Public Health England

NHS England

NHS RightCare Commissioning for Value Focus Pack

Respiratory

April 2016

RightCare

NHS Blackpool CCG

OFFICIAL

Gateway ref: 04938

Contents

Introduction: Welcome to your focus pack

Welcome to your focus pack on respiratory disease. The information contained in this pack is personalised for your CCG and should be used to help support local discussions and inform a more in-depth analysis around respiratory pathways. 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. They include a wider range of outcome measures and information on the most common procedures and diagnoses for the condition in question.

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

NHS RightCare

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 and the CCG Improvement and Assessment Framework.

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 remainder of CCGs are in Wave 2 and will receive support from an expanded team of Delivery Partners later in 2016.

Why act?

“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

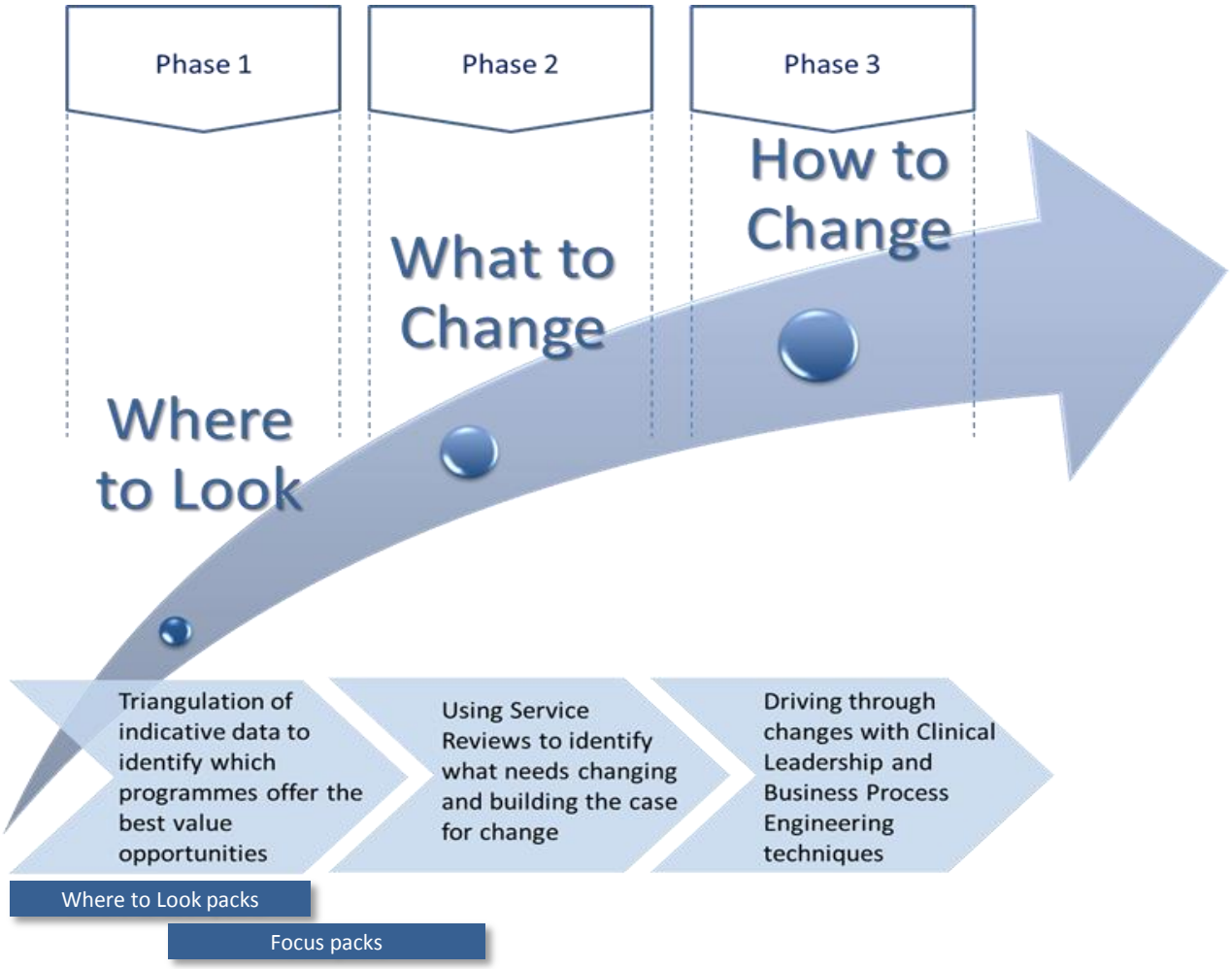
“The data and evidence available through tools such as Commissioning for Value will help commissioners make the most important decisions in delivering concrete and sustainable clinical and financial benefits across the NHS. We expect that the roll-out of the RightCare programme will drive up the quality 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

“Long term respiratory conditions like asthma and COPD are a priority area for many CCGs. The RightCare approach and Commissioning for Value provide CCGs with the simple tools necessary to provide much needed improvement in the quality of care for respiratory patients.”

Professor Mike Morgan
National Clinical Director for Respiratory, NHS England

Commissioning for Value



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.

Your most similar CCGs

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:

- Knowsley
- Sunderland
- South Sefton
- South Tees
- South Tyneside
- Southend
- St Helens
- Wirral
- Stoke on Trent
- Stockport

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

Your data

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 national clinical leads and other key stakeholders.

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 data are presented as an exploration, starting with the pathways on a page, then moving to elective and non-elective spend, admissions, prescribing and procedures.

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.

*As the spend indicators have been updated since the publication of the 2016 refreshed ‘Where to look’ packs, figures for spend rates and potential opportunities may differ slightly from those packs.

Pathways on a page

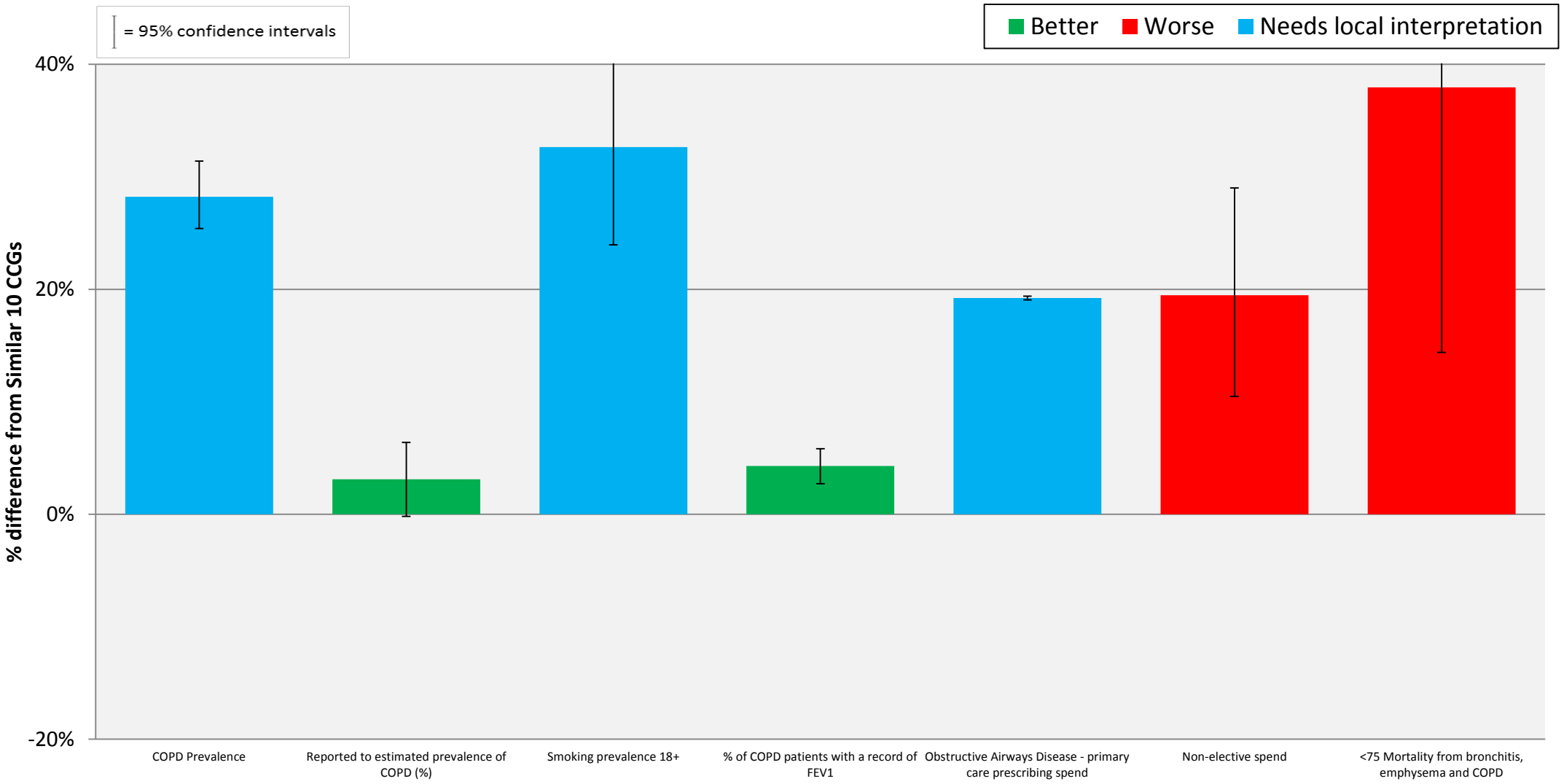
The indicators on the following pages are identical to the respiratory related ‘pathways on a page’ from the previous Commissioning for Value packs; however the spend data has been updated.

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. 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, starting on page 40, 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.

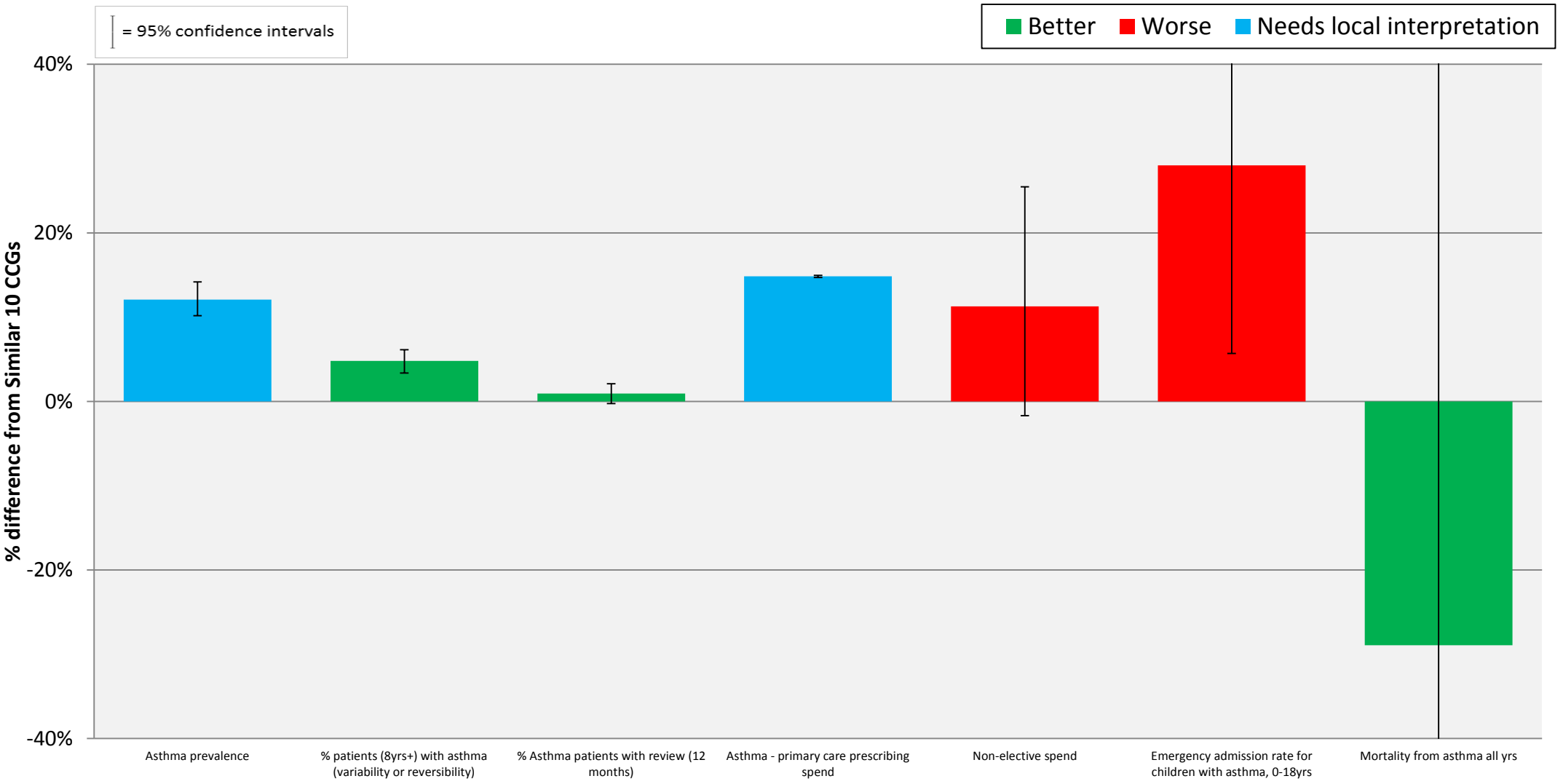
COPD Pathway



NICE Guidance:

http://pathways.nice.org.uk/pathways/chronic-obstructive-pulmonary-disease

Asthma Pathway



NICE Guidance:

http://pathways.nice.org.uk/pathways/asthma

Spend and activity

The intention of the following pages is to provide a more in-depth view of the spend and activity for the clinical areas included in this pack compared to your 10 most similar CCGs. The charts show the rate for your CCG (yellow bar) and best five comparator (blue bar) and also the absolute difference (The 'how different are we?' column).

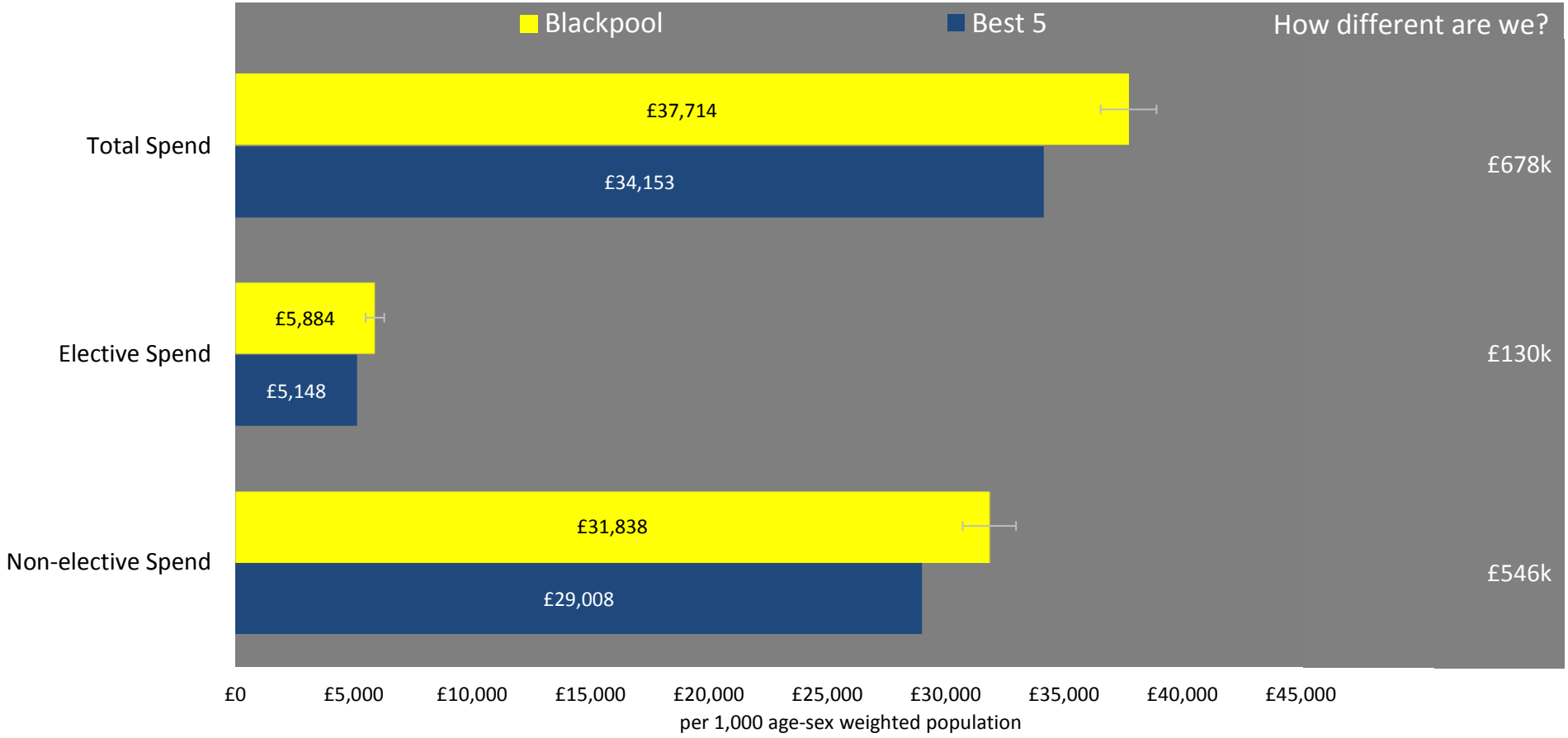
They should be used to explore key lines of enquiry to identify potential opportunities for improvement. For example a CCG with a high rate of spend on non-elective admissions may want to look at the QOF indicator on those who have had a review in the last 12 months.

The opportunity tables, starting on page 40, identify the best CCG in your similar 10, who you may want to contact – either directly or through your Delivery Partner.

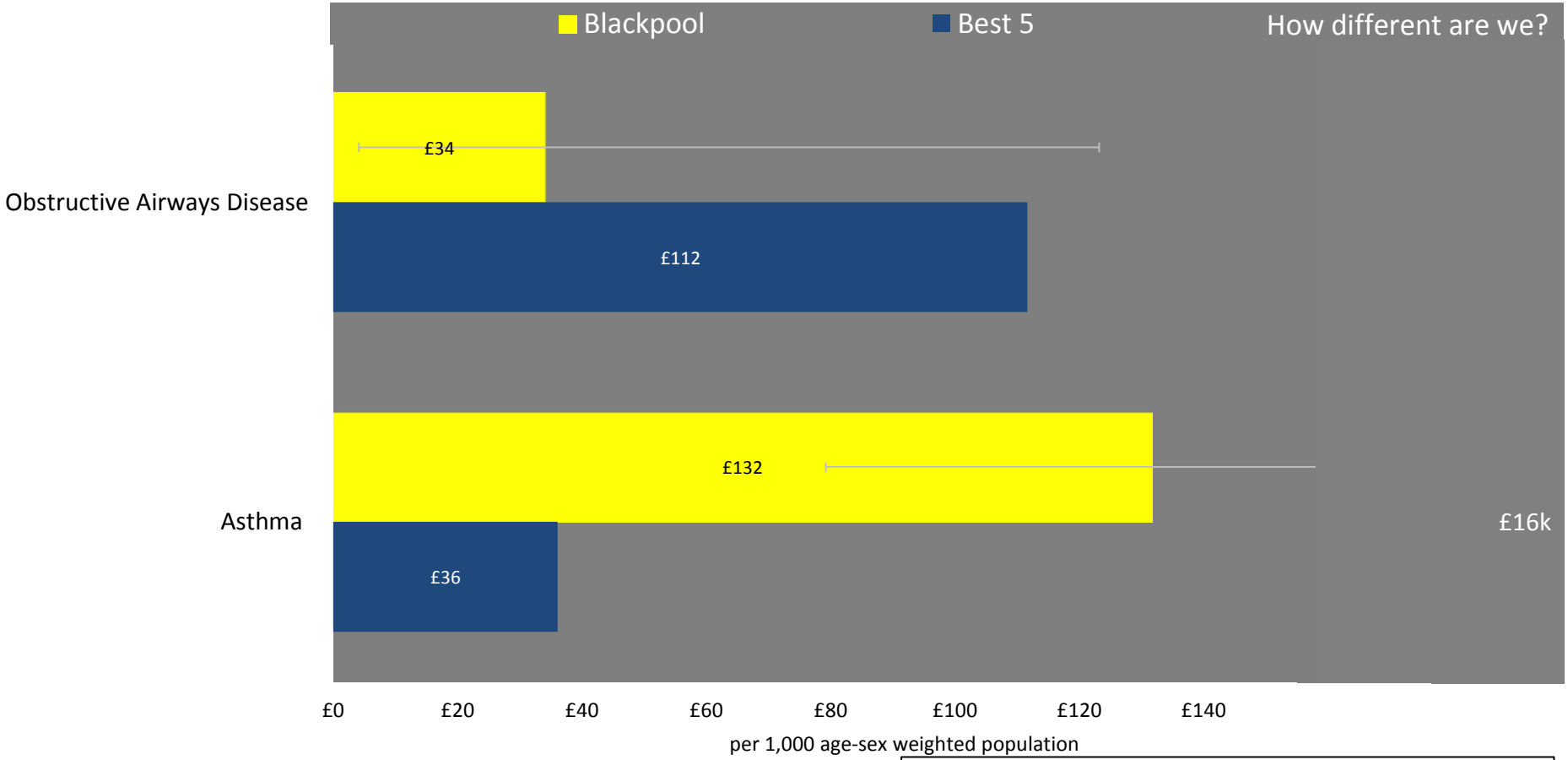
Prescribing and procedures groups and single interventions have been chosen to reflect highest spend. National Clinical Directors and other expert stakeholders have advised on the chemical groupings of drugs used to treat certain conditions within a pathway. Similarly they have advised on procedure grouping. 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.

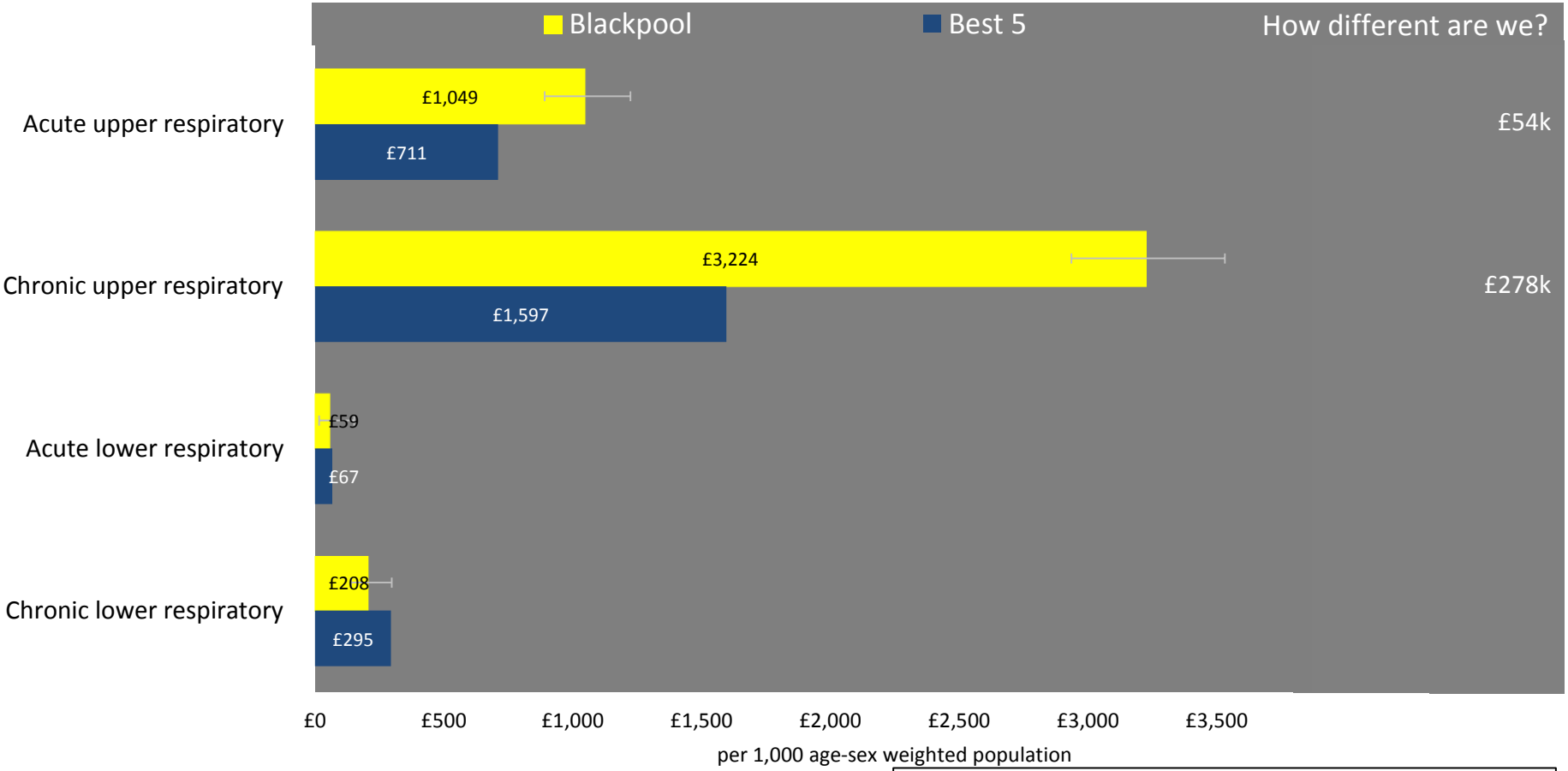
Respiratory - Spend



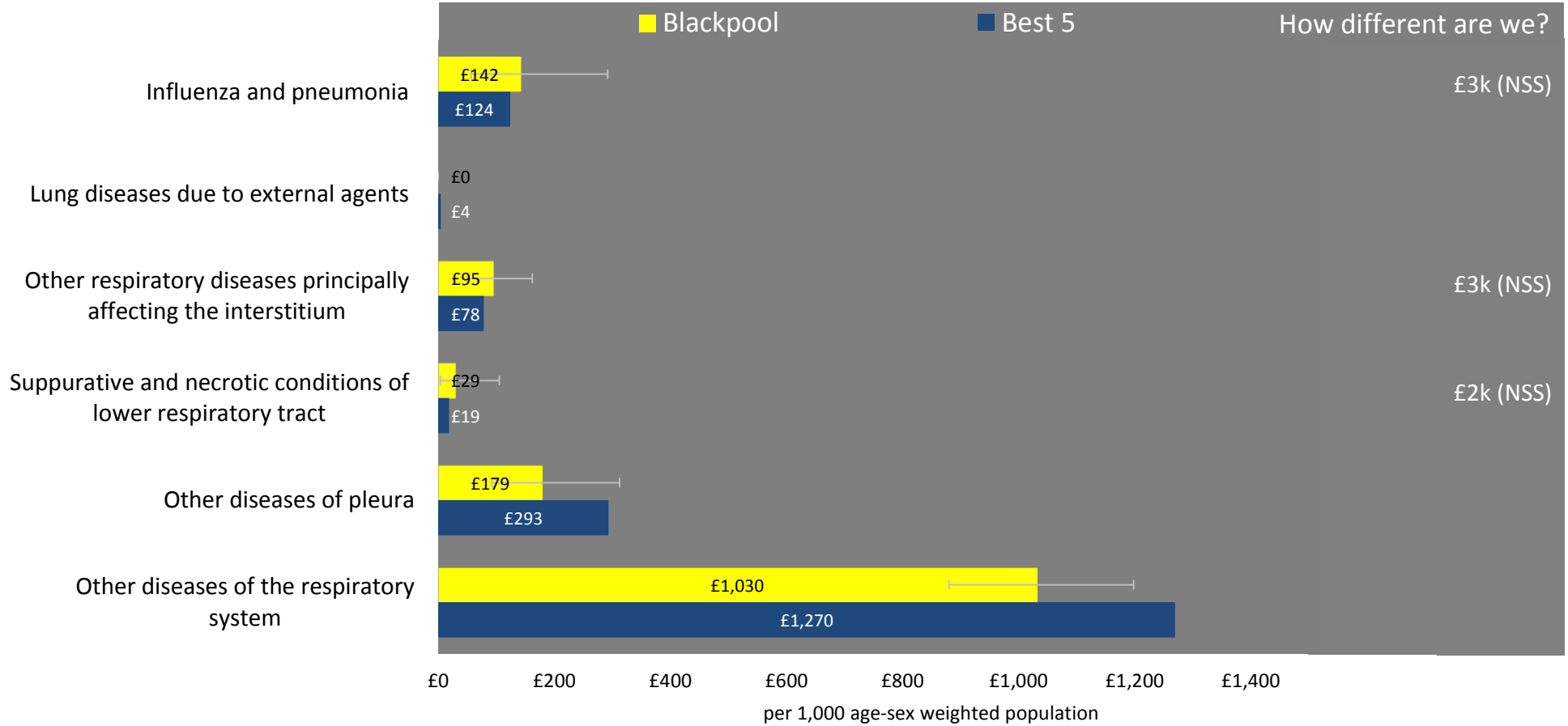
Respiratory - Spend on elective conditions



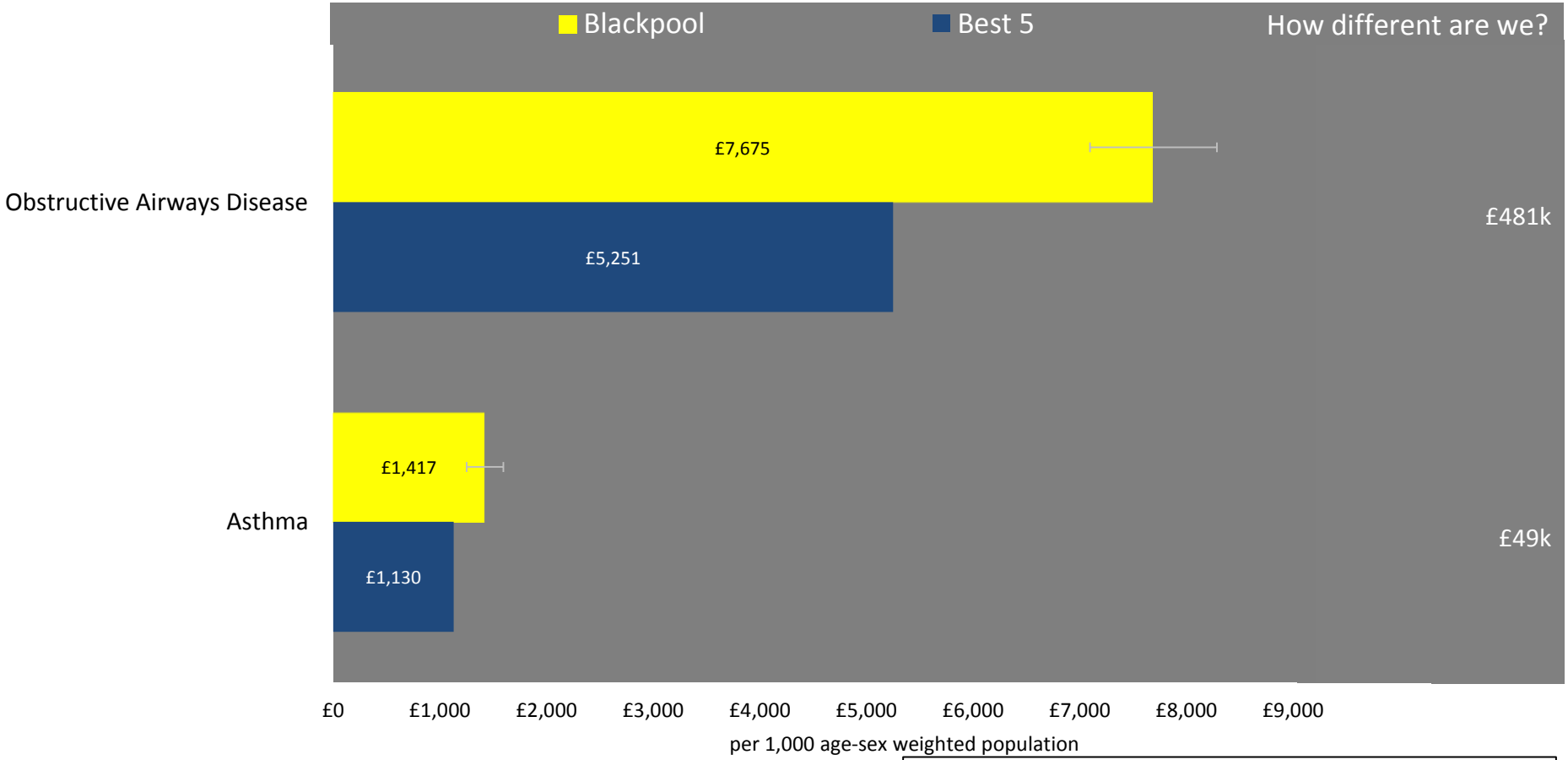
Respiratory - Spend on elective conditions continued



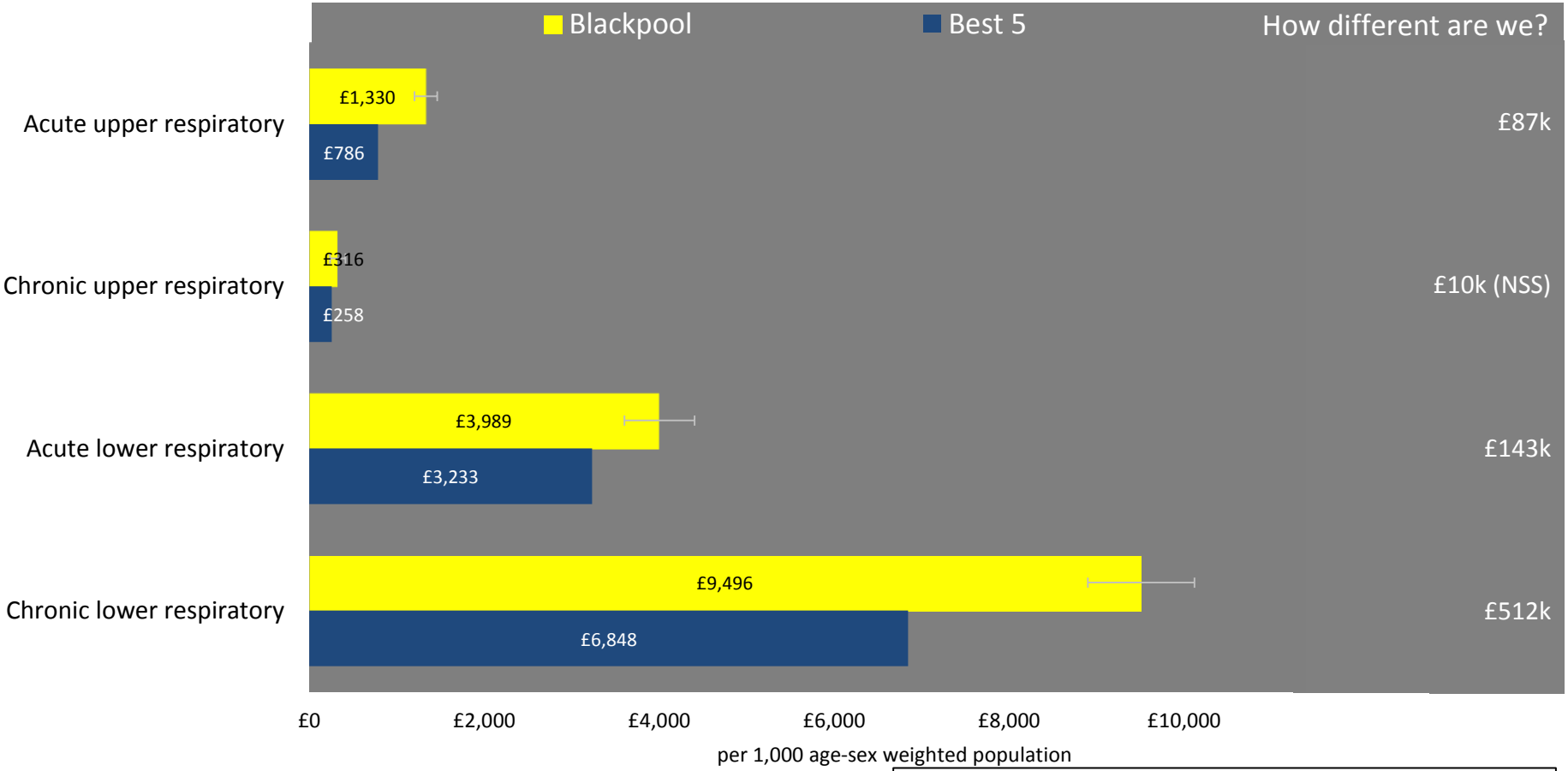
Respiratory - Spend on elective conditions continued



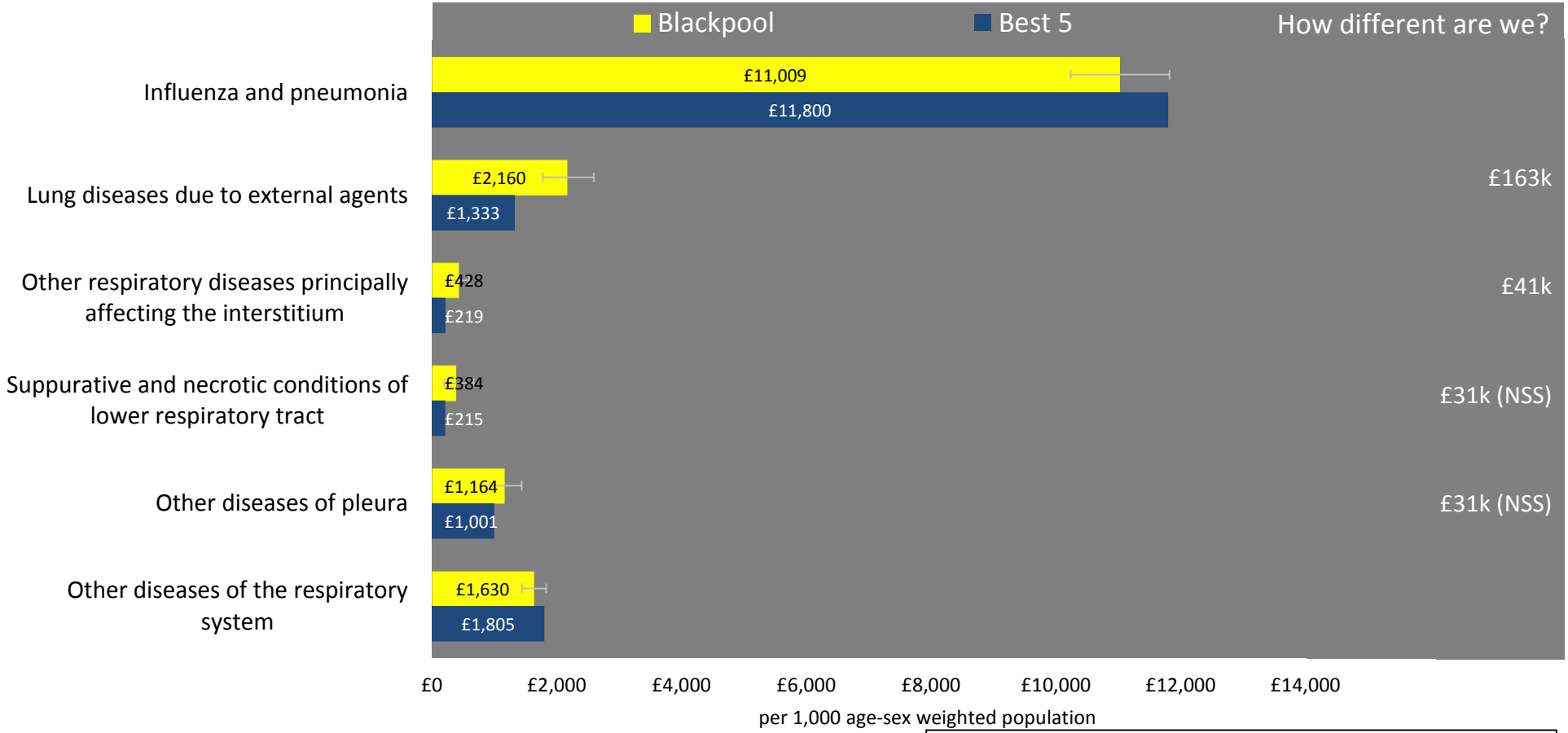
Respiratory - Spend on non-elective conditions



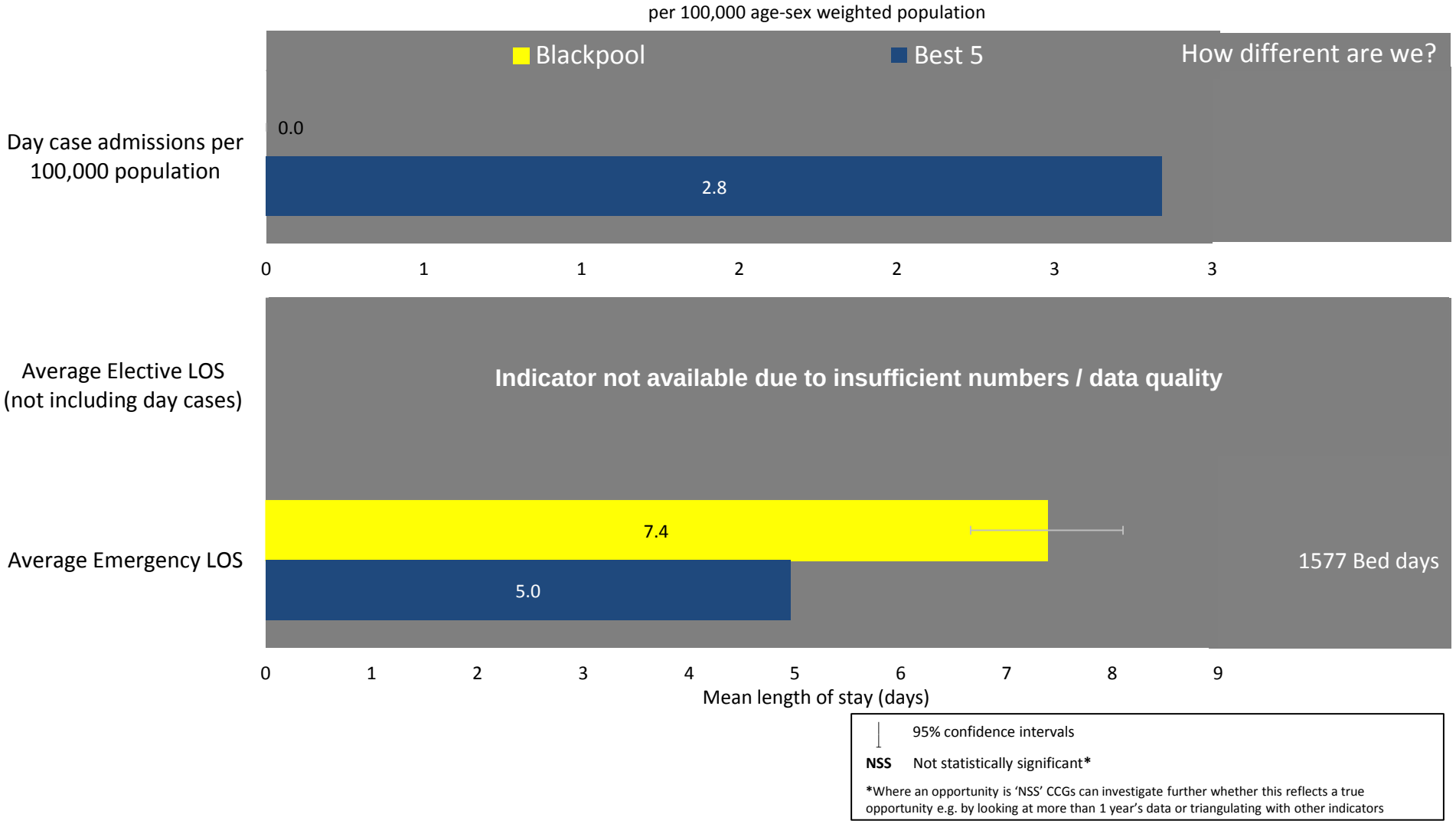
Respiratory - Spend on non-elective conditions continued



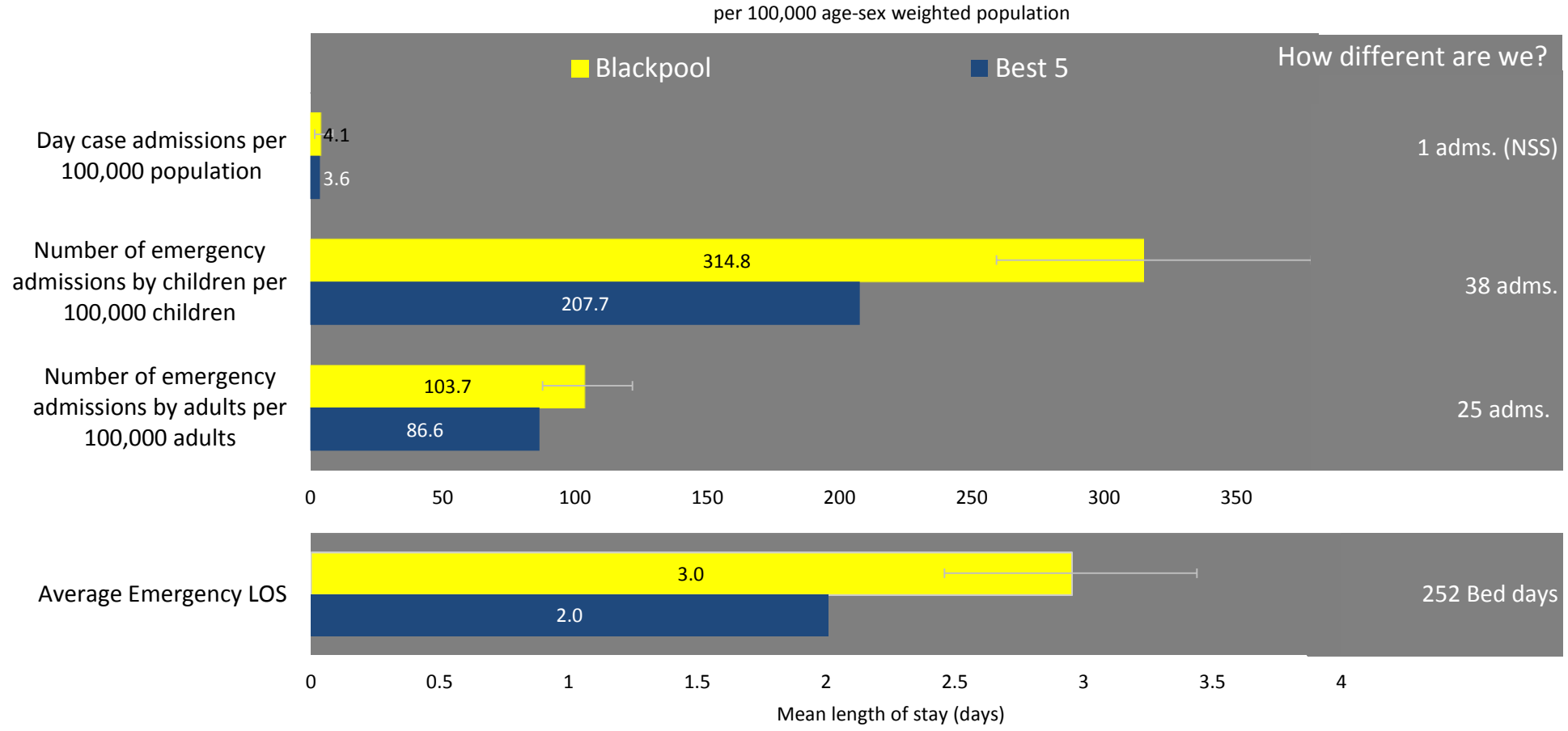
Respiratory - Spend on non-elective conditions continued



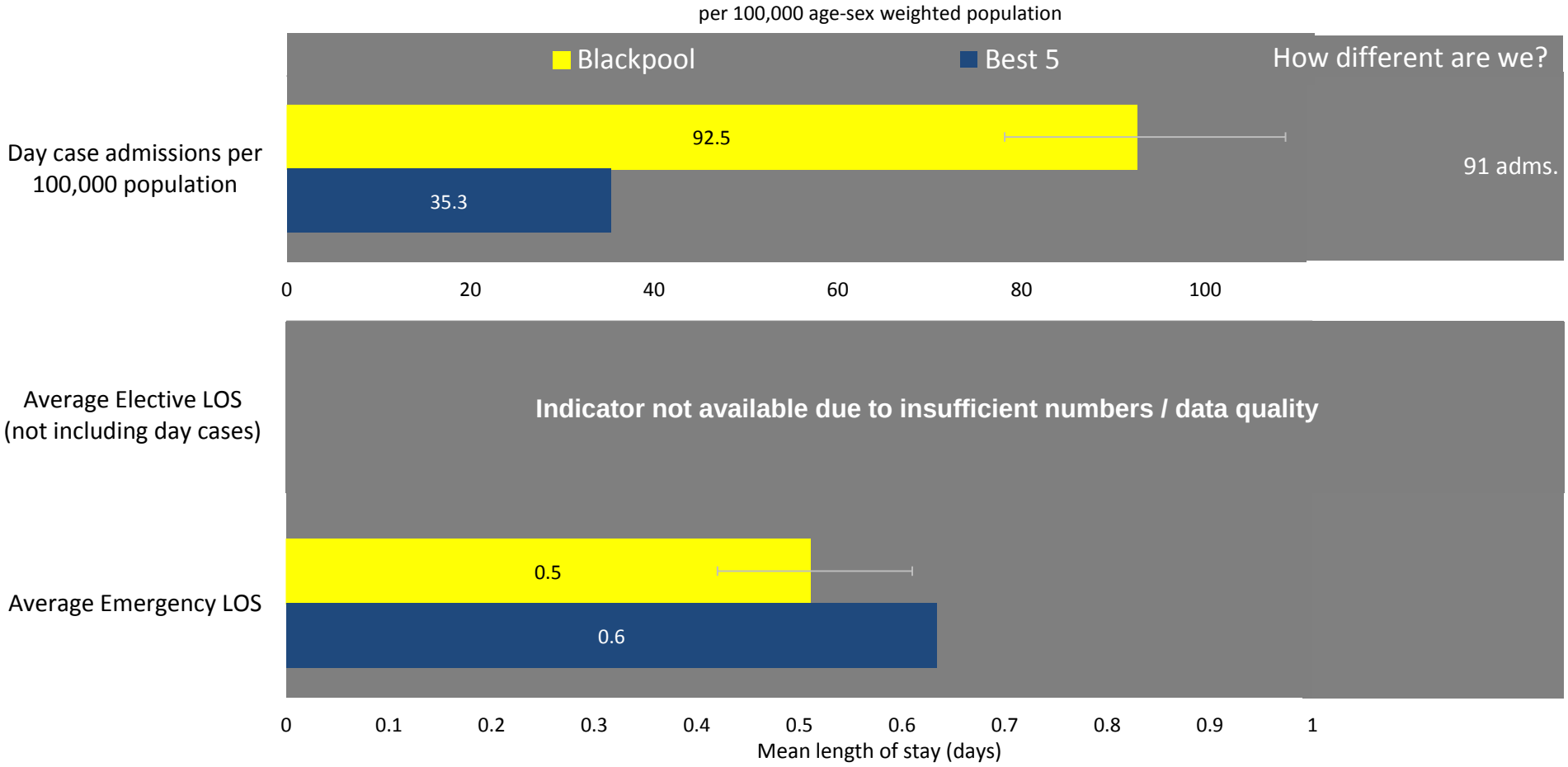
Respiratory - admissions - COPD



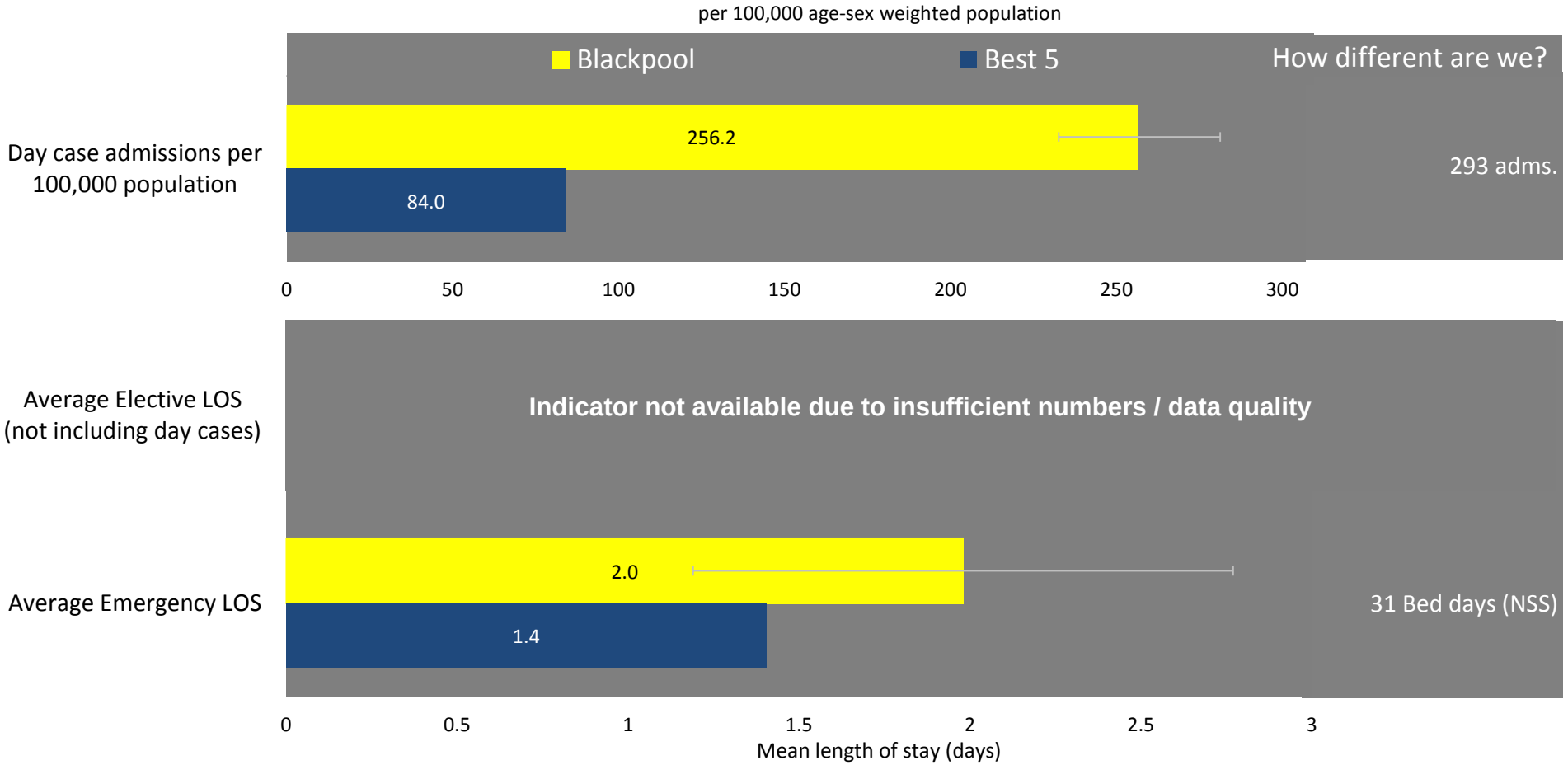
Respiratory - admissions - Asthma



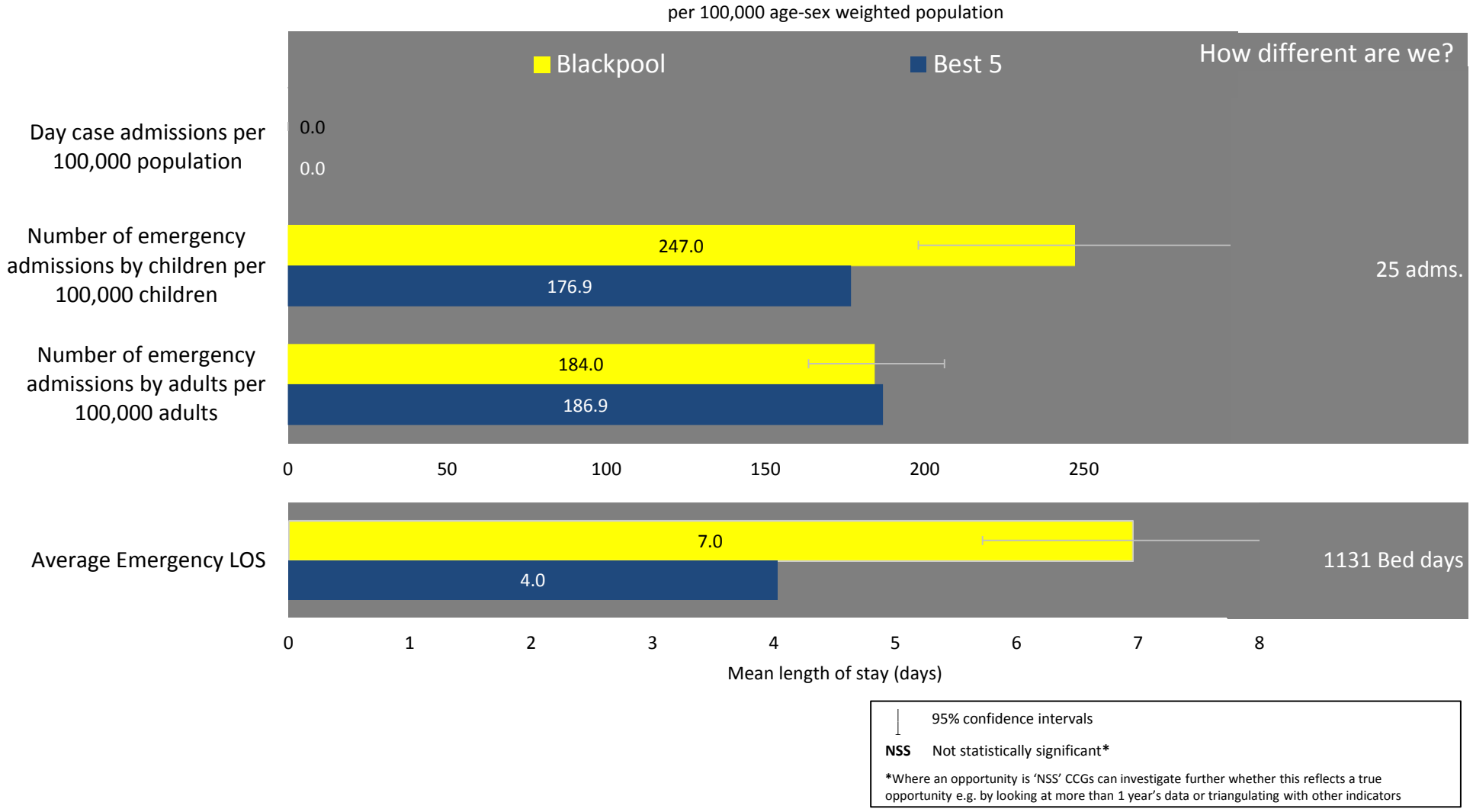
Respiratory - admissions - Acute upper respiratory



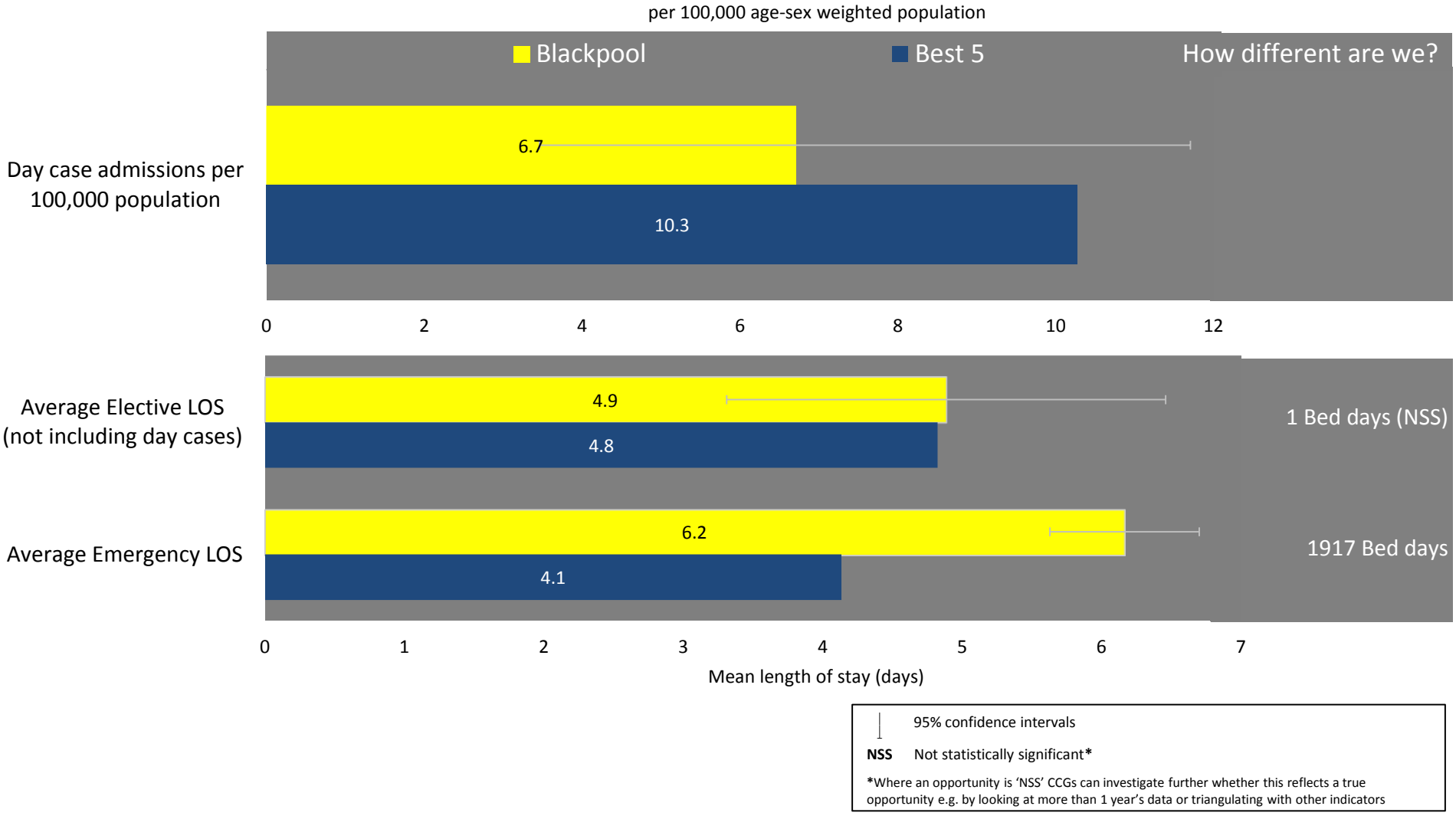
Respiratory - admissions - Chronic upper respiratory



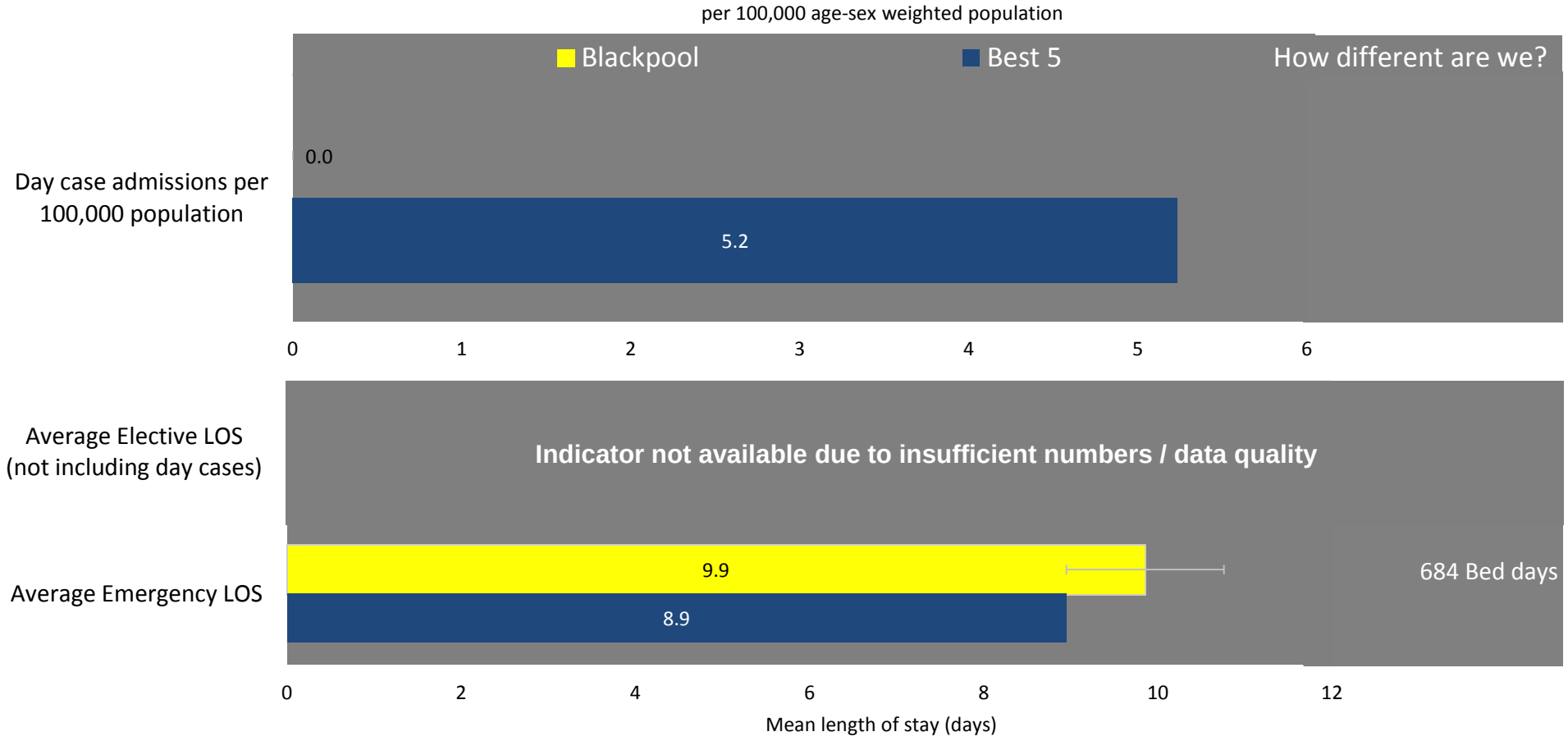
Respiratory - admissions - Acute lower respiratory



Respiratory - admissions - Chronic lower respiratory



Respiratory - admissions - Influenza and pneumonia

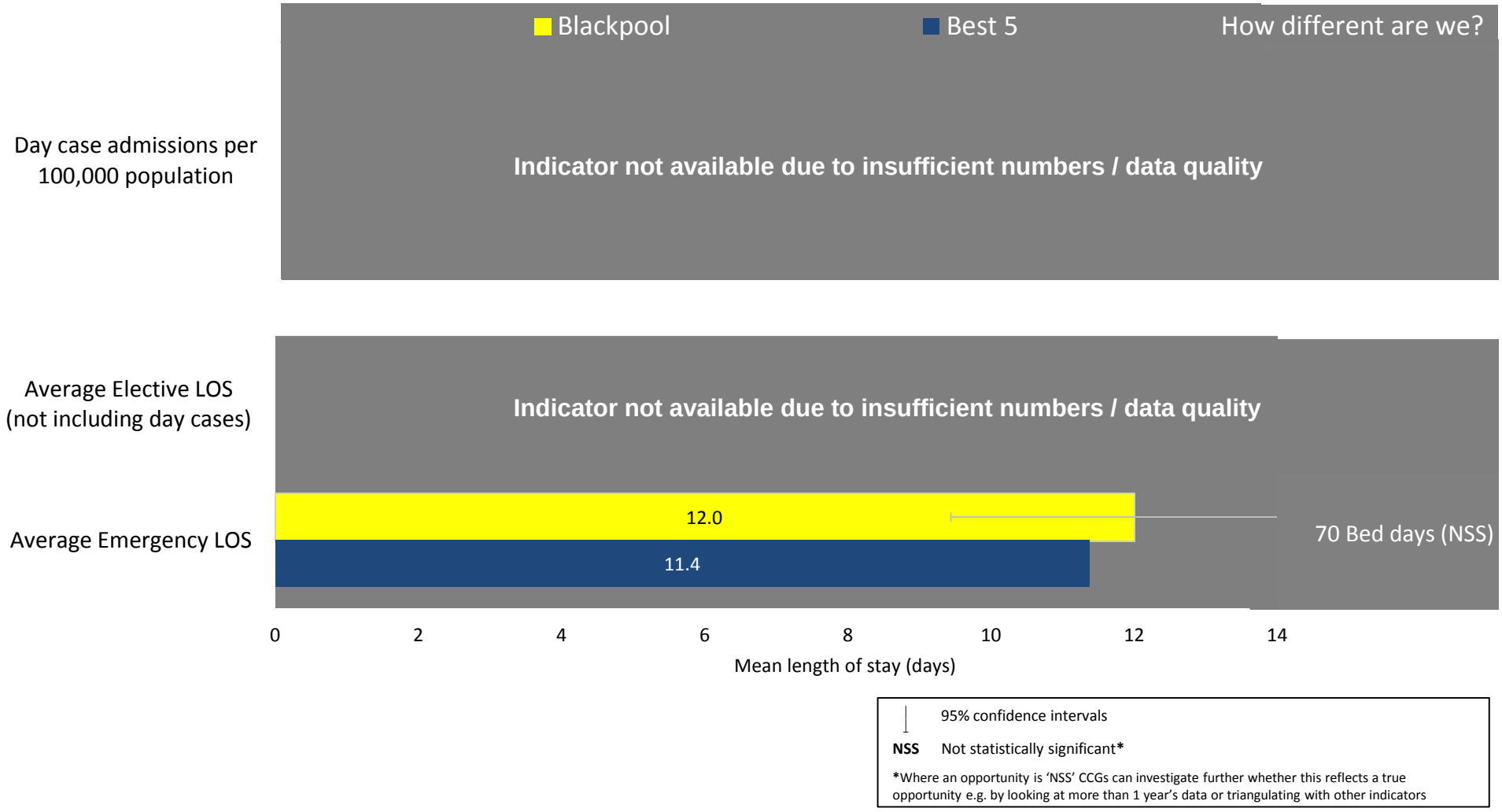


95% confidence intervals

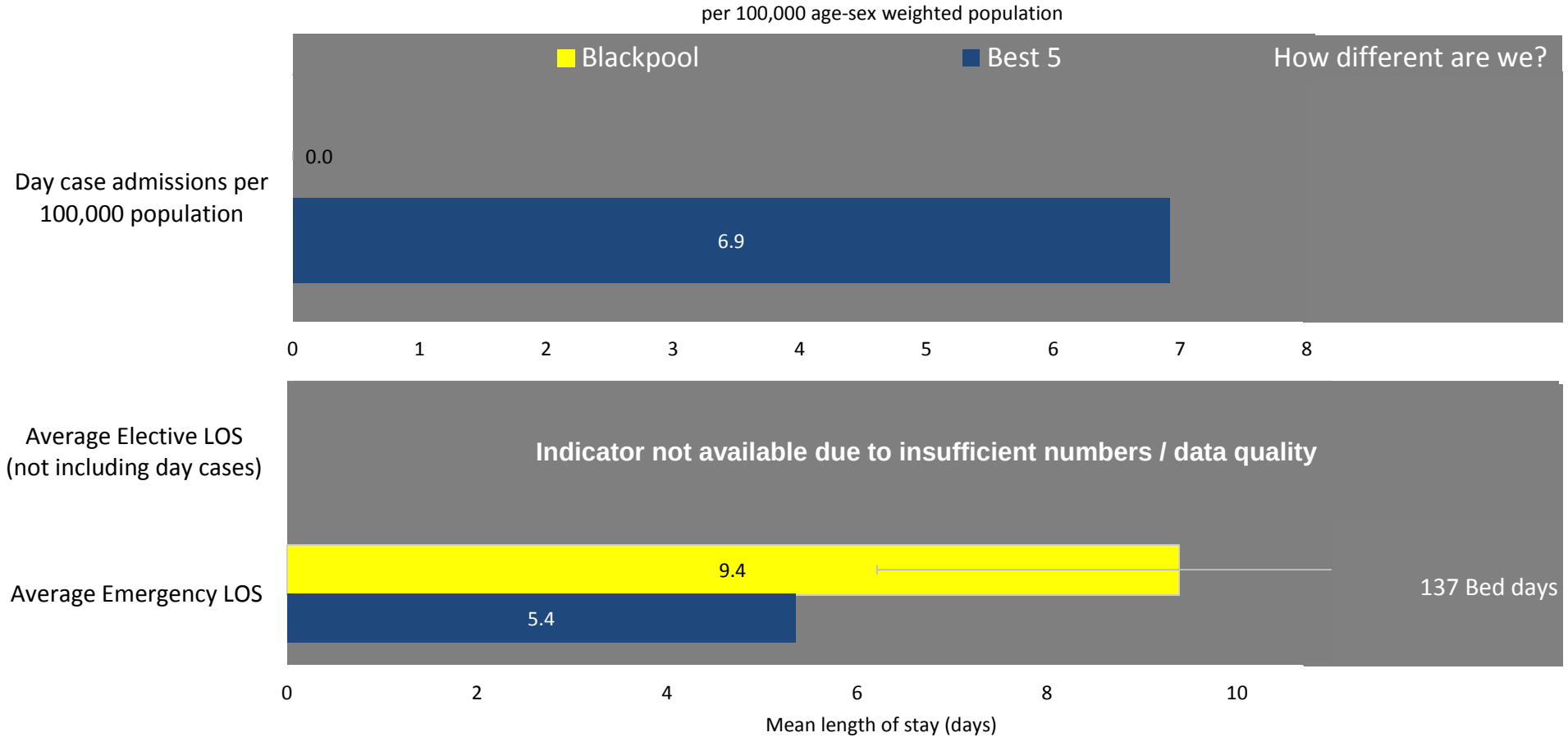
NSS Not statistically significant*

*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

Respiratory - admissions - Lung diseases due to external agents



Respiratory - admissions - Other respiratory diseases principally affecting the interstitium

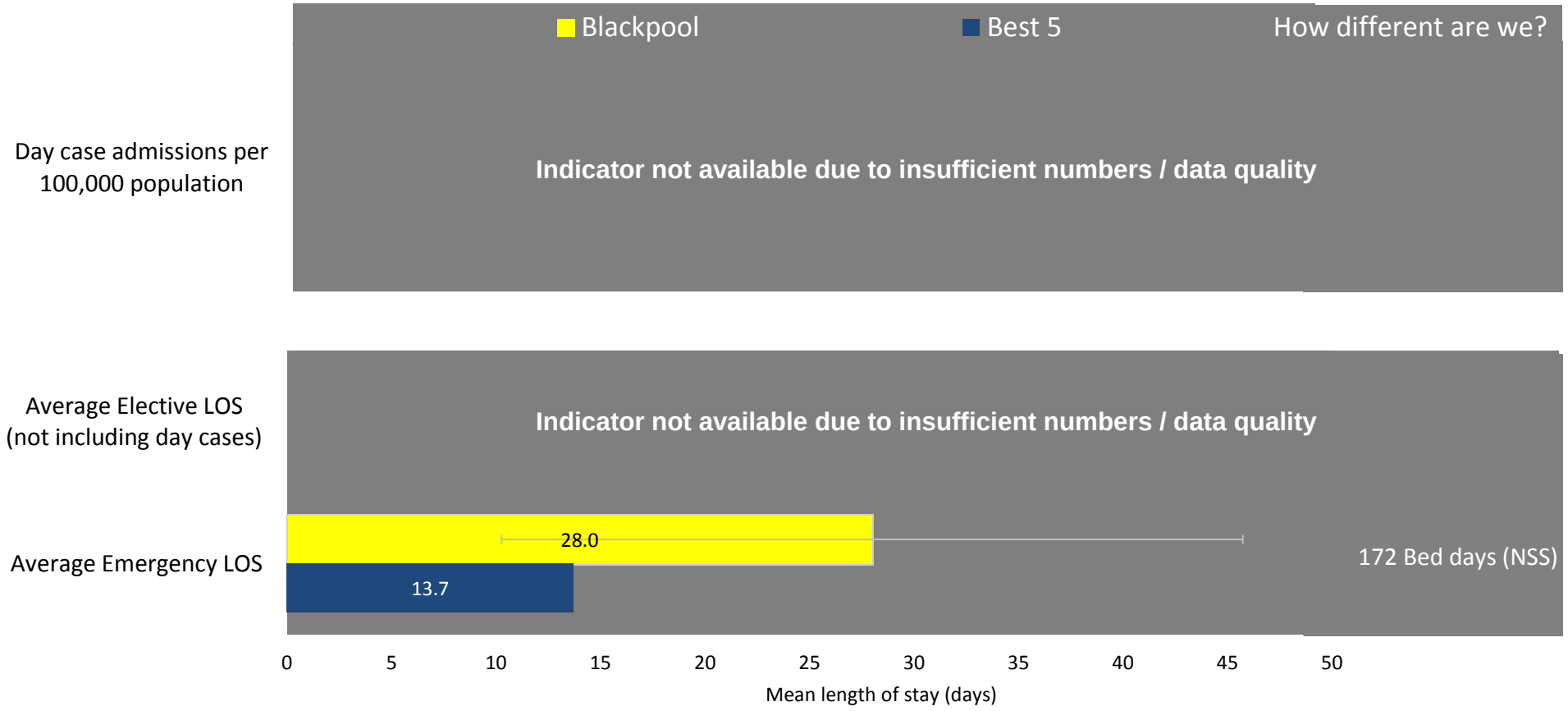


95% confidence intervals

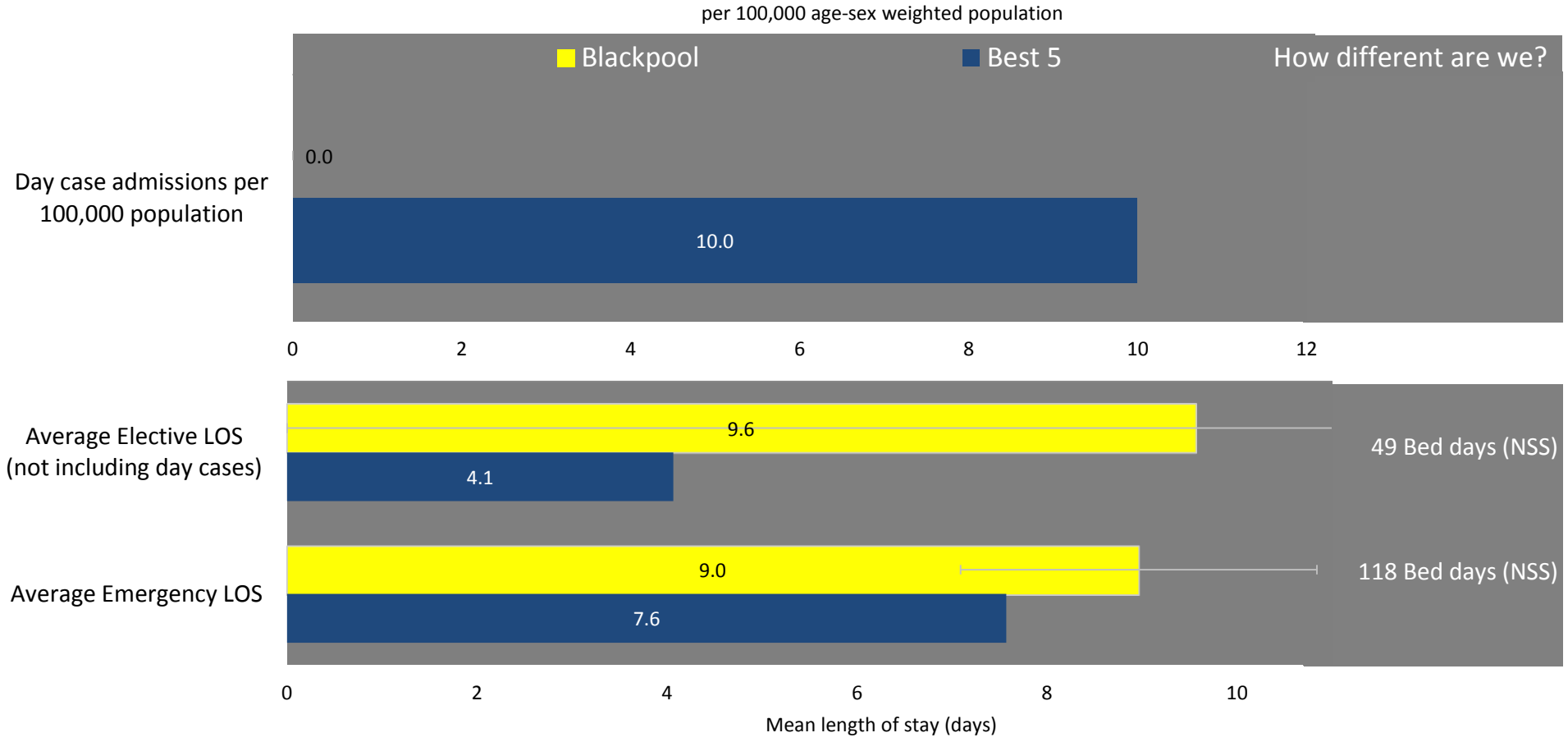
NSS Not statistically significant*

*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

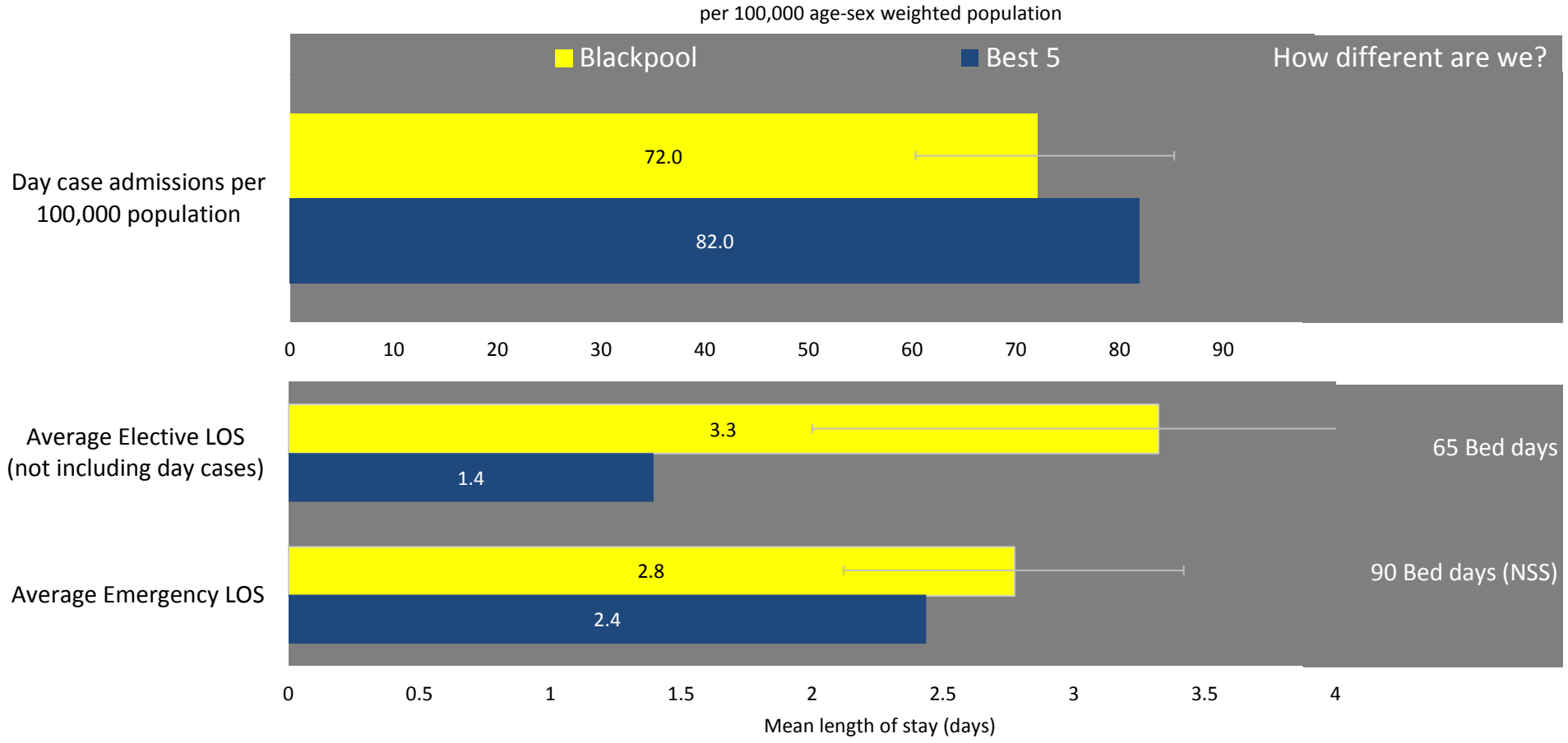
Respiratory - admissions - Suppurative and necrotic conditions of lower respiratory tract



Respiratory - admissions - Other diseases of pleura



Respiratory - admissions - Other diseases of the respiratory system

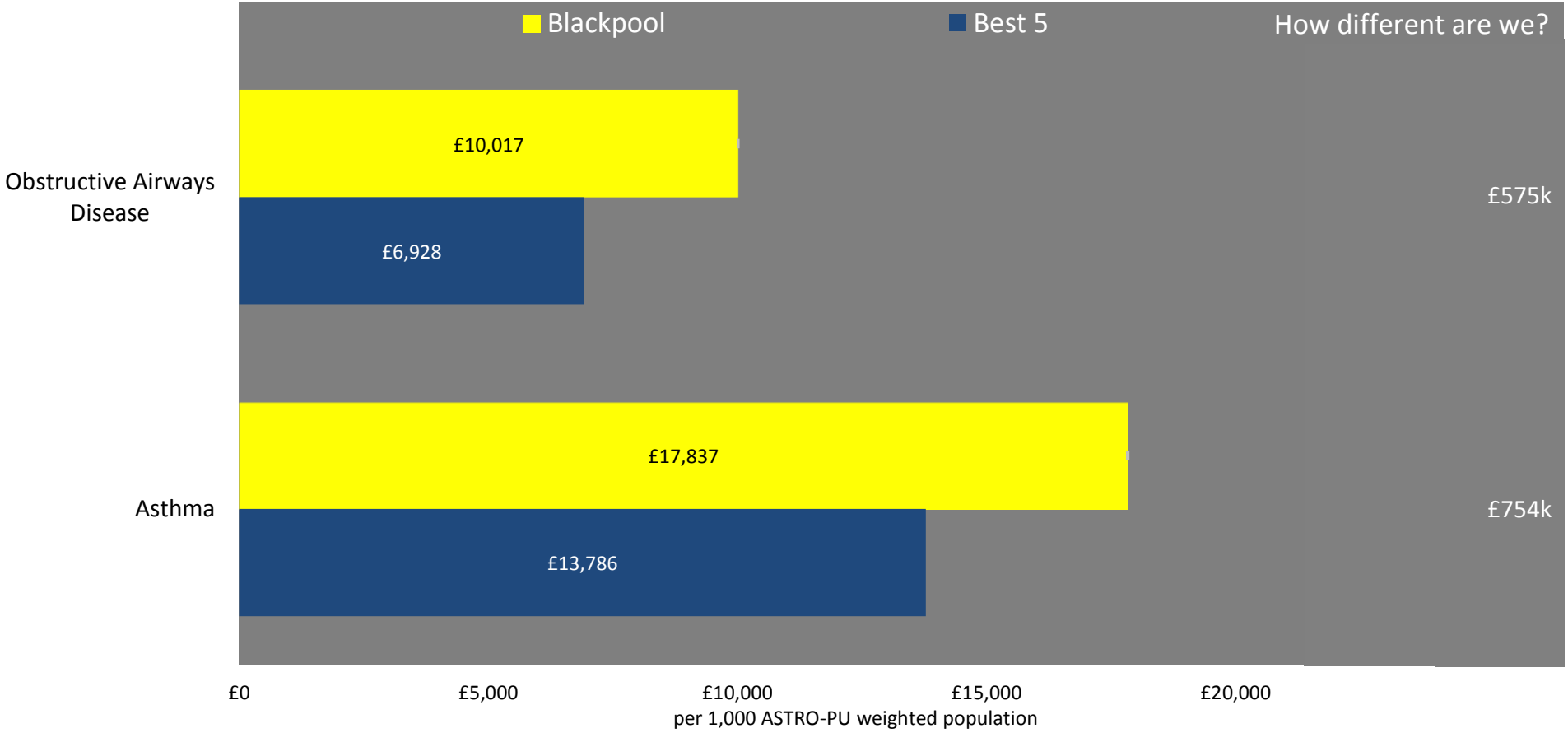


95% confidence intervals

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

Respiratory - Primary Care Prescribing Spend



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

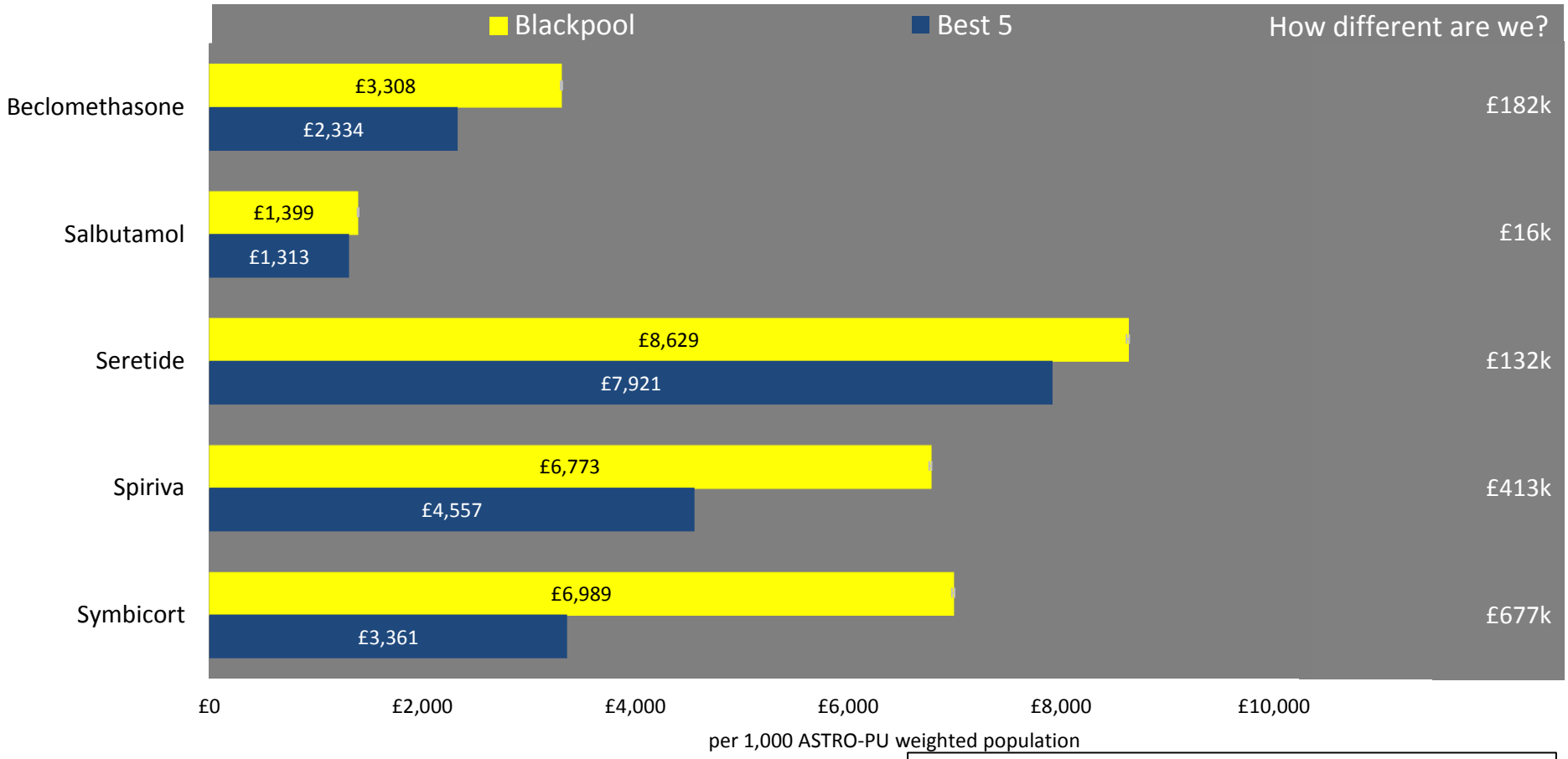
Innovation Scorecard: https://www.england.nhs.uk/ourwork/innovation/innovation-scorecard/

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

Respiratory - Primary Care Prescribing Spend continued



95% confidence intervals

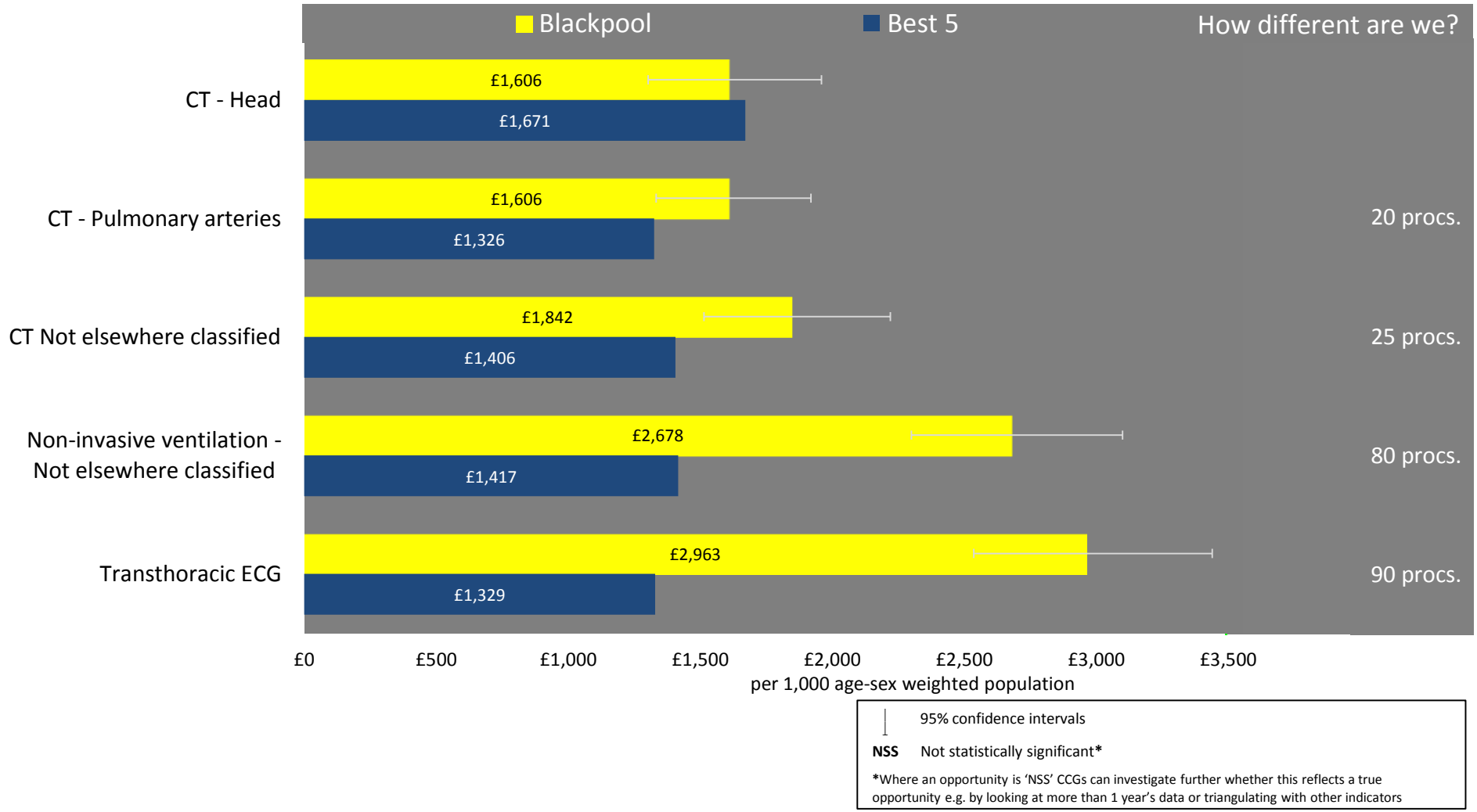
NSS Not statistically significant*

*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

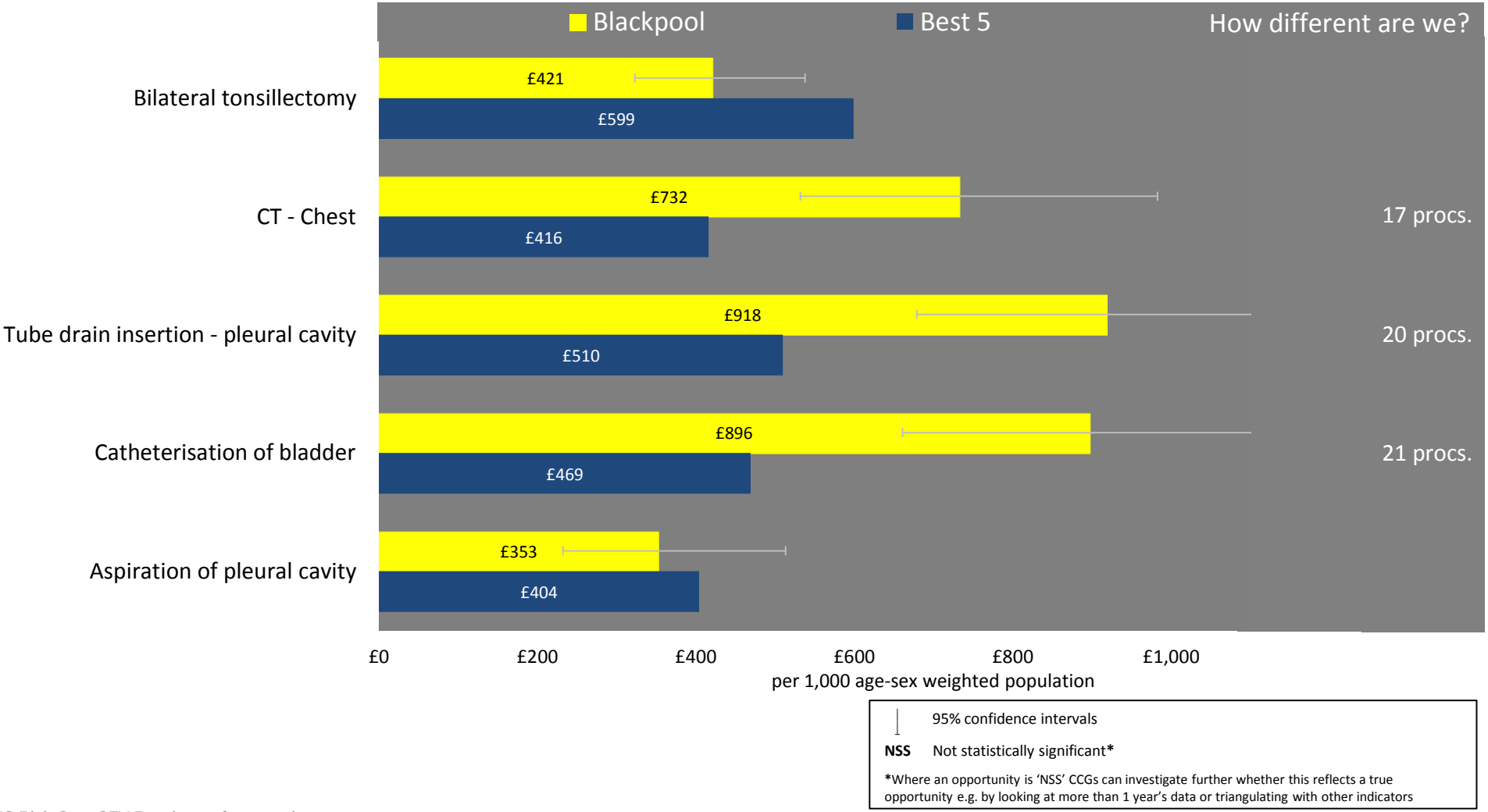
Medicines Optimisation Dashboard: https://www.england.nhs.uk/ourwork/pe/mo-dash/

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

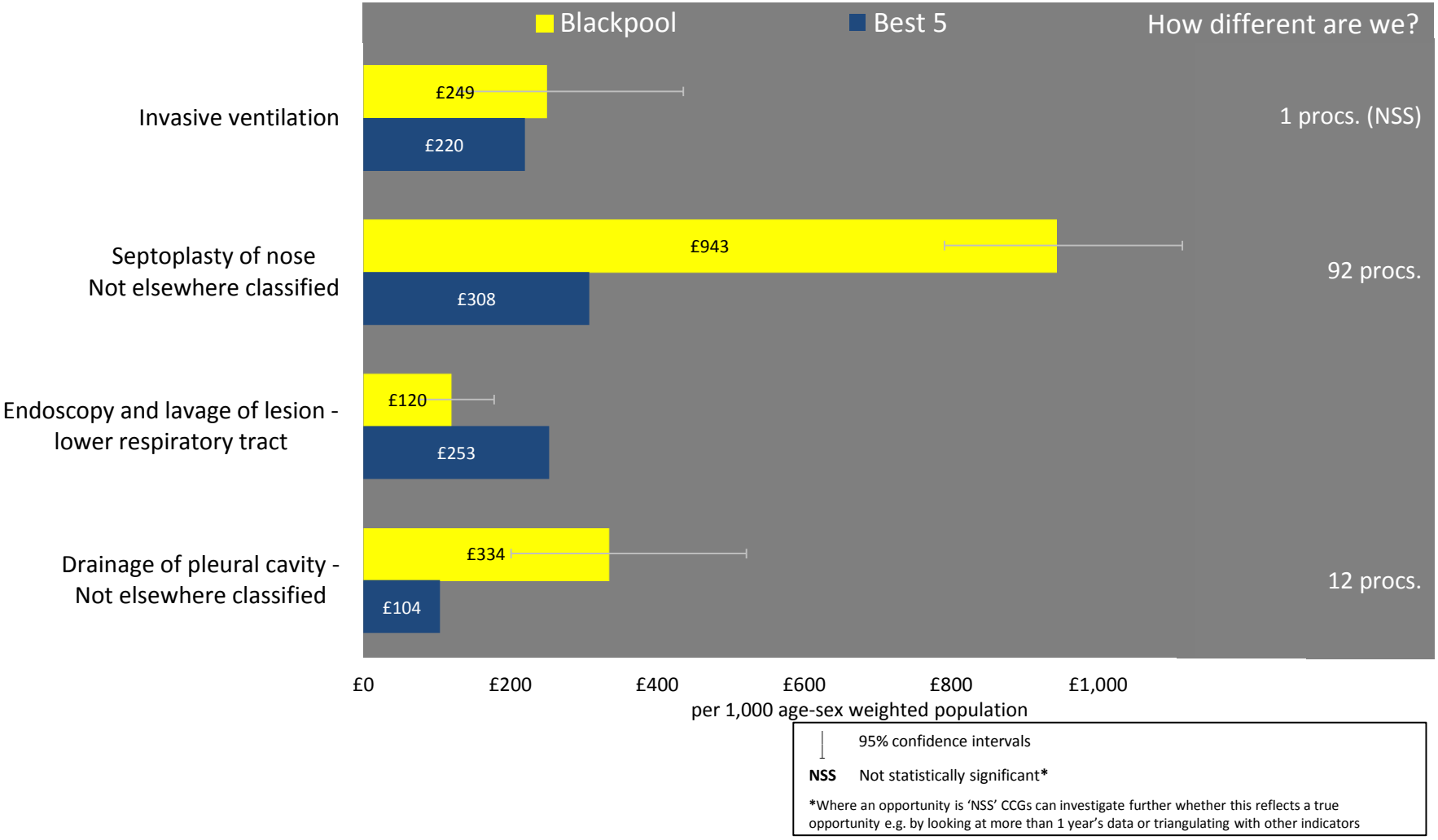
Asthma - procedures



Obstructive Airways Disease - procedures



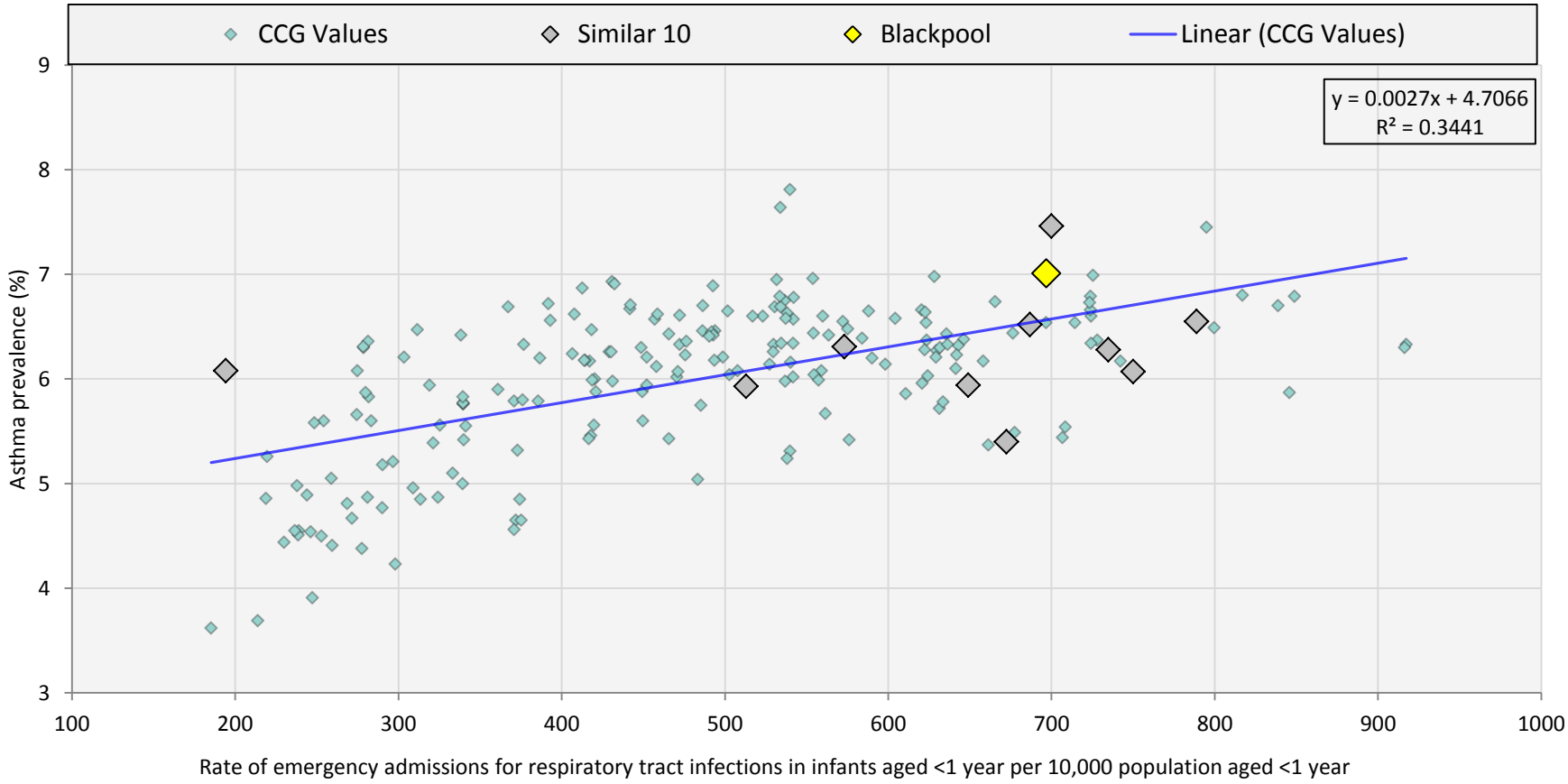
Obstructive Airways Disease - procedures continued



Scatter Plot Analysis

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.

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



Opportunity table: Methodology

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

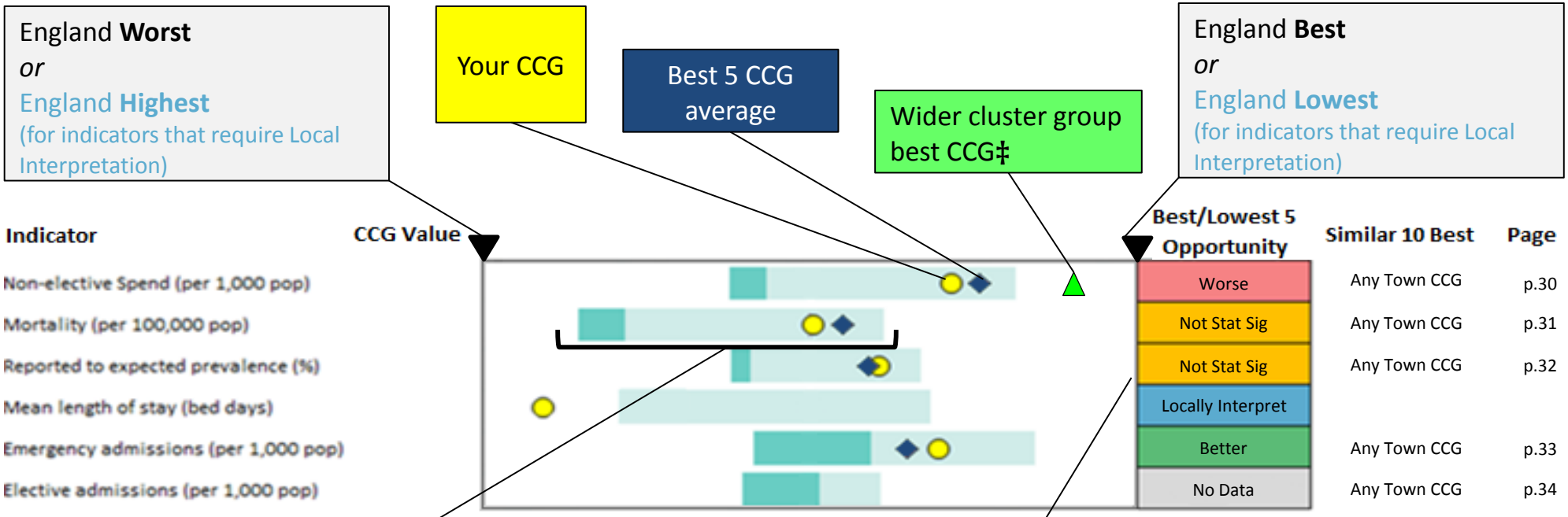
• Risk • Prevalence and detection • Service and quality • Spend • Outcomes

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



The shaded area is the range for your similar 10 group. Your CCG is the yellow circle and, as it is not part of the similar 10, it could appear anywhere from England worst/highest to the England best/lowest

The darker green shading shows the worst quintile in the similar 10.

Red = Statistically significantly worse than best 5 & quantified CCG opportunity

Amber & 'amount (NSS)' = Not statistically significant – *worse* than best 5

Amber & 'blank' = Not statistically significant – *better* than best 5

Blue = Indicator is to be locally interpreted and requires contextual information. Potential opportunities are **only** shown where the CCG is **higher** than the best 5. No potential opportunities are calculated for prevalence and some risk factors.

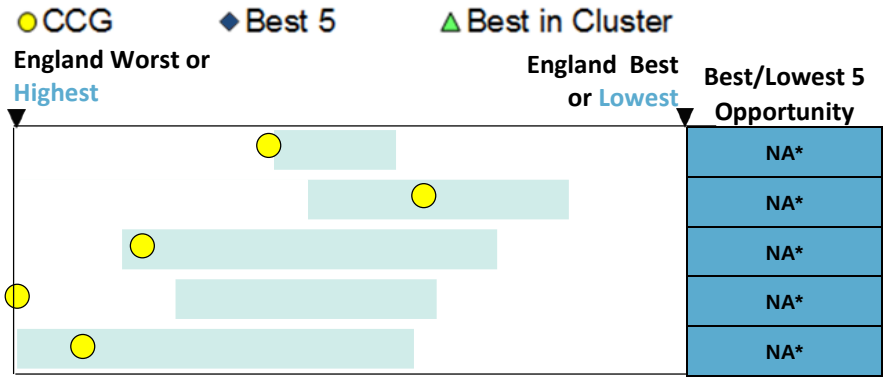
Green = Statistically significantly better than best 5

No Data = No CCG data or data has been supressed due to small numbers

‡ 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 slide 7.

Respiratory Conditions - Opportunity table - Risk

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



Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
GP registered population aged 75+ years (%)	9.3	NA*		
Income Deprivation Affecting Older People Index	0.3	NA*		
Income Deprivation Affecting Children Index	0.3	NA*		
Smoking prevalence 18+ (%)	24.6	NA*		
Physically inactive adults (%)	38.1	NA*		

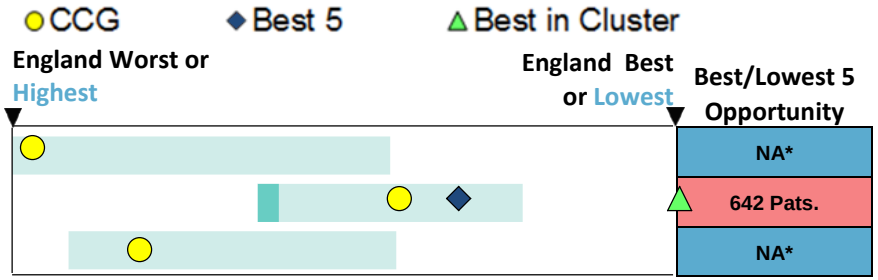
Please note: For smoking and physical inactivity opportunities are not presented due to difficulties calculating these, rather than because they need local interpretation.

*** No opportunity is calculated for risk and reported prevalence indicators**

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Prevalence and detection

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



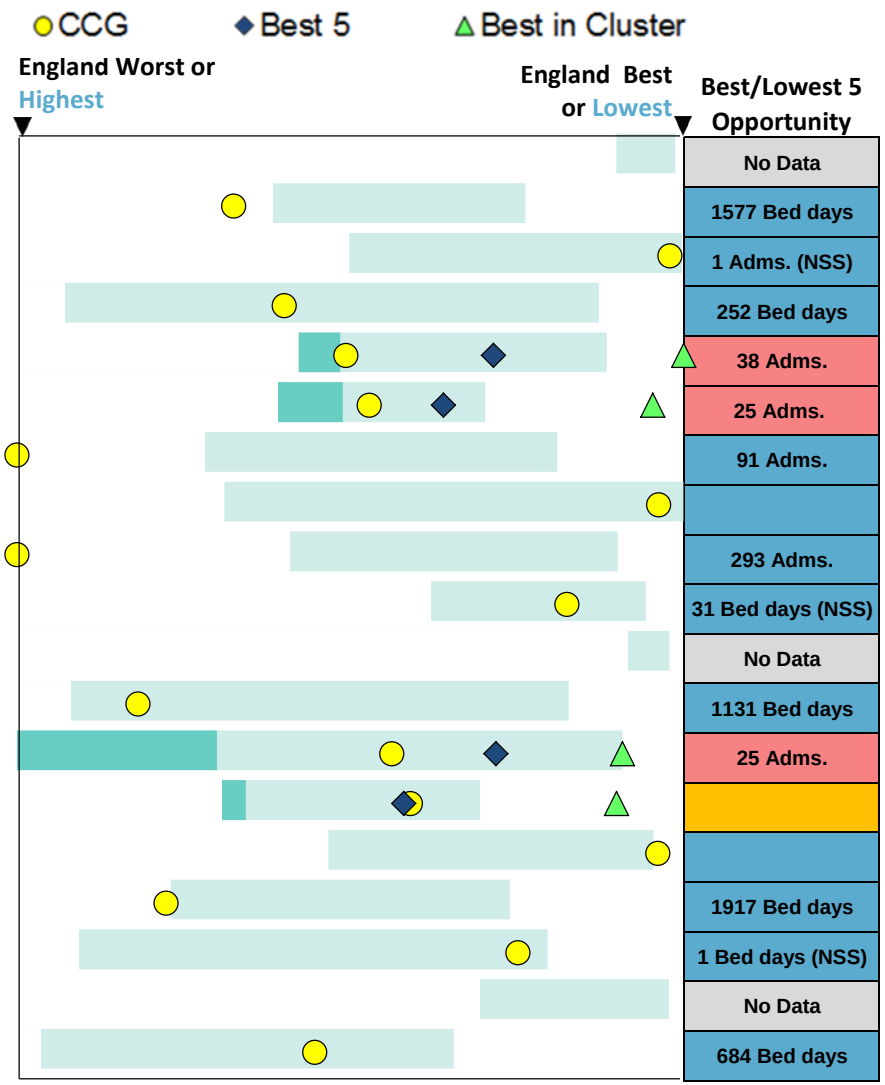
Indicator	CCG Value	Similar 10 Best	Page
COPD Prevalence (%)	3.6		
Reported to estimated prevalence of COPD (%)	72.3	South Tyneside	p.50
Asthma prevalence (%)	7.0		

*** No opportunity is calculated for risk and reported prevalence indicators**

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Activity and quality

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

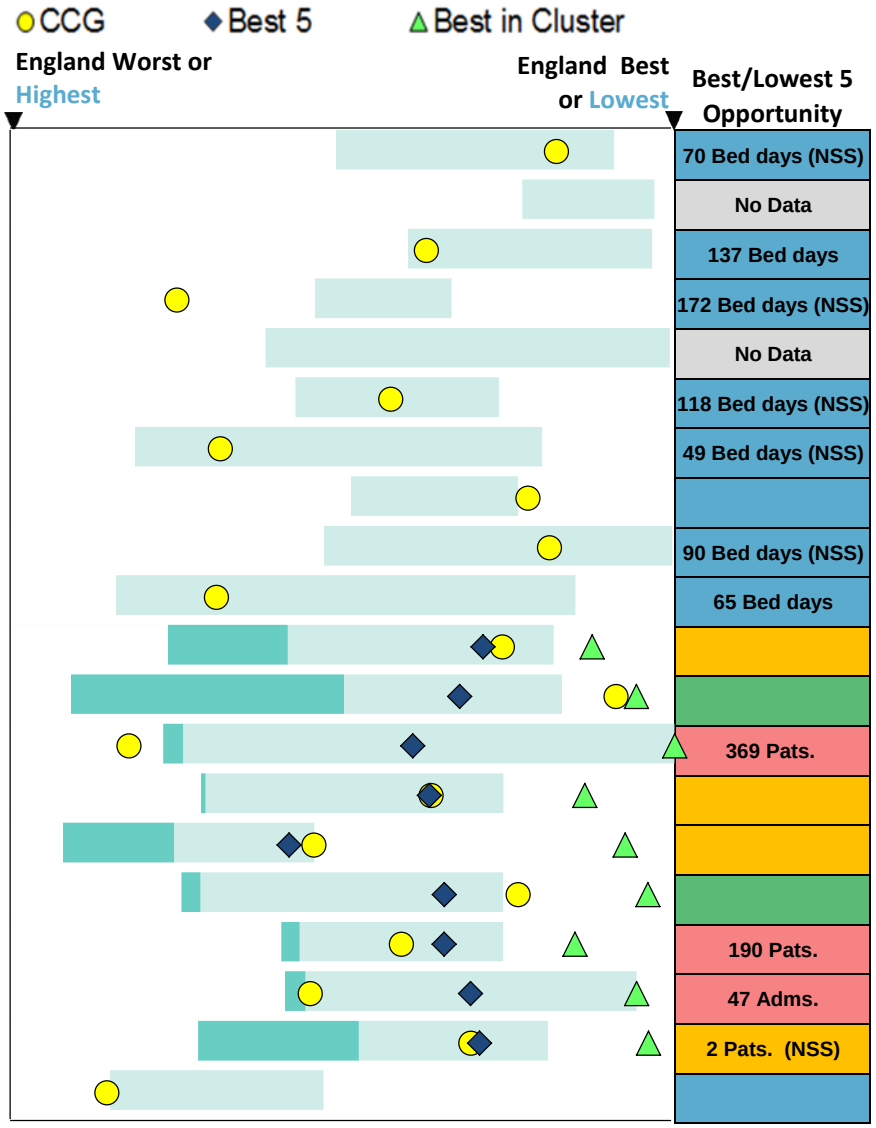


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
OAD - day case admissions (**)	No Data	No Data		
OAD - avg. length of stay - emergency (bed days)	7.4	1577 Bed days		
Asthma - day case admissions (**)	4.1	1 Adms. (NSS)		
Asthma -avg. length of stay - emergency (bed days)	3.0	252 Bed days		
Asthma - emergency admissions by children (**)	314.8	38 Adms.	Sunderland	p.51
Asthma - Number of emergency admissions by adults (**)	103.7	25 Adms.	Sunderland	p.52
Acute upper respiratory - day case admissions (**)	92.5	91 Adms.		
Acute upper respiratory -avg. length of stay - emergency (bed days)	0.5			
Chronic upper respiratory - day case admissions (**)	256.2	293 Adms.		
Chronic upper respiratory -avg. length of stay-emergency (bed days)	2.0	31 Bed days (NSS)		
Acute lower respiratory - day case admissions (**)	No Data	No Data		
Acute lower respiratory -avg. length of stay - emergency (bed days)	7.0	1131 Bed days		
Acute l.respiratory infections - child emergency admissions (**)	247.0	25 Adms.	Southend	p.53
Acute l. respiratory. infections - adult emergency admissions (**)	184.0		South Sefton	p.54
Chronic lower respiratory - day case admissions (**)	6.7			
Chronic lower respiratory -avg. length of stay-emergency (bed days)	6.2	1917 Bed days		
Chronic lower respiratory -avg. length of stay -elective (bed days)	4.9	1 Bed days (NSS)		
Influenza and pneumonia - day case admissions (**)	No Data	No Data		
Influenza and pneumonia -avg. length of stay - emergency (bed days)	9.9	684 Bed days		

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Activity and quality

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

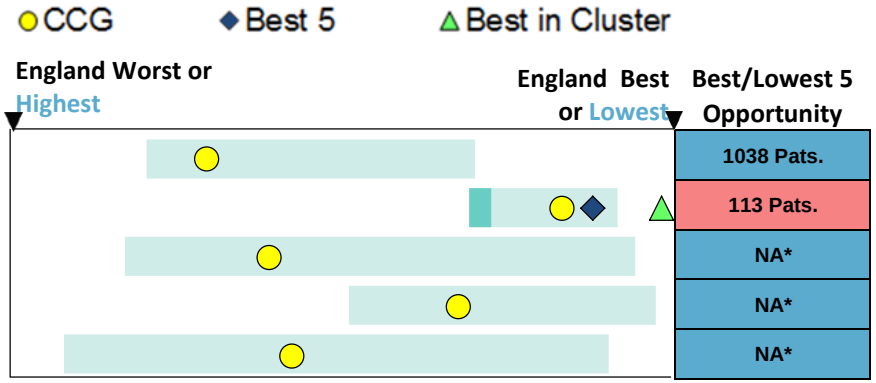


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Lung disease-external agnt-Avg length of stay-emergency (bed days)	12.0	70 Bed days (NSS)		
Other respiratory diseases - day case admissions (**)	No Data	No Data		
Other respiratory diseases-avg. length of stay-emergency (bed days)	9.4	137 Bed days		
L.Resp.Tract conditions-avg. length of stay-emergency (bed days)	28.0	172 Bed days (NSS)		
Other diseases of pleura - day case admissions (**)	No Data	No Data		
Other diseases of pleura -avg. length of stay -emergency (bed days)	9.0	118 Bed days (NSS)		
Other diseases of pleura -avg. length of stay - elective (bed days)	9.6	49 Bed days (NSS)		
Other diseases of respiratory system - day case admissions (**)	72.0			
Other respiratory diseases-Avg length of stay-emergency (bed days)	2.8	90 Bed days (NSS)		
Other respiratory diseases-Avg length of stay-elective (bed days)	3.3	65 Bed days		
COPD patients where diagnosis confirmed by spirometry (%)	83.8		Stockport	p.55
COPD patients&dyspnoea grade ≥3, record of O2 sat value (%)	97.5		Blackpool	p.56
COPD patients who have had flu immunisation (%)	77.7	369 Pats.	Stockport	p.57
COPD patients had a review and breathlessness assessment (%)	82.8		Stockport	p.58
COPD patients with a record of FEV1 (%)	73.5		Stockport	p.59
Patients (8yrs+) with asthma - variability/reversibility (%)	87.7		Blackpool	p.60
% asthma patients with review (12 months)	70.2	190 Pats.	Stockport	p.61
Emergency admission rate for children with asthma, 0-18yrs (**)	332.5	47 Adms.	South Sefton	p.62
Asthma patients, 14-19, where smoking status is recorded (%)	84.8	2 Pats. (NSS)	Stockport	p.63
Smokers (15+ y) with record of offer of support/treatment (%)	89.5			

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Activity and quality

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



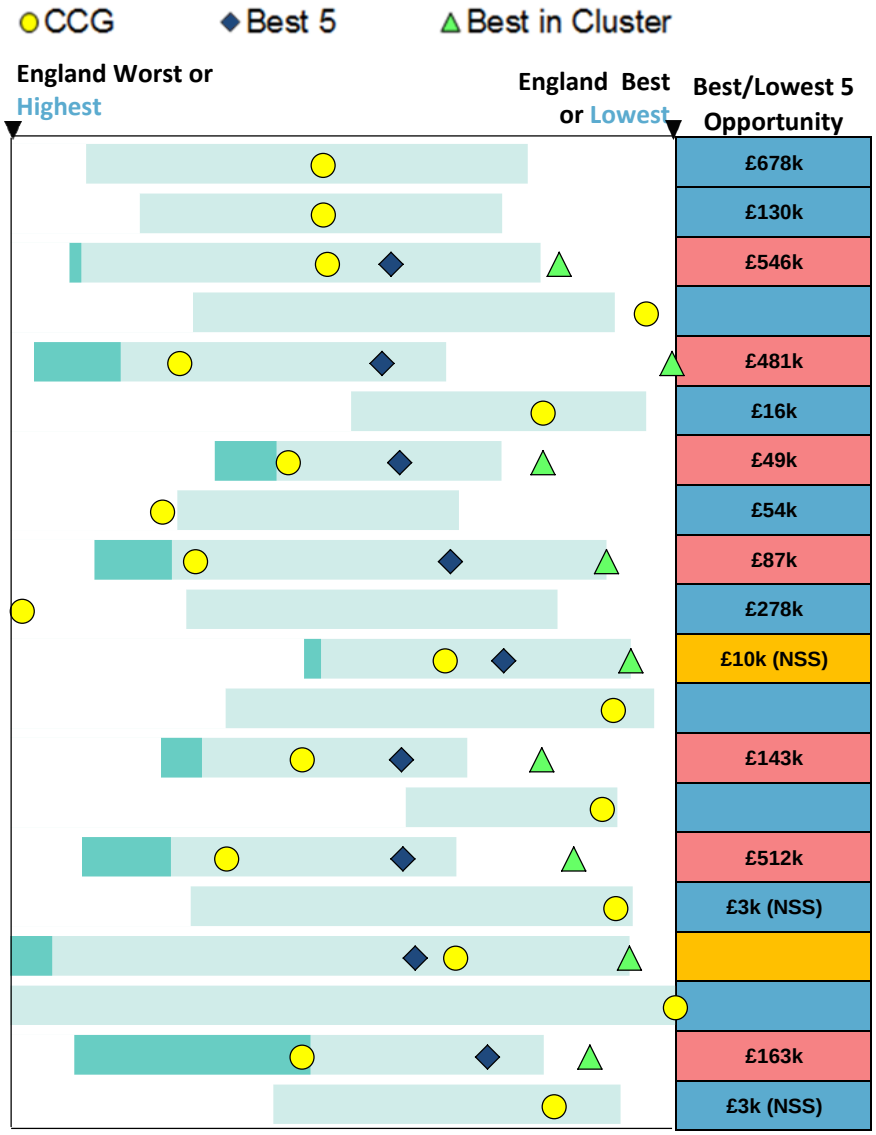
Indicator	CCG Value	Similar 10 Best	Page
Patients with record of smoking status (%)	94.0		
Smokers- support/treatment offered (certain conditions) (%)	94.1	Knowsley	p.64
COPD - GP Exception rate (%)	13.5		
Asthma - GP Exception rate (%)	7.4		
Smoking - GP Exception rate (%)	1.5		

*** No opportunity is calculated for exception rates**

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Spend

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

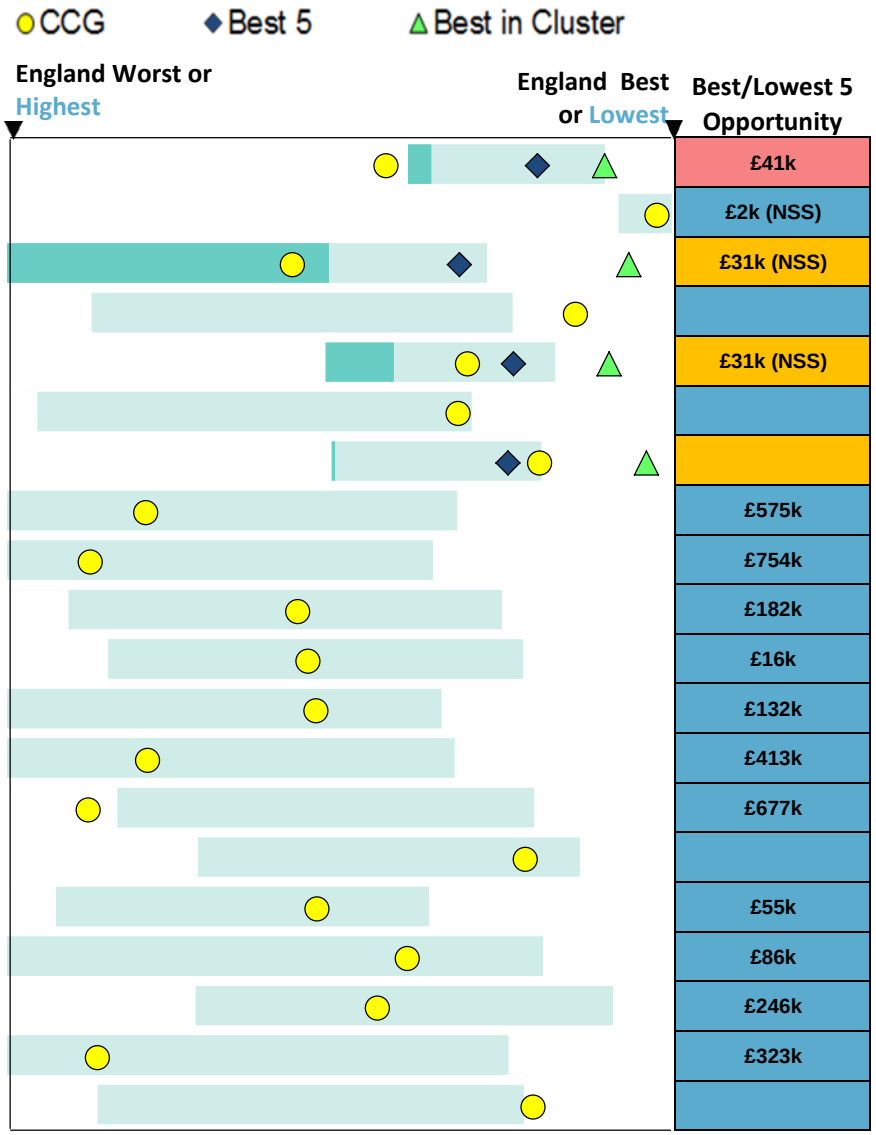


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Repiratory - Total (*)	37714	£678k		
Respiratory - Elective (*)	5884	£130k		
Respiratory - Non-elective (*)	31838	£546k	Southend	p.65
Obstructive Airways Disease - Elective (*)	34			
Obstructive Airways Disease- Non-elective spend (*)	7675	£481k	Southend	p.66
Asthma - Elective (*)	132	£16k		
Asthma - Non-elective spend (*)	1417	£49k	Sunderland	p.67
Acute upper respiratory - Elective (*)	1049	£54k		
Acute upper respiratory - Non-elective (*)	1330	£87k	Southend	p.68
Chronic upper respiratory - Elective (*)	3224	£278k		
Chronic upper respiratory - Non-elective (*)	316	£10k (NSS)	Southend	p.69
Acute lower respiratory - Elective (*)	59			
Acute lower respiratory - Non-elective (*)	3989	£143k	South Sefton	p.70
Chronic lower respiratory - Elective (*)	208			
Chronic lower respiratory - Non-elective (*)	9496	£512k	St Helens	p.71
Influenza and pneumonia - Elective (*)	142	£3k (NSS)		
Influenza and pneumonia - Non-elective (*)	11009		Southend	p.72
Lung diseases due to external agents - Elective (*)	0			
Lung diseases due to external agents - Non-elective (*)	2160	£163k	South Tees	p.73
Other respiratory diseases - Elective (*)	95	£3k (NSS)		

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Spend

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

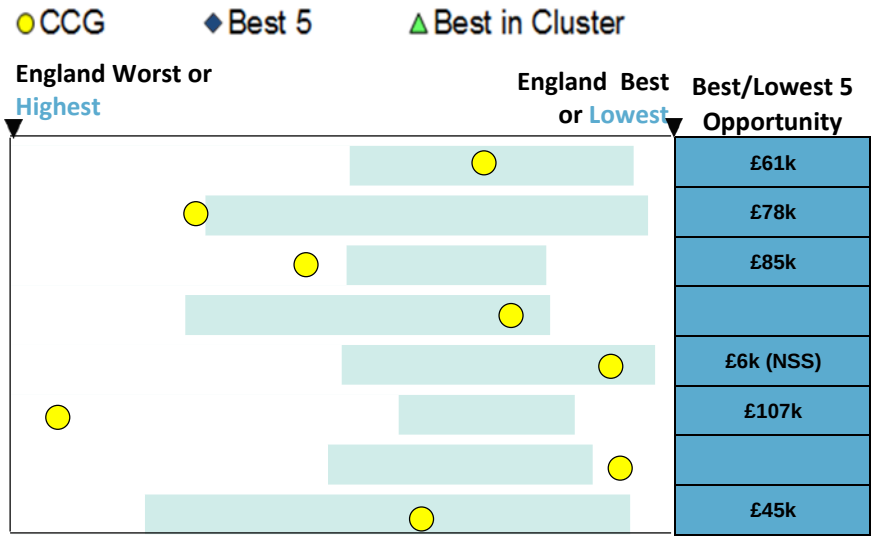


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Other respiratory diseases - Non-elective (*)	428	£41k	Southend	p.74
Lower respiratory tract conditions - Elective (*)	29	£2k (NSS)		
Lower respiratory tract conditions - Non-elective (*)	384	£31k (NSS)	South Tyneside	p.75
Other diseases of pleura - Elective (*)	179			
Other diseases of pleura - Non-elective (*)	1164	£31k (NSS)	Stockport	p.76
Other diseases of the respiratory system - Elective (*)	1030			
Other diseases of the respiratory system - Non-elective (*)	1630		St Helens	p.77
Obstructive Airways Disease - primary care prescribing spend (**)	10017	£575k		
Primary care prescribing spend - Asthma (***)	17837	£754k		
Prescribing spend - Beclomethasone (***)	3308	£182k		
Prescribing spend - Salbutamol (***)	1399	£16k		
Prescribing spend - Seretide (***)	8629	£132k		
Prescribing spend - Spiriva (***)	6773	£413k		
Prescribing spend - Symbicort (***)	6989	£677k		
Procedure - CT - Head (*)	1606			
Procedure - CT - Pulmonary arteries (*)	1606	£55k		
Procedure - CT Not elsewhere classified (*)	1842	£86k		
Procedure - Non-invasive ventilation - Not elsewhere classified (*)	2678	£246k		
Procedure - Transthoracic ECG (*)	2963	£323k		
Procedure - Bilateral tonsillectomy (*)	421			

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Spend

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

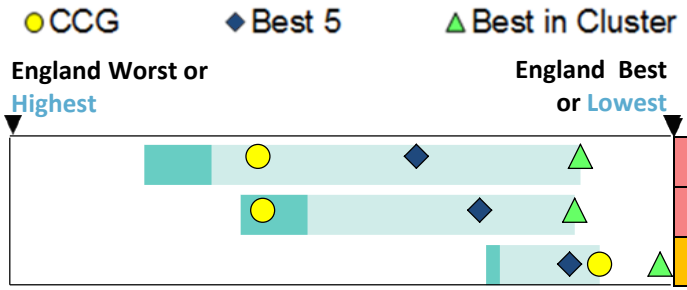


Indicator	CCG Value	Similar 10 Best	Page
Procedure - CT - Chest (*)	732		
Procedure - Tube drain insertion - pleural cavity (*)	918		
Procedure - Catheterisation of bladder (*)	896		
Procedure - Aspiration of pleural cavity (*)	353		
Procedure - Invasive ventilation (*)	249		
Procedure - Septoplasty of nose Not elsewhere classified (*)	943		
Procedure - Endoscopy&lavage of lesion - l.respiratory tract (*)	120		
Procedure - Drainage of pleural cavity - Not elsewhere classified (*)	334		

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Respiratory Conditions - Opportunity table - Outcomes

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



Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Deaths at home (%)	21.8	55 Deaths	South Tyneside	p.78
<75 Mortality from bronchitis, emphysema and COPD (**)	33.4	22 Lives	Stockport	p.79
Mortality from asthma all yrs (**)	1.4		Blackpool	p.80

Please refer to slide 39 for full guidance on interpretation of this table of opportunities

Further Analysis - Introduction

The following pages, starting on page 50 provide a further analysis of a range of indicators in the focus pack. The indicators selected are those where we have been able to assign a judgment on whether a lower or higher value is *better* e.g. lower value better for mortality, higher value better for case finding.

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 Best 5 average values are shown below this chart.

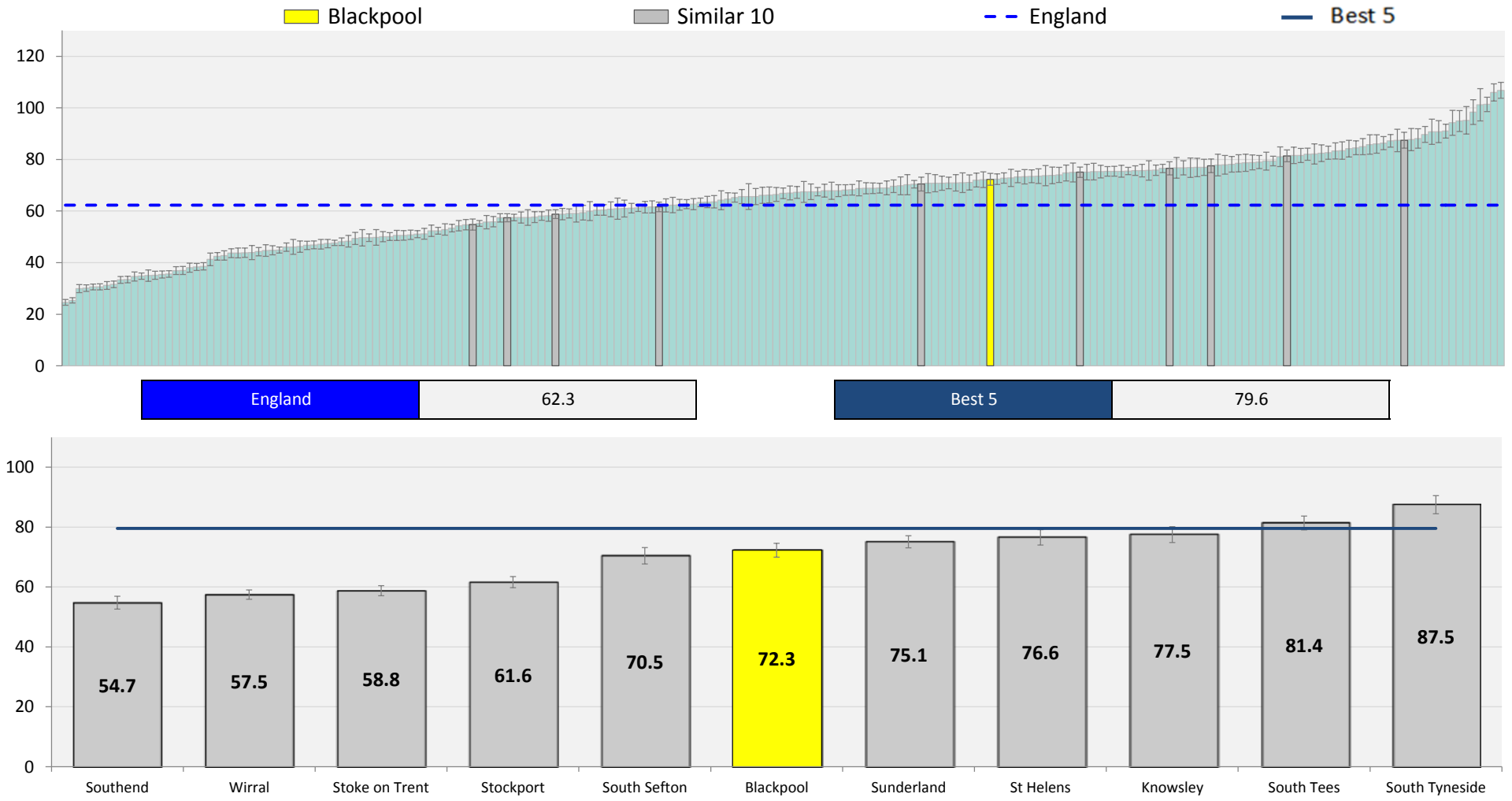
Bottom Chart:
Shows your CCG and the similar 10 group together with their indicator values. The best 5 CCG average is shown by a dark blue line.

The full indicator name, source and time period are shown at the bottom left.

The analysis presented in the following slides can be replicated for *all* indicators in the focus pack using the Commissioning for Value Focus Pack Tool. The tool is available on the Commissioing for Vlue website, the link is available on page 84.

Reported to estimated prevalence of COPD (%)

642 Pats.



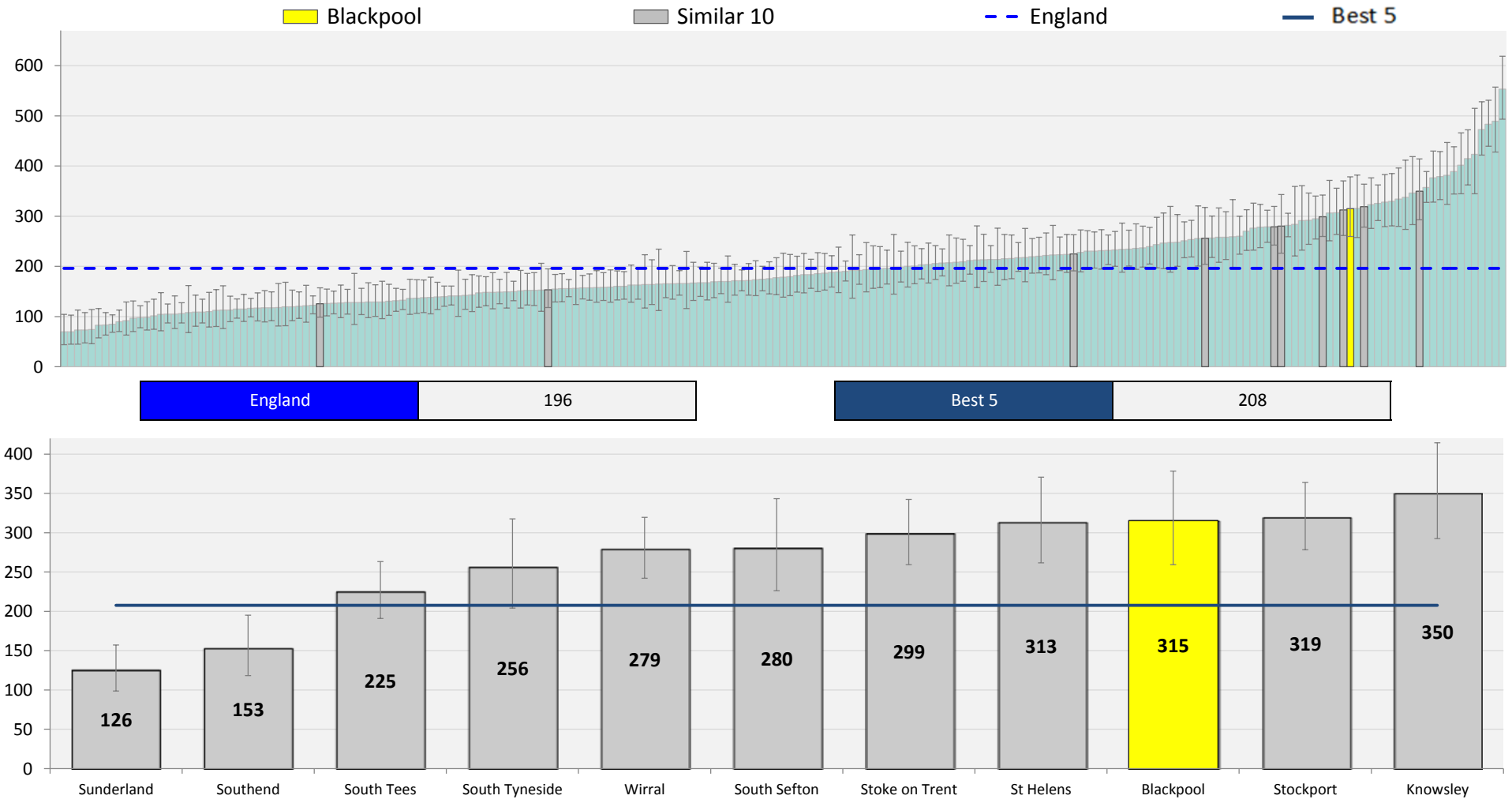
Definition: Chronic Obstructive Pulmonary Disease (COPD) (%) Reported to estimated prevalence: Disease Register and Population

Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre, INHALE (Interactive Health Atlas for Lung conditions in England), Public Health England

Year: 2014/15 (2011)

Asthma - Emergency admissions by children (per 100,000 pop.)

38 Adms.



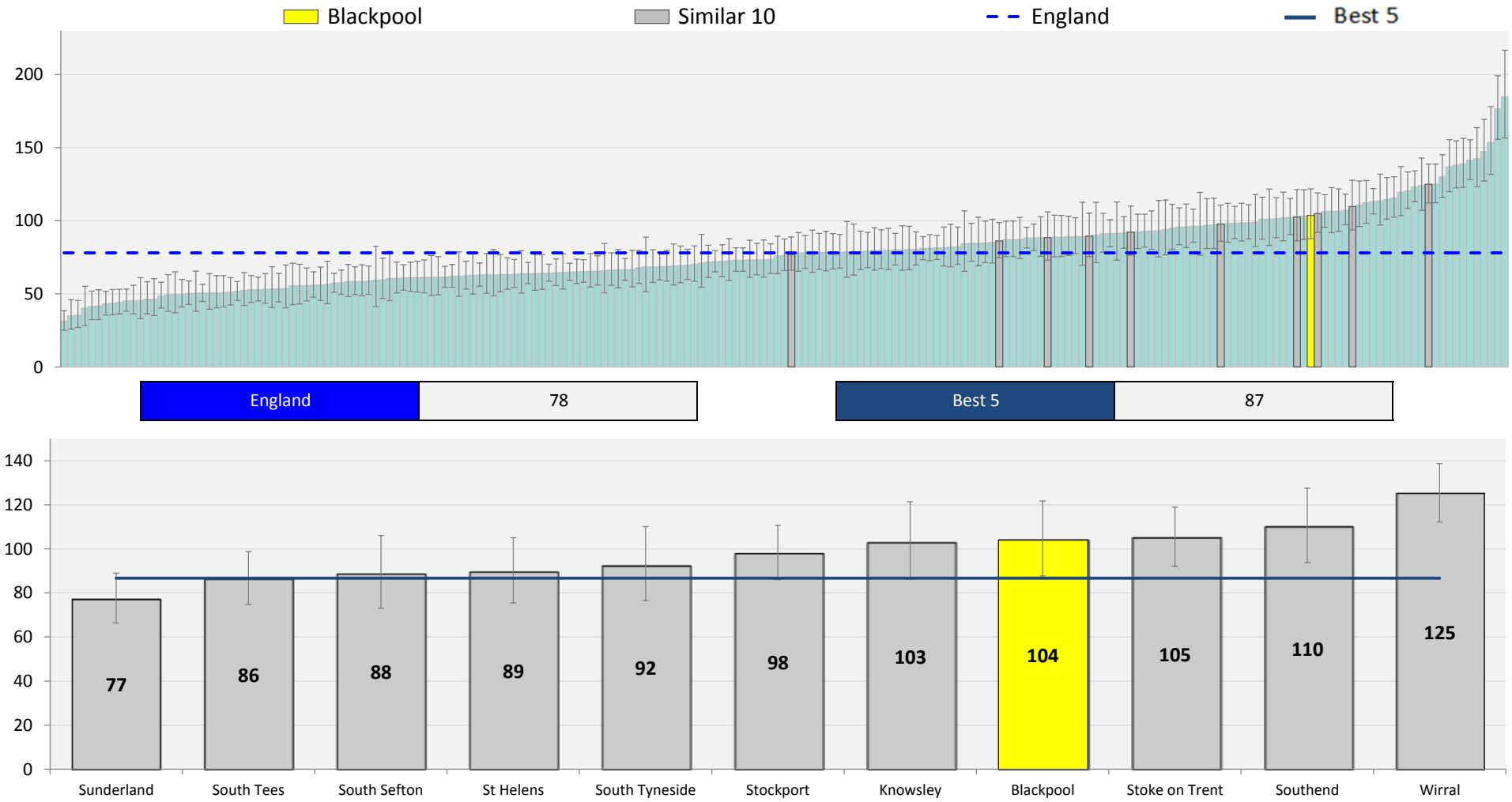
Definition: Asthma - Number of emergency admissions by children per 100,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Asthma - Emergency admissions by adults (per 100,000 pop.)

25 Adms.



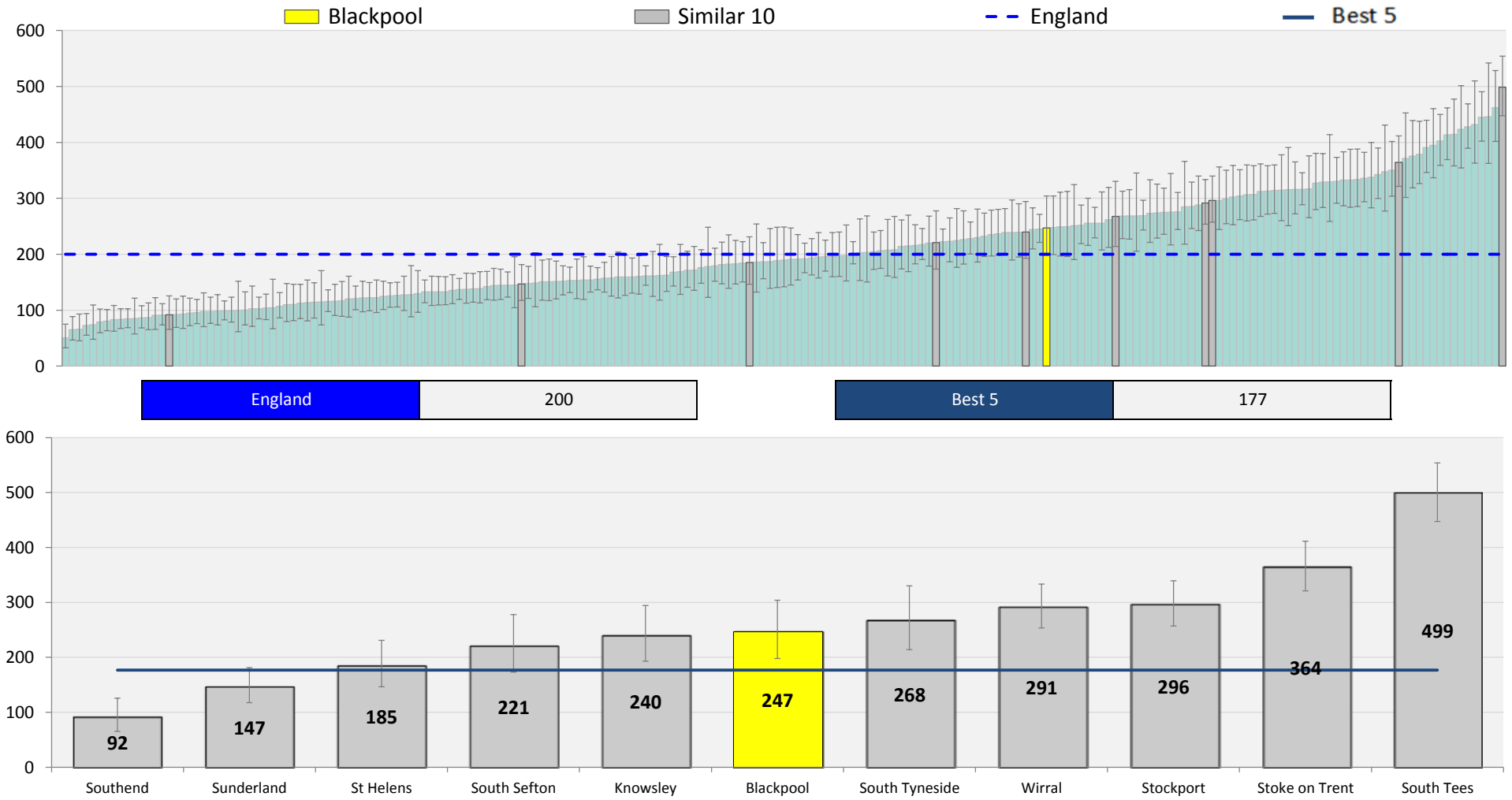
Definition: Asthma - Number of emergency admissions by adults per 100,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Acute lower respiratory infections - Emergency admissions by children (per 100,000 pop.)

25 Adms.

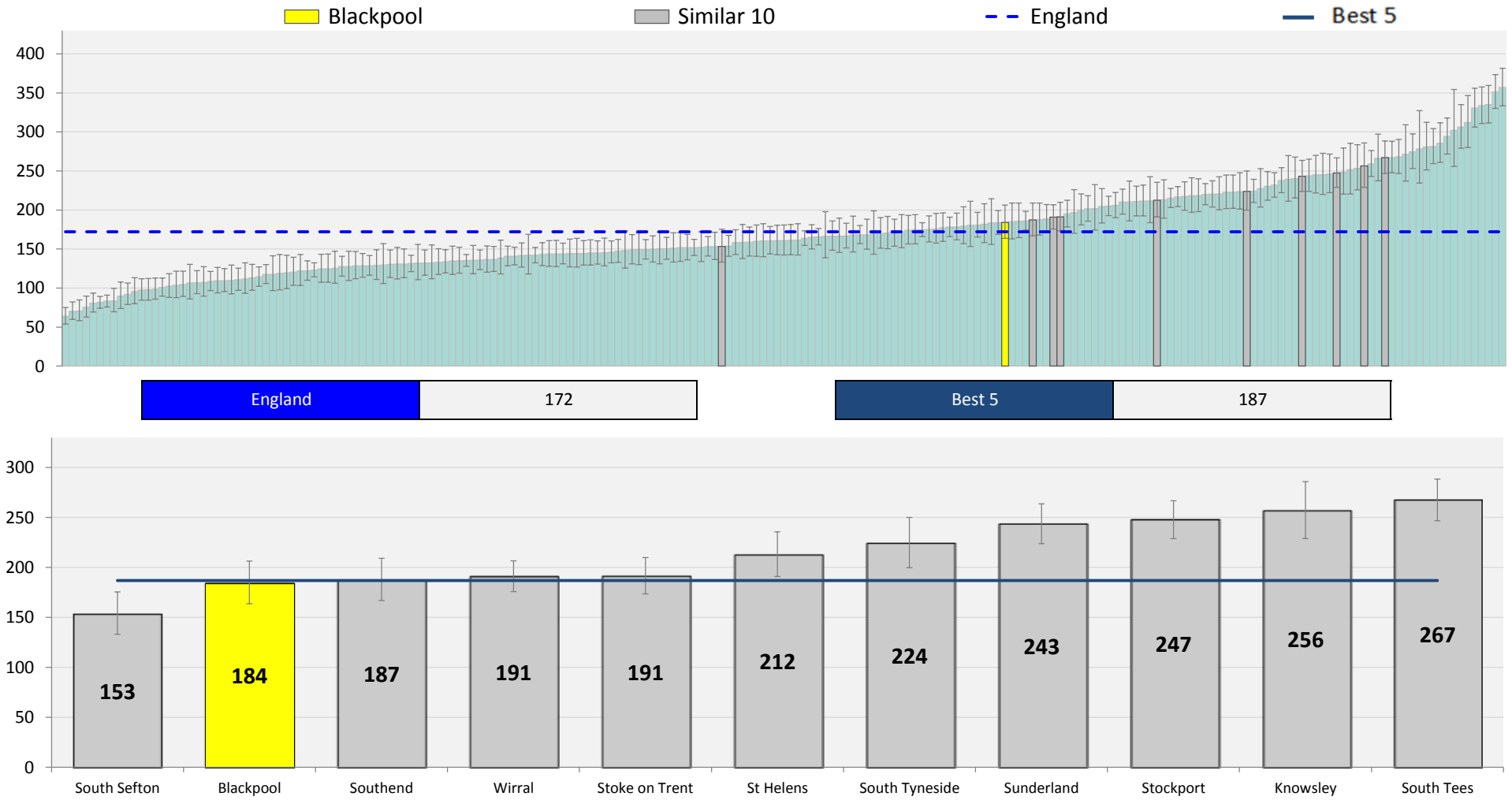


Definition: Acute lower respiratory infections - Number of emergency admissions by children per 100,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

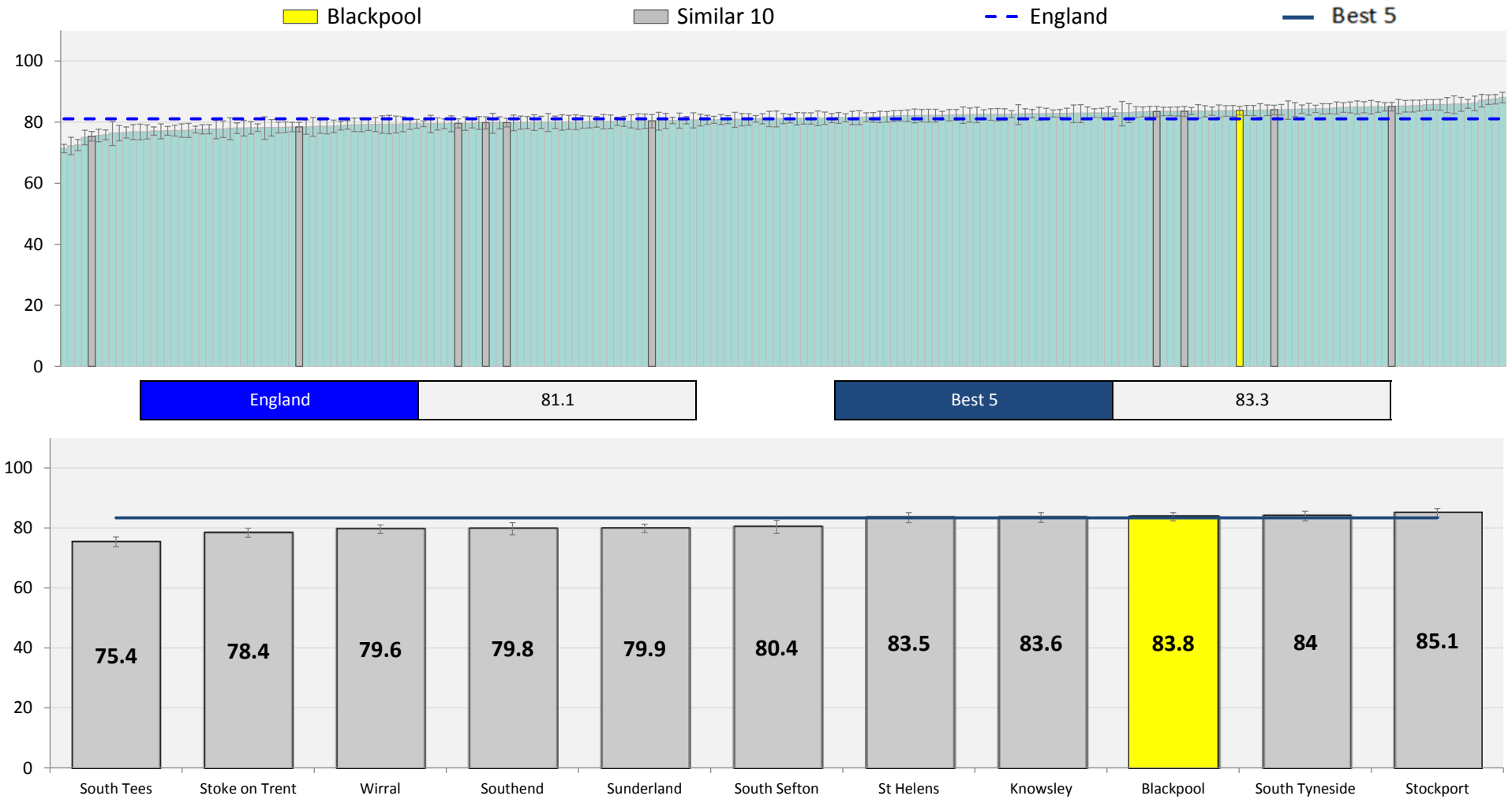
Year: 2014/15

Acute lower respiratory infections - Emergency admissions by adults (per 100,000 pop.)



Definition: Acute lower respiratory infections - Number of emergency admissions by adults per 100,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

COPD patients where diagnosis confirmed by spirometry (%)

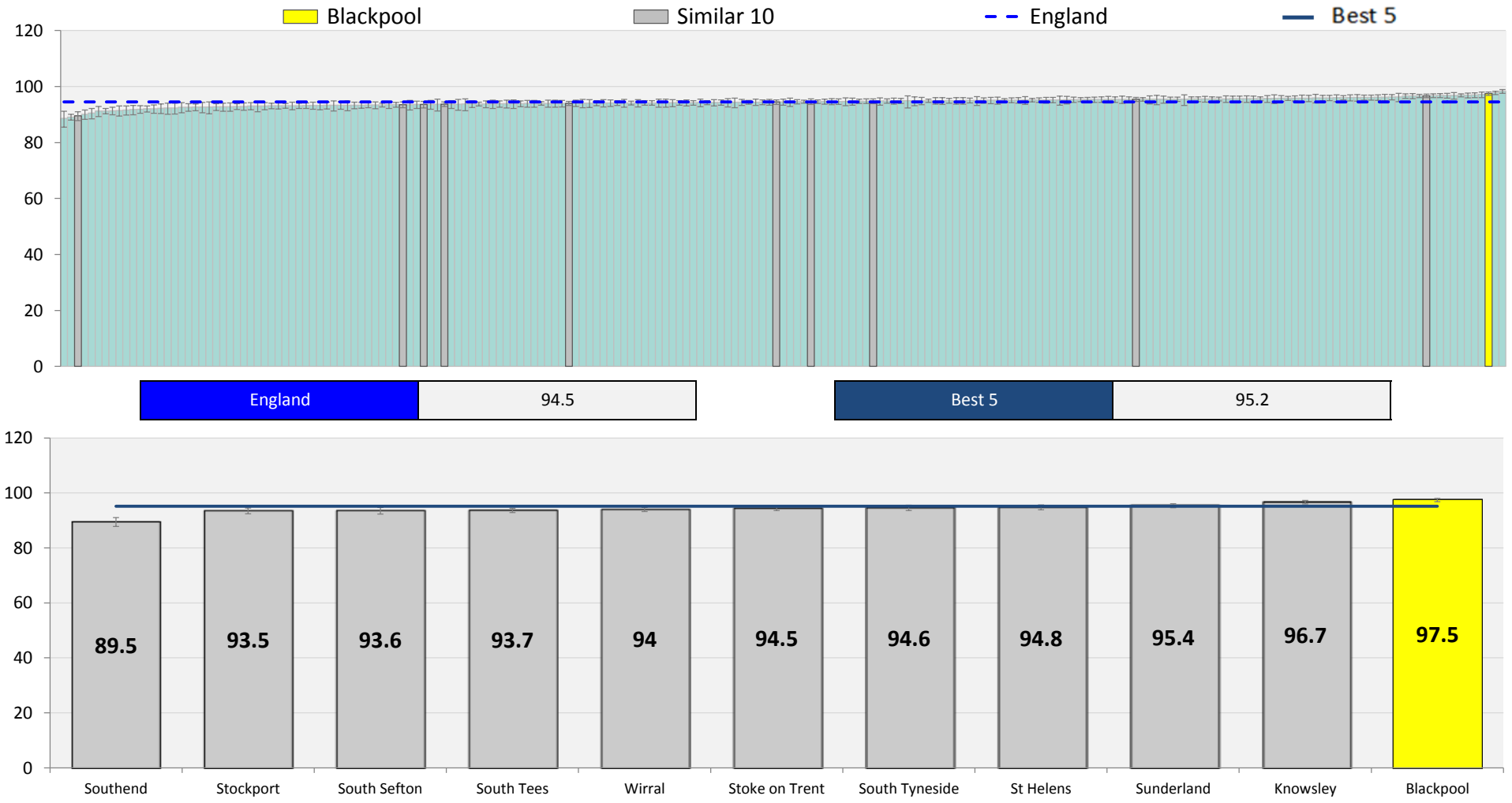


Definition: The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months

Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients with dyspnoea grade ≥3 with record of O2 sat value (%)



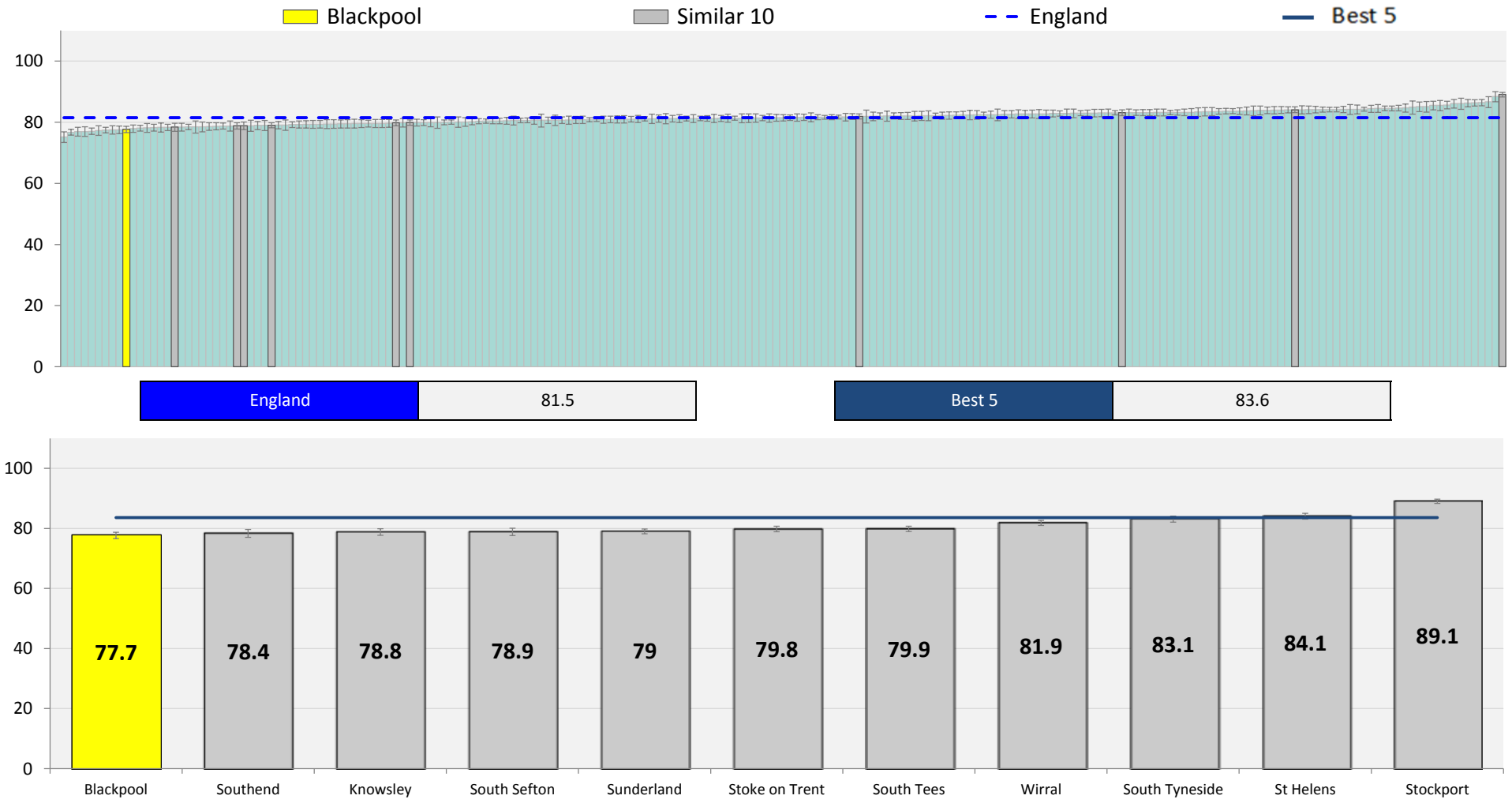
Definition: COPD005: The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months

Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients who have had flu immunisation (%)

369 Pats.

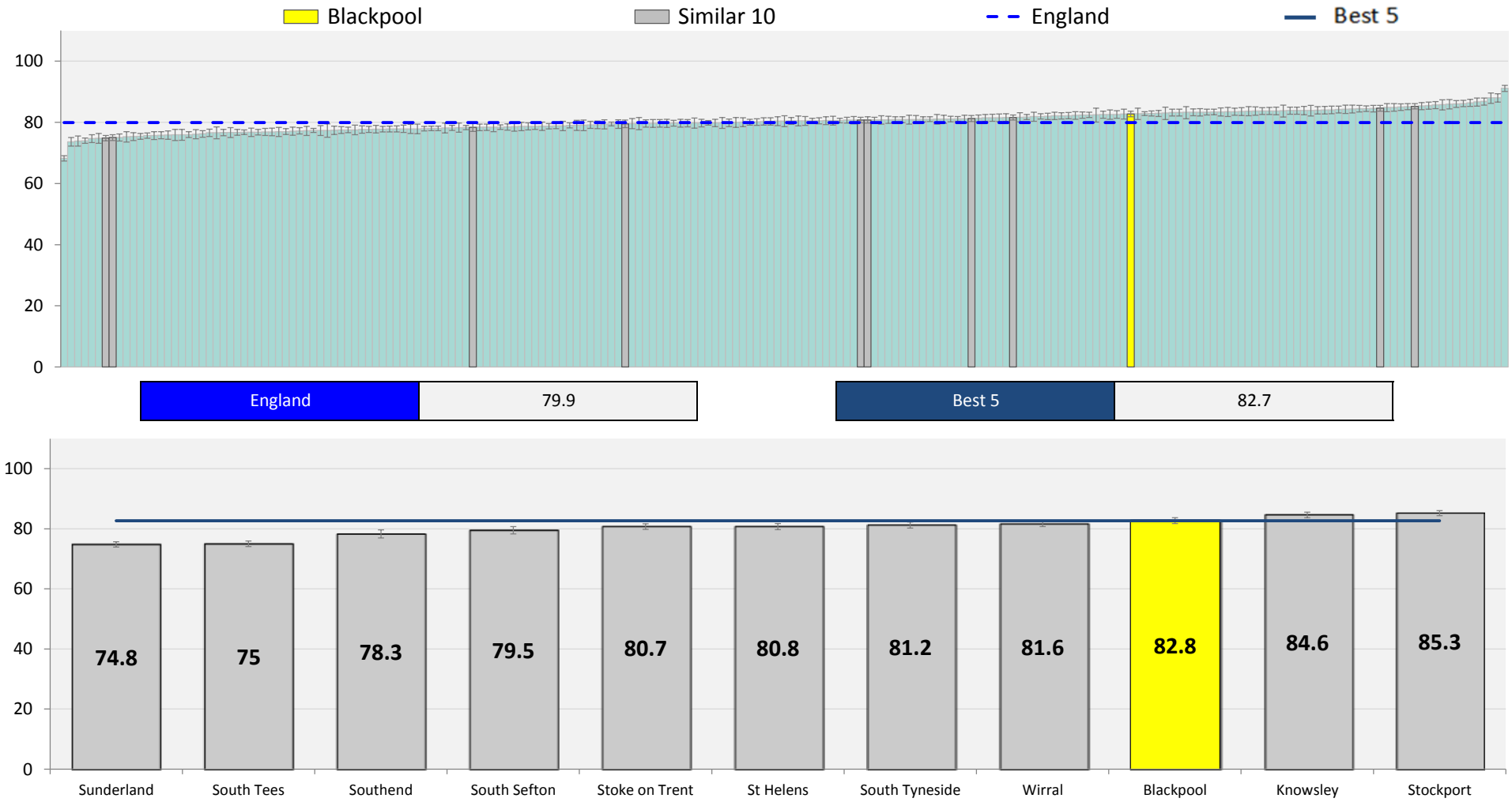


Definition: COPD007: The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March

Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients who have had a review and breathlessness assessment (%)

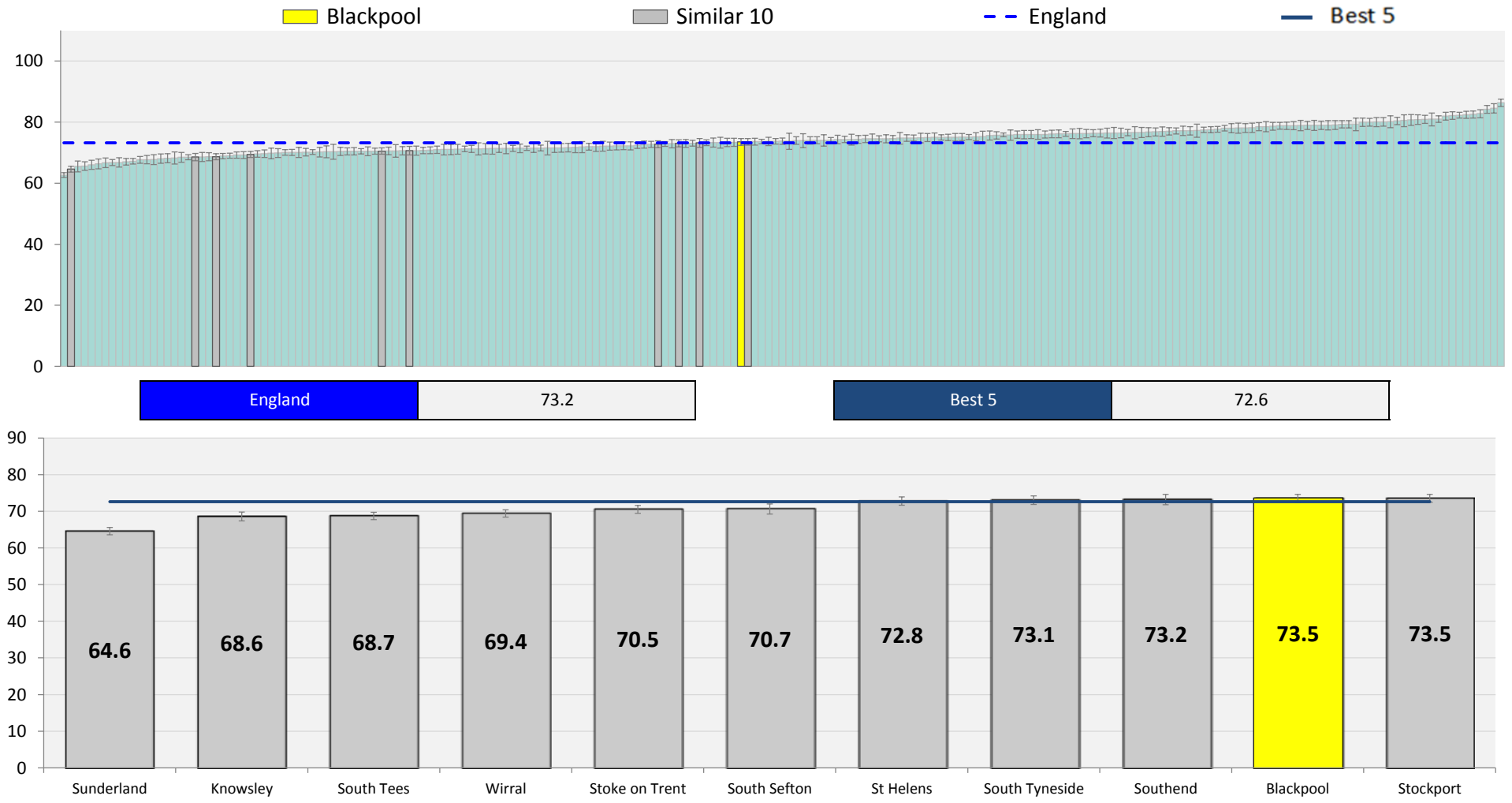


Definition: The percentage of patients who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score in the preceding 12 months.

Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients with a record of FeV1 in the preceding 12 months (%)



Definition: % of COPD patients with a record of FeV1 in the preceding 12 months
Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre
Year: 2014/15

Patients (8yrs+) with asthma with measures of variability or reversibility (%)

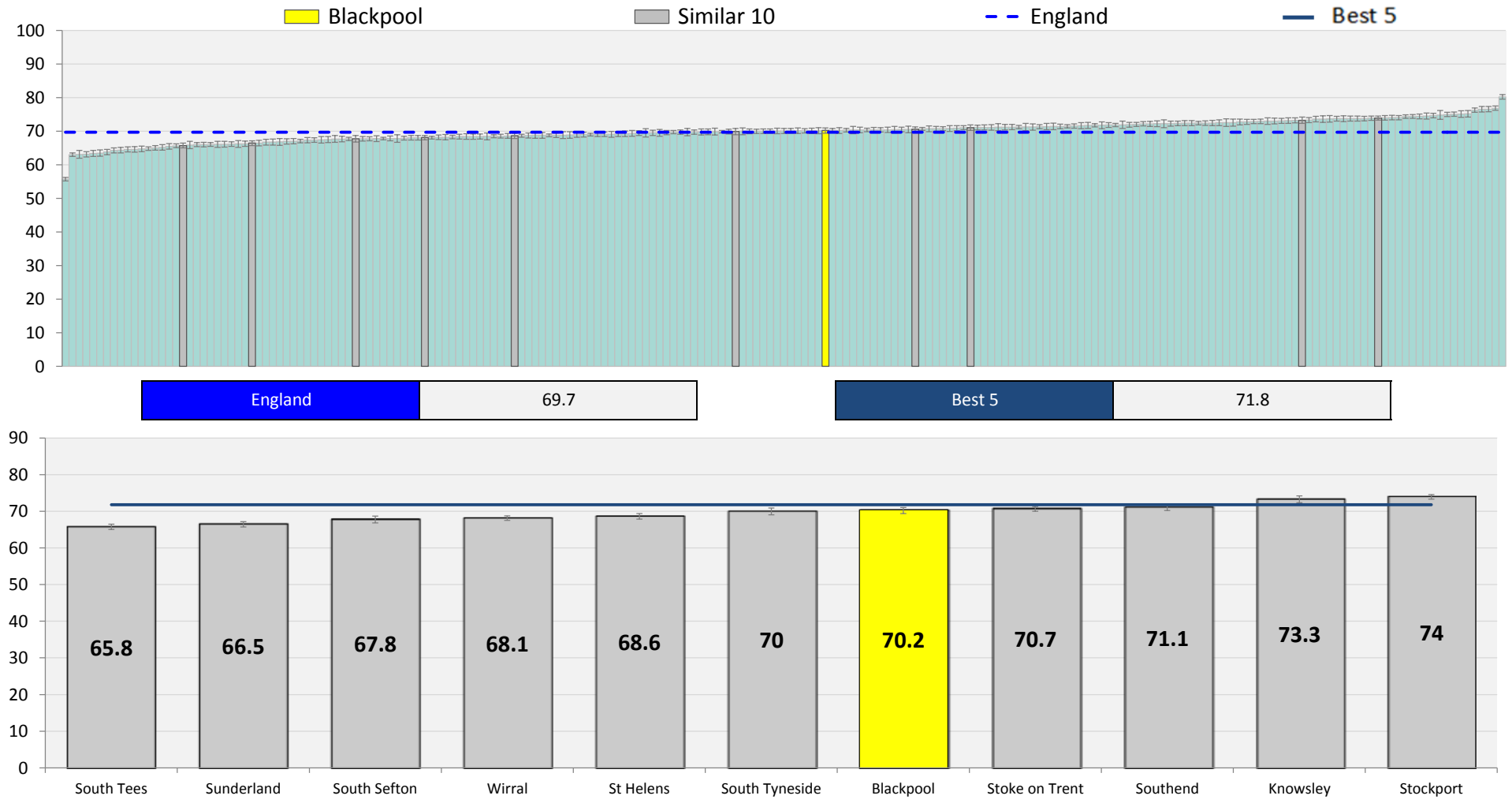
Definition: % of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis

Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre

Year: 2014/15

Asthma patients who have had a review (12 months) (%)

190 Pats.



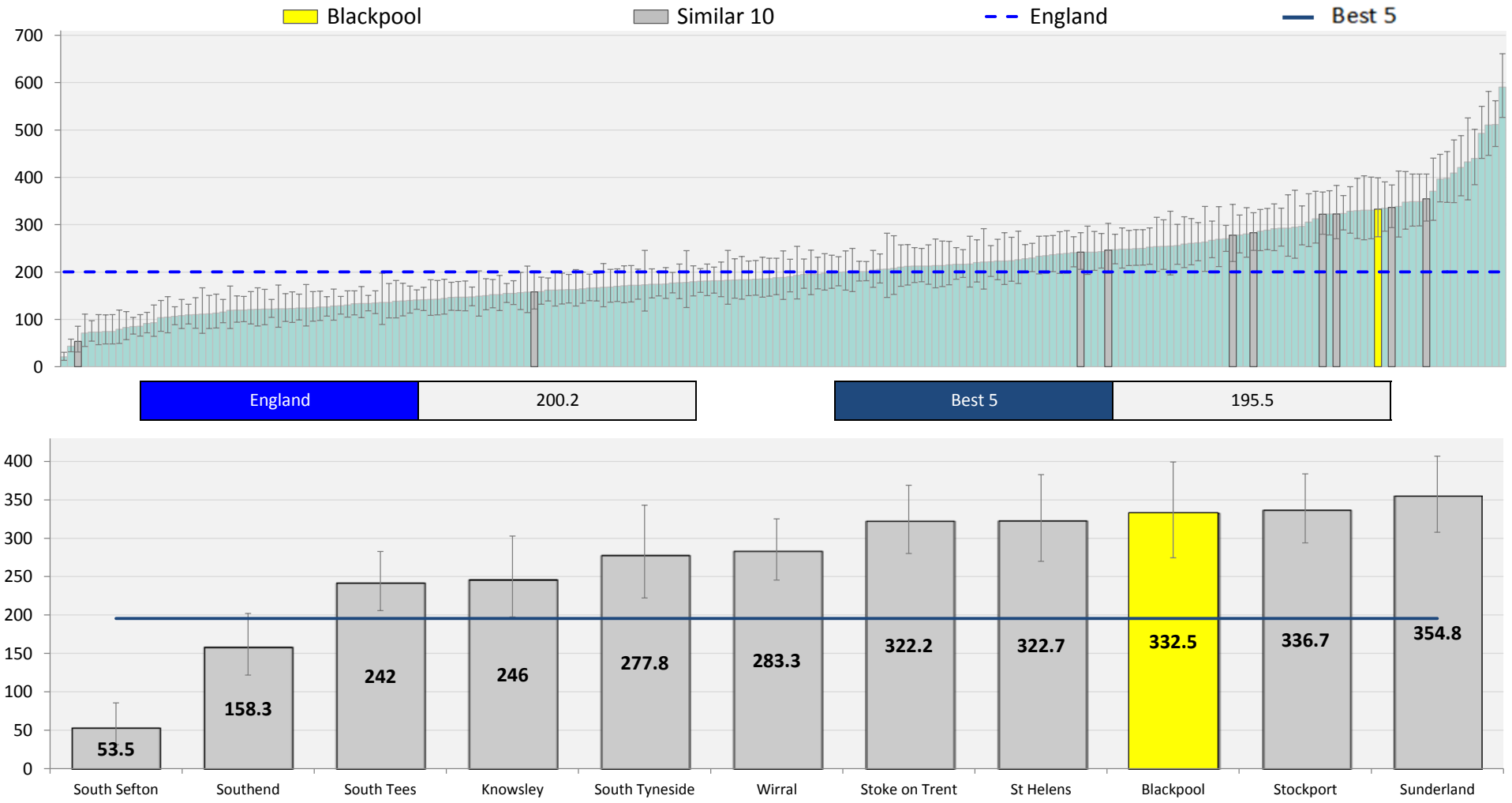
Definition: The % of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months

Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre

Year: 2014/15

Emergency admission rate for children with asthma, 0-18yrs (per 100,000 pop.)

47 Adms.



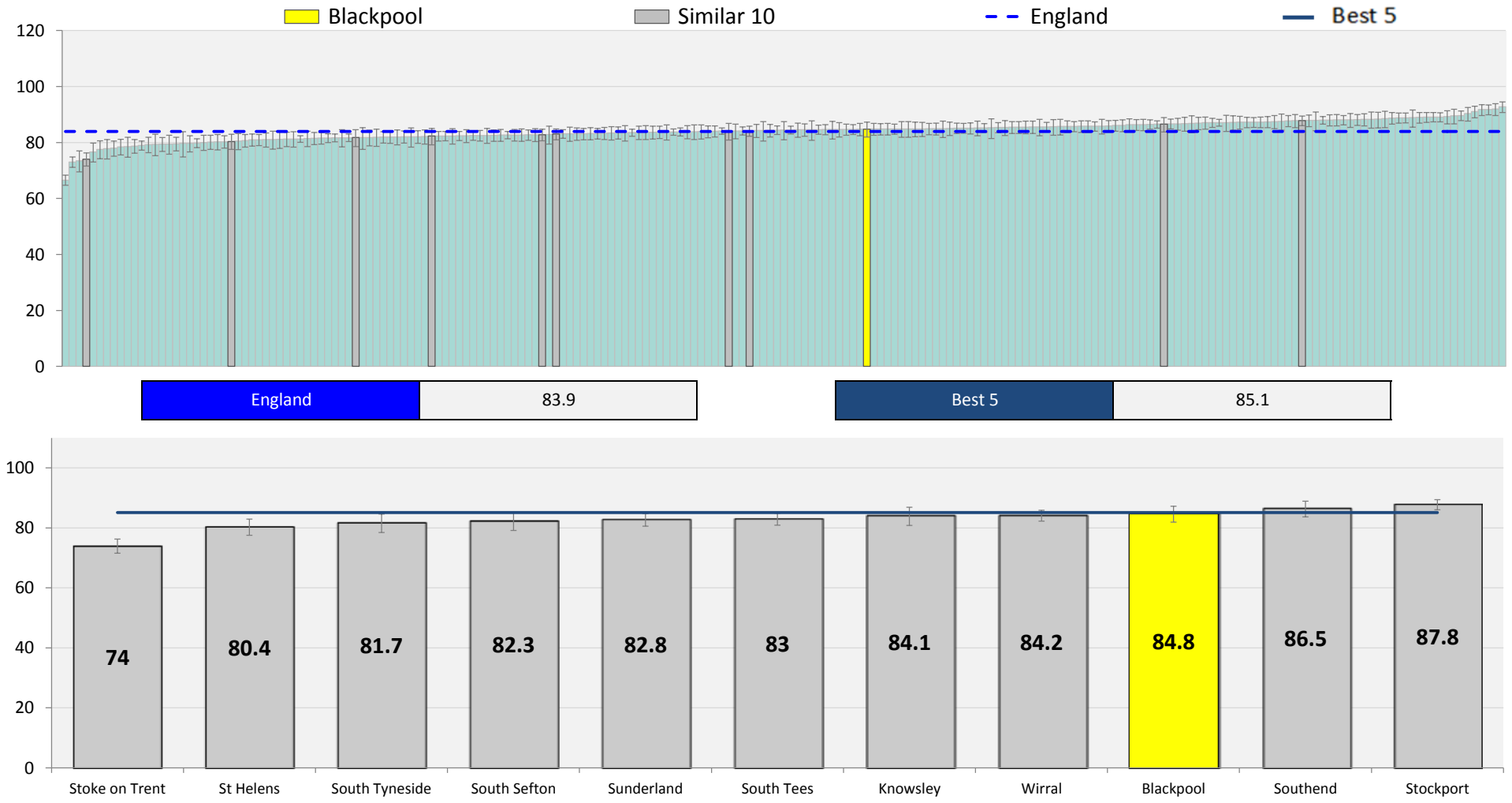
Definition: Emergency admission rate for children with asthma per 100,000 population aged 0–18 years

Source: Hospital Episode statistics (HES) via Business Objects (Methods)

Year: 2014/15

Asthma patients, 14-19, where smoking status is recorded (%)

2 Pats. (NSS)



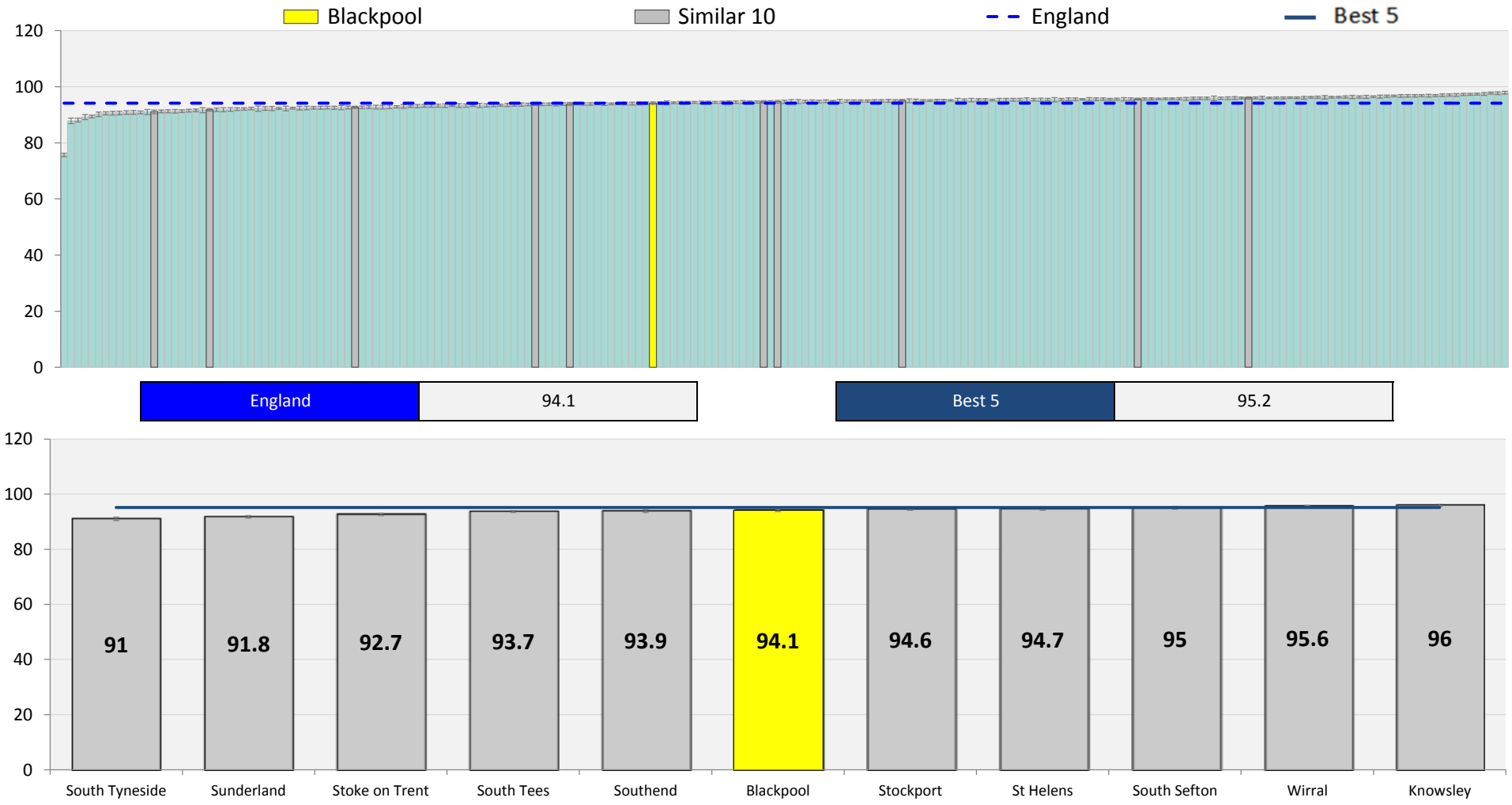
Definition: AST004: The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months

Source: Quality and Outcomes Framework

Year: 2014/15

Smokers- support and treatment offered (%)

113 Pats.



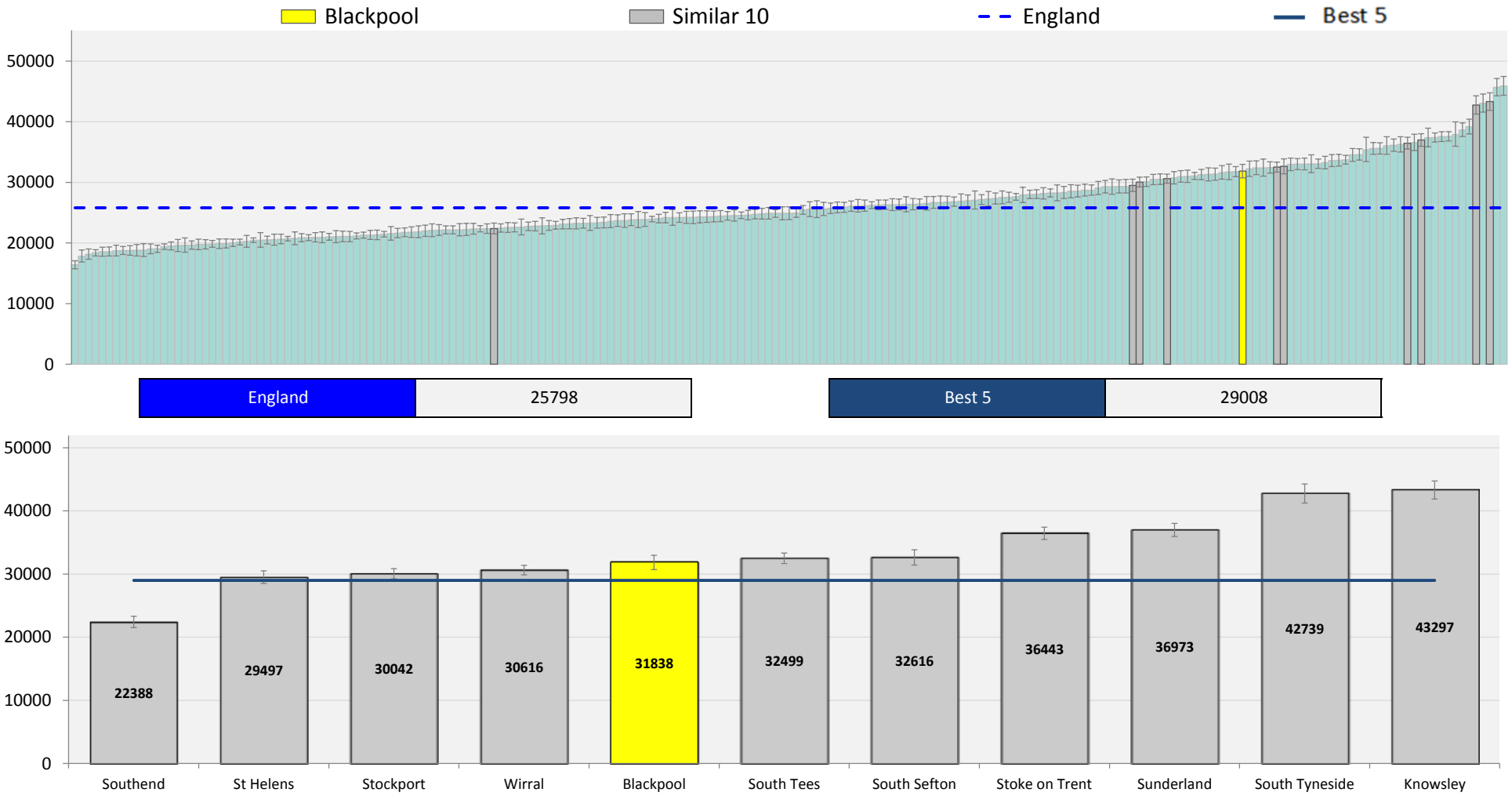
Definition: SMOK005: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months

Source: Quality and Outcomes Framework, The Health and Social Care Information Centre

Year: 2014/15

Respiratory conditions - Total non-elective spend (£ per 1,000 pop.)

£546k



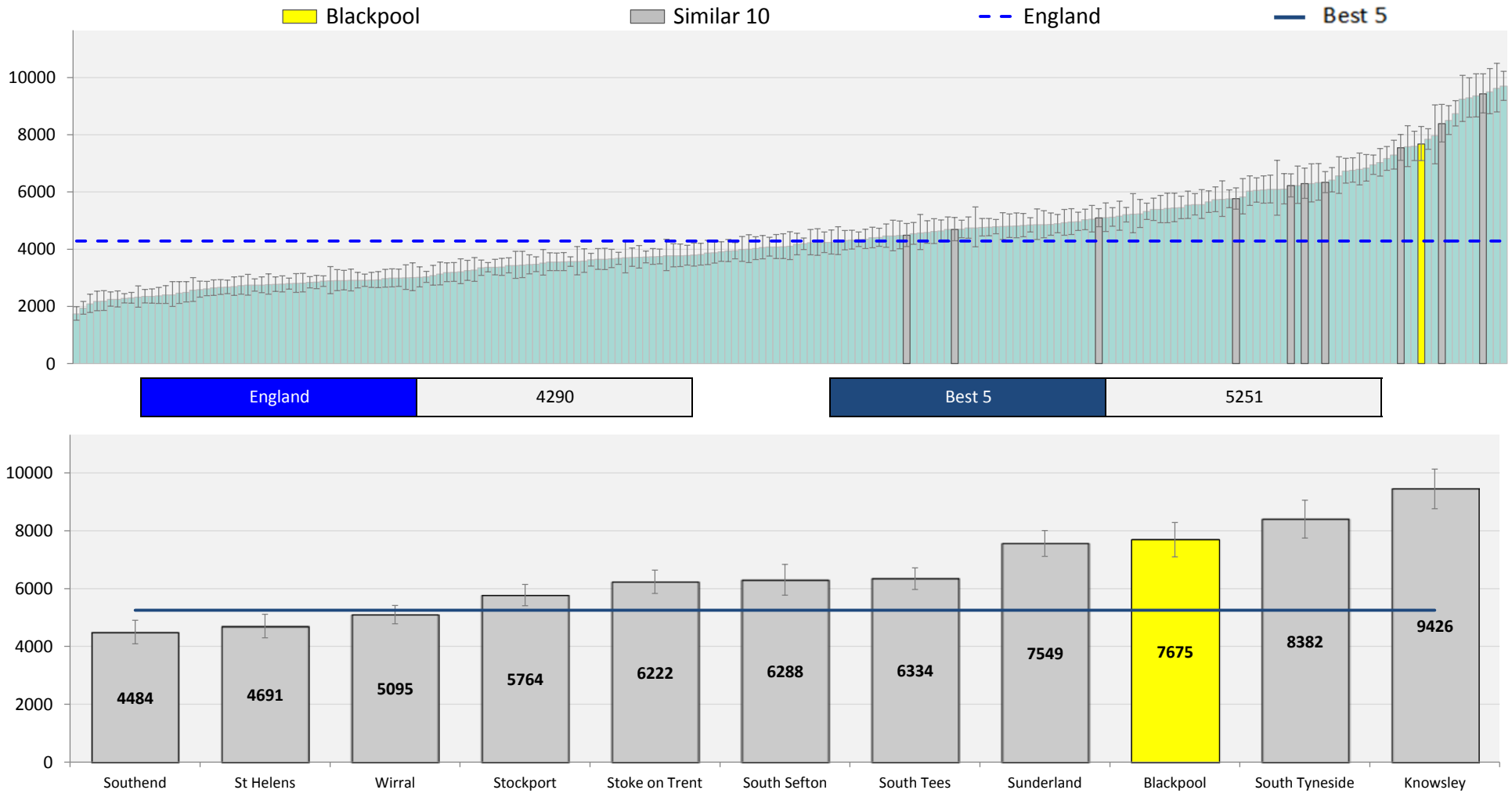
Definition: Respiratory - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Obstructive Airways Disease- Non-elective spend (£ per 1,000 pop.)

£481k



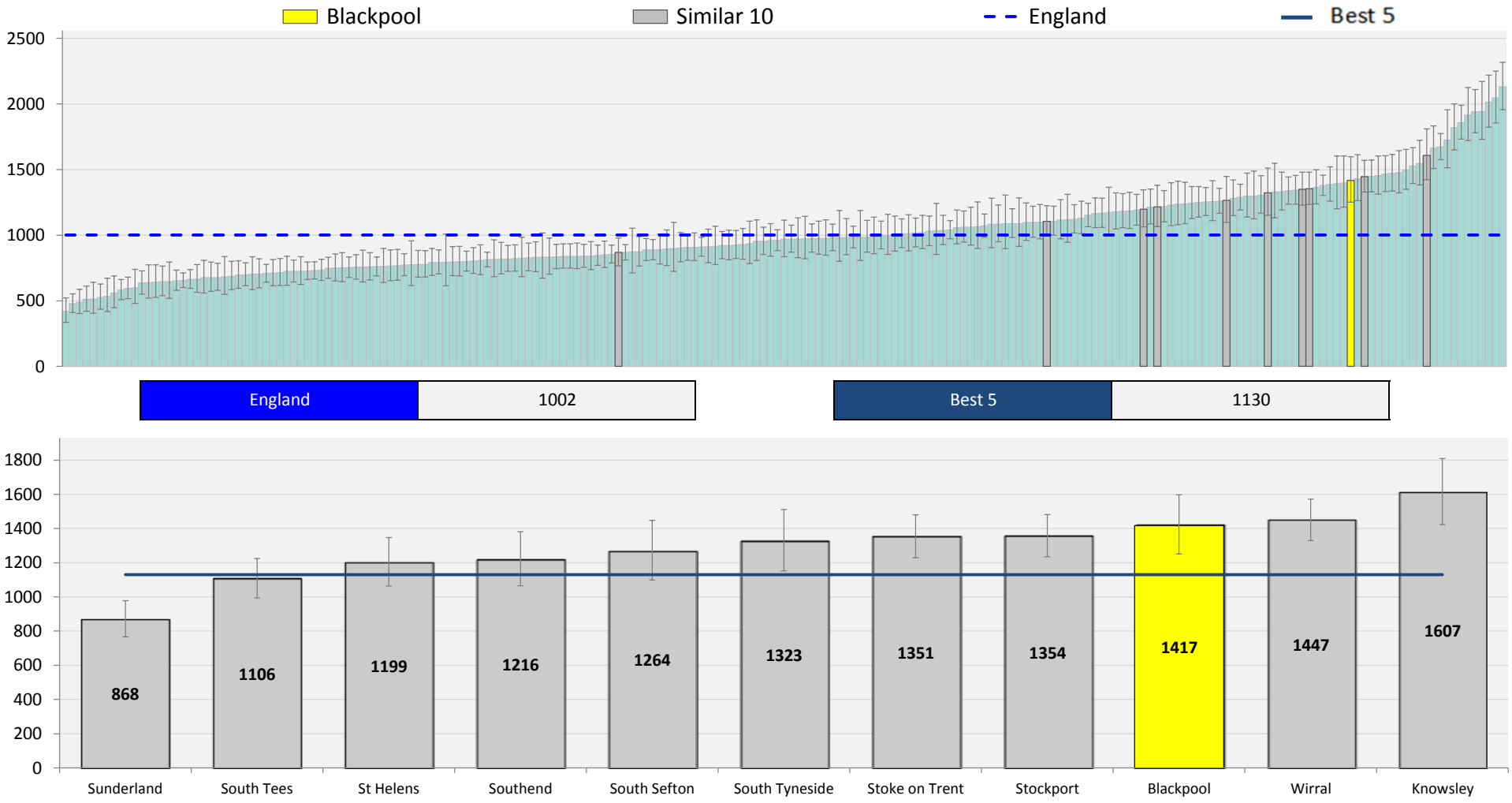
Definition: Spend on non-elective (emergency and other non-elective) admissions for Obstructive Airways Disease per 1,000 population

Source: NHS Business Services Authority NHS Prescription Services Information Services Portal

Year: 2014/15

Asthma - Non-elective spend (£ per 1,000 pop)

£49k



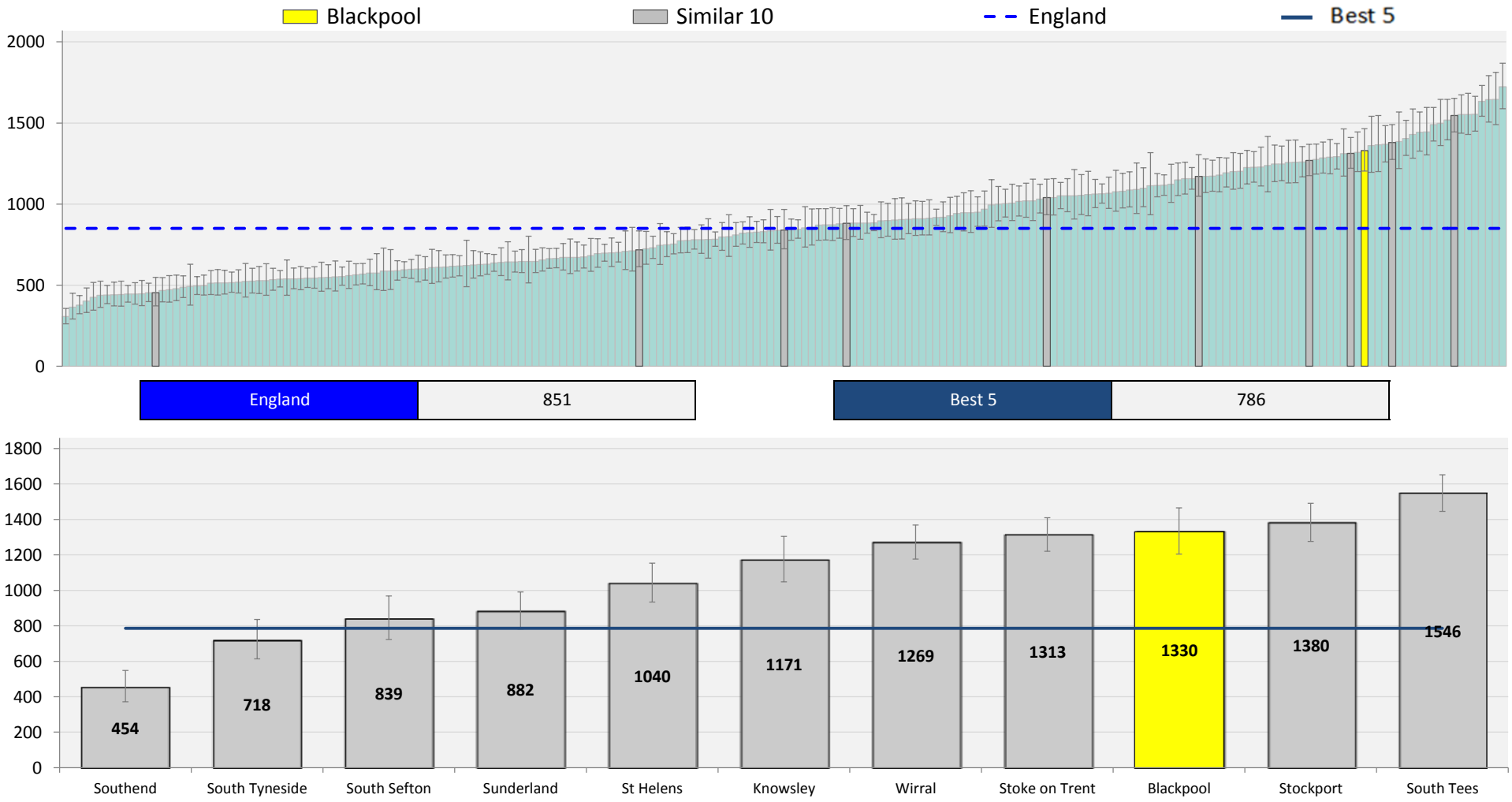
Definition: Asthma - Total Spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Acute upper respiratory - Non-elective spend (£ per 1,000 pop.)

£87k



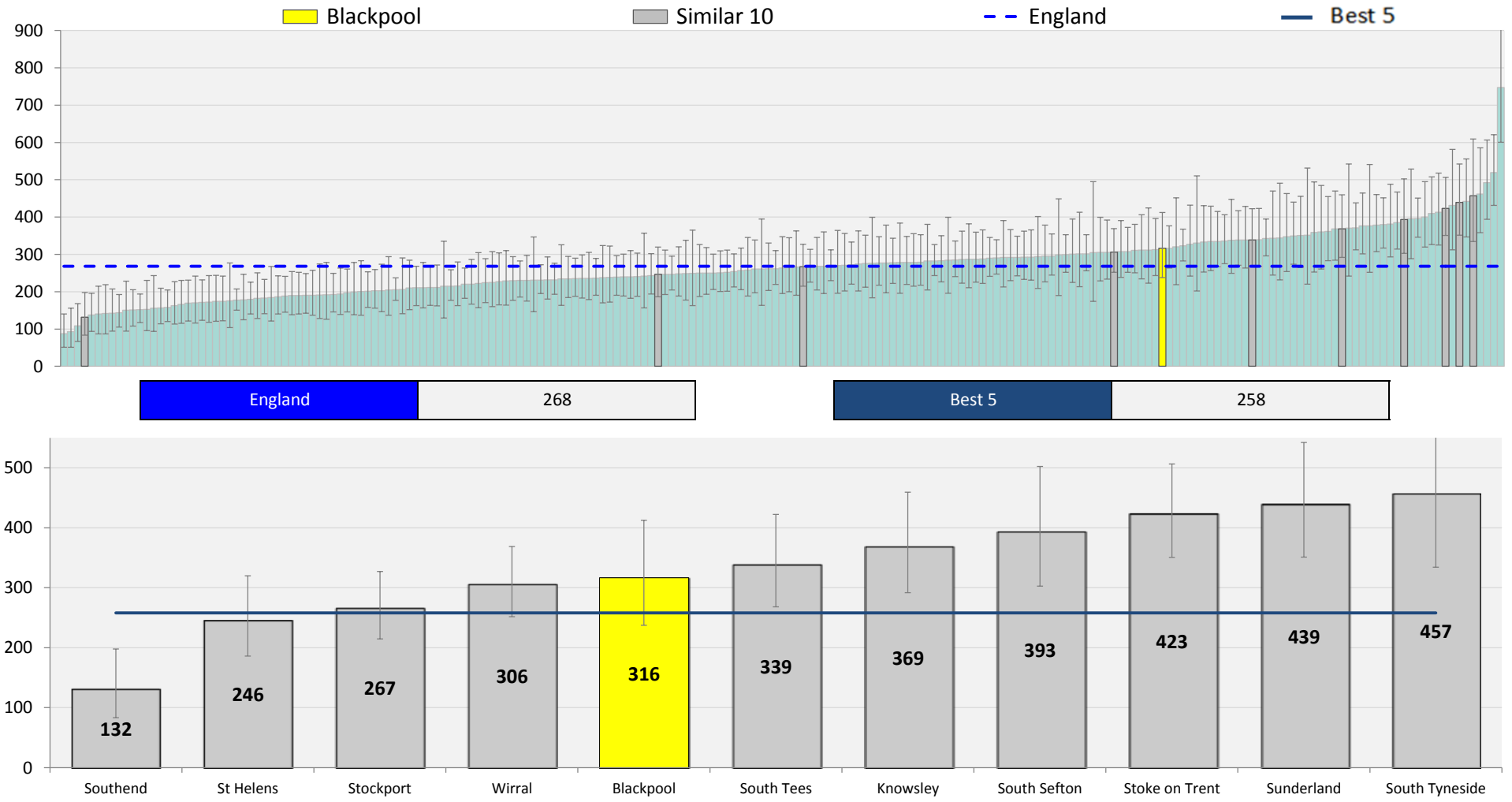
Definition: Acute upper respiratory - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Chronic upper respiratory - Non-elective spend (£ per 1,000 pop.)

£10k (NSS)



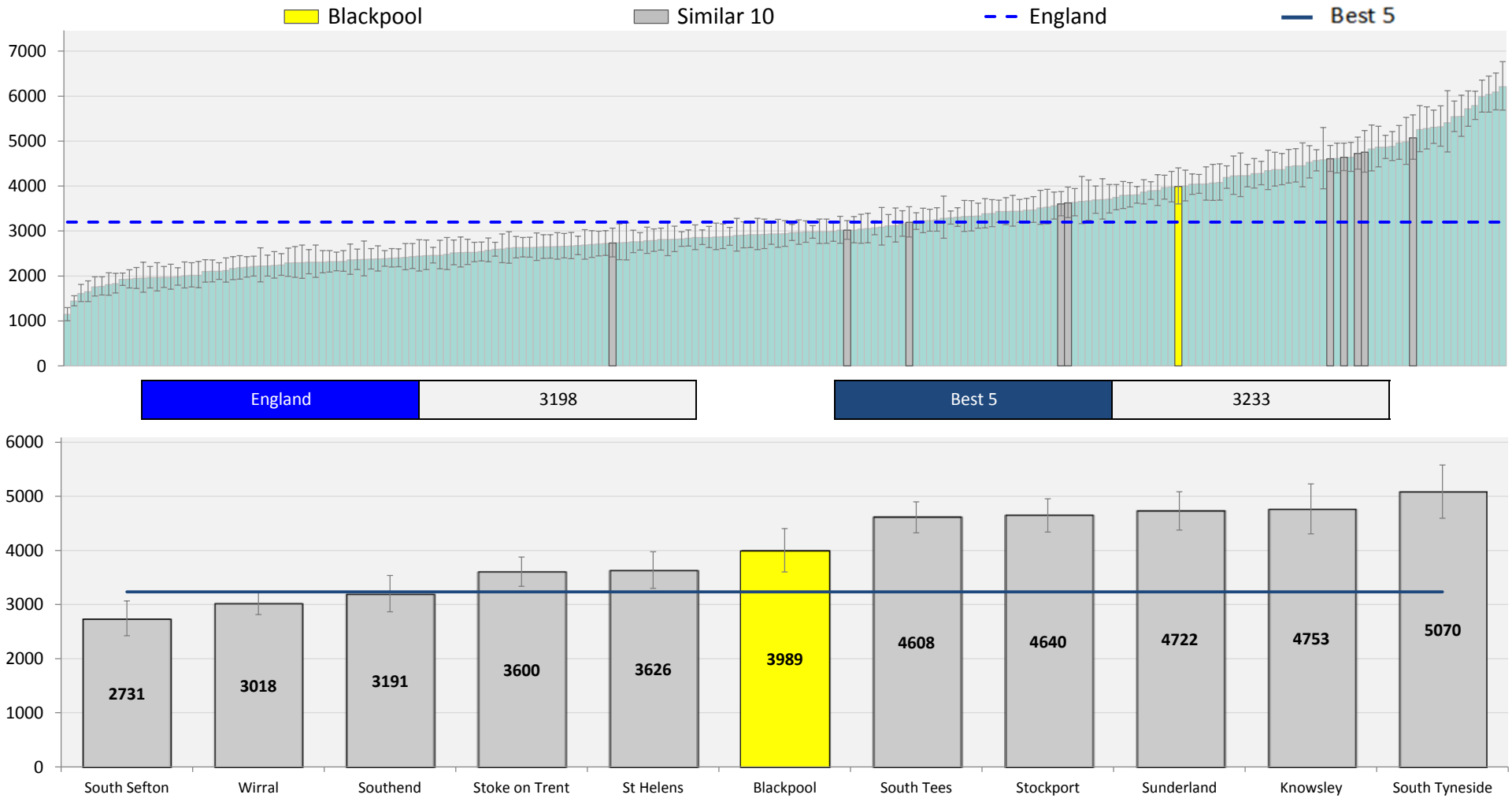
Definition: Chronic upper respiratory- Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Acute lower respiratory - Non-elective spend (£ per 1,000 pop.)

£143k



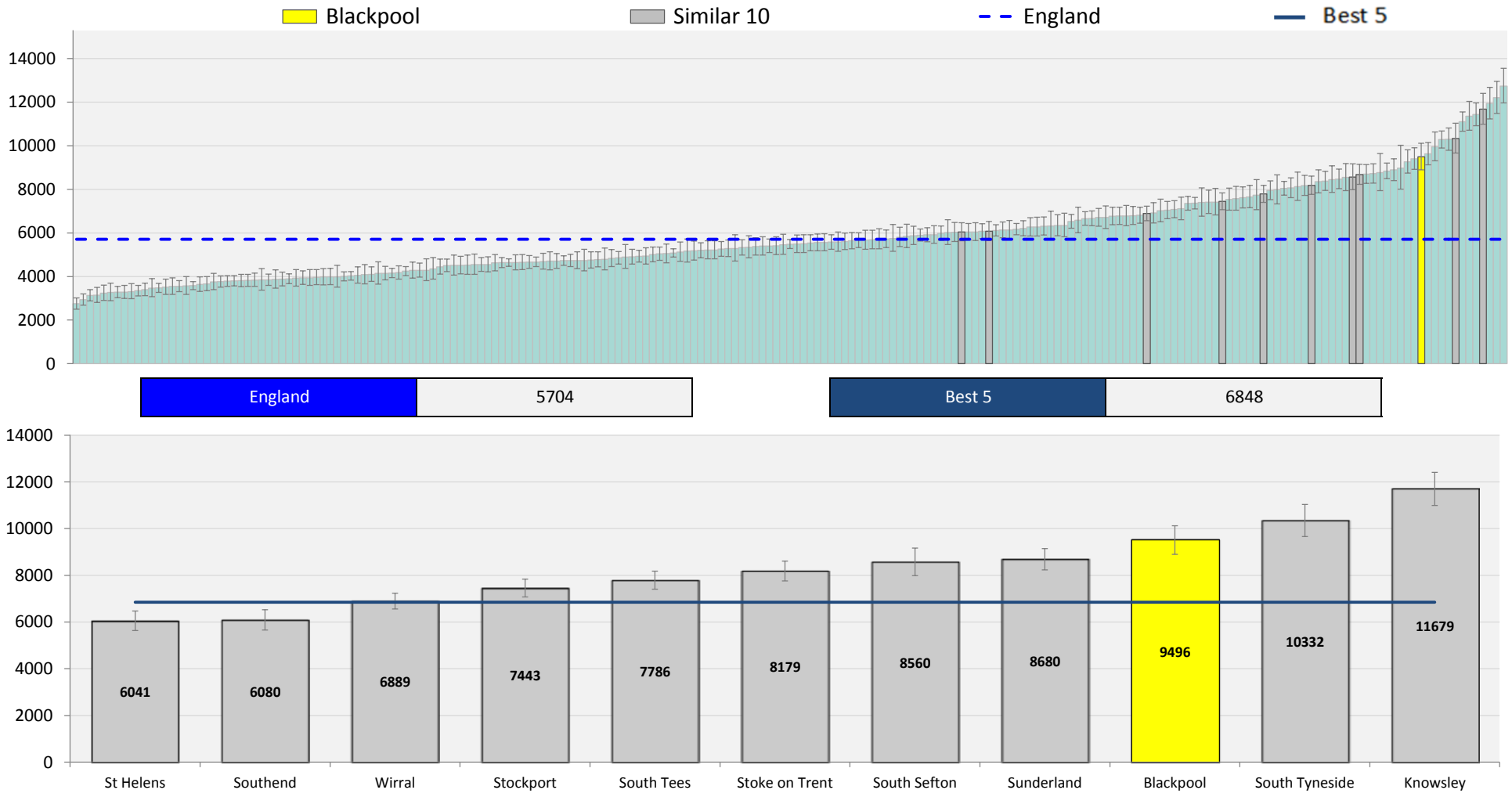
Definition: Acute lower respiratory - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Chronic lower respiratory - Non-elective spend (£ per 1,000 pop.)

£512k

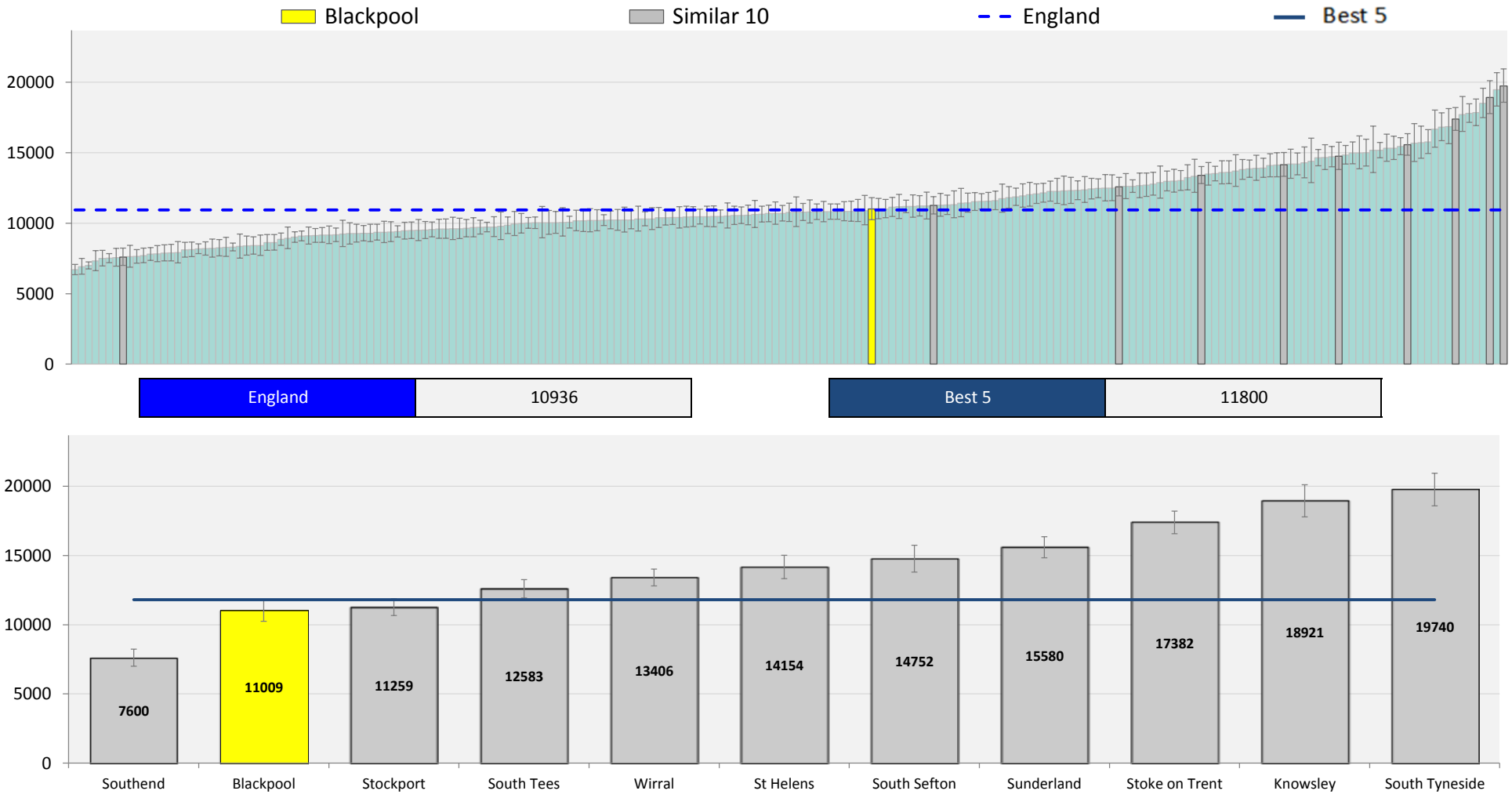


Definition: Chronic lower respiratory - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

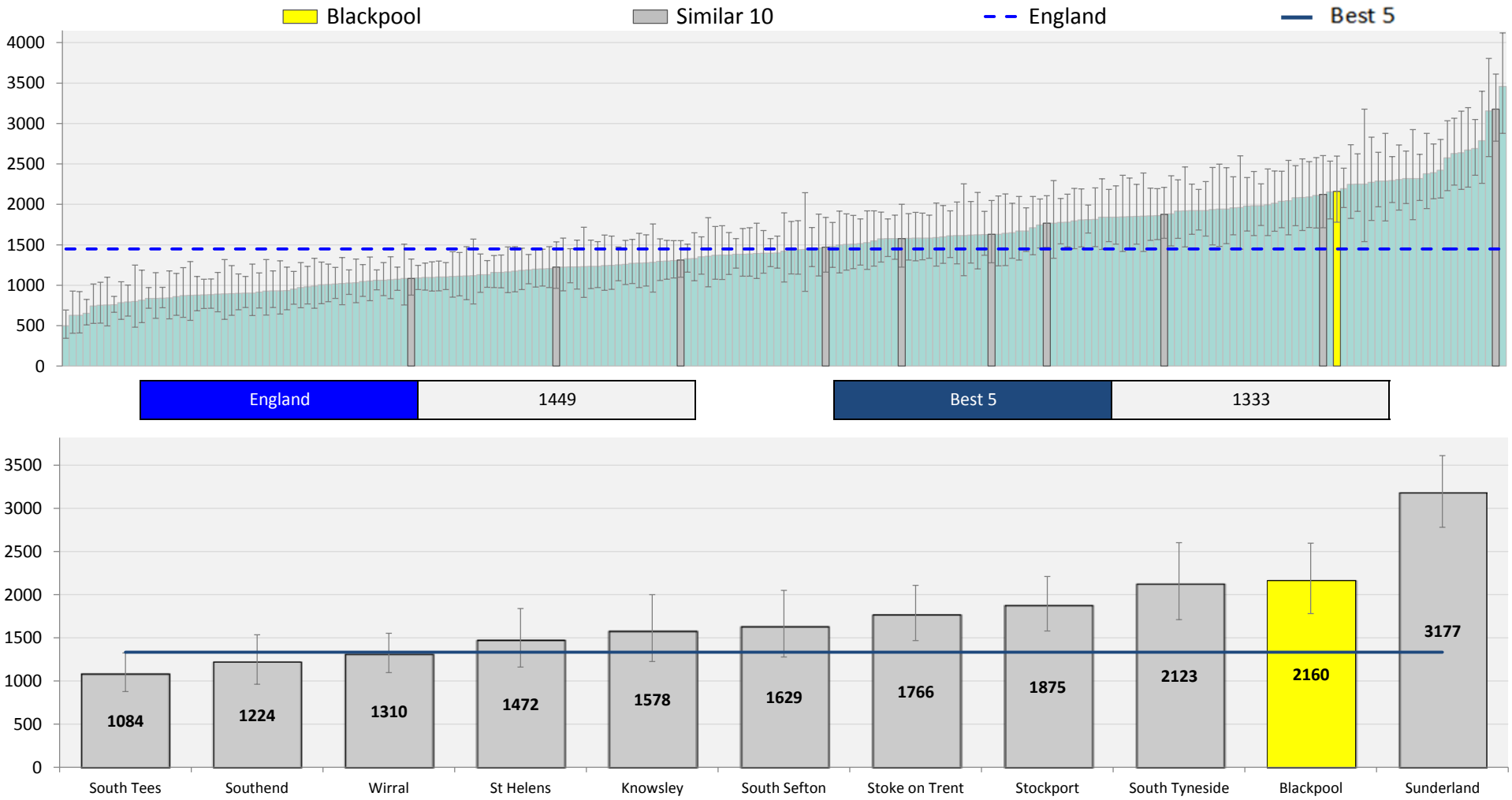
Influenza and pneumonia - Non-elective spend (£ per 1,000 pop.)



Definition: Influenza and pneumonia - Total spend on non-elective admissions per 1,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Lung diseases due to external agents - Non-elective spend (£ per 1,000 pop.)

£163k



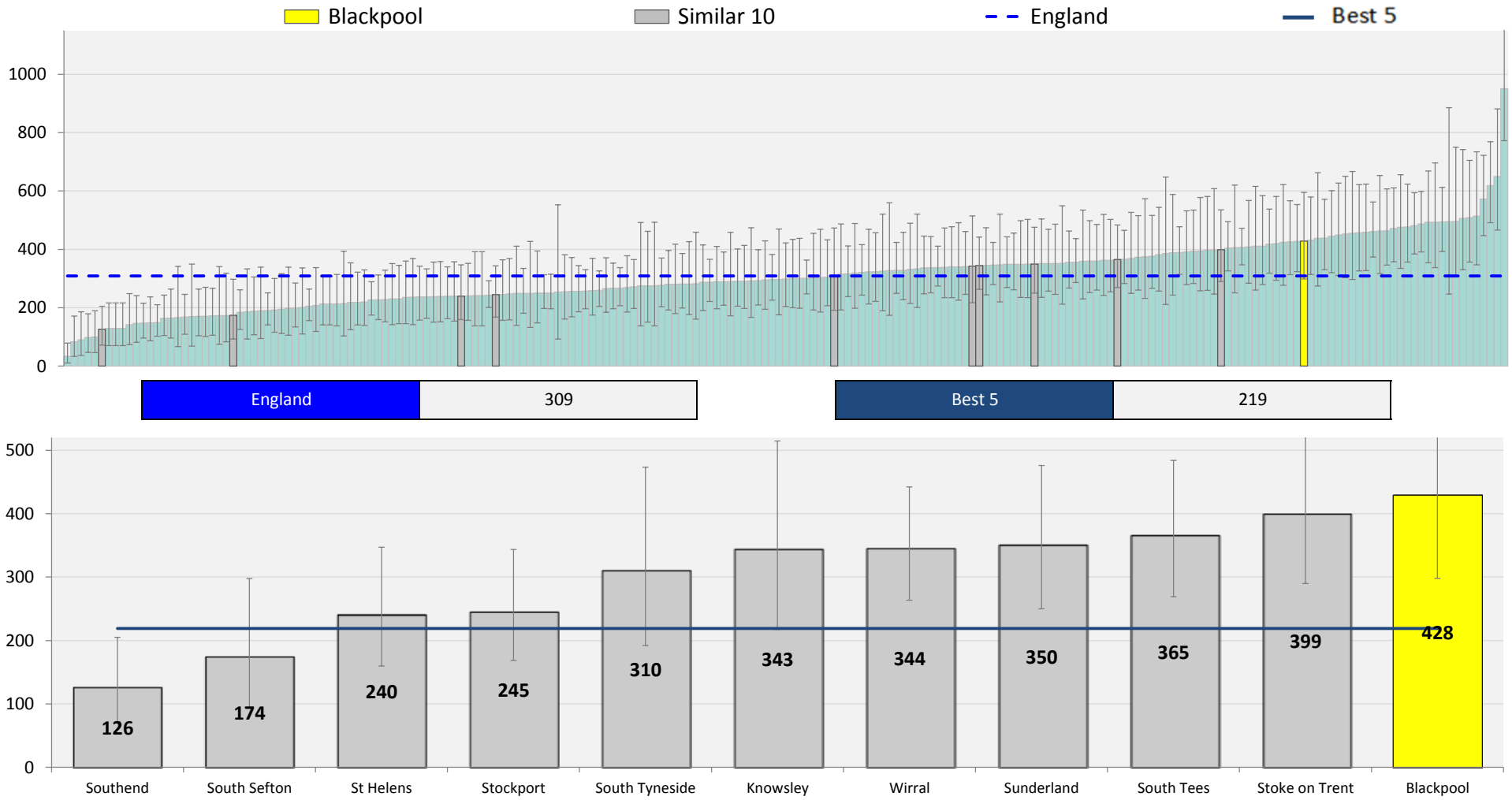
Definition: Lung diseases due to external agents - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Other respiratory diseases principally affecting the interstitium - Non-elective spend (£ per 1,000 pop.)

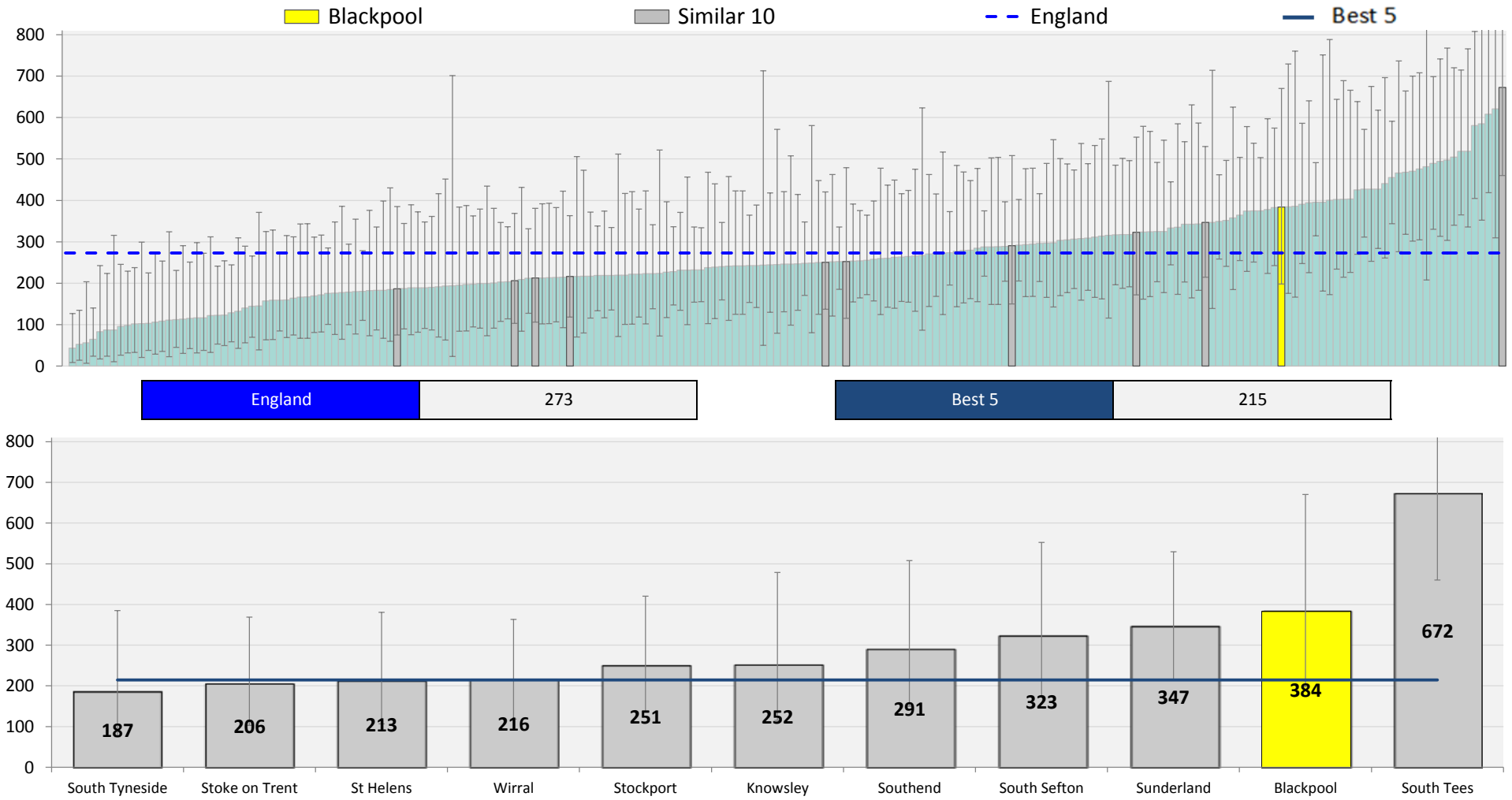
£41k | 74



Definition: Other respiratory diseases principally affecting the interstitium - Total spend on non-elective admissions per 1,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Suppurative and necrotic conditions of lower respiratory tract - Non-elective spend (£ per 1,000 pop.)

£31k (NSS)



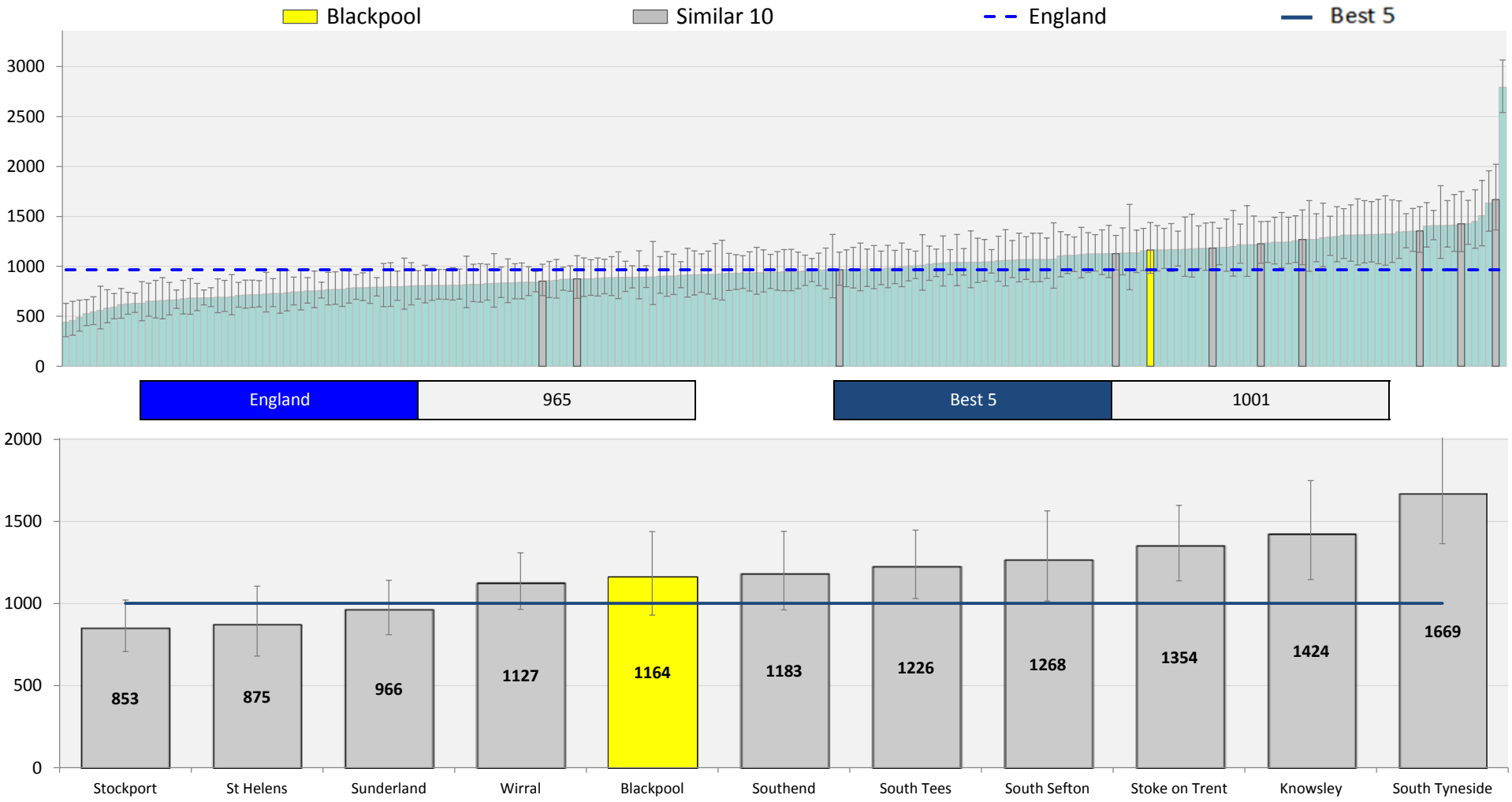
Definition: Suppurative and necrotic conditions of lower respiratory tract - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Other diseases of pleura - Non-elective spend (£ per 1,000 pop.)

£31k (NSS)

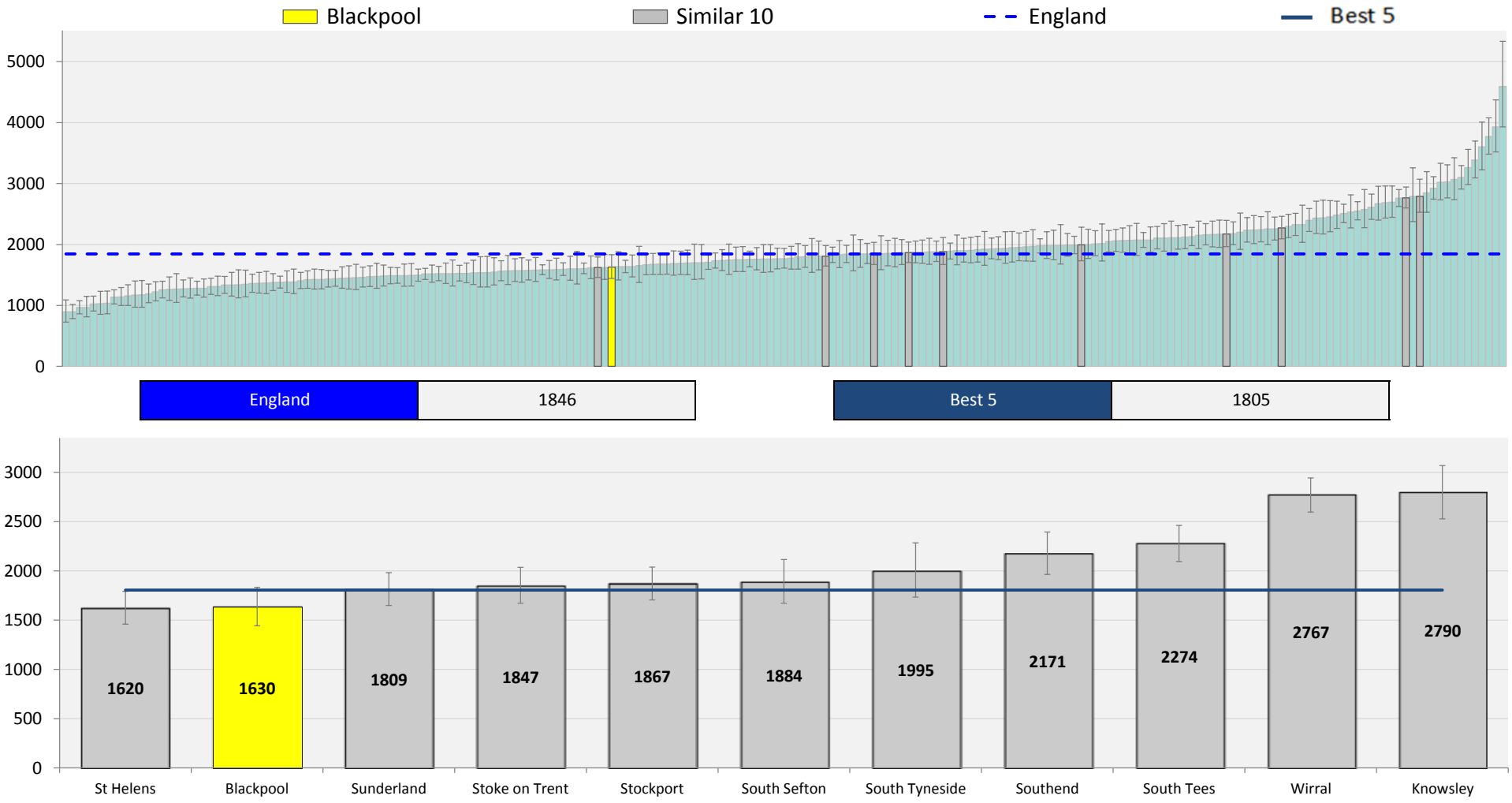


Definition: Other diseases of pleura - Total spend on non-elective admissions per 1,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

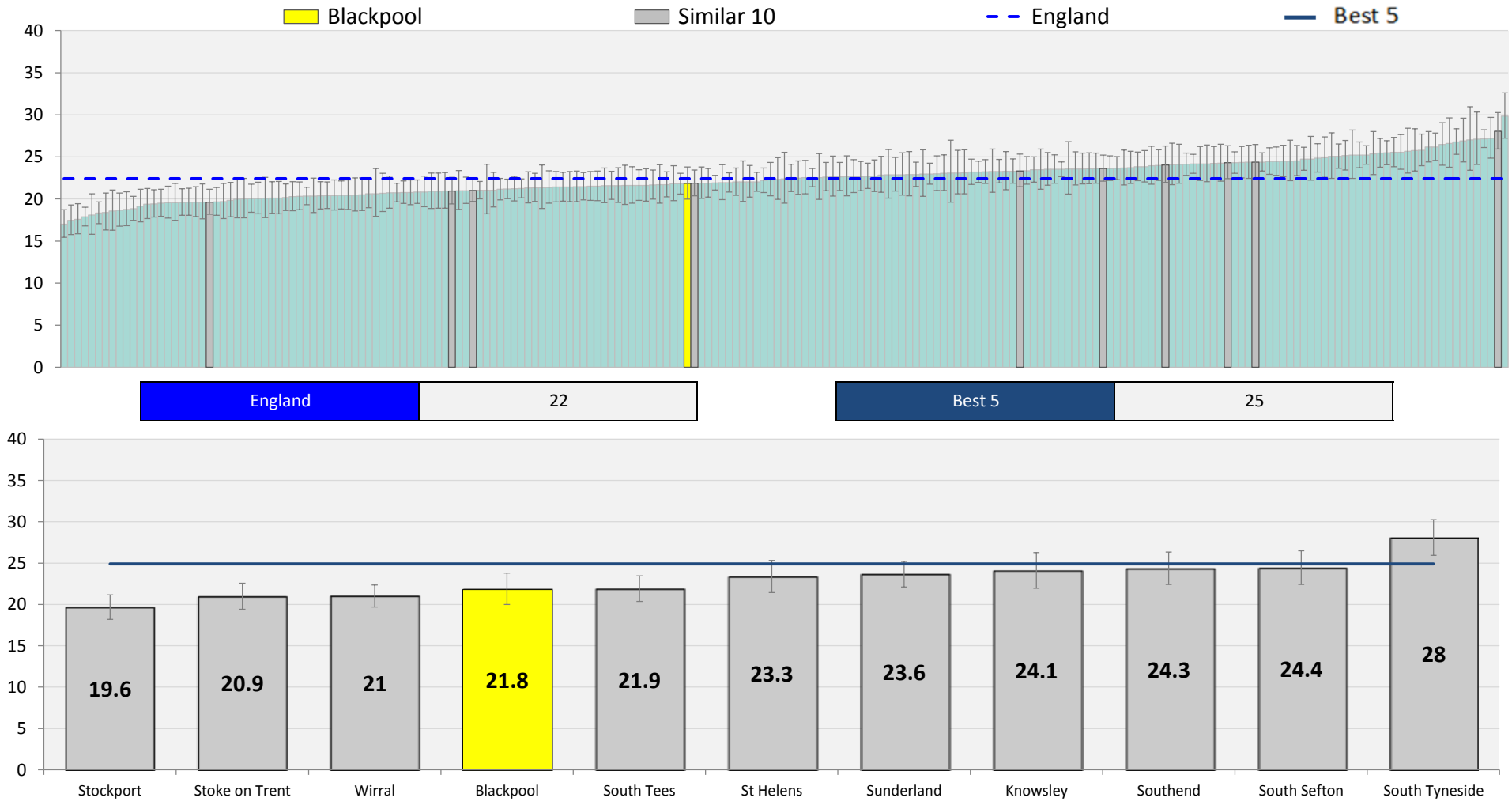
Other diseases of the respiratory system - Non-elective spend (£ per 1,000 pop.)



Definition: Other diseases of the respiratory system - Total spend on non-elective admissions per 1,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Deaths at home (%)

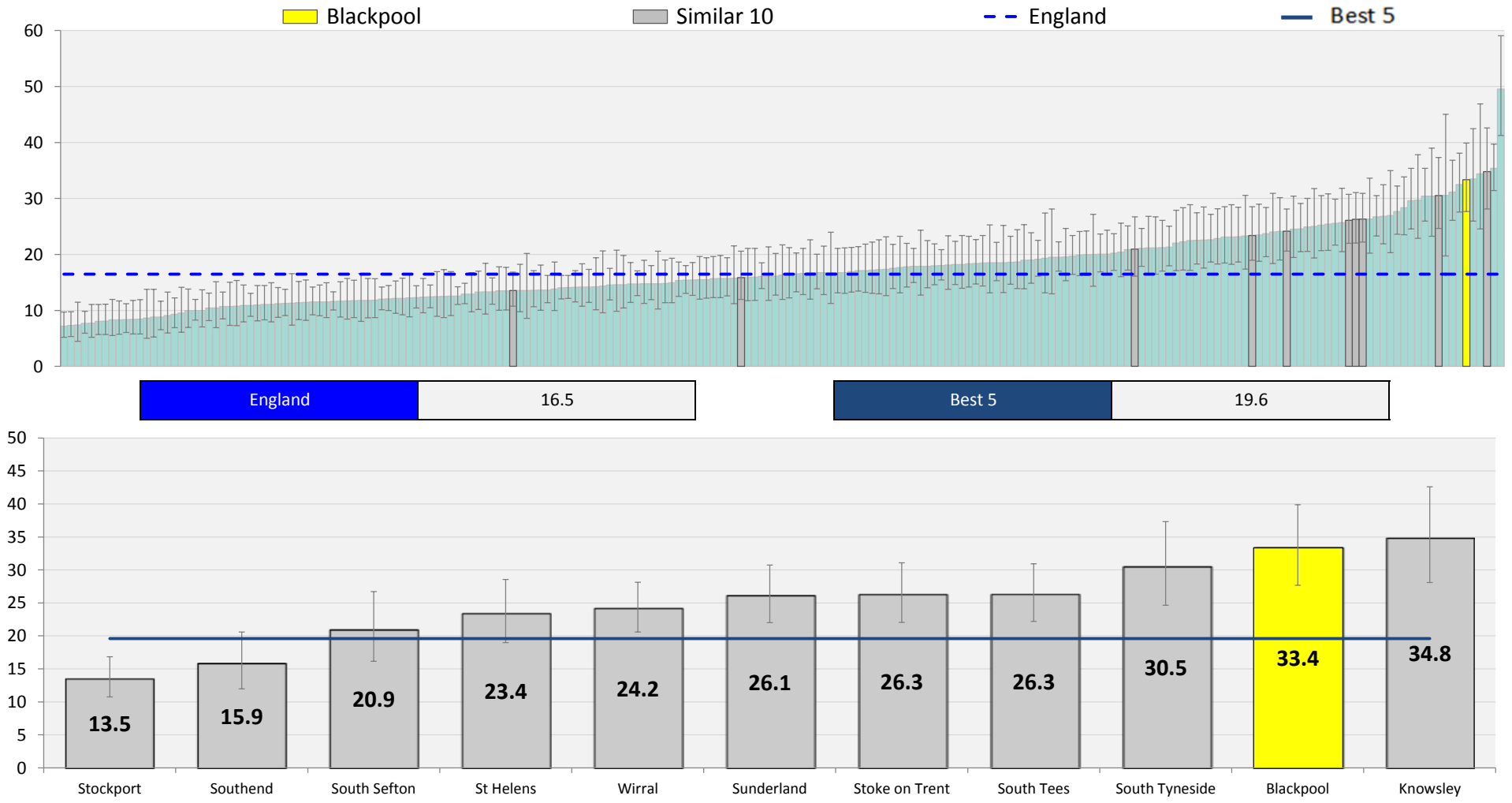
55 Deaths



Definition: Home deaths, Persons, All Ages (%)
Source: End of Life Care Profiles, Fingertips, Public Health England
Year: 2013

<75 Mortality from bronchitis, emphysema and COPD (per 100,000 pop.)

22 Lives

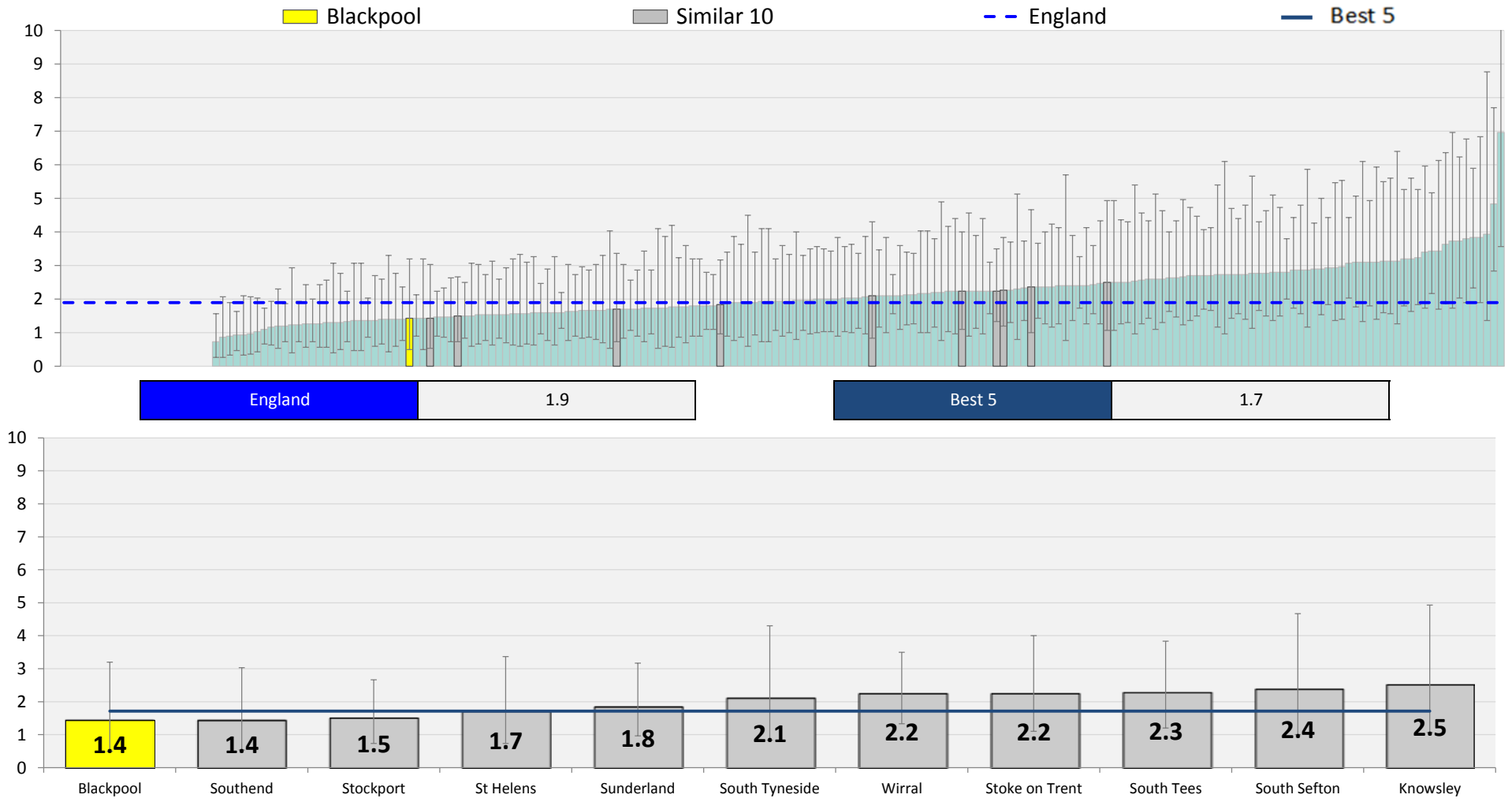


Definition: Mortality from bronchitis and emphysema and COPD: Under 75 Directly age-standardised rates (DSR) per 100,000

Source: Primary Care Mortality Database, HSCIC

Year: 2011-13

Mortality from asthma all yrs (per 100,000 pop.)



Definition: Mortality from asthma: all age directly age-standardised rates (DSR) per 100,000 European Standard Population
Source: Primary Care Mortality Database, HSCIC
Year: 2011-13

Next steps and actions

Commissioners can take the following actions now:

- Identify the key opportunities for improvement within the pathways included in the neurology 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.
- Always consider risk factor reduction (e.g. smoking prevalence) as an opportunity to improve population health and reduce disease prevalence.
- 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.

Further support and information

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

Further surgical resources available for review

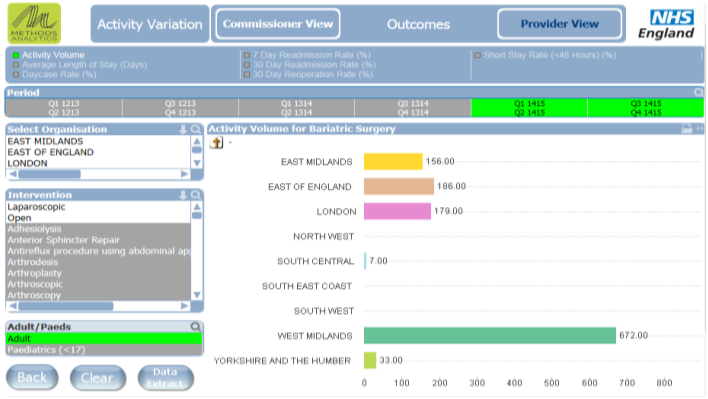
There are further resources on key surgical pathways and data freely available at The Royal College of Surgeons The National Surgical Commissioning Centre.
All the resources listed below are freely available at the website available on page 84.

1. **Commissioning guides:** have been developed through a NICE accredited process and outline the 'high value' care pathway for a particular surgical complaint. Further information on the development of the commissioning guides is available online. Guides related to respiratory conditions include: **Rhinosinusitis** and **Tonsillectomy**

2. **Data tools linked to commissioning guides:** use Hospital Episode Statistics (HES). All the tools have been developed with input from a multidisciplinary guideline development group and clinical coders and the technical definitions and guidance on navigating the tools are available to download. The data within these tools should be used as a start of a conversation between commissioners and their providers, to examine possible areas for improved efficiency and quality improvement

The Quality dashboards and Procedure explorer tool (PET)
There are 30 separate quality dashboards which show quality indicators for surgical procedures commissioned by commissioners. The PET tool shows further detailed information on individual procedures.
Data tools for Rhinosinusitis and Tonsillectomy are:

- Recurrent Tonsillitis or its complications
- Sleep disordered breathing in children <16
- Rhinosinusitus



Useful links

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=PL6IQwMACXkj1e17bcMvaHuy1gd9XrZT92

NHS RightCare website:
http://www.rightcare.nhs.uk/index.php/commissioning-for-value/

Royal College of Surgeons National Surgical Commissioning Centre: http://www.rcseng.ac.uk/surgical-commissioning

Annex A:
Condition and drug groupings

Respiratory conditions

Programme Budget Code group	Programme Budget Category	Primary Diagnosis Code
Obstructive Airways Diseases	11A	N/A
Asthma	11B	N/A

Condition Group	Programme Budget Category	Primary Diagnosis Code
Acute upper respiratory infections	11A, 11B, 11X	J00X, J010, J011, J012, J013, J014, J018, J019, J020, J028, J029, J030, J038, J039, J040, J041, J042, J050, J051, J060, J068, J069
Chronic upper respiratory diseases	11A, 11B, 11X	J300, J301, J302, J303, J304, J310, J311, J312, J320, J321, J322, J323, J324, J328, J329, J330, J331, J338, J339, J340, J341, J342, J343, J348, J350, J351, J352, J353, J358, J359, J36X, J370, J371, J380, J381, J382, J383, J384, J385, J386, J387, J390, J391, J392, J393, J398, J399
Acute lower respiratory infections	11A, 11B, 11X	J200, J201, J202, J203, J204, J205, J206, J207, J208, J209, J210, J211, J218, J219, J22X
Chronic lower respiratory diseases	11A, 11B, 11X	J40X, J410, J411, J418, J42X, J430, J431, J432, J438, J439, J440, J441, J448, J449, J450, J451, J458, J459, J46X, J47X
Influenza and pneumonia	11A, 11B, 11X	J09X, J100, J101, J108, J110, J111, J118, J120, J121, J122, J123, J128, J129, J13X, J14X, J150, J151, J152, J153, J154, J155, J156, J157, J158, J159, J160, J168, J170, J171, J172, J173, J178, J180, J181, J182, J188, J189
Lung diseases due to external agents	11A, 11B, 11X	J60X, J61X, J620, J628, J630, J631, J632, J633, J634, J635, J638, J64X, J65X, J660, J661, J662, J668, J670, J671, J672, J673, J674, J675, J676, J677, J678, J679, J680, J681, J682, J683, J684, J688, J689, J690, J691, J698, J700, J701, J702, J703, J704, J708, J709
Other respiratory diseases principally affecting the interstitium	11A, 11B, 11X	J80X, J81X, J82X, J840, J841, J848, J849

Respiratory conditions continued

Condition Group	Programme Budget Category	Primary Diagnosis Code
Suppurative and necrotic conditions of lower respiratory tract	11A, 11B, 11X	J850, J851, J852, J853, J860, J869
Other diseases of pleura	11A, 11B, 11X	J90X, J91X, J920, J929, J930, J931, J938, J939, J940, J941, J942, J948, J949
Other diseases of the respiratory system	11A, 11B, 11X	A065, A150, A151, A152, A153, A154, A155, A156, A157, A158, A159, A160, A161, A162, A163, A164, A165, A167, A168, A169, A190, A191, A192, A198, A199, A212, A221, A310, A360, A361, A362, A370, A371, A378, A379, A420, A430, A481, A70X, B012, B052, B250, B334, B371, B380, B381, B382, B390, B391, B392, B400, B401, B402, B410, B420, B440, B441, B442, B450, B460, B583, B671, B873, G473, J950, J951, J952, J953, J954, J955, J958, J959, J960, J961, J969, J980, J981, J982, J983, J984, J985, J986, J988, J989, J990, J991, J998, Q300, Q301, Q302, Q303, Q308, Q309, Q310, Q311, Q312, Q313, Q314, Q315, Q318, Q319, Q320, Q321, Q322, Q323, Q324, Q330, Q331, Q332, Q333, Q334, Q335, Q336, Q338, Q339, Q340, Q341, Q348, Q349, R040, R041, R042, R048, R049, R05X, R060, R061, R062, R063, R064, R065, R066, R067, R068, R090, R091, R092, R093, R098, R840, R841, R842, R843, R845, R846, R847, R848, R849, R91X, R942, Z030, Z111, Z222, Z430, Z825, Z836, Z870, Z902, Z930, Z942, Z963, Z990, Z991

Respiratory procedures

High spend procedures mapped to Programme Budget Codes: 11A, 11B and 11X

OPCS Procedure Code	Full procedure description	Short name in focus packs
E852	Non-invasive ventilation NEC	Non-invasive ventilation - NEC
U051	Computed tomography of head	CT - Head
U212	Computed tomography NEC	CT NEC
U354	Computed tomography of pulmonary arteries	CT - Pulmonary arteries
U201	Transthoracic echocardiography	Transthoracic ECG
F341	Bilateral dissection tonsillectomy	Bilateral tonsillectomy
U071	Computed tomography of chest	CT - Chest
T124	Insertion of tube drain into pleural cavity	Tube drain insertion - pleural cavity
M479	Unspecified urethral catheterisation of bladder	Catheterisation of bladder
T123	Aspiration of pleural cavity	Aspiration of pleural cavity
E851	Invasive ventilation	Invasive ventilation
E036	Septoplasty of nose NEC	Septoplasty of nose NEC
E492	Diagnostic fibreoptic endoscopic examination of lower respiratory tract and lavage of lesion of lower respiratory tract	Endoscopy and lavage of lesion - lower respiratory tract
T122	Drainage of pleural cavity NEC	Drainage of pleural cavity - NEC

Respiratory prescribing

Condition drug groups	Chemical level drugs included
Beclomethasone	Beclometasone Dipropionate
Salbutamol	Salbutamol
Seretide	Fluticasone Propionate (Inh), Salmeterol
Spiriva	Tiotropium
Symbicort	Budesonide, Formoterol Fumarate

SUS SEM code definitions

Admission Method	Admission Method Description
11	11: Waiting list
12	12: Booked
13	13: Planned
21	21: Accident and emergency or dental casualty department of the health care provider
22	22: General practitioner: after a request for immediate admission has been made direct to a hospital provider, i.e. Not through a bed bureau, by a general practitioner or deputy
23	23: Bed bureau
24	24: Consultant clinic, of this or another health care provider
25	25: Admission via mental health crisis resolution team
28	28: Other means, examples are: admitted from the accident and emergency department of another provider where they had not been admitted; transfer of an admitted patient from another hospital provider in an emergency; baby born at home as intended
2A	2A: Accident and emergency department of another provider where the patient had not been admitted
2B	2B: Transfer of an admitted patient from another hospital provider in an emergency
2C	2C: Baby born at home as intended
2D	2D: Other emergency admission
31	31: Admitted ante-partum
32	32: Admitted post-partum
81	81: Transfer of any admitted patient from other hospital provider other than in an emergency
82	82: The birth of a baby in this health care provider
83	83: Baby born outside the health care provider except when born at home as intended.

Patient Classification	Patient Classification Description
1	1: Ordinary admission
2	2: Day case admission

Person Gender Code	Person Gender Description
1	1: Male
2	2: Female

Annex B:
High-level metadata

Admissions spend indicators

Analysis	Elective/Non-elective spend analysis
Time Period	2014/15
Age Group	0 – 120
Admissions method	Elective - 11, 12, 13** Non-Elective - 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D, 31, 32, 81, 82, 83** [Total spend indicators includes all elective and non elective admissions method codes]
Patient Classification	Elective - 1, 2** Non-Elective – 1**
Sex	1, 2**
Coding scheme used	Programme Budget Category (PBC), ICD10 Primary Diagnosis Codes
Numerator	Total spend on elective/non-elective admissions based on PBC/condition
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) http://www.hscic.gov.uk/sus
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 1000

**See annex for SUS SEM Code definitions

Secondary User Services Extract Mart (SUS SEM) data is used.
Only patients with a mandatory tariff recorded have been selected.
The fields that were pulled from SUS SEM include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age_Quinary (Age Band)
- Number of spells
- Net_SLA_Payment (the cost before MFF is applied)

The data does not include CCGs which were not found in the official list of CCGs across England.
Age_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the “85+” age band for people aged 85 and over. This field is used for age/sex standardisation.
Number of spells field counts all the patients admitted to hospital for a procedure and discharged in the financial year 2014/15 and groups into each age band. [Patients admitted in 2014/15 but not discharged until 2015/16 will not count towards the spend. A small number of patients admitted in 2013/14 but not discharged until 2014/15 will count towards the spend for 2014/15.]
Net_SLA_Payment field is the cost before Market Forces Factor (MFF) is applied. This field gives spend on elective/non-elective admissions for all patients in the age band in 2014/15.
The number of elective/non-elective admissions were suppressed where it was less than or equal to 5 at CCG level.

Day case admissions indicators

Analysis	Day case admissions analysis
Time Period	2014/15
Age Group	0 – 120
Admissions method	11, 12, 13
Patient Classification	2
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC), ICD10
Numerator	Number of day case admissions based on PBC/condition
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) http://www.hscic.gov.uk/sus
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 100000

Secondary User Services Extract Mart (SUS SEM) data is used.

Only patients with a mandatory tariff recorded have been selected.

The fields that were pulled from SUS SEM include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age_Quinary (Age Band)
- Number of spells

The data does not include CCGs which were not found in the official list of CCGs across England.

Age_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the “85+” age band for people aged 85 and over. This field is used for age/sex standardisation.

Number of spells field counts all the day case admissions in 2014/15 and groups into each age band.

The number of day case admissions were suppressed where it was less than or equal to 5 at CCG level.

Emergency admissions indicators

Analysis	Emergency admissions analysis
Time Period	2014/15
Age Group	Children: 0 – 18 Adults: 19 - 120
Admissions method	Emergency - 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D
Patient Classification	1
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC), ICD10
Numerator	Number of emergency admissions based on PBC/condition
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) http://www.hscic.gov.uk/sus
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 100000

Secondary User Services Extract Mart (SUS SEM) data is used.
Only patients with a mandatory tariff recorded have been selected.

The fields that were pulled from SUS SEM include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age_Quinary (Age Band)
- Number of spells

The data does not include CCGs which were not found in the official list of CCGs across England.

Age_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the “85+” age band for people aged 85 and over. This field is used for age/sex standardisation.
Number of spells field counts all the emergency admissions in the financial year 2014/15 and groups into each age band.

The number of emergency admissions were suppressed where it was less than or equal to 5 at CCG level.

Length of stay indicators

Analysis	Length of Stay analysis
Time Period	2014/15
Age Group	0 - 120
Admissions method	Elective - 11, 12, 13 Emergency - 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D
Patient Classification	1
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC), ICD10
Numerator	Total number of bed days for elective/emergency admissions based on PBC/condition (not including day cases)
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) http://www.hscic.gov.uk/sus
Denominator	Total number of elective/emergency admissions not including day cases based on PBC/condition.

Secondary User Services Extract Mart (SUS SEM) data is used. Length of Stay data have been extracted at record level.
Only patients with a mandatory tariff recorded have been selected.
Data filtered by Length of Stay less than 180 days.

The fields that were pulled from SUS SEM include:

- APCS_Ident
- CCG code (based on the GP practice code)
- Spell_LoS (Length of Stay)

The data does not include CCGs which were not found in the official list of CCGs across England.

APCS_Ident field was later used to count the number of elective/emergency admissions since the data was extracted at record level.
Spell_LoS field is the spell length of stay derived using Admission Date and Discharge Date.

Standard deviation has been calculated for each CCG in order to calculate confidence intervals using record level data. Length of Stay data was then grouped by CCG to get the total number of bed days (Sum of Spell_LoS field) and total number of elective/emergency admissions (count of APCS_Ident field) for each CCG.

The number of elective/emergency admissions were suppressed where it was less than or equal to 5 at CCG level.

Procedures spend and activity indicators

Analysis	Procedures spend and activity analysis
Time Period	2014/15
Age Group	0 – 120
Admissions method	11, 12, 13, 21, 22, 23, 24, 25, 28, 2A, 2B, 2C, 2D, 31, 32, 81, 82, 83
Patient Classification	1, 2
Sex	1, 2
Coding scheme used	Programme Budget Category (PBC), OPCS
Numerator	Total spend on discharges based on PBC and procedures
Numerator Source	Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart) http://www.hscic.gov.uk/sus
Denominator	Age/Sex Standardised Population. Rate= (Numerator/Denominator) * 1000

Secondary User Services Extract Mart (SUS SEM) data is used.
Only patients with a mandatory tariff recorded have been selected.

For these indicators, spend on a procedure is the total cost of all spells where the procedure listed is the primary procedure in the spell, and where the primary diagnosis for the spell falls under the programme budget category listed. The figure for "How different are we?" converts the CCG's spending rate above the benchmark spending rate into the equivalent number of procedures.

The fields that were pulled from SUS SEM for spend on procedures include:

- CCG code (based on the GP practice code)
- Sex (this field is used for age/sex standardisation)
- Age_Quinary (Age Band)
- Number of spells
- Net_SLA_Payment (the cost before MFF is applied)

The data does not include CCGs which were not found in the official list of CCGs across England.

Age_Quinary field is presented in 5-year age bands (0-4, 5-9, 10-14, etc.) including the "85+" age band for people aged 85 and over. This field is used for age/sex standardisation.
Number of spells field counts all the patients admitted to hospital for a procedure and discharged in the financial year 2014/15 and groups into each age band. [Patients admitted in 2014/15 but not discharged until 2015/16 will not count towards the spend. A small number of patients admitted in 2013/14 but not discharged until 2014/15 will count towards the spend for 2014/15.]
Net_SLA_Payment field is the cost before Market Forces Factor (MFF) is applied. This field gives spend on discharges for all patients in the age band in 2014/15.
The fields that were pulled from SUS SEM for procedures activity include:

- CCG code (based on the GP practice code)
- Number of spells (count s all admissions in 2014/15 and groups by CCG).

The number of admissions/discharges were suppressed where it was less than or equal to 5 at CCG level.

Prescribing spend indicators

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/measures

Annex C: Methodology

How has the potential opportunity been calculated?

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:

Potential Opportunity = (CCG Value – Benchmark Value) * 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 by dividing by this by the unit cost then it can be expressed in the equivalent number of procedures.