Department of Health

NHS Outcomes Framework 2014/15

Updated Equalities Analysis

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1. Introduction

1.1 This year, changes to NHS Outcomes Framework have been kept to an essential minimum to provide stability for the NHS. The only changes being made to the framework are where existing indicators have been developed and satisfactory data sources have been identified.

1.2 As no new indicators are being added to the framework, this updated equalities analysis provides an overview of our approach to promoting equalities and tackling health inequalities, as well as summarising the progress made to develop the NHS Outcomes Framework. It is not a complete equalities analysis and should be read in conjunction with, the NHS Outcomes Framework Equalities Impact Assessment 2011/12[1] and the subsequent updates provided to reflect developments in the framework.[2]

1.3 Advancing equality and reducing health inequalities in access and outcomes are fundamental goals of the health and care system. The Department of Health, NHS England and clinical commissioning groups (CCGs) are all subject to the Public Sector Equality Duty, which requires public bodies to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

1.4 The protected characteristics are:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;

[1] NHSOF Equalities Impact Assessment 2011/12 can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213791/dh_122955.pdf

[2] NHSOF Equalities Analysis 2013/14 can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213056/121109-NHS-OF-2013-14-Equality-analysis.pdf

NHSOF Equalities Analysis 2012/13 can be found at :https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213714/dh_131722.pdf

- Pregnancy and maternity;
- Race;
- Religion and belief;
- Sex; and
- Sexual orientation.

1.5 The Health and Social Care Act 2012 introduced the first ever specific legal duties on health inequalities for the Secretary of State for Health, NHS England and CCGs to have regard to the need to reduce health inequalities. These include:

- A duty on the Secretary of State to have regard to the need to reduce inequalities between the people of England with respect to the benefits that may be obtained by them from the health service; and
- A duty on NHS England and each CCG to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.

1.6 The Health and Social Care Act 2012 also requires the Secretary of State to make an assessment of and report on his own performance on the health inequalities duty, and on the performance of NHS England. NHS England are required to make a similar assessment of CCGs.

- Addressing equalities and inequalities in NHS Outcomes Framework

1.7 The NHS Outcomes Framework encourages improvements in quality of care through a focus on improving health outcomes for all. Its purpose is threefold:

- To provide a national level overview of NHS performance, wherever possible in an international context;
- To provide an accountability mechanism between the Secretary of State and NHS England; and
- To act as a catalyst throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities.

1.8 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. The five domains are:

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.

1.9 These domains were derived from the three-part definition of quality, first set out by Lord Darzi as part of the NHS Next Stage Review. High quality care comprises of effectiveness, patient experience, and safety.

1.10 The Coalition Government 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, NHS England, and CCGs to act to ensure continuous improvement in the quality of NHS services.

1.11 This duty ensures that quality is both safeguarded and improved, whilst giving clinicians and providers the freedom to achieve improvements for all that make clinical sense locally.

1.12 In promoting improvements of quality throughout the NHS, the framework actively promotes equality and helps tackle inequalities. It does this in three ways, namely by:

- Providing a balanced set of outcomes across the breadth of NHS treatment responsibilities, including the specific needs of different groups;
- Ensuring that success is measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation; and
- Driving improvements for disadvantaged groups both at a national level and a local level by providing, where possible, disaggregated data on the outcomes based on equality characteristics and/or geography.

1.13 More information setting out our approach is below, with a summary of the progress made in developing the framework over the year - which includes information on the progress we made to develop indicators in the framework and disaggregate data - is set out in the 'Summary changes across each domain' section.

- Providing a balanced set of indicators

1.14 Collecting data on the outcomes that matter to patients is essential to providing a comprehensive view of health outcomes throughout the NHS. It is not practicable or feasible to collect data on everything the NHS does. Too many indicators could be burdensome to the NHS and distract them from their core purpose, improving health outcomes for all.

1.15 The NHS Outcomes Framework tries to strike a balance between ensuring there is an adequate overview of NHS activity but also reflects, where technically feasible, the protected characteristics in our society. It has been improved every year since it was first launched in 2010.

1.16 Certain indicators in the NHS Outcomes Framework have been selected based on robust evidence of where there is potential to significantly improve outcomes based on analysis of the needs of groups who risk being disadvantaged. For example indicator 1.5 captures premature mortality in people with a serious mental illness and is part of Domain 1 because of the clear evidence that people with mental health conditions have worse outcomes compared to the rest of the population. The equality analysis for *No Health Without Mental Health* highlights the poorer health outcomes people with mental health conditions experience.[3]

1.17 In refreshing the framework annually, it is possible to accurately monitor inequality in health outcomes and take steps in conjunction with our partners in the wider health system to address them. A full breakdown of the progress made to develop the framework is set out in the 'Improving equalities data across the domains' section below.

[3] No Health Without Mental Health and its corresponding equalities analysis can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf

- Assessing progress: measuring inequalities

1.18 The NHS Outcomes Framework forms an essential part of the way in which the Secretary of State for Health holds NHS England to account.

1.19 The Mandate to NHS England[4] is structured around the five domains of the NHS Outcomes Framework and, as such, progress against objectives in the Mandate will be assessed using the NHS Outcomes Framework. Furthermore, there is a specific objective in the Mandate for NHS England to demonstrate progress against the five domains and all of the indicators in the NHS Outcomes Framework including, where possible, by comparing our services and outcomes with the best in the world.

1.20 It is for NHS England, working with CCGs and others, to determine how best to deliver improvements against the Mandate. Further detail on how NHS England intend to do this is set out in their annual business plan.

1.21 The Department of Health will hold NHS England to account and is continually reviewing progress against the Mandate objectives. To support openness and transparency, the intention is to publish updates measuring NHS England's progress, including against the indicators in the NHS Outcomes Framework. In assessing NHS England's performance, success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.

1.22 Over the past year, progress has been made - with the support of the Outcomes Framework Technical Advisory Group - to develop robust ways of measuring inequality in health outcomes linked to deprivation and socio-economic group. This will give a more comprehensive view of the effect of area deprivation and socio-economic status on health outcomes. They include:

- Providing breakdowns by The Index of Multiple Deprivation (IMD). The IMD gives a broad definition of deprivation on an area by area basis. This makes it possible to compare the health outcomes in the most deprived 10% of areas, with the least deprived 10% of areas;
- Using the Slope Index of Inequality (SII), in order to measure variation in health outcomes and provide a statistical representation of the gap between the 'best-off' and the 'worst-off'. The methodology for using SII to monitor variation remains in development; and

[4] The Mandate and its corresponding equalities analysis can be found at: https://www.gov.uk/government/publications/the-nhs-mandate

- Providing breakdowns by The National Statistics Socio-economic Classification (NS-SEC). The NSSEC classification measures the socio-economic status of the individual, as compared to deprivation, which is measured on an area basis. Similar to using IMD, this measure allows us to identify the impact of socio-economic status (e.g. type of employment) on health outcomes.

1.23 Using these measures ensures that progress against the Government's Mandate to NHS England is measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation. This helps drive up quality throughout the system. It also removes the risk of the NHS Outcomes Framework creating a perverse incentive for NHS England. The groups with the worst outcomes are not necessarily the groups in which the greatest gains can be made for the lowest cost. If unjustified variation was not measured, it could create an incentive for NHS England to target resources on groups of people for which it is possible to get the greatest returns in terms of improved outcomes, this could lead to some groups being disadvantaged.

- Driving improvement nationally and locally

1.24 The final purpose of the NHS Outcomes Framework is to act as a catalyst for encouraging a change in culture and behaviour. An important part of this is providing clear, comparable data to drive improvements throughout the system. This means where possible, providing indicators disaggregated to capture equalities and inequalities data.

1.25 It is not possible to breakdown every indicator in the framework by every equality characteristic. The Department of Health believes that, linked to the above, the NHS Outcomes Framework provides a balanced overview of NHS activity, therefore the approach the Department of Health has taken is to work with the Health and Social Care Information Centre (HSCIC) to explore the feasibility of disaggregating the indicators according to equality characteristics.

1.26 Although this has not been possible for all indicators, the Department of Health and HSCIC are making strong progress on improving the data to enable disaggregation in the future.

1.27 The comprehensive table setting out the extent to which it is possible to disaggregate data for each indicator in the NHS Outcomes Framework can be found in Annex A.

2. Summary changes across each Domain

2.1 The following highlights the changes made across each Domain in the framework and, where progress has been made, information on disaggregating indicator data according to equalities and inequalities characteristics.

- Domain 1

2.2 Work is still on-going with NHS England, Public Health England (PHE) and HSCIC to identify an appropriate data source for indicator 1.7, which focuses on reducing premature death in people with a learning disability. A test data extract on learning disabilities from the General Practice Extraction Service (GPES) has been commissioned from the HSCIC. This is expected to be available in early 2014 and will be used to see if it provides relevant data that could be used to underpin indicator 1.7.

2.3 Furthermore, the Department of Health continues to work with HSCIC to see if better use could be made of existing data, for example, the information recorded on GP practice learning disability registers and the Primary Care Mortality Database (PCMD).

2.4 In addition to this, the Department of Health is also exploring with NHS England, PHE and HSCIC if better use could be made of existing data sources on people with learning disabilities by linking different datasets to give as a minimum data on age, sex and cause of death. The Department of Health will provide an update on progress by March 2014.

o Progress in disaggregating data

2.5 Work is underway across Domain 1 to determine the feasibility of disaggregating by deprivation and/or socio-economic group where this breakdown is not currently available. This will allow us to accurately capture the impact of deprivation or socio-economic groupings on condition specific health outcomes.

2.6 Furthermore, three indicators that were in development in 2013/14 are now live: 1a.ii Potential Years of Life Lost (PYLL) from causes considered amenable to health care - children and young people 1.4.i-iv Survival from cancer (all indicators) and 1.6.iii Five year survival from all cancers in children.

2.7 The overarching indicator 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'. As a result one can now distinguish between PYLL outcome for adults and children and young people.

2.8 We expect that we will be able to disaggregate indicators 1.4 (i-iv) according to age and sex, when they are published for the first time in February 2014.

- Domain 2

2.9 In line with our commitment to improving the quality of life for those with dementia and in response to the Prime Minister's challenge on Dementia the Department of Health is progressing with indicator 2.6.ii in Domain 2: "**A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life**". The Department of Health has commissioned research from the London School of Hygiene and Tropical Medicine to investigate the potential for a routine Patient-Reported Outcome Measure (PROM). This study will examine whether such a measure is both methodologically robust and cost effective.

o Progress in disaggregating data

2.10 In Domain 2, disaggregation is now possible according to a number of equality and inequality strands. This allows us to capture the impact of equality and inequality strands on health outcomes for people with long-term conditions:

- 2. Health related quality of life for people with long-term conditions and 2.1 proportion of people feeling supported to manage their condition, have now been disaggregated according to age, race, religion or belief, sex and sexual orientation;
- 2.2 The employment of people with long-term conditions can now be disaggregated according to socio-economic group;
- 2.4, Health-related quality of life for carers can now be disaggregated according to age, race, religion or belief, sex and sexual orientation.
- 2.5, Employment of people with mental health illness, can now been disaggregated according to socio-economic group;

- Domain 3

2.11 The Department of Health is committed to ensuring that mental health is on a par with physical health, and to address the discrepancies in health outcomes for people who experience mental illness. Indicator 3.1.v 'Total health gain as assessed by patients for elective procedures - psychological therapies' is currently being developed. The indicator will use patient reported, condition specific recovery scales, which are collected at Improving Access to Psychological Therapies (IAPT) sessions, to estimate the total improvement in mental health status for people with common mental health conditions.

2.12 The indicator will be based on HSCIC's monthly IAPT data standard data collection, which was mandated from April 2012. Several protected characteristics of IAPT clients are collected in the dataset, including age, gender, ethnicity and sexual orientation. HSCIC also reports various data quality measures at both the national and provider level.

2.13 Contextual indicators are also being developed to support interpretation of changes in Indicator 3.1.v and to facilitate comparison of total health gain from psychological therapies across the country.

2.14 Feasible breakdowns for indicators 3.3 and 3.4 will be assessed once their definitions are developed.

o Progress in disaggregating data

2.15 Indicator 3b, Emergency readmissions within 30 days of discharge from hospital, can now be disaggregated according to age and race. Indicator 3.5.i/ii can now be disaggregated by age.

2.16 Three indicators (3.i.v Access to psychological therapies, 3.3 Survival from major trauma and 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months) remain in development.

- Domain 4

2.17 In Domain 4, Robert Francis QC public inquiry into the lessons from Mid Staffordshire NHS Foundation Trust identified that a culture of transparency and responsibility is essential for ensuring patient safety. Knowledge of patient experience can highlight poor care and lead to service improvements (NHS Confederation, 2010).[5] As such, progress has been made to develop the remaining indicators in Domain 4 to ensure the NHS Outcomes Framework provides a balanced overview of patient experience in the NHS. This includes:

o 4.c Friends and Family Test

2.18 The Friends and Family Test (FFT) was introduced into inpatient settings and A&E departments in April 2013 before being rolled out across the NHS by spring 2015. The first results were published on the 31 of July 2013. As previously announced, the intention is to develop an indicator based on the FFT, once the underlying data is sufficiently robust, aiming to be ready for the 2015/16 NHS Outcomes Framework. The key advantage of the survey is that it provides real time, ward level feedback to hospital trusts.

2.19 The first data set contained a number of variations and more data is required to produce a robust indicator. It is our intention to have the indicator ready for the NHS Outcomes Framework in 2015/16.

2.20 In line with the commitment to promoting equalities and tackling inequalities, a number of feedback mechanisms are being considered to ensure that a complete picture of the quality of care that patients experience across the NHS, particularly marginalised groups is captured.

o 4.9 Patient experience of integrated care

2.21 Successful integration of services is of paramount importance for individuals with complex and long-term needs. This is reflected in our continued alignment of the outcomes Frameworks and an increased and more systematic use of shared and complementary indicators.

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[5] The NHS Confederation, (2010). *Feeling better? Improving patient experience in hospital* http://www.nhsconfed.org/Publications/Documents/Feeling_better_improving_patient_experience_in_hospital_report.pdf

2.22 Work continues on indicator 4.9, Improving people's experience of integrated care. Since the publication of the NHS Future Forum, the Department of Health has commissioned a report from of the Picker Institute, National Voices, Nuffield Trust and the King's Fund to consider the options for developing a measure of people's experience of integrated care. Once a measure has been successfully identified, an equality assessment will be completed.

- Domain 5

2.23 As signalled in the 2013/14 Outcomes Framework, and in response to the Francis Report, a new indicator is in development which builds on existing research into measuring problems that contribute to avoidable harm. Retrospective Case Record Review has been identified as the most appropriate approach for determining the proportion of deaths that are avoidable[6]. This approach is based on expert review of healthcare records, assessing both the quality and safety of patient care. It is the intention that the first national data point will commence in 2014 and a pilot is underway.

2.24 Indicator 5.3 remains in development and a review of the data collection mechanisms for this indicator is on-going. More information can be found in the NHS Outcomes Framework Technical Appendix (p.50).

2.25 Additionally, Domain 5 specifically addresses a cross-section of patient groups through indicators of particular relevance to those groups:

- Children - Indicator 5.6, Incidence of harm to children due to 'failure to monitor';
- Women and babies cared for by maternity services - indicator 5.5 Admission of full-term babies to neonatal care;
- Older People - 5.3, Proportion of patients with category 2, 3 and 4 pressure ulcers.

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[6] Similar to approach taken by Hogan et al (2012)

3. Coverage review

3.1 In the first NHS Outcomes Framework, published in 2010, the Department of Health indicated that there would be a review of the framework within 5 years. In line with this aspiration, it is our intention to conduct a review next year. There will be two parts to this review.

3.2 Firstly, a sub-group of the Outcomes Framework Technical Advisory Group has been established to advise the Department of Health and NHS England on improving the coverage of the NHS Outcomes Framework. This review will look at the scope of the NHS Outcomes Framework and how far it provides an overview of the NHS as a whole as well as looking at whether specific groups are adequately covered.

3.3 This review will be conducted through a systematic, outcome-driven approach: selecting areas for which a desired outcome is required and identifying a suitable indicator to measure the desired outcome. This will include looking at how to improve the breadth and coverage of the NHS Outcomes Framework for:

- Different life stages;
- Health conditions;
- Vulnerable groups;
- The range of services the NHS provides; and
- Integration across services.

3.4 Secondly, the Department of Health intends to review the future direction of the NHS Outcomes Framework to consider the impact it has had on the NHS and to ensure that the framework aligns with the objectives and long-term ambitions set out in the Mandate.

Annex A: Equalities breakdowns

Table 1 provides details, for each indicator in the NHS Outcomes Framework, where breakdowns are available against the Equalities protected characteristics.

- Key

A	**Available** – Data is available on the Health and Social Care Information Centre (HSCIC) Indicator Portal (NHS OF or CCG Indicators sections) unless otherwise stated in the 'Further Information' column. Other publications may be from Department of Health, Office for National Statistics, international organisations, or research articles.
N	**Not available or not applicable** – Either the data are not collected or are not robust enough to be published e.g. due to small numbers, or data quality or breakdowns are not applicable.
D	**In development** – Not currently available but possible to construct, with publication planned by October 2014.
I	**Under investigation** – Work is underway to determine the feasibility of making these data available.
*	Starred items (i.e. A* or D*) 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 completeness or accuracy.

	International comparisons	Sub-national breakdown: Region	CCG	Local Authority	Provider	Equality and Inequality Strands (National Only): Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Other HSCIC Breakdowns: Published on HSCIC Indicator portal	Further Information
Domain 1. Preventing people from dying prematurely																		
1a.i Potential Years of Life Lost (PYLL) from causes considered amenable to health care - adults	N	D	A*	A*	N	D	I	A	N	N	A	N	N	N	N	N	Condition All breakdowns shown for males and females separately	Data sourced from ONS Mortality data by cause. Indicator 1a.i is indicator 1.1 in the CCG Outcomes Indicator Set (CCG OIS). CCG breakdowns published in the CCG OIS https://indicators.ic.nhs.uk/webview/ and other sub-national breakdowns should be interpreted with caution – a small number of deaths in an area, particularly a local authority or a CCG, may produce a volatile time series.
1a.ii Potential Years of Life Lost (PYLL) from causes considered amenable to health care - children and young people	N	I	N	I	N	I	I	I	N	N	A	N	N	N	N	N		Data sourced from ONS Mortality data by cause.
1b Life expectancy at 75, i males and ii females	A	A*	N	A*	N	A*	I	N	N	N	A	N	N	N	N	N	Unitary Authority	Data sourced from ONS Period life expectancy tables. International comparisons available from The Human Mortality Database http://www.mortality.org Regional, local authority and deprivation breakdowns should be interpreted with caution: they are expressed as three-year averages and therefore relate to a period which began more than three years before the publication date (for example figures available in 2012 relate to 2008-2010). Age breakdown does not apply as the indicator age is included in the definition of the indicator.

	International comparisons	Sub-national breakdown: Region	Sub-national breakdown: CCG	Sub-national breakdown: Local Authority	Sub-national breakdown: Provider	Equality and Inequality Strands (National Only): Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Other HSCIC Breakdowns: Published on HSCIC Indicator portal	Further Information
1.1 Under 75 mortality rate from cardiovascular disease	A	A*	A*	A*	N	D	I	A	N	N	A	N	N	N	N	N	County, SHA, PCT, Unitary Authority All breakdowns also by gender	Data sourced from ONS Mortality data by cause. Data for international comparisons available from WHO European Detailed Mortality Database http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-detailed-mortality-database-dmdb2 Indicator 1.1 is indicator 1.2 in the CCG Outcomes Indicator Set (CCG OIS). CCG breakdowns published in the CCG OIS https://indicators.ic.nhs.uk/webview/ and other sub-national breakdowns should be interpreted with caution – a small number of deaths in an area, particularly a local authority or a CCG, may produce a volatile time series.
1.2 Under 75 mortality rate from respiratory disease	A	A*	A*	A*	N	D	I	A	N	N	A	N	N	N	N	N	County, SHA, PCT, Unitary Authority All breakdowns also by gender	Data sourced from ONS Mortality data by cause. Data for international comparisons available from WHO European Detailed Mortality Database http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-detailed-mortality-database-dmdb2 Indicator 1.2 is indicator 1.6 in the CCG Outcomes Indicator Set (CCG OIS). CCG breakdowns published in the CCG OIS https://indicators.ic.nhs.uk/webview/ and other sub-national breakdowns should be interpreted with caution – a small number of deaths in an area, particularly a local authority or a CCG, may produce a volatile time series.

	International comparisons	Sub-national breakdown: Region	CCG	Local Authority	Provider	Equality and Inequality Strands (National Only): Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Other HSCIC Breakdowns: Published on HSCIC Indicator portal	Further Information
1.3 Under 75 mortality rate from liver disease	A	A*	A*	A*	N	D	I	A	N	N	A	N	N	N	N	N	County, SHA, PCT, Unitary Authority All breakdowns also by gender	Data sourced from ONS Mortality data by cause. Data for international comparisons available from WHO European Detailed Mortality Database http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-detailed-mortality-database-dmdb2 Indicator 1.3 is indicator 1.7 in the CCG Outcomes Indicator Set (CCG OIS). CCG breakdowns published in the CCG OIS https://indicators.ic.nhs.uk/webview/ and other sub-national breakdowns should be interpreted with caution – a small number of deaths in an area, particularly a local authority or a CCG, may produce a volatile time series.
1.4. Under 75 mortality from cancer	A	A*	A*	A*	N	D	I	A	N	N	A	N	N	N	N	N	County, SHA, PCT, Unitary Authority All breakdowns also by gender	Data sourced from ONS Mortality data by cause. Data for international comparisons available from WHO European Detailed Mortality Database http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-detailed-mortality-database-dmdb2 Indicator 1.4 is indicator 1.9 in the CCG Outcomes Indicator Set (CCG OIS). CCG breakdowns published in the CCG OIS https://indicators.ic.nhs.uk/webview/ and other sub-national breakdowns should be interpreted with caution – a small number of deaths in an area, particularly a local authority or a CCG, may produce a volatile time series.
1.4.i One-year survival for all cancers (to be PUBLISHED during 2014/15)	N	I	D	N	N	I	I	D	I	N	D	N	N	N	N	N		This is a new definition with data being published during 2014/15. Data sourced from ONS Cancer Survival Statistics.

		Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
1.4.ii Five-year survival for all cancers (to be PUBLISHED during 2014/15)	A*	I	N	N	N	I	I	D	I	N	D	N	N	N	N	N		This is a new definition with data being published during 2014/15. Data sourced from ONS Cancer Survival Statistics. International comparisons available for 2002. The lack of more recent data means caution is required interpreting these comparisons.
1.4.iii One-year survival for breast, lung and colorectal cancer (to be PUBLISHED during 2014/15)	N	I	D	N	N	I	I	D	I	N	D	N	N	N	N	N		This is a new definition with data being published during 2014/15. Data sourced from ONS Cancer Survival Statistics.
1.4.iv Five-year survival for breast, lung and colorectal cancer (to be PUBLISHED during 2014/15)	N	I	N	N	N	I	I	D	I	N	D	N	N	N	N	N		This is a new definition with data being published during 2014/15. Data sourced from ONS Cancer Survival Statistics.
1.5 Excess under 75 mortality rate in people with serious mental illness	N	D	I	A*	N	D	I	A	N	N	A	N	N	N	N	N	Condition	Data sourced from the Mental Health Minimum Dataset (MHMDS) linked to ONS Primary Care Mortality Database. Subnational breakdowns should be interpreted with caution due to the small number of deaths.

	International comparisons	Sub-national breakdown: Region	CCG	Local Authority	Provider	Equality and Inequality Strands (National Only): Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Other HSCIC Breakdowns: Published on HSCIC Indicator portal	Further Information
1.6.i Infant mortality	A*	A*	I	A*	N	A*	A*	N	A*	N	A	N	N	N	N	N	SHA, PCT, Age of Mother	Data sourced from ONS Child Mortality Statistics. International comparisons of infant mortality available from the WHO European Health For All database (HFA-DB). They should be treated with caution due to differences between countries in registration of premature births. Some countries have gestational age and/or weight limits which may result in lower infant mortality rates as the figures exclude very small and/or very premature babies, which are more vulnerable. Subnational breakdowns should be interpreted with caution due to the small number of deaths. Socio-economic classification of an infant death is based on father's occupation where available from the infant's birth certificate when it can be linked to the death certificate. This breakdown should be interpreted with caution as only 82% of all infant deaths can be linked in this way (for further detail consult the ONS Statistical bulletin: http://www.ons.gov.uk/ons/rel/child-health/infant-and-perinatal-mortality-in-england-and-wales-by-social-and-biological-factors/2011/stb-infant-and-perinatal-mortality--2011.html). Furthermore, the number of births by socio-economic classification used for the denominator is estimated from a sample of only 1 in 10 live births. Information on ethnicity is not routinely collected at birth or death registration but ONS links birth registration records with NHS Birth Notification records so that live births and linked deaths can be reported by ethnicity. Nationally, the ethnicity variable is 'Not Stated' for about 11 per cent of infant deaths. (further detail at: http://www.ons.gov.uk/ons/dcp171778_232681.pdf)
1.6.ii Neonatal mortality and stillbirths	N	A*	I	A*	N	A*	A*	N	A*	N	A	N	N	N	N	N	SHA, PCT, Age of mother	As for indicator 1.6.i

	International comparisons	Sub-national breakdown: Region	CCG	Local Authority	Provider	Equality and Inequality Strands (National Only): Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Other HSCIC Breakdowns: Published on HSCIC Indicator portal	Further Information
1.6.iii Five year survival for all cancers in children	A*	N	N	N	N	I	I	I	I	N	D	N	N	N	N	N		Data to be sourced from ONS Children's Cancer Survival Statistics. This indicator will use a new methodology currently in development, with data being published during 2014/15. Possible breakdowns will be known once the data source is ready and the indicator definition is finalised. A sex breakdown is expected. International comparisons are available from Eurocare 4 (further information at http://www.eurocare.it/Results/tabid/79/Default.aspx) but should be interpreted with caution because the latest data available are for cancers diagnosed 1995-2002.
1.7 Excess under 60 mortality in adults with a learning disability	Possible breakdowns to be assessed once the indicator is developed																	
Domain 2. Improving quality of life for people with long-term conditions																		
2 Health related quality of life for people with long-term conditions	N	A	D	A	N	A	N	A	A	A	A	N	A	N	N	N	SHA, PCT	Data sourced from the GP Patient Survey (GPPS). Data for 2011/12 and 2012/13 precede the introduction of CCGs and are presented by SHA and PCT. Data from 2013/14 should be available by CCG in due course.
2.1 Proportion of people feeling supported to manage their condition	N	A	D	A	N	A	N	A	A	A	A	N	A	N	N	N	SHA, PCT	Data sourced from the GP Patient Survey (GPPS). Data for 2011/12 and 2012/13 precede the introduction of CCGs and are presented by SHA and PCT. Data from 2013/14 should be available by CCG in due course.
2.2 Employment of people with long-term conditions.	N	A	N	A	N	N	A	A	A	A	A	I	I	N	N	N		Data sourced from the Labour Force Survey (LFS).

		Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	A*	N	A	A*	N	A	N	A	A*	N	A	N	N	N	N	N	SHA, PCT, Condition	Data sourced from Hospital Episode Statistics (HES) International comparisons on a strictly comparable basis are not available. However, the OECD collects internationally comparable data on 'avoidable admissions' for asthma, COPD, hypertension, congestive heart failure, uncontrolled diabetes and diabetes complications for its Health Care Quality Indicators project. Many of these indicators are published in the Quality chapter of the OECD's two-yearly report, Health at a Glance, most recent issue published November 2011: http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2011_health_glance-2011-en CCG breakdowns are published for similar indicators in the CCG Outcomes Indicator Set (CCG OIS) but the rate is per 100,000 CCG population (i.e., the CCG population registered with the constituent GP practices) rather than per 100,000 England population estimates as in the NHS Outcomes Framework. Indicator 2.3.i is indicator 2.6 in the CCG OIS https://indicators.ic.nhs.uk/webview/. Ethnicity and local authority are not available for all patients, so these breakdowns should be treated with caution. The percentages of records for each quarter that are not classified for both breakdowns are also published.
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	N	N	A	A*	N	A	N	A	A*	N	A	N	N	N	N	N	SHA, PCT, Condition	Data sourced from Hospital Episode Statistics (HES) CCG breakdowns are published for similar indicators in the CCG Outcomes Indicator Set (CCG OIS) but the rate is per 100,000 CCG population (i.e. the CCG population registered with the constituent GP practices) rather than per 100,000 England population estimates as in the NHS Outcomes Framework. Indicator 2.3.ii is indicator 2.7 in the CCG OIS https://indicators.ic.nhs.uk/webview/. Ethnicity and local authority are not available for all patients, so these breakdowns should be treated with caution. The percentages of records for each quarter that are not classified for both breakdowns are also published.

		Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
2.4 Health-related quality of life for carers	N	A	D*	A	N	A	N	A	A	A	A	N	A	N	N	N	SHA, PCT	Data sourced from the GP Patient Survey (GPPS). Data for 2011/12 and 2012/13 precede the introduction of CCGs and are presented by SHA and PCT. Data from 2013/14 should be available by CCG in due course. Subnational breakdowns to be developed should be interpreted with caution due to the possible small number of cases.
2.5 Employment of people with mental illness	N	A	N	A	N	N	A	A	A	A	A	I	I	N	N	N	Condition	Data sourced from the Labour Force Survey (LFS).
2.6i Estimating the diagnosis rate of people with dementia	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		No further breakdowns will be published because the rate is based on estimated prevalence and is not considered robust enough to disaggregate further.
2.6ii Effectiveness of post-diagnosis care for people with dementia in sustaining independence and improving quality of life	Possible breakdowns to be assessed once the indicator is developed																	

		Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
Domain 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	N	A	A*	N	A	N	A	A*	N	A	N	N	N	N	N	SHA, PCT, Condition	Data sourced from Hospital Episode Statistics (HES). CCG breakdowns are published for similar indicators in the CCG Outcomes Indicator Set (CCG OIS) but the rate is per 100,000 CCG population (i.e., the CCG population registered with the constituent GP practices) rather than per 100,000 England population estimates as in the NHS Outcomes Framework. Indicator 3a is indicator 3.1 in the CCG OIS https://indicators.ic.nhs.uk/webview/. Provider breakdown is not available for indicator 3a because provider catchment populations are not defined, so not allowing calculating a rate of admissions per 100,000 population. Ethnicity and local authority are not available for all patients, so these breakdowns should be treated with caution. The percentages of records for each quarter that are not classified for both breakdowns are also published.
3b Emergency readmissions within 30 days of discharge from hospital	N	N	A	A*	N	A	N	D	D	N	A	N	N	N	N	N	SHA, PCT of residence	Data sourced from Hospital Episode Statistics (HES). CCG breakdowns are published for similar indicators in the CCG Outcomes Indicator Set (CCG OIS) but the rate is per 100,000 CCG population (i.e., the CCG population registered with the constituent GP practices) rather than per 100,000 England population estimates as in the NHS Outcomes Framework. Indicator 3b is indicator 3.2 in the CCG OIS https://indicators.ic.nhs.uk/webview/. Provider breakdown is not available as readmissions are defined as emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge, and therefore can cut across providers. Local authority is not available for all patients, so should be treated with caution. The percentages of records for each quarter that are not classified are also published.

		Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
3.1 Total health gain as assessed by patients for elective procedures: **i** Hip replacement; **ii** Knee replacement; **iii** Groin hernia; **iv** Varicose veins	N	N	A	D	A	A	N	A	A*	N	A	A	N	N	N	N	SHA, PCT	Data sourced from the Patient Reported Outcome Measures (PROMs) in Hospital Episode Statistics (HES). CCG breakdowns are published in the CCG Outcomes Indicator Set. Indicators 3.1 i-iv are indicators 3.3 a-d, respectively, in the CCG OIS https://indicators.ic.nhs.uk/webview/. The ethnicity breakdown is not available for all patients, so it should be treated with caution. The percentage of records for each quarter that are not classified is also published.
3.1v Total health gain as assessed by patients for elective procedures v Psychological therapies	Possible breakdowns to be assessed once the indicator is developed.																	Data sourced from the Routine Monthly Improving Access to Psychological Therapies (IAPT) reports.
3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)	N	N	A	A*	N	A	N	A	A*	N	A	N	N	N	N	N	SHA, PCT, Condition	Data sourced from Hospital Episode Statistics (HES). CCG breakdowns are published for similar indicators in the CCG Outcomes Indicator Set (CCG OIS) but the rate is per 100,000 CCG population (i.e., the CCG population registered with the constituent GP practices) rather than per 100,000 England population estimates as in the NHS Outcomes Framework. Indicator 3.2 is indicator 3.4 in the CCG OIS https://indicators.ic.nhs.uk/webview/. Ethnicity and local authority are not available for all patients, so these breakdowns should be treated with caution. The percentages of records for each quarter that are not classified for both breakdowns are also published.
3.3 Survival from major trauma	Possible breakdowns to be assessed once the indicator is developed.																	Data to be sourced from the Trauma Audit Research Network (TARN) database.

	International comparisons	Sub-national breakdown: Region	CCG	Local Authority	Provider	Equality and Inequality Strands (National Only): Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Other HSCIC Breakdowns: Published on HSCIC Indicator portal	Further Information
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	Possible breakdowns 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	I	I	I	I	I	N	A	N	N	A	N	N	N	N	N	Mobility Category at admission	Data sourced from the National Hip Fracture Database (NHFD).
3.5.ii The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 120 days	N	I	I	I	I	I	N	A	N	N	A	N	N	N	N	N	Mobility Category at admission	Data sourced from the National Hip Fracture Database (NHFD).
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	A	N	A	N	N	N	A	N	N	A	N	N	N	N	N		Data sourced from the Adult Social Care Combined Activity (ASC-CAR) data. Data for this indicator are published in the HSC IC Indicator Portal under the heading of Adult Social Care Outcomes Framework (ASCOF).
3.6ii Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital	N	A	N	A	N	N	N	A	N	N	A	N	N	N	N	N		Data sourced from the Adult Social Care Combined Activity (ASC-CAR) data. Data for this indicator are published in the HSC IC Indicator Portal under the heading of Adult Social Care Outcomes Framework (ASCOF).

		Sub-national breakdown				**Equality and Inequality Strands (National Only)**											**Other HSCIC Breakdowns**	**Further Information**
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
Domain 4. Ensuring that people have a positive experience of care																		
4a.i Patient experience of GP services	N	D*	A	D*	A	D*	N	D*	D*	D*	D*	N	D*	N	N	N		Data sourced from the GP Patient Survey (GPPS). CCG and Provider breakdowns available from http://www.gp-patient.co.uk/surveyresults
4a.ii Patient experience of Out of hours GP services	N	D*	A	D*	A	D*	N	D*	D*	D*	D*	N	D*	N	N	N		Data sourced from the GP Patient Survey (GPPS). CCG and Provider breakdowns available from http://www.gp-patient.co.uk/surveyresults
4a.iii Patient experience of NHS dental services	N	D*	A	D*	N	D*	N	D*	D*	D*	D*	N	D*	N	N	N		Data sourced from the GP Patient Survey (GPPS). CCG breakdown available from http://www.gp-patient.co.uk/surveyresults
4b Patient experience of hospital care	N	I	D*	N	A	N	N	I	I	I	I	I	I	N	N	N		Data sourced from the Inpatient Survey.
4c An indicator on the Friends and Family test	Possible breakdowns to be assessed once the indicator is developed																	
4.1 Patient experience of outpatient services	N	I	D*	N	A	N	N	I	I	N	I	I	N	N	N	N		Data sourced from the Outpatient Survey.
4.2 Responsiveness to in-patients' personal needs	N	I	D*	N	A	N	N	I	I	I	I	I	I	N	N	N		Data sourced from the Inpatient Survey.
4.3 Patient experience of A&E services	N	I	D*	N	A	N	N	I	I	I	I	I	I	N	N	N		Data sourced from the Accident & Emergency Survey.
4.4i Access to GP Services	N	D*	A	D*	A	D*	N	D*	D*	D*	D*	N	D*	N	N	N		Data sourced from the GP Patient Survey (GPPS). CCG and provider breakdowns available from http://www.gp-patient.co.uk/surveyresults

		Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
	International comparisons	Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
4.4ii Access to dental services	N	D*	A	D*	N	D*	N	D*	D*	D*	D*	N	D*	N	N	N		Data sourced from the GP Patient Survey (GPPS). CCG breakdown available from http://www.gp-patient.co.uk/surveyresults
4.5 Women's experience of maternity services	N	N	N	N	N	N	N	I	I	N	N	I	N	N	N	N		Data sourced from the Maternity Services Survey. Provider breakdowns are not possible since women may not have received antenatal care at the same trust where they received care during labour and birth, so responses to these questions cannot be attributed to a trust with certainty.
4.6 Survey of bereaved carers	N	I	I	I	I	I	N	D	I	I	D	N	N	N	N	N		Data sourced from the National Bereavement Survey (VOICES).
4.7 Patient experience of community mental health services	N	I	D*	N	A	N	N	I	I	I	I	N	I	N	N	N		Data sourced from the Community Mental Health Survey.
4.8 An indicator on children and young people's experience of healthcare	Possible breakdowns to be assessed once the indicator is developed																	
4.9 An indicator on people's experience of integrated care	Possible breakdowns to be assessed once the indicator is developed																	
Domain 5. Treating and caring for people in a safe environment and protecting them from avoidable harm																		
5a Patient safety incident reported	N	D*	D	N	A*	N	N	I	I	N	I	I	N	N	N	N	PCT	Data sourced from the National Reporting and Learning System (NRLS). CCG level breakdown expected to be published on HSCIC Indicator portal from June 2014. Sub-national breakdowns to be treated with caution because of quality issues of NRLS data. See 'Data handling notes' at **http://www.nrls.npsa.nhs.uk/resources/?entryid45=135**

	International comparisons	Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
		Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
5b Safety incidents involving severe harm or death	N	D*	I	N	A*	N	N	I	I	N	I	I	N	N	N	N	PCT	Data sourced from the National Reporting and Learning System (NRLS). Sub-national breakdowns to be treated with caution because of quality issues of NRLS data. See 'Data handling notes' at **http://www.nrls.npsa.nhs.uk/resources/?entryid45=135**
5c An indicator on hospital deaths attributable to problems in care	Possible breakdowns to be assessed once the indicator is developed																	
5.1 Incidence of hospital-related venous thromboembolism (VTE)	Possible breakdowns to be assessed once the indicator is developed																	
5.2.i Incidence of healthcare associated MRSA infection	N	A*	A*	I	A*	I	N	I	N	N	I	N	N	N	N	N	PCT	Data sourced from the Mandatory surveillance of Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia by Public Health England (PHE). Sub-national breakdowns to be treated with caution as they are not standardised. Please see associated 'Quality Statement' in the CCG Indicator section of the HSCIC Indicator Portal https://indicators.ic.nhs.uk/webview
5.2.ii Incidence of healthcare associated C. difficile infection	N	A*	A*	I	A*	I	N	I	N	N	I	N	N	N	N	N	PCT	Data sourced from the Mandatory surveillance of Clostridium difficile by Public Health England (PHE). Sub-national breakdowns to be treated with caution as they are not standardised. Please see associated 'Quality Statement' in the CCG Indicator section of the HSCIC Indicator Portal https://indicators.ic.nhs.uk/webview
5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers	Possible breakdowns to be assessed once the indicator is developed																	

	International comparisons	Sub-national breakdown				Equality and Inequality Strands (National Only)											Other HSCIC Breakdowns	Further Information
		Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Race	Religion or belief	Sex	Disability	Sexual orientation	Marriage and Civil Partnership	Gender Reassignment	Pregnancy and Maternity	Published on HSCIC Indicator portal	
5.4 Incidence of medication errors causing serious harm	N	D*	I	N	I	I	N	I	I	N	I	I	N	N	N	N		Data sourced from the National Reporting and Learning System (NRLS). Sub-national breakdowns to be treated with caution because of quality issues of NRLS data. See 'Data handling notes' at http://www.nrls.npsa.nhs.uk/resources/?entryid45=135
5.5 Admission of full-term babies to neonatal care	N	D*	I	I	I	I	I	I	I	N	I	I	N	N	N	N	PCT of Mother	Data sourced from the National Neonatal Research Database.
5.6 Incidence of harm to children due to 'failure to monitor'	N	I	I	I	I	I	N	I	I	N	I	I	N	N	N	N		Data sourced from the National Reporting and Learning System (NRLS). Sub-national breakdowns to be treated with caution because of quality issues of NRLS data. See 'Data handling notes' at http://www.nrls.npsa.nhs.uk/resources/?entryid45=135