Setting Levels of Ambition for the NHS Outcomes Framework

A technical annex to support Developing our NHS care objectives: a consultation on the draft mandate

Glossary

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ACORN classification

"ACORN is a geodemographic segmentation of the UK's population which segments small neighbourhoods, postcodes, or consumer households into 5 categories, 17 groups and 56 types."

From: http://www.caci.co.uk/acorn-classification.aspx

Average annual change

The average annual change in a measure between two points in time is its geometric mean. It is the rate at which the measure would change each year if it changed at a steady rate over the period. It is calculated using the following methodology: ((Final value/Initial value)^(1/n) - 1)*100, where n is the number of annual changes (i.e. the number of years - 1).

Case-mix adjustment

Patients are usually different in their clinical and demographic characteristics and these differences should be considered when assessing processes of health care. Case-mix adjustment is the statistical process of allowing for differences among patients' clinical and demographic characteristics when comparing outcomes of health care between areas, organisations or periods.

Continuous Inpatient (CIP) Spell

A CIP spell is a continuous period of hospital care within the NHS from admission to discharge, regardless of any transfers which may take place. It can therefore be made up of one or more episodes and/or involve more than one hospital provider.

A CIP spell starts when a decision has been made to admit the patient, and a consultant has taken responsibility for their care. The spell ends when the patient dies or is discharged from hospital.

From:
http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1072

Episode

The Healthcare Commission defines an episode as a single period of hospital care under one consultant, e.g. treatment of Patient A in hospital by Consultant A for a broken leg (see further example under "spell").

From:
http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1072

EQ-5D

EQ-5D™ is a standardised instrument for use as a measure of health status or health-related quality of life developed by the EuroQol Group. It is used internationally and is applicable to a wide range of health conditions and treatments, providing a simple descriptive profile for health status.

EQ-5D is primarily designed for self-completion by respondents and is suited for use in postal surveys, in clinics and face-to-face interviews. It is cognitively simple, taking only a few minutes to complete. Instructions to respondents are included in the questionnaire.

From: http://www.euroqol.org/eq-5d/what-is-eq-5d.html

EQ Visual Analogue Scale (EQ VAS)

The EQ VAS is part of the EQ-5D (entry above) self-report questionnaire. It is a standard vertical 20 cm visual analogue scale (similar to a thermometer) for recording an individual's rating for their current health-related quality of life state (often referred to as page 3 of the EQ-5D questionnaire).

From: http://www.euroqol.org/eq-5d/what-is-eq-5d/eq-5d-nomenclature.html

EU-27/ EU-15/ EU-12

The European Union (EU) is a union of 27 countries, sometimes referred to as EU-27. EU-15 refers to the 15 countries which were member states of the EU before 2004, and EU-12 refers to those which joined the EU in 2004 or 2007.

Exponential smoothing

Exponential smoothing is a technique that can be applied to time series data to reduce random fluctuations in order to facilitate making forecasts. Using this process more recent past observations are assigned higher weights, unlike the simple moving average where past observations are weighted equally.

Extended Glasgow Outcome Scale (GOS-E)

The GOS-E is an extended version of the Glasgow Outcome Scale (GOS), which is a widely used measure of outcome after traumatic brain injury. The GOS-E has 8 categories, rather than 5 as in the GOS, as follows: Death, Vegetative State, Lower Severe Disability, Upper Severe Disability, Lower Moderate Disability, Upper Moderate Disability, Lower Good Recovery and Upper Good Recovery.

From: Sander, A. (2002). The Extended Glasgow Outcome Scale. The Center for Outcome Measurement in Brain Injury. http://www.tbims.org/combi/gose (accessed June 13, 2012)

Gratitude bias in patient experience surveys

Gratitude bias may occur when feelings of gratitude for the treatment received by the patient cause them to be less critical of the healthcare professionals who cared for them and of the quality of care received. The feelings of gratitude may inhibit negative evaluations and promote positive evaluations.

Health outcome

A health outcome is a change in the health status of an individual, group or population, which is attributable to an intervention or series of interventions.

Logarithmic scale

A logarithmic scale can be used in charts to show more clearly comparisons of change over time as lines with the same rate of change over time are parallel.

Lower layer super output areas (LSOAs)

A LSOA is a geographic area. LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. LSOAs are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1000 and the mean is 1500.There is a LSOA for each postcode in England and Wales.

From:
http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/l/lower_layer_super _output_area_de.asp?shownav=1

Modified Rankin Scale

The Modified Rankin Scale measures the overall independence of stroke patients in daily life and, in this modified version, accommodates language disorders and cognitive defects. It also refers to previous activities, which could be important because patients may be independent but experience restrictions in comparison to their former lifestyle and feel dissatisfied with this.

From: van Swieten J, Koudstaal P, Visser M, Schouten H, et al. (1988). Interobserver agreement for the assessment of handicap in stroke patients. Stroke 19 (5): 604–607. Access: http://stroke.ahajournals.org/content/19/5/604.full.pdf

Patient-reported outcome measures (PROMs)

PROMs are measures of a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a single point in time.

The health status information collected from patients by way of PROMs questionnaires before and after an intervention provides an indication of the outcomes or quality of care delivered to NHS patients.

From: http://www.ic.nhs.uk/services/patient-reported-outcomes-measures-proms

Period life expectancies

"Period life expectancy at a given age for an area is the average number of years a person would live, if he or she experienced the particular area's age-specific mortality rates for that time period throughout his or her life. It makes no allowance for any later actual or projected changes in mortality. In practice, death rates of the area are likely to change in the future so period life expectancy does not therefore give the number of years someone could actually expect to live. Also, people may live in other areas for at least some part of their lives."

From: http://www.gad.gov.uk/Demography%20Data/Life%20Tables/Period_and_cohort_eol.html

Projection interval

A projection interval, or tolerance interval, is defined here as one standard deviation of past annual data from trend, where sufficient data around a trend is available to allow calculation of that statistic. Where historic data displays no trend, this is the standard deviation of past differences from the assessed underlying level. Where insufficient data is available, assessment of the tolerance interval is necessarily subjective.

Quality Adjusted Life Year (QALY)

A QALY is a measure of health outcome that can simultaneously capture gains from reduced morbidity (quality gains) and reduced mortality (quantity gains), and combine these into a single measure.

Resident population

The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of UK and non-UK armed forces stationed in the UK are included and UK forces stationed outside the UK are excluded. Students are taken to be resident at their term time address.

From: http://www.ons.gov.uk/ons/index.html

Slope Inequality Indicator (SII)

The SII summarises the inequality in a specific outcome across England that is thought to be attributable to social inequality. It represents the gap in the outcome in question between the least and most deprived areas in England, to the extent that this reflects the relationship between the specific outcome and deprivation scores (the latter relationship being established by a statistical analysis of small area data for the whole population). It is also assumed in general that the relationship is linear (so that linear regression is the appropriate estimation technique).

The use of the SII to measure social inequality (i.e. inequality attributable to social circumstances) relies upon an assumption that correlation with deprivation implicates deprivation as a causal factor behind inequality of outcome. In general, the extent to which improvement can be achieved by NHS interventions (through more equal access or through levelling up quality of care) or through public health interventions or through wider social interventions will vary from outcome to outcome.

Spell

In general, a patient's entire stay in hospital is a spell. A spell can contain one episode (entry above), or several episodes. For example, if Patient A is admitted for a broken leg, but while still in hospital is diagnosed and treated for diabetes by Consultant B, there would be two episodes (one for the broken leg under Consultant A, and one for diabetes under Consultant B). If the patient is transferred to another hospital, dies or is discharged, the episode and the spell end. The vast majority of spells contain only one episode.

From:
http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1072

Standardised mortality rates (for age or gender)

Populations differ in their demographic composition and these differences should be considered when comparing mortality rates or other health indicators. Age- or gender-specific rates for an event (e.g. death) are the proportion of events in a specific age group or for each gender. To compare populations, age- or gender-specific rates are applied to a single population structure. There are two approaches to such standardisation: direct and indirect, both of which use a standard population structure, such as that of the WHO European standard population.

For further details, consult: APHO Technical Briefing 3: Commonly Used Public Health Statistics and their Confidence Intervals, www.apho.org.uk/resource/item.aspx?RID=48457

WHO European standard population

The European Standard population is a notional population of 2 million, which is commonly used to standardise rates of morbidity and mortality.

From: http://www.wmpho.org.uk/localprofiles/metadata.aspx?id=META_EUROSTD

Weblinks: All links were checked for functionality in June 2012.