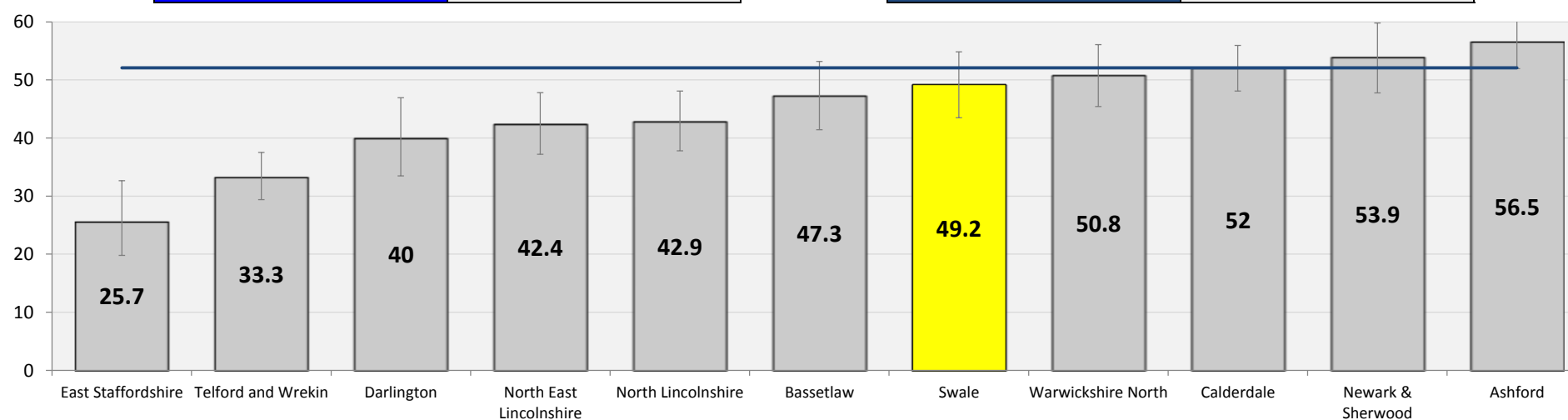
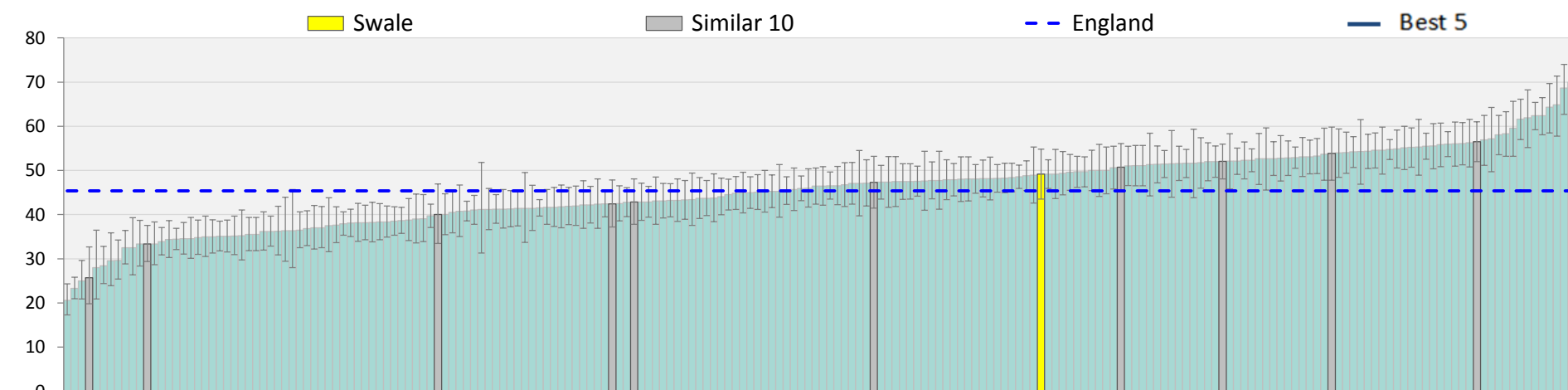
Source: ePACT.net, provided by the NHS Business Services Authority

Year: Jan 2015 – Dec 2015

IAPT: % 'moving to recovery' (%)

35 Pats (NSS)

42



Definition: IAPT recovery: % of people (in quarter) who have finished IAPT treatment who are "moving to recovery"

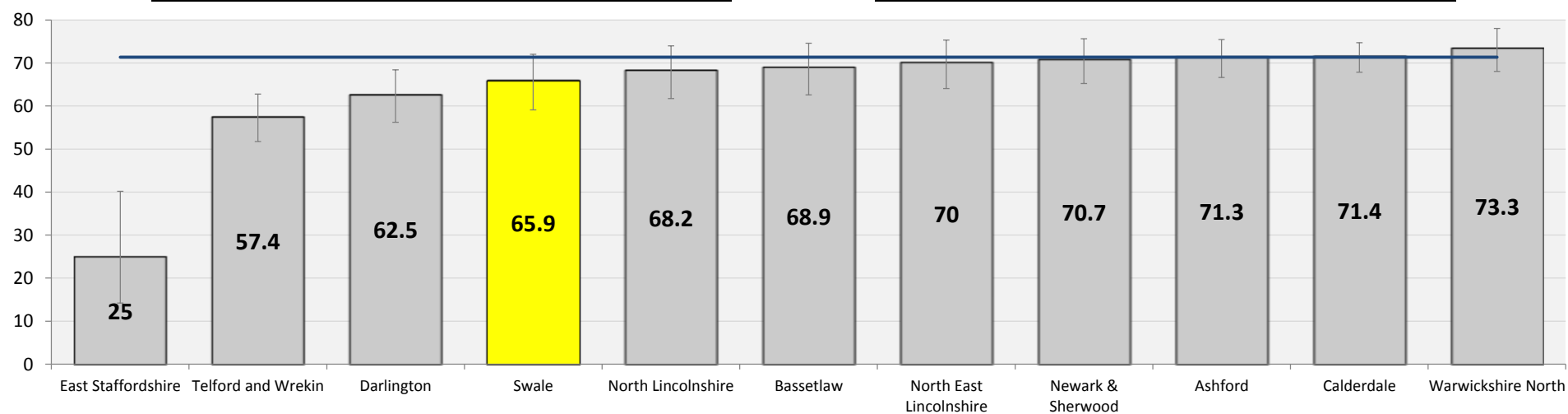
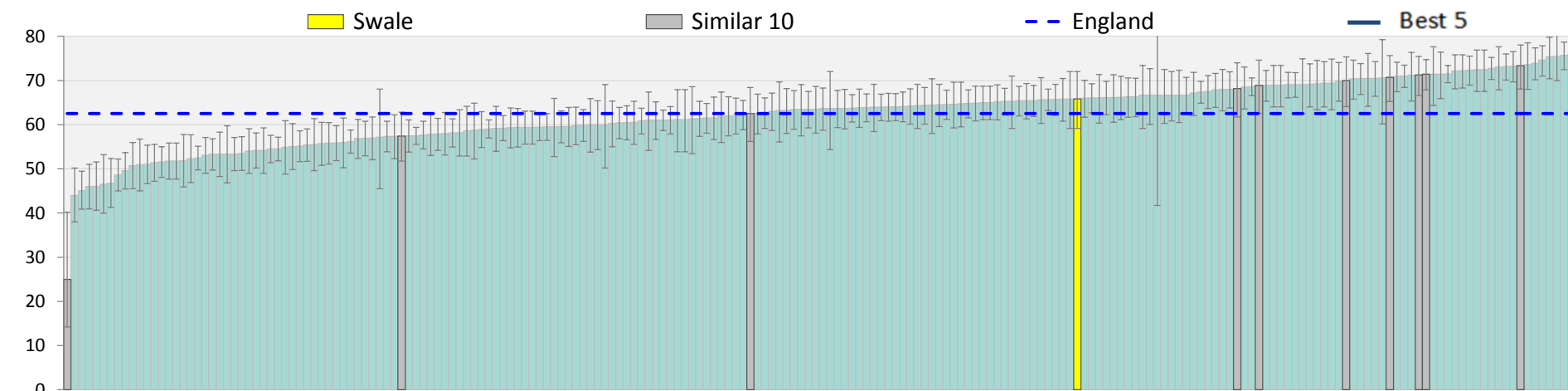
Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC. Fingertips, PHE

Year: 2014/15 Q4

IAPT: % achieving 'reliable improvement' (%)

45 Pats (NSS)

43

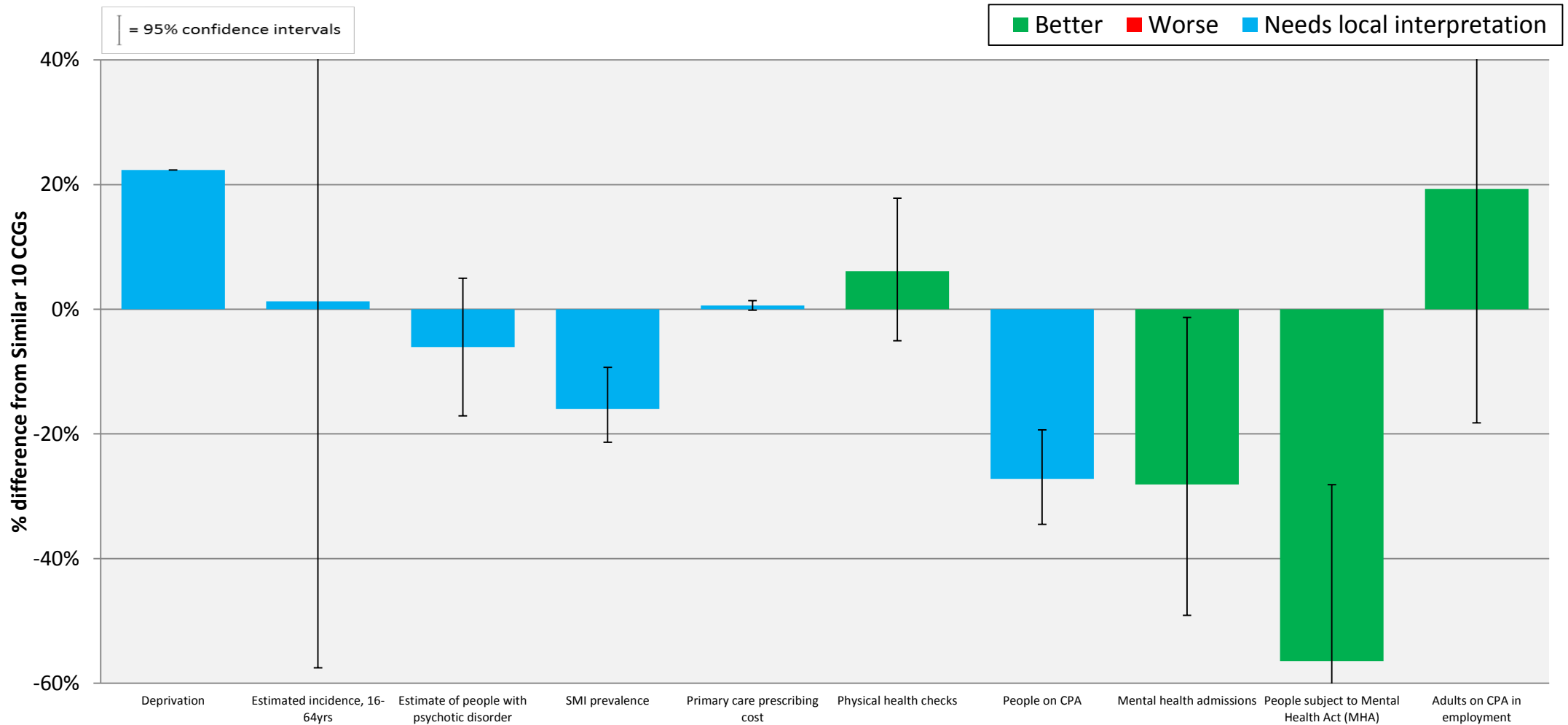


Definition: IAPT reliable improvement: % of people (in quarter) who have finished IAPT treatment who achieved "reliable improvement"

Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC, Fingertips, PHE

Year: 2014/15 Q3

Part 2: Severe mental illness



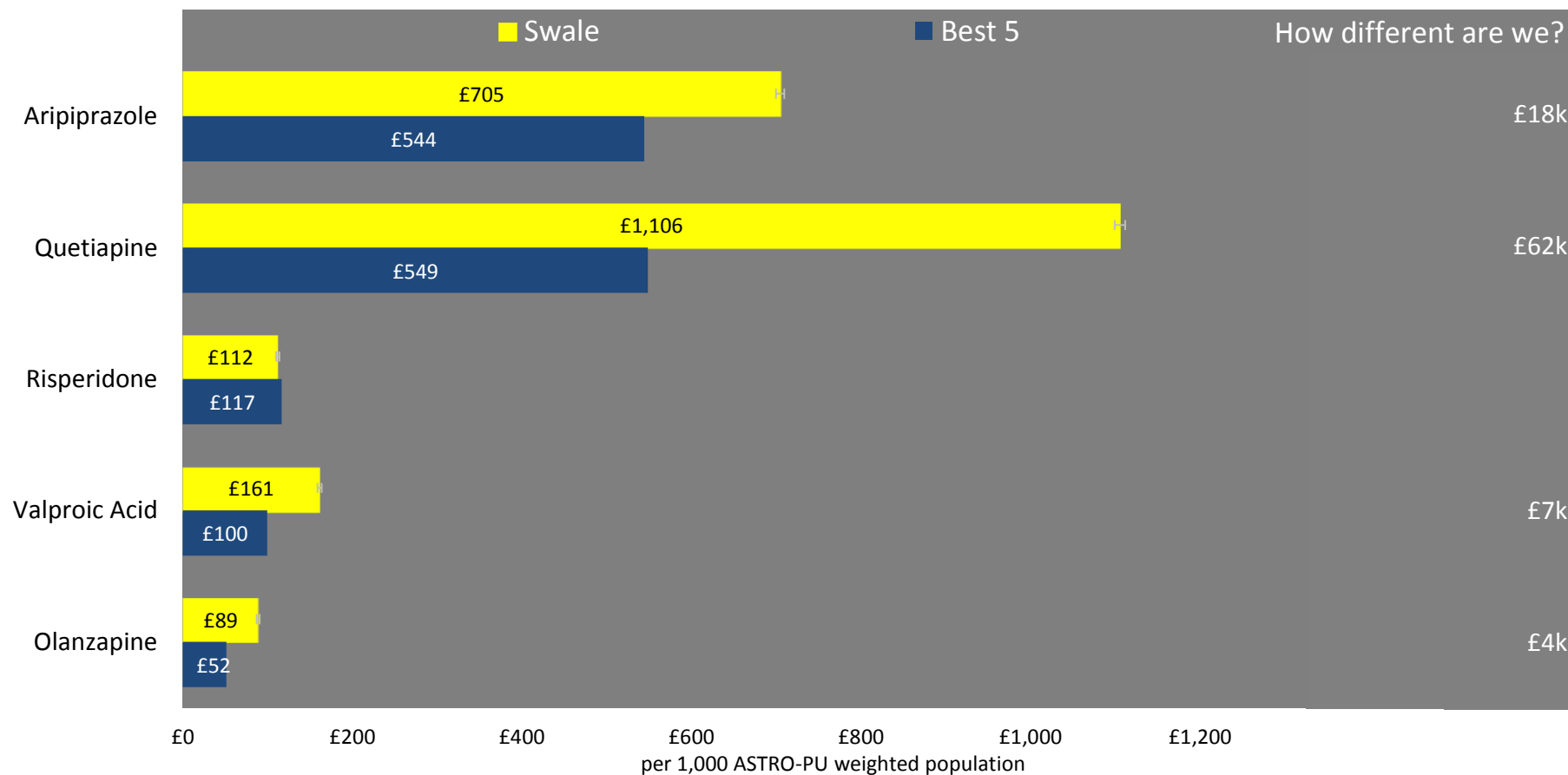
NICE Guidance:

<http://pathways.nice.org.uk/pathways/psychosis-and-schizophrenia>

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/>

Severe Mental Illness Primary Care Prescribing

46



Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

95% confidence intervals

NSS Not statistically significant*

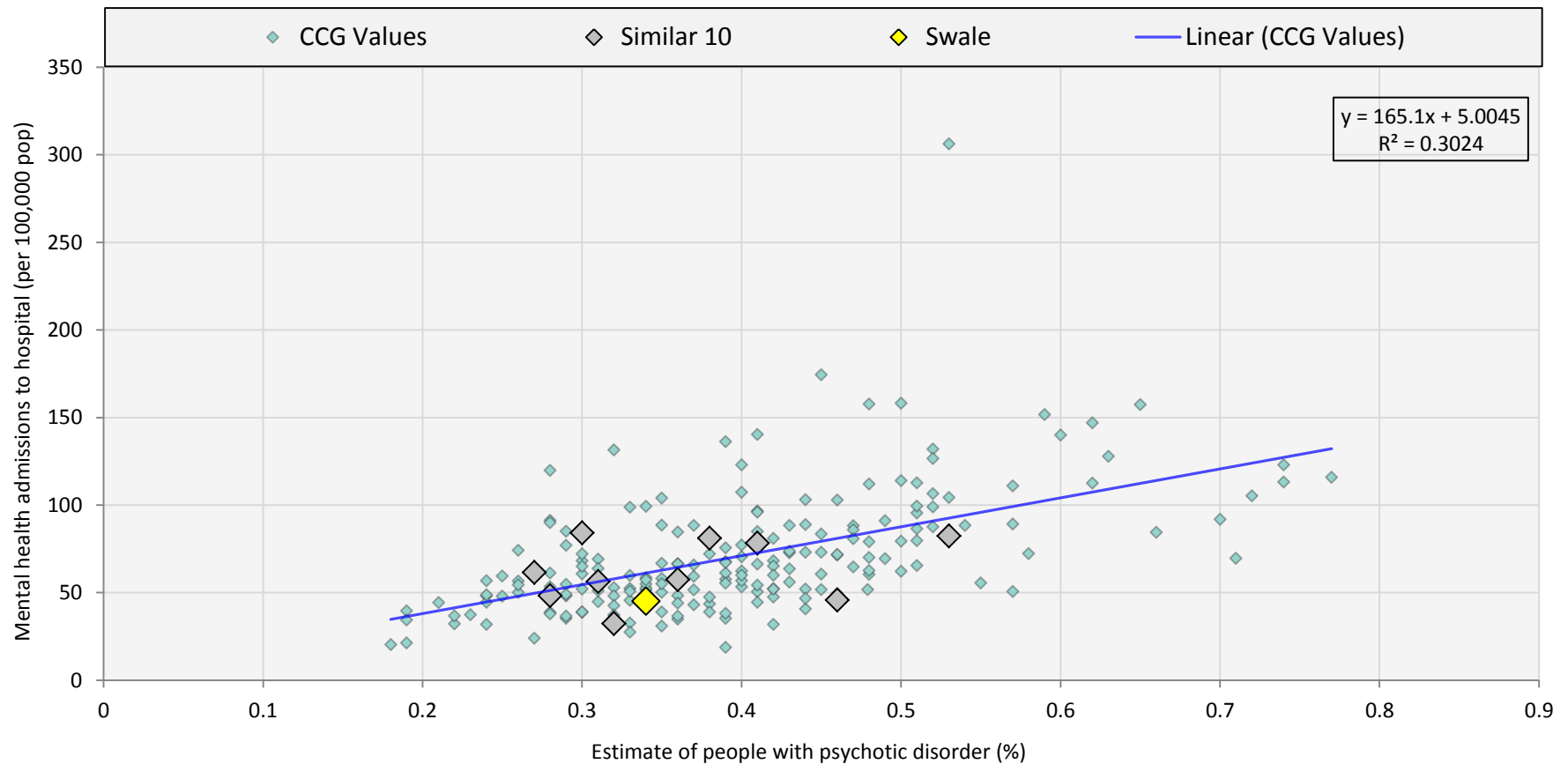
*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

Scatter Plot Analysis

47

The Commissioning for Value Explorer Tool allows the comparison of two indicators, the diagram below is an example. This is an invaluable tool to enable users to assess how one indicator relates to another. The similar 10 can be highlighted too. It is important to remember that correlations do not imply causation but the relationships can help target where to look. The explorer tool is available here:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



Severe Mental Illness - Opportunity table - Risk

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	CCG England Worst or Highest	Best 5	Best in Cluster	England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Overall index of multiple deprivation	27.3					NA*		

All opportunities within this pack are presented as annual opportunities

* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Severe Mental Illness - Opportunity table - Prevalence and detection

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	CCG England Worst or Highest	Best 5	Best in Cluster England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Estimated incidence rate, 16-64 pop (*)	18.0				NA*		
Estimate of people with psychotic disorder (%)	0.3				NA*		
SMI prevalence (%)	0.6				NA*		

* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Severe Mental Illness - Opportunity table - Activity and quality

NHS Swale CCG 50

* per 100,000 population
 ** per 100,000 age weighted population
 *** per 1,000 ASTRO-PU weighted population



We will include data on the new standard for Early Intervention in Psychosis (EIP) in next pack. Implementation guidance is:
<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf>

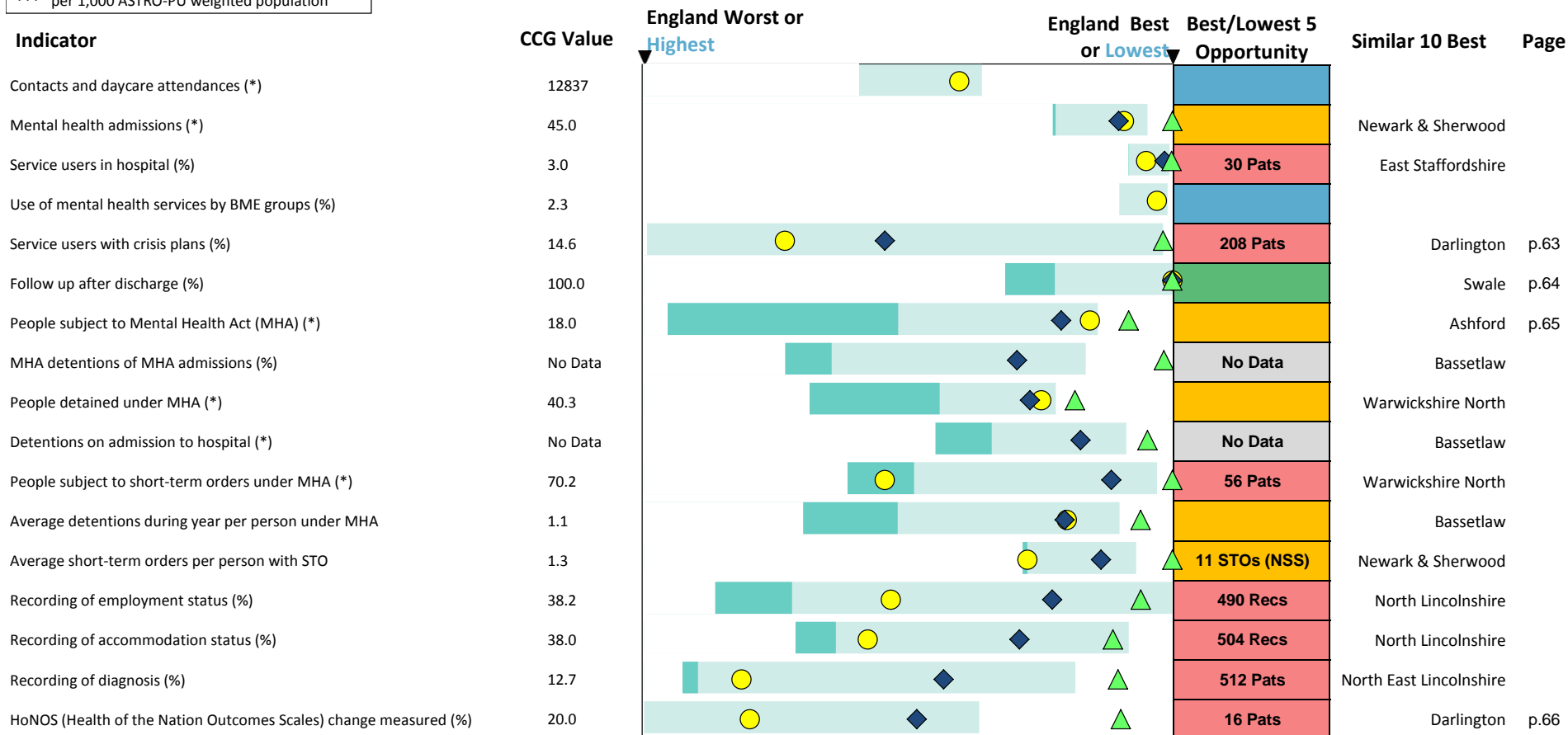
* No opportunity is calculated for exception rates

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Severe Mental Illness - Opportunity table - Activity and quality

NHS Swale CCG 51

* per 100,000 population
 ** per 100,000 age weighted population
 *** per 1,000 ASTRO-PU weighted population



Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Severe Mental Illness - Opportunity table - Spend

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	England Worst or Highest	England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Primary care prescribing cost per 1,000 pop	599			£390k		p.67
Aripiprazole prescribing (***)	705			£18k		p.68
Quetiapine prescribing (***)	1106			£62k		p.69
Risperidone prescribing (***)	112					p.70
Valproic Acid prescribing (***)	161			£7k		p.71
Olanzapine prescribing (***)	89			£4k		p.72

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Severe Mental Illness - Opportunity table - Outcomes

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

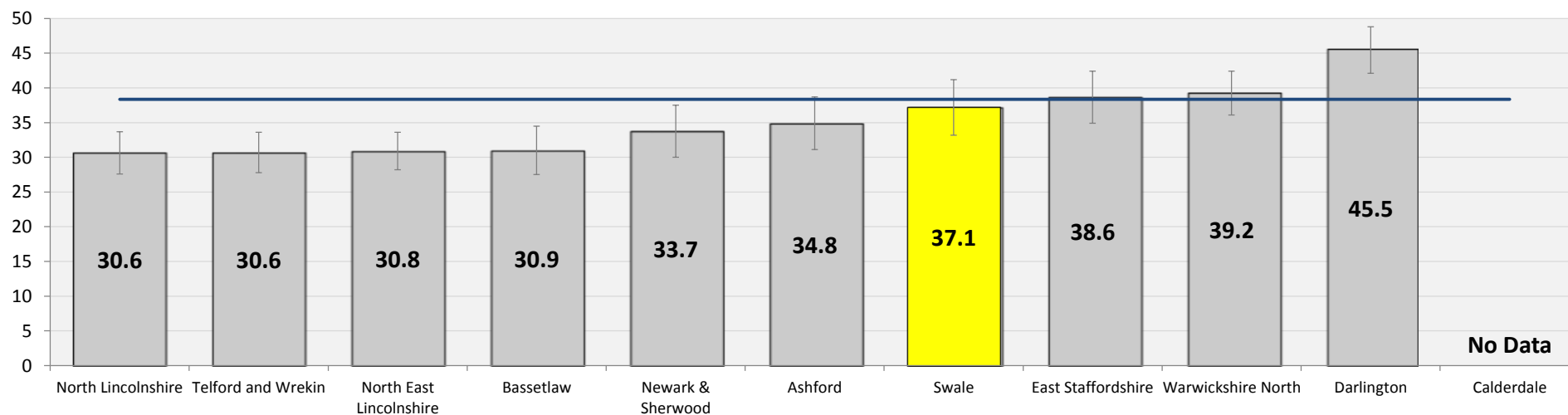
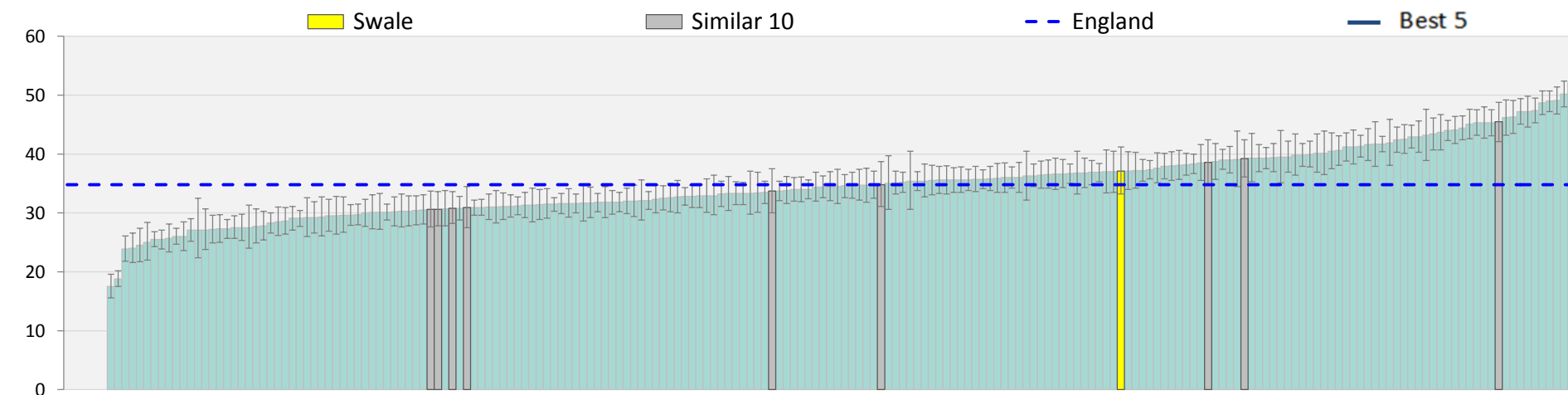
Indicator	CCG Value	CCG Best 5 Best in Cluster			Best/Lowest 5 Opportunity	Similar 10 Best	Page
		England Worst or Highest	England Best or Lowest				
Mental health admissions which were emergency (%)	60.0						p.73
Adults on CPA in employment 18-69 (%)	8.8				4 Pats (NSS)	Warwickshire North	p.74
Adults on CPA in settled accomodation 18-69 (%)	80.4					Warwickshire North	p.75
<75 excess mortality in adults with serious mental illness (%)	353.7					East Staffordshire	p.76

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

People with SMI who have received the complete list of physical checks (%)

7 Pats (NSS)

54

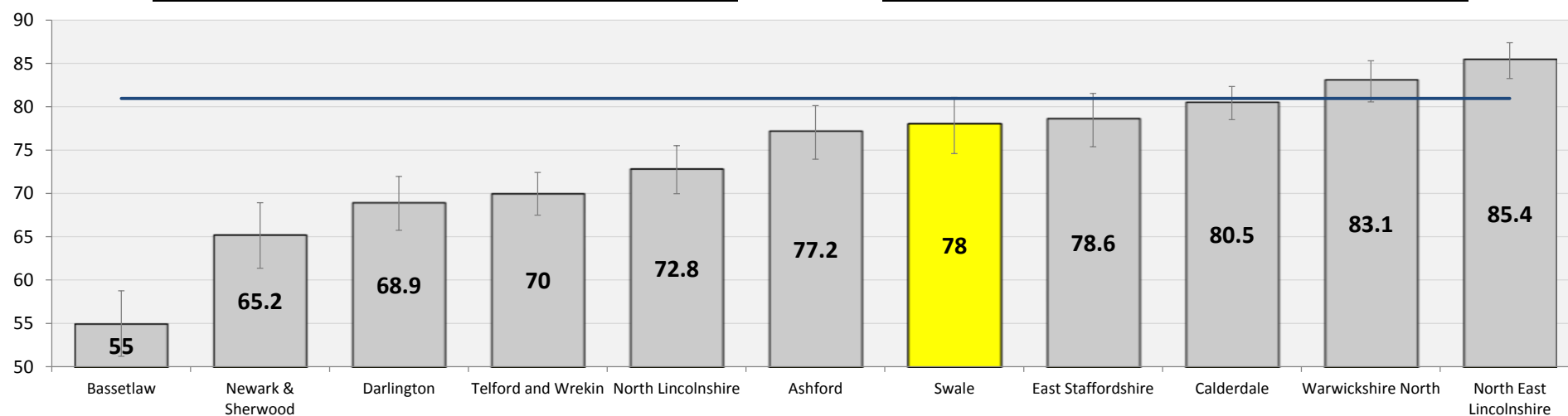
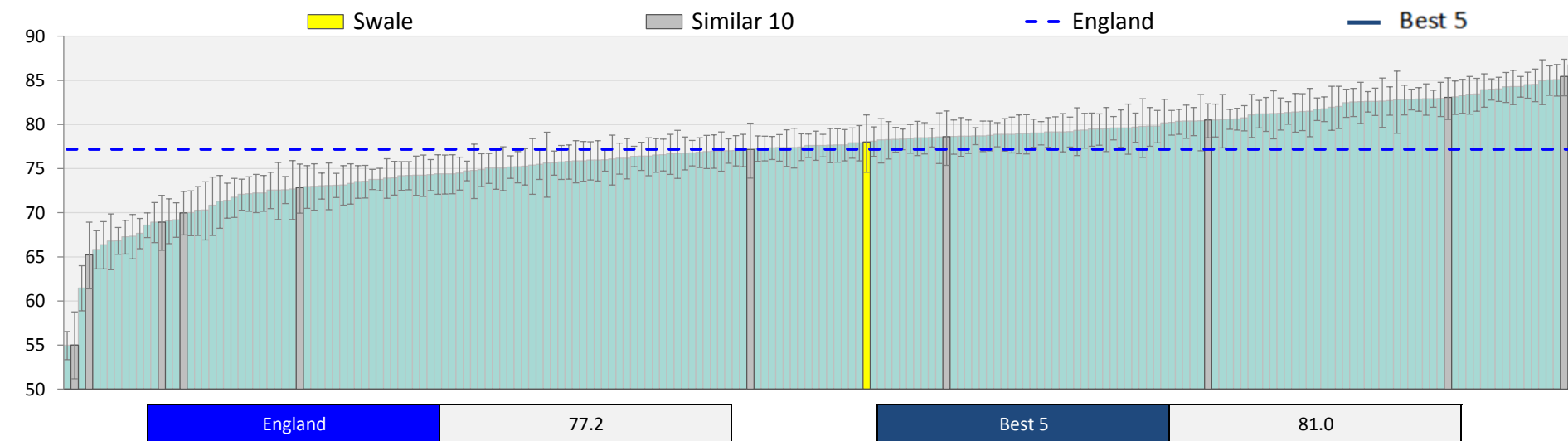


Definition: People with Serious Mental Illness (SMI) who have received the complete list of physical checks (%)
 Source: CCG OIS, HSCIC.
 Year: 2014/15

People with SMI with a comprehensive care plan (%)

18 Pats (NSS)

55

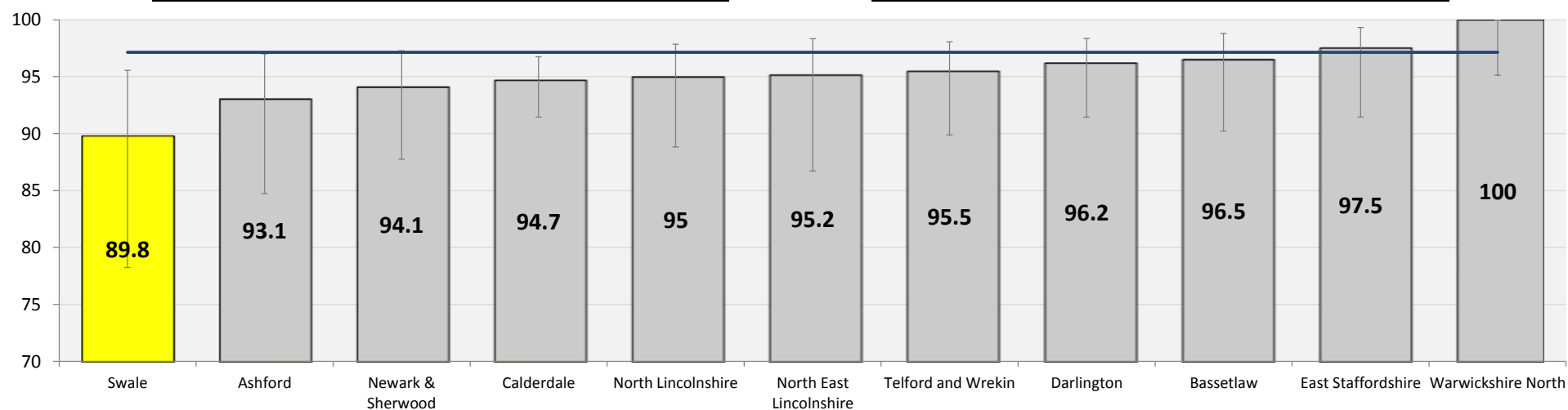
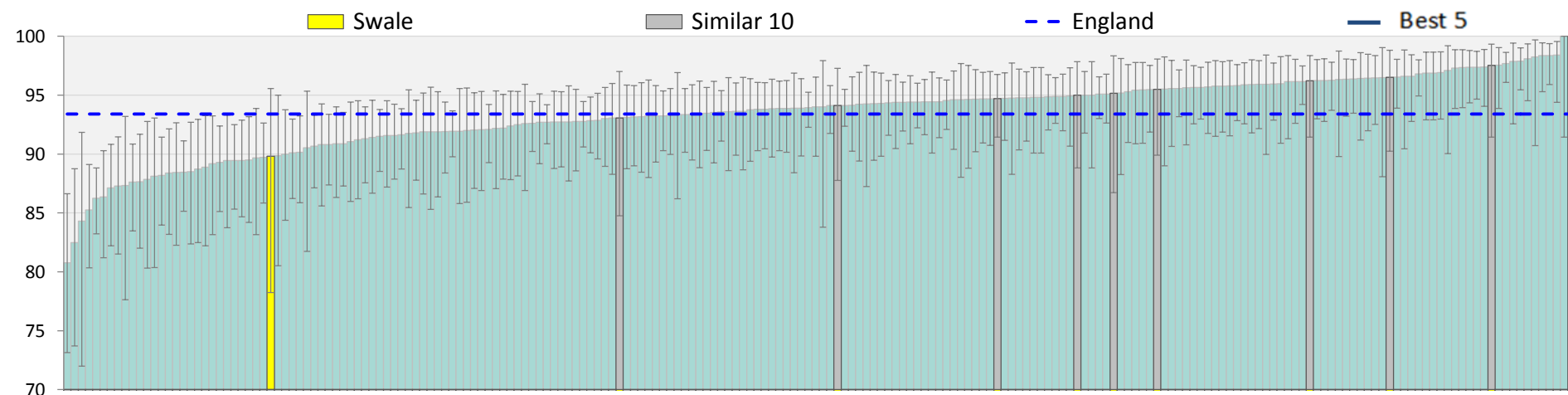


Definition: Patients with SMI who have comprehensive care plan: % with plan
 Source: QOF, HSCIC, Fingertips, PHE
 Year: 2014/15

Lithium therapy patients with serum creatinine and TSH (Thyroid-Stimulating Hormone) record (%)

4 Pats

56



Definition: Patients on lithium therapy with record of serum creatinine and TSH (Thyroid-Stimulating Hormone): % with record in the preceding 9 months

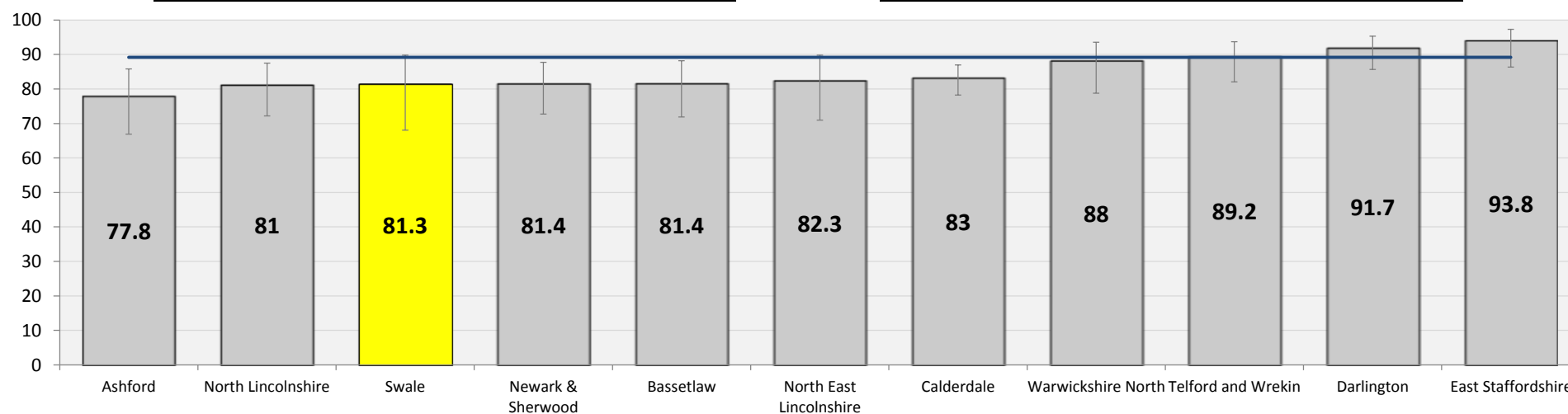
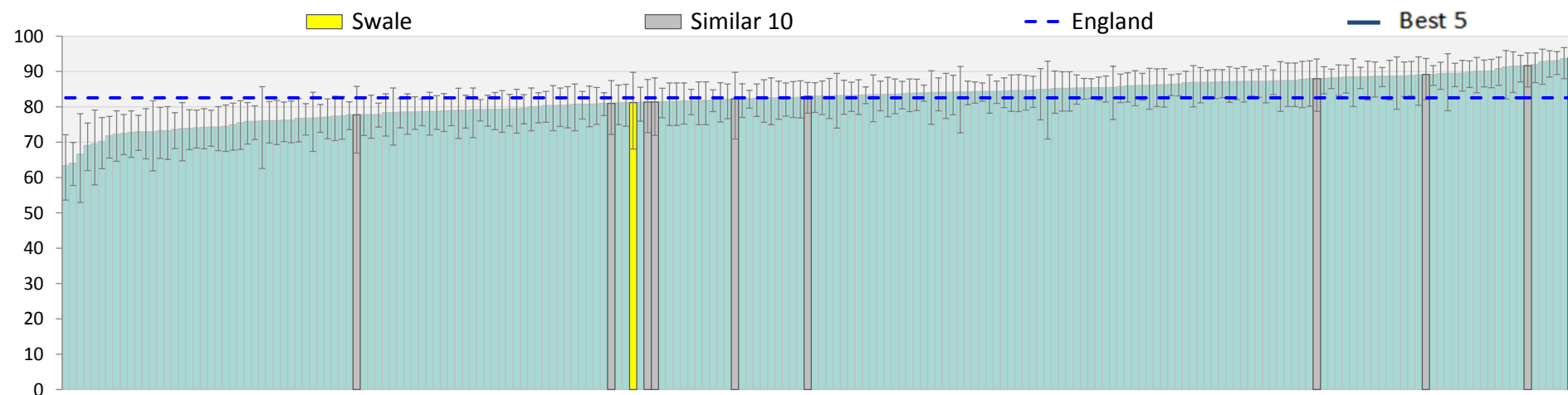
Source: QOF, HSCIC, Fingertips, PHE

Year: 2014/15

Lithium therapy patients with levels in therapeutic range (%)

4 Pats (NSS)

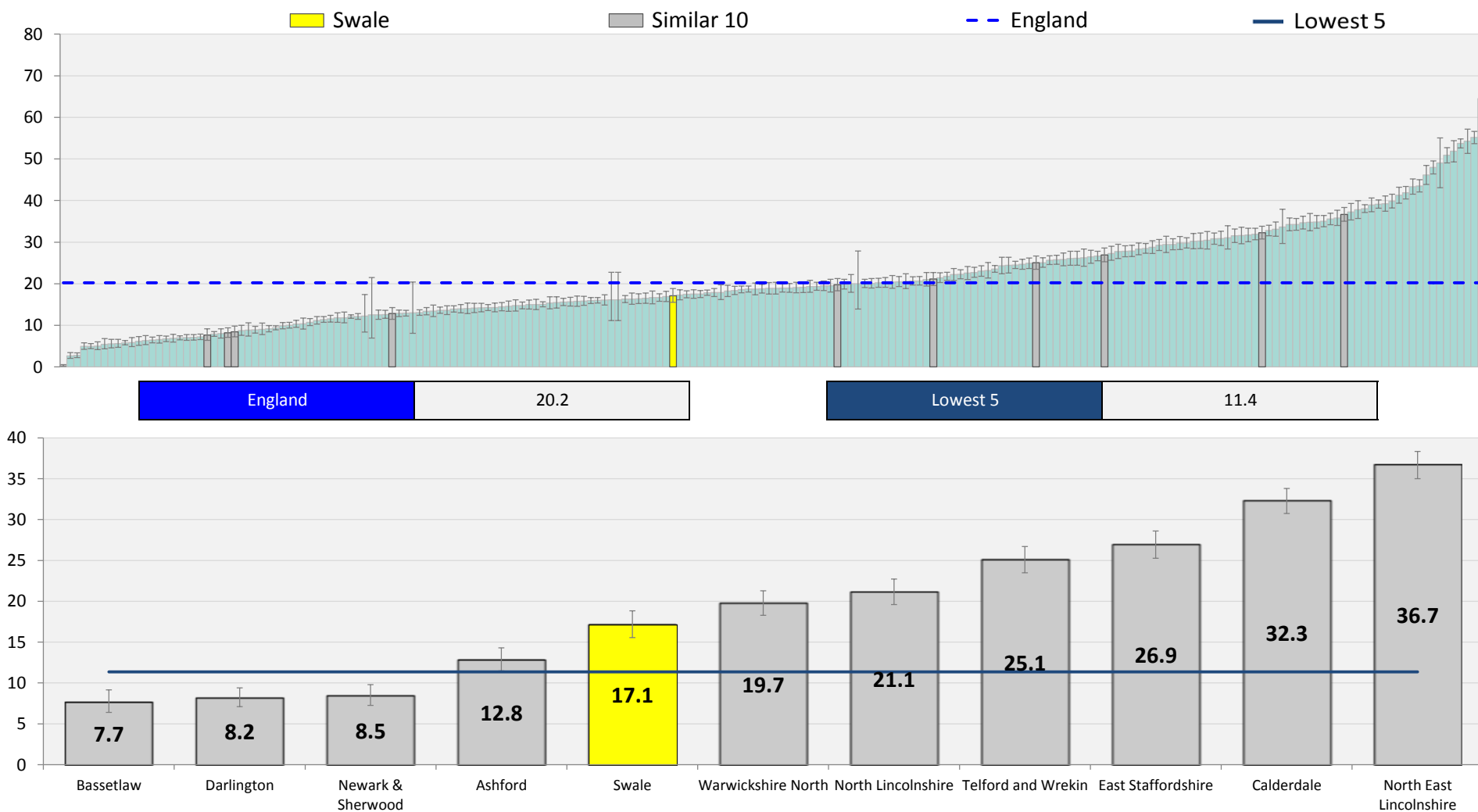
57



Definition: Patients on lithium therapy with levels in therapeutic range: % within preceding 4 months
 Source: QOF, HSCIC, Fingertips, PHE
 Year: 2014/15

Service users on CPA: people in contact with MH services who are on CPA (%)

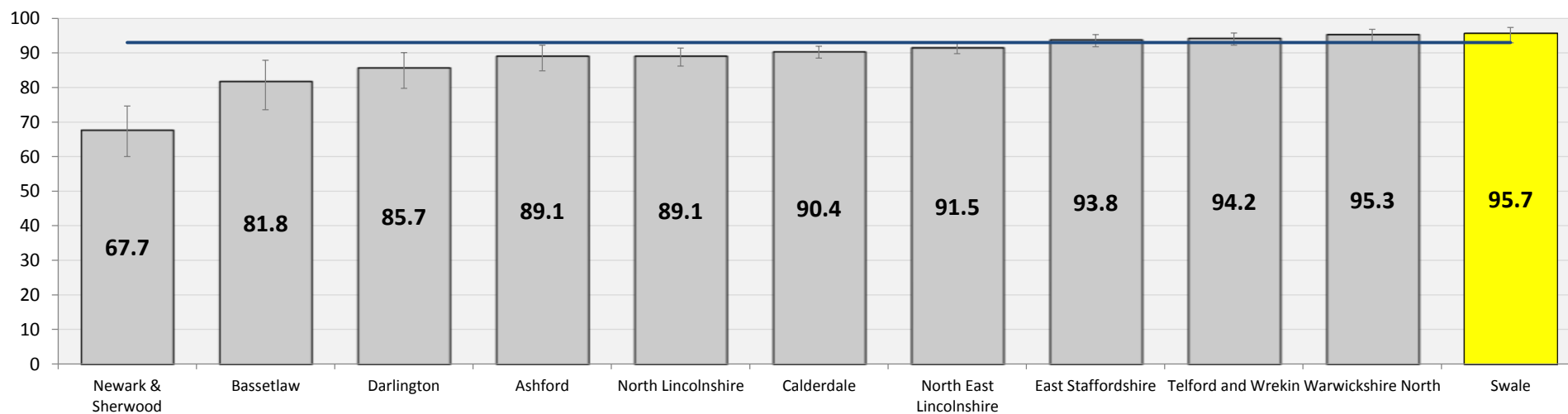
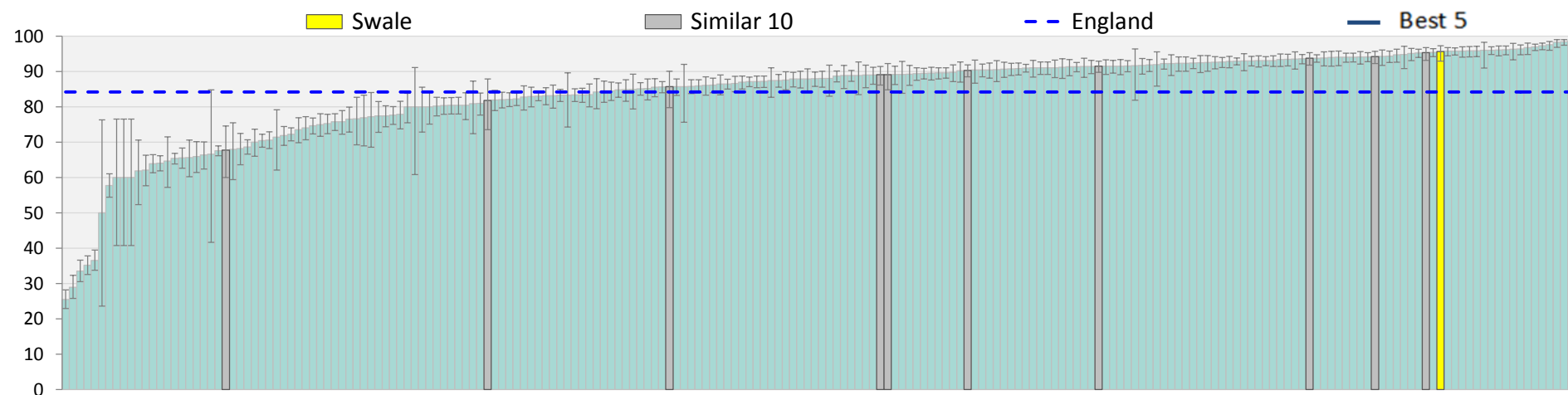
58



Definition: Service users on CPA: % people in contact with MH services who are on care programme approach (end of quarter snapshot)
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

CPA users with HoNOS (Health of the Nation Outcomes Scales) assessment (%)

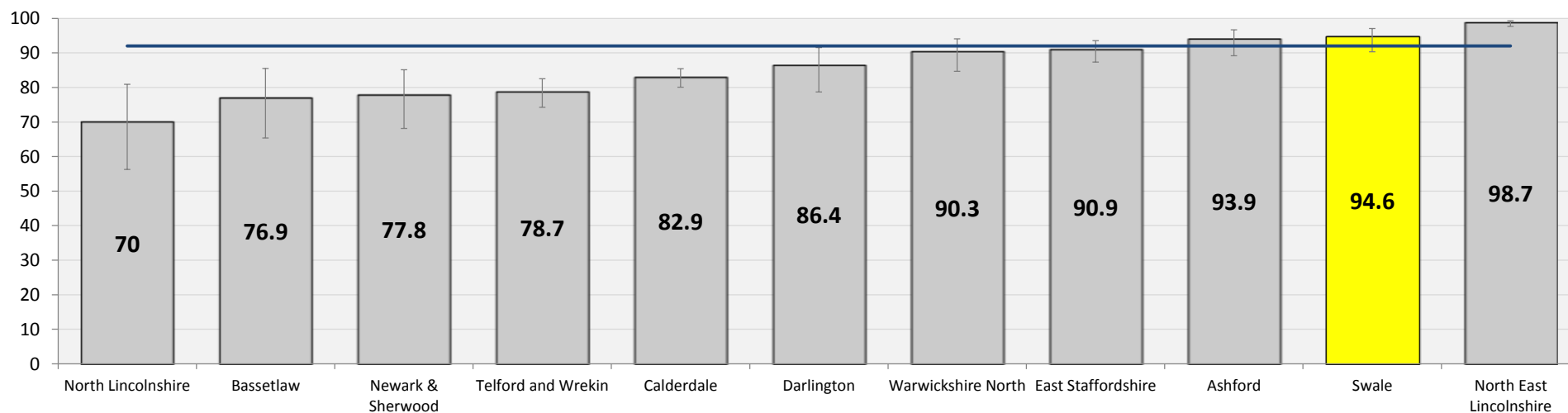
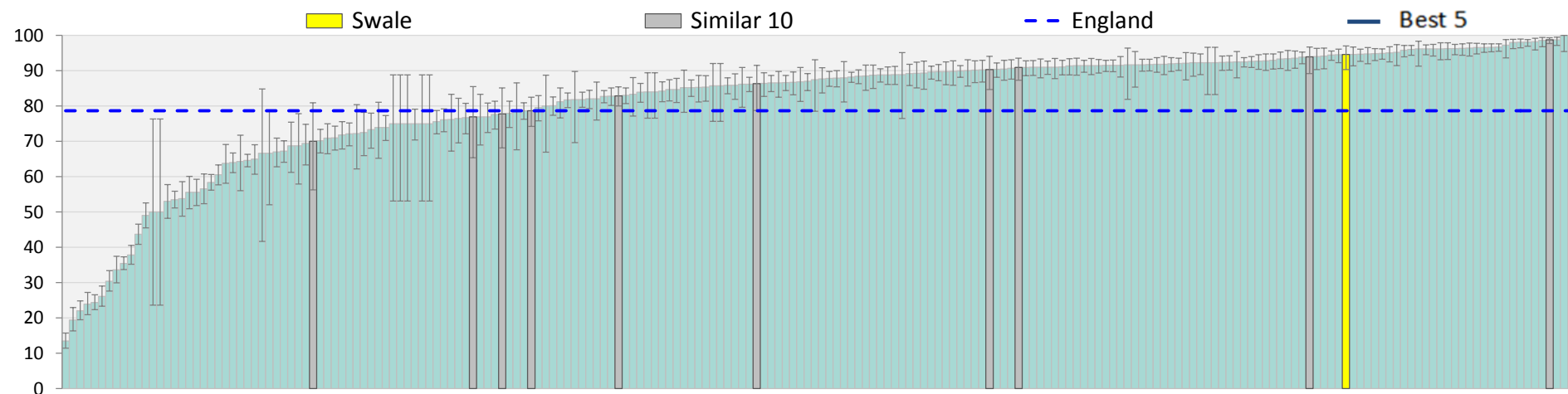
59



Definition: CPA users with HoNOS (Health of the Nation Outcomes Scales) assessment: % of people on CPA with HoNOS recorded (end of quarter snapshot)
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

CPA users with a review (%)

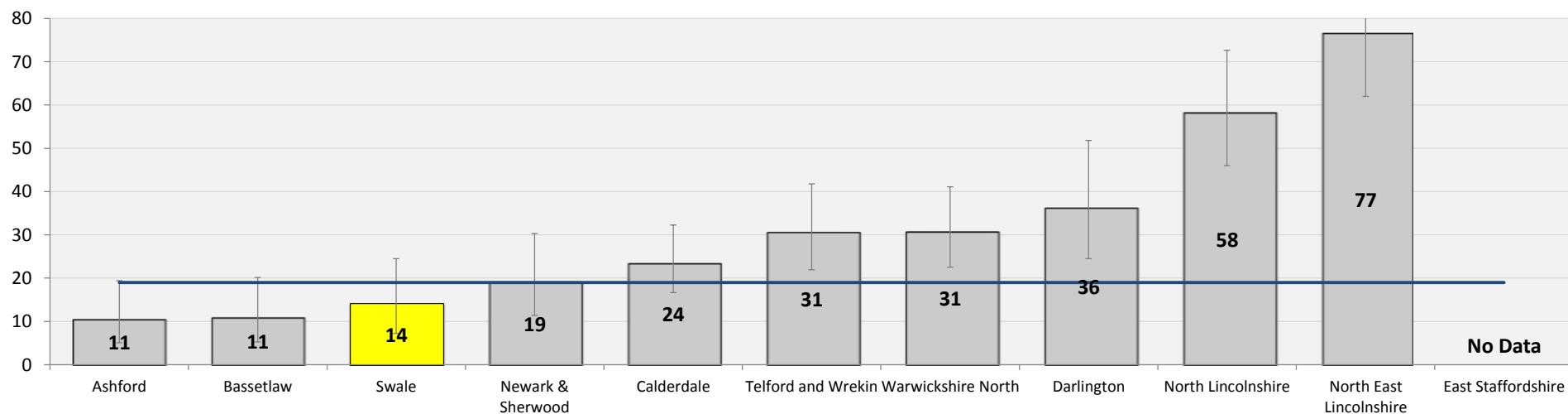
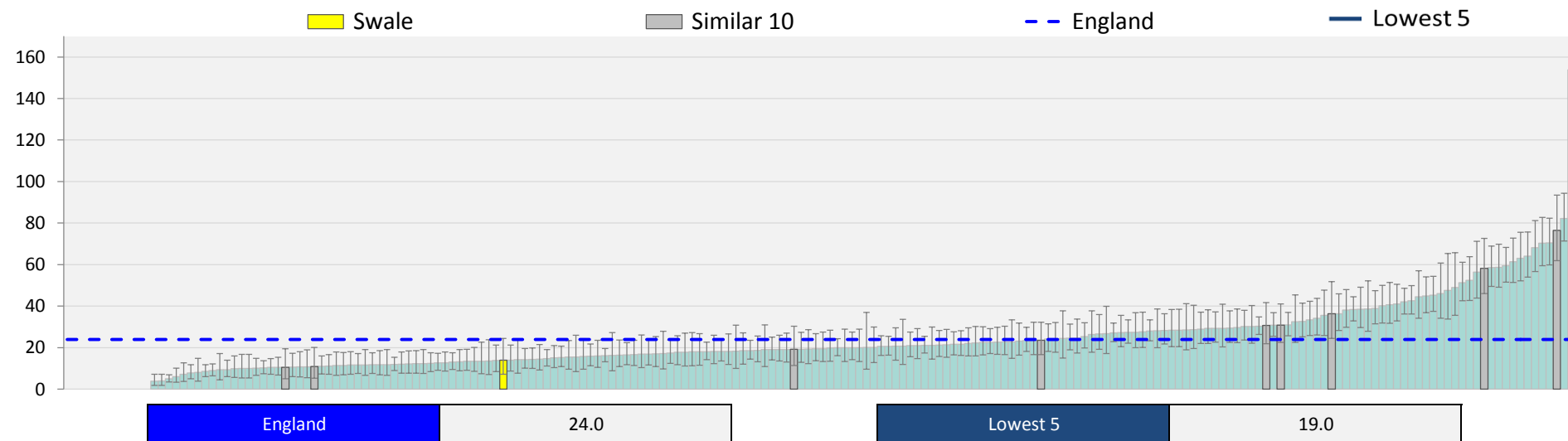
60



Definition: CPA review: % of people on CPA for more than 12 months who have had a review (end of quarter snapshot)
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

New cases of psychosis served by Early Intervention Teams (per 100,000 pop)

61

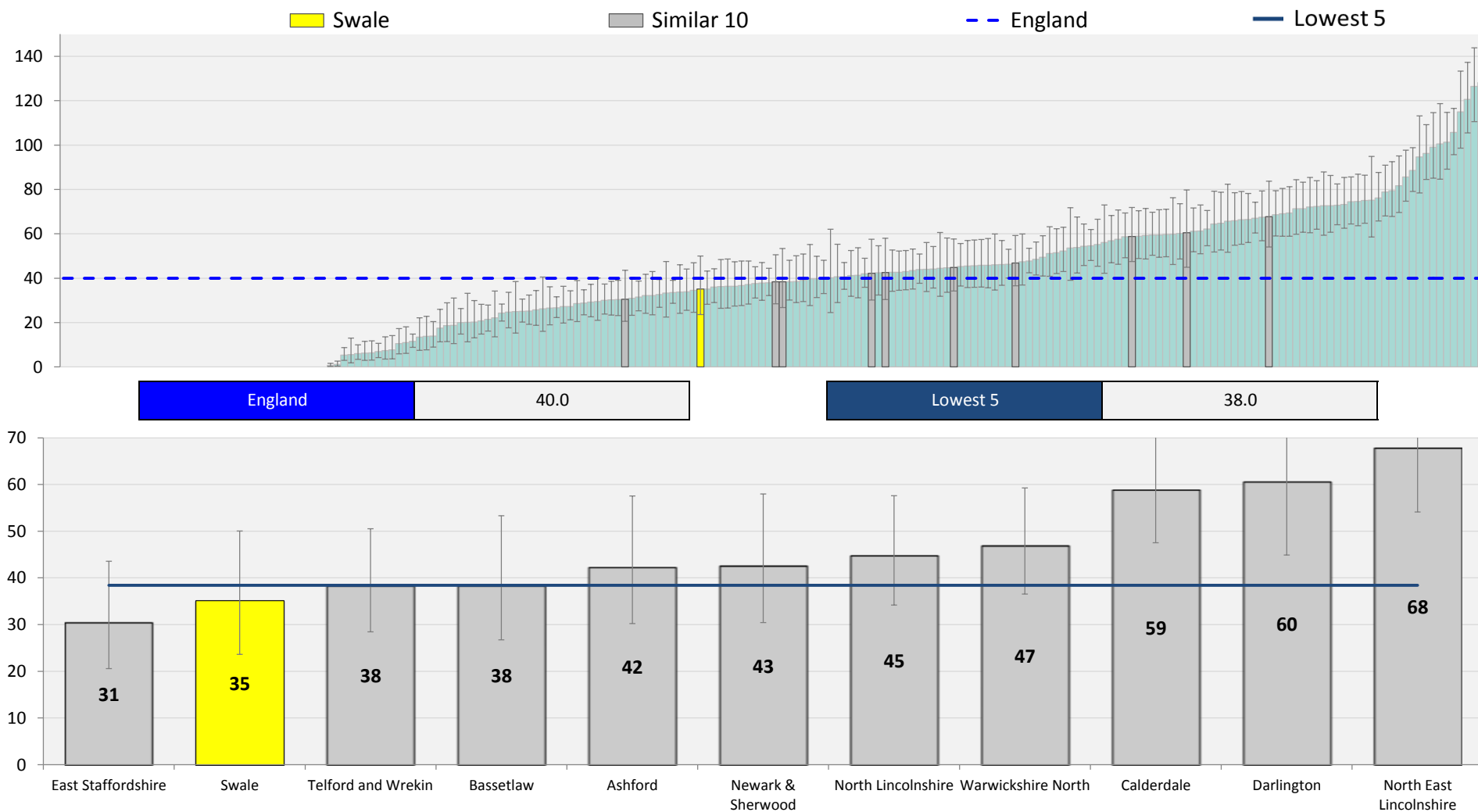


Definition: New cases of psychosis served by Early Intervention Teams: rate (annual) per 100,000 population
 Source: Mental Health Community Teams Activity, NHS England. Fingertips, PHE
 Year: 2014/15 Q2

We will include data on the new standard for Early Intervention in Psychosis (EIP) in next pack. Implementation guidance is: <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf>

People being treated by Early Intervention Teams (per 100,000 population)

62



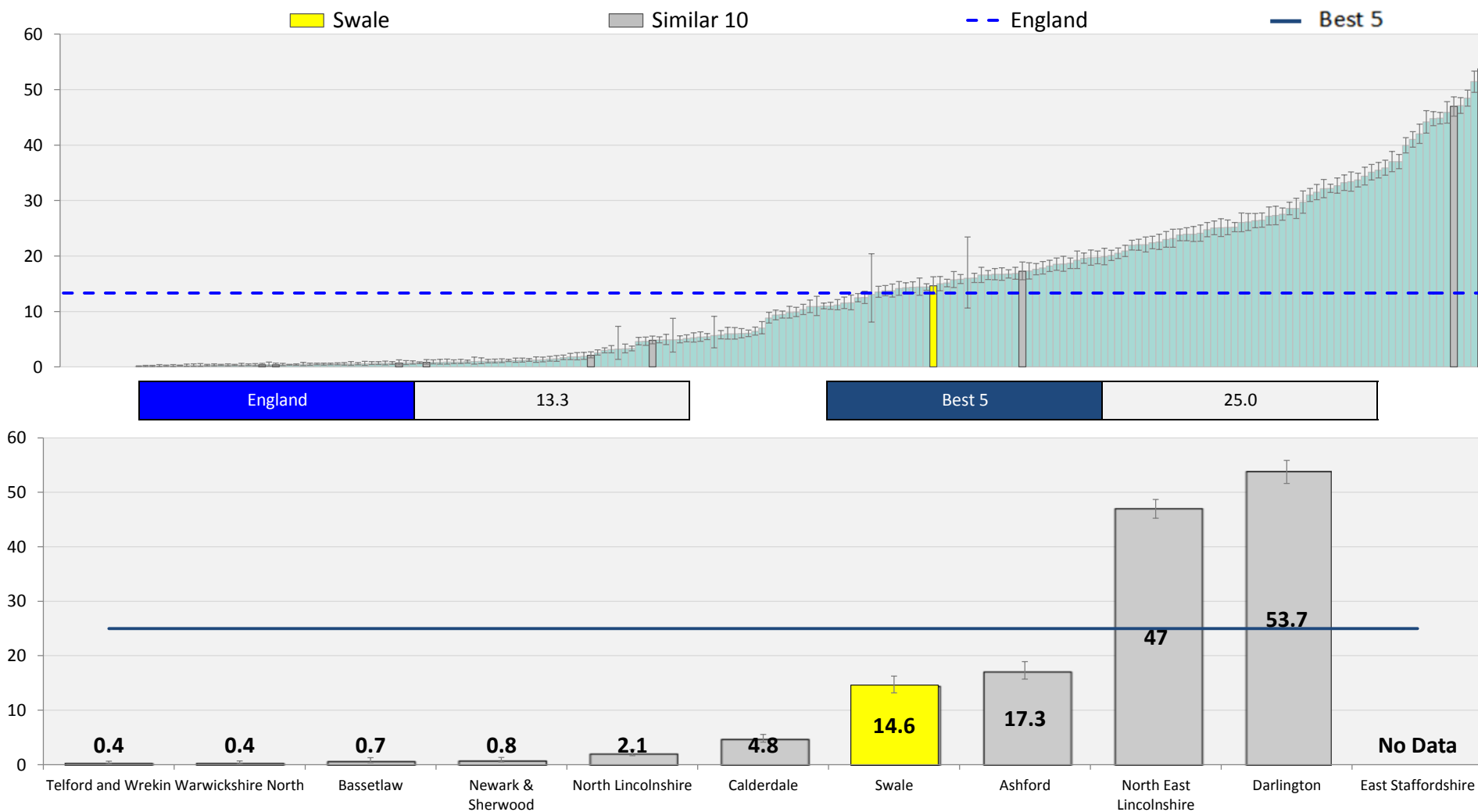
Definition: Rate of people being treated by Early Intervention Teams: rate per 100,000 population (end of quarter snapshot)
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

We will include data on the new standard for Early Intervention in Psychosis (EIP) in next pack. Implementation guidance is: <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf>

Service users with crisis plans (%)

208 Pats

63



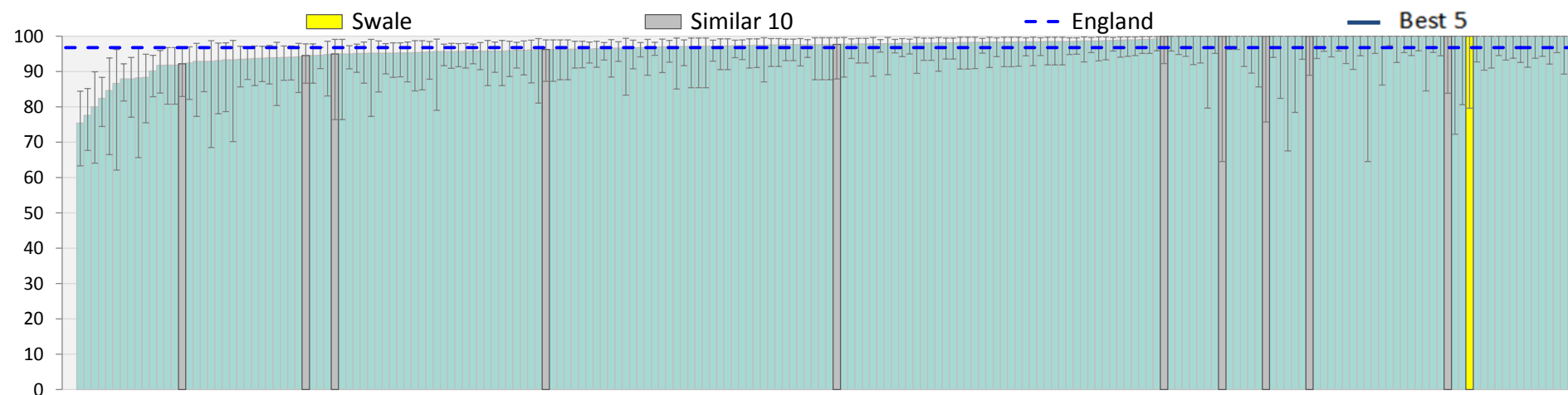
Definition: Service users with crisis plans: % of people in contact with mental health services with a crisis plan in place (end of quarter snapshot)

Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE

Year: 2014/15 Q2

Follow up after discharge (%)

64

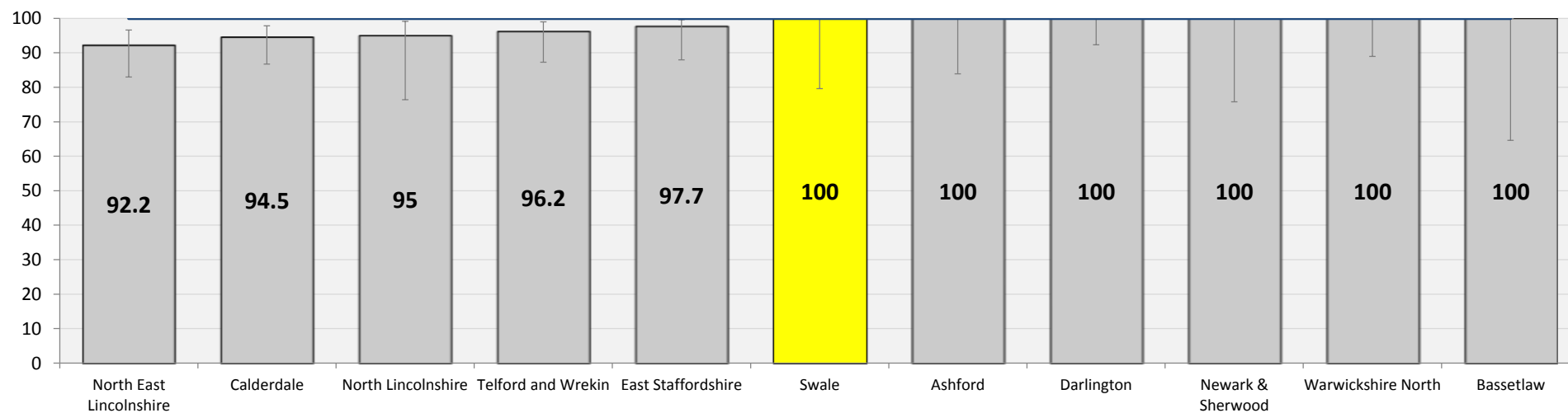


England

96.8

Best 5

100.0



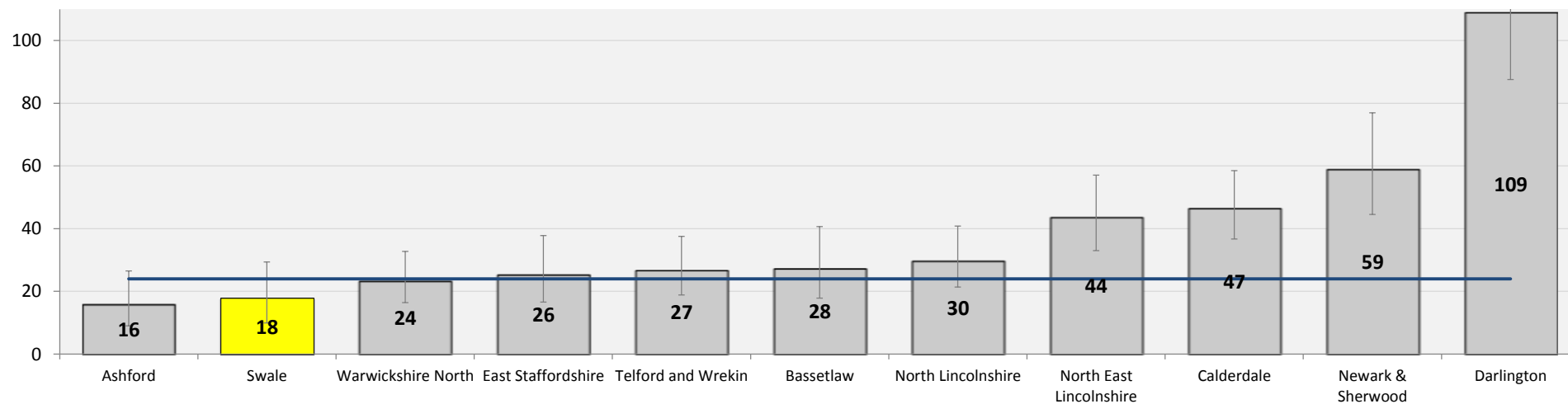
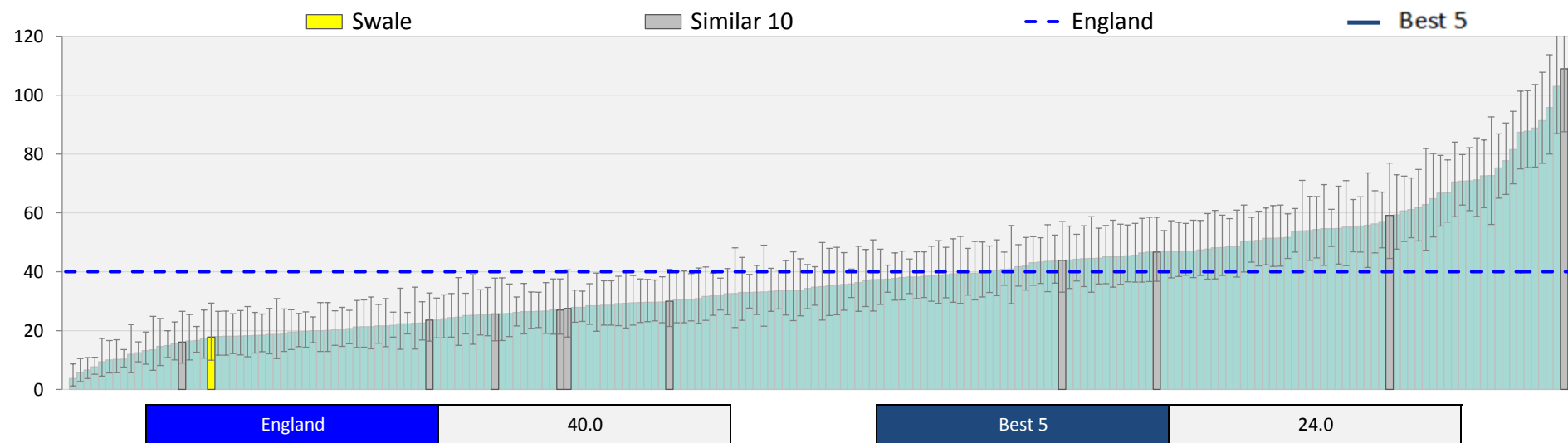
Definition: Follow up after discharge: % (quarterly) of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care

Source: Mental Health Community Teams Activity, NHS England. Fingertips, PHE

Year: 2014/15 Q2

People subject to Mental Health Act (per 100,000 pop)

65

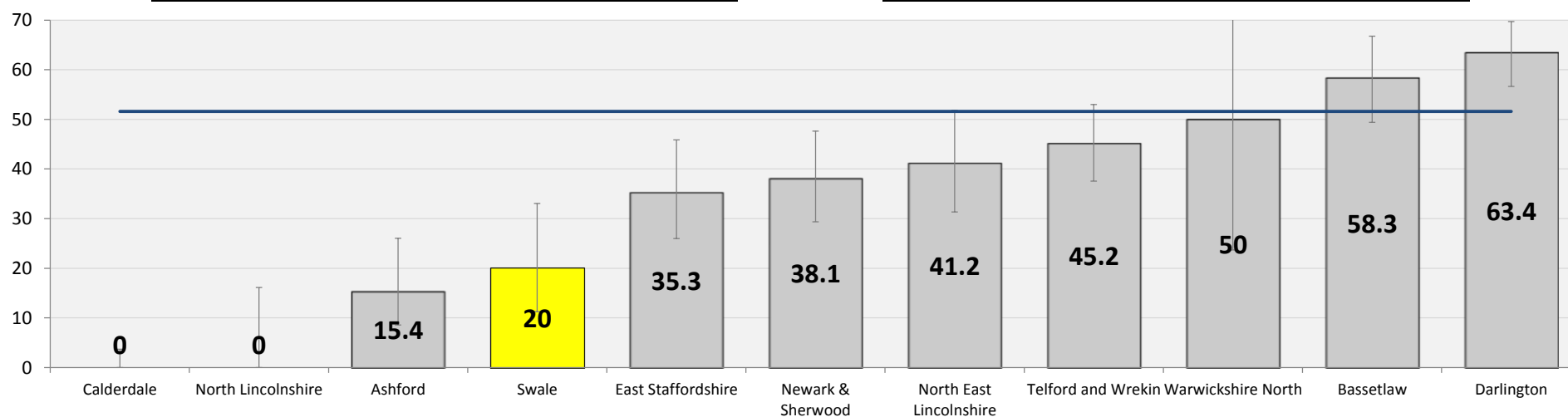
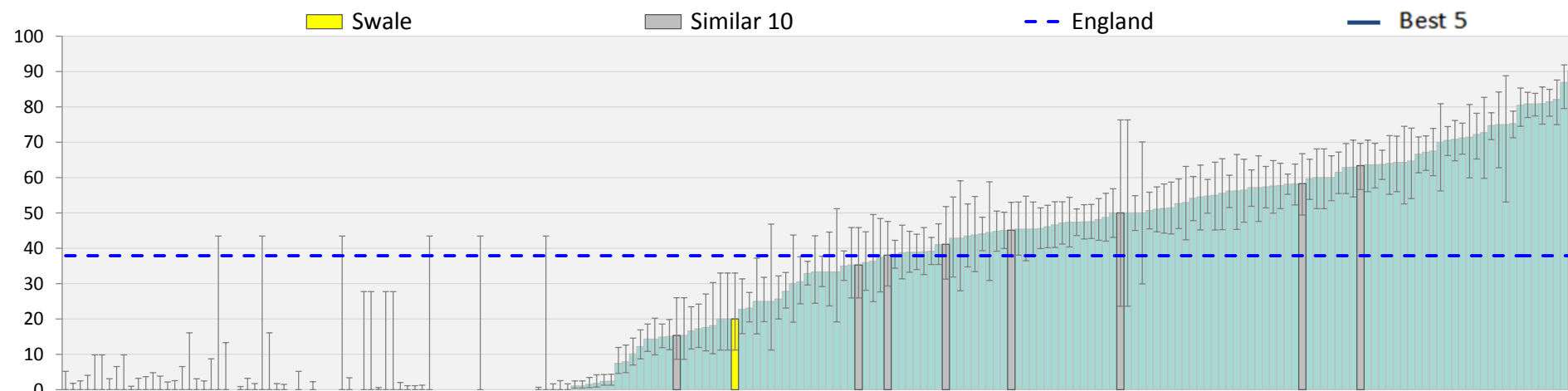


Definition: People subject to Mental Health Act: rate per 100,000 population (end of quarter snapshot)
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

HoNOS (Health of the Nation Outcomes) Scales change measured (%)

16 Pats

66



Definition: HoNOS (Health of the Nation Outcomes Scales) change measured: % of psychosis cluster episodes that ended in the reporting period with a HoNOS assessment at start and end

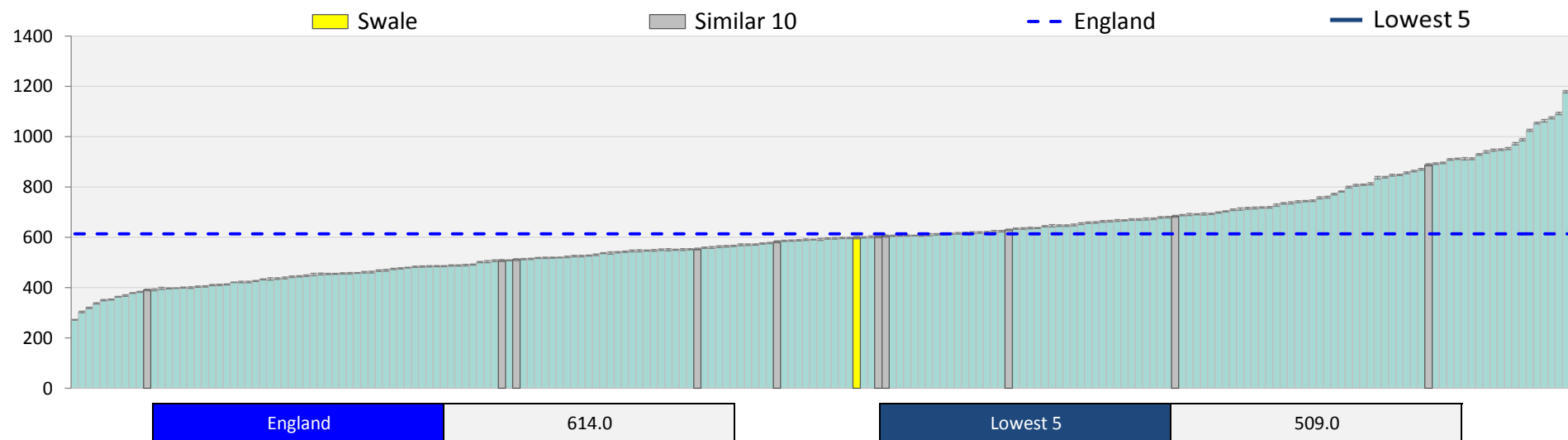
Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE

Year: 2014/15 Q1

GP prescribing for psychoses and related disorders cost (per 1,000 pop)

£390k

67



Definition: Cost of GP prescribing for psychoses and related disorders: Net Ingredient Cost (£) per 1,000 population (quarterly)

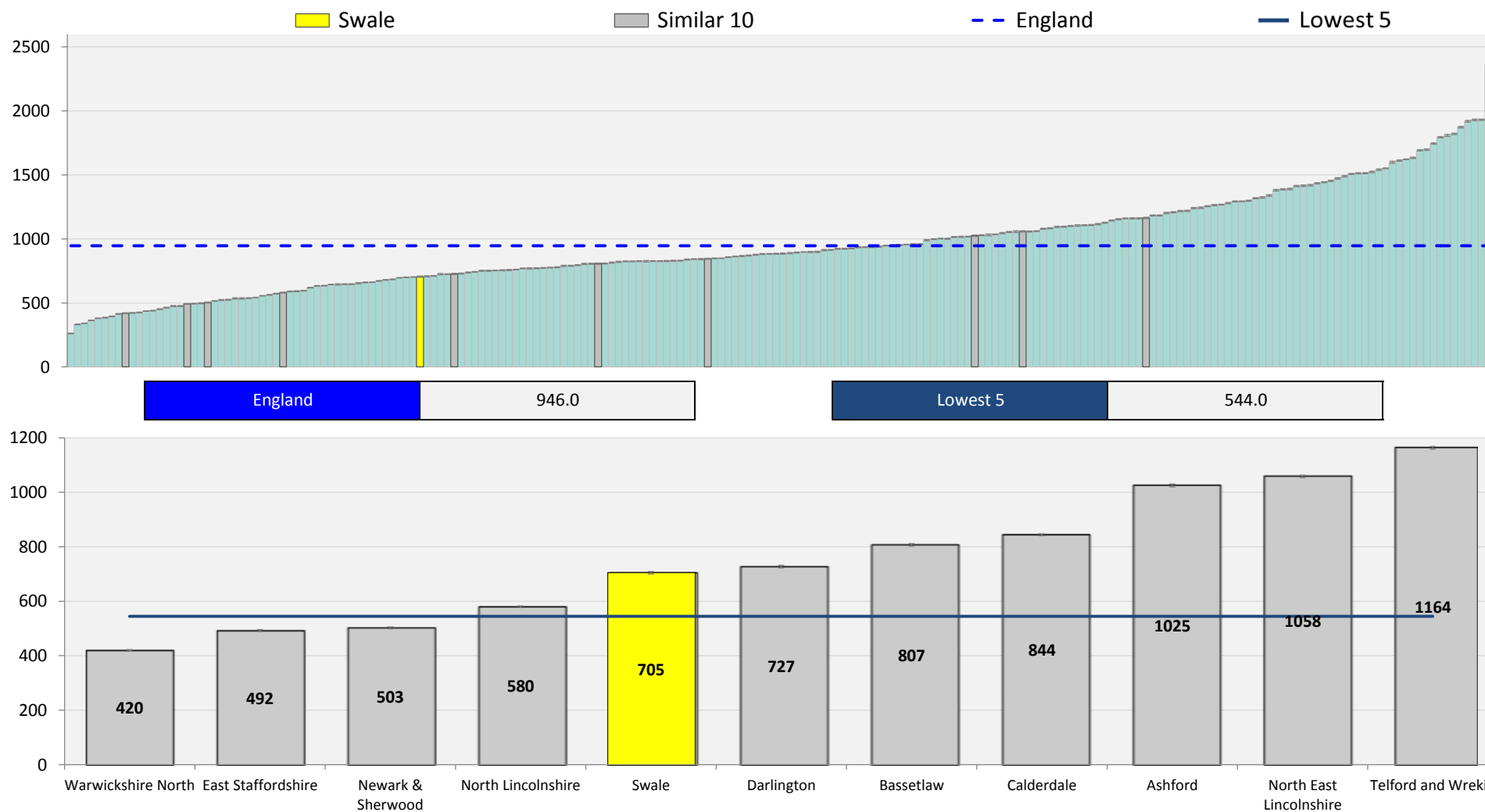
Source: CCG Prescribing data on HSCIC Iview, HSCIC. Fingertips, PHE

Year: 2015/16 Q2

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Aripiprazole

£18k

68

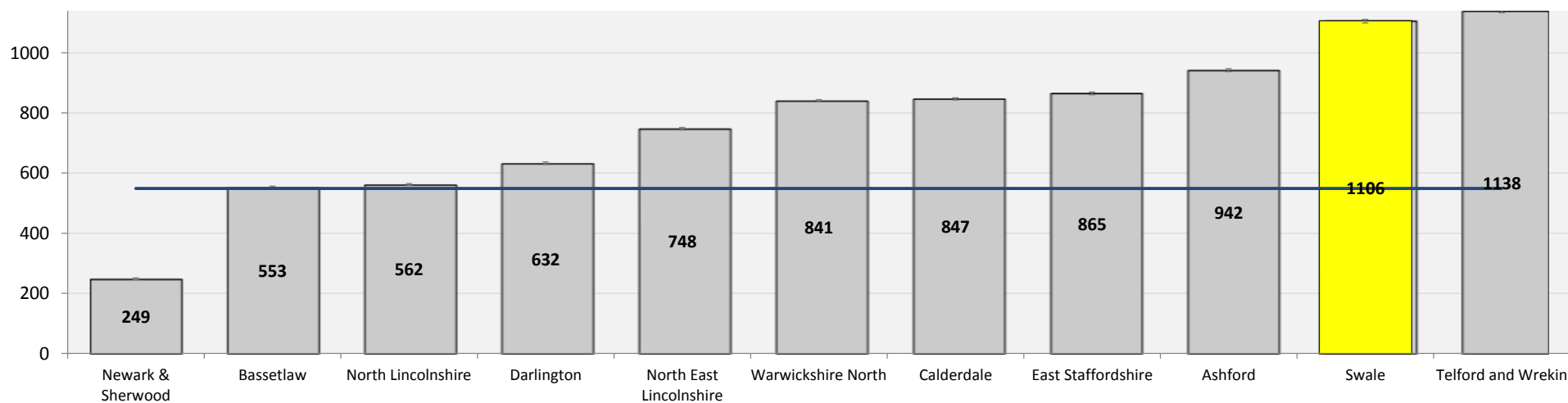
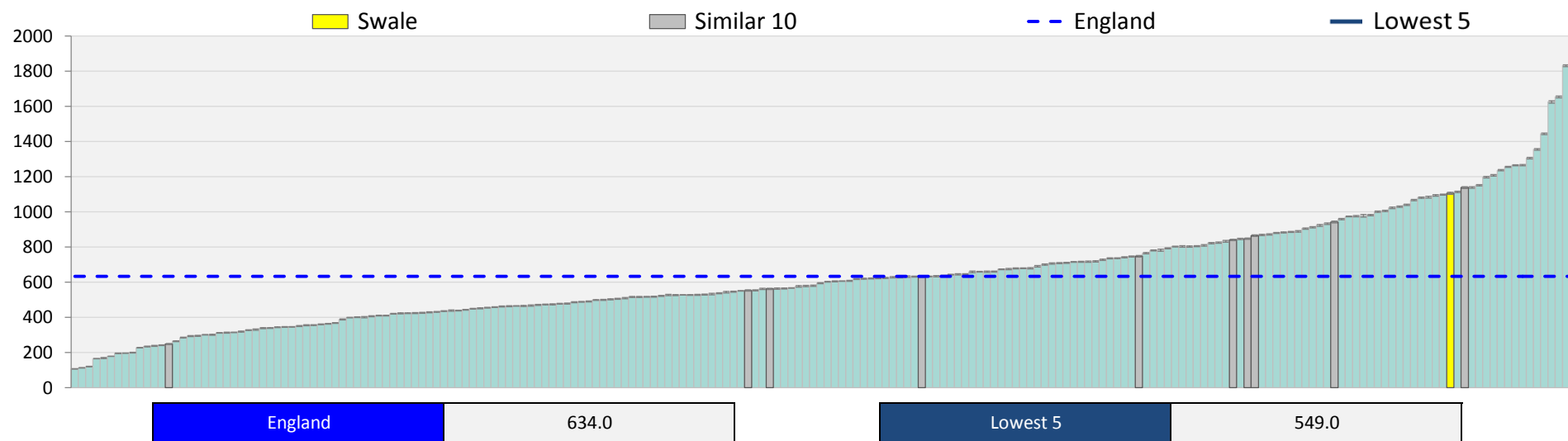


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Aripiprazole
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Quetiapine

£62k

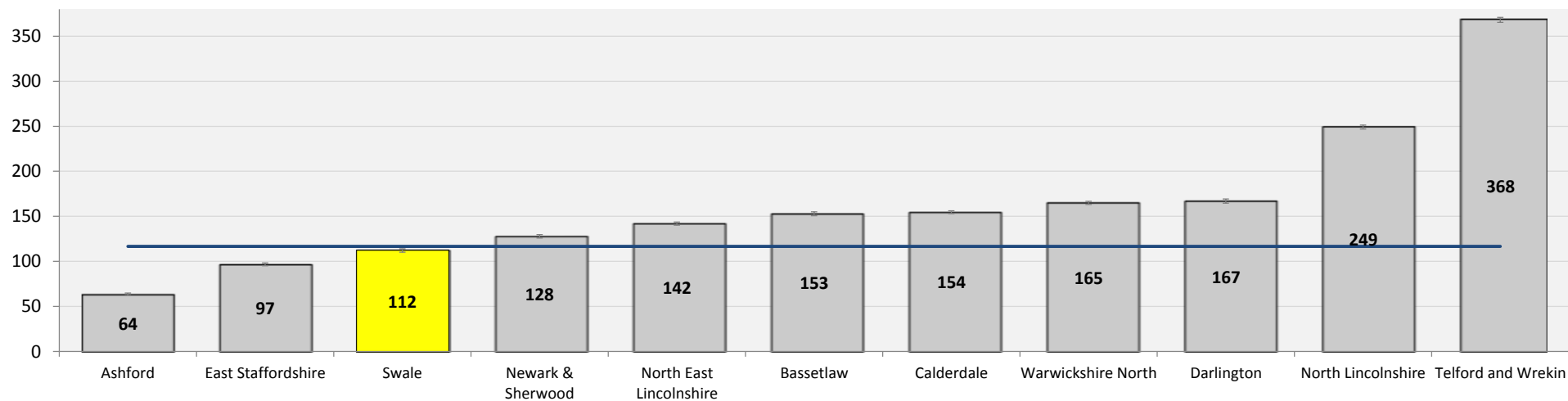
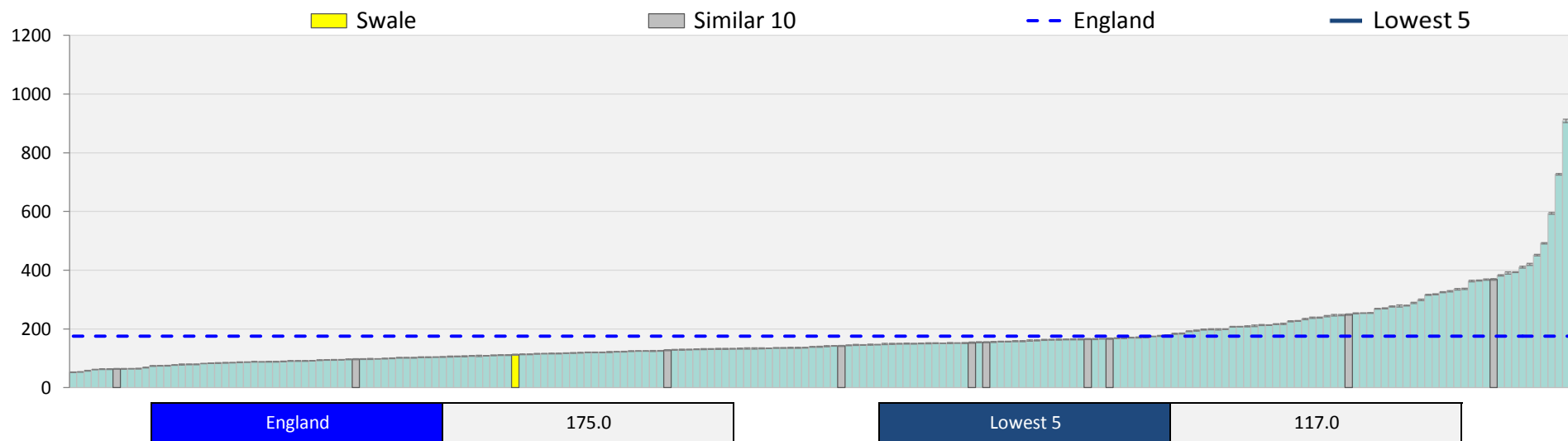
69



Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Quetiapine
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Risperidone

70

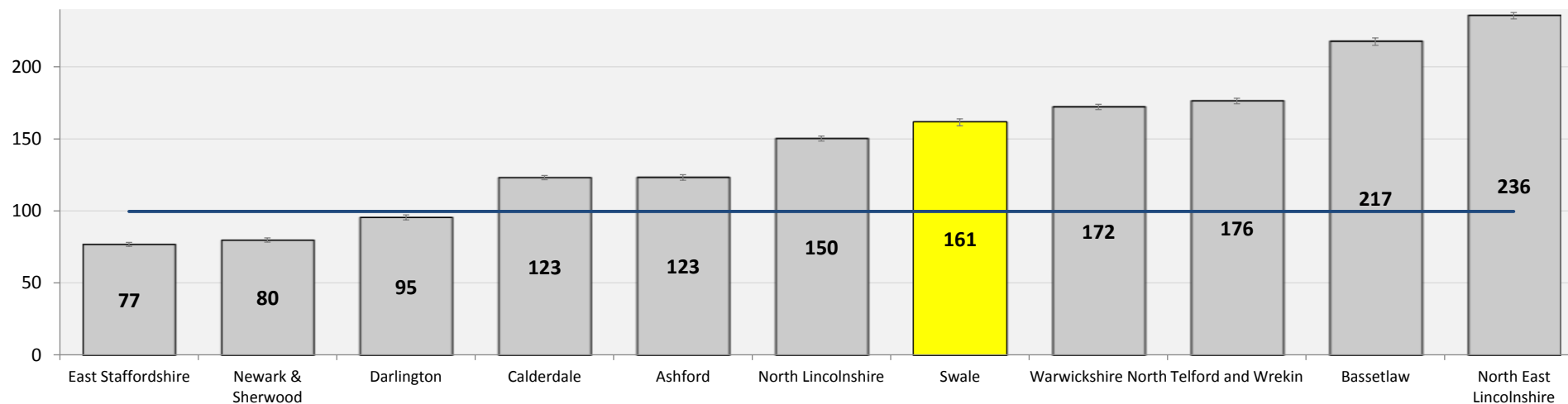
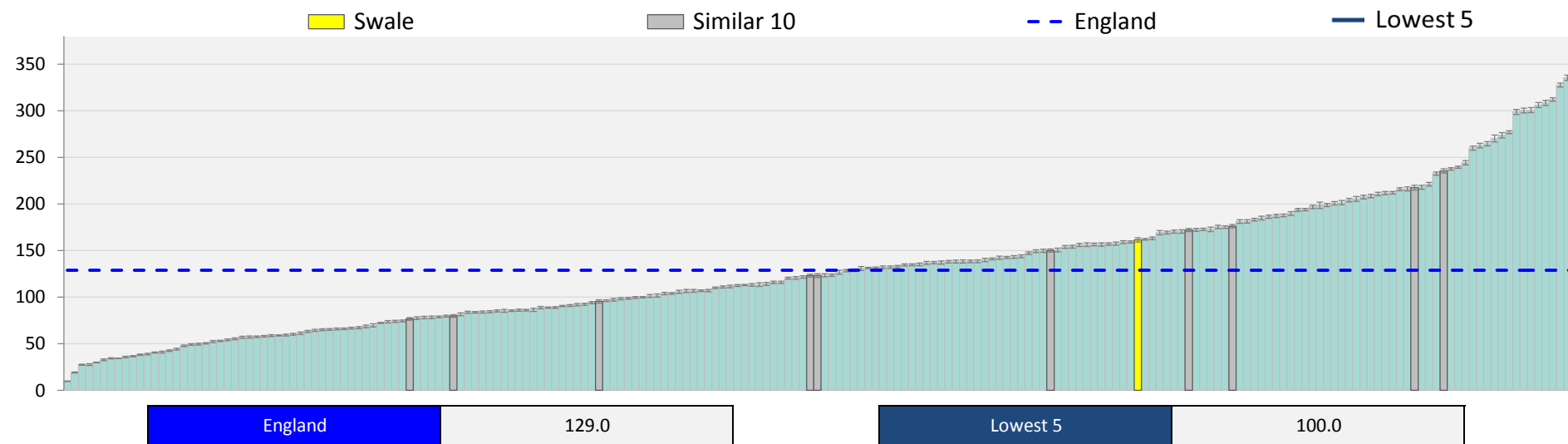


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Risperidone
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Valproic Acid

£7k

71

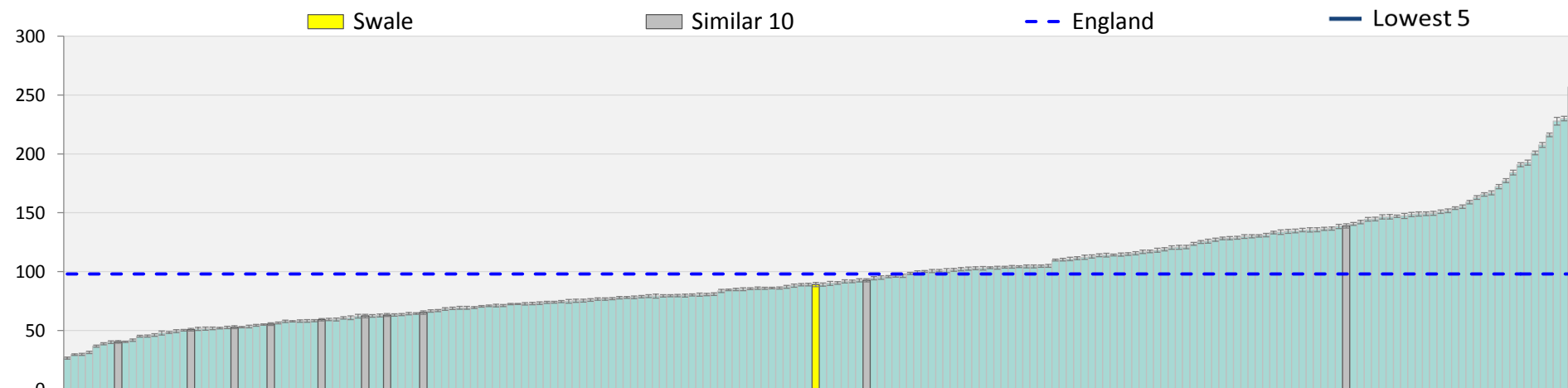


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Valproic Acid
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Olanzapine

£4k

72

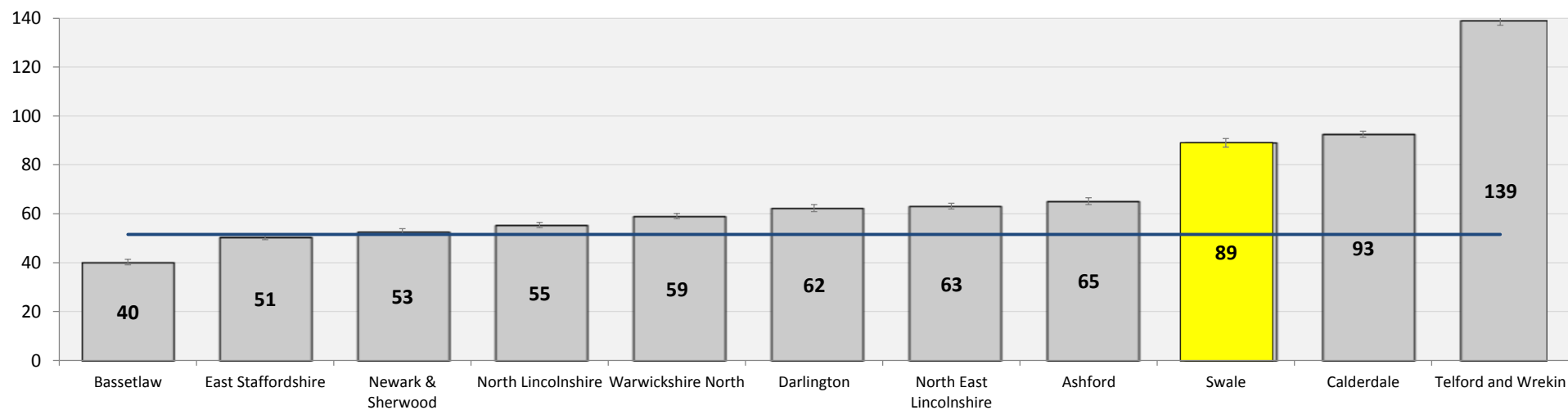


England

98.0

Lowest 5

52.0



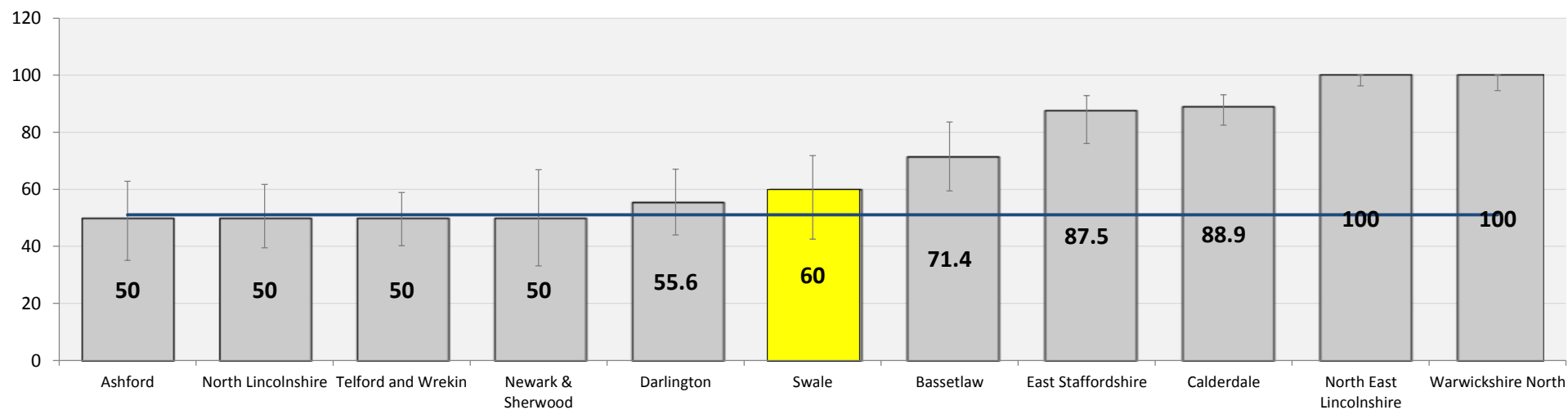
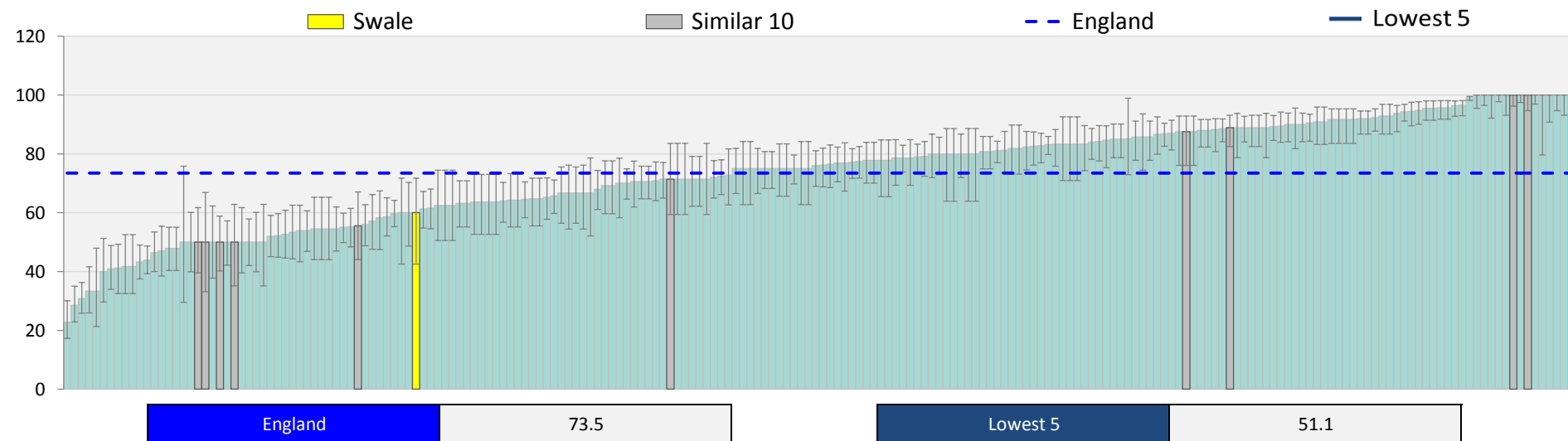
Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Olanzapine

Source: ePACT.net, provided by the NHS Business Services Authority

Year: Jan 2015 – Dec 2015

Mental health admissions which were emergency (%)

73

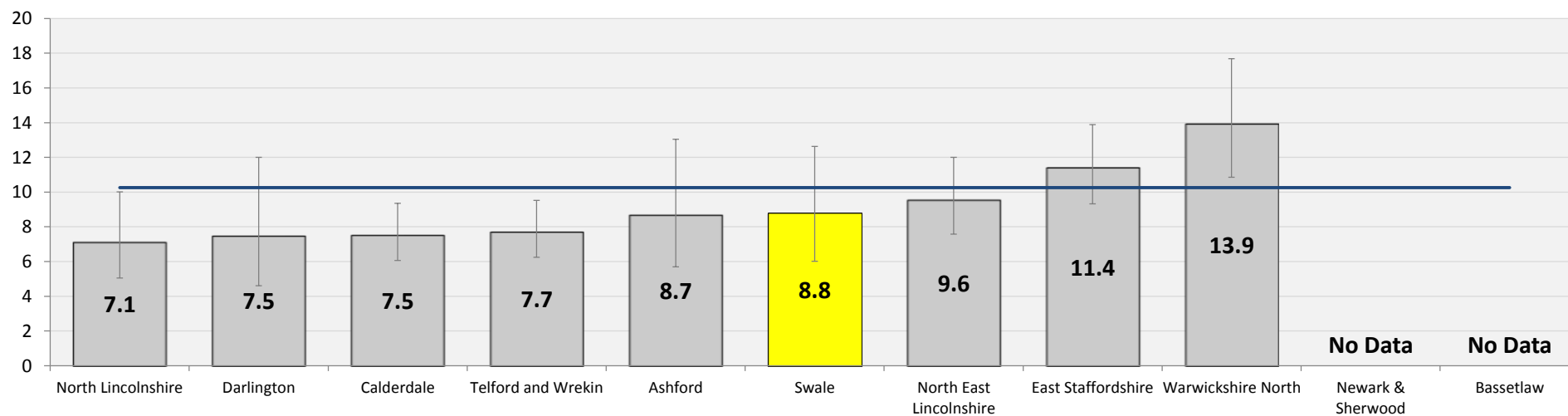
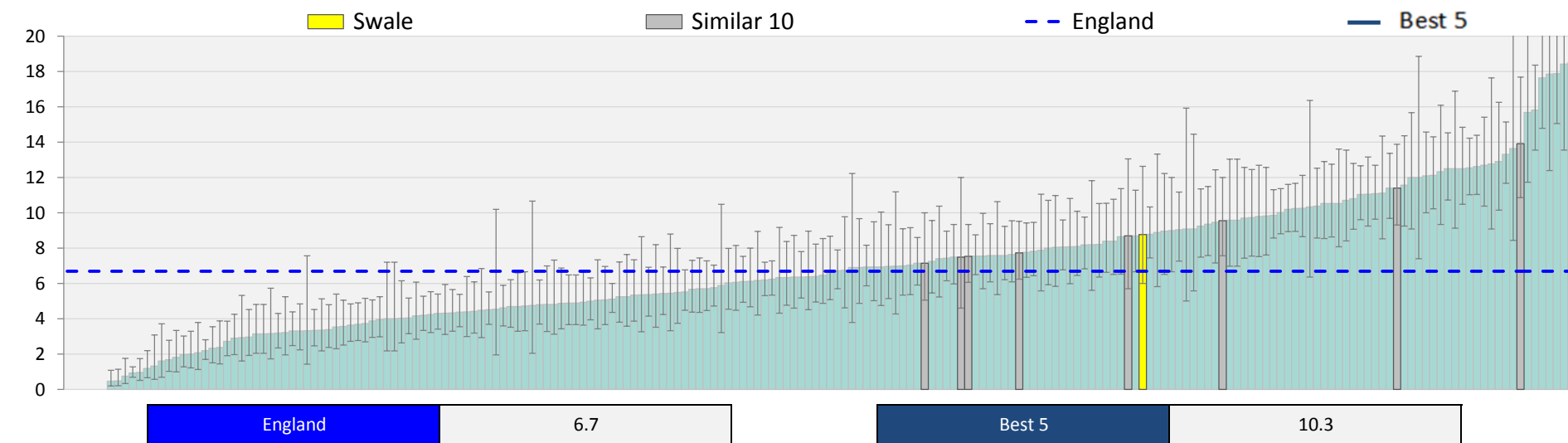


Definition: Emergency admissions: % of (quarterly) mental health admissions which were emergency
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

Adults on CPA in employment 18-69 (%)

4 Pats (NSS)

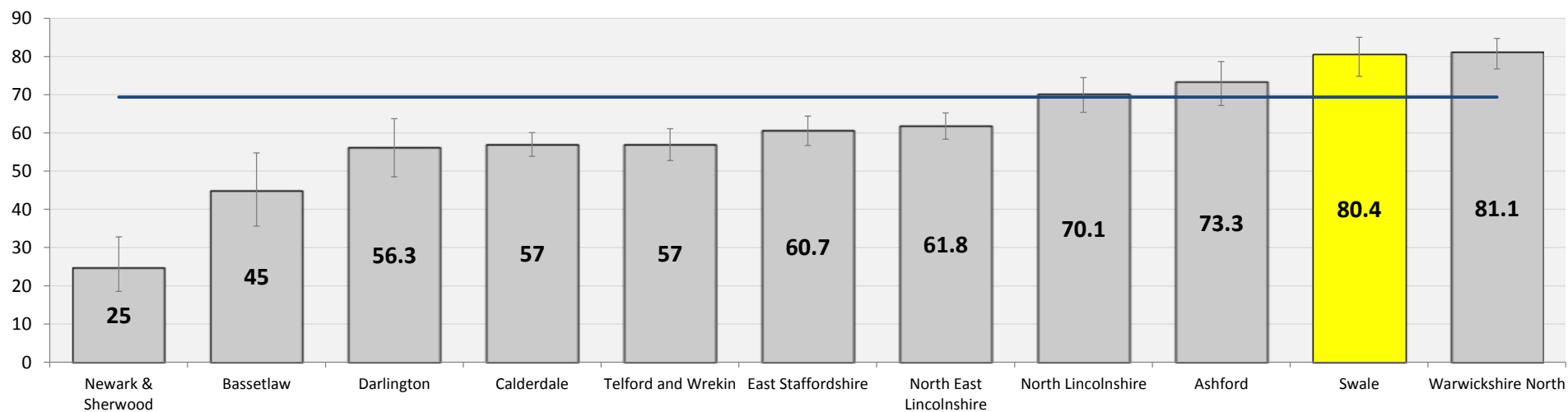
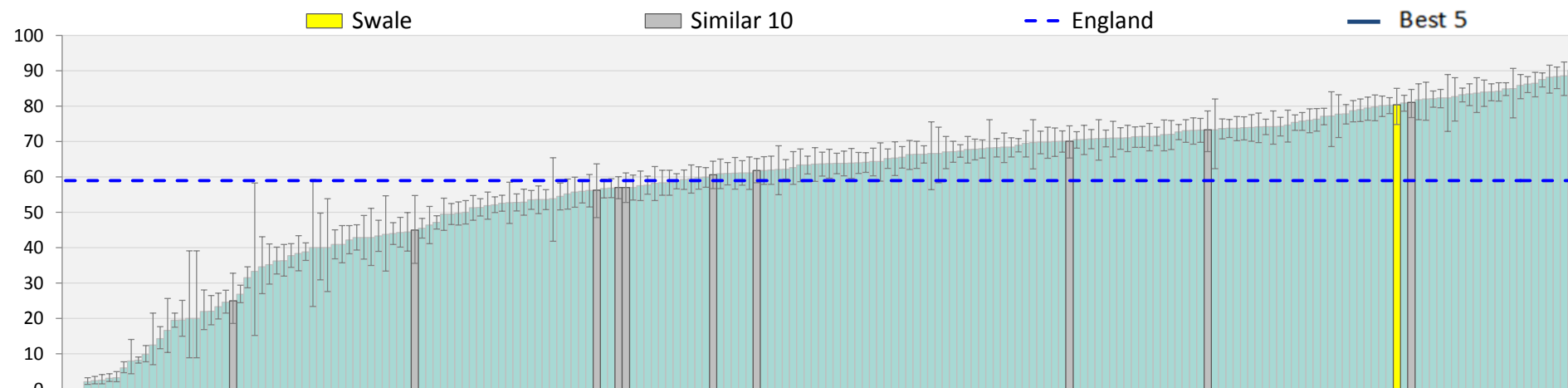
74



Definition: CPA adults in employment: % of people aged 18-69 on CPA in employment (end of quarter snapshot)
 Source: Mental Health Minimum Data Set (MHMDS) Reports, HSCIC. Fingertips, PHE
 Year: 2014/15 Q2

Adults on CPA in settled accommodation 18-69 (%)

75



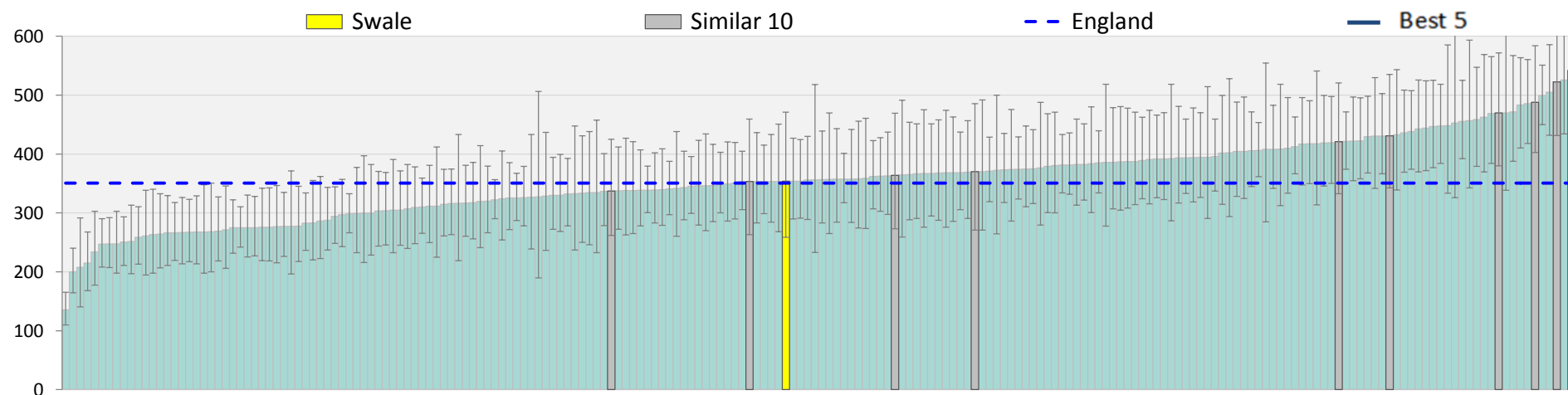
Definition: CPA adults in settled accommodation: % of people aged 18-69 on CPA in settled accommodation (end of quarter snapshot)

Source: Mental Health and Learning Disabilities Statistics (MHLDS), HSCIC. Fingertips, PHE

Year: 2015/16 Q2

Excess under 75 mortality in adults with serious mental illness (%)

76

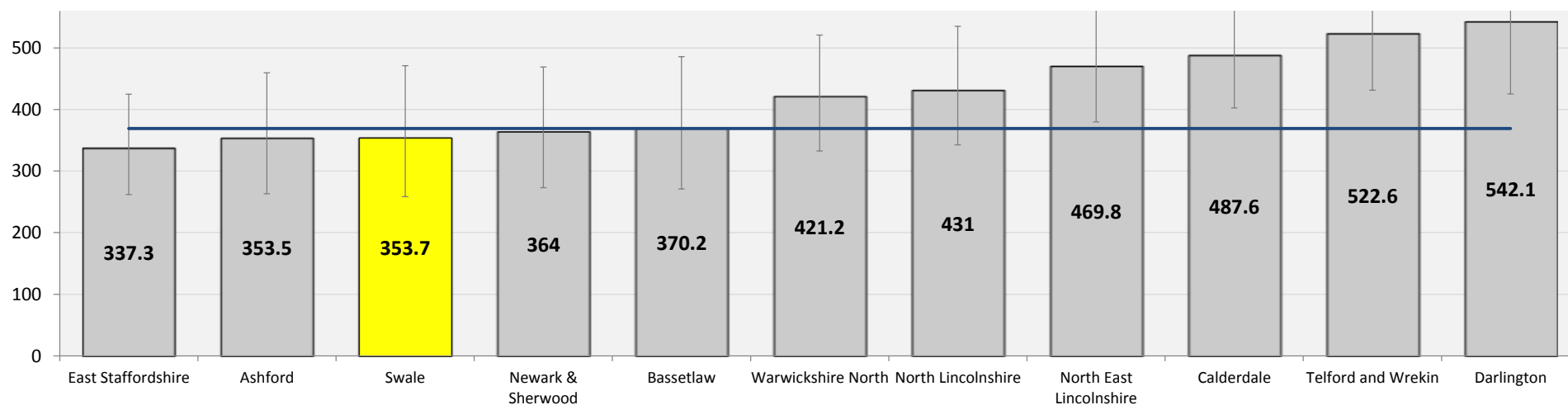


England

350.7

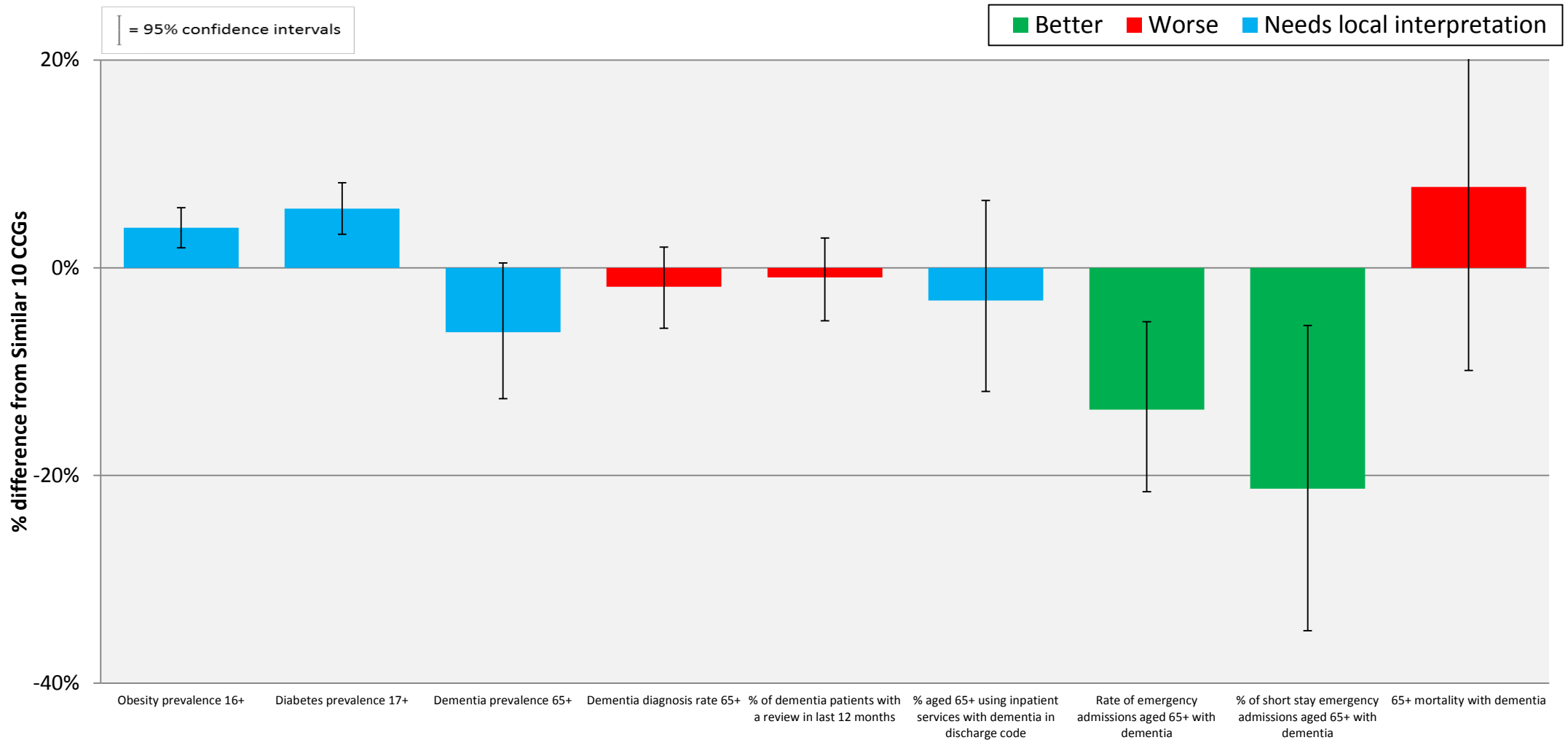
Best 5

369.2



Definition: Excess under 75 mortality in adults with serious mental illness: standardised mortality ratio
 Source: NCHOD, HSCIC. Fingertips, PHE
 Year: 2013/14

Part 3: Dementia



NICE Guidance:

<http://pathways.nice.org.uk/pathways/dementia>

<http://pathways.nice.org.uk/> Click on: 'Topics', 'Population Groups', 'Older People'

Dementia Primary Care Prescribing

79



Medicines Optimisation Dashboard: <https://www.england.nhs.uk/ourwork/pe/mo-dash/>

Innovation Scorecard: <https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/>

95% confidence intervals

NSS Not statistically significant*

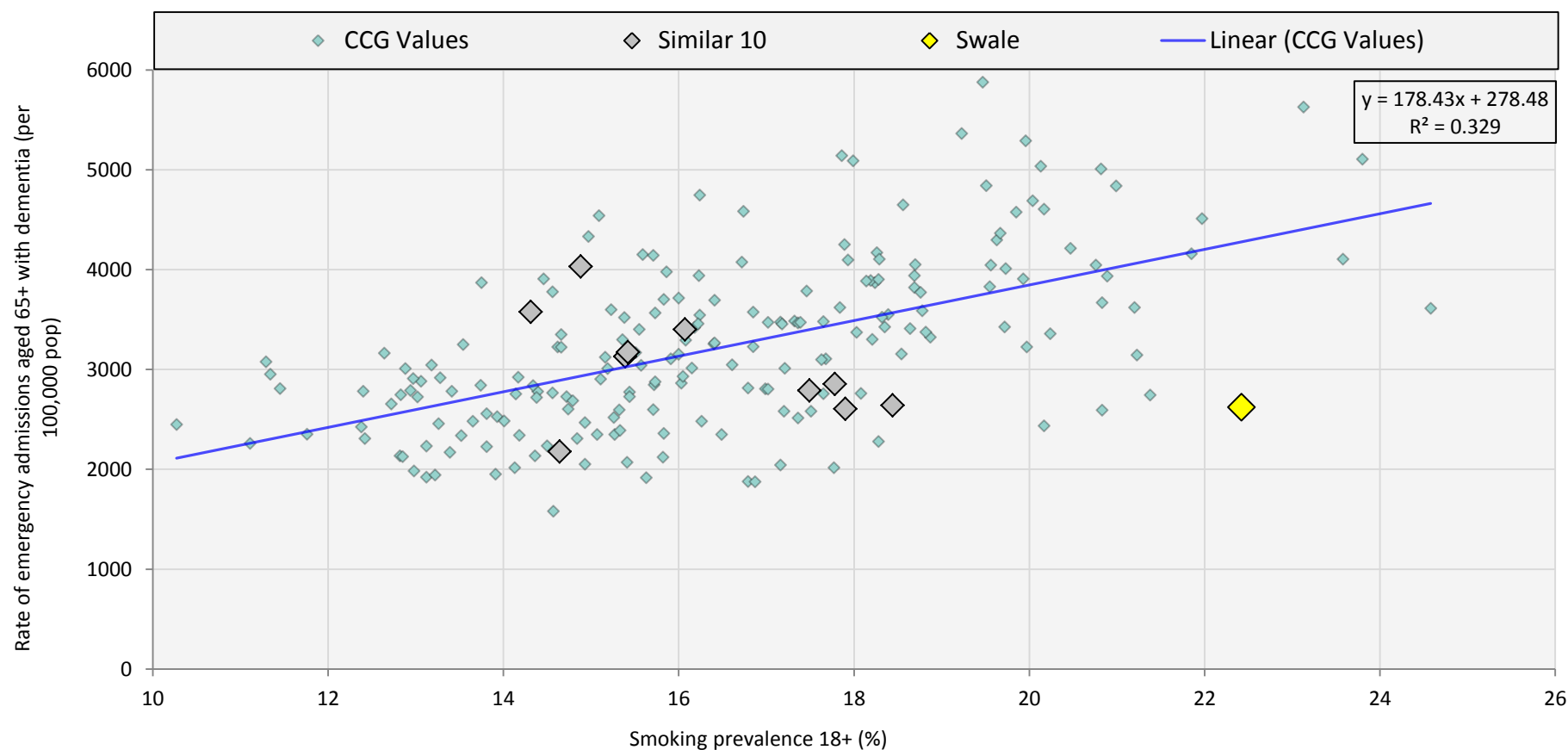
*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

Scatter Plot Analysis

80

The Commissioning for Value Explorer Tool allows the comparison of two indicators, the diagram below is an example. This is an invaluable tool to enable users to assess how one indicator relates to another. The similar 10 can be highlighted too. It is important to remember that correlations do not imply causation but the relationships can help target where to look. The explorer tool is available here:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>



* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator

Smoking prevalence 18+ (%)

Physically inactive 16+ (%)

Obesity prevalence 16+ (%)

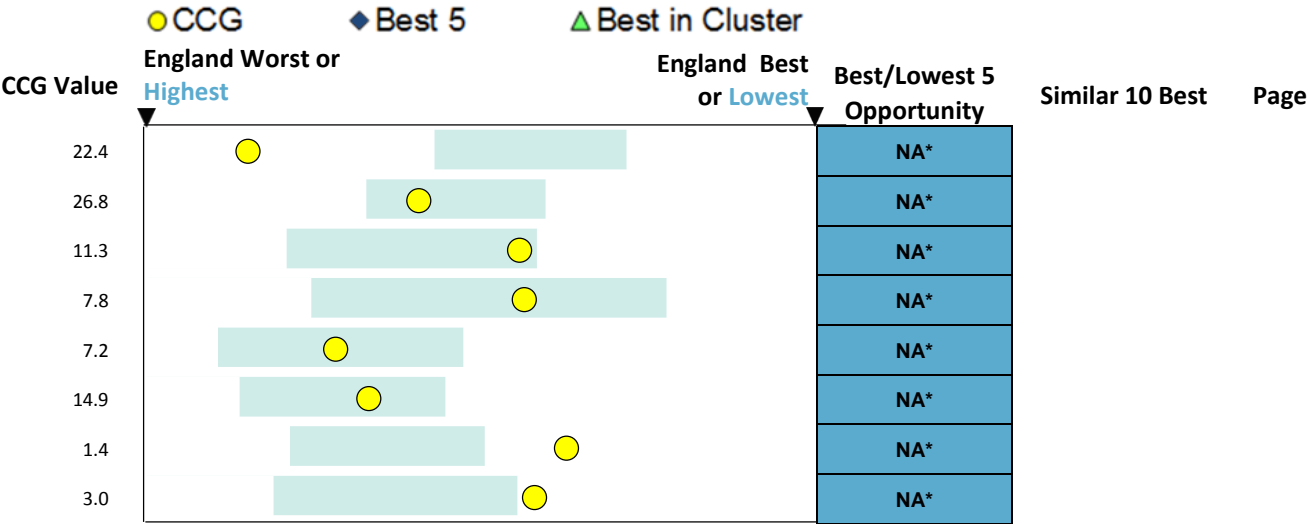
Depression prevalence 18+ (%)

Diabetes prevalence 17+ (%)

Hypertension prevalence (%)

Stroke prevalence (%)

CHD prevalence (%)



All opportunities within this pack are presented as annual opportunities

Please note: For smoking, physical inactivity and obesity opportunities are not presented due to difficulties calculating these, rather than because they need local interpretation.

* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator	CCG Value	England Worst or Highest	CCG	Best 5	England Best or Lowest	Best in Cluster	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Dementia prevalence (%)	0.7						NA*		
Dementia prevalence 65+ (%)	4.0						NA*		
Dementia diagnosis rate 65+ (%)	67.4						77 Pats	Darlington	p.86
Dementia: ratio of inpatient service use to recorded diagnoses	68.5						NA*		

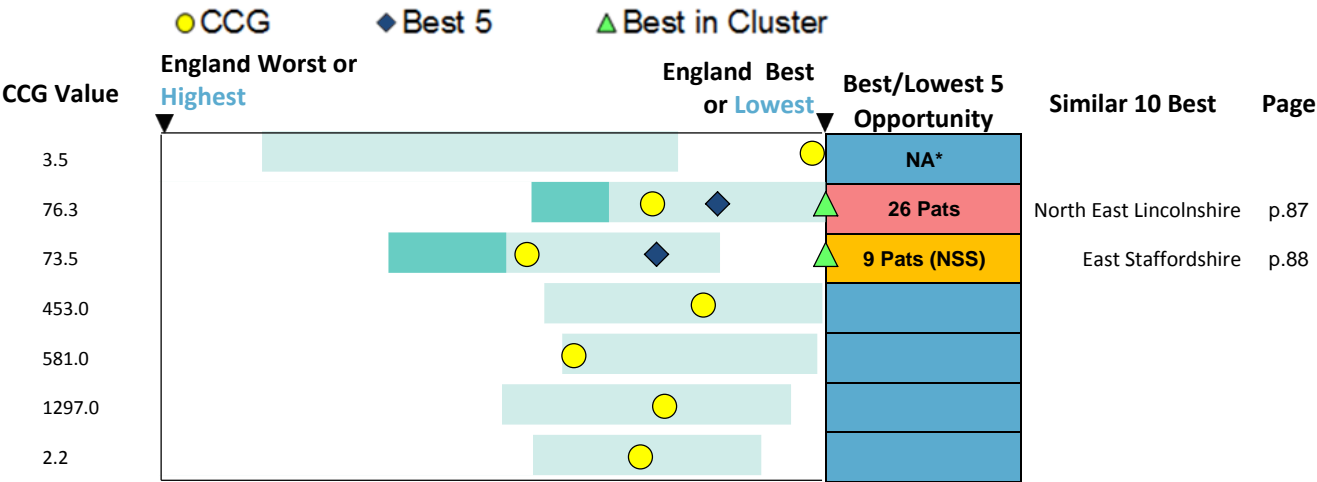
* No opportunity is calculated for risk and reported prevalence indicators

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator

Dementia - Exceptions (%)
Dementia patients with a review in last 12 months (%)
Blood tests recorded (%)
Alzheimer's disease inpatient admissions 65+ (**)
Vascular dementia inpatient admissions 65+ (**)
Unspecified dementia inpatient admissions 65+ (**)
65+ using inpatient services with dementia in discharge code (%)



* No opportunity is calculated for exception rates

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

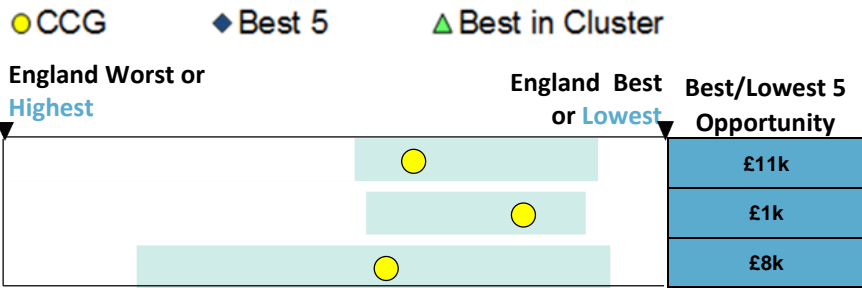
* per 100,000 population
** per 100,000 age weighted population
*** per 1,000 ASTRO-PU weighted population

Indicator

Rivastigmine prescribing (***)
Galantamine prescribing (***)
Memantine Hydrochloride prescribing (***)

CCG Value

191
160
112



Similar 10 Best

Page

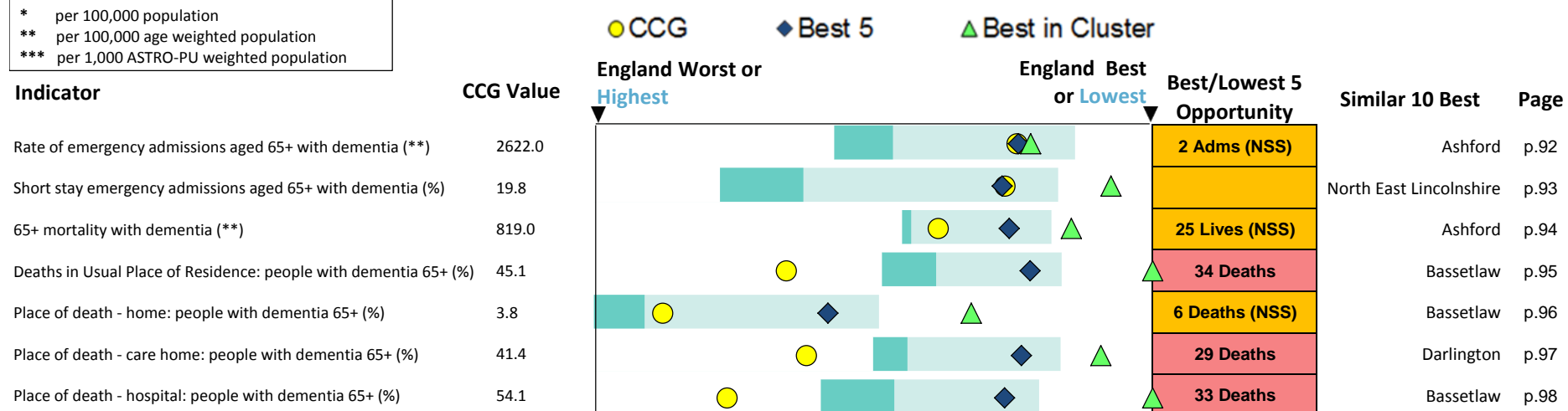
p.89
p.90
p.91

Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Dementia - Opportunity table - Outcomes

NHS Swale CCG 85

* per 100,000 population
 ** per 100,000 age weighted population
 *** per 1,000 ASTRO-PU weighted population

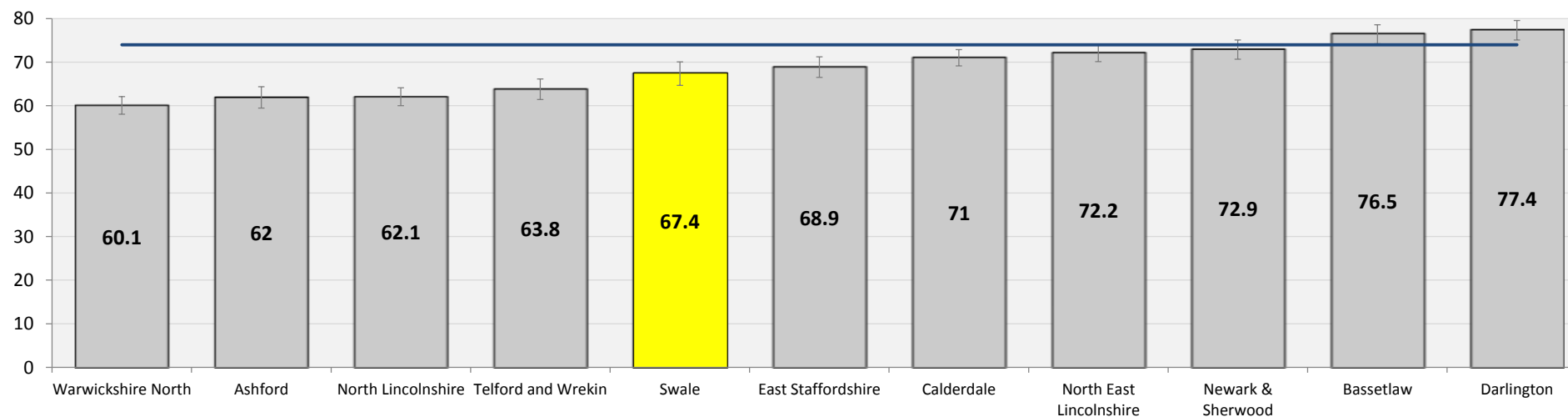
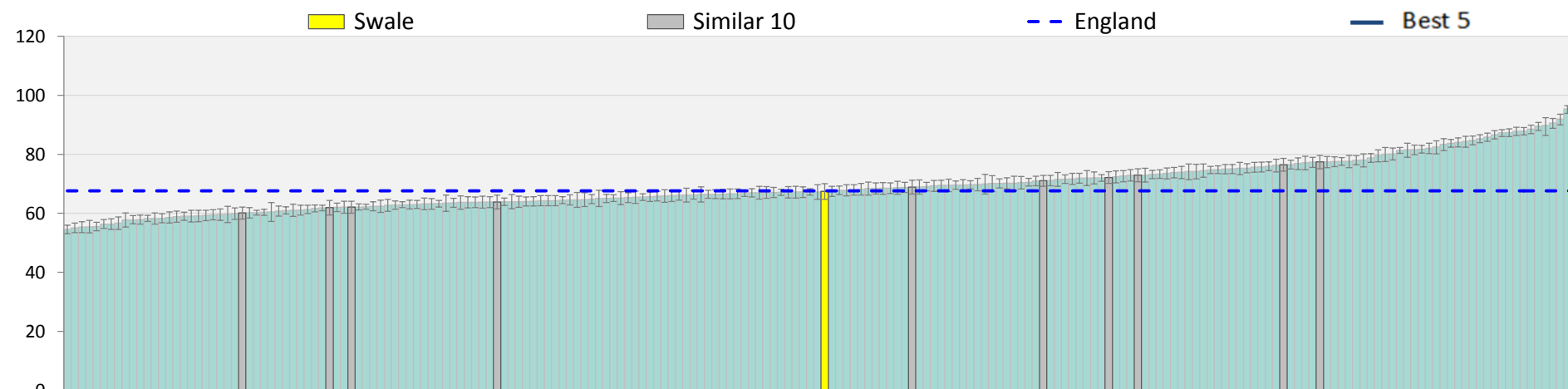


Please refer to slide 17 for full guidance on interpretation of this table of opportunities

Dementia diagnosis rate 65+ (%)

77 Pats

86



Definition: Dementia diagnosis rate (reported to estimated prevalence of dementia)

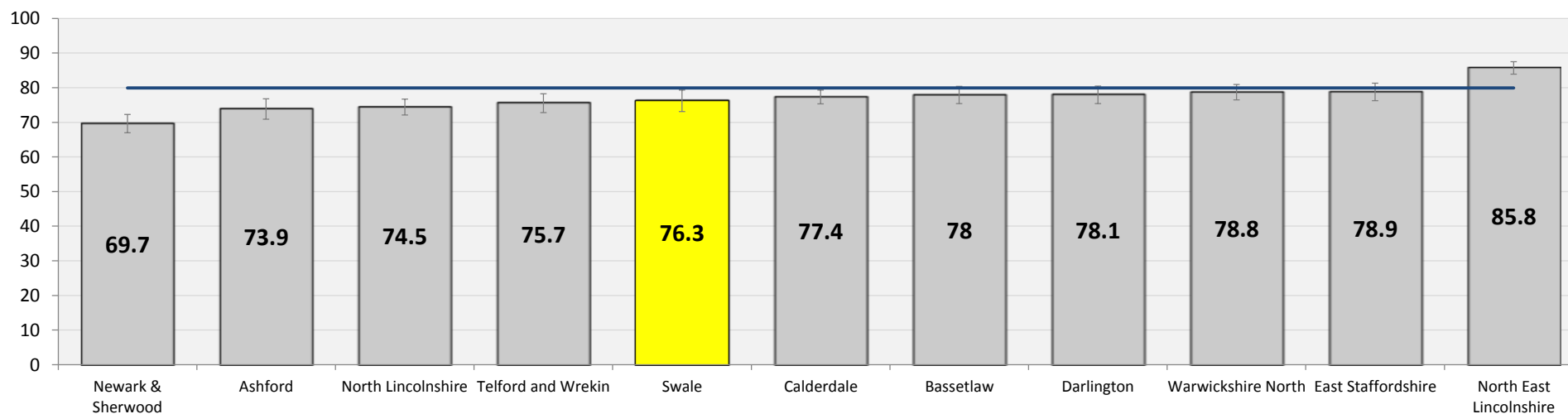
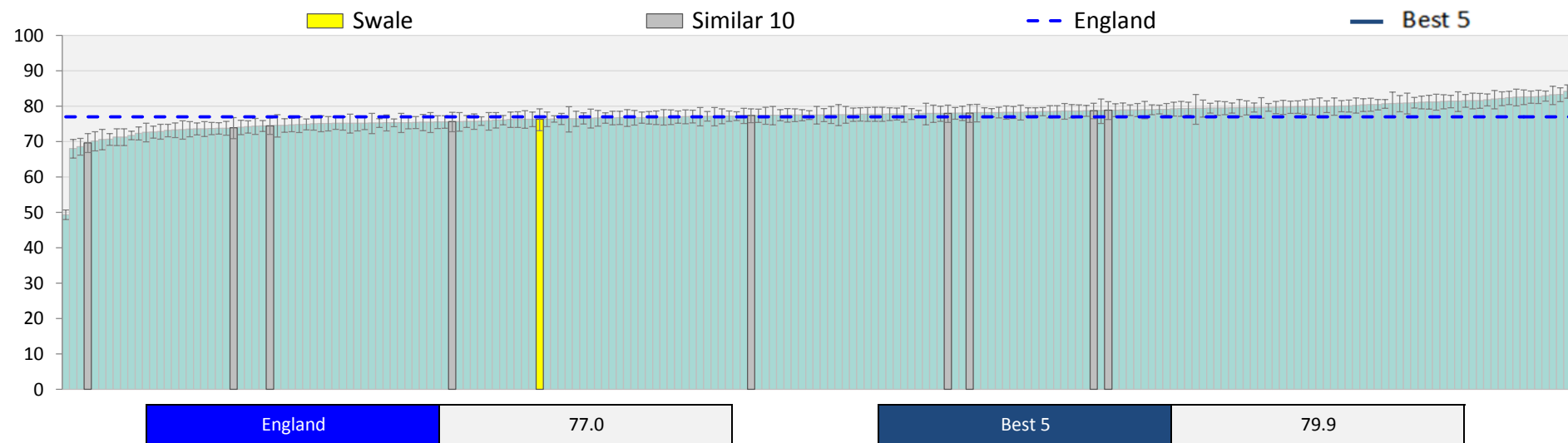
Source: HSCIC, Dementia diagnosis monthly workbook

Year: Mar 2016

Dementia patients with a review in last 12 months (%)

26 Pats

87



Definition: DEM002: dementia care has been reviewed last 12 months (den.incl.exc.)

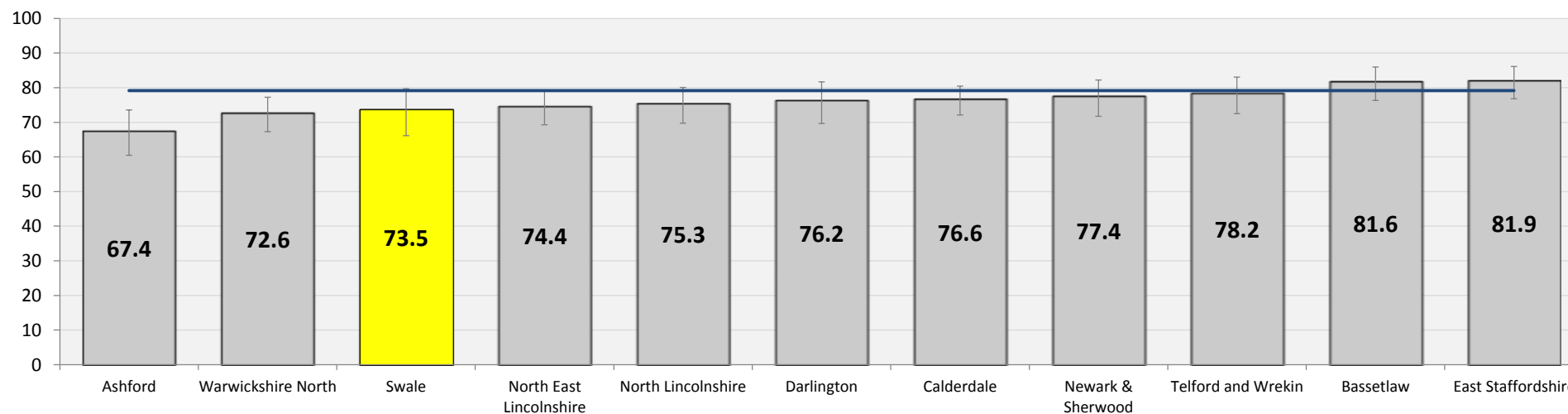
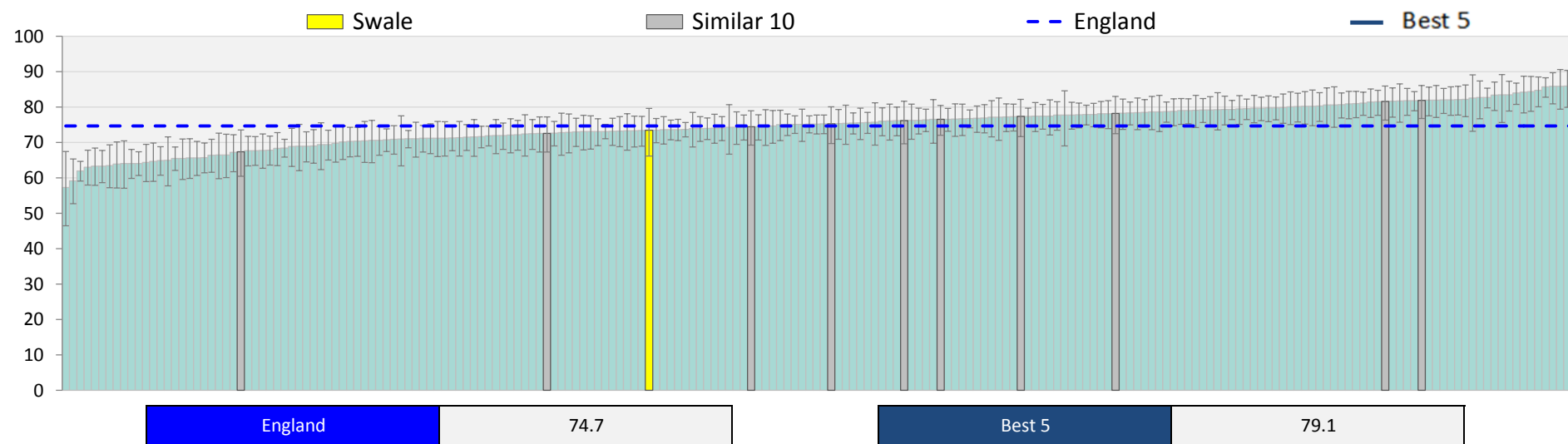
Source: QOF, HSCIC. Fingertips, PHE

Year: 2014/15

Blood tests recorded (%)

9 Pats (NSS)

88



Definition: DEM003: blood tests recorded (den.incl.exc.)

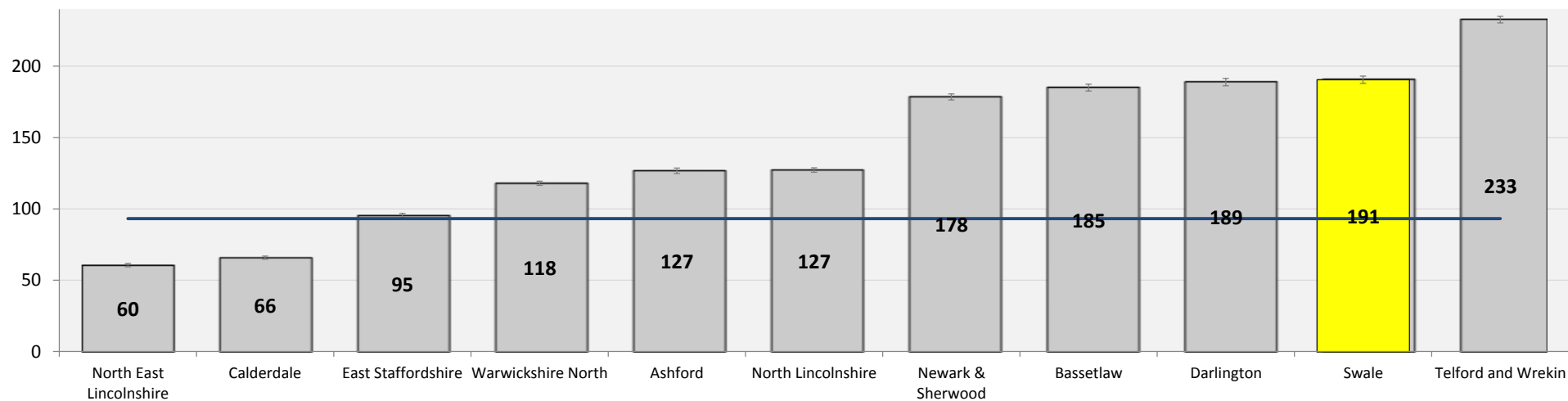
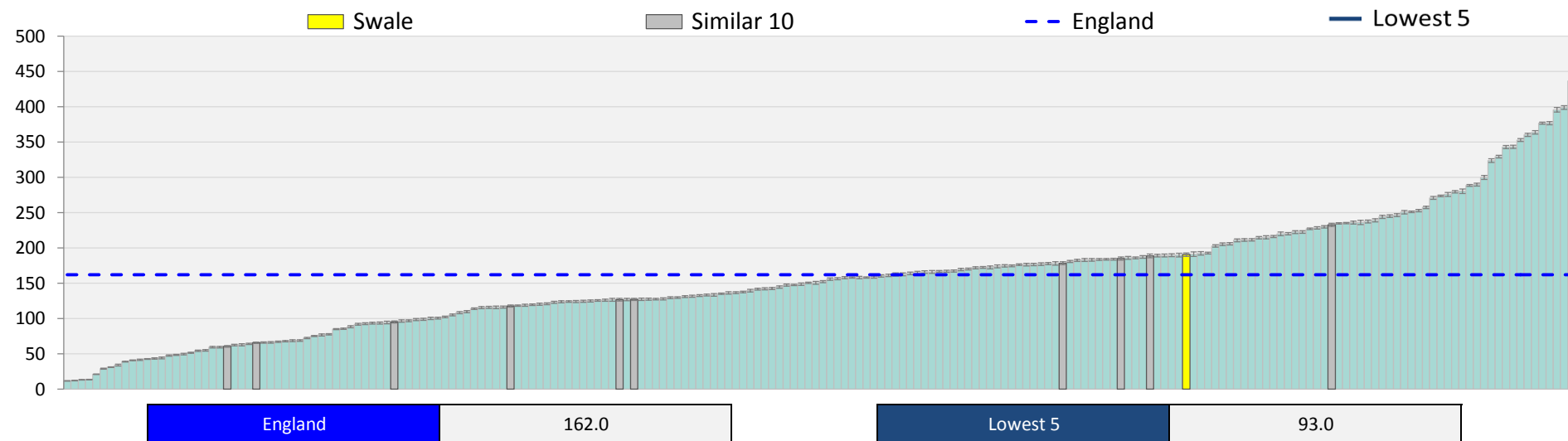
Source: QOF, HSCIC. Fingertips, PHE

Year: 2014/15

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Rivastigmine

£11k

89

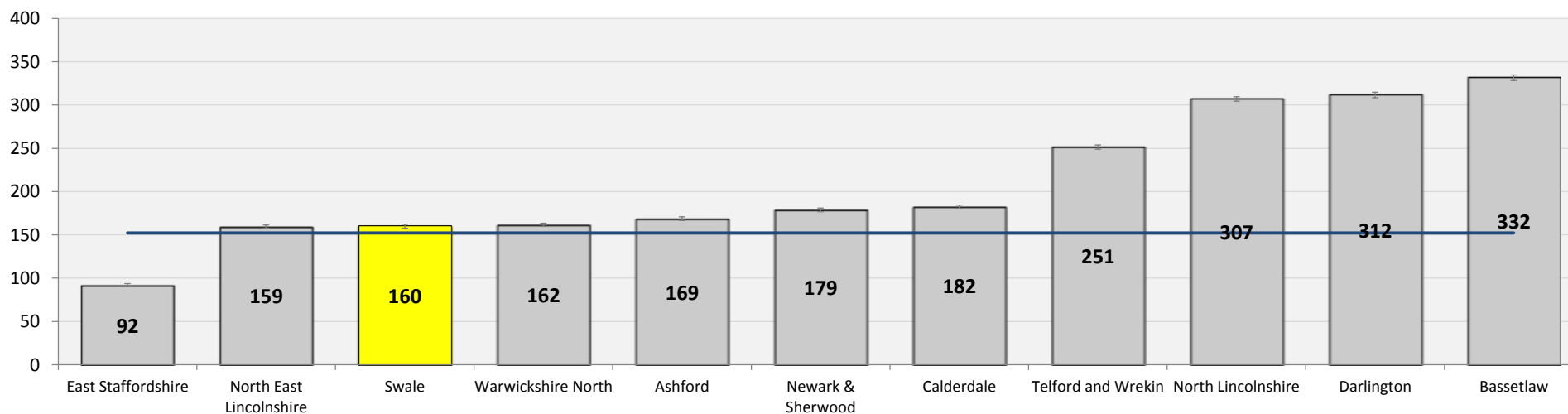
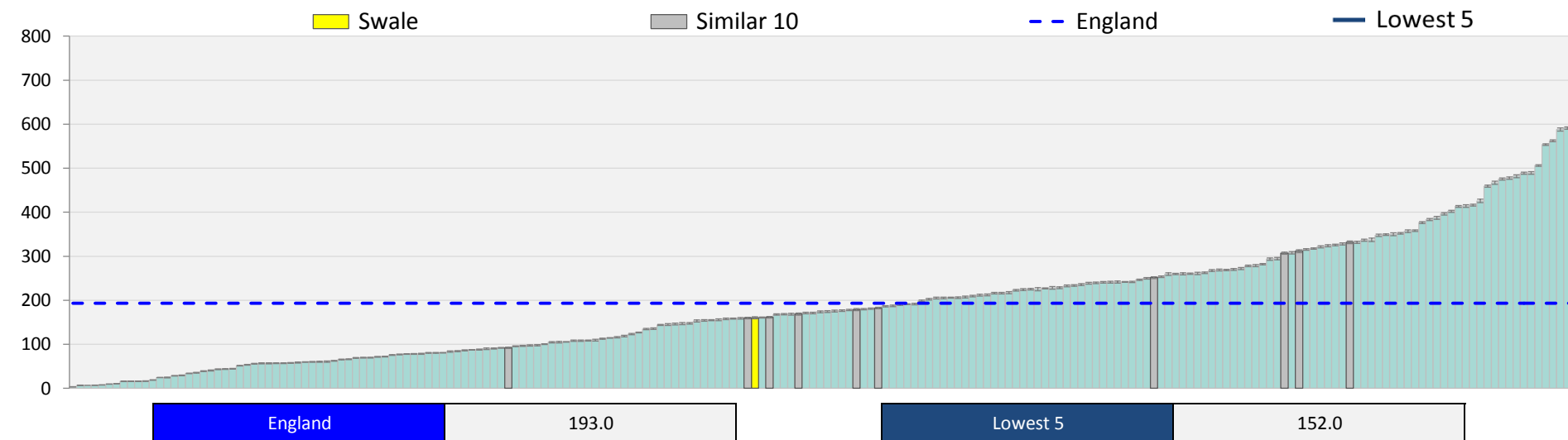


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Rivastigmine
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Galantamine

£1k

90

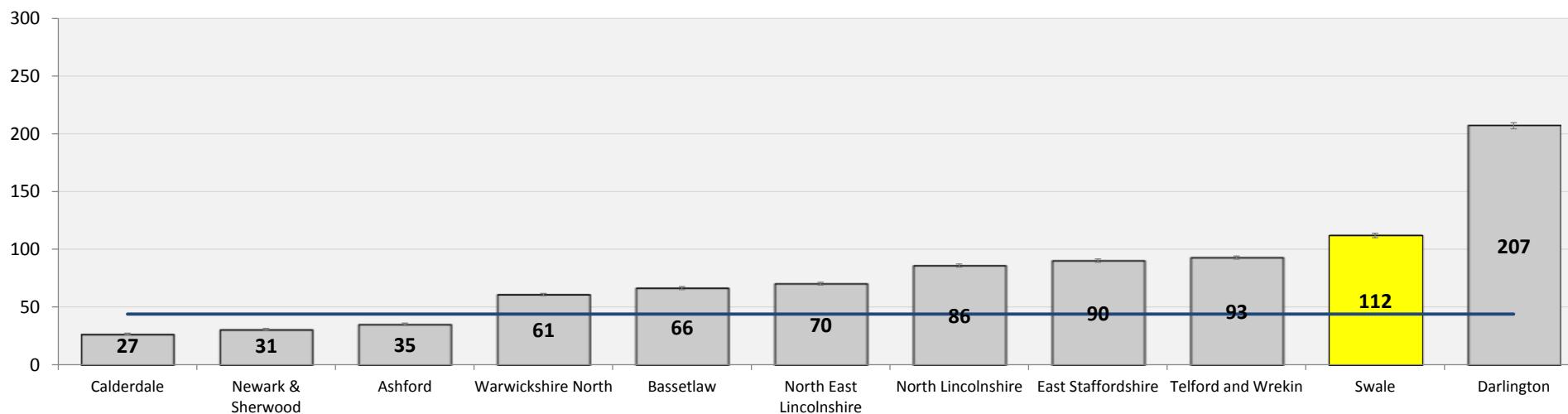
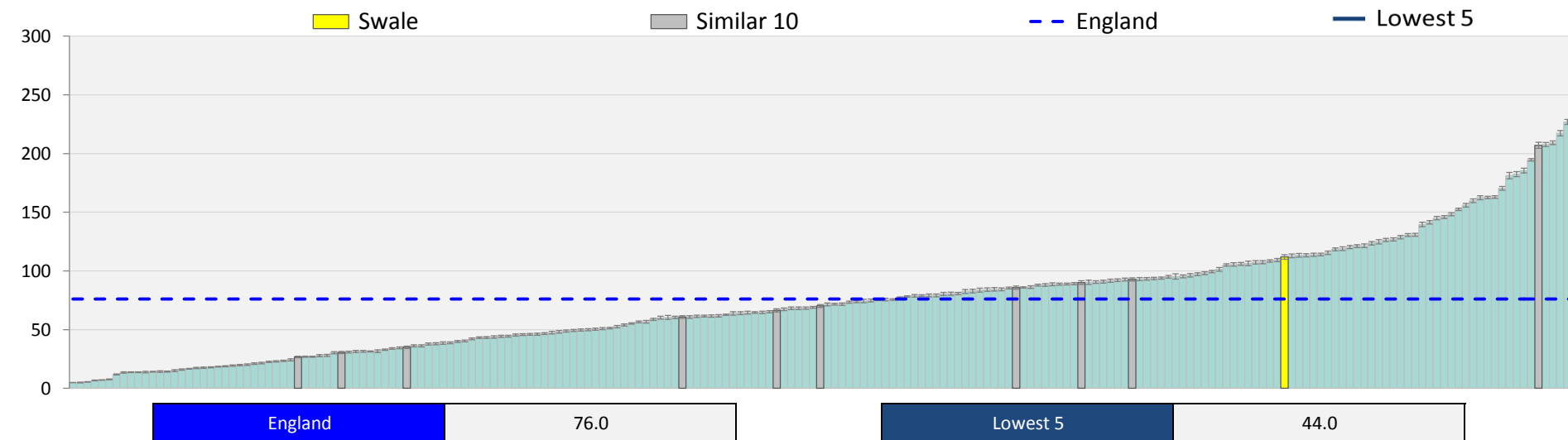


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Galantamine
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Memantine Hydrochloride

£8k

91

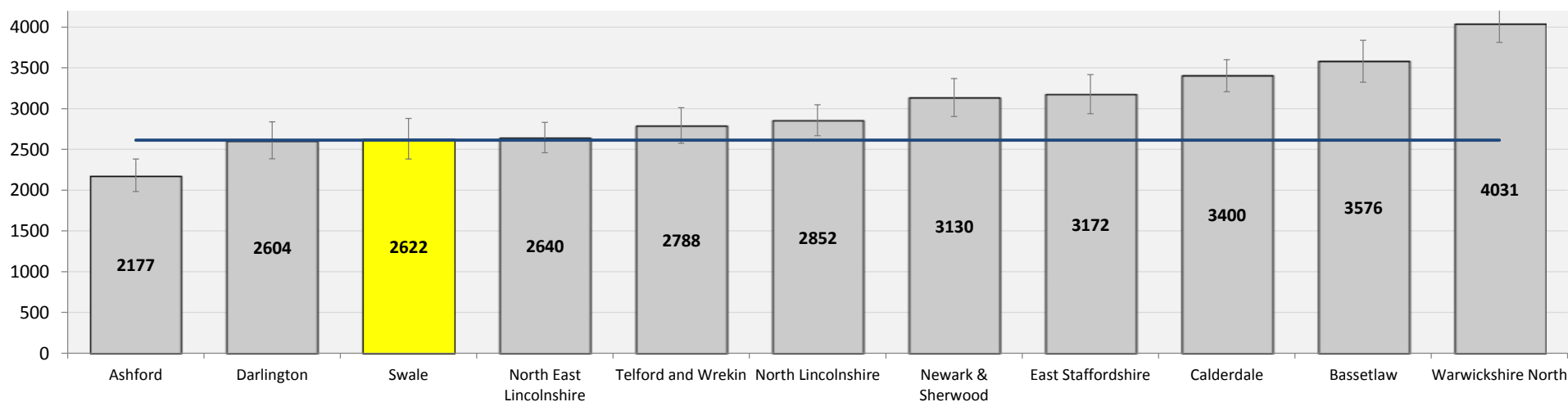
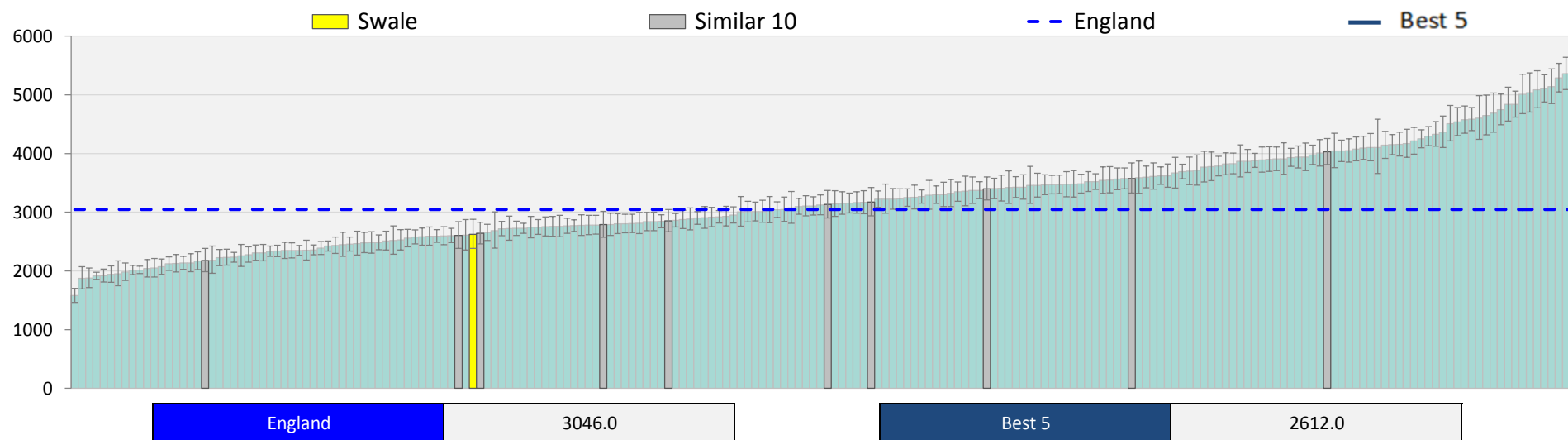


Definition: Primary care prescribing spend per 1,000 ASTRO-PU weighted population - Memantine Hydrochloride
 Source: ePACT.net, provided by the NHS Business Services Authority
 Year: Jan 2015 – Dec 2015

Rate of emergency admissions aged 65+ with dementia (per 100,000 pop)

2 Adms (NSS)

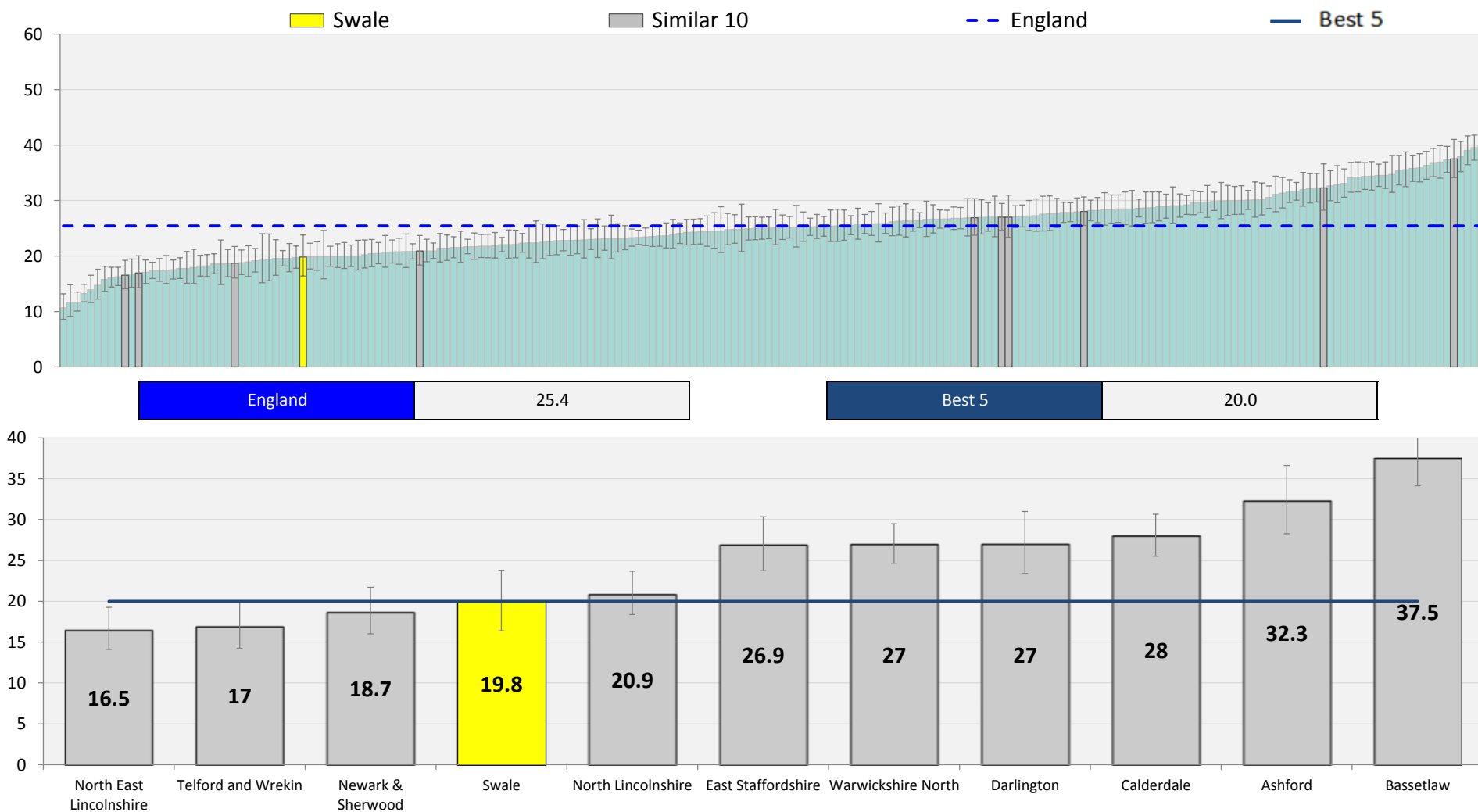
92



Definition: Dementia: DSR of emergency admissions (aged 65+)
 Source: HES, HSCIC, Fingertips, PHE
 Year: 2013/14

Short stay emergency admissions aged 65+ with dementia (%)

93



Definition: Dementia: short stay emergency admissions (aged 65+)

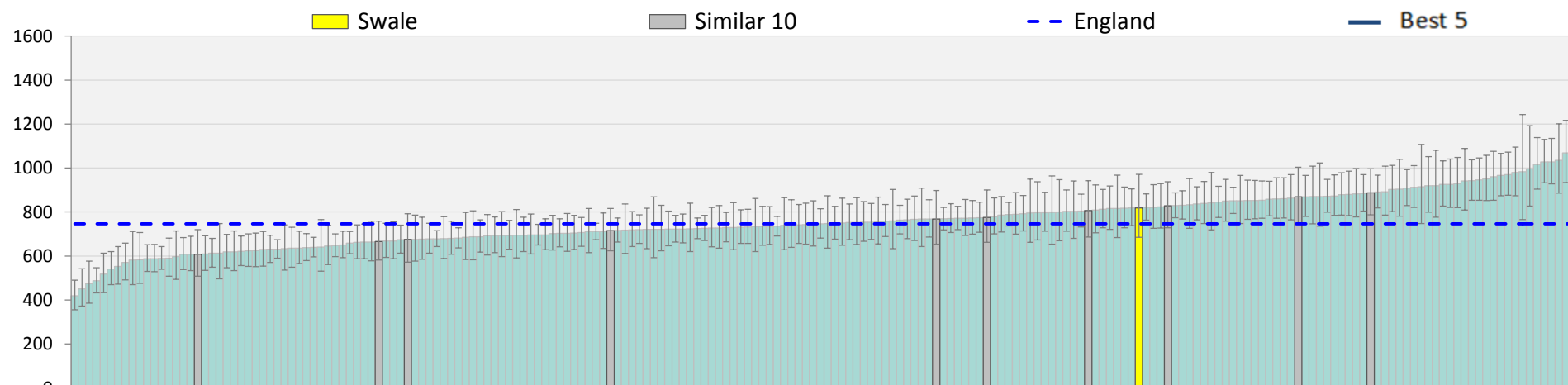
Source: HES, HSCIC, Fingertips, PHE

Year: 2013/14

65+ mortality with dementia (per 100,000 pop)

25 Lives (NSS)

94

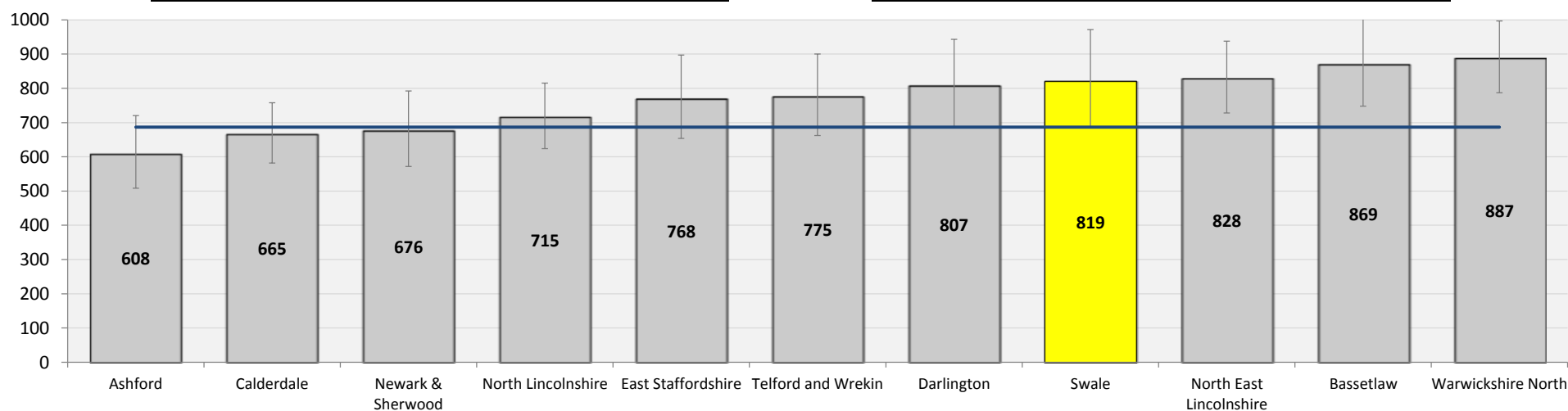


England

746.0

Best 5

686.0



Definition: Directly Age Standardised Rate of Mortality: People with dementia aged 65+

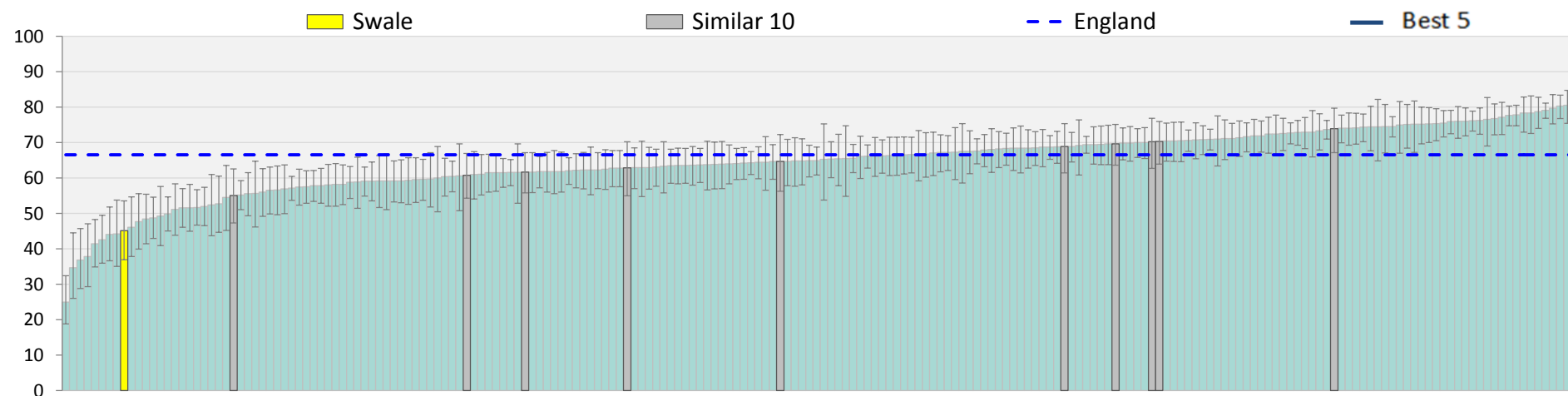
Source: ONS Mortality File, PHE. Fingertips, PHE

Year: 2013

Deaths in Usual Place of Residence: people with dementia 65+ (%)

34 Deaths

95

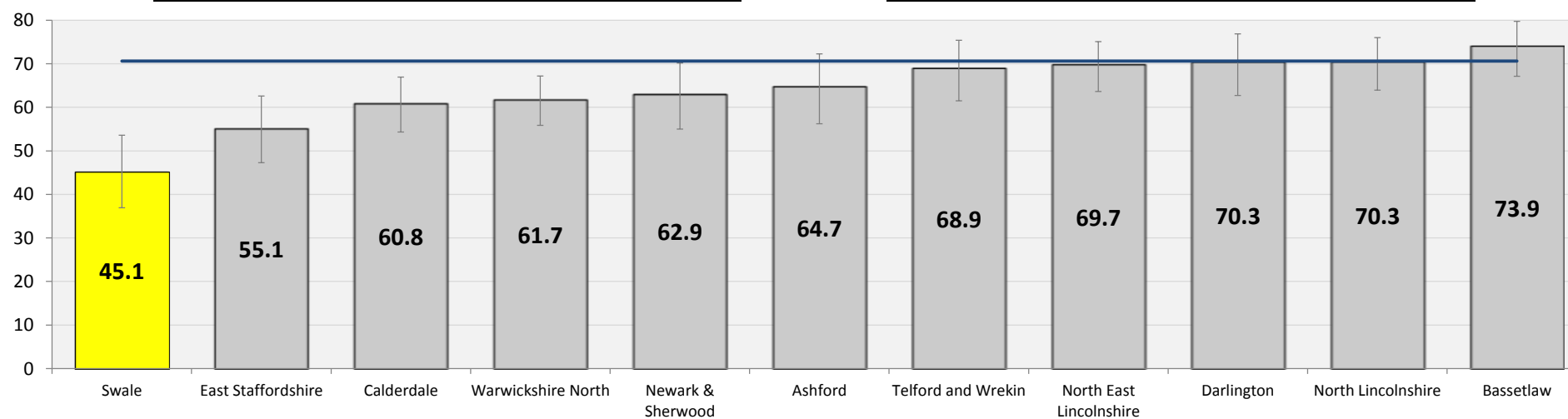


England

66.6

Best 5

70.6



Definition: Deaths in Usual Place of Residence: people with dementia aged 65+

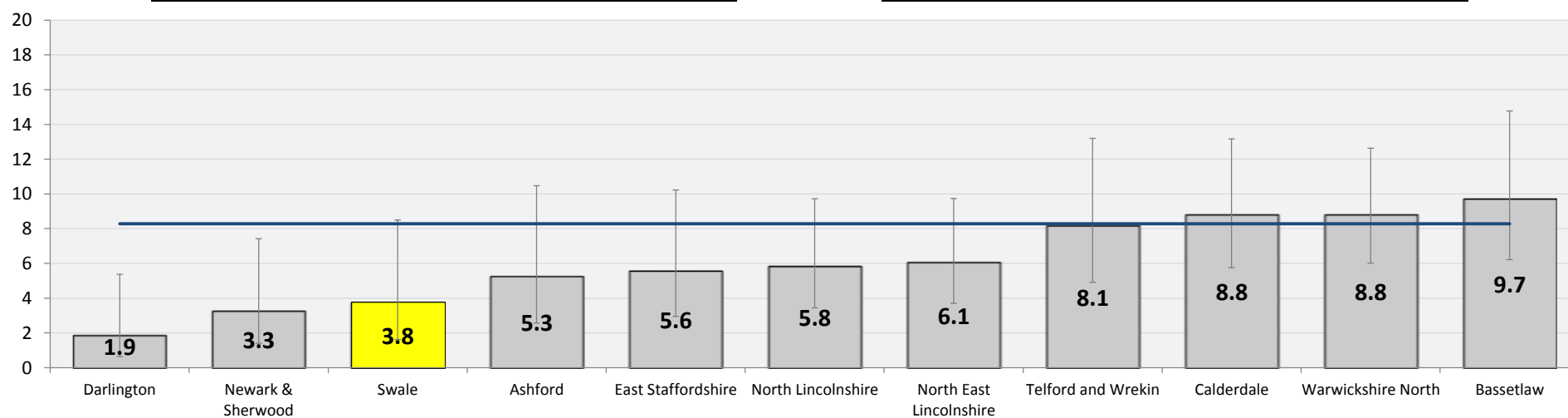
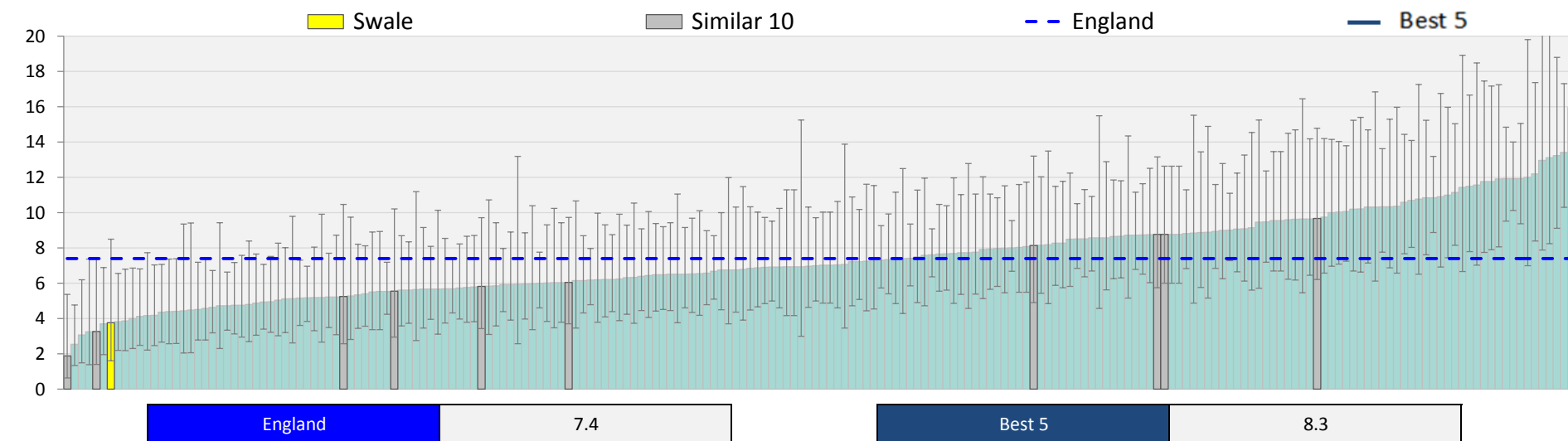
Source: ONS Mortality File, PHE. Fingertips, PHE

Year: 2013

Place of death - home: people with dementia 65+ (%)

6 Deaths (NSS)

96

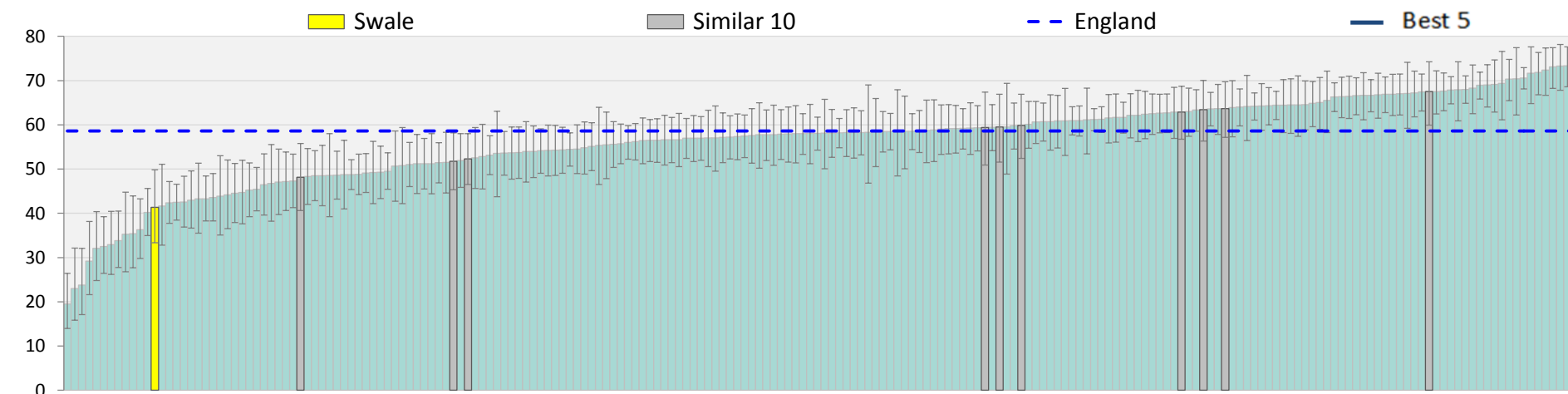


Definition: Place of death - home: people with dementia aged 65+
 Source: ONS Mortality File, PHE. Fingertips, PHE
 Year: 2013

Place of death - care home: people with dementia 65+ (%)

29 Deaths

97

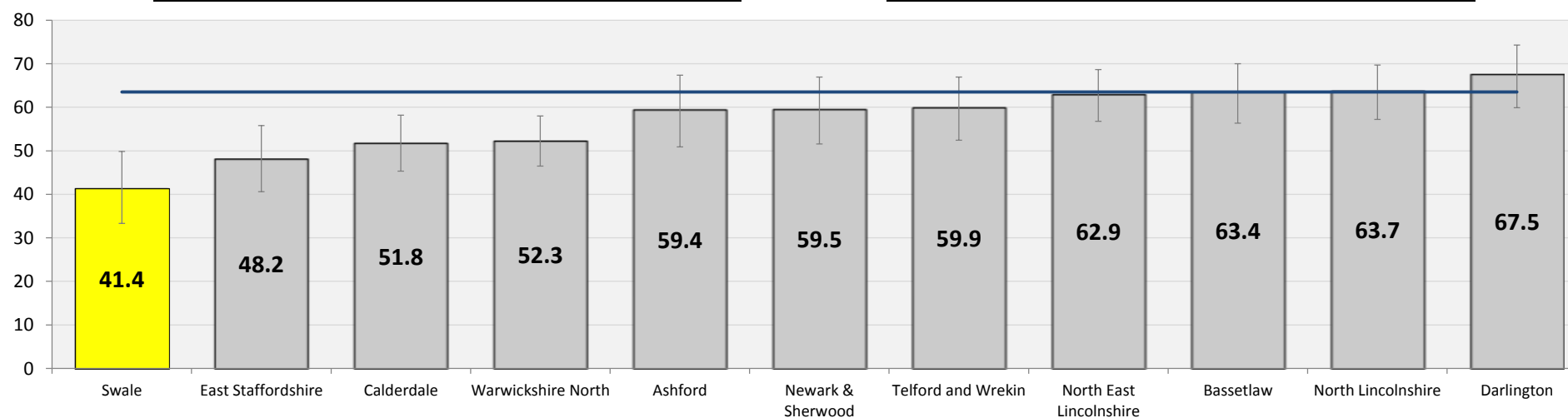


England

58.6

Best 5

63.5



Definition: Place of death - care home: people with dementia aged 65+

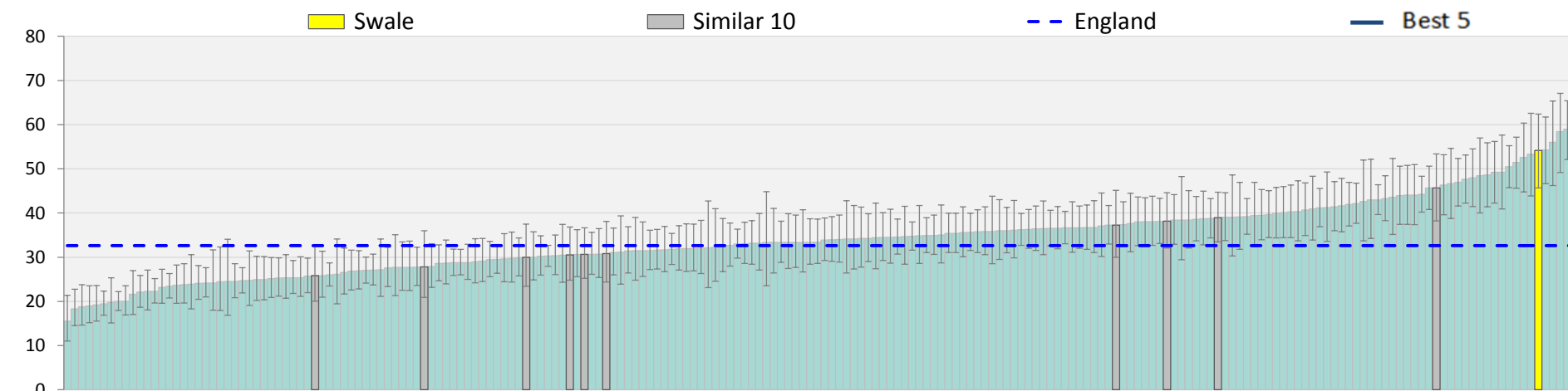
Source: ONS Mortality File, PHE. Fingertips, PHE

Year: 2013

Place of death - hospital: people with dementia 65+ (%)

33 Deaths

98

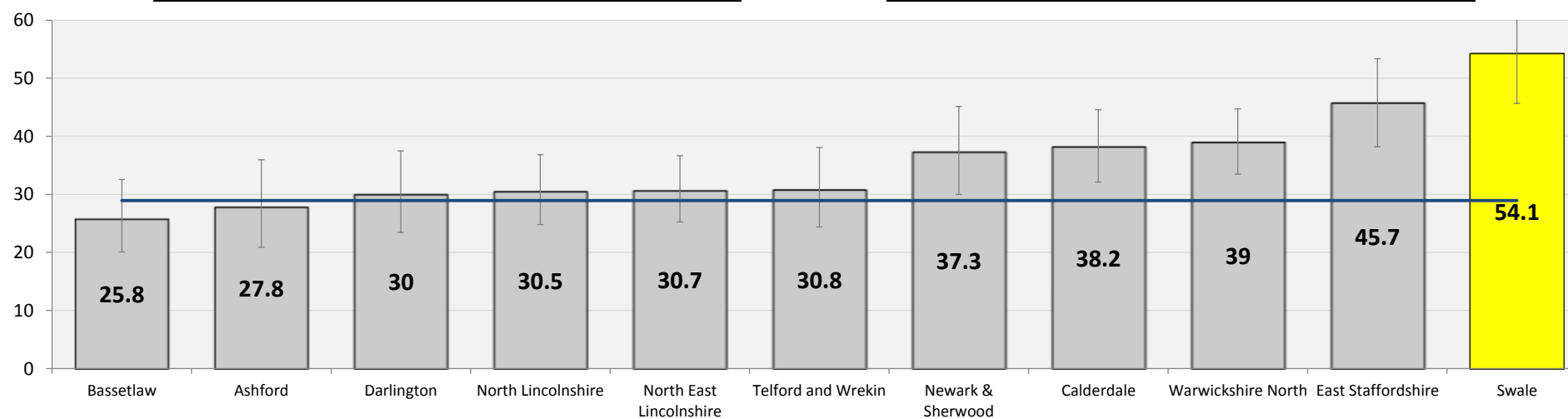


England

32.6

Best 5

29.0



Definition: Place of death - hospital: people with dementia aged 65+

Source: ONS Mortality File, PHE. Fingertips, PHE

Year: 2013

Commissioners can take the following actions now:

- Identify the key opportunities for improvement within the pathways included in the mental health and dementia focus pack for your population and compare with current reform activity and improvement plans
- Engage with clinicians and other local stakeholders, including public health teams in local authorities and commissioning support organisations and explore the opportunities along the pathways further using local data
- Revisit the Commissioning for Value web pages regularly as new content, including updates to tools to support the use of the Commissioning for Value packs, is regularly added
- Watch the focus pack videos, and explore other clinical resources
- Discuss the opportunities highlighted in this pack as part of the STP planning process and consider STP wide action where appropriate
- For Wave One CCGs, speak to your Delivery Partner about other practical steps for your locality
- For Wave Two CCGs, start to identify and act to improve the opportunities highlighted

The Commissioning for Value benchmarking tool, explorer tool, full details of all the data used, and links to other useful tools are available on the Commissioning for Value pages of the NHS England website.

The NHS RightCare website offers resources to support CCGs in adopting the Commissioning for Value approach. These include:

- Online videos and 'how to' guides
- Case studies with learning from other CCGs

If you have any questions or require any further information or support you can email the Commissioning for Value support team direct at: england.healthinvestmentnetwork@nhs.net

Commissioning for Value pages of the NHS England website:

<http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>

Commissioning for Value Similar 10 Explorer Tool:

<https://www.england.nhs.uk/wp-content/uploads/2016/01/cfv-16-similar-10-explr-tool.xlsm>

Supporting videos for the CFV focus packs:

<https://www.youtube.com/playlist?list=PL6lQwMACXkj1e17bcMvaHuy1gd9XrZT92>

NHS RightCare website:

<http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

National Mental Health, Dementia and Neurology Intelligence Network:

<http://www.yhpho.org.uk/default.aspx?RID=191242>

Five Year Forward View for Mental Health:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Mental health pages of the NHS England website:

<https://www.england.nhs.uk/mentalhealth/>

Children and young people mental health commissioning support on the NHS England website:

<https://www.england.nhs.uk/mentalhealth/resources/camhs/>

National Institute for Health and Care Excellence:

<https://www.nice.org.uk/>

Annex A: Drug groupings

Individual drugs	BNF Category
Venlafaxine	Antidepressant drugs - Other antidepressant drugs
Mirtazapine	Antidepressant drugs - Other antidepressant drugs
Nortriptyline	Antidepressant drugs - Tricyclic and related antidepressant drugs
Trazodone Hydrochloride	Antidepressant drugs - Tricyclic and related antidepressant drugs
Trimipramine Maleate	Antidepressant drugs - Tricyclic and related antidepressant drugs
Sertraline Hydrochloride	Antidepressant drugs - Selective serotonin re-uptake inhibitors
Escitalopram	Antidepressant drugs - Selective serotonin re-uptake inhibitors
Citalopram Hydrobromide	Antidepressant drugs - Selective serotonin re-uptake inhibitors
Fluoxetine Hydrochloride	Antidepressant drugs - Selective serotonin re-uptake inhibitors
Paroxetine Hydrochloride	Antidepressant drugs - Selective serotonin re-uptake inhibitors
Tranlycypromine Sulfate	Antidepressant drugs - Monoamine-oxidase inhibitors

Individual drugs	BNF Category
Aripiprazole – Severe Mental Illness	Drugs used in psychoses and related disorders - Antipsychotic depot injections
Risperidone – Severe Mental Illness	Drugs used in psychoses and related disorders - Antipsychotic depot injections
Quetiapine – Severe Mental Illness	Drugs used in psychoses and related disorders - Antipsychotic drugs
Olanzapine – Severe Mental Illness	Drugs used in psychoses and related disorders - Antipsychotic drugs
Valproic Acid – Severe Mental Illness	Drugs used in psychoses and related disorders - Drugs used for mania and hypomania
Rivastigmine – Dementia	Drugs for dementia
Galantamine – Dementia	Drugs for dementia
Memantine Hydrochloride – Dementia	Drugs for dementia

Annex B: High level metadata

Analysis	Prescribing Spend
Time period	January 2015 - December 2015
Numerator	Net Ingredient cost (NIC) of BNF Chemical Substance Net Ingredient cost (NIC) is the basic price of a drug as stated in Part II Clause 8 of the Drug Tariff
Numerator Source	ePACT.net – data provided by the NHS Business Services Authority
Denominator	CCG ASTRO-PU weighted population Age, Sex and Temporary Resident Originated Prescribing Units
Rate	Numerator / Denominator x 1000 (spend rate per 1,000 ASTRO-PU weighted population)

We have presented a range of indicators grouping a selection of BNF chemical substances together and aggregating the total Net Ingredient cost. We have also presented individual BNF chemical spend indicators where the total spend is large enough and where advised by national clinical leads. The indicators have been standardised using the ASTRO-PU weightings and are shown per 1,000 ASTRO-PU population to allow fair comparison between CCGs.

Net Ingredient cost (NIC) is the basic price of a drug as stated in Part II Clause 8 of the Drug Tariff.

ASTRO-PU (Age, Sex and Temporary Resident Originated Prescribing Units) weightings have been used to weights the CCG population for age and sex to allow for better comparison of prescribing patterns. Further information regarding ASTRO-PU populations and other prescribing specific populations can be found at <http://www.hscic.gov.uk/prescribing/measure>

Annex C: Methodology

How have the potential opportunities been calculated?

108

The potential opportunity highlights the scale of change that would be achieved if the CCG Value moved to the Benchmark Value of the average of the 'Best 5' or 'Lowest 5' CCGs in its group of similar 10 CCGs.

Generally, where a high CCG Value is considered 'worse' then it is calculated using the formula:

$$\text{Potential Opportunity} = (\text{CCG Value} - \text{Benchmark Value}) * \text{Denominator}$$

The denominator is the most suitable population data for that indicator eg CCG registered population, CCG weighted population, CCG patients on disease register etc. The denominator is also scaled to match the Value. So if the CCG Value and Benchmark Value are given in "per 1,000 population" then the denominator is expressed in thousands, ie 12,000 becomes 12.

For procedures, the potential opportunity can be expressed in pounds, or dividing this by the unit cost then it can be expressed in the equivalent number of procedures.

All opportunities within this pack are presented as annual opportunities e.g. indicators with activity over a quarter, multiply the quarterly opportunity by 4 to obtain the annual opportunity.