

## **CCG Improvement and Assessment Framework:**

### **Methodologies for 2016-17 clinical panel ratings for cancer, mental health, dementia and diabetes**

#### **Background and purpose**

1. As part of the Clinical Commissioning Group Improvement and Assessment Framework (CCGIAF) for 2016/17, an assessment has been published for four clinical priority areas:- cancer, mental health, dementia and diabetes. These clinical priority areas are highlighted in the the *Next Steps on the NHS Five Year Forward View*. The assessment rating for each area has been derived from the indicators in the framework using the most recent data available.
2. Independent panels for each of the four clinical priority areas have agreed approaches to combining the individual metrics to reach an overall rating for each priority area on the following four point scale: i) outstanding; ii) good; iii) requires improvement; and, iv) inadequate.
3. This document sets out the methodologies used in the 2016/17 CCG assessments for cancer, mental health, dementia and diabetes.

#### **Method overview**

4. The overall rating is arrived at by looking at the performance of CCGs on individual indicators within the CCG IAF. A CCG's indicator values are compared against a national benchmark such as the national average, quartiles, a national standard, or in relation to an existing ambition. The approach used depends on the availability of standards and baseline data for the indicator to be compared against. Where the data allows, the benchmark used is based on the equivalent period from the previous year, in order to measure change since the baseline assessment for 2015/16. The specific approaches are set out in the body of this document.
5. The methods used to band individual CCG IAF indicators against these benchmarks varied depending on technical characteristics of the data such as the distribution and precision of indicator values.

#### **Methodologies for the clinical priority areas**

##### **Cancer**

6. The overall rating for cancer is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key

priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.

- For each CCG, each of the four cancer indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 1.

**Table 1. Cancer indicator banding method**

Indicator (Latest time period used)	Indicator scores	Benchmark
Cancers diagnosed at early stage (2015)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (52.4%)
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment (2016/17)	Significantly below the national standard = 0 Below the national standard but not significantly = 0.75 Above the national standard but not significantly = 1.25 Significantly higher than the national standard = 2	National Standard (85%)
One-year survival from all cancers (2014)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	National trajectory to national ambition (70.4)
Cancer patient experience (2015)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (8.7)

**To note:** The one-year survival indicator is case-mix adjusted to account for differences in the demographic profile of CCG populations. At present the early stage diagnosis indicator is not case-mix adjusted, however adjustment of scores for the relative incidence of different cancer types may be explored for future years.

For the 2016/17 assessment, annual (2016-17) data was used for the 62 day standard indicator to give the best representation of the year of assessment. For the initial assessment (2015/16) the 62-day standard was based on data for 2015/16 Q4 only.

The methodology for the cancer patient experience indicator has changed in line with the published data. For the 2015/16 assessment the indicator was the percentage of positive answers, and there was no case mix adjustment. For the 2016/17 assessment, the indicator is the average score (on a scale of 0 to 10) and includes a case mix adjustment that provides a fairer comparison between CCGs.

- The mean score for the four indicators described above was calculated. The thresholds shown in table 2 were used by the independent cancer panel to derive the rating for each CCG.

**Table 2. Cancer assessment thresholds**

Rating	Score range
Outstanding	Above or equal to 1.4
Good	Above or equal to 0.8 and below 1.4
Requires Improvement	Above or equal to 0.5 and below 0.8
Inadequate	Below 0.5

## Mental Health

9. Each CCG is assigned one of four ratings based on their performance against five indicators:
- i) Improving Access to Psychological Therapies (IAPT) Recovery Rate;
  - ii) Early Intervention in Psychosis (EIP) Waiting Times;
  - iii) CYP Mental Health Transformation Indicator;
  - iv) Crisis and Liaison Mental Health Transformation Indicator; and,
  - v) Mental Health Out of Area Placements Transformation Indicator
10. A CCG is given a score of between 0 and 2 for each indicator based on their compliance with expected levels of performance. Two different approaches are taken because of the statistical properties of the different indicators.

### IAPT & EIP indicators

11. For the IAPT and EIP indicators, the score is based on the CCG is above or below the current performance standard (50%) and whether this is a statistically significant difference. Scores are assigned as shown in table 3a:

**Table 3a. Mental health indicator banding method for IAPT and EIP indicators**

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies recovery rate (November 2016 to January 2017)	Significantly below the national standard = 0 Below the national standard (not significantly) = 0.75 Above the national standard (not significantly) = 1.25 Significantly above the national standard = 2	National standard (50%)
Early intervention in psychosis (EIP) waiting times (April 16 to March 17)	Significantly below the national standard = 0 Below the national standard (not significantly) = 0.75 Above the national standard (not significantly) = 1.25 Significantly above the national standard = 2	National standard (50%)

## CYP, Crisis and out of area placement indicators

For the three transformation indicators scores are assigned based on the percentage compliance with the transformation milestones as shown in table 3b:

**Table 3b. Mental health indicator banding method for transformation indicators**

Indicator (Time period)	Indicator scores
Children and young people's mental health services transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2
Crisis care and liaison mental health services transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2
Out of area placements for acute mental health inpatient care transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2

**To note:** transformation indicators are derived from a bespoke UNIFY2 collection to allow CCGs to provide a self- assessment against the local arrangements that should be in place to deliver high quality care now and in the future. Self-assessments are assured by NHS England regional teams.

12. An mean score is then taken across the five indicators and CCGs are assigned a rating by the panel using the thresholds in table 4:

**Table 4. Mental health assessment thresholds**

Rating	Score range
Outstanding	Above or equal to 1.8
Good	Above or equal to 1.25 and below 1.8
Requires Improvement	Above or equal to 0.5 and below 1.25
Inadequate	Below 0.5

## Dementia

13. The 2016/17 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

14. Diagnosis rates are calculated using the number of people on the dementia register, Office of National Statistics (ONS) population figures and Cognitive Function and Ageing Studies (CFAS) II prevalence estimates. Care plan reviews are calculated using the number of people who have had a care plan review and the number of people on the dementia register. The indicator on the percentage of patients diagnosed with dementia who have had a face to face review of their care

plan within the last 12 months is intended as a proxy measure of broader support post-diagnosis of dementia.

15. Each dementia indicator is assigned a band based on the thresholds shown in table 5. For the diagnosis rate indicator, the national ambition of 66.7% (two thirds) was used as the threshold for good performance. For the care plan review indicator, the thresholds used were the quartiles based on the data used in the initial assessment.

**Table 5. Dementia indicator banding method**

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 4 = poorest performing)	Benchmark
Diagnosis rate (March 2017)	Indicator value below or equal to 56.7% = Band 4 Indicator value above 56.7% and below or equal to 66.7% = Band 3 Indicator value above 66.7% and below or equal to 76.7% = Band 2 Indicator value above 76.7% = Band 1	National Standard (66.7%) and thresholds set for the 2015/16 assessment
Care plan reviews (2015/16)	Indicator value below or equal to 75.6% = Band 4 Indicator value above 75.6% and below or equal to 77.6 % = Band 3 Indicator value above 77.6% and below or equal to 79.4 % = Band 2 Indicator value above 79.4% = Band 1	2014/15 quartiles

**To note:** The thresholds for the dementia diagnosis rate and care plan reviews indicator in table 5 have been rounded to 1 decimal place. The exact thresholds for the dementia diagnosis rate indicator are based around achieving the national ambition for a national ambition two thirds standard. Hence to 6 decimal places Band 4 = 56.666667%, Band 3 = 66.666667%, Band 2 = 76.666667%. The upper thresholds on which banding is based on for the care plan indicator are: Band 4 = 75.587062%, Band 3 = 77.553084%, Band 2 = 79.447005%

16. The overall rating for dementia is based on the CCG band for each of the dementia indicators as illustrated in table 6:

**Table 6. Dementia assessment rating**

		Diagnosis rate band			
		1 (Best performing)	2	3	4 (Poorest performing)
Care plan review band	1 (Best performing)	Outstanding	Outstanding	Good	Requires improvement
	2	Outstanding	Good	Requires improvement	Requires Improvement
	3	Good	Requires improvement	Requires improvement	Inadequate
	4 (Poorest performing)	Requires improvement	Requires improvement	Inadequate	Inadequate

## Diabetes

17. The 2016/17 rating for diabetes considers two indicators:

- Diabetes patients that have achieved all the NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c for children)
- People with diabetes diagnosed less than a year who attend a structured education course.

18. The two indicators have each been calculated using 2016-17 National Diabetes Audit (NDA) data.

19. Each diabetes indicator is assigned a band based on the thresholds shown in table 7. For the treatment targets indicator, the national median was used as the threshold for good performance. For the structured education indicator, the bands were derived based on deviation from the national average.

20. The approach for the treatment targets indicator has an important difference to that for the structured education indicator. Whereas we wish to drive the proportion of relevant patients who attend structured education to be as high as possible, we are mindful of the important clinical implications of driving blood glucose levels and blood pressure too low, given the associated respective risks of hypoglycaemia and postural hypotension, particularly in older individuals who are frail. As such, the metric incentivises achievement to the median CCG-level proportion of patients achieving the NICE-recommended treatment targets whereas for attendance at structured education the metric incentivises the proportion attending to be significantly better than the mean, in other words, as high as possible.

**Table 7. Diabetes indicator banding method**

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 3 = poorest performing)	Benchmark
Treatment targets (2016-17)	<ul style="list-style-type: none"> <li>- Indicator value upper confidence interval less than 37.9% = Band 3</li> <li>- Indicator value upper confidence interval greater than or equal to 37.9% and less than 40.0% = Band 2</li> <li>- Indicator value upper confidence interval greater than or equal to 40.0% = Band 1</li> </ul>	National median (40.0%); and 25 <sup>th</sup> percentile (37.9%)
Structured Education (2015 cohort)	<ul style="list-style-type: none"> <li>Indicator value significantly lower than national average = Band 3</li> <li>Indicator value not significantly different to national average = Band 2</li> <li>Indicator value significantly higher than national average = Band 1</li> </ul>	National average (7.3%)

**To note:** The thresholds for the treatment targets rate and structured education indicator in table 1 have been rounded to 1 decimal place. The exact thresholds on which bandings are based for the treatment targets indicator are 39.97165% (upper) and 37.89140% (lower). The exact threshold on which banding is based for the Structured Education indicator is 7.29757%

21. The overall rating for diabetes is based on the CCG band for each of the diabetes indicators as illustrated in table 8:

**Table 8 – Diabetes assessment rating**

		Treatment targets		
		1 (Best performing)	2	3 (Poorest performing)
Structured education	1 (Best performing)	Outstanding	Good	Requires improvement
	2	Good	Requires improvement	Requires Improvement
	3 (Poorest performing)	Requires improvement	Requires improvement	Inadequate

22. Other key elements in the diabetes treatment pathway include timely access to multidisciplinary foot-care teams and specialist diabetes inpatient teams.