Department of Health

Improving outcomes and supporting transparency

Updates to PHOF: Summary of changes to technical specifications of public health indicators, December 2015

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Interim updates to Part 2: Summary technical specifications of public health indicators – December 2015

This document includes a number of interim updates and corrections to the Part 2 document, "Part 2: Summary technical specifications of public health indicators – updated December 2014". This document should be read in conjunction with the previously published complete Part 2 document and more recent June 2015 interim update. This will be the final interim update before we publish a complete version of all the technical specifications in early 2016, following the consultation of the Public Health Outcomes Framework. This complete version will supersede the previous Part 2 document published in December 2014.

The table below indicates the indicators for which there are updates and summarises the nature and rationale for changes. On the proceeding pages, there are full technical specifications for the affected indicators, which supersede those published in December 2014.

Summary and explanation of changes presented in this interim update

Indicator	Detail and explanation of changes
2.09 Smoking prevalence at age 15	The data source for 2.09i has been updated. Sub-indicators 2.09ii and 2.09iii have been relabelled 2.09iv and 2.09v respectively, to allow the addition of two new sub-indicators (2.09ii and 2.09iii).
2.12 Excess weight in adults	The indicator has changed from a single year to 3 year pooled data reporting basis.
2.20 Cancer screening coverage	2.20 iii is a new sub-indicator for access to bowel cancer screening.
2.21 Access to non-cancer screening programmes	Sub-indicators 2.21ii- antenatal screening for hepatitis B coverage and 2.21ii- antenatal screening for syphilis coverage are now published.

Updated technical specifications

Domain 2: Health Improvement

2.09 Smoking prevalence at age 15	
Rationale	Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults and children and includes a national ambition to reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015. This indicator will ensure that as well as focusing on reducing the prevalence of smoking among adults (primarily through quitting) local authorities will also address the issue of reducing the uptake of smoking among children.
Baseline period	2010
Indicator definition	**2.09i Smoking prevalence at age 15 – current smokers (WAY survey)** Numerator: The number of 15 year olds who responded to Q17 in the What About YOUth? (WAY) survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week". Denominator: The total number of valid responses to Q17 in the WAY survey **2.09ii Smoking prevalence at age 15 – regular smokers (WAY survey)** Numerator: The number of 15 year olds who responded to Q17 in the What About YOUth? survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week". Denominator: The total number of valid responses to Q17 in the WAY survey

	2.09iii Smoking prevalence at age 15 – occasional smokers (WAY survey) Numerator: The number of 15 year olds who responded to Q17 in the What About YOUth? survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answer "I sometimes smoke cigarettes now but I don't smoke as many as one a week". Denominator: The total number of valid responses to Q17 in the WAY survey **2.09iv Smoking prevalence at age 15 – regular smokers (SDD survey)** Numerator: Number of 15 year olds classified as regular smokers (at least one cigarette per week) Denominator: Number of 15 year olds surveyed in the Smoking, Drinking and Drug Use Among Young People in England survey **2.09v Smoking prevalence at age 15 – occasional smokers (SDD survey)** Numerator: Number of 15 year olds classified as occasional smokers (defined as usually smoking less than one cigarette per week) Denominator: Number of 15 year olds surveyed in the Smoking, Drinking and Drug Use Among Young People in England survey
Data source	2.09i, 2.09ii, 2.09iii What about YOUth? survey. A newly-established survey (2014) designed to provide robust estimates at local authority level on a range of health behaviours among 15 year olds. 2.9iv, 2.9v Smoking, Drinking and Drug Use Among Young People in England survey. Information on smoking for 11-15 year olds is collected in the Survey of Smoking, Drinking and Drug Use Among Young People, the sample size for 15 year olds is sufficient to obtain robust estimates only at national level
Publication of source data	Smoking prevalence for 15 year olds is currently reported by the Health and Social Care Information Centre; At national and regional level, based on the Survey of Smoking, Drinking and Drug Use Among Young People: http://www.hscic.gov.uk/catalogue/PUB14579 At local authority level, based on the What About YOUth? Survey:

	http://www.hscic.gov.uk/catalogue/PUB17984

2.12 Excess weight in adults	
Rationale	Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.
Baseline period	National level: 2010 Local authority level: mid Jan 2012 to mid Jan 2015
Indicator definition	**2.12 Proportion of adults classified as overweight or obese** Numerator: Number of adults who are classified as overweight or obese Denominator: Number of adults with valid height and weight recorded Adults are defined as overweight (including obese) if their BMI is greater than or equal to 25kg/m²
Data source	National level: Health Survey for England (measured height and weight) Local authority level: Sport England's Active People Survey (APS): self-reported height and weight adjusted to account for reporting bias to obtain an estimate of the true height and weight of each individual. Note that this indicator now uses three years of APS data combined, rather than a single year as previously.

Publication of source data	The Health Survey for England is published annually. http://www.hscic.gov.uk/Article/1685 Active People Survey data is published for national and local levels at six monthly intervals. However the data on self-reported height and weight is not currently published.

2.20 Cancer screening coverage	
Rationale	Cancer is a major cause of death, accounting for around a quarter of deaths in England. More than 1 in 3 people will develop cancer at some point in their life. In January 2011 the Government published Improving Outcomes – a Strategy for Cancer. This document sets out how the Government plans to improve cancer outcomes, including improving survival rates through tackling late diagnosis of cancer. Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Inclusion of this indicator will provide an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages. The breast cancer screening programme plays an important part in reducing late diagnosis, and the strategy extends its coverage to the 47-73 age range in future. Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. Inclusion of this indicator will provide an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages. The cervical cancer screening programme plays an important part in preventing cervical cancer and reducing late diagnosis, and the strategy reaffirms this. About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no

	symptoms), when treatment is more likely to be effective. Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.
Baseline period	2010 (breast and cervical) 2015 (bowel)
Indicator definition	**2.20i The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March** Numerator: Number of women aged 53–70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years Denominator: Number of women aged 53–70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time **2.20ii The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March** Numerator: Number of women aged 25–49 resident in the area (determined by postcode of residence) with an adequate screening test in the previous 3½ years plus the number of women aged 50-64 resident in the area with an adequate screening test in the previous 5½ years Denominator: Number of women aged 25–64 resident in the area (determined by postcode of residence) who are eligible for cervical screening at a given point in time **2.20iii The percentage of people in the resident population eligible for bowel screening who were screened adequately within the previous 2½ years on 31 March** Numerator: Number of people aged 60–74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years Denominator: Number of people aged 60–74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time

Data source	Indicator calculated by Public Health England using data from Health and Social Care Information Centre 'Open Exeter' system
Publication of source data	Detailed reporting on screening programme coverage is available monthly via the NHS Connecting for Health 'Open Exeter' system (accessible by registered users only): https://nww.openexeter.nhs.uk/nhsia/index.jsp Annual data on screening coverage at national and PCT level is published by the Health and Social Care Information Centre http://www.hscic.gov.uk

2.21 Access to non-cancer screening programmes	
Rationale	This indicator will provide an opportunity to track and monitor coverage levels of a variety of screening programmes that have a significant impact on the health and well-being of the population. For example: • diabetic retinopathy is the leading cause of preventable sight loss in working age people in the UK and early detection through screening halves the risk of blindness; • infectious disease screening in pregnancy has almost eliminated HIV positive babies; and • screening for metabolic disease in the newborn period prevents major disability and death. Coverage is needed to provide assurance that screening is offered to everyone who is eligible and each individual accepting screening has a conclusive screening result. The benefits of screening will increase as the coverage levels increase
Baseline period	2.21i – 2.21v: 2013/14 2.21vii: 2010/11 2.21viii: 2013/14

2.21 Access to non-cancer screening programmes	
Indicator definition	Sub-indicators 2.21i and 2.21ii cover screening coverage for infectious diseases in pregnancy (which includes screening for HIV, hepatitis B and syphilis). Sub-indicator 2.21iii covers antenatal sickle cell and thalassaemia screening coverage. Sub-indicator 2.21iv covers newborn bloodspot screening coverage. Sub-indicator 2.21v covers newborn hearing screening coverage. Sub-indicator 2.21vii covers access to diabetic retinopathy screening. Sub-indicator 2.21viii covers screening for abdominal aortic aneurysms. **2.21i HIV coverage: The percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result** Numerator: Total number of eligible women for whom a conclusive screening result was available for HIV at the day of report, including women who were known to be HIV positive at booking and were therefore not retested and women who transfer in for care during the reporting period with documented evidence of a screening test result during the pregnancy (and therefore not retested). Denominator: Total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding: women who miscarry, opt for termination or transfer out between booking and testing (i.e. prior to testing). **2.21ii Syphilis and hepatitis B antenatal screening coverage: The percentage of women booked for antenatal care, as reported by maternity services, for whom a screening result for syphilis or Hepatitis B is available at the day of report.** Numerator: Number of 'booked women' for whom a screening result for Hepatitis B or syphilis was available at the day of report. Denominator: Number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding: women who miscarry, opt for termination or transfer out between booking and testing (i.e. prior to testing). Percent coverage is calculated as the number of women tested divided by the number of women booked, multiplied by 100.

2.21 Access to non-cancer screening programmes	
	Surveillance data is used for this indicator as matched cohort data is not available for 2013/14. Booking is the point at which the woman first sees a midwife for an antenatal booking history, when details of the current pregnancy are documented in a maternity record (which may be an information system or a paper-based record). **2.21iii The percentage of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report** Numerator: Total number of eligible women for whom a conclusive screening result was available for sickle cell and thalassaemia at the day of report, including women for whom a previous result is known (and were therefore not retested) and women who transfer in for care during the reporting period with documented evidence of a screening test result during the pregnancy (and were therefore not retested). In areas with low prevalence of sickle cell disease, this may include women at low risk of sickle cell disease for whom haemoglobinopathy analysis (e.g. HPLC) has not been indicated by Family Origin Questionnaire (FOQ). Denominator: Total number of pregnant women booked for antenatal care during the reporting period, or presenting in labour without previously having booked for antenatal care, excluding: women who miscarry, opt for termination or transfer out between booking and testing, or known carriers who had direct access to pre-natal diagnosis. **2.21iv The percentage of babies registered within the local authority area both at birth and at the time of report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health Information System within an effective timeframe.** For this indicator phenylketonuria (PKU) is used as a proxy for all tests. Numerator: Total number of eligible babies for whom a conclusive screening result for PKU was available within an effective timeframe. Denominator: Total number of babies born within the reporting period, excluding any baby who died before the age of 8 days. For the purposes of this indicator, the cohort includes only

2.21 Access to non-cancer screening programmes	
	babies for whom the CCG were responsible at birth and are still responsible for on the last day of the reporting period. The effective timeframe is that a conclusive result for phenylketonuria (PKU) is recorded within the appropriate Child Health Information System by 17 days of age. A conclusive result for PKU is one of the following newborn screening status codes: 04 (not suspected) 07, (not suspected - other disorders follow up) and 08 (suspected). For other definitions specific to the newborn blood spot screening programme please see http://newbornbloodspot.screening.nhs.uk. **2.21v The percentage of babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes – well babies, all programmes – NICU babies) or 5 weeks corrected age (community programmes – well babies)** Numerator: Total number of eligible babies for whom a decision about referral or discharge from the screening programme has been made within an effective timeframe This includes: • babies for whom a conclusive screening result was available by 4 weeks corrected age (for hospital screening programmes - well babies and all programmes - NICU babies); or • babies for whom a conclusive screening result was available by 5 weeks corrected age (for community screening programmes – well babies); or • babies referred to an audiology department because a newborn hearing screening encounter was inconclusive by the above timescales. The 'screening outcomes' relating to a complete screen within the national software solution for Hearing Screening are: • Clear response – no follow up required • Clear response – targeted follow up required • No clear response – bilateral referral • No clear response – unilateral referral • Incomplete – baby/equipment reason • Incomplete - equipment malfunction • Incomplete – equipment not available • Incomplete – screening contraindicated • Incomplete – baby unsettled

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	Denominator: Total number of babies born within the reporting period whose mother was registered with a GP practice within the CCG, or (if not registered with any practice) resident within CCG area, excluding any baby who died before an offer of screening could be made. For other definitions specific to this programme please see http://www.screening.nhs.uk. **2.21vi The percentage of babies eligible for the newborn physical examination who were tested within 72 hours of birth** Numerator: Total number of eligible babies for whom a decision about referral (including a decision that no referral is necessary as a result of the newborn examination) for each of the conditions tested has been made within an effective timeframe Denominator: Total number of babies born within the reporting period whose mother was registered with a GP practice within the local authority area or (if not registered with any practice) resident within the local authority area, excluding any baby who died before an offer of screening could be made. The 'effective timeframe' for the newborn physical examination is that a conclusive screening result should be available within 72 hours of birth **2.21vii The percentage of those offered screening for diabetic eye screening who attend a digital screening event** Numerator: The number of subjects offered screening who attended a digital screening encounter during the reporting period Denominator: The number of eligible people with diabetes offered a screening encounter which was due to take place within the reporting period Where no specific screening encounter date was proposed, the date at which the invitation was sent should be used, and where a range of dates were proposed, the first date in the range should apply A digital screening result relates to screening by digital

2.21 Access to non-cancer screening programmes	
	photography, resulting in either a diabetic retinopathy grade and a diabetic maculopathy grade (meeting national retinopathy grading standards) or an unobtainable/raw ungradeable or unassessable outcome for each eye being entered in to the screening management software. **2.21viii The percentage of men eligible for abdominal aortic aneurysm screening who had an initial offer of screening** Numerator: Total number of eligible subjects offered a realisable opportunity to attend for initial screening during the reporting period, whether they actually attended or otherwise. Denominator: Total number of eligible men in their 65th year to whom the screening programme propose that a screening encounter during the reporting period should be offered. When calculated annually, this indicator must report all eligible men in their 65th year, excluding any who die or move out of the area of responsibility for the Local Programme before screening can be offered. An up to date list of indicator definitions is available at: www.screening.nhs.uk/kpi
Data source	*The data source needs further development* Further development is required for many of the sources to provide local authority level data. Source for 2.21i: Maternity Service Source for 2.21ii: Maternity Service Source for 2.21iii: Maternity Service Source for 2.21iv: Child Health Information System Source for 2.21v: National hearing screening IT system Source for 2.21vi: Maternity Service Source for 2.21vii: Local Diabetic Retinopathy Screening Programme Source for 2.21viii: Screening Management and Referral Tracking (SMaRT) database 2.21ii and 2.21vi should be available for 2014/15.
Publication of source data	Data relating to the screening programmes covered by this indicator is currently available to UK National Screening Committee non-cancer screening programmes personnel via a link from the following website:

2.21 Access to non-cancer screening programmes	
	http://www.screening.nhs.uk/kpi