Public Health England

NHS England

NHS RightCare Commissioning for Value Focus Pack

Neurological
April 2016

RightCare

NHS North Kirklees CCG

OFFICIAL
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Introduction: Welcome to your focus pack

Welcome to your focus pack on neurology. 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 neurological 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

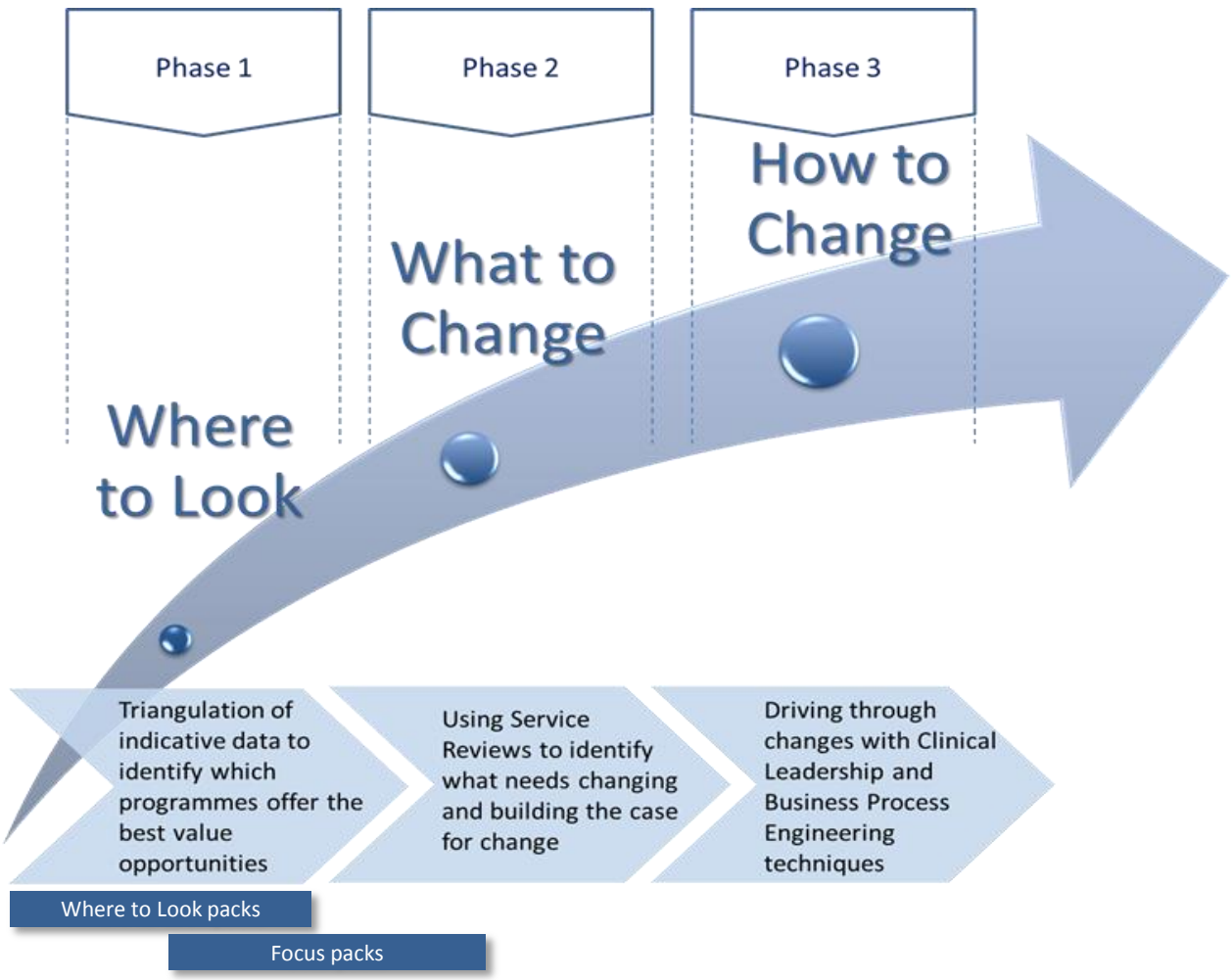
"The data and evidence available through tools such as Commissioning for Value will help commissioners make the most important decisions in delivering concrete and sustainable clinical and financial benefits across the NHS. We expect that the roll-out of the RightCare programme will drive up the quality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

"Clear local care pathways for patients with common neurology conditions have often been neglected, resulting in fragmented, inefficient and ineffective care. Data on CCG spending for emergency care for these common conditions shows considerable opportunities to improve care at lower cost. The CFV neurological packs provide this information at a local level in a clearly accessible and informative way, which will help CCGs commission better care pathways."

David Bateman MD FRCP
Consultant Neurologist, City Hospitals Sunderland NHS Foundation Trust

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:

- Oldham
- Bradford Districts
- Walsall
- Crawley
- Heywood, Middleton and Rochdale
- Blackburn with Darwen
- Bolton
- Greater Huddersfield
- Luton
- Telford and Wrekin

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:

- Areas with lower deprivation and better 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 including 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 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

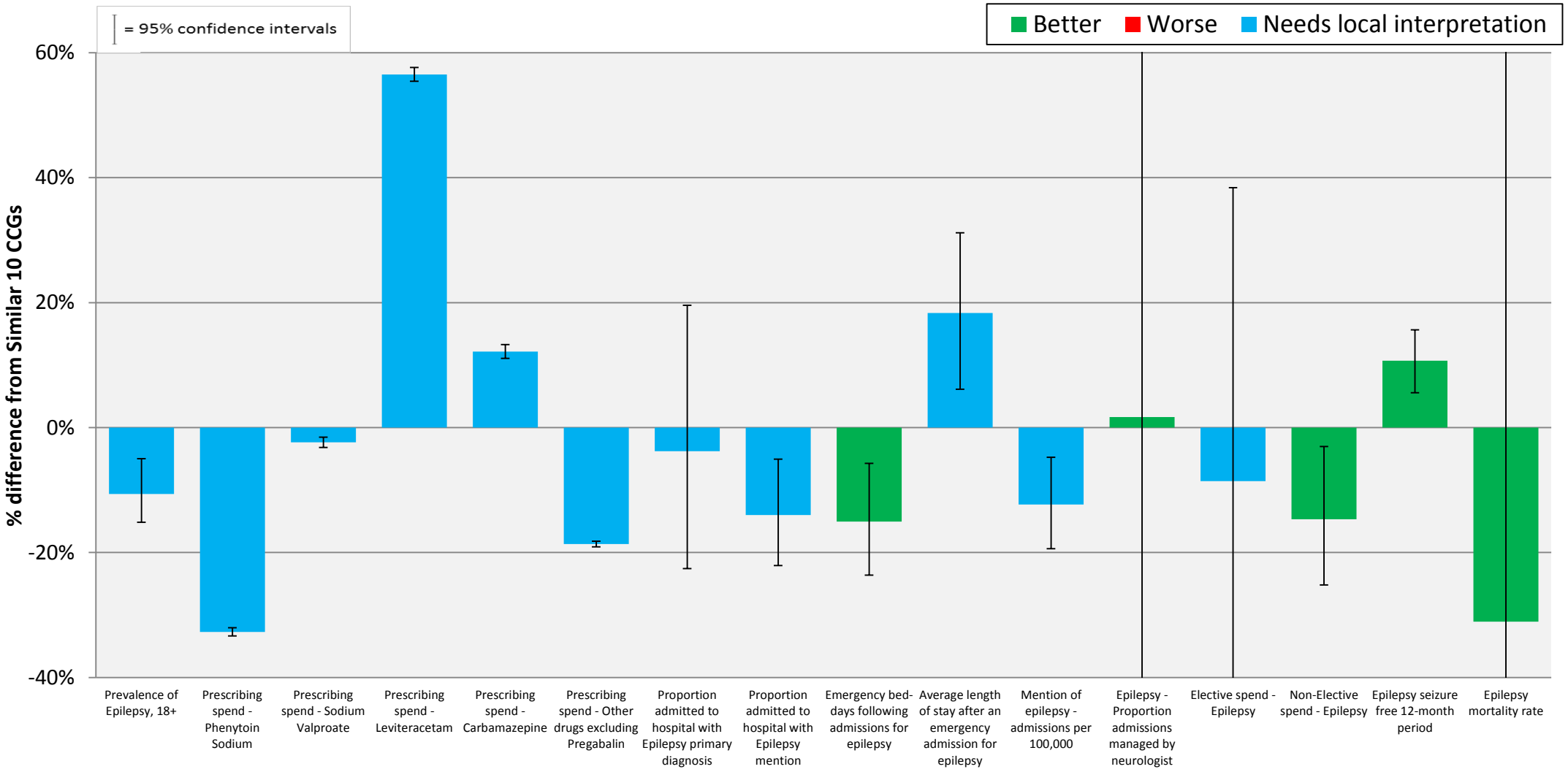
The intention of this pathway is not to provide a definitive view on priorities but to help commissioners explore potential opportunities. It helps commissioners to understand how performance in one part of the pathway may affect outcomes further along the pathway. Each indicator is shown as the percentage 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 35, 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.

Epilepsy Pathway



NICE Guidance:

http://pathways.nice.org.uk/pathways/epilepsy
https://www.nice.org.uk/guidance/qs27
https://www.nice.org.uk/guidance/qs26

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).

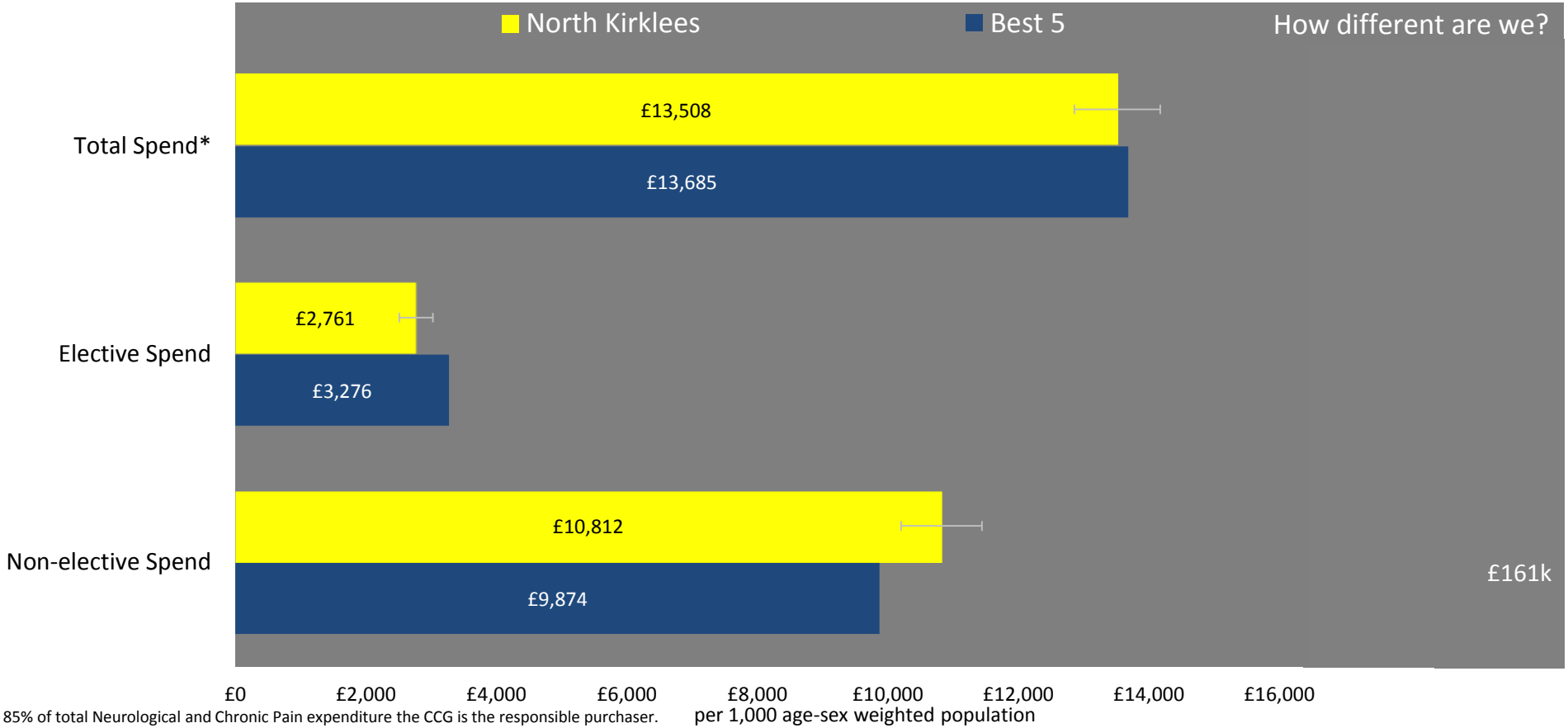
They should be used to explore key lines of enquiry to identify potential opportunities for improvement. For example a CCG with a high rate of spend on emergency admissions for epilepsy patients may want to look at the QOF indicator on those who have been seizure free in the last 12 months.

The opportunity tables, starting on page 33, 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.

Neurological - Neurological (Other 7X) - Spend



*For 85% of total Neurological and Chronic Pain expenditure the CCG is the responsible purchaser.

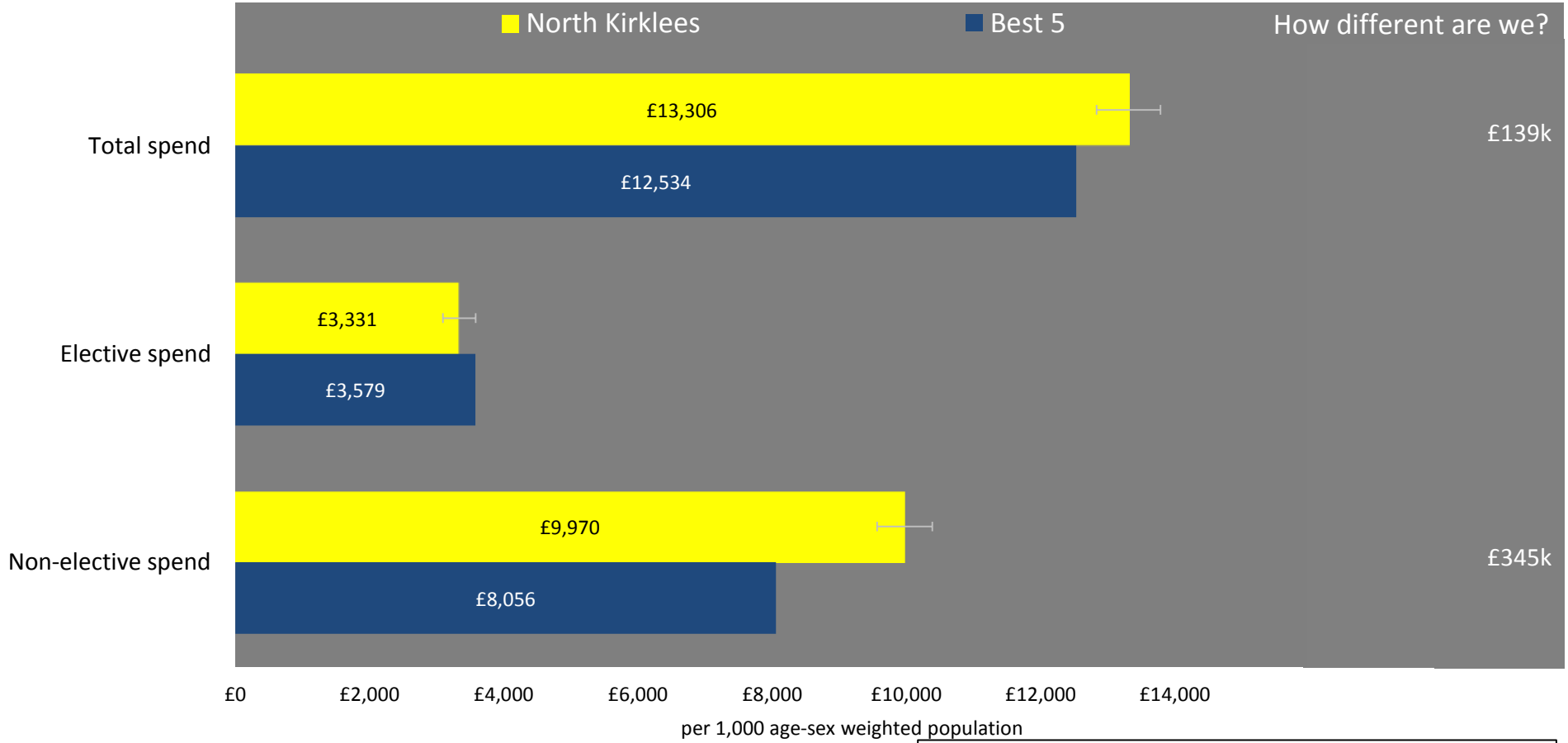
The Neurological programme budgeting category (PBC) comprises 'Chronic Pain' (7A) and 'Neurological Other' (7X).

'Neurological Other' (7X), does not include 'Tumours of the Nervous System' (included within the 'Cancer and Tumours' PBC) or 'Traumatic Brain and Spine injuries' (included within the 'Trauma and Injuries' PBC). The detailed breakdown for these areas are shown on Pages 14, 16, 22, 37-39, 52 and 57 but are not included in the aggregate expenditure figures for 'Neurological conditions' figures on Pages 39 and 50.

|	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

Neurological - Chronic Pain (07A) - Spend



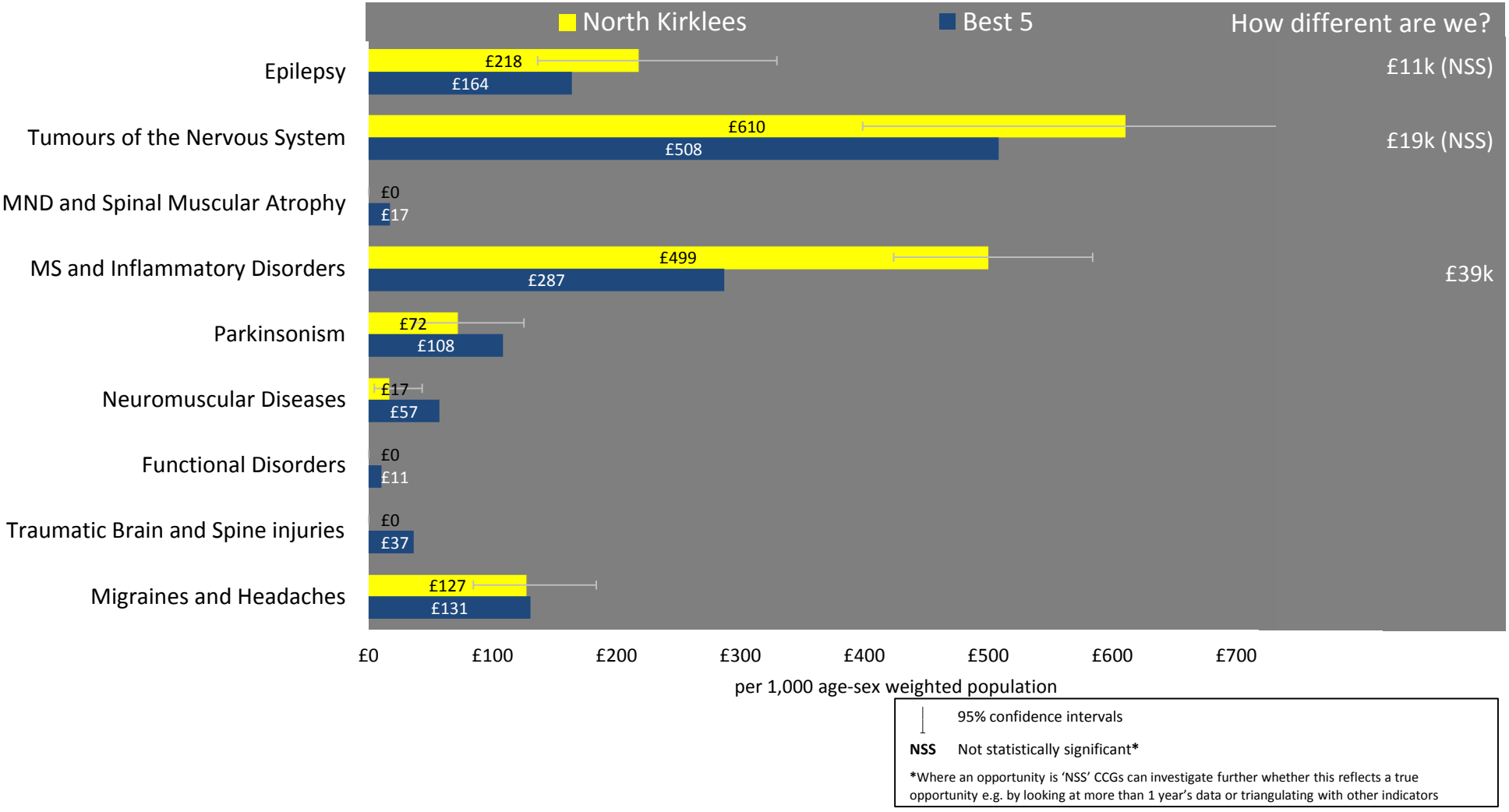
95% confidence intervals

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

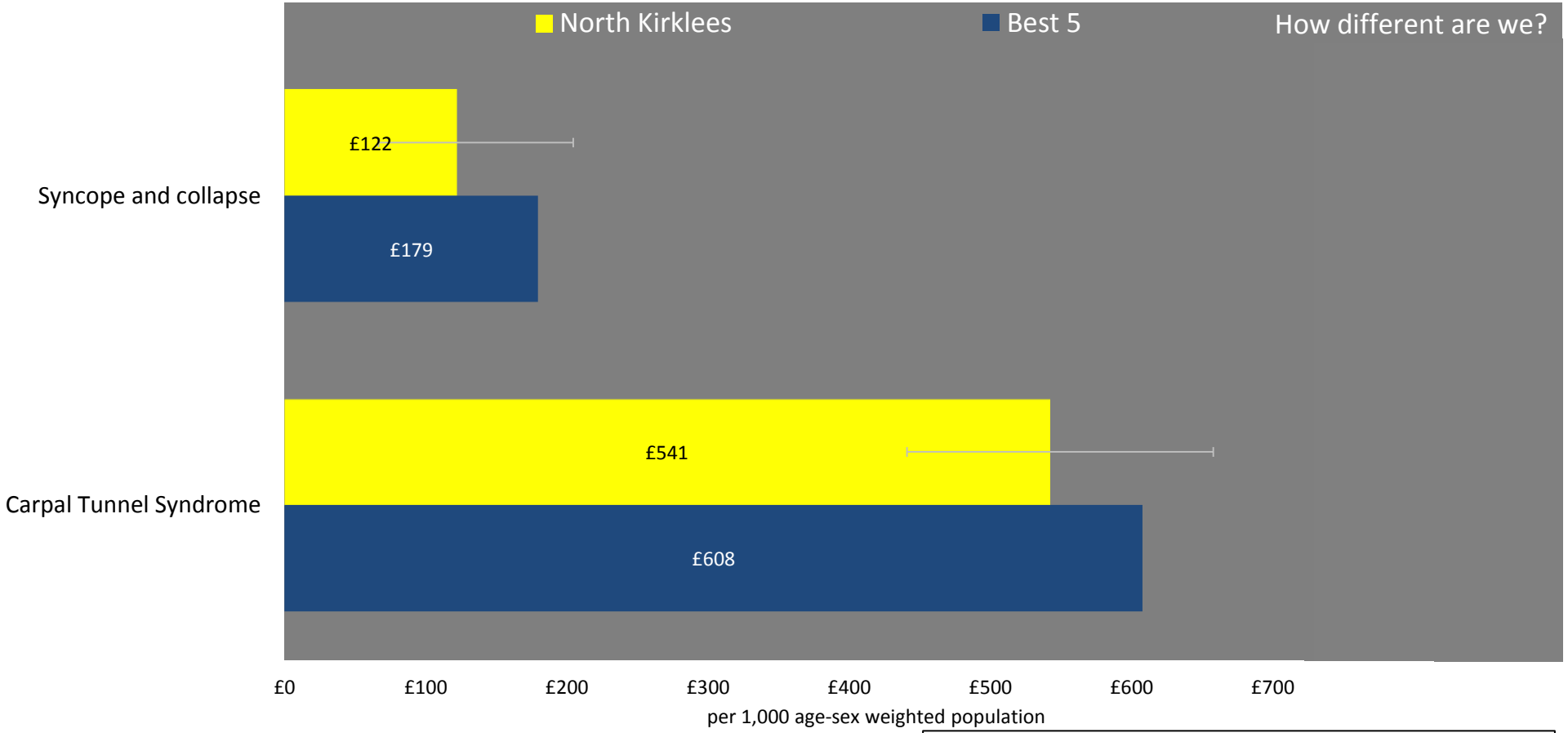
Neurological - Spend on Elective Admissions

Condition Group



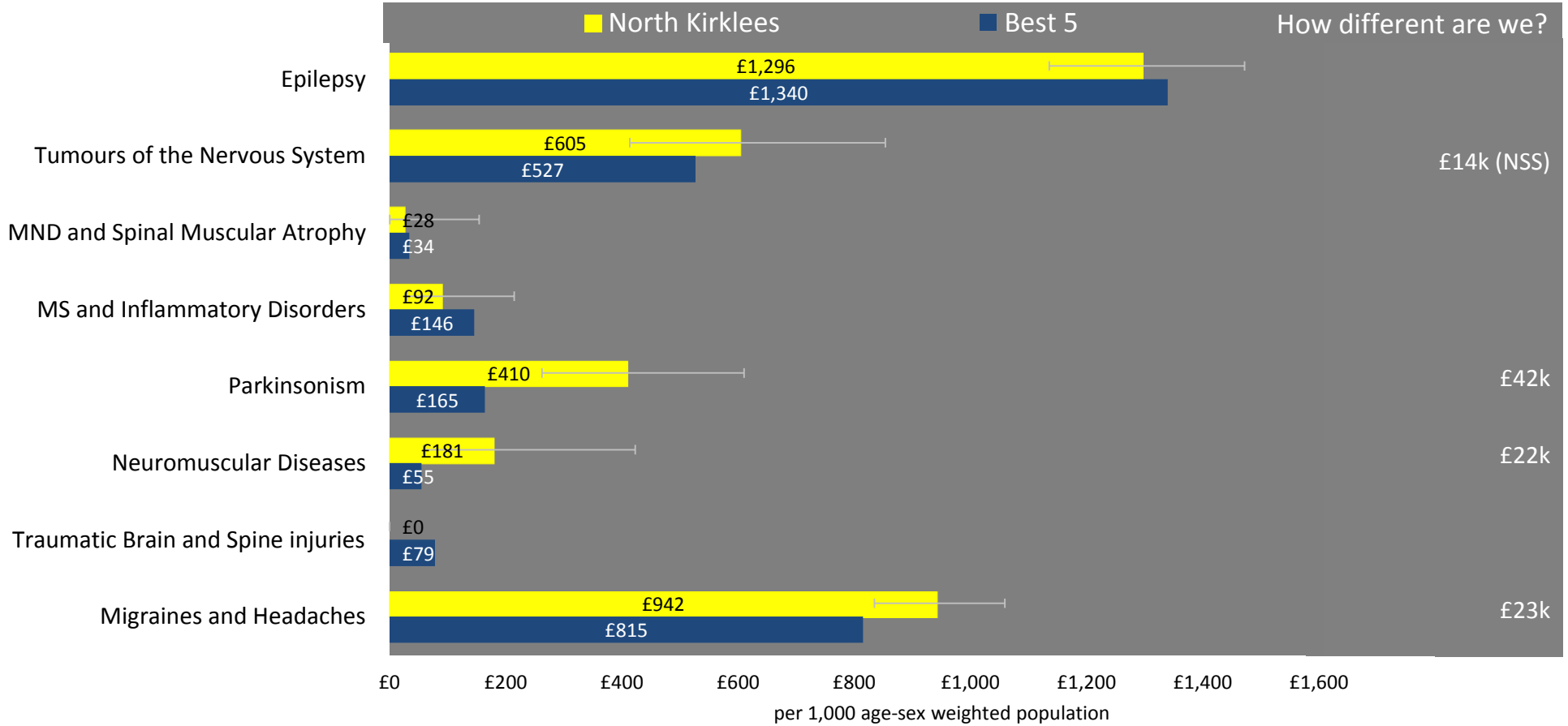
Neurological - Spend on Elective Admissions

Primary Diagnosis



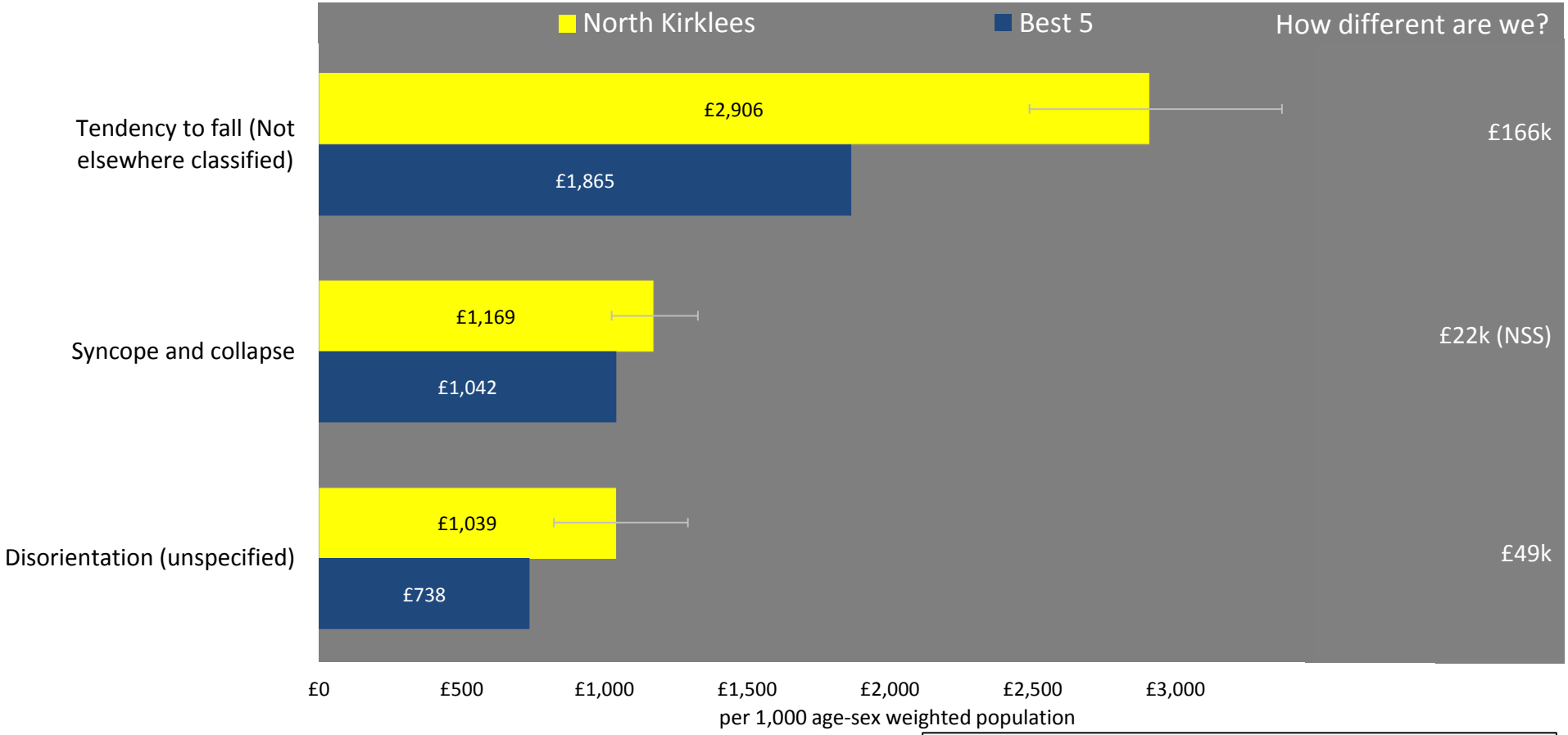
Neurological - Spend on Non-Elective Admissions

Condition Group

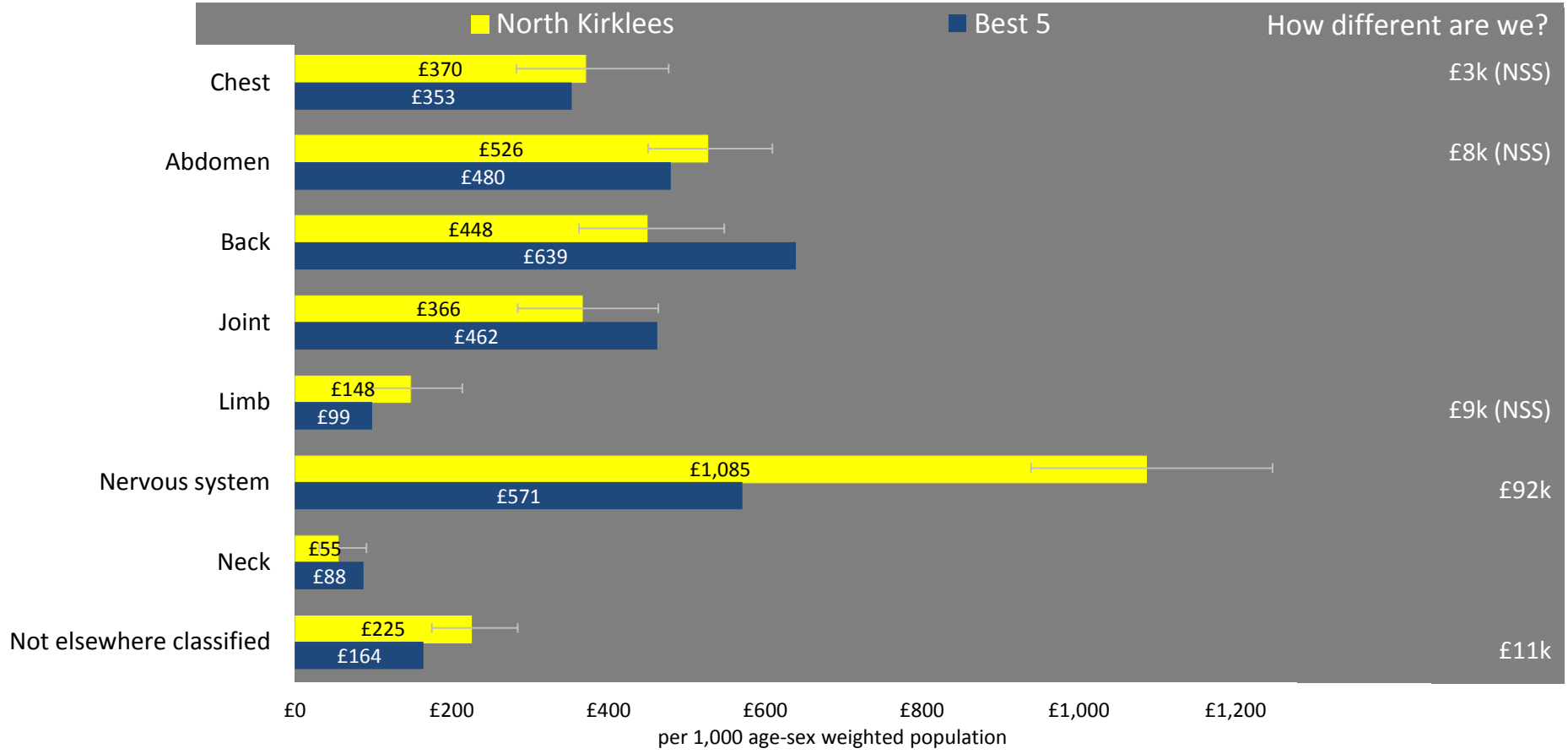


Neurological - Spend on Non-Elective Admissions

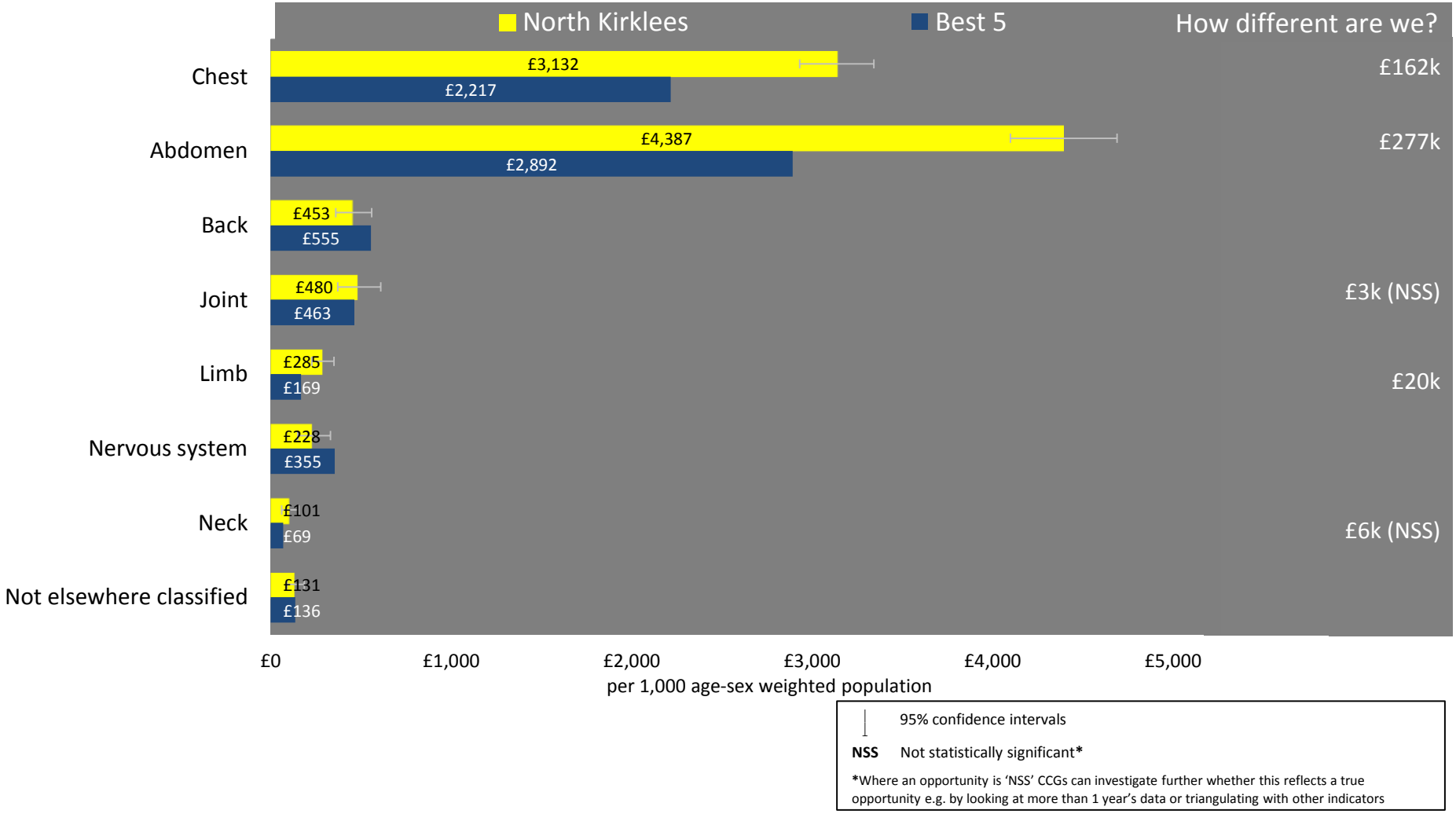
Primary Diagnosis



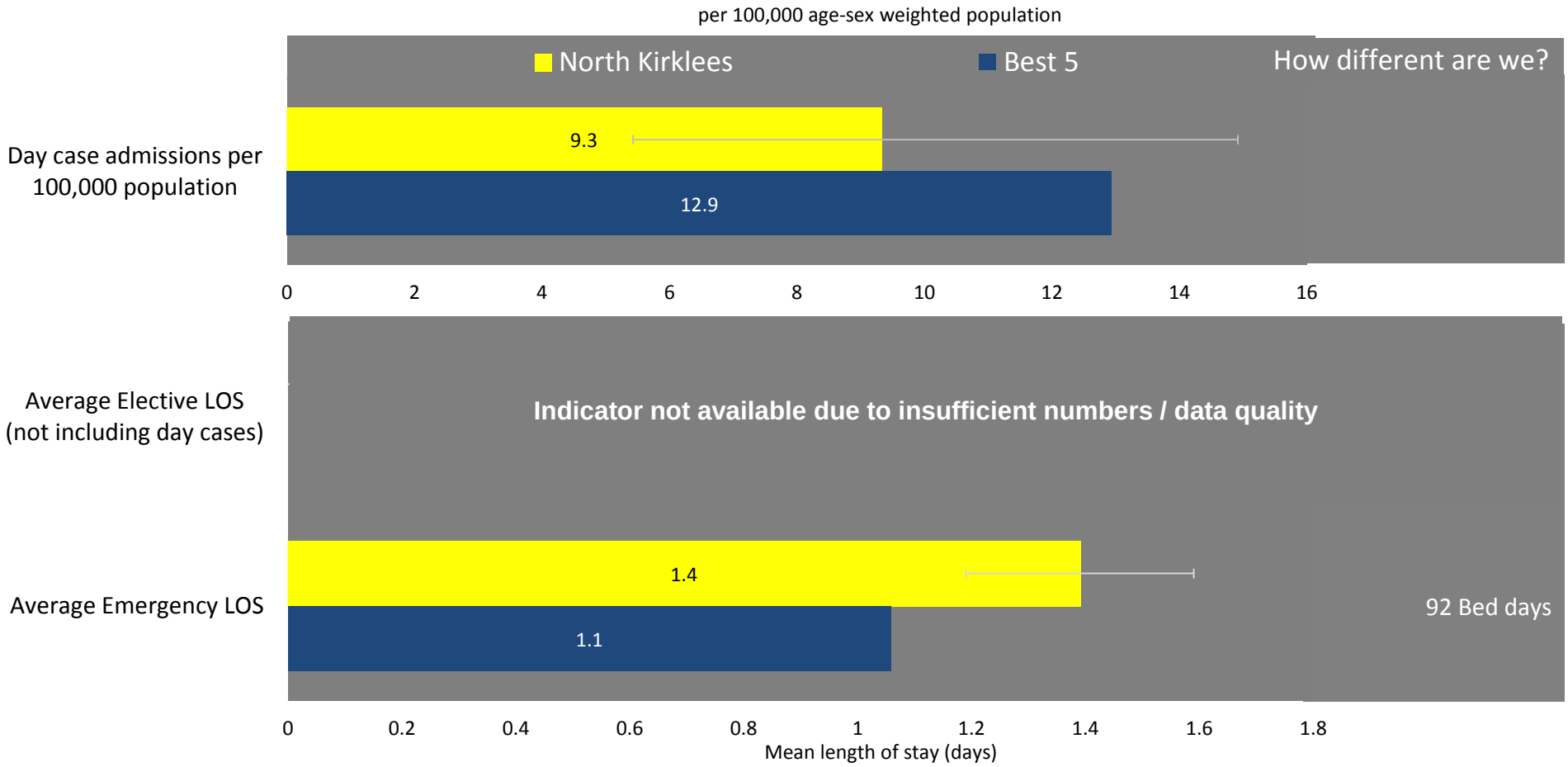
Chronic Pain - Spend on Elective Admissions



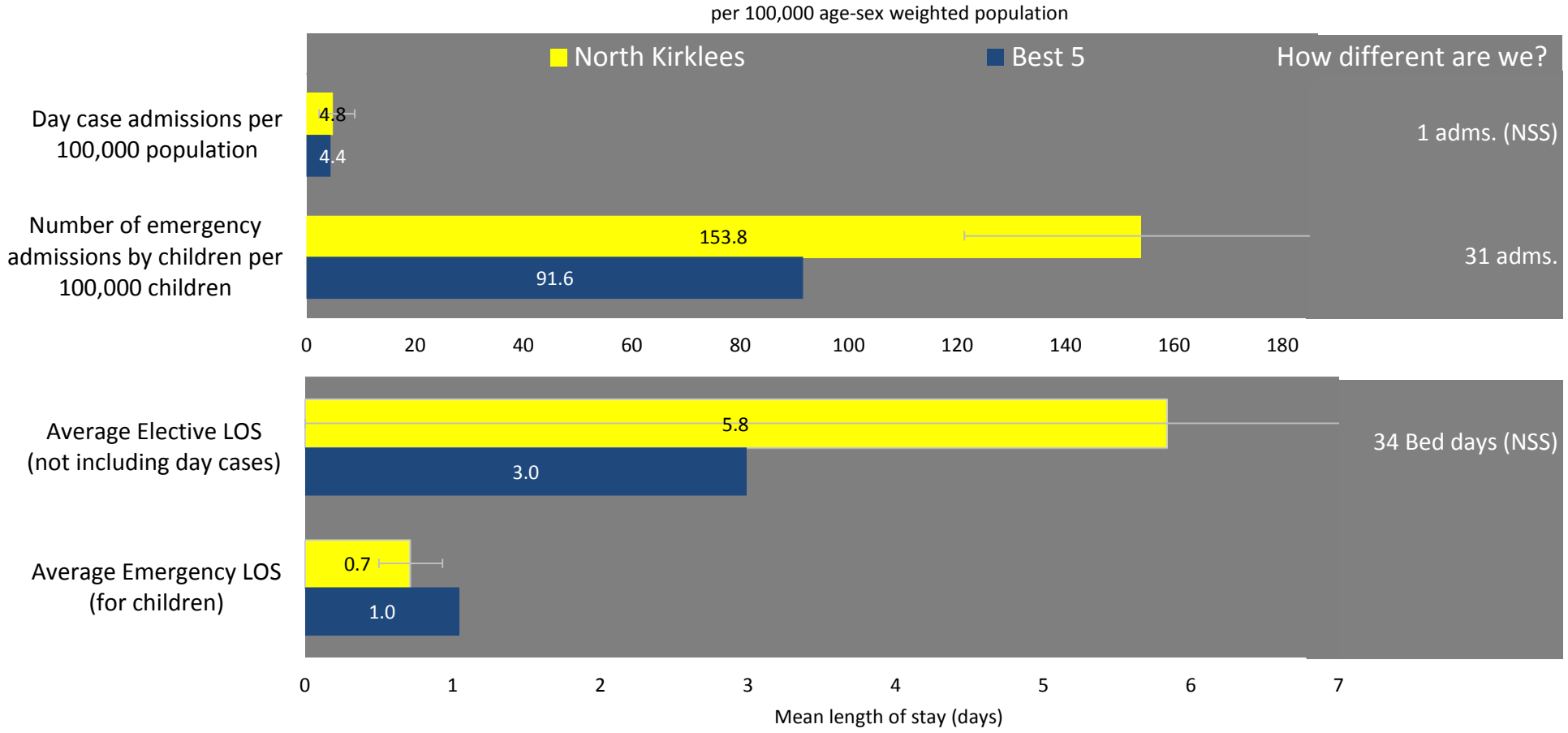
Chronic Pain - Spend on Non-Elective Admissions



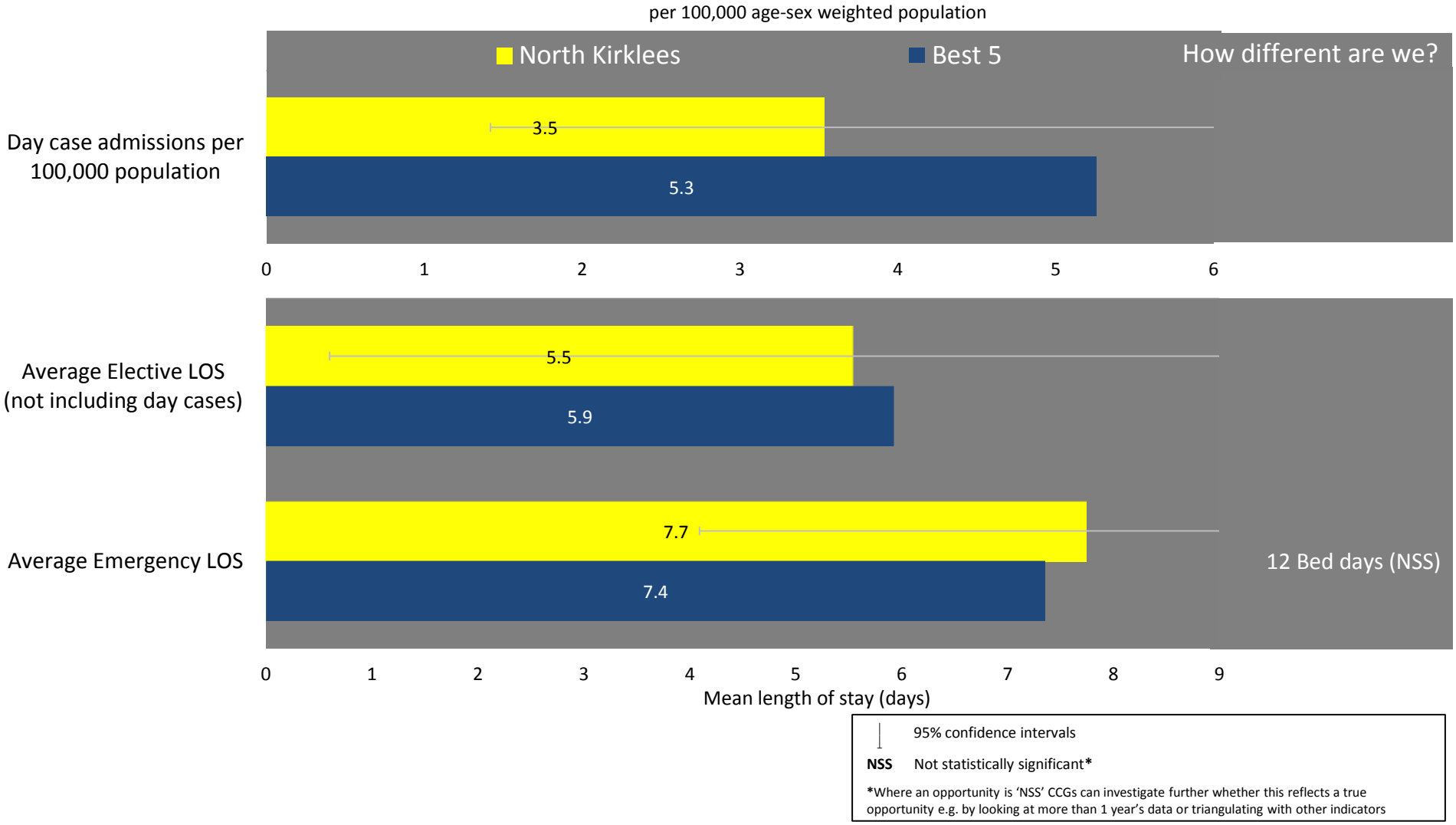
Neurological - Admissions - Headaches and Migraine



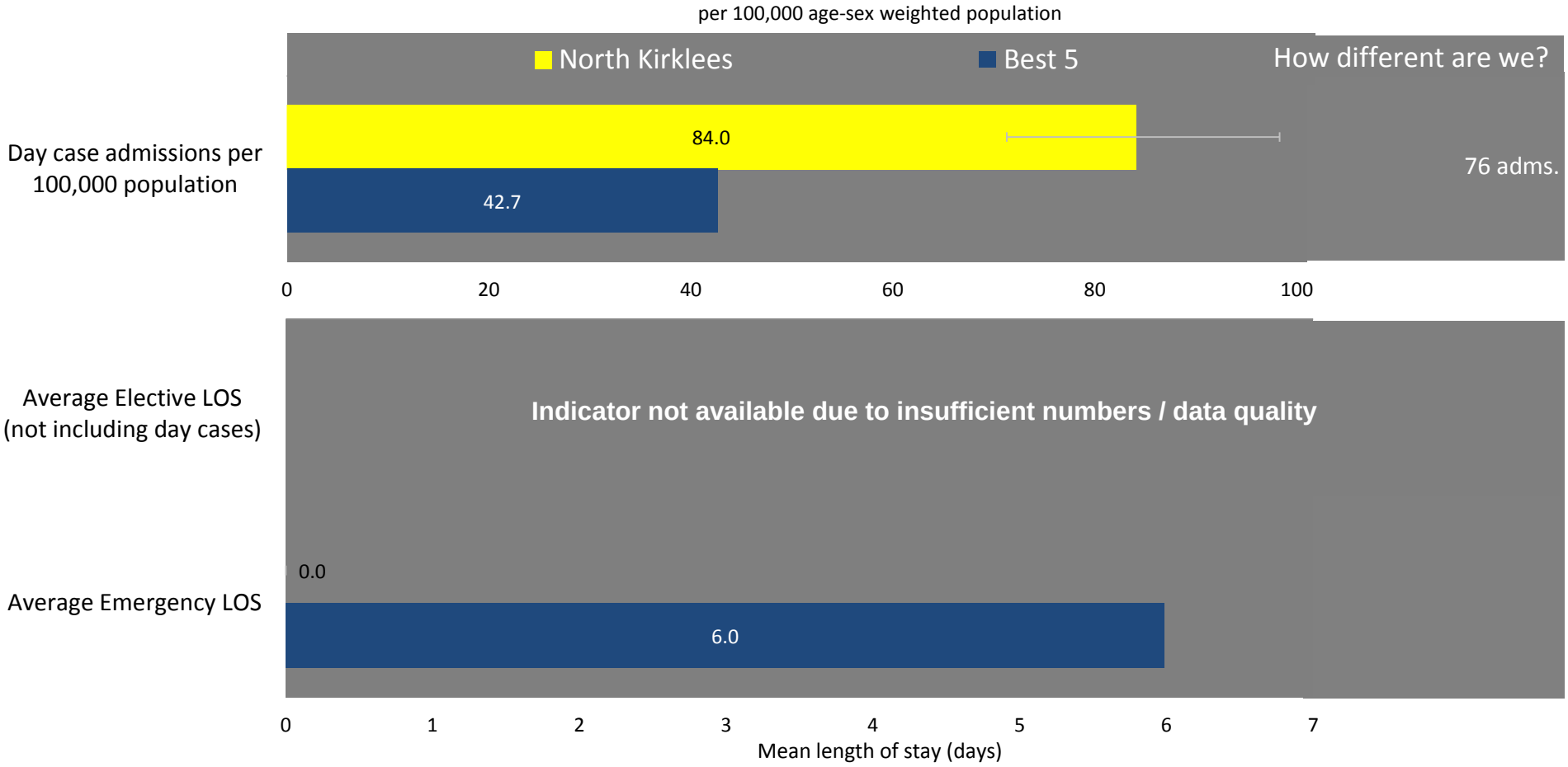
Neurological - Admissions - Epilepsy



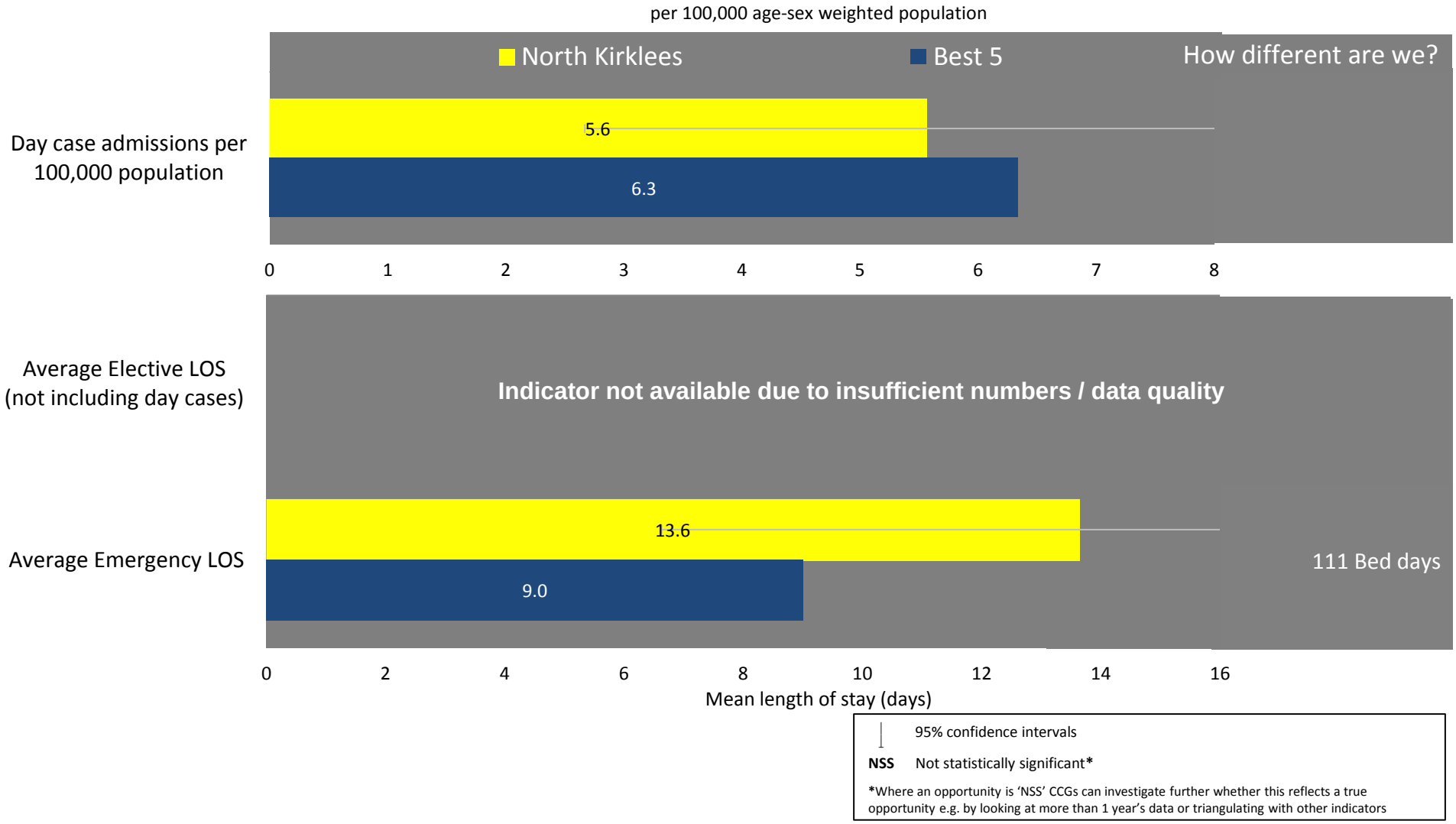
Neurological - Admissions - Tumours of the Nervous System



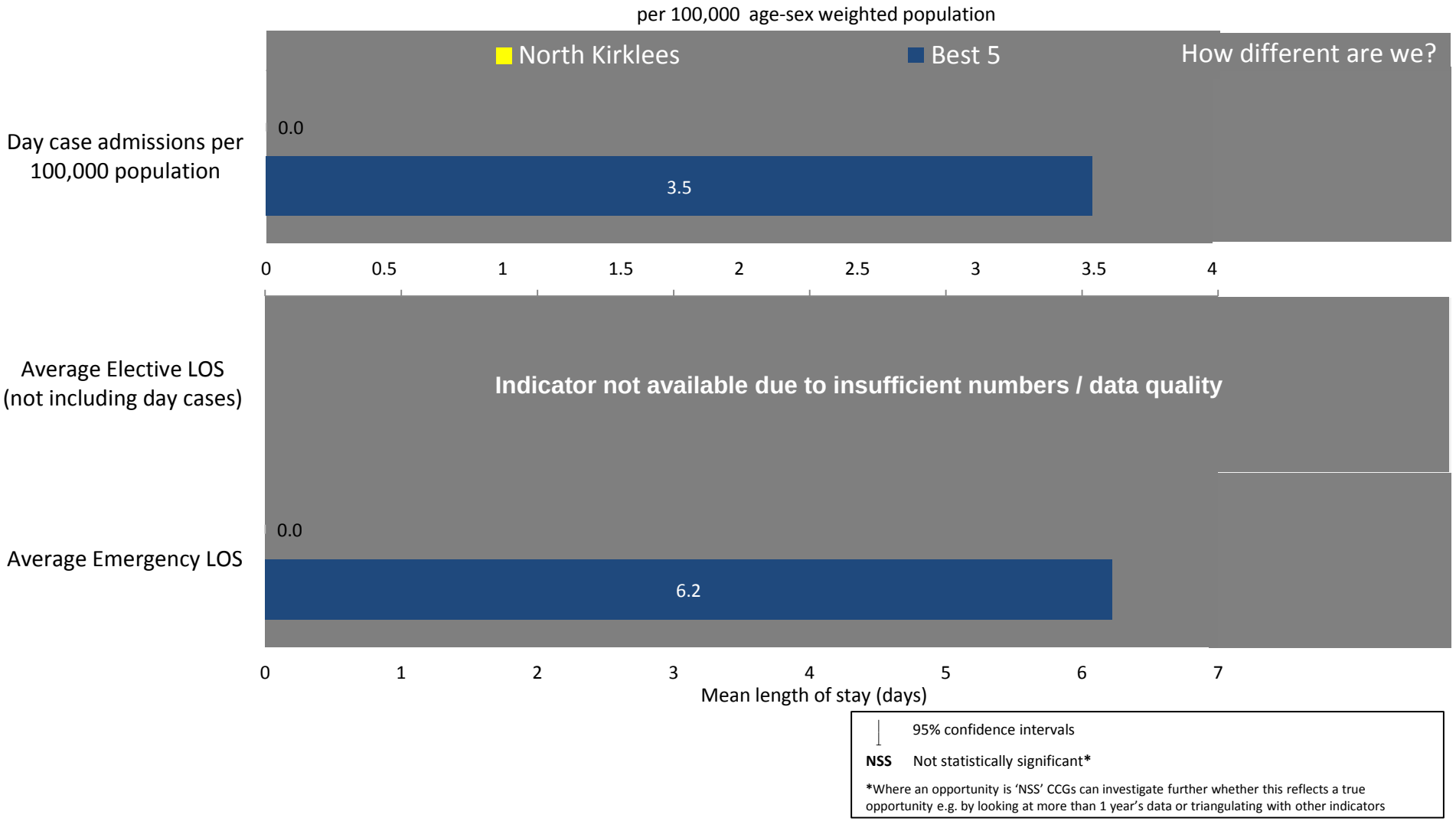
Neurological - Admissions - Multiple Sclerosis and Inflammatory Disorders



Neurological - Admissions - Parkinsonism and other Extrapyramidal disorders

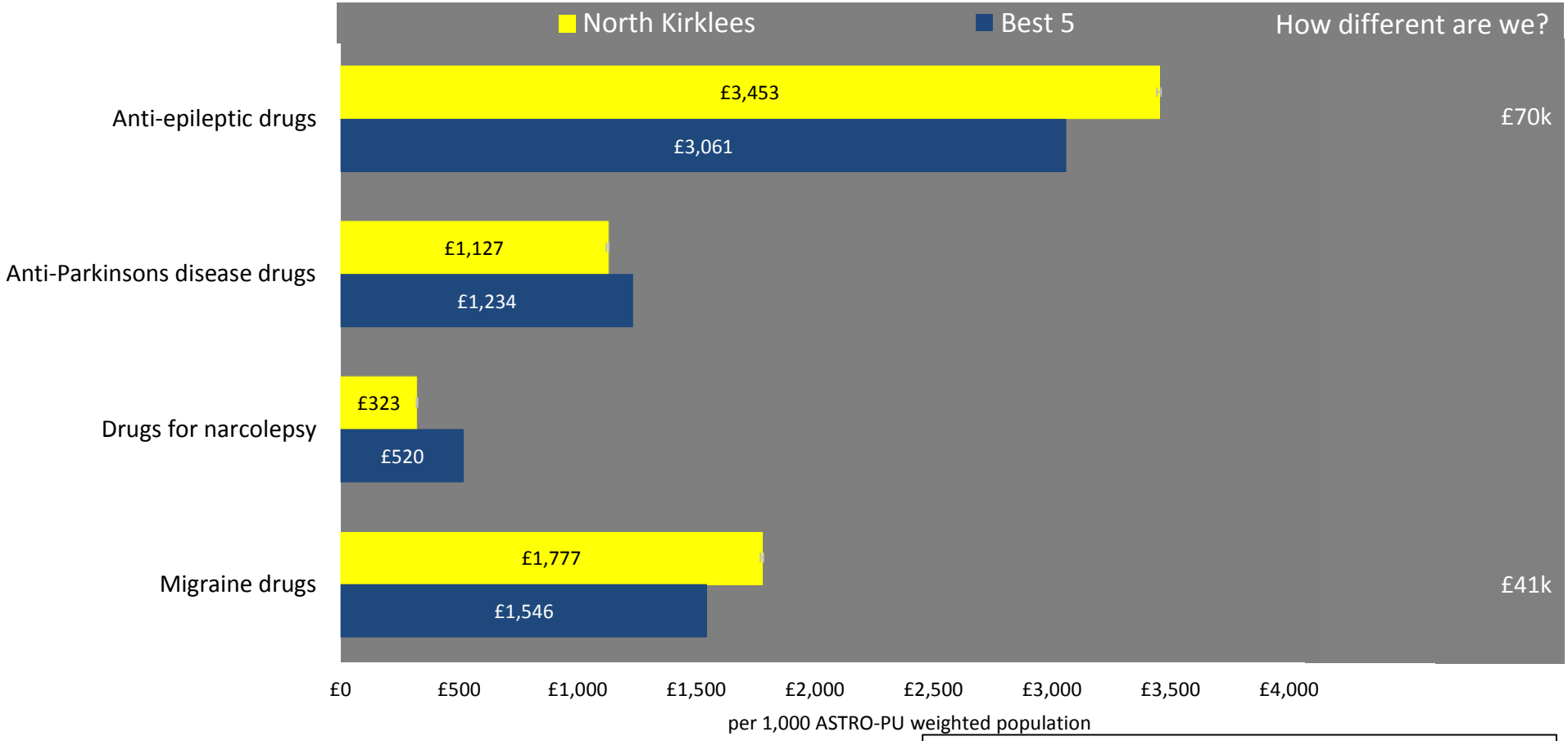


Neurological - Admissions - Neuromuscular diseases



Neurological - Primary Care Prescribing Spend

Condition drug groups



95% confidence intervals

NSS Not statistically significant*

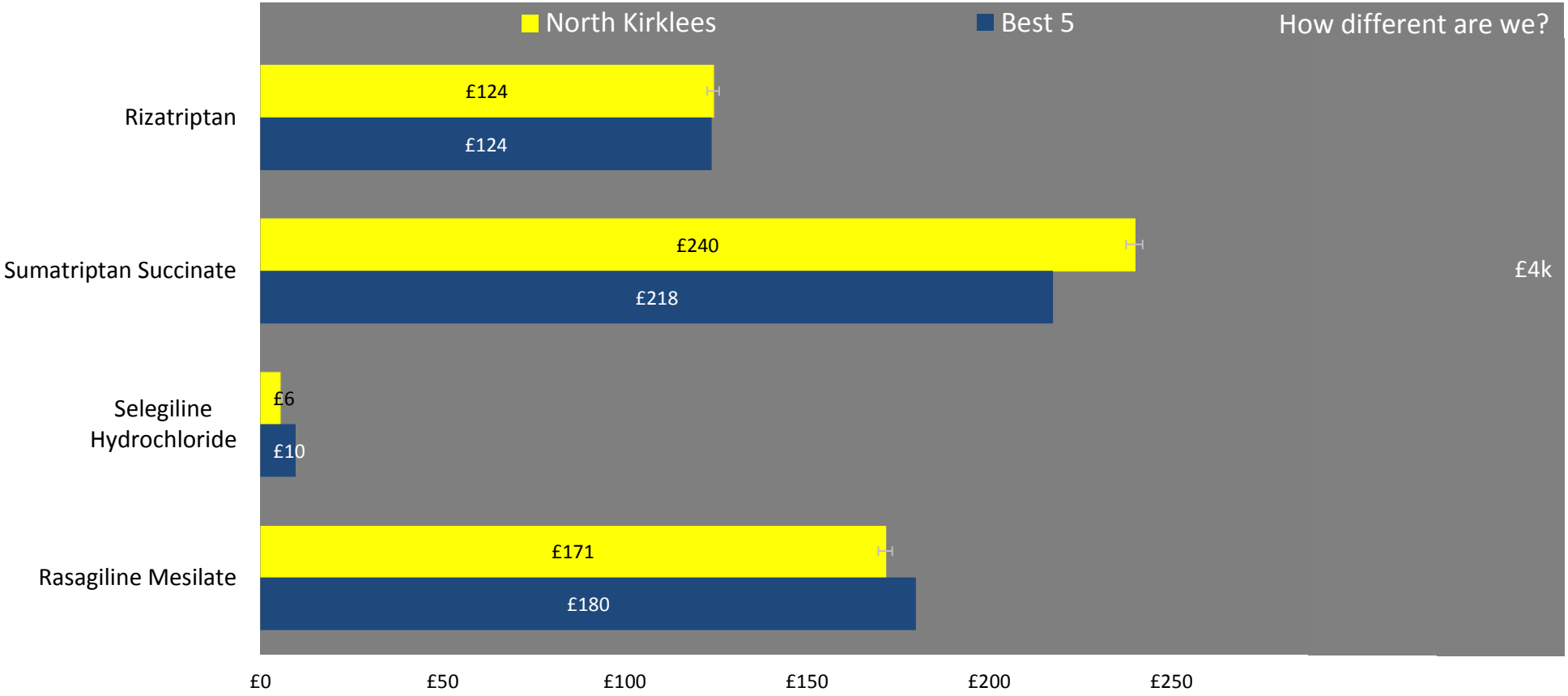
*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

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

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

Neurological - Primary Care Prescribing Spend

Individual drugs



Sumatriptan Succinate and ***Rizatriptan*** are the two highest spend drugs within 'Migraine drugs' group.

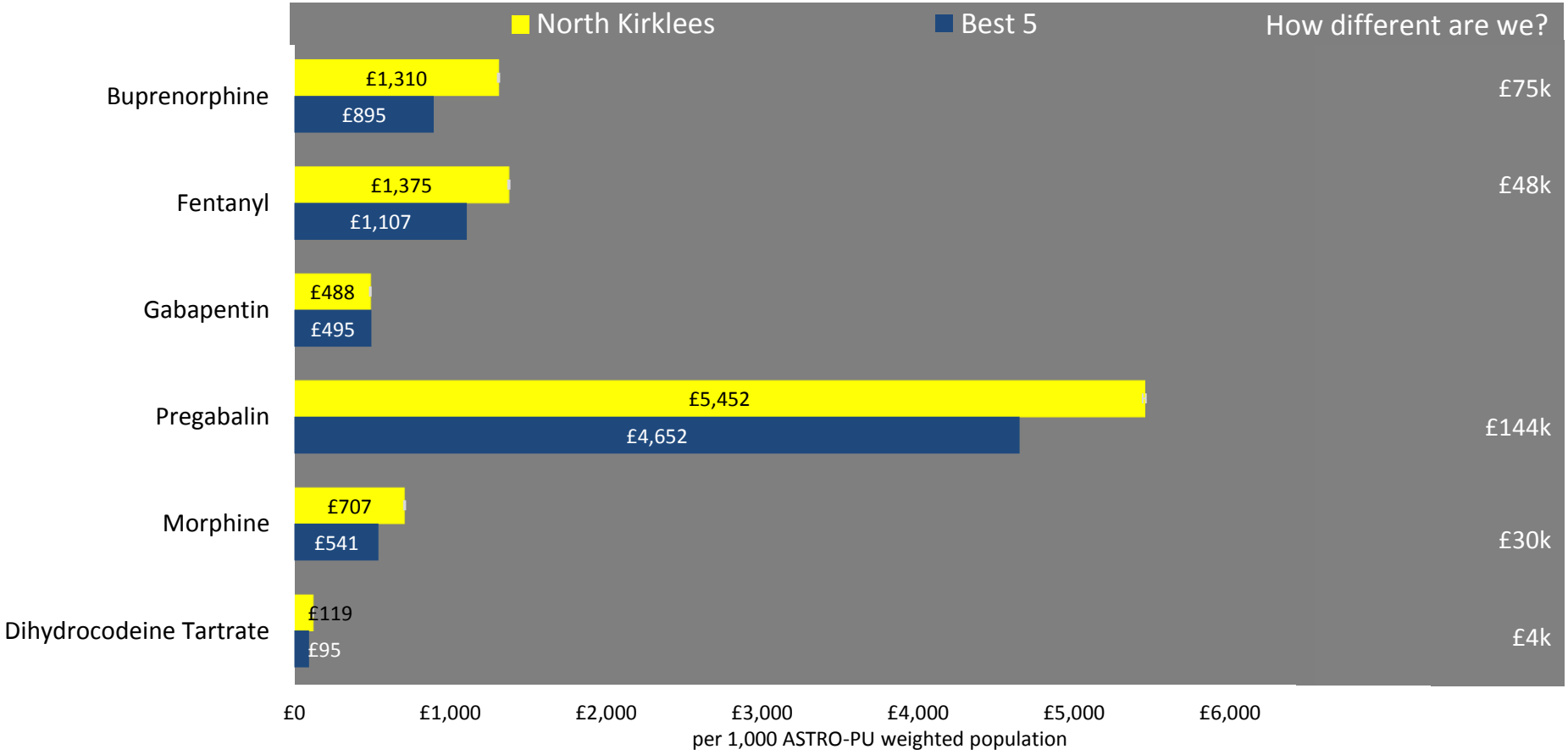
Selegiline is considered to be better value for money than ***Rasagiline*** (both Anti-Parkinsons drugs) with similar outcomes.

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

Chronic Pain - Primary Care Prescribing Spend



95% confidence intervals

NSS Not statistically significant*

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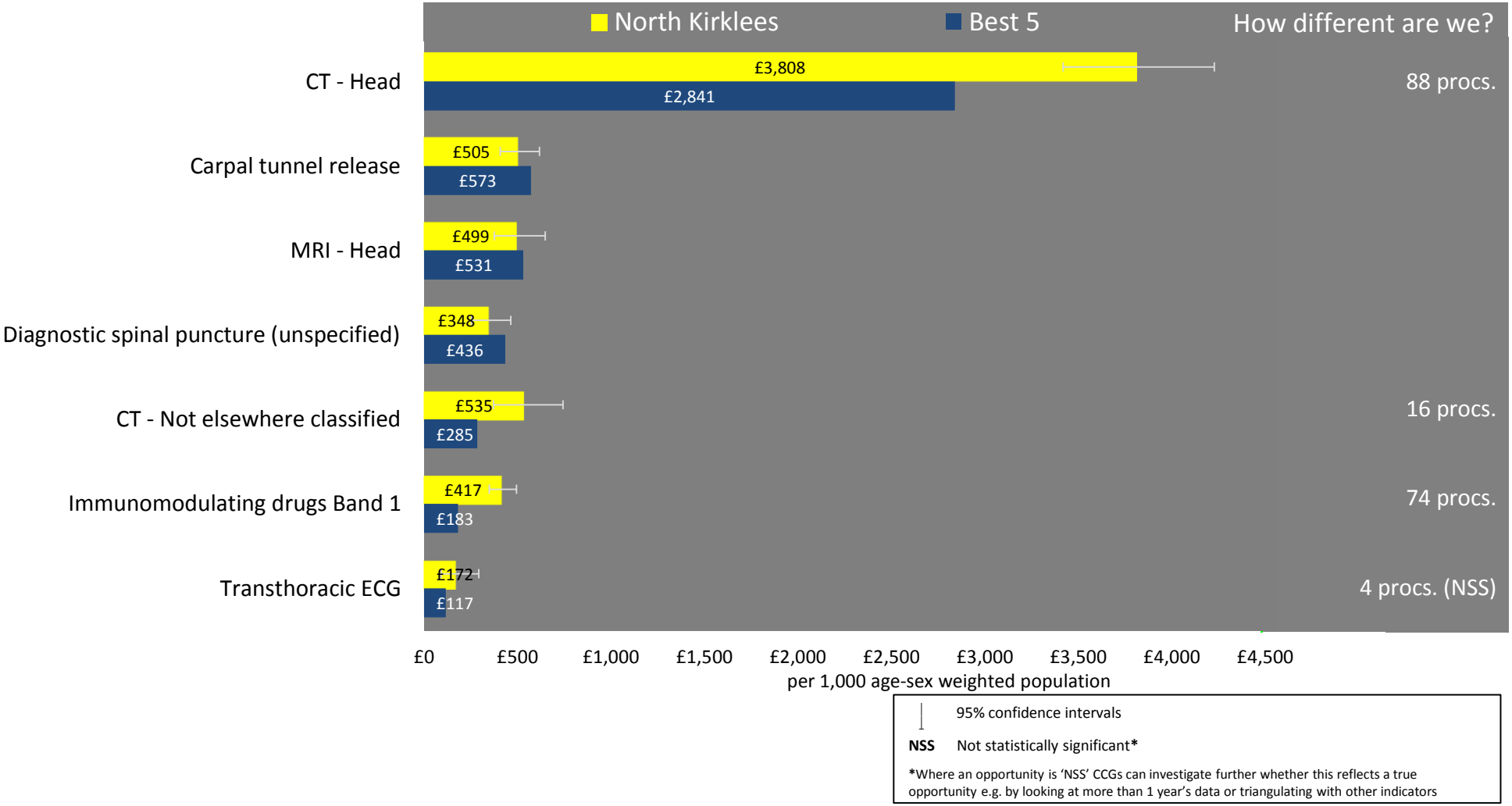
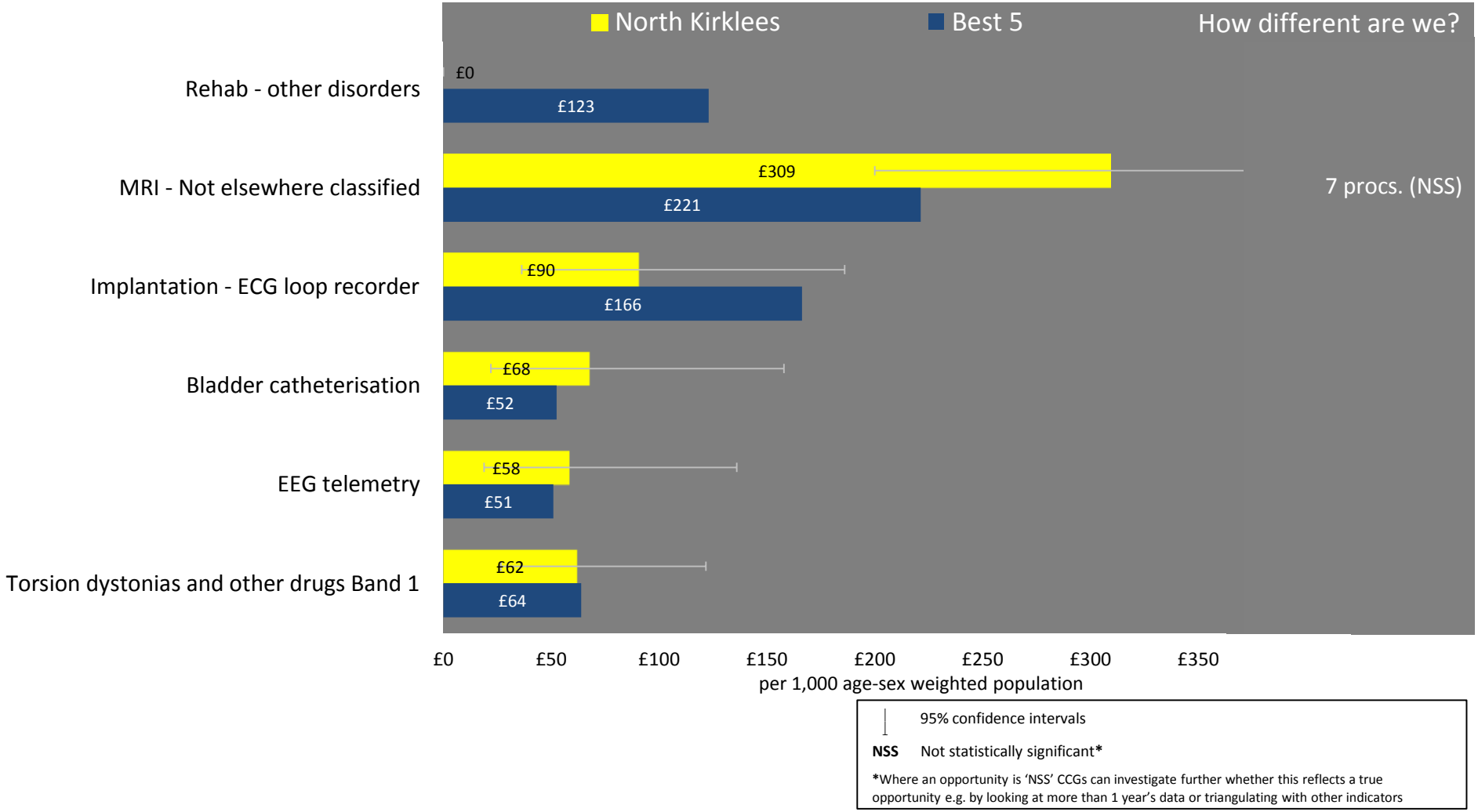
Medicines Optimisation Dashboard: https://www.england.nhs.uk/ourwork/pe/mo-dash/

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

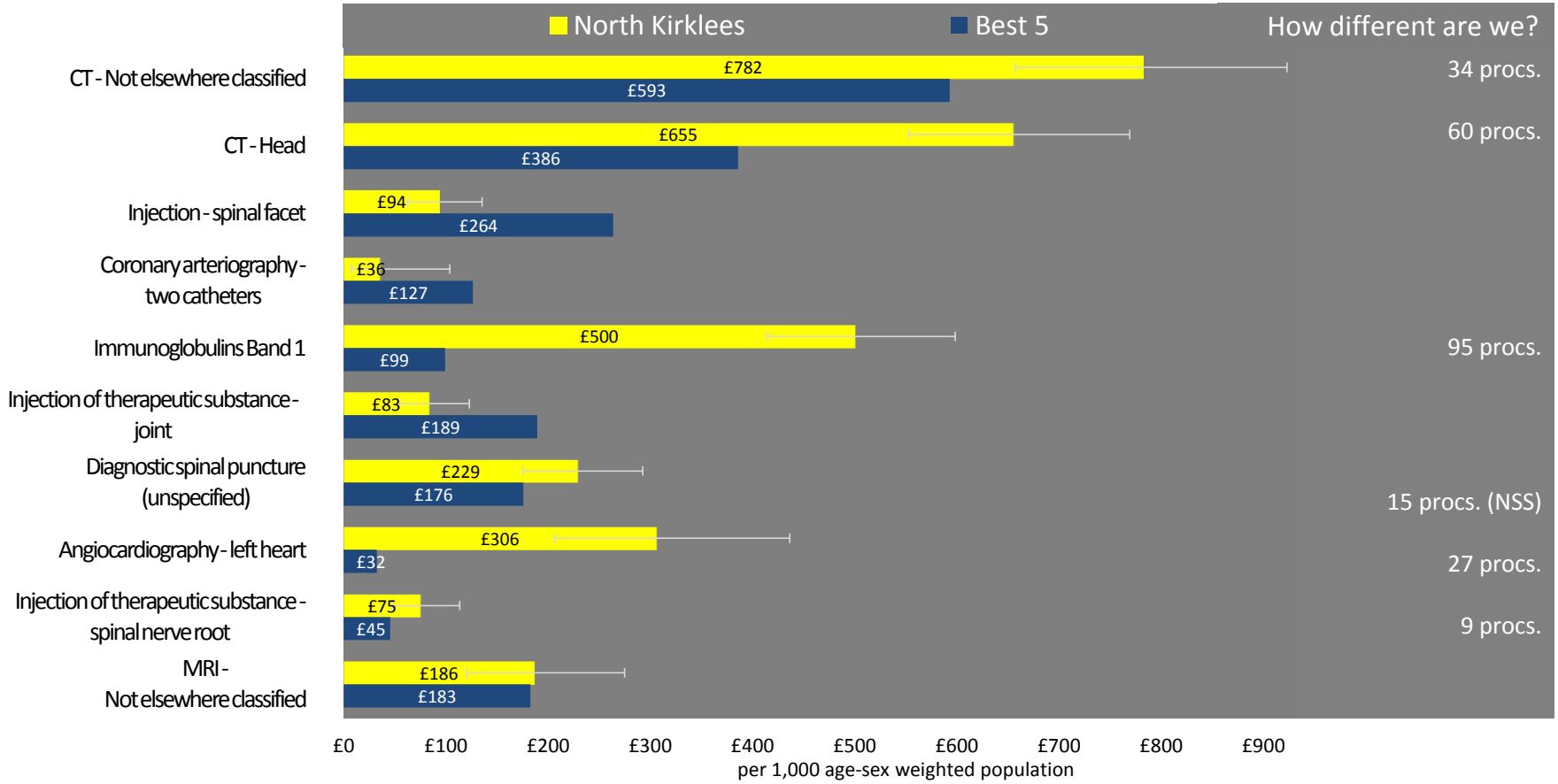
Neurological - Procedures



Neurological - Procedures continued



Chronic Pain - Procedures



95% confidence intervals

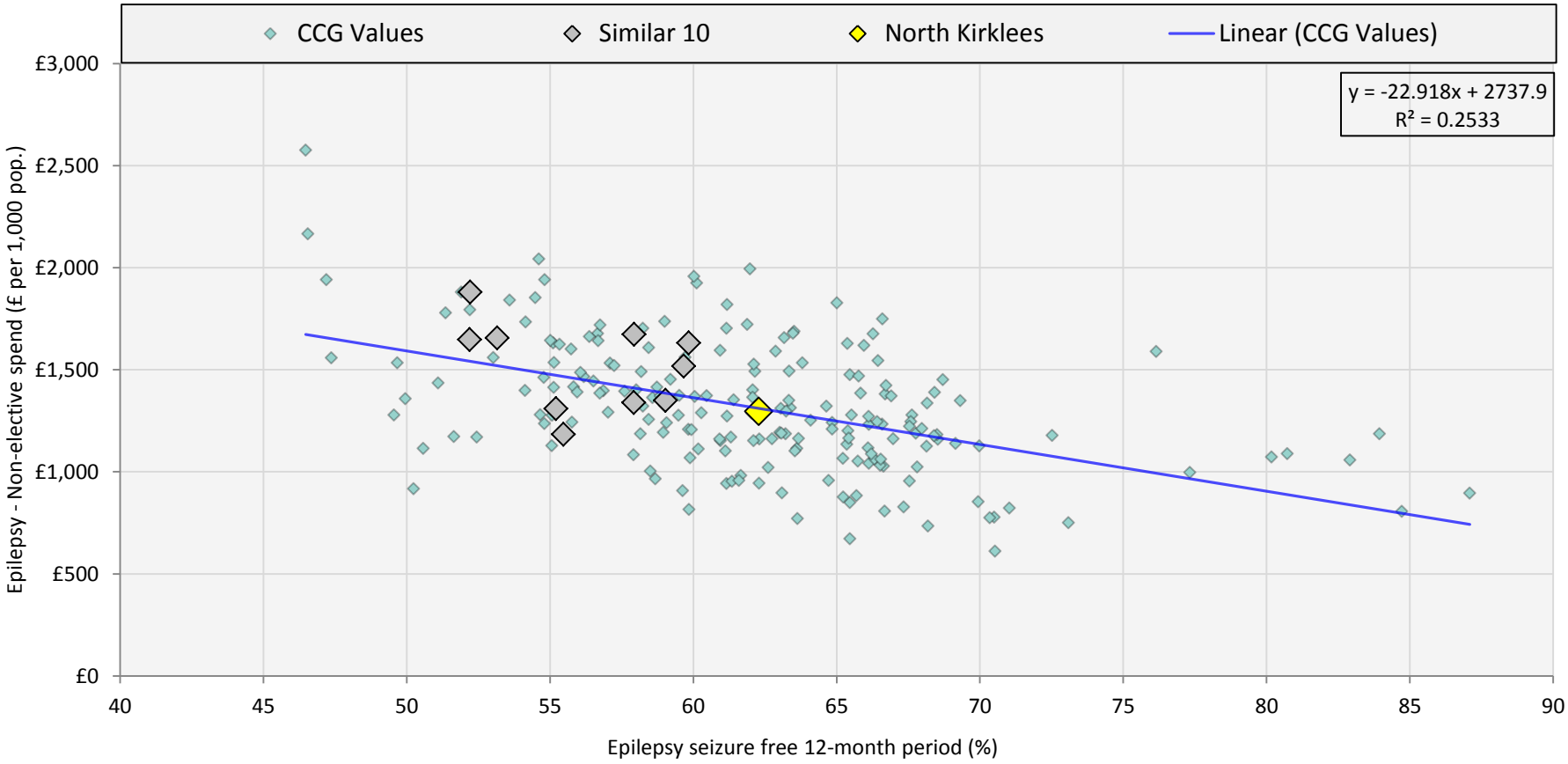
NSS Not statistically significant*

*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

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/



Opportunity table: Methodology

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

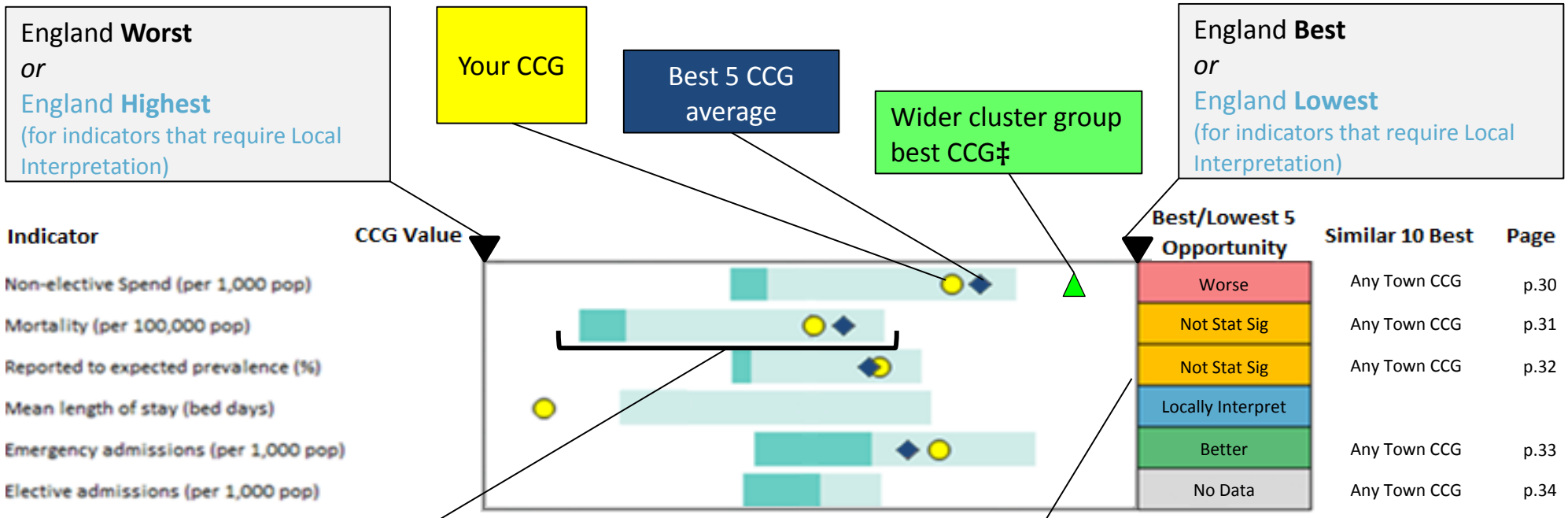
- **Risk**
- **Prevalence and detection**
- **Service and quality**
- **Spend**
- **Outcomes**

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.

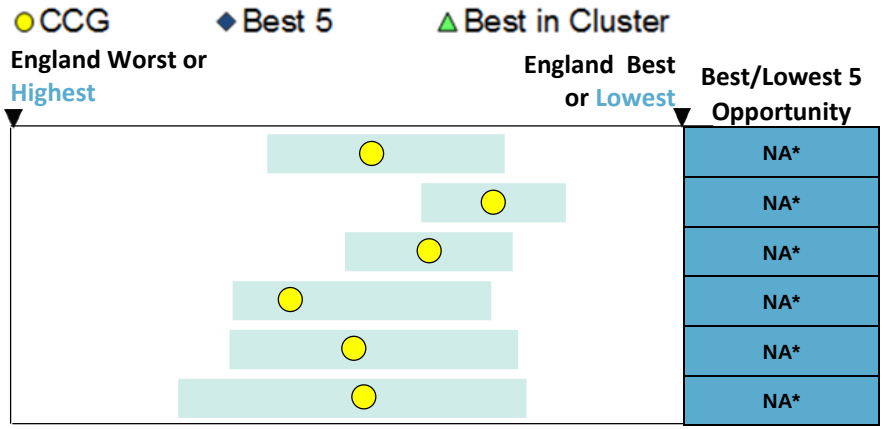
Green = Statistically significantly better than best 5

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.

Neurological 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
Overall index of multiple deprivation	27.0	NA*		
Income Deprivation Affecting Older People Index	0.2	NA*		
GP registered population aged 75+ years (%)	6.7	NA*		
Injuries due to falls people 65+ (**)	2127	NA*		
Population with LLTI or disability (%)	18.3	NA*		
Prevalence of depression (%)	8.2	NA*		

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

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

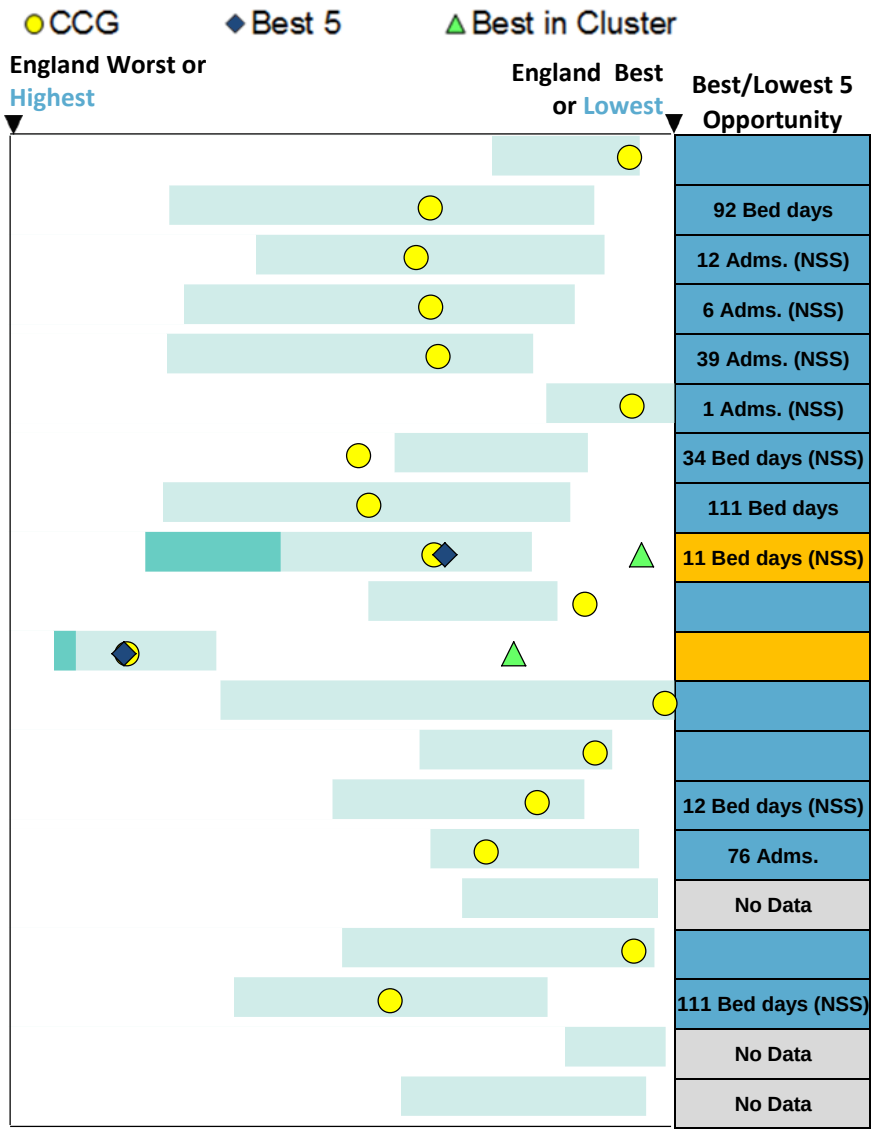
Indicator	CCG Value	○ CCG ◆ Best 5 △ Best in Cluster England Worst or Highest … England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Prevalence of Epilepsy, 18+ (**)	0.8%		NA*		

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

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

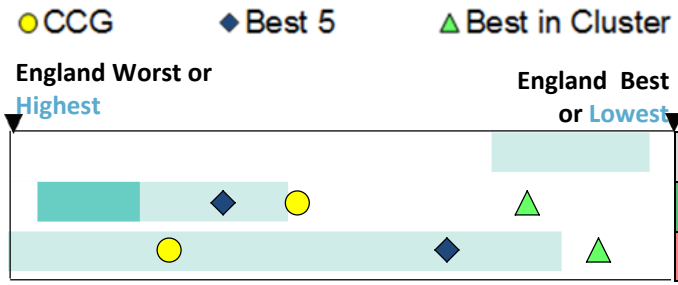


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Headaches and migraine - Day case admissions (**)	9.3			
Headaches and migraines - Average length of stay - emergency (bed days)	1.4	92 Bed days		
Proportion admitted to hospital - Epilepsy primary diagnosis (**)	57.0	12 Adms. (NSS)		
Proportion admitted to hospital with Epilepsy mention (**)	277.0	6 Adms. (NSS)		
Mention of epilepsy - number of admissions (**)	440.5	39 Adms. (NSS)		
Epilepsy - Day case admissions (**)	4.8	1 Adms. (NSS)		
Epilepsy - Average length of stay - elective (bed days)	5.8	34 Bed days (NSS)		
Epilepsy - average length of stay - emergency (bed days)	1.8	111 Bed days		
Emergency bed-days following admissions for epilepsy(**)	252.0	11 Bed days (NSS)	Telford and Wrekin	p.46
Epilepsy - Average length of stay - children - emergency (bed days)	0.7			
Epilepsy - Proportion admissions managed by neurologist (%)	10.8		Crawley	p.47
Tumours of Nervous System - Day case admissions (**)	3.5			
Tumours of Nervous System -Average length of stay - elective (bed days)	5.5			
Tumours of Nervous System - Average length of stay-emergency (bed days)	7.7	12 Bed days (NSS)		
MS and Inflammatory Disorders - Day case admissions (**)	84.0	76 Adms.		
Multiple Sclerosis - Average length of stay - emergency (bed days)	No Data	No Data		
Parkinsonism - Day case admissions (**)	5.6			
Parkinsonism - Average length of stay - emergency (bed days)	13.6	111 Bed days (NSS)		
Neuromuscular diseases - Day case admissions (**)	No Data	No Data		
Neuromuscular diseases - Average length of stay - emergency (bed days)	No Data	No Data		

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

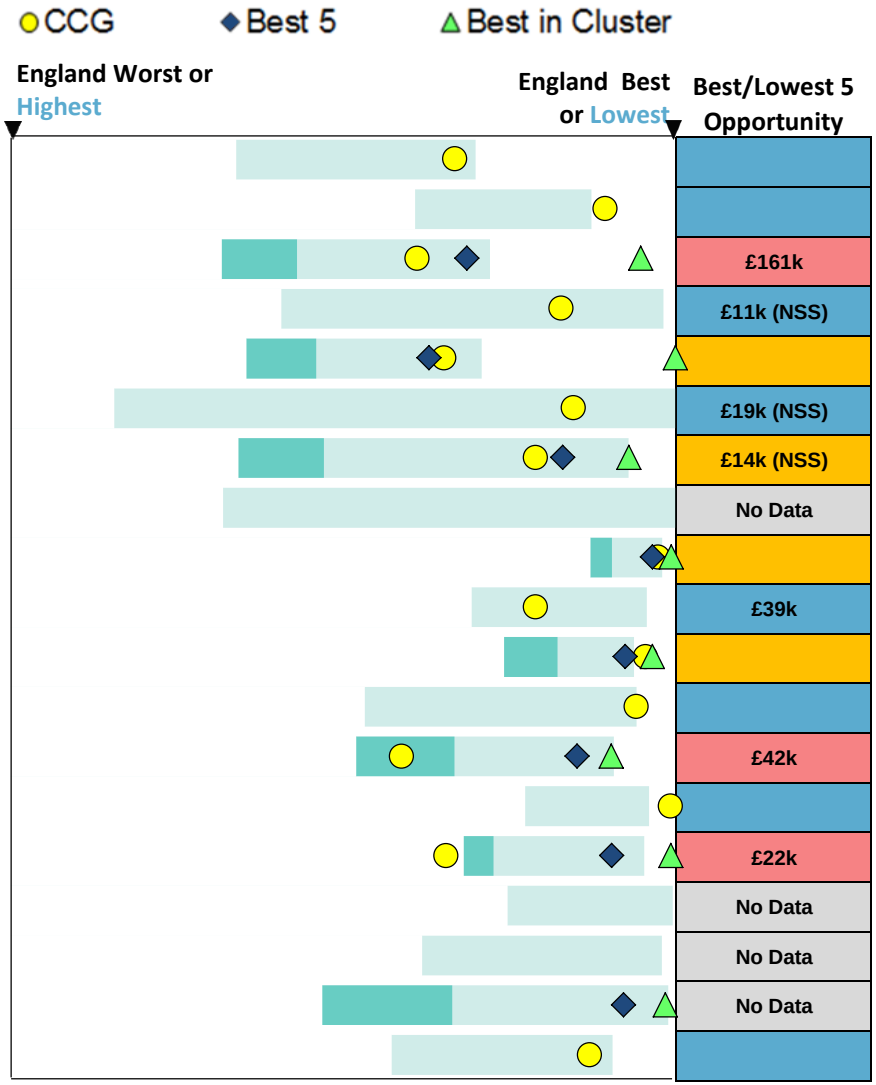


Indicator	CCG Value	Similar 10 Best	Page
Traumatic brain/spine injury - Avg. length of stay-emergency (bed days)	No Data		
New outpatient neurology appointments with consultant for those aged 20+ DSR (**)	1179.8	North Kirklees	p.48
Outpatient neurology apts provided in home CCG (%)	23.9	Luton	p.49

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

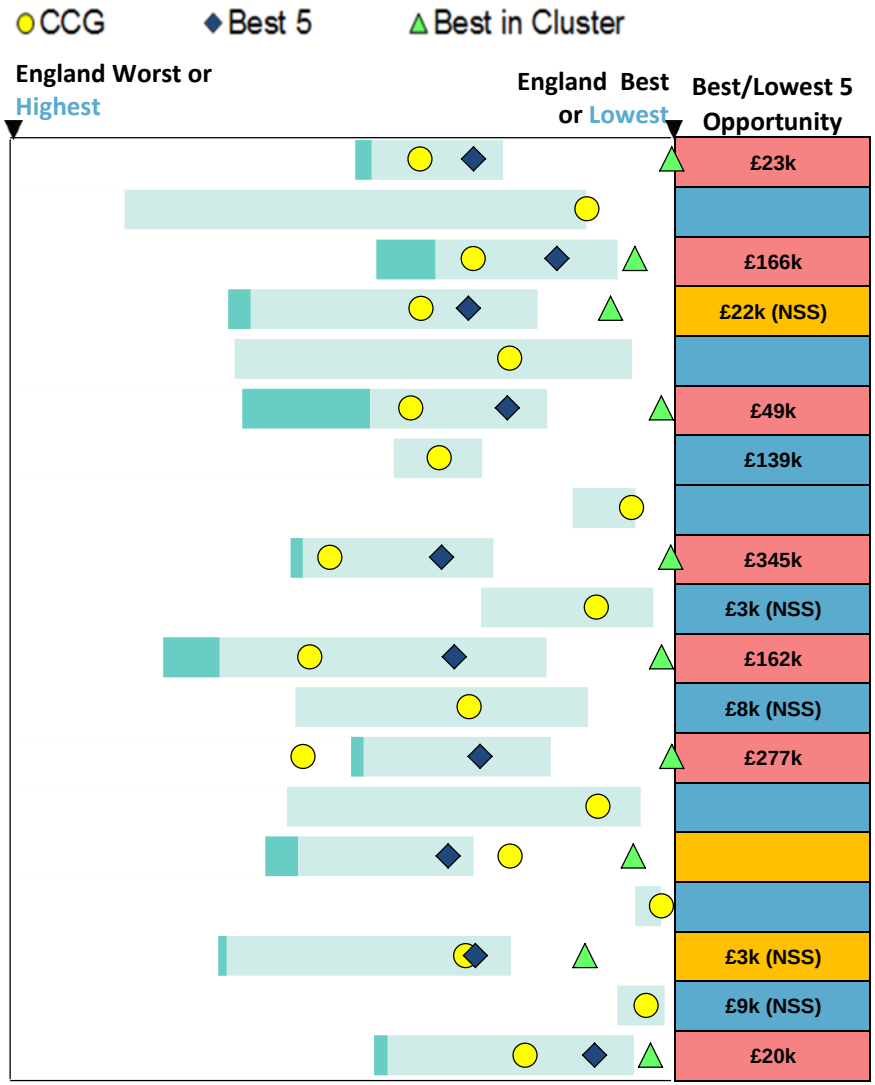


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Neurological conditions - Total (*)	13508			
Neurological conditions - elective (*)	2761			
Neurological conditions - non-elective (*)	10812	£161k	Heywood, Middleton and Rochdale	p.50
Epilepsy - Elective (*)	218	£11k (NSS)		
Epilepsy - Non-elective (*)	1296		Telford and Wrekin	p.51
Tumours of the Nervous System - Elective (*)	610	£19k (NSS)		
Tumours of Nervous System - Non-elective (*)	605	£14k (NSS)	Bradford Districts	p.52
MND and Spinal Muscular Atrophy - Elective (*)	No Data	No Data		
MND and Spinal Muscular Atrophy - Non-elective (*)	28		Walsall	p.53
Multiple Sclerosis and Inflammatory Disorders - Elective (*)	499	£39k		
Multiple Sclerosis and Inflammatory Disorders - Non-elective (*)	92		North Kirklees	p.54
Parkinsonism and other Extrapyramidal Disorders - Elective (*)	72			
Parkinsons and other Extrapyramidal Disorders - Non-elective (*)	410	£42k	Telford and Wrekin	p.55
Neuromuscular Diseases - Elective (*)	17			
Neuromuscular Diseases - Non-elective (*)	181	£22k	Crawley	p.56
Functional Disorders - Elective (*)	No Data	No Data		
Traumatic Brain and Spine injuries - Elective (*)	No Data	No Data		
Traumatic Brain and Spine injuries - Non-elective (*)	No Data	No Data	Bolton	p.57
Migraines and Headaches - Elective (*)	127			

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

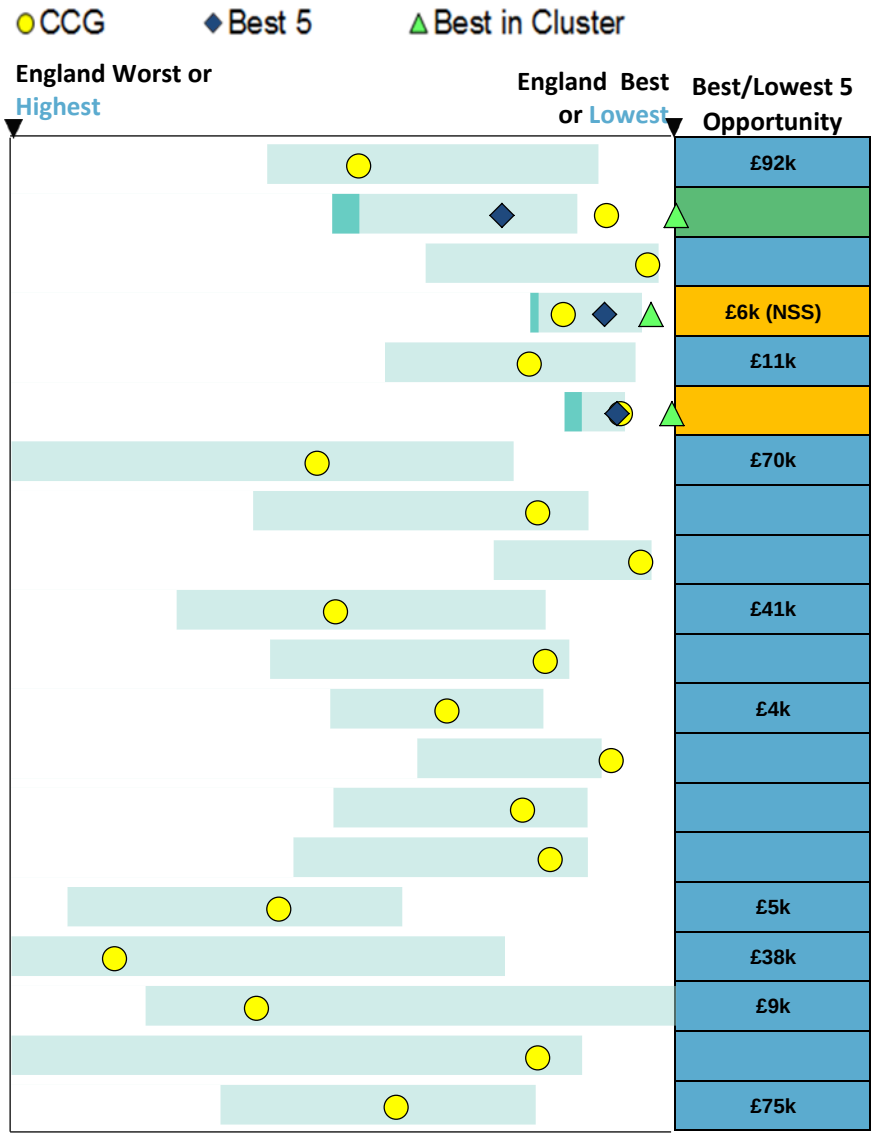


Indicator	CCG Value	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Migraines and Headaches - Non-elective (*)	942	£23k	Bradford Districts	p.58
Syncope and collapse - Elective (*)	122			
Tendency to fall - Non-elective (*)	2906	£166k	Telford and Wrekin	p.59
Syncope and collapse - Non-elective (*)	1169	£22k (NSS)	Greater Huddersfield	p.60
Carpal Tunnel Syndrome - Elective (*)	541			
Disorientation (unspecified) - Non-elective (*)	1039	£49k	Bradford Districts	p.61
Chronic pain - Total (*)	13306	£139k		
Chronic pain - Elective (*)	3331			
Chronic pain - Non-elective (*)	9970	£345k	Bradford Districts	p.62
Chronic pain - chest - Elective (*)	370	£3k (NSS)		
Chronic pain - chest - Non-elective (*)	3132	£162k	Bradford Districts	p.63
Chronic pain - abdomen - Elective (*)	526	£8k (NSS)		
Chronic pain - abdomen - Non-elective (*)	4387	£277k	Blackburn with Darwen	p.64
Chronic pain - back - Elective (*)	448			
Chronic pain - back - Non-elective (*)	453		North Kirklees	p.65
Chronic pain - joint - Elective (*)	366			
Chronic pain - joint - Non-elective (*)	480	£3k (NSS)	Blackburn with Darwen	p.66
Chronic pain - limb - Elective (*)	148	£9k (NSS)		
Chronic pain - limb - Non-elective (*)	285	£20k	Crawley	p.67

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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
Chronic pain - nervous system - Elective (*)	1085		
Chronic pain - nervous system - Non-elective (*)	228	North Kirklees	p.68
Chronic pain - neck - Elective (*)	55		
Chronic pain - neck - Non-elective (*)	101	Greater Huddersfield	p.69
Chronic pain - Not elsewhere classified - Elective (*)	225		
Chronic pain - Not elsewhere classified - Non-elective (*)	131	Oldham	p.70
Prescribing Spend - Anti-epileptic drugs (***)	3453		
Prescribing Spend - Anti-Parkinsons disease drugs (***)	1127		
Prescribing Spend - Drugs for narcolepsy (***)	323		
Prescribing Spend - Migraine drugs (***)	1777		
Prescribing Spend - Rizatriptan (***)	124		
Prescribing Spend - Sumatriptan Succinate (***)	240		
Prescribing Spend - Selegiline Hydrochloride (***)	6		
Prescribing Spend - Rasagiline Mesilate (***)	171		
Prescribing spend - Phenytoin Sodium (per 1,000 cases)	38336		
Prescribing spend - Sodium Valproate (per 1,000 cases)	50842		
Prescribing spend - Leviteracetam (per 1,000 cases)	69621		
Prescribing spend - Carbamazepine (per 1,000 cases)	36183		
Prescribing spend - Other drugs exc. Pregabalin (per 1,000 cases)	113162		
Prescribing Spend - Buprenorphine (***)	1310		

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

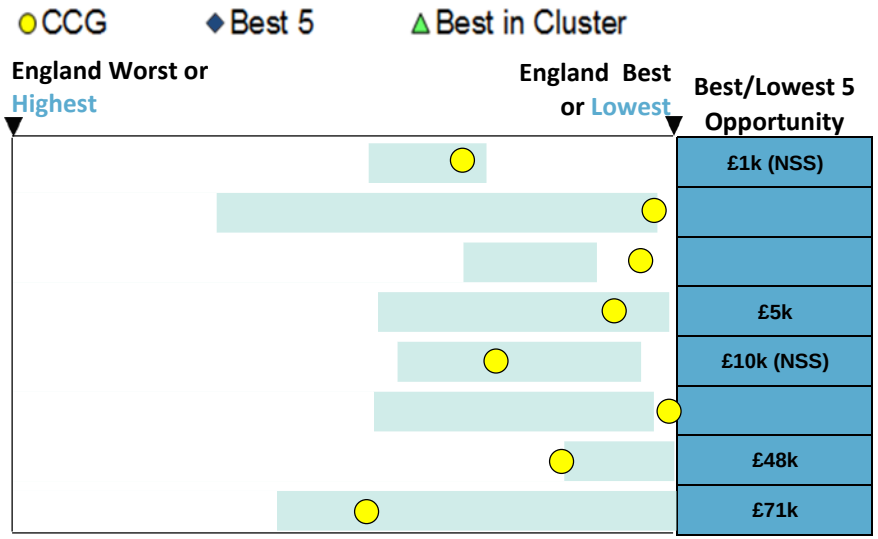
CCG Best 5 Best in Cluster

Indicator	CCG Value	England Worst or Highest ... England Best or Lowest	Best/Lowest 5 Opportunity	Similar 10 Best	Page
Prescribing Spend - Fentanyl (***)	1375		£48k		
Prescribing Spend - Gabapentin (***)	488				
Prescribing Spend - Pregabalin (***)	5452		£144k		
Prescribing spend - Morphine (***)	707		£30k		
Prescribing Spend - Dihydrocodeine Tartrate (***)	119		£4k		
Neurological Procedure - CT - Head (*)	3808		£162k		
Neurological Procedure - CT - Not elsewhere classified (*)	535		£42k		
Neurological Procedure - MRI - Head (*)	499				
Neurological Procedure - MRI - Not elsewhere classified (*)	309		£16k (NSS)		
Neurological Procedure - Transthoracic ECG (*)	172		£9k (NSS)		
Neurological Procedure - Implantation - ECG loop recorder (*)	90				
Neurological Procedure - Immunomodulating drugs Band 1 (*)	417		£43k		
Neurological Procedure - Torsion dystonias - drugs Band 1 (*)	62				
Neurological Procedure - Rehab - other disorders (*)	No Data		No Data		
Neurological Procedure - EEG telemetry (*)	58		£1k (NSS)		
Neurological Procedure - Diagnostic spinal puncture (*)	348				
Neurological Procedure - Carpal tunnel release (*)	505				
Neurological Procedure - Bladder catheterisation (*)	68		£2k (NSS)		
Chronic Pain Procedure - CT - Head (*)	655		£48k		
Chronic Pain Procedure - CT - Not elsewhere classified (*)	782		£33k		

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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

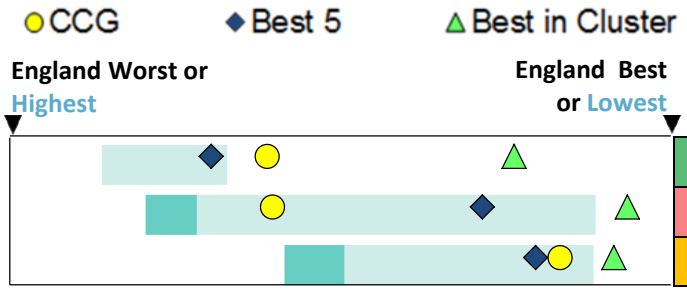


Indicator	CCG Value	Similar 10 Best	Page
Chronic Pain Procedure - MRI - Not elsewhere classified (*)	186		
Chronic Pain Procedure - Injection - spinal facet (*)	94		
Chronic Pain Procedure - Injection therapy substance-joint (*)	83		
CP Procedure - Injection therapy substance-spinal nerve (*)	75		
Chronic Pain Procedure - Diagnostic spinal puncture (*)	229		
Chronic Pain Procedure - Coronary arteriography 2 catheters (*)	36		
Chronic Pain Procedure - Angiocardiography - left heart (*)	306		
Chronic Pain Procedure - Immunoglobulins Band 1 (*)	500		

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Neurological 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
Epilepsy seizure free 12-month period (%)	62.3		North Kirklees	p.71
Epilepsy - Emergency admissions by children (**)	153.8	31 Adms.	Crawley	p.72
Epilepsy mortality rate (**)	1.1		Oldham	p.73

Please refer to slide 34 for full guidance on interpretation of this table of opportunities

Further Analysis - Introduction

The following pages, starting on page 46, 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.

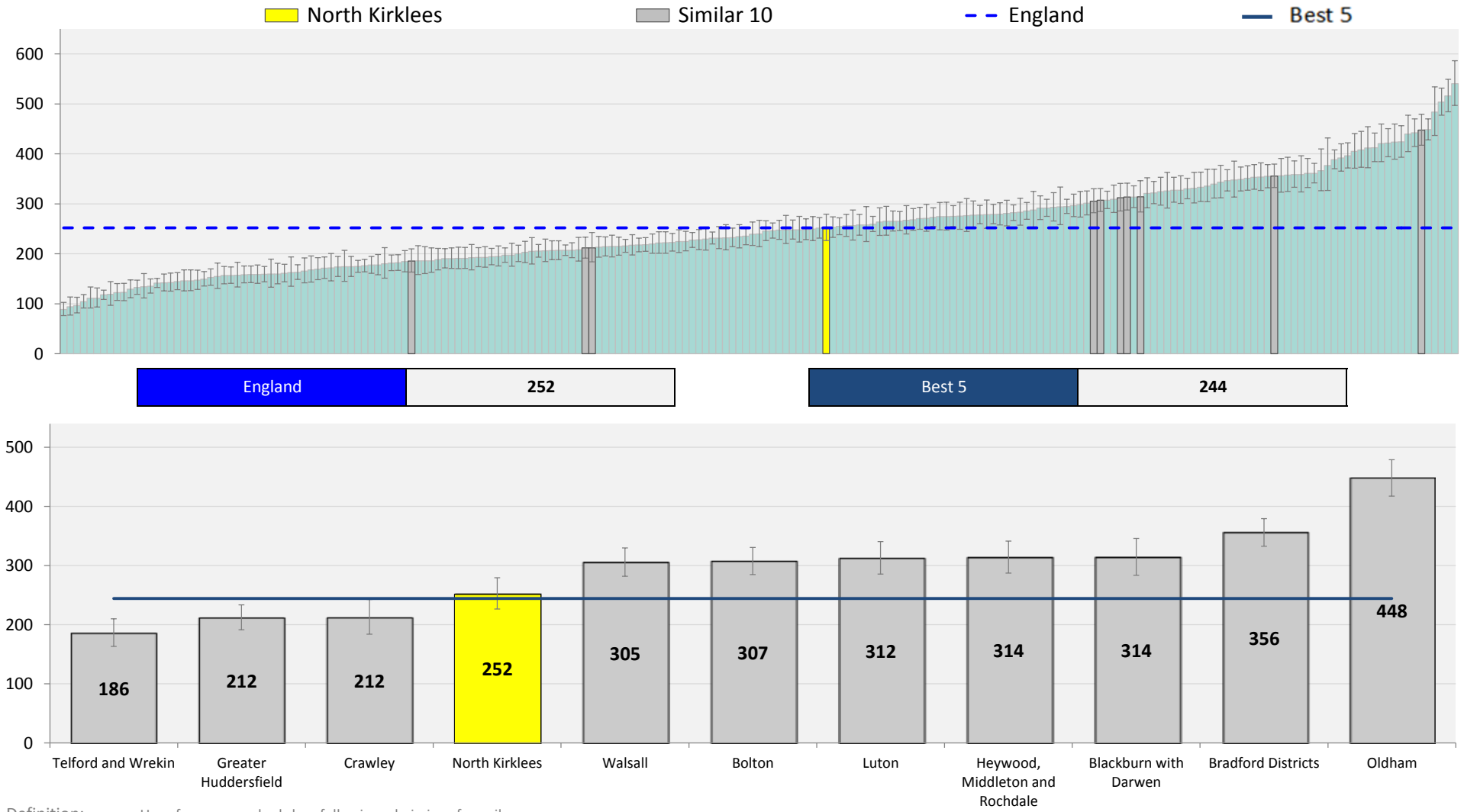
Bottom Chart:
Shows your CCG and the similar 10 group together with their indicator values. The best 5 CCG average is shown by a dark blue line.

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

The analysis presented in the following 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 website. The link is available on page 77.

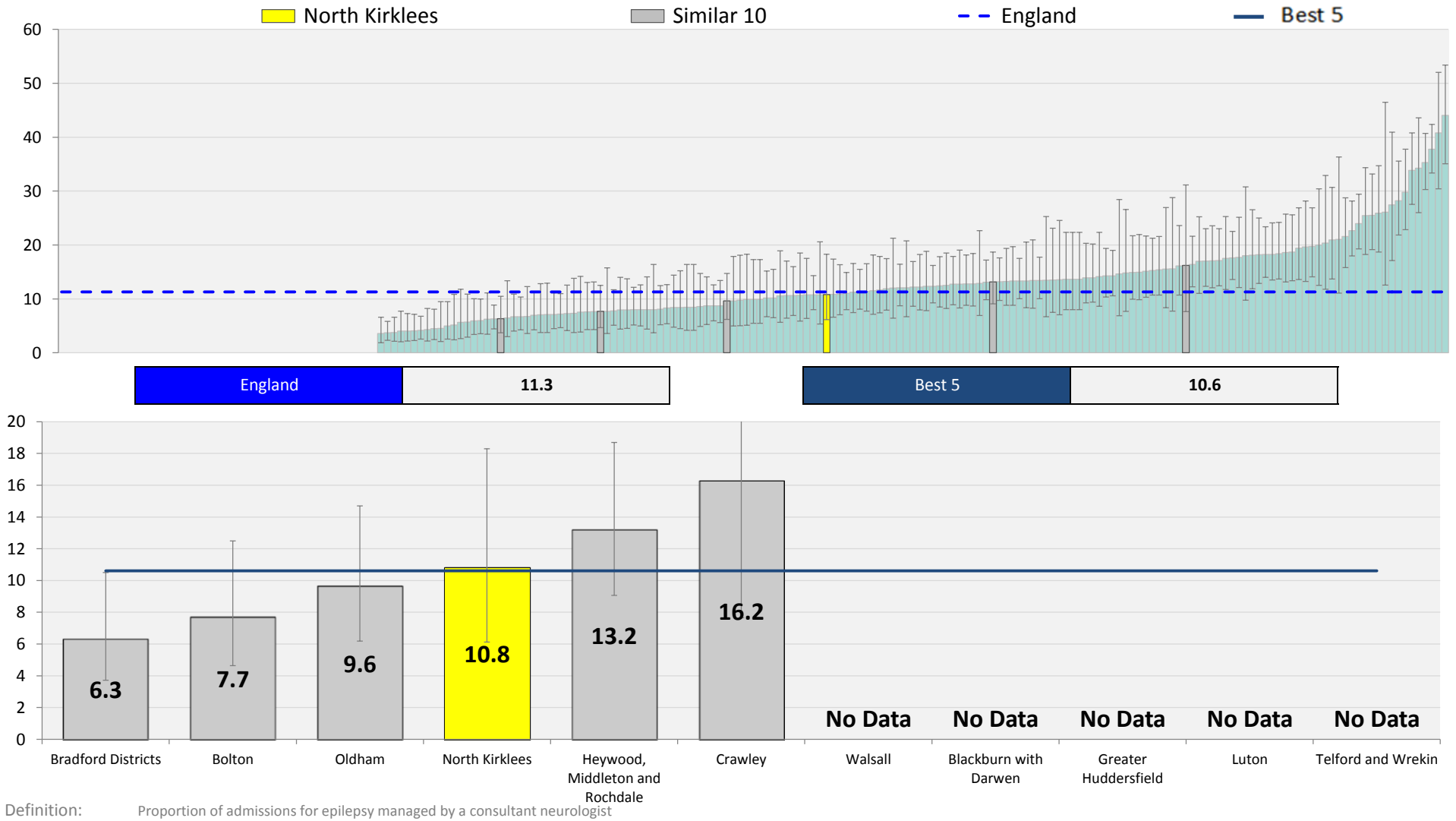
Use of emergency bed-days following admissions for epilepsy (per 100,000 pop.)

11 Bed days (NSS)



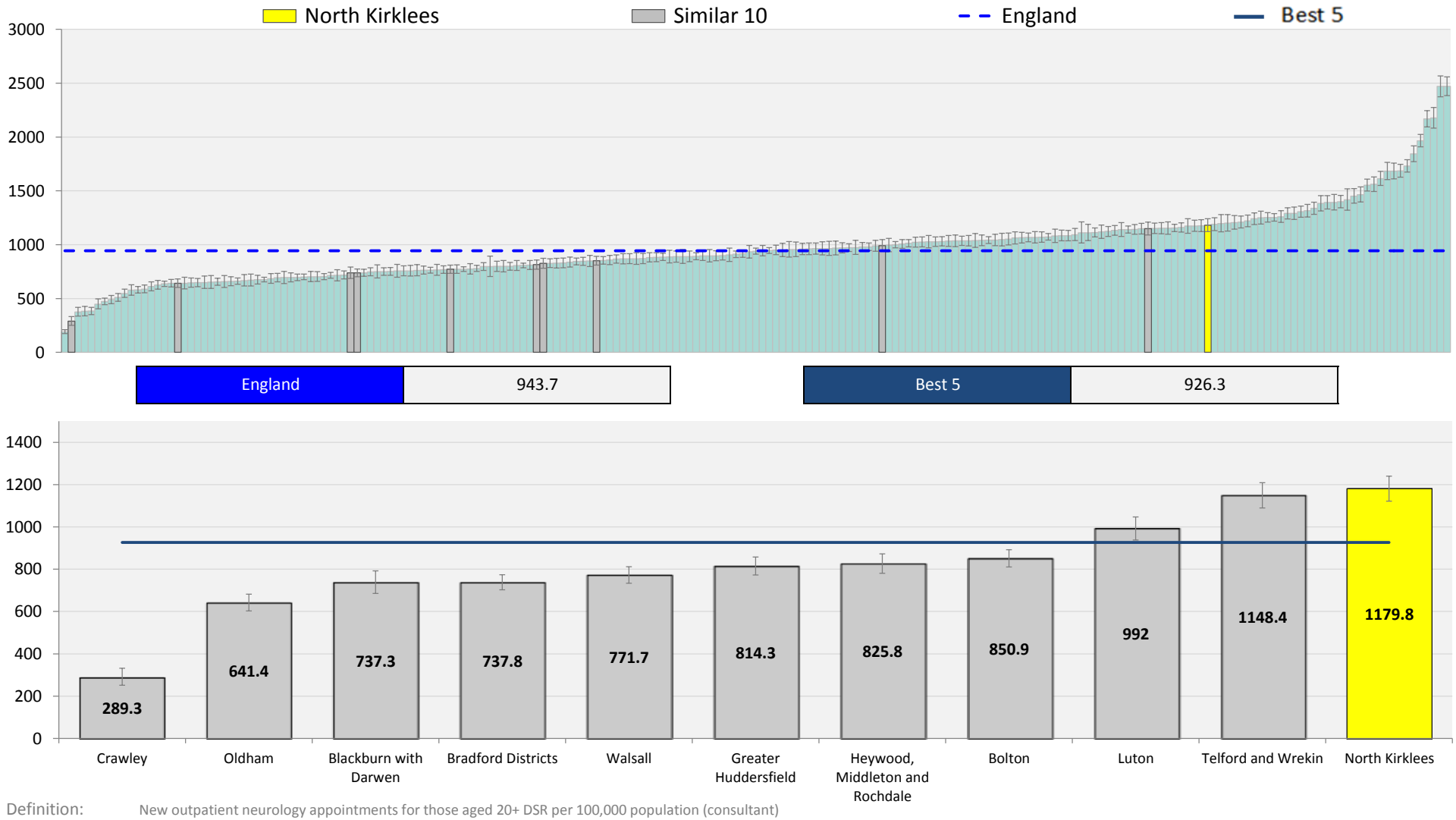
Definition: Use of emergency bed-days following admissions for epilepsy
Source: Epilepsy Profiles, Fingertips, Public Health England
Year: 2012/13

Epilepsy - Proportion admissions managed by neurologist (%)



Definition: Proportion of admissions for epilepsy managed by a consultant neurologist
Source: Epilepsy Profiles, Fingertips, Public Health England
Year: 2012/13

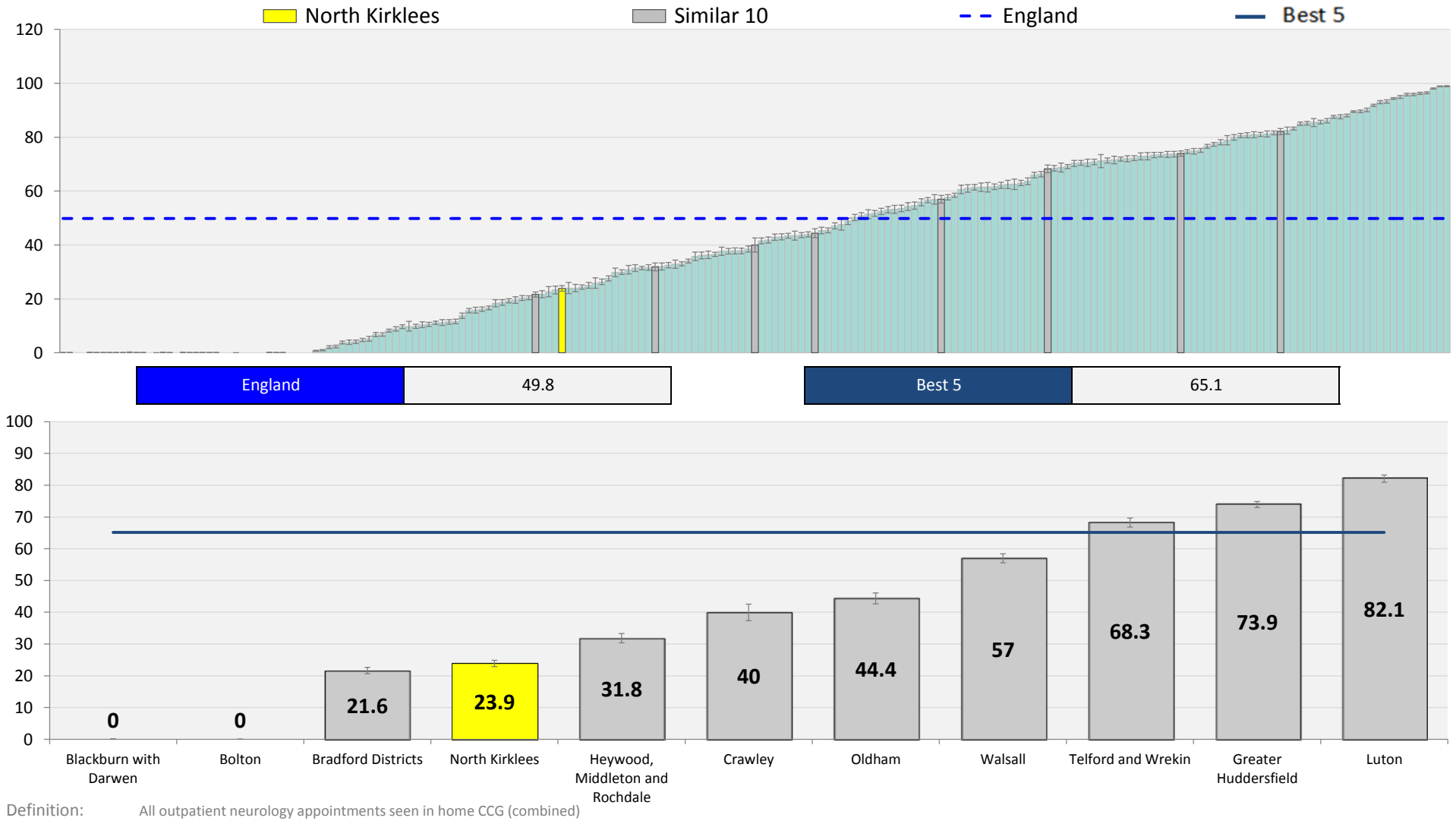
New outpatient neurology appointments with a consultant for those aged 20+, DSR per 100,000 population



Definition: New outpatient neurology appointments for those aged 20+ DSR per 100,000 population (consultant)
Source: Neurology Profiles, Fingertips, Public Health England
Year: 2013/14

Outpatient neurology apts provided in home CCG (%)

2879 Pats.



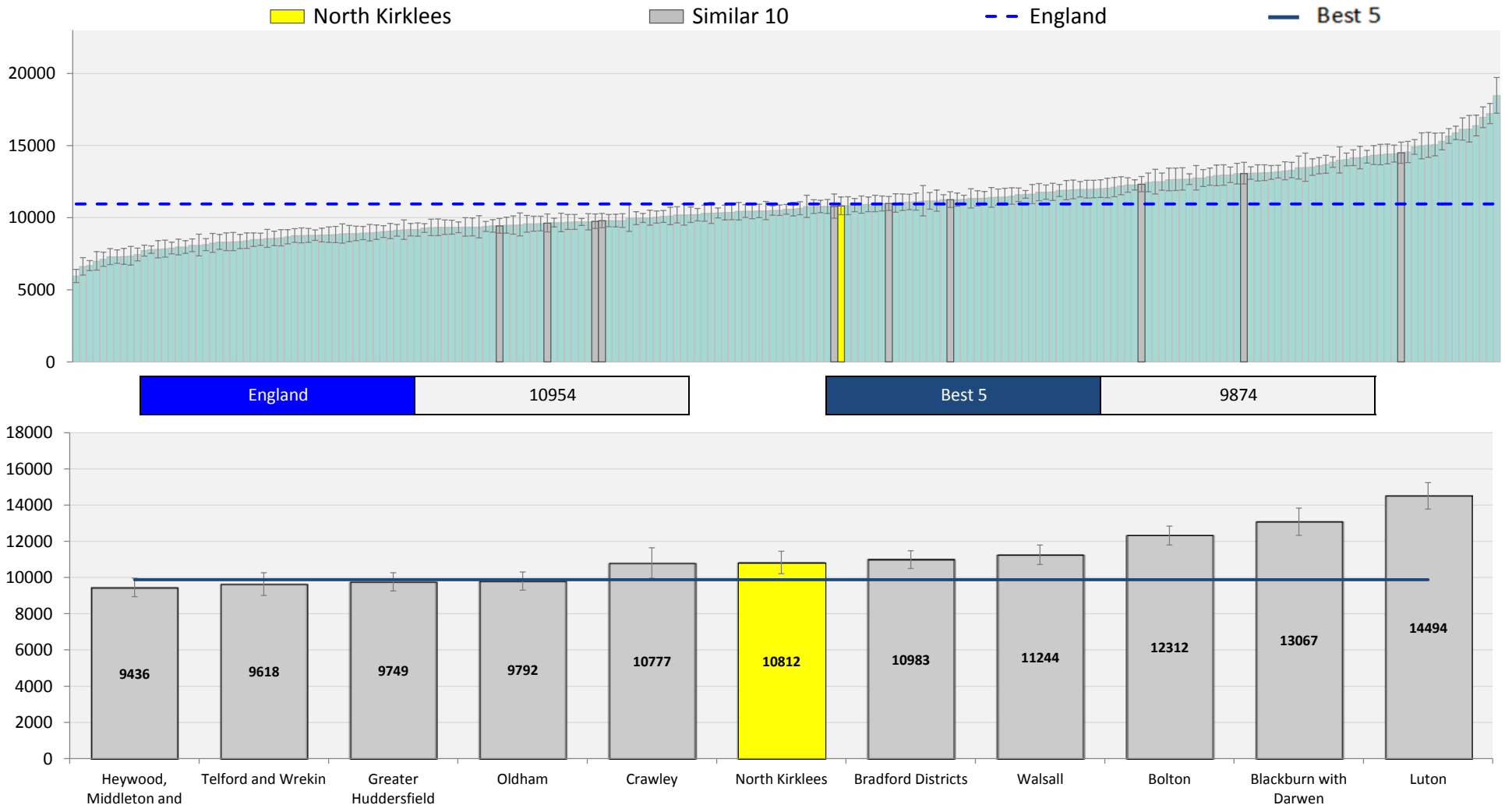
Definition: All outpatient neurology appointments seen in home CCG (combined)

Source: Neurology Profiles, Fingertips, Public Health England

Year: 2013/14

Neurological conditions - Non-elective spend (£ per 1,000 pop.)

£161k

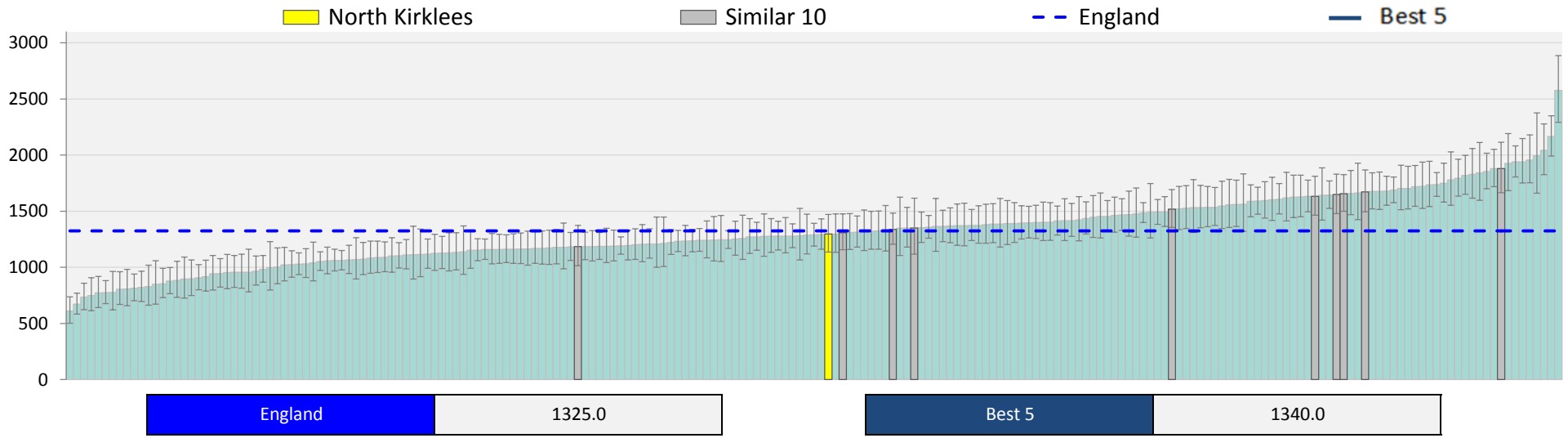


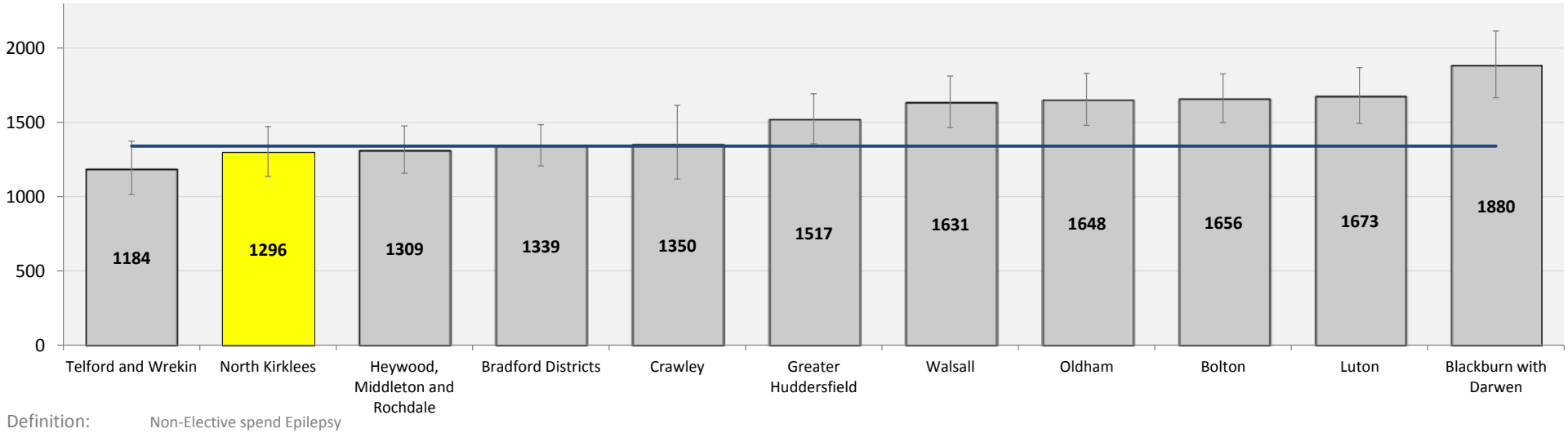
Definition: Neurology - Total non-elective spend

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

Year: 2014/15

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

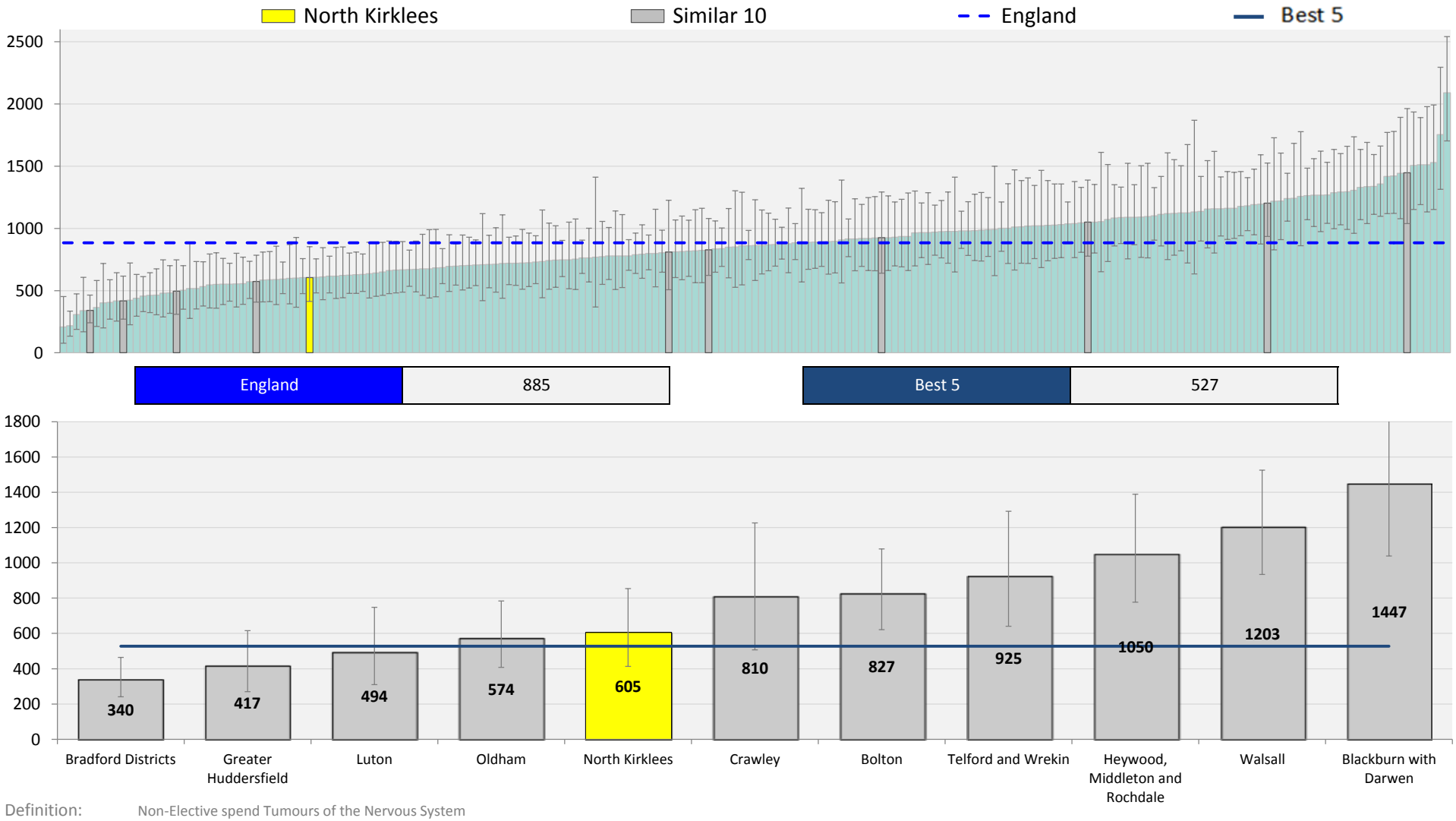




Definition: Non-Elective spend Epilepsy
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Tumours of Nervous System - Non-elective spend (£ per 1,000 pop.)

£14k (NSS)

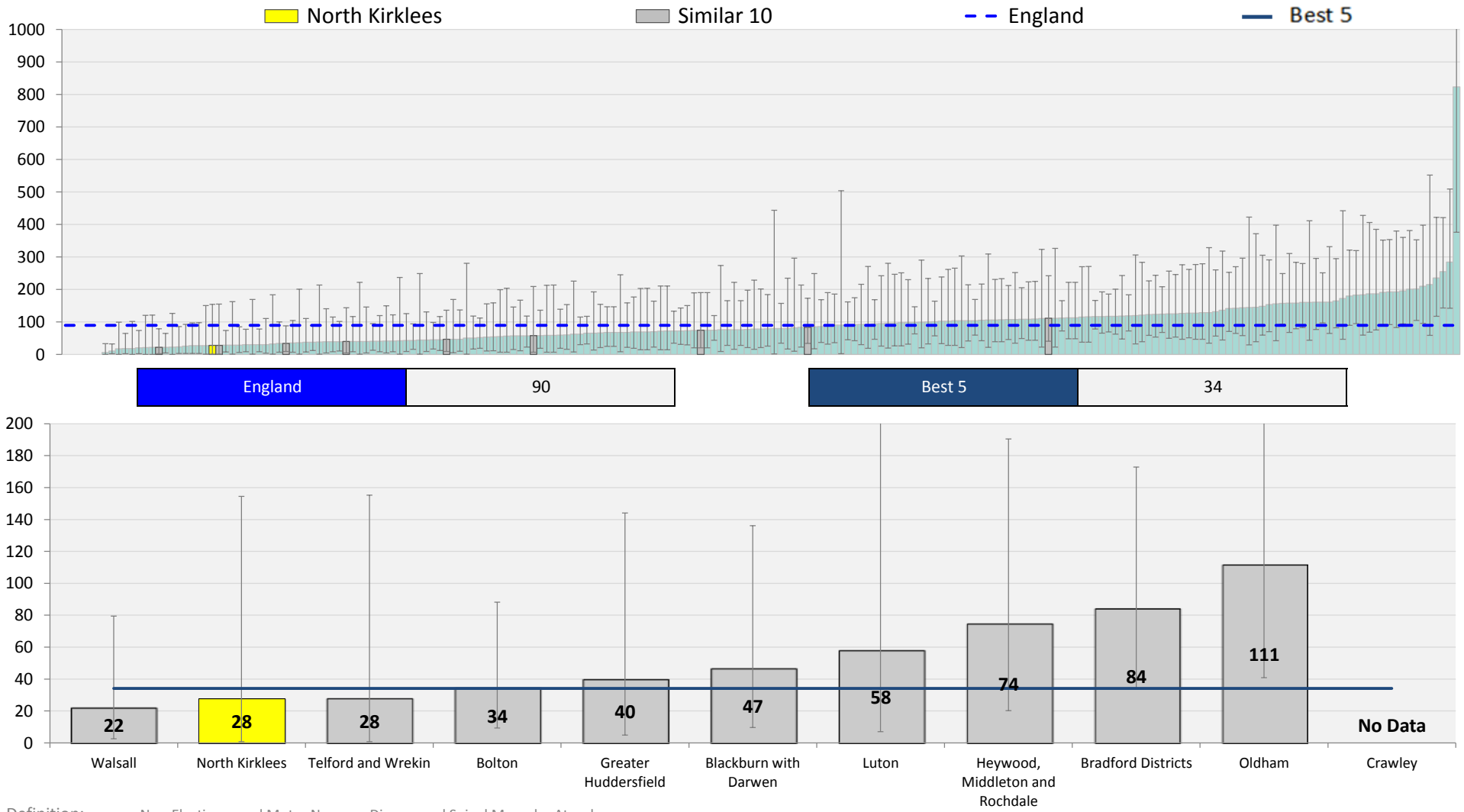


Definition: Non-Elective spend Tumours of the Nervous System

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

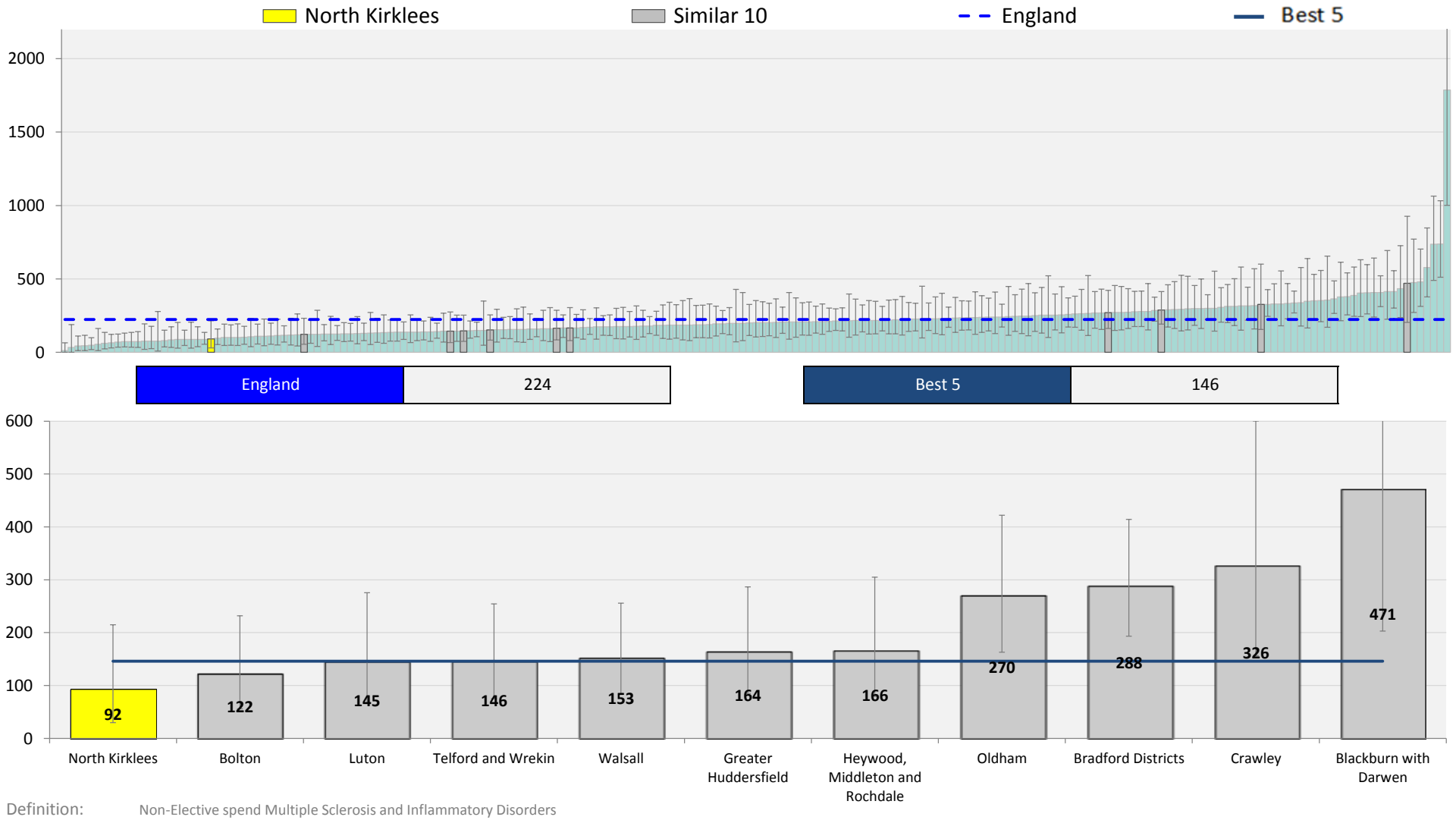
Year: 2014/15

MND and Spinal Muscular Atrophy - Non-elective spend (£ per 1,000 pop.)



Definition: Non-Elective spend Motor Neurone Disease and Spinal Muscular Atrophy
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

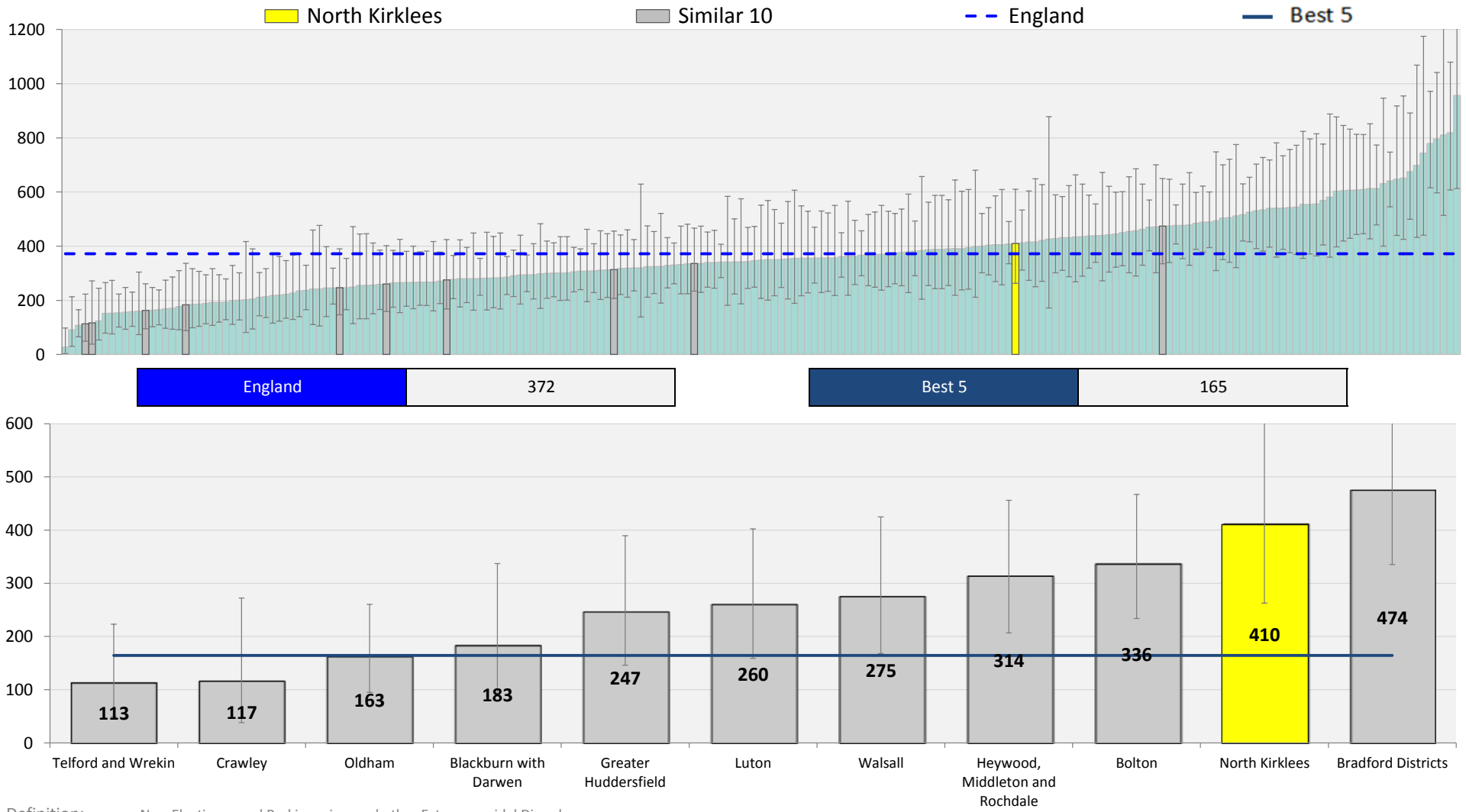
Multiple Sclerosis and Inflammatory Disorders - Non-elective spend (£ per 1,000 pop.)



Definition: Non-Elective spend Multiple Sclerosis and Inflammatory Disorders
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Parkinsons and other Extrapyramidal Disorders - Non-elective spend (£ per 1,000 pop.)

£42k



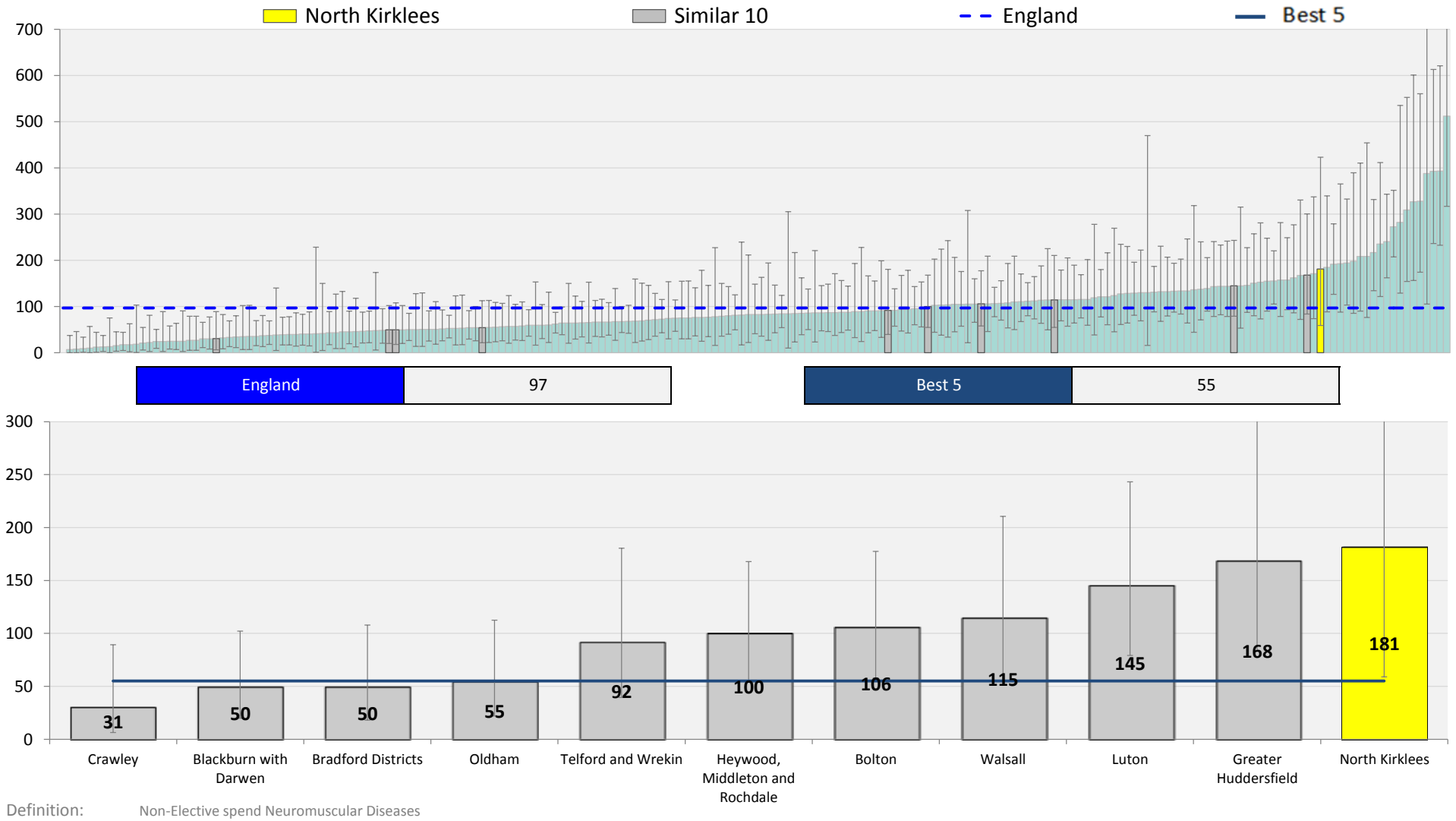
Definition: Non-Elective spend Parkinsonism and other Extrapyramidal Disorders

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

Year: 2014/15

Neuromuscular Diseases - Non-elective spend (£ per 1,000 pop.)

£22k



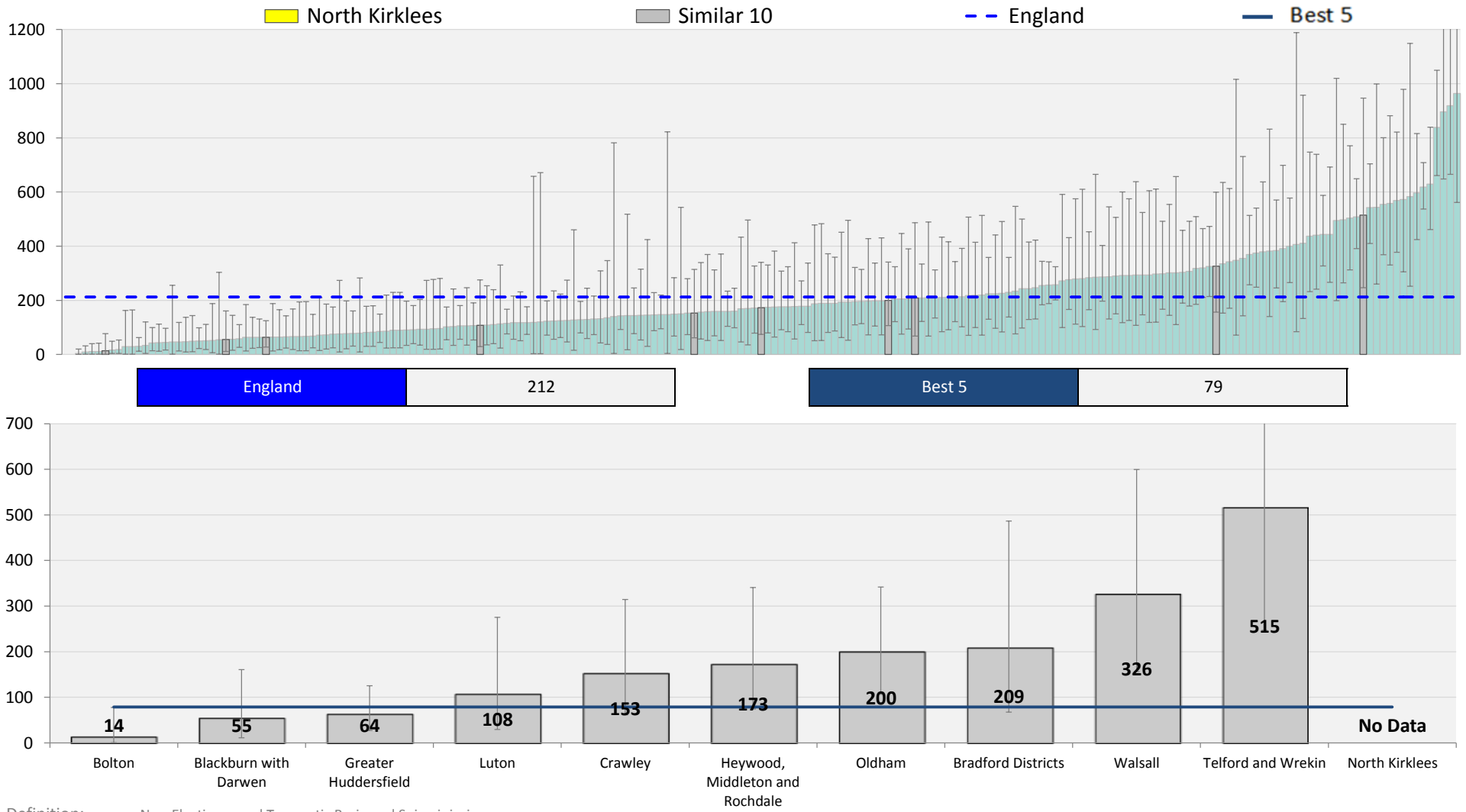
Definition: Non-Elective spend Neuromuscular Diseases

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

Year: 2014/15

Traumatic Brain and Spine injuries - Non-elective spend (£ per 1,000 pop.)

No Data



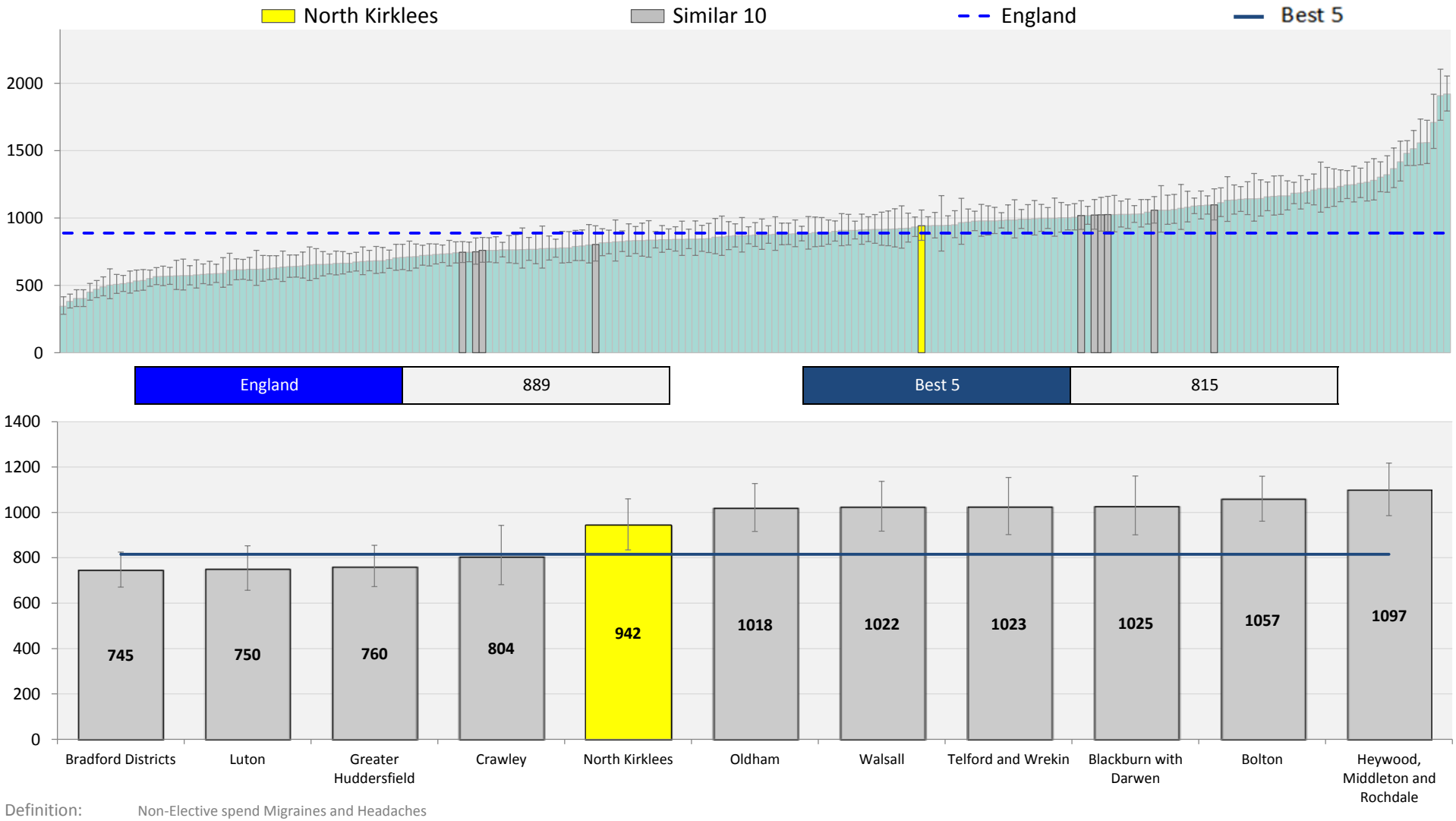
Definition: Non-Elective spend Traumatic Brain and Spine injuries

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

Year: 2014/15

Migraines and Headaches - Non-elective spend (£ per 1,000 pop.)

£23k



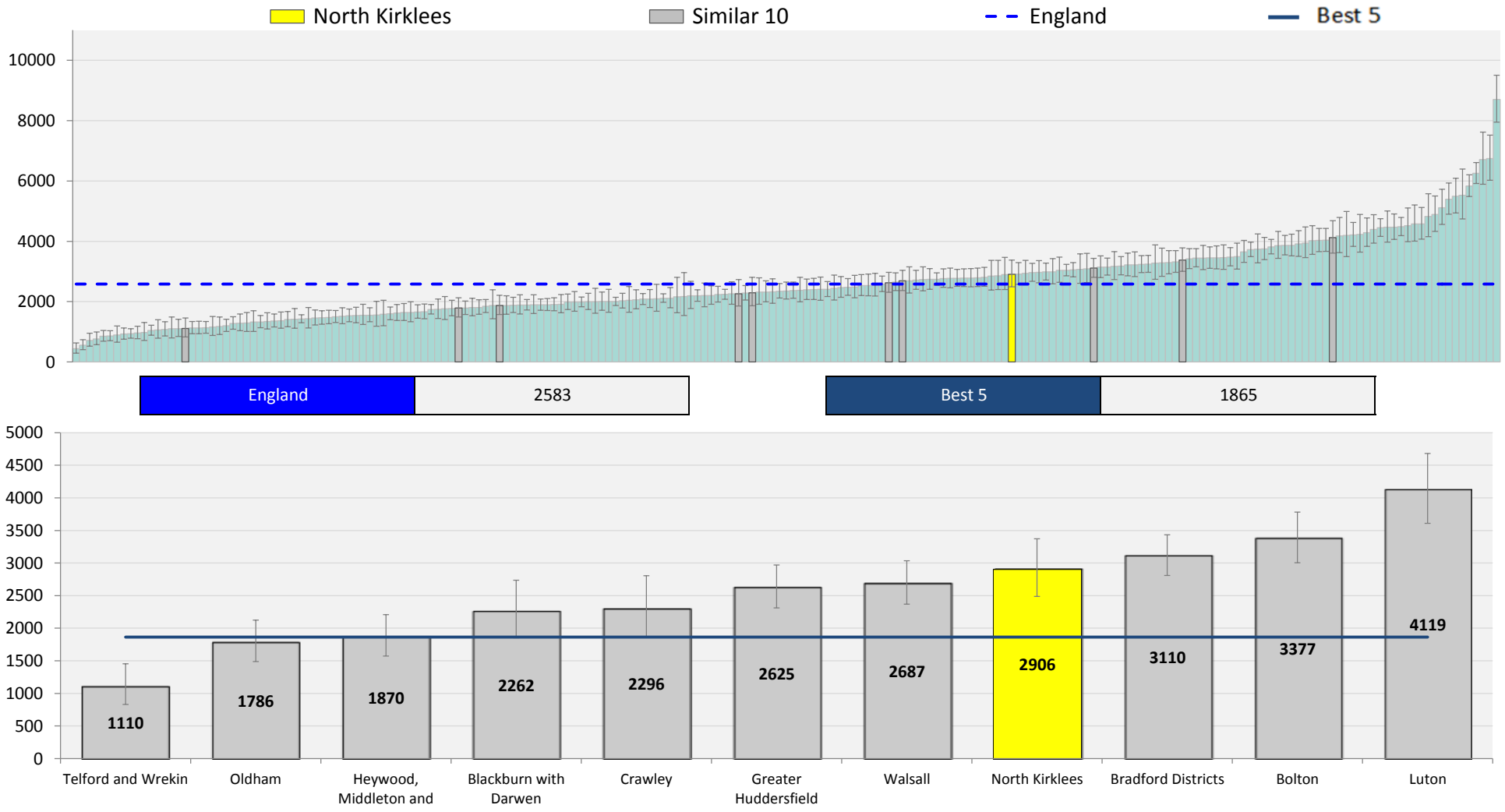
Definition: Non-Elective spend Migraines and Headaches

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

Year: 2014/15

Tendency to fall - Non-elective spend (£ per 1,000 pop.)

£166k



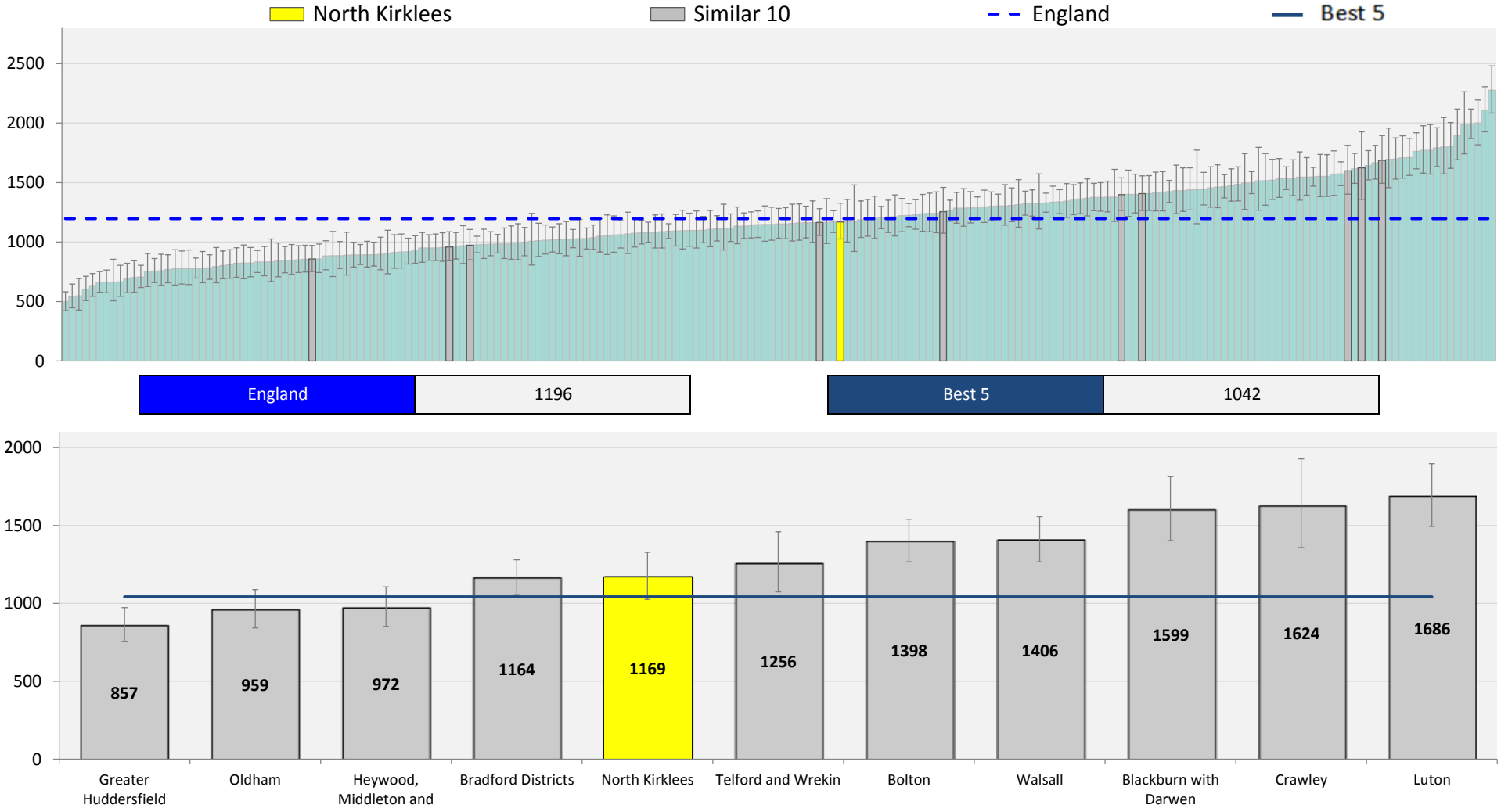
Definition: Non-Elective spend R296: Tendency to fall, not elsewhere classified

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

Year: 2014/15

Syncope and collapse - Non-elective spend (£ per 1,000 pop.)

£22k (NSS)



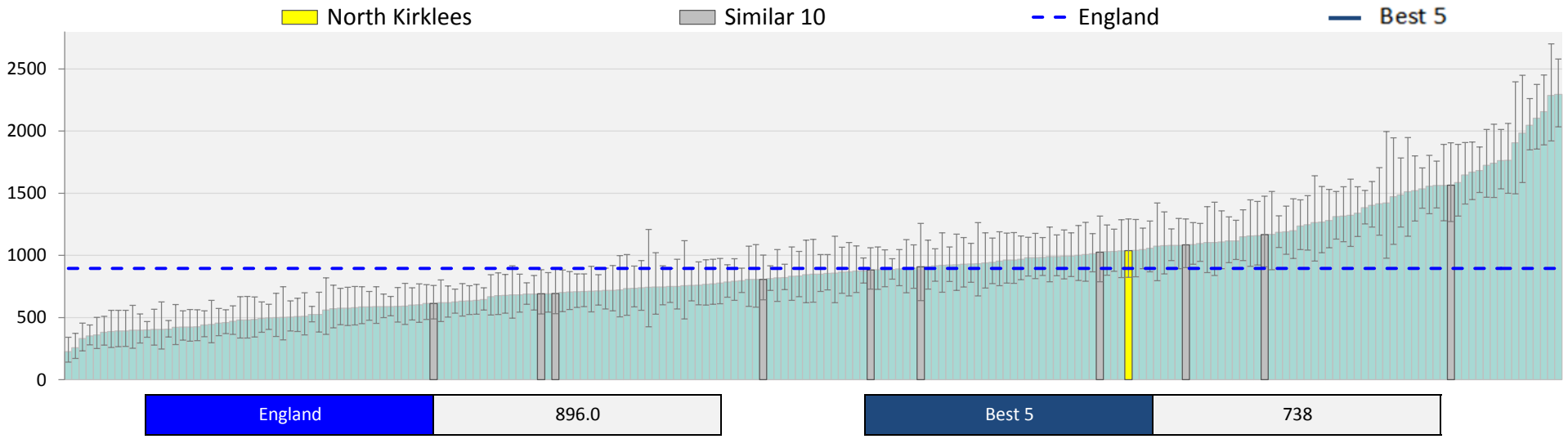
Definition: Non-Elective spend R55X: Syncope and collapse

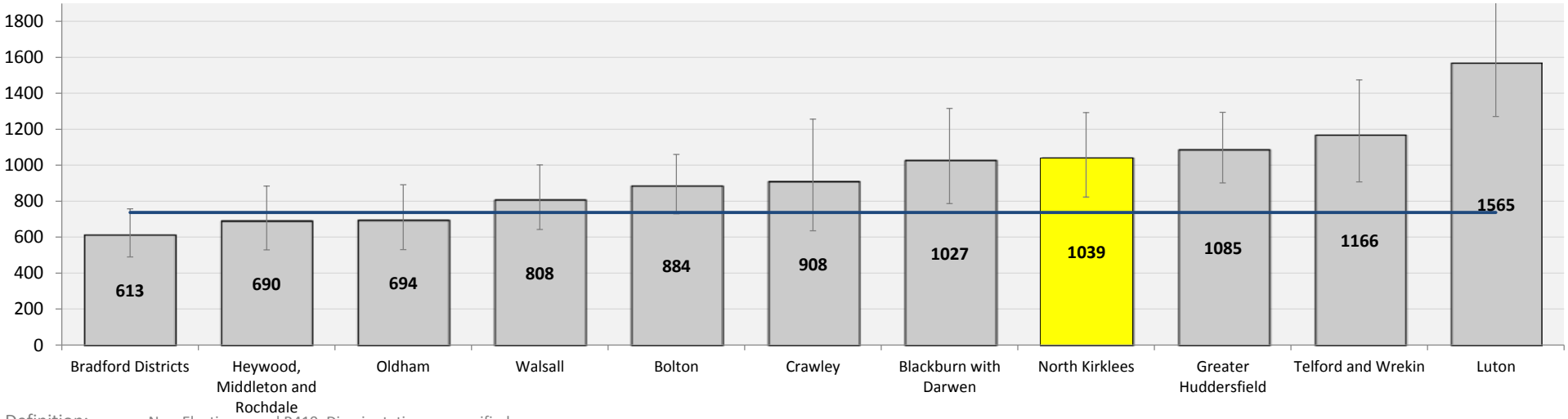
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Disorientation (unspecified) - Non-elective spend (£ per 1,000 pop.)

£49k





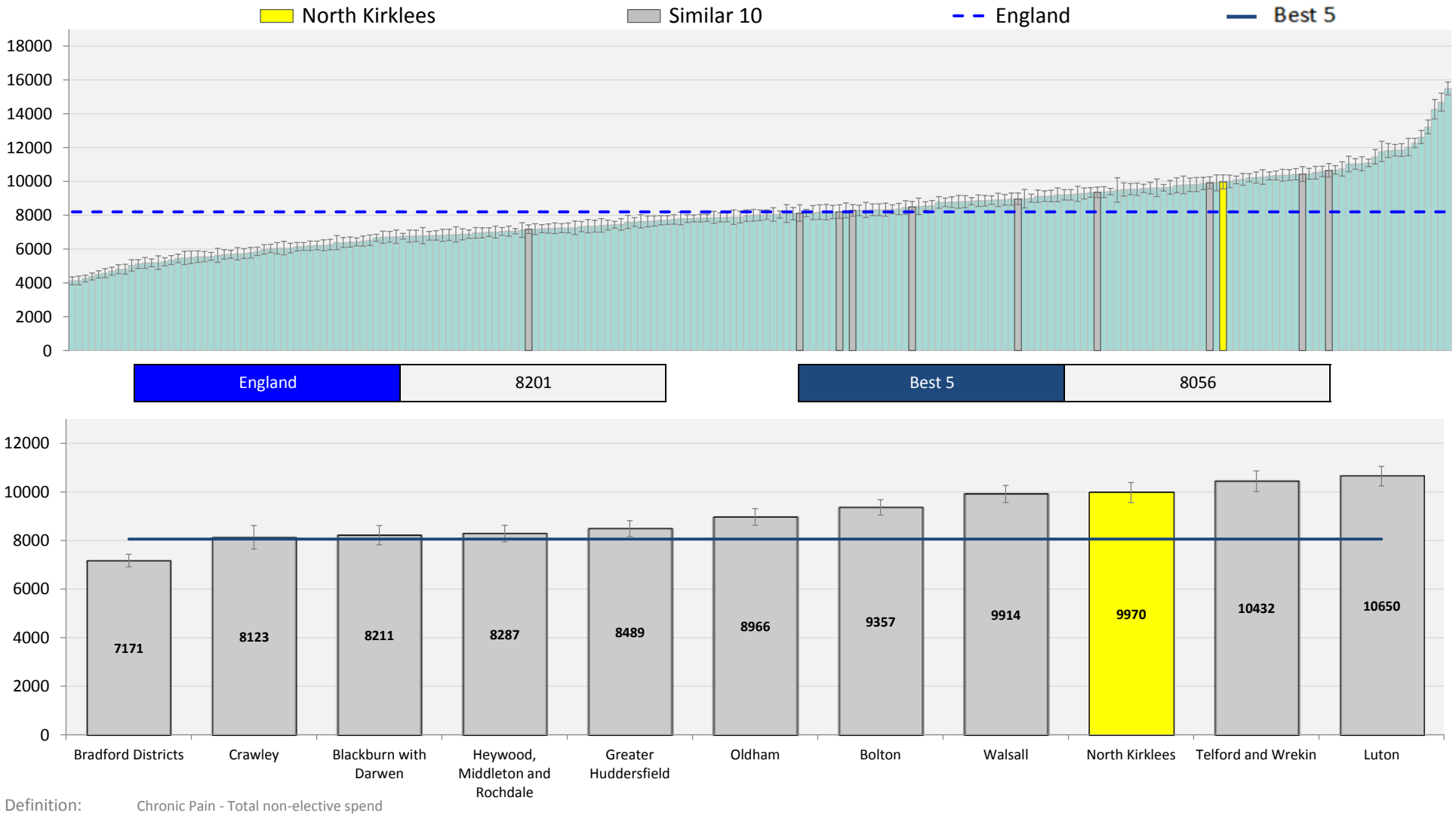
Definition: Non-Elective spend R410: Disorientation, unspecified

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

Year: 2014/15

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

£345k



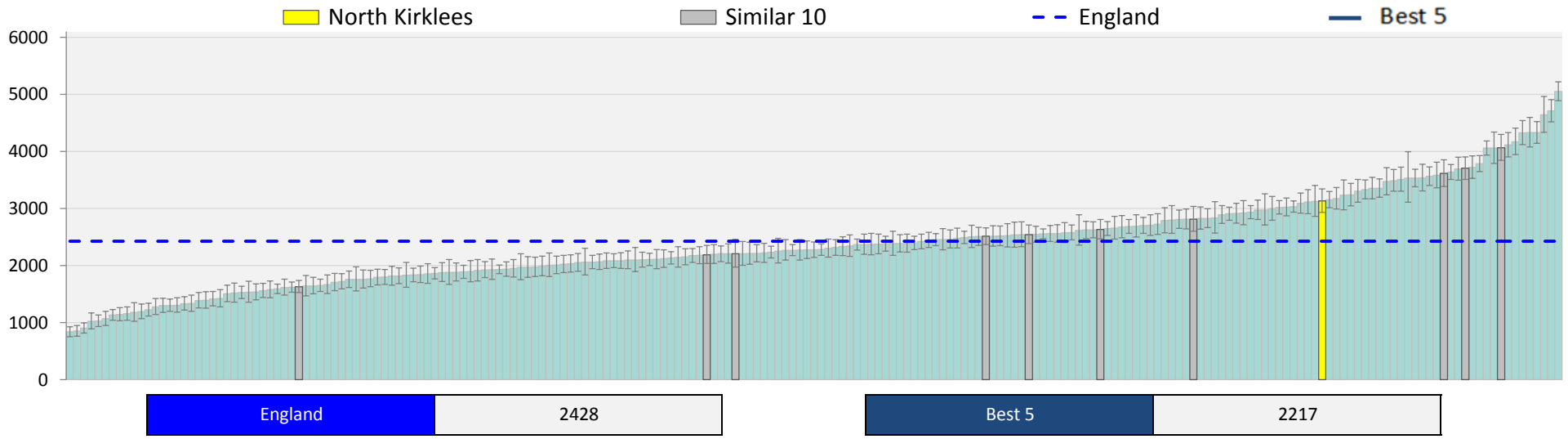
Definition: Chronic Pain - Total non-elective spend

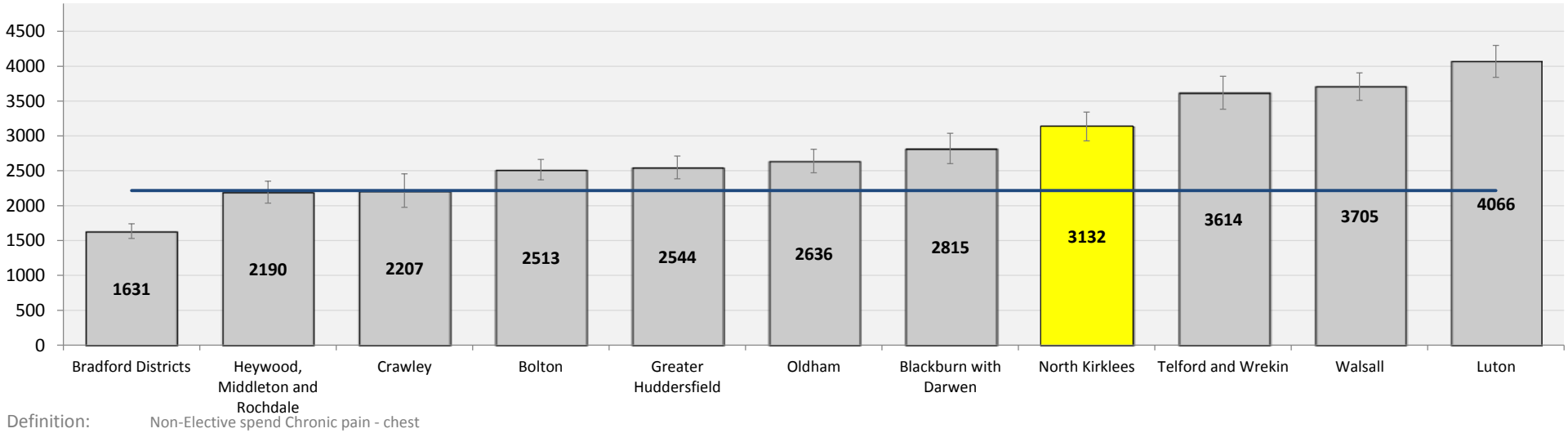
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)

Year: 2014/15

Chronic pain - chest - Non-elective spend (£ per 1,000 pop.)

£162k





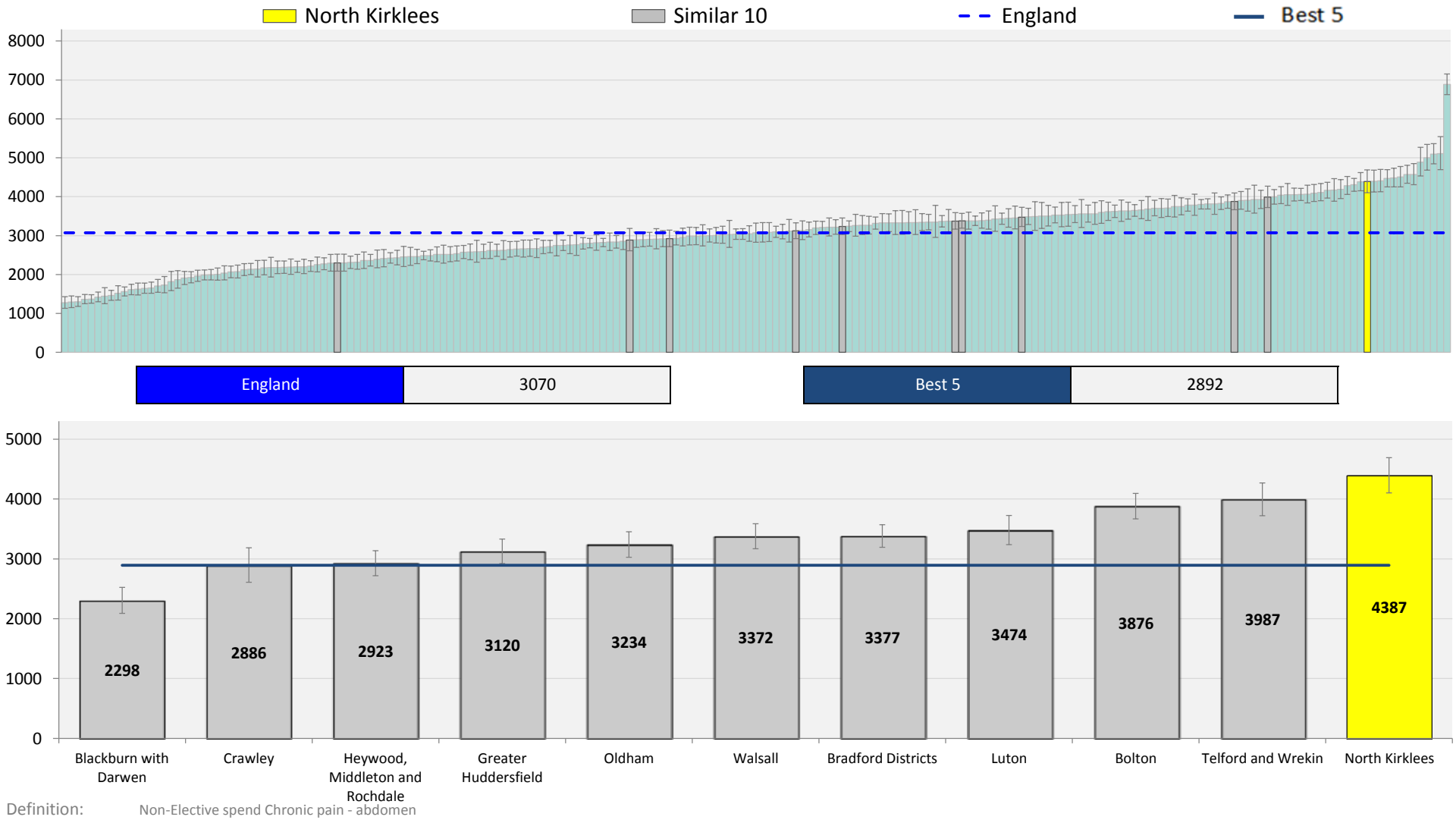
Definition: Non-Elective spend Chronic pain - chest

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

Year: 2014/15

Chronic pain - abdomen - Non-elective spend (£ per 1,000 pop.)

£277k

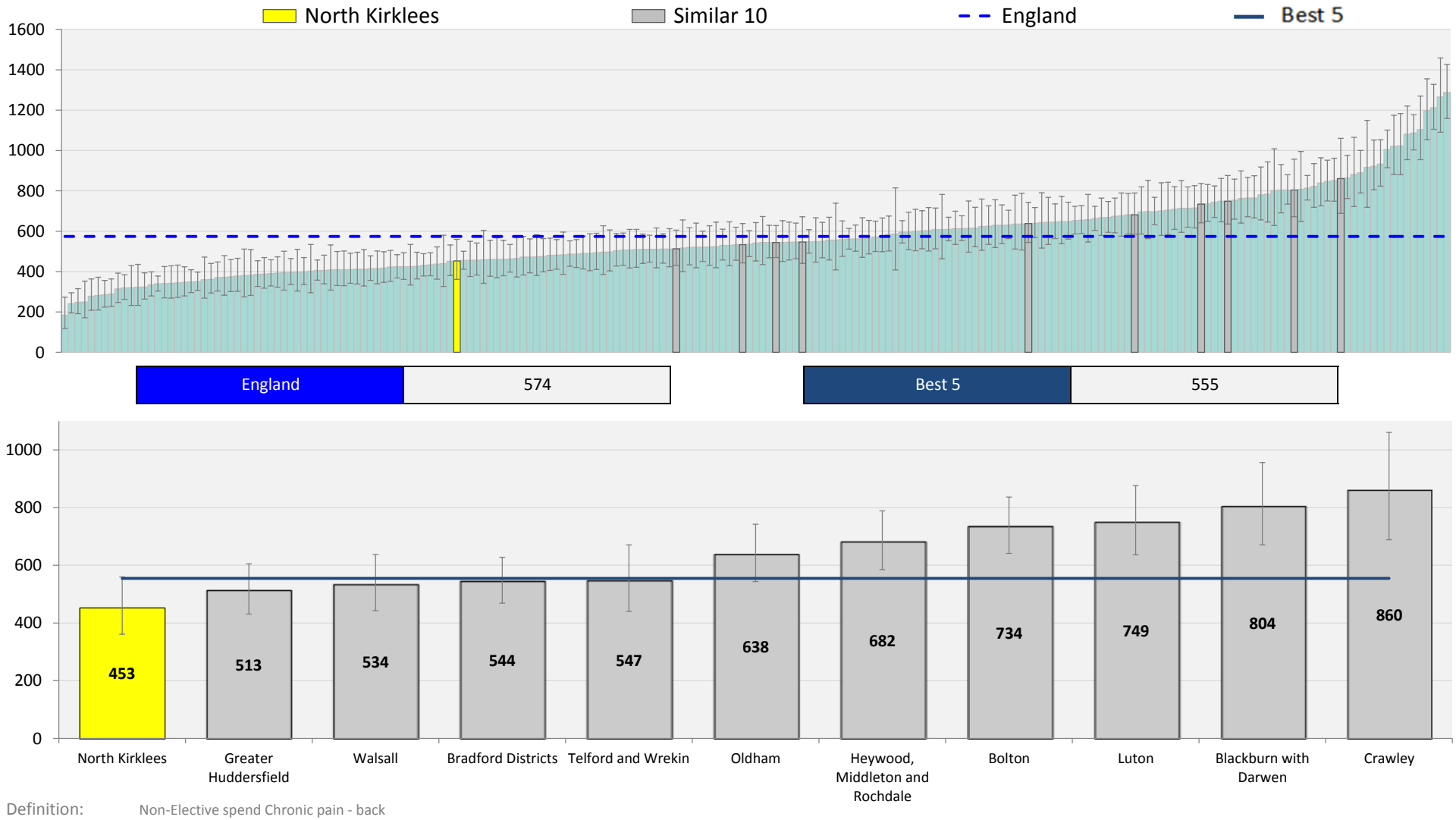


Definition: Non-Elective spend Chronic pain - abdomen

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

Year: 2014/15

Chronic pain - back - Non-elective spend (£ per 1,000 pop.)



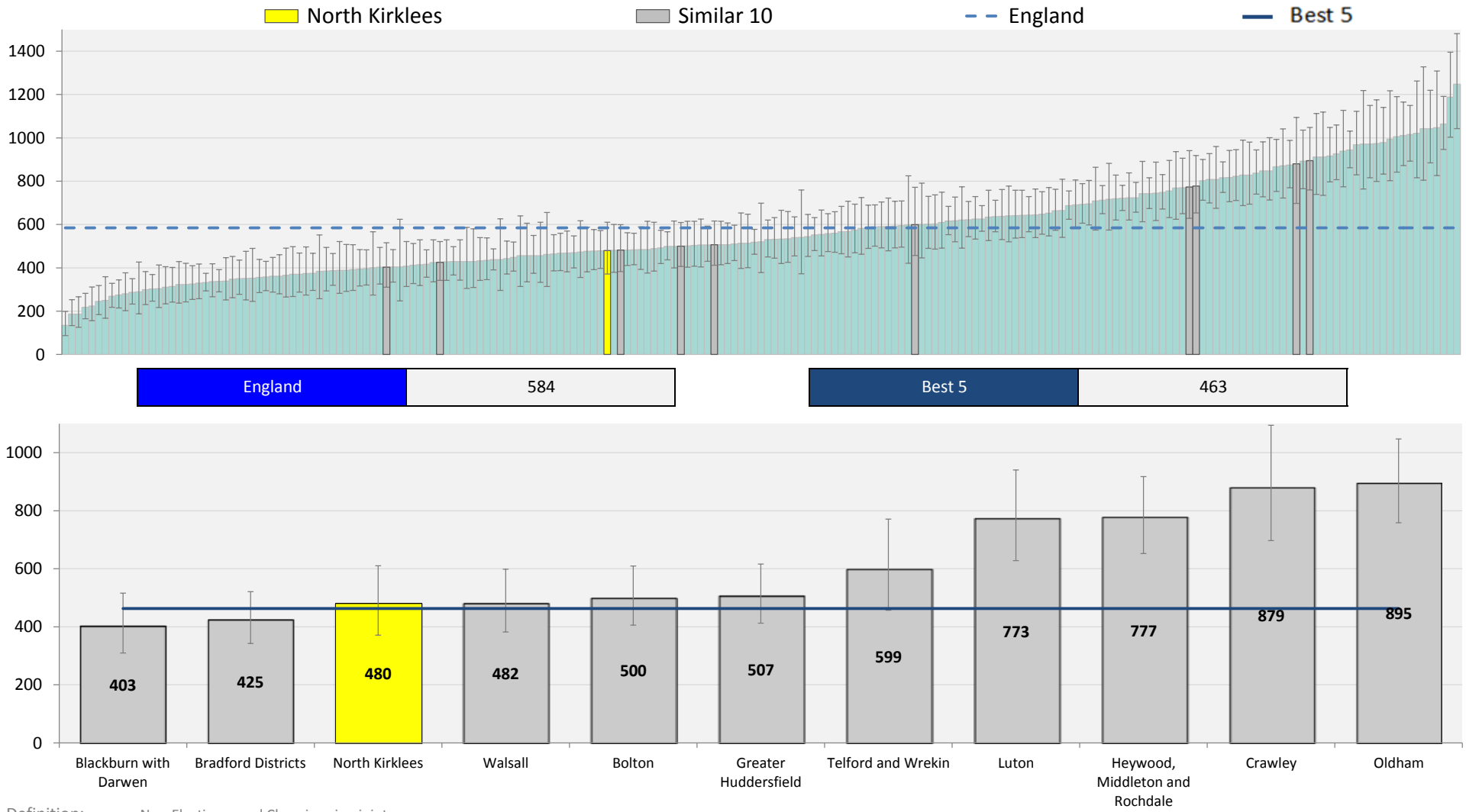
Definition: Non-Elective spend Chronic pain - back

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

Year: 2014/15

Chronic pain - joint - Non-elective spend (£ per 1,000 pop.)

£3k (NSS)



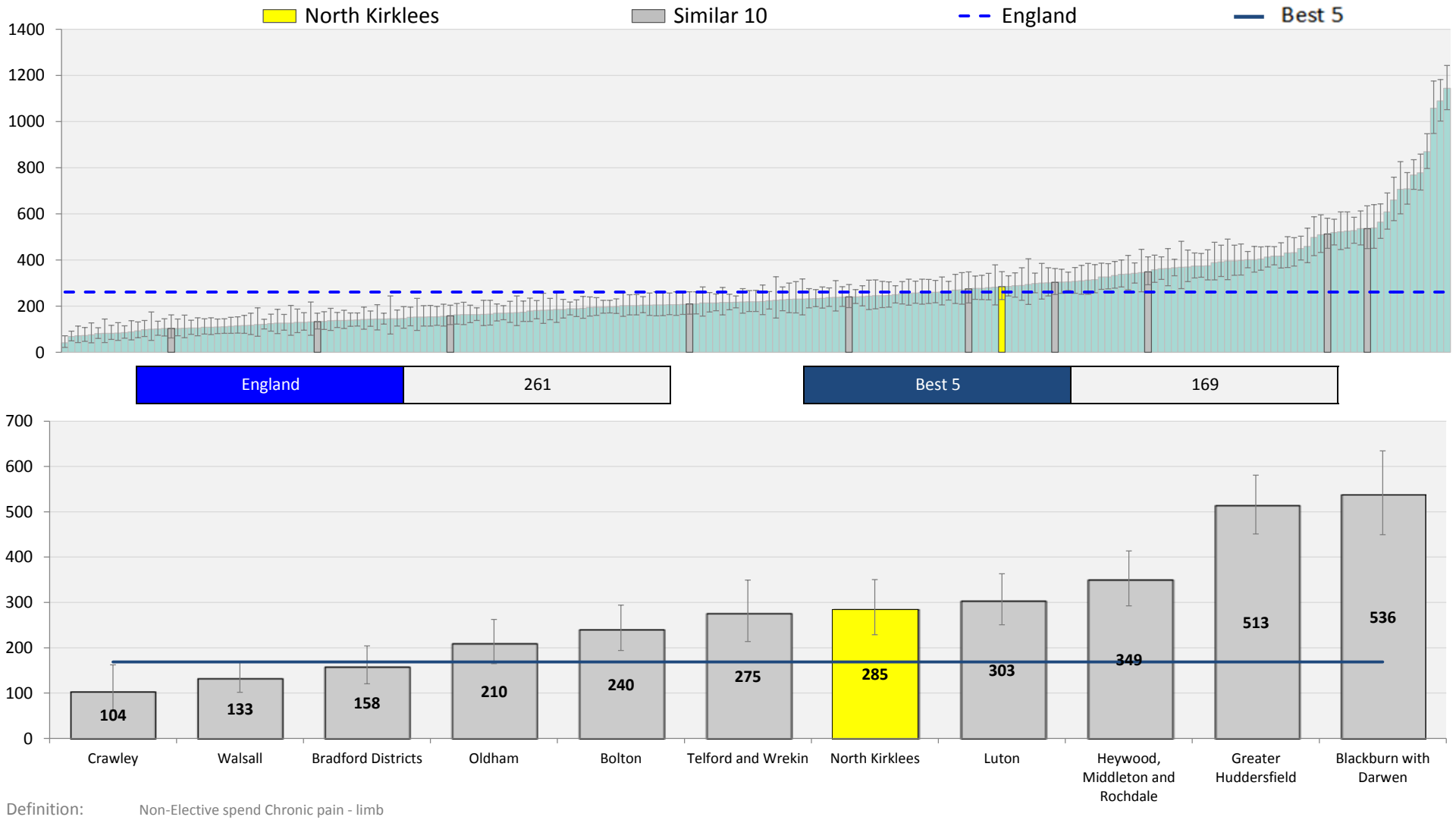
Definition: Non-Elective spend Chronic pain - joint

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

Year: 2014/15

Chronic pain - limb - Non-elective spend (£ per 1,000 pop.)

£20k

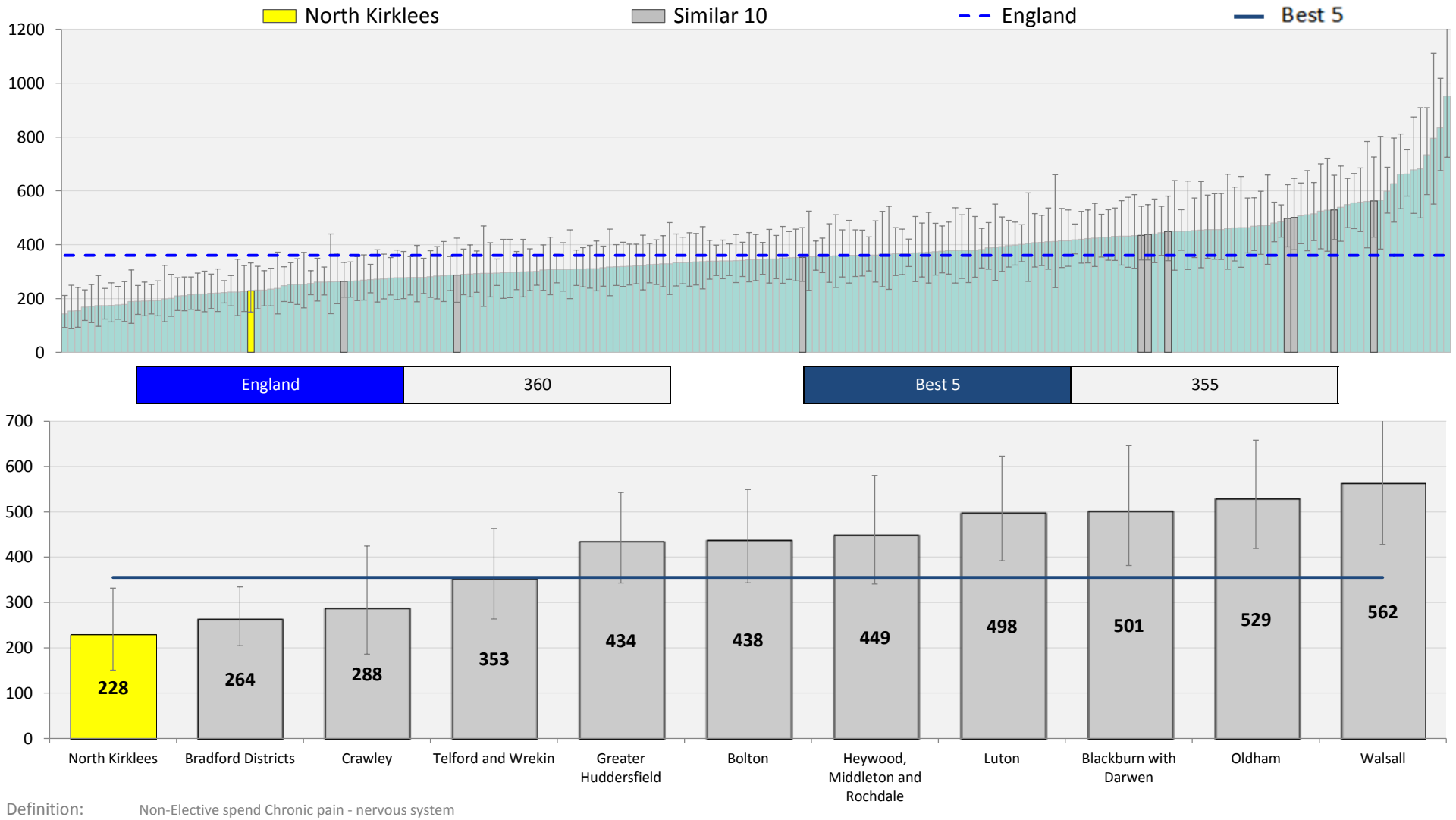


Definition: Non-Elective spend Chronic pain - limb

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

Year: 2014/15

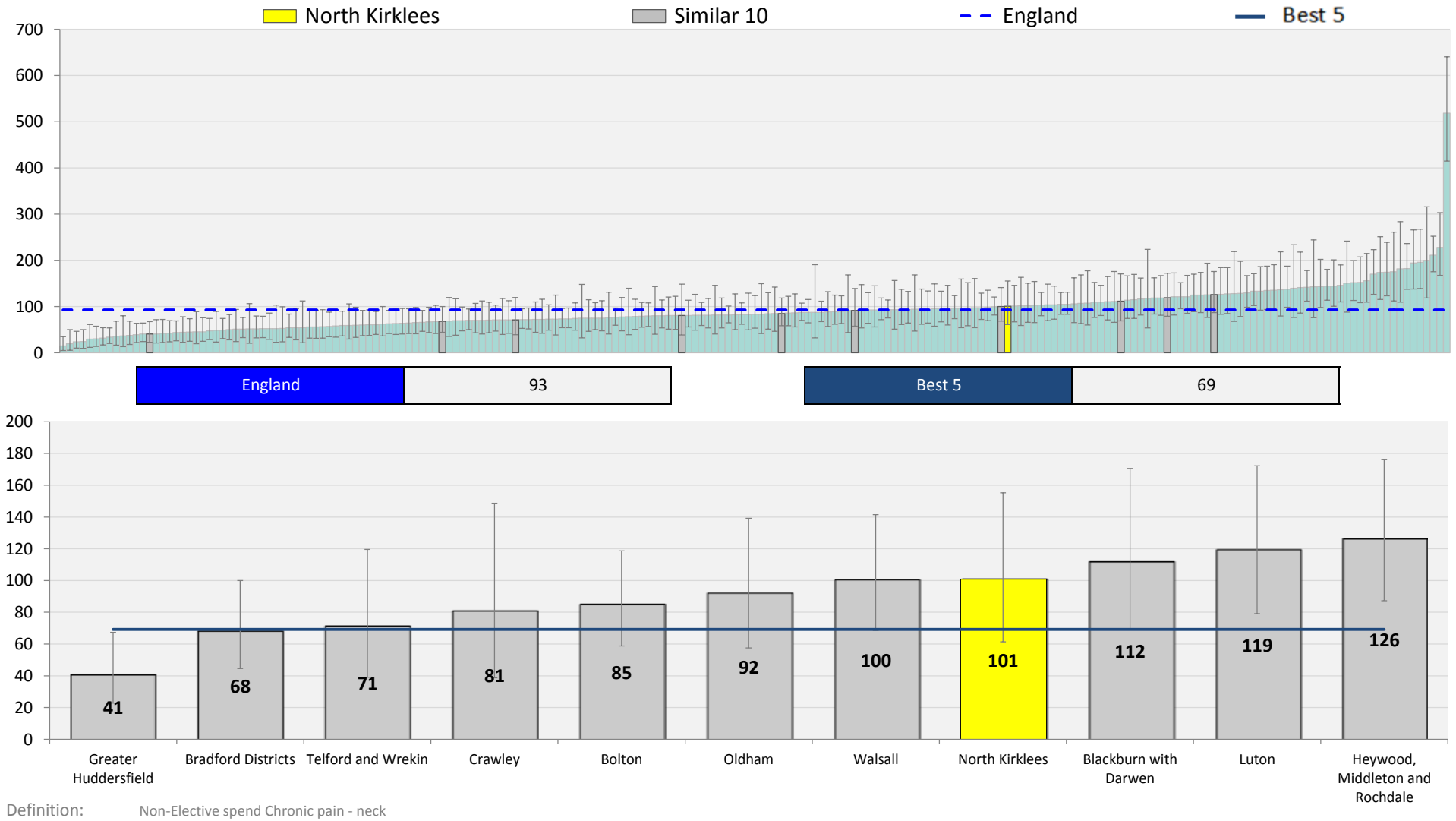
Chronic pain - nervous system - Non-elective spend (£ per 1,000 pop.)



Definition: Non-Elective spend Chronic pain - nervous system
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Chronic pain - neck - Non-elective spend (£ per 1,000 pop.)

£6k (NSS)

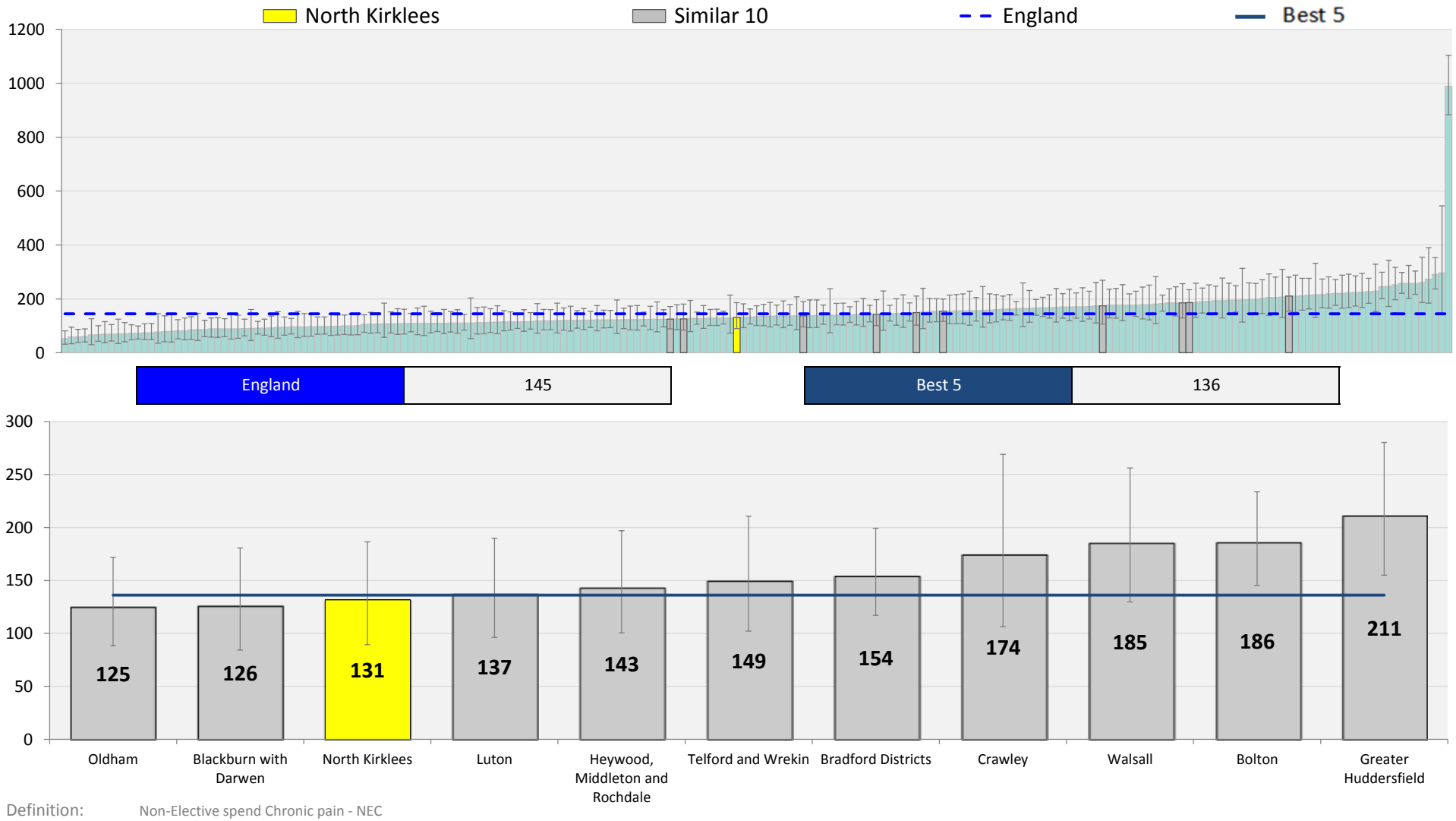


Definition: Non-Elective spend Chronic pain - neck

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

Year: 2014/15

Chronic pain - Not elsewhere classified - Non-elective spend (£ per 1,000 pop.)



Definition: Non-Elective spend Chronic pain - NEC
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Epilepsy seizure free 12-month period (%)

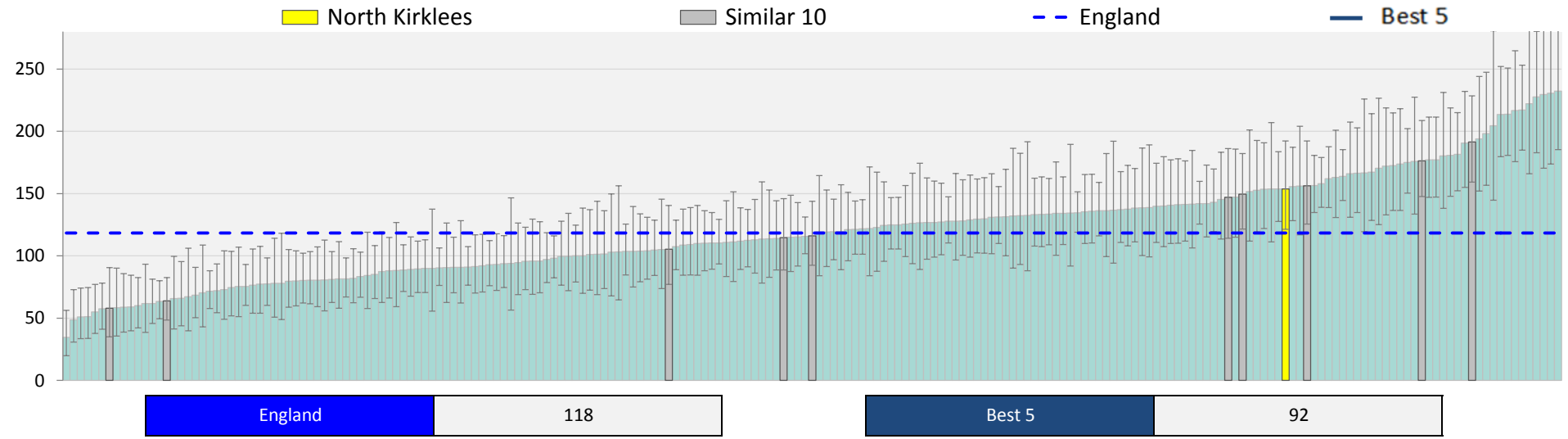
Definition: EP002: The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months

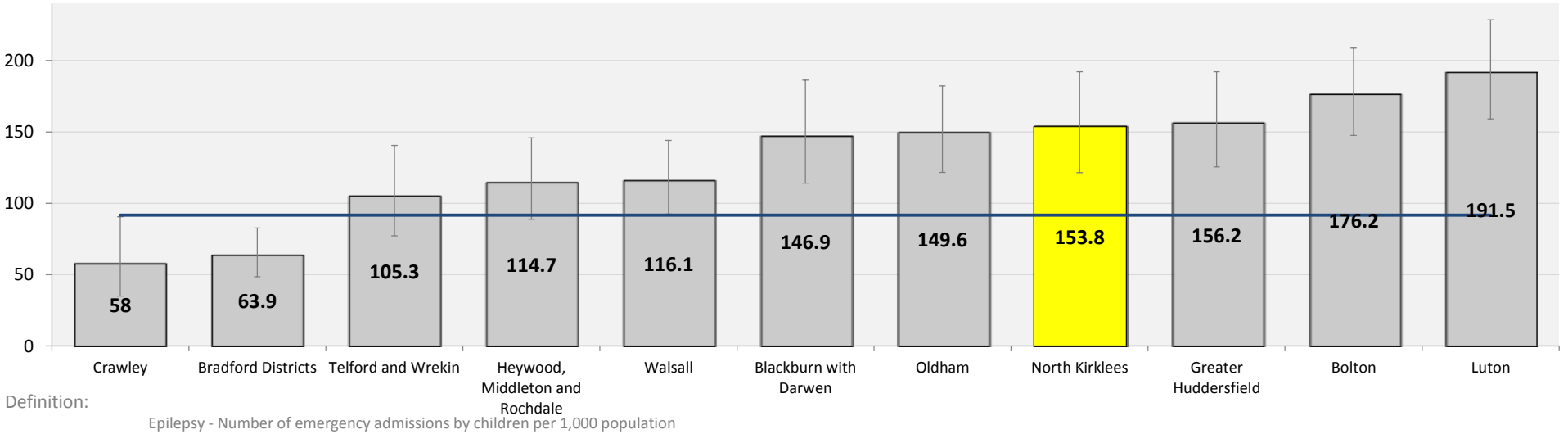
Source: Quality and Outcomes Framework, Health and Social Care Information Centre

Year: 2013/14

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

31 Adms.



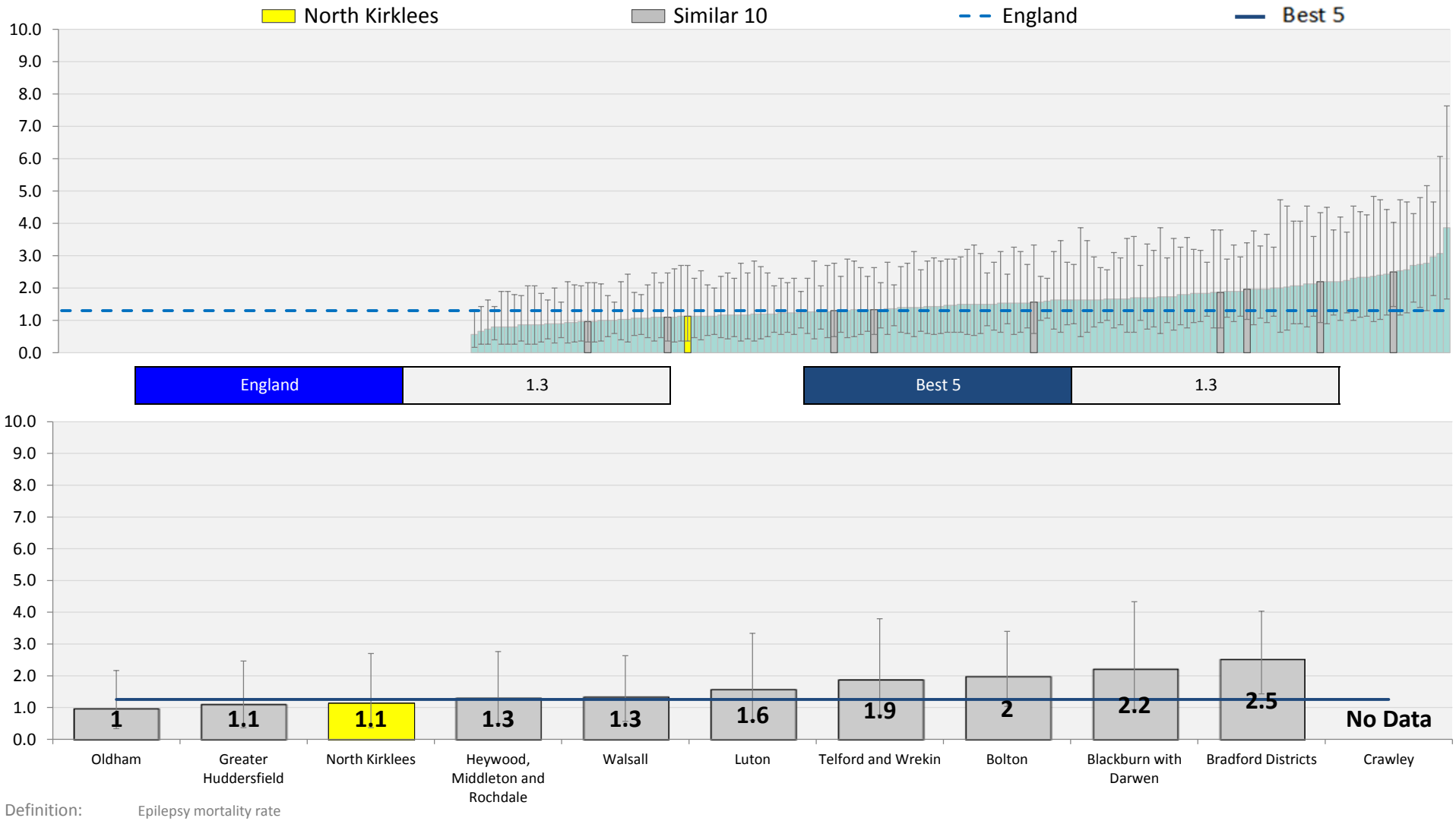


Definition: Epilepsy - Number of emergency admissions by children per 1,000 population

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

Year: 2014/15

Epilepsy mortality rate (per 100,000 pop.)



Definition: Epilepsy mortality rate
Source: Epilepsy Profiles, Fingertips, Public Health England
Year: 2009 - 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 resources including those provided by the National Mental Health Dementia and Neurology Intelligence Network
- 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 77.

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 neurological conditions include: **Painful tingling fingers** (carpel and cubital tunnel) and **Low back pain**

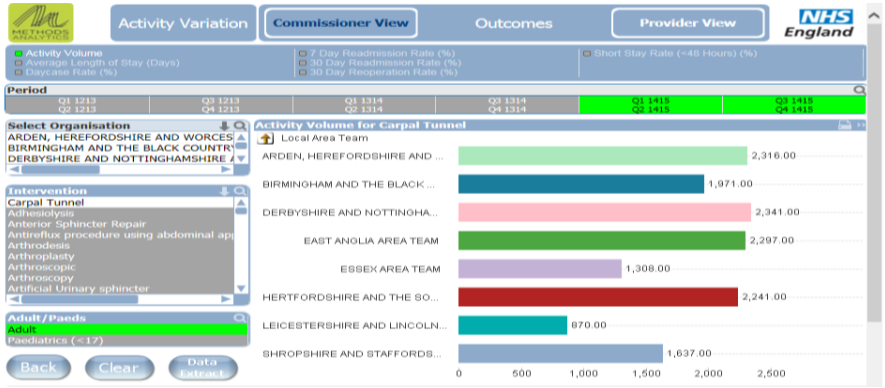
2. **Data tools linked to commissioning guides:** use Hospital Episode Statistics (HES). All the tools have been developed with input from a multidisciplinary guideline development group and clinical coders and the technical definitions and guidance on navigating the tools are available to download. 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 carpel tunnel and lower back pain are:

- Carpel and cubital tunnel surgery
- Facet Joint Injection/Medial Branch Block
- Lumbar Spinal Fusion (Posterior)
- Radiofrequency Denervation (lumbar facet joint)



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

National Mental Health Dementia and Neurology Intelligence Network:
http://www.yhpho.org.uk/default.aspx?RID=191242

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

Neurological Conditions

Condition Group	Programme Budget Category (all PBC codes are preceded by 'PBC02')	ICD10 Primary Diagnosis Code
Epilepsy	07X	Any Primary Diagnosis Code that begins with G40, G41 or R568 and is mapped to 07X
Tumours of the nervous system	99% of the Primary Diagnosis codes are mapped to 02X (Cancers and tumours)	C700, C701, C709, C710, C711, C712, C713, C714, C715, C716, C717, C718, C719, C793, C720, C721, C722, C723, C724, C725, C728, C729, D320, D321, D322, D330, D331, D332, D333, D334, D337, D339
Multiple Sclerosis and Inflammatory Disorders	07X	Any Primary Diagnosis Code that begins with G35, G36 or G37 and mapped to 07X
Motor Neurone Disease and Spinal Muscular Atrophy	07X	G120, G121, G122, G128, G129
Parkinsonism and other Extrapyramidal Disorders	07X	G240, G241, G242, G255, G256, G258, G259, R251, G10X, G243, G244, G245, G248, G249, G250, G251, G252, G253, G254, F950, F951, F952, F958, F959, G20X, G210, G211, G212, G213, G214, G218, G219, G22X, G230, G231, G232, G238, G239, G903
Neuromuscular Diseases	07X, 15X	Any Primary Diagnosis Code that begins with G70, G71, G72, G73, M60 or M62 and mapped to 07X or 15X
Functional Disorders	05X	Any Primary Diagnosis Code that begins with F44 or F45 and mapped to 05X
Traumatic Brain and Spine injuries	16X, 20C	S040, S041, S042, S043, S044, S045, S046, S047, S048, S049, S060, S061, S062, S063, S064, S065, S066, S067, S068, S069, S141, S142, S143, S144, S240, S241, S242, S341, S342, S343, S344, T060, T061, T093, T094
Headaches and Migraine	07A, 07X	G430, G431, G432, G433, G438, G439, G440, G441, G442, G443, G444, G448, R51X

Neurology Intelligence Network (Public Health England) team advised to include Tumours of the Nervous System, Functional Disorders , Headaches, Traumatic Brain & Spine injuries and the codes that begin with M60' and 'M62' within the list of Neurological conditions: http://www.yhpho.org.uk/default.aspx?RID=207314 These Neurological conditions are mapped different Programme Budget Categories. Therefore these conditions are not included in the 'Neurology - Total Spend', which only includes spend allocated to the Neurology Programme Budget Code.

Neurological conditions: High spend diagnosis

Primary Diagnosis	Programme Budget Category	Primary Diagnosis Code
Tendency to fall, not elsewhere classified	07X	R296
Syncope and collapse	07X	R55X
Disorientation, unspecified	07X	R410
Carpal Tunnel Syndrome	07X	G560

Chronic pain site

Site	Programme Budget Category	Primary Diagnosis Code
Chest	07A	R071, R072, R073, R074
Abdomen	07A	N940, R101, R103, R104
Back	07A	M544, M5446, M545, M5450, M5455, M5456, M5457, M5458, M5459, M546, M548, M5480, M5481, M5482, M5483, M5484, M5485, M5486, M5487, M5488, M5489, M549, M5490, M5491, M5492, M5493, M5494, M5495, M5496, M5497, M5498, M5499
Joint	07A	M255, M2550, M2551, M2552, M2553, M2554, M2555, M2556, M2557, M2558, M2559, M913
Limb	07A	M774, M7916, M7917, M796, M7960, M7961, M7962, M7963, M7964, M7965, M7966, M7967, M7968, M7969
Nervous system	07A	G500, G576, G578, G579, G580, G588, G589, G600, G602, G603, G608, G609, G610, G618, G619, G620, G621, G622, G628, G629, G630, G632, G633, G634, G635, G636, G638, M541, M5410, M5411, M5412, M5413, M5414, M5415, M5416, M5417, M5418, M5419, M543, M5436, M5437, M5439, M7912, M7913, M792, M7920, M7921, M7922, M7923, M7924, M7925, M7926, M7927, M7928, M7929, R202, R208, G611
Neck	07A	H920, M353, M542, M5422, R070
NEC	07A	B330, G501, G521, G546, G564, G570, G571, G572, G573, G574, G575, G587, G601, G632*, G64X, H571, K146, M315, M5421, M5423, M5430, M5435, M5438, M5440, M5445, M5447, M5448, M5449, M5460, M5463, M5464, M5465, M7747, M791, M7910, M7911, M7914, M7915, M7918, M7919, N644, R102, R1033, R200, R201, R203, R300, R309, R520, R521, R522, R529

Neurological conditions procedures

OPCS Procedure Code	Full procedure description	Short name in focus packs
U051	Computed tomography of head - per 1,000 population	CT - Head
U212	Computed tomography NEC - per 1,000 population	CT - NEC
U052	Magnetic resonance imaging of head - per 1,000 population	MRI - Head
U211	Magnetic resonance imaging NEC - per 1,000 population	MRI - NEC
U201	Transthoracic echocardiography - per 1,000 population	Transthoracic ECG
U191	Implantation of electrocardiography loop recorder - per 1,000 population	Implantation - ECG loop recorder
X893	Immunomodulating drugs Band 1 - per 1,000 population	Immunomodulating drugs Band 1
X851	Torsion dystonias and other involuntary movements drugs Band 1 - per 1,000 population	Torsion dystonias and other drugs Band 1
U548	Other specified rehabilitation for other disorders - per 1,000 population	Rehab - other disorders
U221	Electroencephalograph telemetry - per 1,000 population	EEG telemetry
A559	Unspecified diagnostic spinal puncture - per 1,000 population	Diagnostic spinal puncture (unspecified)
A651	Carpal tunnel release - per 1,000 population	Carpal tunnel release
M479	Unspecified urethral catheterisation of bladder - per 1,000 population	Bladder catheterisation

Chronic pain procedures

OPCS Procedure Code	Full procedure description	Short name in focus packs
U051	Computed tomography of head - Chronic pain - per 1,000 population	CT - Head
U212	Computed tomography NEC - Chronic pain - per 1,000 population	CT - NEC
U211	Magnetic resonance imaging NEC - Chronic pain - per 1,000 population	MRI - NEC
V544	Injection around spinal facet of spine - Chronic pain - per 1,000 population	Injection - spinal facet
W903	Injection of therapeutic substance into joint - Chronic pain - per 1,000 population	Injection of therapeutic substance - joint
A577	Injection of therapeutic substance around spinal nerve root - Chronic pain - per 1,000 population	Injection of therapeutic substance - spinal nerve root
A559	Unspecified diagnostic spinal puncture - Chronic pain - per 1,000 population	Diagnostic spinal puncture (unspecified)
K634	Coronary arteriography using two catheters - Chronic pain - per 1,000 population	Coronary arteriography - two catheters
K633	Angiocardiography of left side of heart NEC - Chronic pain - per 1,000 population	Angiocardiography - left heart
X961	Immunoglobulins Band 1 - Chronic pain - per 1,000 population	Immunoglobulins Band 1

Neurological conditions prescribing

Condition drug groups	Chemical level drugs included
Anti-epileptic drugs	Carbamazepine, Oxcarbazepine, Eslicarbazepine Acetate, Lacosamide, Lamotrigine, Levetiracetam, Phenobarbital, Primidone, Phenytoin, Retigabine, Rufinamide, Topiramate, Sodium valproate, Zonisamide, Clobazam, Clonazepam
Anti-Parkinsons disease drugs	Pramipexole, Ropinirole Hydrochloride, Rotigotine, Levodopa/Carbidopa/Entacapone, Rasagiline Mesilate, Co-Careldopa (Carbidopa/Levodopa), Apomorphine ydrochloride, Co-Beneldopa (Benserazide/Levodopa)
Migraine drugs	Sumatriptan Succinate, Rizatriptan, Pizotifen Malate, Zolmitriptan, Eletriptan, Naratriptan Hydrochloride, Almotriptan, Frovatriptan
Drugs for narcolepsy	Dexamfetamine Sulfate, Methylphenidate Hydrochloride, Modafinil

Neurological conditions prescribing

Individual drugs	BNF Category
Rizatriptan	Treatment of acute migraine
Sumatriptan Succinate	Treatment of acute migraine
Selegiline Hydrochloride	Dopaminergic drugs used in Parkinson's disease
Rasagiline Mesilate	Dopaminergic drugs used in Parkinson's disease

Chronic pain prescribing

Individual drugs	BNF Category
Buprenorphine	Drugs used in substance dependence - Opioid dependence
Fentanyl	Analgesics - Opioid analgesics
Gabapentin	Antiepileptic drugs - Control of the epilepsies
Pregabalin	Antiepileptic drugs - Control of the epilepsies
Morphine	Acute diarrhoea – Anti-motility drugs
Dihydrocodeine Tartrate	Analgesics - Opioid analgesics

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 day case admissions in 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.