The NHS Outcomes Framework 2013/14

Department of Health

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Introduction

1.1 This document sets out the NHS Outcomes Framework for 2013/14. The framework builds on the two previous frameworks[1] and contains measures to help the health and care system to focus on measuring outcomes. This document:

- explains the purpose of the NHS Outcomes Framework and how it will work in the wider system;
- highlights the main indicator changes across each of the five domains; and
- is accompanied by a Technical Appendix which provides detailed information about each of the indicators.

The NHS Outcomes Framework

Purpose

1.2 Health outcomes matter to patients and the public. Measuring and publishing information on health outcomes are important for encouraging improvements in quality[2]. The White Paper*: Liberating the NHS*[3] outlined the Coalition Government's intention to move the NHS away from focusing on process targets to measuring health outcomes.

1.3 The NHS Outcomes Framework reflects the vision set out in the White Paper and contains a number of indicators selected to provide a balanced coverage of NHS activity. Its purpose is threefold:

- to provide a national level overview of how well the NHS is performing;
- to provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board for the effective spend of some £95bn of public money; and
- to act as a catalyst for driving up quality throughout the NHS by encouraging a change in culture and behaviour.

[1] [1] The NHS Outcomes Framework 2011/12 is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944
The NHS Outcomes Framework 2012/13 is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

[2] *High Quality Care for All* (2008) Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

[3] Available at : http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

1.4 The framework was developed in December 2010, following public consultation, and was updated in December 2011 to ensure that the most appropriate measures were included. Progress has been made to improve the framework as whole, by refining existing indicators and developing new indicators in areas currently not covered by the framework.

1.5 Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there are a small number of overarching indicators followed by a number of improvement areas. They focus on improving health and reducing health inequalities:

Domain 1	**Preventing people from dying prematurely;**
Domain 2	**Enhancing quality of life for people with long-term conditions;**
Domain 3	**Helping people to recover from episodes of ill health or following injury;**
Domain 4	**Ensuring that people have a positive experience of care; and**
Domain 5	**Treating and caring for people in a safe environment; and protecting them from avoidable harm.**

1.6 The five domains were derived from the three part definition of quality first set out by Lord Darzi as part of the NHS Next Stage Review[4]. This definition is that high quality care comprises: effectiveness, patient experience and safety.

1.7 The Coalition Government has enshrined this definition of quality into the Health and Social Care Act 2012. The Act now places new duties on the Secretary of State for Health, the NHS Commissioning Board, and Clinical Commissioning groups to act with a view to ensuring continuous improvement in the quality of NHS services.

1.8 The duty of quality will ensure that quality is both safeguarded and improved, whilst giving clinicians and providers the freedom to achieve improvements in quality and reductions in health inequalities that make clinical sense locally. As part of this duty, the NHS Commissioning Board will have to have regard to NICE quality standards. These provide a clear description of what high-quality care looks like for particular diseases or conditions, and are being produced to

[4] Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

support the NHS in delivering improved outcomes.[5] The NHS Outcomes Framework and the mandate to the NHS Commissioning Board set out clearly the Secretary of State for Health's expectations in relation to quality.

1.9 In addition, the Secretary of State, the NHS Commissioning Board and Clinical Commissioning Groups have a duty, for the first time, to have regard to the need to reduce inequalities between the people of England.

1.10 There will of course be other developments throughout the system which will have an impact on the quality and delivery of outcomes in the NHS Outcomes Framework. One vital area is continued research and the use of research evidence in the design and delivery of services at a local level.

The NHS Outcomes Framework and the wider system

Alignment of the outcomes frameworks for the NHS, Public Health and Adult Social Care

1.11 The NHS Outcomes Framework sits alongside similar frameworks for public health and adult social care[6]. The distinct frameworks reflect the different delivery systems and accountability models for the NHS, public health and adult social care. The three frameworks have been further aligned to encourage collaboration and integration, both in terms of how shared and complementary indicators are presented across all three frameworks, and through an increased and more systematic use of shared and complementary indicators in the revised Public Health and Adult Social Care Outcomes Frameworks for 2013/14.

1.12 This autumn will be the first time that the outcomes frameworks have been published alongside each other. The increased alignment between the three will support the health and social care system to tackle the challenges it faces in a holistic way, and provide a focus for quality improvement across the system.

1.13 For example, Public health and NHS Outcomes Frameworks share many indicators on premature mortality. Reducing premature mortality is a priority area for the Secretary of State and the focus in the outcomes frameworks will be just one element of a wider programme on mortality in future. Shared indicators in the two outcomes frameworks will mean that in addition to continuing their traditional roles, with public health covering prevention and the NHS, treatment, they will each work harder to support a more holistic

[5] The latest list of NICE quality standards is available at http/www.nice.org.uk/guidance/qualitystandards/QualityStandardsLibrary.jsp

[6] The Outcomes Framework for public health and adult social care are available respectively at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358 and http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133335.pdf

approach. For example, the outcomes frameworks recognise the role of public health in improving early cancer diagnosis and the role of NHS practitioners in providing advice to patients and the public on how to maintain and improve health.

1.14 To accompany the three outcomes frameworks, the Department will publish a document setting out in more detail how the three frameworks work together and how they are aligned.

The mandate to the NHS Commissioning Board

1.15 From April 2013, the NHS Outcomes Framework will form part of the way in which the Secretary of State will hold the new NHS Commissioning Board to account for the commissioning system in the English NHS. The mandate to the NHS Commissioning Board represents the first time that the Government has been legally required to set out the objectives for the NHS, and provides an important degree of transparency.

1.16 Improving health outcomes forms a core part of the mandate, which asks the Board to make continuous progress against all the five domains and the outcome indicators in the NHS Outcomes Framework. As the mandate describes, the NHS Commissioning Board must report on its progress each year, and the Government will publish an annual assessment of the Board's performance.

Using the NHS Outcomes Framework

1.17 The first NHS Outcomes Framework in 2010 explained that the Government intended to set 'levels of ambition' against the framework. The Government outlined proposals for how these could be set in a public consultation on the draft mandate to the NHS Commissioning Board[7], published in July 2012.

1.18 In light of the consultation, the Department of Health has decided not to set levels of ambition. We have explained that this is because although the principle of focusing on outcomes received strong support, there was criticism from some that the proposals for setting levels of ambition were too reliant upon precise technical assumptions for which the evidence base is not robust. Additionally, some were concerned they would be seen as local 'targets' and consequently risk distorting local priorities. Instead, the mandate requires the NHS Commissioning Board to make progress on all areas of the NHS Outcomes Framework.

1.19 In advance of the NHS Outcomes Framework being used from April 2013, data for the majority of indicators have started to be made available.

[7] Available at: http://www.dh.gov.uk/health/files/2012/07/A-consultation-on-the-draft-mandate-to-the-NHS-Commissioning-Board.pdf

1.20 This information is published regularly on the Information Centre for Health and Social Care 'NHS Outcomes Framework indicator portal'[8]. The Department of Health is working with the Information Centre for Health and Social Care to ensure that data are presented in ways which are meaningful to those who want to use the data. Over the next few months more data for this base year – 2012/13 - will become available and will be published.

1.21 It will be important to develop a methodology that allows the Department of Health and the NHS Commissioning Board to measure and interpret progress in each Domain and indicator taking into account existing trends in outcomes.

Key changes to the NHS Outcomes Framework

1.22 This section describes the key changes to the indicator set that have taken place over the last year.

1.23 We have purposely kept changes to a minimum to ensure continuity of the framework year-on-year. This is particularly important because the framework supports accountability between the Department of Health and the NHS Commissioning Board. Some of the changes are updates to areas where we previously signalled we would like to be able to measure an outcome, and we have made progress in being able to define what the indicator should be. Indicators in development are subject to the collection of satisfactory data and being able to establish a baseline.

1.24 Earlier this year, the Department established the Outcomes Framework Technical Advisory Group (OFTAG) to provide independent expert advice on the development of the NHS Outcomes Framework. Further information about the OFTAG is available on the DH website.

1.25 The changes to indicators are set out below under each of the domain headings:

[8] Available at: http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/nhs-outcomes-framework-indicators

Domain 1	Preventing people from dying prematurely

Better outcome measures for children

1.26 The **Children and Young People's Forum** was asked by the previous Secretary of State to help develop a new strategy for improving outcomes for children and young people. The Forum's report[9] published in July 2012 recommended a number of new outcome measures and the strengthening of existing indicators. As part of the Department's planned response to the Forum, we are exploring how to implement some of the recommendations, recognising that this would be a long-term programme of work.

1.27 In the meantime, we have identified two specific indicators for children and young people, which will help address some of Forum's concerns:

1.28 The overarching indicator **1a 'Potential Years of Life Lost (PYLL) from causes amenable to healthcare'** has been strengthened to include a new measure **1.a.ii 'Potential Years of Life Lost (PYLL) from causes amenable to healthcare for children and young people'**.

1.29 The development of this indicator will enable mortality that is amenable to healthcare to be captured in children and young people under 20 years. The ONS definition of 'amenable' used in the existing indicator, includes conditions of at least 100 cases, so some very rare conditions that children and young people suffer from are not covered.

Cancer survival

1.30 Another change is the development of **new indicators for the cancer survival indicators**: **1.4.i One- and 1.4.ii - and -five year survival for all cancers 1.4.iii One-and – 1.4iv five year survival for breast, lung and bowel together.**

1.31 The inclusion of these indicators is in response to concerns that the existing survival measures do not capture rarer forms of cancer. The Department of Health's Cancer Outcomes Strategy sets an aim of saving an additional 5,000 lives per year by 2014/15 which is predicated on survival rates improving for all cancers. Additionally, the current survival measures cannot be meaningfully used at clinical commissioning group level. Therefore, the Department has asked the London School of Hygiene and Tropical Medicine (LSHTM) to develop these composite indicators at national and CCG levels. To ensure that progress can be assessed, work is also being undertaken by the LSHTM to develop a baseline.

1.32 The Department will continue to publish national site specific data (e.g. data on breast cancer) which will enable progress to be tracked for specific cancers.

[9] Available at: http://www.dh.gov.uk/health/files/2012/07/CYP-report.pdf

1.33 Cancer causes more death of children aged 1-14 than any other cause, and is responsible for 21% of all deaths in this age group, compared to 18% of deaths caused by accidents and external causes. A new indicator is being developed to measure cancer survival for children. Indicator **1.6iii Five-year survival from all cancers in children** will relate to children under 15 years. The existing cancer survival indicator does not cover children, and as cancer represents a significant proportion of childhood deaths, it is clearly important to extend coverage to this group

People with learning disabilities

1.34 In the 2011/12 framework we added in a 'placeholder' indicator (1.7) for measuring **reducing premature mortality in people with learning disabilities**. This has been identified as 'Excess under 60 mortality rate in adults with learning disabilities'.

Domain 2 Enhancing quality of life for people with long-term conditions

Dementia

1.35 The placeholder indicator **2.6 'Enhancing the quality of life for people with dementia'** has been updated and extended. As set out in the mandate, the Government's goal is to be among the best in Europe in ensuring people with dementia receive a timely diagnosis and that they receive the best available treatment and care, including support for carers.

1.36 Since the publication of last year's framework, the Prime Minister announced a 'dementia challenge' focused on boosting diagnosis rates, improving research and creating dementia friendly communities.

1.37 In support of the PM Challenge on Dementia[10], for 2013/14, the framework includes the two-part indicator, which measures diagnosis rate for people with dementia, there being evidence that receiving early diagnosis is an important outcome for people living with dementia, enabling them to better cope with their condition.

1.38 As diagnosis rate is not a direct measure of the outcome sought, a second complementary measure is being developed which will measure the effectiveness post-diagnosis care in sustaining independence and improving quality of life. This indicator will be shared with the Adult Social Care Outcomes Framework.

[10] Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133176.pdf

Domain 3 Helping people to recover from episodes of ill health or following injury

Psychological therapies

1.39 A significant change to this year's NHS Outcomes Framework is a stronger emphasis on mental health. We have added a measure relating to psychological therapies. This ensures that the framework takes into account recovery from common mental health problems (depression and anxiety) as well the treatment of more severe mental illness.

1.40 This new indicator will measure the response to depression and anxiety disorders, through the delivery of Improving Access to Psychological Therapies programme. This seeks to reflect the Government's aim of 'parity of esteem' for mental and physical health.

1.41 The indicator **3.1 Patient Reported Outcome Measures (PROMs) for elective procedures i Hip replacement ii Knee replacement iii Groin Hernia iv varicose veins**[11] has been renamed and extended to include a new indicator. The indicator is now titled **'Total health gain as assessed by patients'** and now includes 'psychological therapies' under the list of planned treatments. The change to the title makes explicit that the purpose of this indicator is to measure the amount of good done by elective procedures, with sensitivity both to the average effectiveness of interventions and to the number of people who have access to them.

Trauma

1.42 As part of the development of the placeholder indicator **3.3 'improving recovery from injuries and trauma'** the indicator has now been defined as **' Proportion of people who recover from major trauma'** Further work is required to develop the indicator more fully, to capture the risk- adjusted extent of recovery. In the meantime, recovery is represented by risk-adjusted survival.

Domain 4 Ensuring that people have a positive experience of care

Friends and Family test

1.43 **A new placeholder indicator 4c has been included, which will be based on the Friends and Family test.** The inclusion of this indicator will enable more 'real-time' feedback to be reflected in the framework. The Friends and Family test will ask patients whether they would recommend the hospital where they received their treatment and care, to a family member or friend.

[11] These elective procedures are those for which PROMs are currently collected.

1.44 It will be rolled out nationally starting with adult acute inpatient and A&E services in April 2013. The precise details of this indicator will need to be developed as national roll out takes place.

Integrated experience of care

1.45 A new placeholder indicator **4.9 'improving people's experience of integrated care' has also been included.** The NHS Future Forum responding to views of patients, service users and care organisations reported that too often patients experience gaps in service provision, failures in communication, and poor transitions between services. It recommended that the Department of Health urgently develop measures of experience of integrated care. We committed to developing this measure in the White Paper 'Caring for Our Future'[12]

1.46 Work aimed at advancing a methodology for capturing patient experience of integrated care is currently underway and its findings will inform the development of the outcome measures (s). This indicator is shared with the Adult Social Care Outcomes Framework and we intend to include a shared or complementary indicator, based upon this work, within the Public Health Outcomes Framework when it is refreshed in 2016.

Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm

Hospital deaths

1.47 The overarching indicators in domain 5 seek to measure the broader outcomes resulting from the development of a patient safety culture across the NHS. In response to emerging evidence[13], we have decided to strengthen the existing overarching indicators to include a new placeholder indicator to measure **5c 'Hospital deaths attributable to problems in care'**. This indicator is being developed to provide a robust baseline and methodology for assessing national mortality attributable to problems in care. This will ensure that level of burden of harm from problems in care is fully reflected across the domain.

[12] Available at: http://www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

[13] 'Preventable death due to problems in care in English acute hospitals: A retrospective case record review study' published in the BMJ in July 2012 (http://qualitysafety.bmj.com/content/early/2012/07/06/bmjqs-2012-001159.full

Next Steps

1.48 Over the next twelve months, work will continue to refine the framework. The Department of Health is keen that the framework retains continuity, to facilitate measurement of indicators over time. In the first NHS Outcomes Framework published in 2010 we indicated that there would be a review of the framework within 5 years. With this in mind, specific areas of work in the short term will include:

- finalising indicator definitions and publishing data on the Health and Social Care Information Centre's NHS Outcomes Framework indicator portal;
- developing the 'placeholder' indicators
- continuing to engage with the Outcomes Framework Technical Advisory Group on the development of the NHS Outcomes Framework, including developing a methodology for measuring progress and considering priority areas for research work; and
- further aligning measures across the outcomes frameworks for Adult Social Care and Public Health; and

1.49 Work will continue with experts and interested parties to improve this framework. Comments and questions are welcome and should be sent to: nhsoutcomesframework@dh.gsi.gov.uk

Annex A

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
i Adults ii *Children and young people*
1b Life expectancy at 75
i Males ii Females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease* (PHOF 4.4)
1.2 Under 75 mortality rate from respiratory disease* (PHOF 4.7)
1.3 Under 75 mortality rate from liver disease* (PHOF 4.6)
1.4 Under 75 mortality rate from cancer* (PHOF 4.5)
i *One- and* ii *Five-year survival from all cancers*
iii *One- and* iv *Five-year survival from breast, lung and colorectal cancer*

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)

Reducing deaths in babies and young children
1.6 i Infant mortality* (PHOF 4.1)
ii Neonatal mortality and stillbirths
iii *Five year survival from all cancers in children*

Reducing premature death in people with a learning disability
1.7 *Excess under 60 mortality rate in adults with a learning disability*

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions** * (ASCOF 1E PHOF 1.8)

Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers** (ASCOF 1D)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness **** (ASCOF 1F & PHOF 1.8)

Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia* (PHOF 4.16)
ii *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life****** (ASCOF 2F)

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)

Improvement areas

Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins
v *Psychological therapies*

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 Proportion of people who recover from major trauma

Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service*** (ASCOF 2B)
ii Proportion offered rehabilitation following discharge from acute or community hospital

NHS Outcomes Framework 2013/14

at a glance

Alignment across the Health and Social Care System

* Indicator shared with Public Health Outcomes Framework (PHOF)
** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)
*** Indicator shared with Adult Social Care Outcomes Framework
**** Indicator complementary with Adult Social Care Outcomes Framework and Public Health Outcomes Framework

Indicators in italics are placeholders, pending development or identification

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
i GP services
ii GP Out of Hours services
iii NHS Dental Services
4b Patient experience of hospital care
4c *Friends and family test*

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator is under development*

Improving people's experience of integrated care
4.9 *An indicator is under development* *** (ASCOF 3E)

5 Treating and caring for people in a safe environment and protect them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c *Hospital deaths attributable to problems in care*

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI)
i MRSA
ii C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

Annex B – Breakdown of indicators: international comparisons, local disaggregation, inequalities and equalities characteristics.

1.50 The Department of Health has made tackling health inequalities a priority and is under a legal obligation to promote equality across the equality strands protected in the Equality Act 2010. The Health and Social Care Act 2012 has placed legal duties on the Secretary of State for Health, the NHS Commissioning Board and Clinical Commissioning Groups to have regard to the need to reduce health inequalities.

1.51 The disaggregation table in the equalities analysis for the updated NHS Outcomes Framework 2013/14 has evolved from the previous table that was published alongside previous 2011/12 Framework.

1.52 Disaggregation options now reflect the change in the commissioning structure: the PCT/LA (Primary Care Trust/Local Authority) breakdown has been split into two: CCG (Commissioning Care Group) and LA (Local Authority). However, it should be noted that fewer indicators are amenable to robust disaggregation by CCG for reason of small numbers.

1.53 We have in this document also adopted a stricter criterion for using a Y – as more data have now been published, we have reserved this designation for data that have already been published in a disaggregated form. “P” therefore now includes data series that will be disaggregated when published. It is intended that all the “P” series will be disaggregated in coming months.

1.54 Other changes reflect further investigation of the data sources that are now proposed for use, and the level of data disaggregation that can be conducted robustly. This applies particularly in Domains 3 and 5.

1.55 In a number of cases, we have determined that a disaggregation would be inappropriate:

- For all indicators in Domain 1, provider breakdown is now marked Not Applicable (N/A) rather than To Be Determined (TBD), on the grounds that provider catchment populations are not defined. Simplistic disaggregation would create perverse incentives to avoid treatment of more severe cases.

- In Domain 4, gender breakdowns are avoided on the understanding that men and women systematically rate their experience of care differently (non-comparably). Hence, the indicators are standardised for gender.

Key

Y	Available
N	Unavailable
P	Not currently available but possible to construct
TBD	Not known / further work is required to determine if this is possible. In some instances, this depends on further development work with the indicator to determine which data source will be used. This may ultimately determine whether the disaggregated data are available.
N/A	Not applicable to this indicator
*	Starred items (i.e. Y* or P*) indicate that the breakdown should be treated with particular caution. In the case of sub-national breakdowns this is because it will not be appropriate to make comparisons between areas without risk adjustment. In other columns this is because there is concern about the reliability of some of the data or the statistical validity of this breakdown.

Indicator details

		Sub-national breakdown				*Equality and Inequality Strands (National Only)*							
	International comparisons	Regional	CCG level	Local Authority	Provider	Deprivation (via postcode or area)	Socio-economic group (NSSEC)	Age	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation
1. Preventing people from dying prematurely													
1a Potential Years of Life Lost (PYLL) from causes considered amenable to health care i adults ii *children and young people*	P	P*	P*	P*	N/A	P	P*	P	N	N	P	N	N
1b Life expectancy at 75	Y	Y*	N	Y*	N/A	Y	P*	N/A	N	N	Y	N	N
1.1 Under 75 mortality rate from cardiovascular disease	Y	Y*	Y*	Y*	N/A	P	P*	Y	N	N	Y	N	N
1.2 Under 75 mortality rate from respiratory disease	Y*	Y*	Y*	Y*	N/A	P	P*	Y	N	N	Y	N	N
1.3 Under 75 mortality rate from liver disease	Y	Y*	N	Y*	N/A	P	P*	Y	N	N	Y	N	N
1.4. Under 75 mortality from cancer	Y	Y*	Y*	Y*	N/A	P	P*	Y	P	N	Y	N	N
1.4.i *One-year survival for all cancers*	Y*	P	P	P	N/A	P	P*	Y*	P*	N	P	N	N
1.4.ii *Five-year survival for all cancers*	Y*	P	P	P	N/A	P	P*	P	P*	N	P	N	N
1.4.iii *One-year survival for breast, lung and colorectal cancer*	N	P	P	P	N/A	P	P*	P	P*	N	P	N	N
1.4.iv *Five-year survival for breast,, lung and colorectal cancer*	N	P	P	P	N/A	P	P*	P	P*	N	P	N	N
1.5 Under 75 mortality rate in people with serious mental illness	N	P*	P*	Y*	N/A	P	TBD	Y	P*	N	Y	N	N
1.6.i Infant mortality	Y*	Y*	N	Y*	N/A	P	Y	Y*	N	N	Y	N	N/A

	International comparisons	*Sub-national breakdown*				*Equality and Inequality Strands (National Only)*							
		Regional	CCG level	Local Authority	Provider	Deprivation (via postcode or area)	Socio-economic group (NSSEC)	Age	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation
1.6.ii Neonatal mortality and stillbirths	P*	Y*	N	Y*	N/A	P	Y	P*	N	N	Y	N	N/A
1.6.iii *Five year survival for all cancers in children*	Y*	N	N	N	N/A	P*	P*	P*	P*	N	Y	N	N
1.7 *Reduced premature mortality in people with learning disabilities*	Possible disaggregations to be assessed once the indicator is developed												
2. Improving quality of life for people with long-term conditions													
2 Health related quality of life for people with long-term conditions	N	P*	P*	P*	P*	P	N	P	P*	TBD	TBD	P	TBD
2.1 Proportion of people feeling supported to manage their condition	N	P*	P*	P*	P*	P	N	P	P*	TBD	TBD	P	TBD
2.2 Employment of people with long-term conditions.	Y*	Y*	N	N	N	P*	P*	Y	Y	Y	Y	TBD	N
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Y*	Y*	Y*	Y*	Y*	Y	TBD	Y	Y*	N	Y	N	N
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Y*	Y*	Y*	Y*	Y*	Y	TBD	Y	Y*	N	Y	N	N
2.4 Health-related quality of life for carers	N	P*	P*	P*	P*	P	N	P	P*	TBD	TBD	P	TBD
2.5 Employment of people with mental illness	Y*	Y*	N	N	N	P*	P*	Y	Y	Y	Y	TBD	N
2.6i Estimating the diagnosis rate of people with dementia	Y*	P*	N	N	N	N	N	P	N	N	N	N	N
2.6ii ***An indicator on the effectiveness of post-diagnosis care for people with dementia in sustaining independence and improving the quality of life***	Possible disaggregations to be assessed once the indicator is developed												
3. Helping people to recover from episodes of ill health or following injury													
3a Emergency admissions for acute conditions that should not usually require hospital admission	N	Y	Y	Y	P	Y	N	Y	Y*	N	Y	N	N
3b Emergency readmissions within 30 days of discharge from hospital	N	Y	Y	P	P	Y	N	P	P	N	Y	N	N
3.1 Number of elective procedures weighted by effectiveness i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins	N	Y	Y	N	Y	Y	N	Y	Y*	N	Y	Y	N

	International comparisons	*Sub-national breakdown*				*Equality and Inequality Strands (National Only)*							
		Regional	CCG level	Local Authority	Provider	Deprivation (via postcode or area)	Socio-economic group (NSSEC)	Age	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation
3.1v *Number of elective procedures weighted by effectiveness - psychological therapies*	Possible disaggregations to be assessed once the indicator is developed												
3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)	N	Y	Y	Y	P	Y	N	Y	Y*	N	Y	N	N
3.3 *An indicator on recovery from injuries and trauma*	Possible disaggregations to be assessed once the indicator is developed												
3.4 ***An indicator on the** proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months*	Possible disaggregations to be assessed once the indicator is developed												
3.5.i The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 days	N	N/A	N	N	TBD	N	N	P	N	N	Y	N	N
3.5.ii The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 120 days	N	N/A	N	N	TBD	N	N	P	N	N	Y	N	N
3.6i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation/reablement services	N	Y	N	Y	N/A	N	N	Y	N	N	Y	N	N
3.6ii Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital	N	Y	N	Y	N/A	N	N	Y	N	N	Y	N	N
4. Ensuring that people have a positive experience of care													
4a Patient experience of primary care i GP services ii Out of hours GP services iii NHS dental services	N	Y*	N/A	Y*	Y*	TBD	N	Y	Y	Y	N/A	N	Y
4b Patient experience of hospital care	N	Y	Y	N	Y*	N	N	Y	Y*	TBD	N/A	N	TBD
4c *An indicator on the Friends and Family test*	Possible disaggregations to be assessed once the indicator is developed												
4.1 Patient experience of outpatient services	N	Y	Y	N	Y*	N	N	Y	Y*	TBD	N/A	N	TBD
4.2 Responsiveness to in-patients' personal needs	N	Y	Y	N	Y*	N	N	Y	Y*	TBD	N/A	N	TBD

	International comparisons	*Sub-national breakdown*				*Equality and Inequality Strands (National Only)*							
		Regional	CCG level	Local Authority	Provider	Deprivation (via postcode or area)	Socio-economic group (NSSEC)	Age	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation
4.3 Patient experience of A&E services	N	Y	Y	N	Y*	N	N	P*	P*	TBD	N/A	N	TBD
4.4i Access to GP Services	N	Y*	N/A	Y*	Y*	TBD	N	Y	Y	Y	Y	N	Y
4.4ii Access to dental services	N	Y*	N/A	Y*	N	TBD	N	Y	Y	Y	Y	N	Y
4.5 Women's experience of maternity services	N	P*	Y	N	P*	P*	N	P*	P*	TBD	N/A	N	TBD
4.6 Survey of bereaved carers	N	TBD	TBD	TBD	TBD	P*	TBD	Y	TBD	TBD	Y	TBD	TBD
4.7 Patient experience of community mental health services	N	Y	Y	N	Y*	N	N	Y	Y*	TBD	N/A	N	TBD
4.8 *An indicator on children and young people's experience of healthcare*	Possible disaggregations to be assessed once the indicator is developed												
4.9 *An indicator on people's experience of integrated care*	Possible disaggregations to be assessed once the indicator is developed												
5. Treating and caring for people in a safe environment and protecting them from avoidable harm													
5a Patient safety incident reported	P*	P*	Y*	N	Y*	TBD	N	P	N	N	P	N	N
5b Safety incidents involving severe harm or death	P*	P*	N	N	Y*	TBD	N	P	N	N	P	N	N
5c *An indicator on hospital deaths attributable to problems in care*	Possible disaggregations to be assessed once the indicator is developed												
5.1 Incidence of hospital-related venous thromboembolism (VTE)	P*	P*	Y*	N	P*	TBD	N	Y	N	N	Y	N	N
5.2.i Incidence of healthcare associated MRSA infection	P*	Y*	Y*	N	Y*	TBD	N	P	N	N	P	N	N
5.2.ii Incidence of healthcare associated *C. difficile* infection	P*	Y*	Y*	N	Y*	TBD	N	P	N	N	P	N	N
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers	P*	P*	N	N	P*	TBD	N	N	N	N	N	N	N
5.4 Incidence of medication errors causing serious harm	P*	P*	N	N	Y*	TBD	N	P	N	N	P	N	N
5.5 Admission of full-term babies to neonatal care	P*	P*	N	N	P*	TBD	TBD	N	N	N	N	TBD	N
5.6 Incidence of harm to children due to 'failure to monitor'	N	N	N	N	N	N	N	N/A	N	N	N	N	N