CCG Outcomes Indicator Set

## England, December 2016: Quarterly publication

Published 15 December 2016

The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes. This report provides information about the indicators updated in this release.

Key findings

- There are two cardiac rehabilitation indicators being published for the first time

- There are 19 indicators with new data periods in this release

- The indicators cover a range of topics including cardiac rehabilitation, hip fracture, alcohol related emergency admissions and mental health services.

- The chart below shows the national percentage of hospital admissions for coronary heart disease that resulted in; referral to cardiac rehabilitation within five days of admission (indicator 1.24); and following referral, the percentage that were completed within one year of admission (indicator 1.3).

Figure 1: Indicators 1.24 and 1.3 - Indicator values, 2011/12 to 2014/15
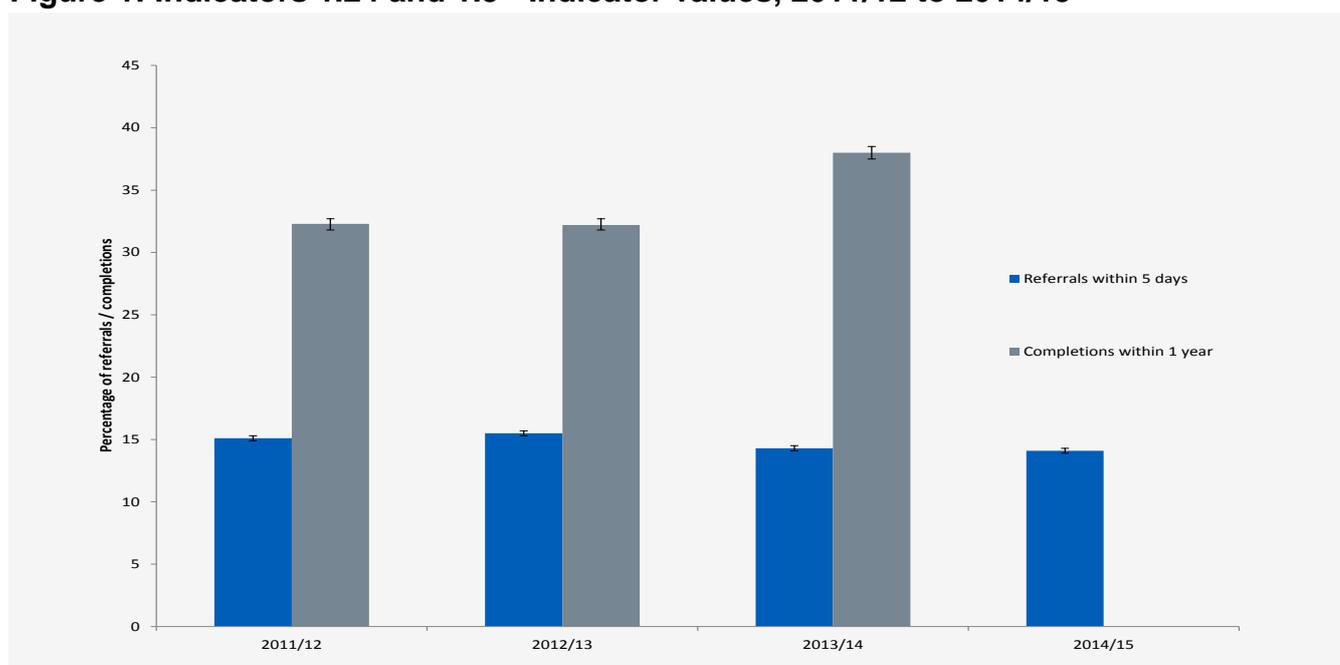
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Contents

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This report may be of interest to members of the public, commissioning managers, provider manager, clinicians and patients to make local and national comparisons and to monitor the quality and effectiveness of services.

Introduction

The CCG Outcomes Indicator Set (CCG OIS) aims to provide clear, comparative information for Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards (HWBs) in England about the quality of health services they commission in order to understand where they may need to focus their efforts to improve services and outcomes.

The timescales of the indicators vary according to the data source, but the most recently available data are used in all cases. A full list of the data periods and updates for each indicator in this release are available in Appendix 1.

Data, along with indicator specifications providing details of indicator construction, data quality, statistical methods and interpretation considerations, can be accessed by visiting the NHS Digital Indicator Portal at: https://indicators.hscic.gov.uk/webview/.

The information for the CCG OIS can be found towards the top of the navigation tree on the left-hand side of the portal page under 'CCG Outcomes Indicator Set' where there are individual sections for each domain.

A publication schedule for planned future updates for all indicators in the CCG OIS can be found on the NHS Digital website: https://digital.nhs.uk/ccgois.

Indicators published for the first time are as follows

1.24   Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease

1.3   Completion of cardiac rehabilitation following an admission for coronary heart disease

New data periods have been added for the following existing indicators

1.8   Emergency admissions for alcohol related liver disease

1.14   Maternal smoking at delivery

1.22   Hip fracture: incidence

2.6   Unplanned hospitalisation for chronic ambulatory care sensitive conditions

2.7   Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

2.10   Access to psychological therapies services by people from black and minority ethnic (BME) groups

3.1   Emergency admissions for acute conditions that should not usually require hospital admission

Cardiac rehabilitation indicators published for the first time

3.4	Emergency admissions for children with lower respiratory tract infections
3.10i	Hip fracture: proportion of patients recovering to their previous levels of mobility / walking ability at 30 days
3.10ii	Hip fracture: proportion of patients recovering to their previous levels of mobility / walking ability at 120 days
3.11	Hip fracture: collaborative orthogeriatric care
3.12	Hip fracture: timely surgery
3.13	Hip fracture: multifactorial risk assessment
3.14	Alcohol-specific hospital admissions
3.15	Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission
3.17	Percentage of adults in contact with secondary mental health services in employment
3.18	Hip fracture: care process composite indicator
5.3	Incidence of Healthcare Associated Infection (HCAI) – Meticillin-resistant Staphylococcus aureus (MRSA)
5.4	Incidence of Healthcare Associated Infection (HCAI) – C. difficile

Data periods have not been updated as planned for the following indicators

1.4	Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes
1.26	Low birth weight full-term babies
2.8	Complications associated with diabetes

Indicators 1.4, 1.26 and 2.8 are not being updated due to the respective data sets not being available at the time of publication. It is anticipated these will be updated in the March 2017 CCG OIS release.

2.9	Access to community mental health services by people from Black and Minority Ethnic (BME) groups

Indicator 2.9 requires 12 months activity information for people in contact with secondary mental health, learning disabilities and autism services in order to be constructed. As the new source of information has been collected since January 2016 this level of data is not yet available. It is anticipated this will be updated in the June 2017 CCG OIS release.

1.1   Potential years of life lost (PYLL) from causes considered amenable to healthcare

2.11a   Reliable recovery following completion of treatment by IAPT services

2.11b   Reliable improvement following completion of treatment by IAPT services

2.11c   Reliable deterioration following completion of treatment by IAPT services

Indicators 1.1, 2.11a, 2.11b and 2.11c are not being updated at present due to ongoing methodological review. Once the reviews are complete, the indicators will be updated.

CCG OIS background

The various indicators within the CCG OIS help CCGs to gain an understanding of the health-related outcomes within their area and how these outcomes compare to other CCGs.

As of April 2015 there were 209 CCGs in England. This follows the merger of three CCGs; NHS Gateshead CCG, NHS Newcastle North and East CCG and NHS Newcastle West CCG which became NHS Newcastle Gateshead CCG. There is wide variation in the size of these organisations, as of 1 October 2016, the largest CCG, NHS Cambridgeshire and Peterborough CCG, had 940,112 registered patients, and the smallest CCG, with 75,918 registered patients, was NHS Corby CCG[1]. Where possible, indicator values are standardised by national age and sex profile to account for differences in the age and sex profile of each CCG, ensuring CCG values are comparable with each other.

Within the CCG OIS, values are published at 'All registered patients in England' (National) level where possible. This 'National' figure includes only data from the 209 CCGs (211 for data periods prior to April 2015), excluding data from NHS Commissioning Hubs[2] i.e. the number of observed admissions at a 'National level' is the sum of the admissions across the 209 CCGS (211 pre-April 2015). Most of the indicators in this December 2016 release report on 209 CCGs as the data relates to the 2015/16 and 2016/17 years. Those indicators including data prior to 2015/16 and those where the data supplier did not aggregate data to the new merged CCG ahead of the organisational change are reported for 211 CCGs.

Additionally, it is important to note that due to differences in data sources and methods, these figures are not comparable to England level figures in the NHS Outcomes Framework indicators[3]. For many of the indicators the methodology is consistent across the frameworks, but due to the fact the two frameworks serve different purposes, different data sources and methods are used. CCG OIS aims to support local commissioning functions and therefore uses registered patient counts as the subject population for calculating indicators[4]. The NHS Outcomes Framework focuses on national-level accountability and uses Office for National Statistics (ONS) mid-year population estimates as a denominator base.

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[1] NHS Digital publishes GP patient counts on a quarterly basis, which are available on our website. Quoted October figures are available at: http://content.digital.nhs.uk/searchcatalogue?productid=22190&topics=1%2fPrimary+care+services%2fGeneral+practice&sort=Most+recent&size=10&page=1#top

[2] Specialised commissioning hubs are responsible for leading the commissioning of specialised services in the NHS in England (i.e. rare conditions and low volume treatments) including the direct commissioning or military and prison health services.

[3] NHS OF available at: www.digital.nhs.uk/nhsof

[4] Where the use of registered patients is not possible, the resident population from ONS mid-year estimate has been used; this is clearly stated in the indicator description.

Cardiac rehabilitation referrals and completions (indicators 1.24 and 1.3)

Included for the first time in the December 2016 release of CCG OIS are two indicators relating to the uptake and completion of cardiac rehabilitation services following hospitalisation for coronary heart disease.

Cardiac rehabilitation supports long-term quality of life and survival for people with coronary heart disease. Patients should be referred to cardiac rehabilitation; therefore this indicator is a useful measure of whether CCGs are offering this service to patients and its uptake.

Data from Hospital Episode Statistics (HES) Admitted Patient Care (APC)[5] is linked to data from the National Audit of Cardiac Rehabilitation (NACR)[6] to produce this indicator.

The NACR is funded by the British Heart Foundation (BHF) and is the official audit for UK cardiac rehabilitation programmes. The data is entered onto an online platform that collects information on patient, event, rehabilitation they receive and assessments pre and post intervention.

These indicators have been developed in collaboration between NHS Digital and NACR teams, and have been assured via the Indicator Methodology Assurance Service as being fit for inclusion in the library of quality assured indicators; they are:

Indicator 1.24 – 'Referrals to cardiac rehabilitation within five days of an admission for coronary heart disease' measures the percentage of admissions to hospital with a primary diagnosis of acute myocardial infarction (MI) or heart failure, or a main operative procedure of percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG) that were recorded as being referred to a cardiac rehabilitation programme within five days of the start of the hospital admission.

Indicator 1.3 – 'Completions of cardiac rehabilitation following an admission for coronary heart disease' measures the percentage of those who were referred to cardiac rehabilitation following a hospital admission with a primary diagnosis of MI or heart failure, or a main operative procedure of PCI or CABG that then completed cardiac rehabilitation within one year of the start of the hospital admission. There is no requirement that the patient is referred within five days.

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[5] Hospital Episode Statistics (HES) available at: www.digital.nhs.uk/hes
[6] National Audit of Cardiac Rehabilitation (NACR) available at:
http://www.cardiacrehabilitation.org.uk/

Please note that this is the first year of reporting the indicators at CCG level by NHS Digital and NACR. The referral figures in the NHS Digital CCG report are not directly comparable to the NACR 2016 annual report which uses the number of patients taking up cardiac referral. In the case of the NACR report, where programmes did not provide data, the published figures include estimated values. As CCG reporting of referral becomes more representative (i.e. greater completion by more programmes) the NACR will include this as part of future annual reports.
http://www.cardiacrehabilitation.org.uk/docs/BHF_NACR_Report_2016.pdf

Figure 2 below shows the time series of the indicators, together with 95 per cent confidence interval error bars. Over the time series the percentage of hospital admissions resulting in a referral within five days has fallen; a small but significant increase from 2011/12 to 2012/13 (from 15.1 to 15.5 per cent) was followed by a significant decrease to 14.3 per cent in 2013/14. The value of 14.1 per cent in 2014/15 represents 22,744 referrals out of 161,230 hospital admissions.

The percentage of referrals that were completed within one year of hospital admission is higher throughout the time series and increased significantly from 2012/13 to 2013/14 (from 32.2 to 38.0 per cent – to 15,201 completions out of 40,027 referrals). Note that data for 2014/15 completions is not available at the time of writing since a full year must pass after the end of the reporting period to allow the cardiac rehab referral to be completed.

Figure 2: Indicators 1.24 Referrals to cardiac rehabilitation within five days, and 1.3 Completions of cardiac rehabilitation following an admission for coronary heart disease
Indicator values, 2011/12 to 2014/15
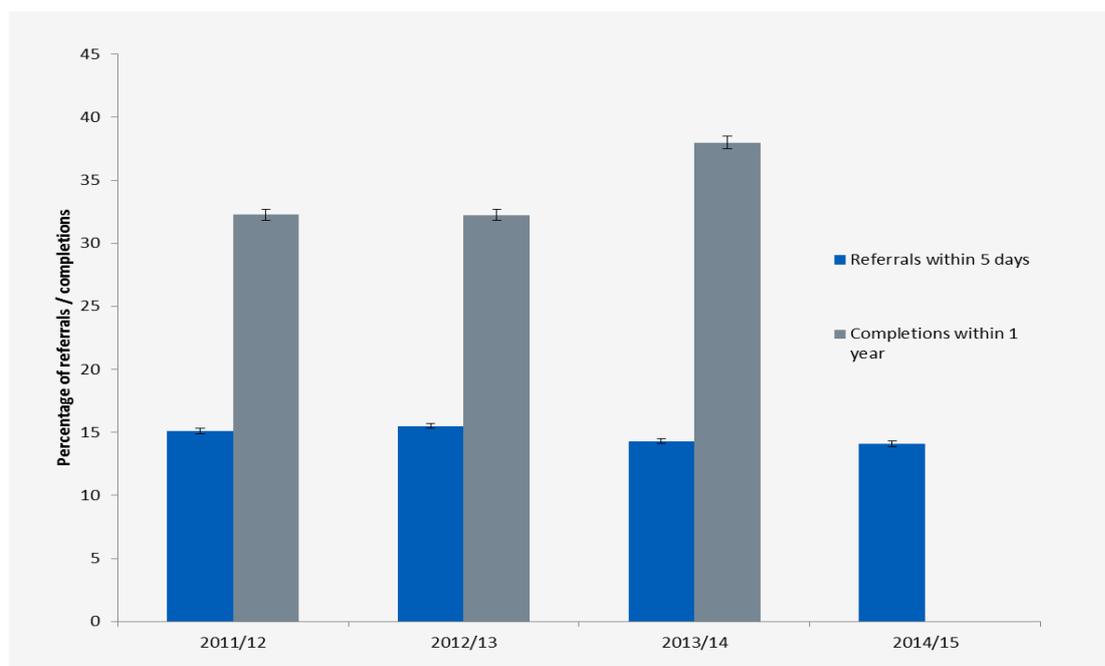
There is wide variation between CCGs in both of the indicators, though users should note, that incomplete NACR coverage will contribute to some of the lowest CCG values seen. CCGs with zero referrals or completions, or those where the indicator value is suppressed due to disclosure control rules are indicated by the absence of a column in the charts.

Note also that these charts are independently sorted, i.e. a CCG at position one in Figure 3 is not the same as the CCG at position one in Figure 4.

Figure 3:

Indicator 1.24: Referrals to cardiac rehabilitation within five days of an admission for coronary heart disease
Indicator value by CCG, 2013/14
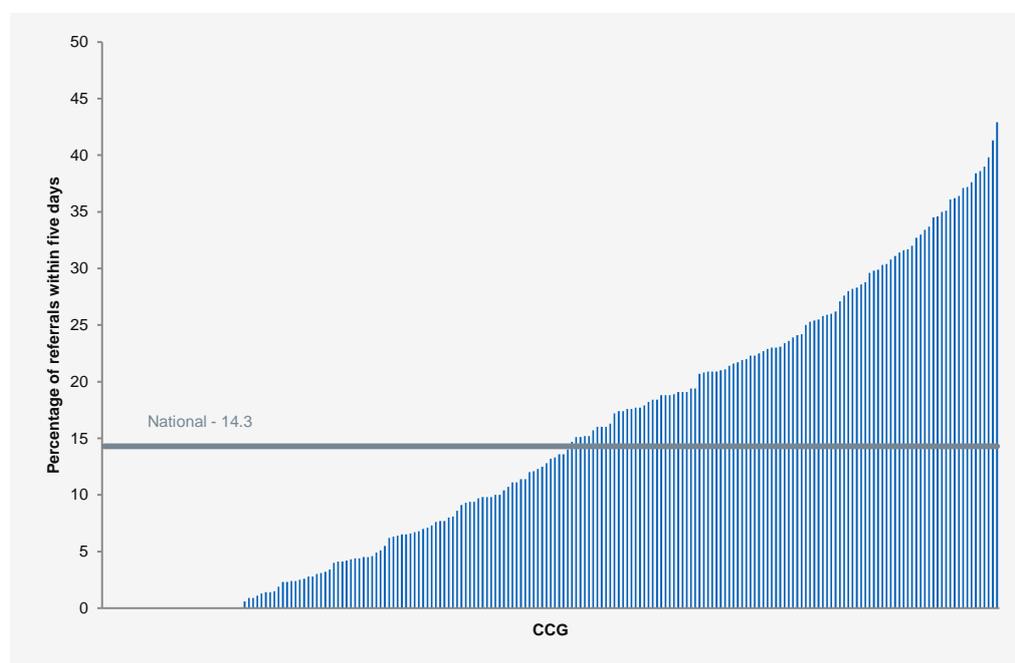
Figure 4:

Indicator 1.3: Completion of cardiac rehabilitation following an admission for coronary heart disease
Indicator value by CCG, 2013/14
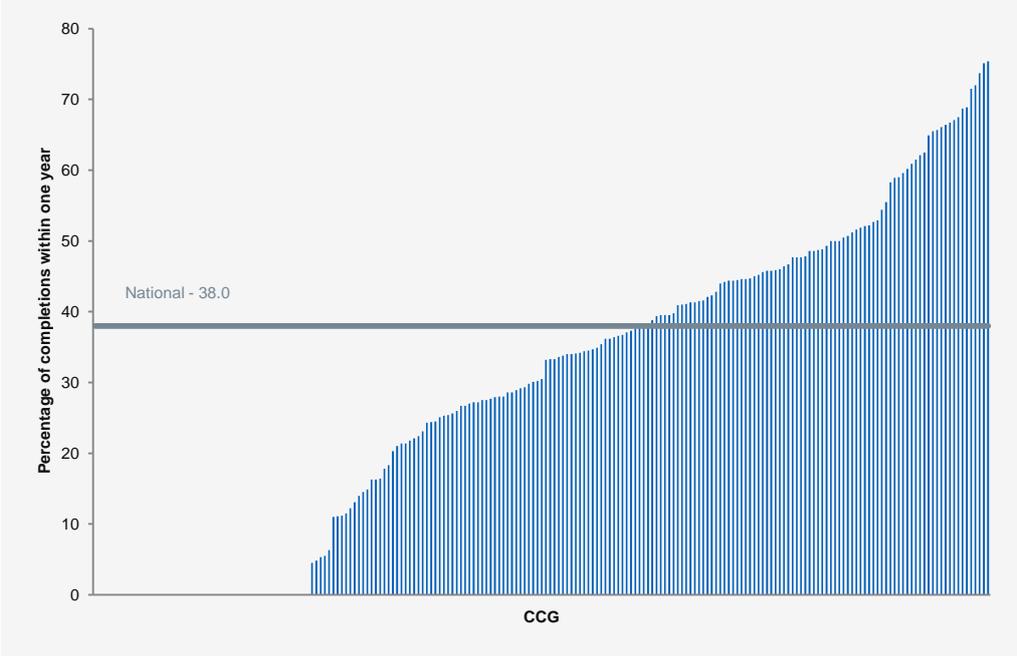
Hip fracture

This CCG OIS publication sees the release of new data periods for seven hip fracture indicators, two of which are presented within this report:

1.22   Hip fracture: incidence

3.18   Hip fracture: care process composite indicator

Due to an ever increasing aging population, hip fracture is a major public health issue within England. According to the most recent National Hip Fracture Database (NHFD) report[7], hip fracture is the most common serious injury in older people, is the most common reason for them to need emergency anaesthesia and surgery, and is the most common cause of accidental death. It is anticipated, that the total cost to health and social services as a result of hip fracture is over £1 billion per year.

The evidence-base for hip fracture care is improving rapidly and, in general terms, shows that prompt, effective, multidisciplinary management can improve the quality of life for patients and at the same time reduce costs.

The information collated by the NHFD and presented within the CCG OIS are based on National Institute for Health and Clinical Excellence (NICE) Quality Standard 16: Hip Fracture in adults[8]. The indicators also aim to be consistent with the NICE Clinical Guideline 124: The management of hip fracture in adults[9].

Data for indicator 1.22 are sourced from the Hospital Episode Statistics (HES) Admitted Patient Care (APC) data set. The indicator calculates the number of emergency admissions to hospital for those aged 60 and over as a result of hip fracture. This is then standardised using the CCG level registered patients from the NHAIS (Exeter) systems.

Data for the remaining six indicators are sourced from the National Hip Fracture Database (NHFD), run by the Royal College of Physicians (RCP). This is a clinically led, web-based audit of hip fracture care and secondary prevention for which all eligible hospitals in England are now regularly uploading data.

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[7] http://web1.crownaudit.org/Report2016/NHFD2016Report.pdf
[8] https://www.nice.org.uk/guidance/QS16
[9] https://www.nice.org.uk/guidance/CG124

The five other hip fracture indicators included in this release are available on the Indicator Portal at:
https://indicators.hscic.gov.uk/webview/

3.10.i   Hip fracture: proportion of patients recovering to their previous levels of mobility / walking ability at 30 days

3.10.ii   Hip fracture: proportion of patients recovering to their previous levels of mobility / walking ability at 120 days

3.11   Hip fracture: collaborative orthogeriatric care

3.12   Hip fracture: timely surgery

3.13   Hip fracture: multifactorial risk assessment

1.22 Hip fracture: incidence

This indicator shows the directly age and sex standardised emergency admission rate for hip fracture in those aged 60 years and over, per 100,000 registered patients.

For the most recent time period available (1 July 2015 to 30 June 2016) the standardised rate of emergency admissions for hip fracture was 435.6 per 100,000 registered patients (55,835 emergency admissions, 12,933,243 registered patients). This rate is not significantly different to the rate presented for the prior data period (01 April 2015 to 31 March 2016) for which the rate of emergency admissions was 432.2 per 100,000 registered patients (54,536 emergency admissions, 12,745,235 registered patients). Indeed there has been no significant change in the rate of emergency admissions for hip fracture since the first available data period in 2013/14.

Figure 5 shows the variation across 209 CCGs during the latest available time period (1 July 2015 to 30 June 2016).

Figure 5:
Indicator 1.22: Hip fracture: Incidence
Indicator value by CCG, 1 July 2015 to 30 June 2016
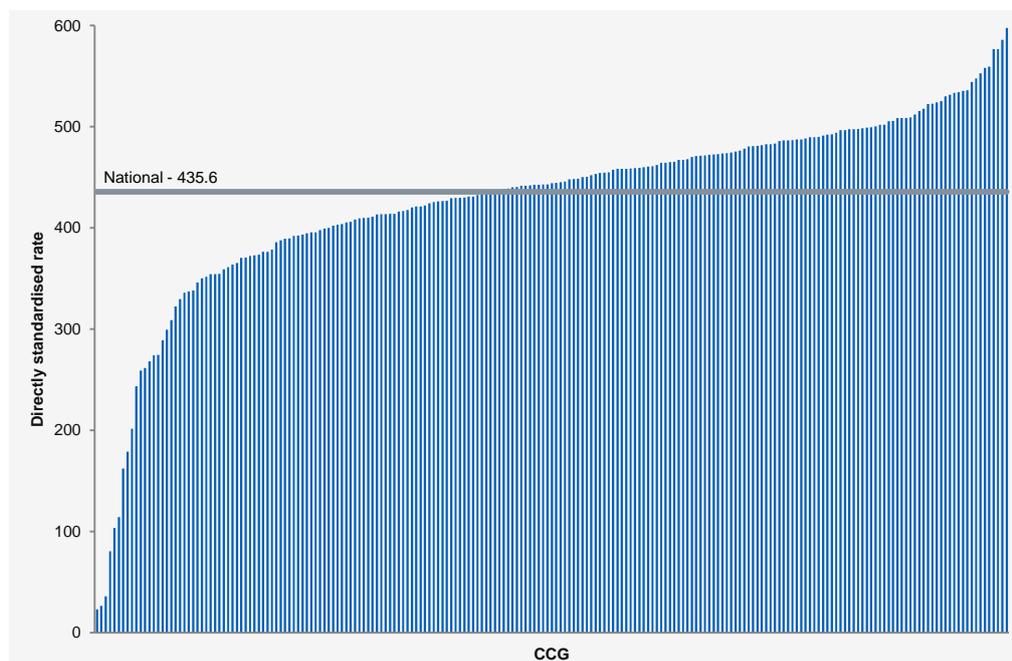
Nationally, the rate of emergency admissions per 100,000 registered patients is 435.6; 91 CCGs have a rate lower than this national figure.

Tables 1a and 1b show the five CCGs with the lowest and five CCGs with the highest rates for emergency admissions for hip fracture in those aged 60 years and over. Four of the five CCGS with the lowest incidence of emergency admissions for hip fracture have remained consistent since 2014/15; NHS Crawley CCG, NHS East Surrey CCG, NHS City and Hackney CCG and NHS Tower Hamlets CCG.

Table 1a:

Indicator 1.22 Hip fracture: incidence

CCGs with the lowest incidence

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Crawley CCG	22.8	8.3	49.9	23,825	6
NHS East Surrey CCG	26.4	13.1	47.3	40,417	11
NHS City and Hackney CCG	35.8	16.3	68.2	30,850	9
NHS Tower Hamlets CCG	80.4	47.3	127.6	24,532	18
NHS Portsmouth CCG	103.4	75.3	138.5	41,722	45

Table 1b:

Indicator 1.22 Hip fracture: incidence

CCGs with the highest incidence

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Leeds South and East CCG	559.2	496.6	627.4	53,934	291
NHS Knowsley CCH	576.5	495.6	666.8	34,555	186
NHS Tameside and Glossop CCG	576.7	511.3	648.2	54.560	284
NHS Sunderland CCG	585.7	528.2	647.6	69,229	384
NHS Heywood, Middleton and Rochdale CCG	597.6	526.2	675.9	47,425	255

3.18 Hip fracture: care process composite indicator

This indicator shows the percentage of people aged 60 years and over with hip fracture, who receive all nine of the agreed best practice standards.

For the calendar year 2015, of the 58,033 patients aged 60 years and over in the NHFD, 38,072 patients received all nine of the agreed best practice standards, defined as follows:

- time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis of an admitted patients, to the start of anaesthesia;
- admitted under the joint care of a consultant geriatrician and a consultant orthopaedic surgeon;
- admitted using an assessment protocol agreed by geriatric medicine, orthopaedic surgery and anaesthesia;
- assessed by a geriatrician in the perioperative period (within 72 hours of admission);
- post-operative geriatrician-directed multi-professional rehabilitation team;
- fracture prevention assessments (falls and bone health);
- abbreviated Mental Test performed prior to surgery and score recorded in NHFD;
- abbreviated Mental Test performed post-surgery and score recorded in NHFD;
- orthogeriatrician GMC and surgeon GMC number are present.

Figure 6 shows the variation in the care process composite indicator across 209 CCGs during the latest available time period (1 January 2015 to 31 December 2015).

Figure 6:

Indicator 3.18: Hip fracture: care process composite indicator
Indicator value by CCG, 1 January 2015 to 31 December 2015
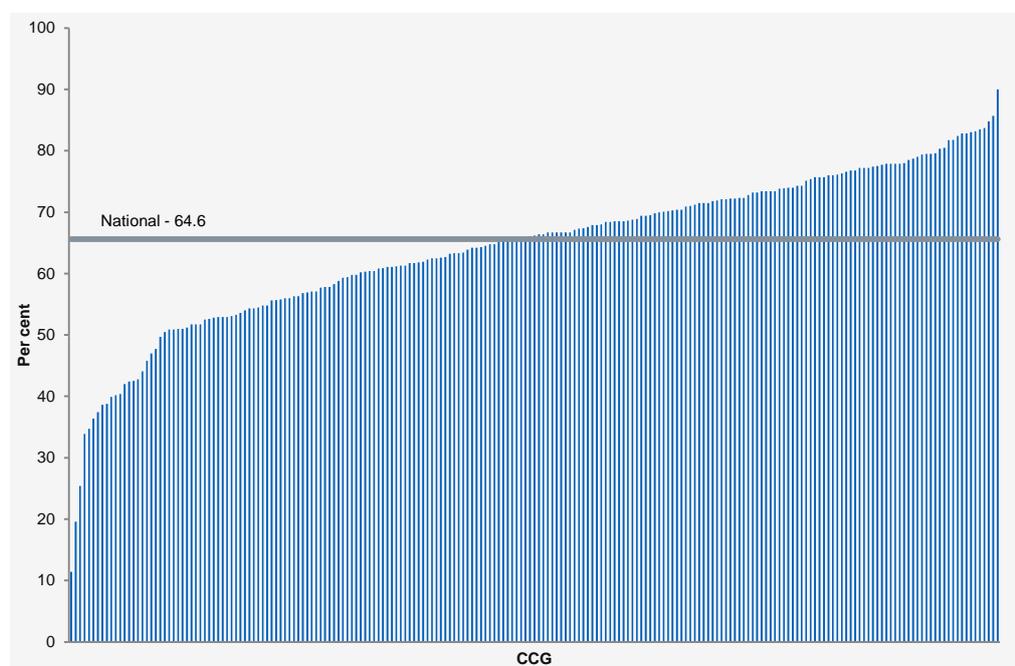
Nationally, the percentage of people aged 60 years and over who received all nine of the agreed best practice standards is 65.6 per cent; 110 CCGs have a percentage higher than this.

Tables 2a and 2b show the five CCGS with the highest percentage and five CCGS with the lowest percentage of patients receiving all nine of the agreed standards. Four of the CCGS with the highest percentage receiving all care processes in 2015 were also in the top four for the previous 2014 data period.

Table 2a:

Indicator 3.18 Hip fracture: care process composite indicator
CCGs with the highest percentage receiving all care processes

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Slough CCG	90.0	81.5	94.8	80	72
NHS Surrey Downs CCG	85.7	81.8	88.9	378	324
NHS Northumberland CCG	84.8	81.1	87.8	440	373
NHS East Surrey	83.7	77.0	88.7	153	128
NHS Enfield CCG	83.5	78.0	87.8	218	182

Table 2b:

Indicator 3.18 Hip fracture: care process composite indicator

CCGs with the lowest percentage receiving all care processes

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Southport and Formby CCG	34.7	28.7	41.2	222	77
NHS Mid Essex CCG	33.9	29.6	38.5	433	147
NHS Telford and Wrekin CCG	25.4	19.7	32.1	185	47
NHS Fylde & Wyre CCG	19.6	14.5	25.8	189	37
NHS Blackpool CCG	11.4	7.5	16.7	185	21

Appendix 1 – Indicator update summary

Table 3: Time periods and updates for indicators within the December 2016 CCG OIS publication.

Indicator number and name		Time period	Update
1.3	Completion of cardiac rehabilitation following an admission for coronary heart disease	2011/12, 2012/13, 2013/14	National CCG
1.8	Emergency admissions for alcohol related liver disease	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG
1.14	Maternal smoking at delivery	Quarter 1 2016/17	CCG
1.22	Hip fracture: incidence	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG
1.24	Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease	2011/12, 2012/13, 2013/14, 2014/15	National CCG
2.6	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG Gender
2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG Gender
2.10	Access to psychological therapies by people from black and minority ethnic (BME) groups	2015/16	National CCG Ethnic group
3.1	Emergency admissions for acute conditions that should not usually require hospital admission	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG Gender
3.4	Emergency admissions for children with lower respiratory tract infections	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG Gender

3.10.i	Hip fracture: proportion of patients recovering to their previous levels of mobility / walking at 30 days	2015	CCG
3.10.ii	Hip fracture: proportion of patients recovering to their previous levels of mobility / walking at 120 days	2015	CCG
3.11	Hip fracture: collaborative orthogeriatric care	2015	National CCG
3.12	Hip fracture: timely surgery	2015	National CCG
3.13	Hip fracture: multifactorial risk assessment	2015 National CCG	
3.14	Alcohol-specific hospital admissions	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG
3.15	Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission	2015/16 final, July 2015 to June 2016 (Data from April 2016 is provisional)	National CCG
3.17	Percentage of adults in contact with secondary mental health services in employment	June 2015 to July 2016	National CCG Mental Health Care Super Cluster (2014-15 only)
3.18	Hip fracture: care process composite indicator	2015	National CCG
5.3	Incidents of Healthcare Associated Infection (HCAI) – Meticillin resistant Staphylococcus aureus (MRSA)	July 2016, August 2016, September 2016	CCG
5.4	Incidents of Healthcare Associated Infection (HCAI) – C.difficile	July 2016, August 2016, September 2016	CCG

Source: NHS Digital

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