# Setting Levels of Ambition for the NHS Outcomes Framework

*Developing our NHS care objectives: A consultation on the draft mandate to the NHS Commissioning Board*

*Equality analysis*

## DH INFORMATION READER BOX

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# 1. Equality analysis

## Background

1.1. The White Paper, Equity and Excellence: Liberating the NHS set out how the improvement of healthcare outcomes for all will be the primary purpose of the NHS. This means ensuring that the accountabilities running through the system are squarely focussed on the outcomes achieved for patients and not the processes by which they are achieved.

1.2. The NHS Outcomes Framework 2011/12, reflects the vision set out in the White Paper. Its purpose is threefold:

- to provide a national overview of how well the NHS is performing, wherever possible in an international context;
- to provide an accountability mechanism between the Secretary of State for Health and the proposed NHS Commissioning Board; and
- to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities.

1.3. The NHS Outcomes Framework is structured around five domains that the NHS should be aiming to improve. They focus on:

**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.

1.4. 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 . Domains one to three include outcomes that relate to the effectiveness of care, domain four includes outcomes that relate to the quality of patient experience and domain five includes outcomes that relate patient safety.

1.5. The Government has since built this definition of quality into the Health and Social Care Act 2012 and this frames the duties placed on the Secretary of State for Health, the NHS Commissioning Board and Clinical Commissioning Groups to continuously improve the quality of care provided to patients. The Act sets out duties for Secretary of State have regard to the need to reduce inequalities covering his NHS and public health functions for the whole population. The NHS Commissioning Board and Clinical Commissioning Groups have regard to the need reduce health inequalities in access to health services and the outcomes achieved for patients.

1.6. The outcomes and indicators in the framework were chosen with a view to capturing the majority of treatment activities that the NHS is responsible for delivering. The NHS Outcomes Framework 2012/13 sets out the progress that has been made in developing a more robust set of indicators.

## Relevance to equality and diversity

1.7. In developing, the first NHS Outcomes Framework one of underpinning principles of the framework was to ensure that it encouraged the promotion of equality and reduce inequalities in outcomes from healthcare.

1.8. The framework will also help the NHS Commissioning Board to play its full part in promoting equality in line with the Equality Act 2010, and to fulfil the health inequalities duties in the Health and Social Care Act for the Secretary of State for Health, NHS Commissioning Board and Clinical Commissioning Groups.

1.9. Annex A of the first NHS Outcomes Framework contained a breakdown of the indicators that could be disaggregated by the equality strands. It was acknowledged that data collections for some of the equality strands was more complete than for others. For example, there is better coverage for age and gender (questions are asked as standard and patients provide the information) than for religion or belief and sexual orientation.

## Progress made in promoting equality and addressing inequalities

1.10. Since the publication of the first NHS Outcomes Framework, the Department of Health has been taking forward strands of work to make sure that promoting equality and reducing health inequalities becomes an integral part of the framework.

1.11. We continue to work with the NHS Information Centre to further explore the feasibility of disaggregating the indicators by the protected equalities characteristics and by other dimensions of inequality such as subnational breakdowns (regional, Local Authority and Provider),socioeconomic group and deprivation . An updated assessment of the availability of disaggregated data is presented in section 2.

1.12. As outlined above, we have started to analyse this data as it becomes available, including evaluating whether the data, when broken down by different dimensions enables meaningful analysis to be carried out.

1.13. Following the publication of 30 NHS Outcomes Framework indicators in December 2011, disaggregated data, for more than 20 of these indicators was published by the NHS Information Centre on their Indicator Portal on 27 March and 24 April - and more will follow in the next few months as more indicators are published

1.14. The disaggregated data included, where possible to do so, breakdowns by equalities characteristics. Use of the sub national level data for each indicator where data are available, is forming an integral part of the analysis for NHS Outcomes Framework Technical Annex, building a baseline of how the NHS is doing in improving outcomes for patients, and how the Department will hold the Board to account for progress. It will also be used to underpin the analysis supporting the Secretary of State and Board to fulfil their duties to have regard to equalities and health inequalities.

1.15. We are continuing to explore options for assessing outcomes from the perspective of inequalities. A key part of this work, will be to consider how the mandate that is set for the NHS Commissioning Board might set specific objectives / levels of ambition against the framework which support the health inequalities duties in the Health and Social Care Act 2012. The process of developing the mandate will involve a full public consultation.

## Engagement with stakeholders

1.16. Since the publication of NHS Outcomes Framework, the Department of Health has continued to work with interested parties and experts to improve the framework.

# 2. Updated assessment of disaggregating the indicators

2.1. The information presented here is the latest version of the table published in the NHS Outcomes Framework 2011/12 on the possible disaggregation of the indicators. We will keep this assessment under review as we work with the NHS Information Centre on developing some of the newer indicators.

2.2. Data collection remains more complete for some of the strands than others, for example there is better coverage (questions are asked as standard and patients provide the information) for age and gender than for religion and sexual orientation.

## 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 Strands (National Only)*** | | | | | | ***Inequalities*** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **International comparisons** | **Regional** | **PCT/ LA** | **Provider** | **Age** | **Ethnicity** | **Religion or belief** | **Gender** | **Disability** | **Sexual orientation** | **Socio-economic group (NSSEC)** | **Deprivation (via postcode or area)** |
| **1. Preventing people from dying prematurely** | | | | | | | | | | | | |
| 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare | P | P* | P* | TBD | P | N | N | P | N | N | P* | P |
| 1b Life expectancy at 75 | N | P* | P* | TBD | N/A | N | N | Y | N | N | P* | P |
| 1.1 Under 75 mortality rate from cardiovascular disease | Y | Y* | Y* | TBD | P | N | N | Y | N | N | P* | P |

| | International comparisons | Sub-national breakdown | | | Equality Strands (National Only) | | | | | | Inequalities | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Regional | PCT/ LA | Provider | Age | Ethnicity | Religion or belief | Gender | Disability | Sexual orientation | Socio-economic group (NSSEC) | Deprivation (via postcode or area) |
| 1.2 Under 75 mortality rate from respiratory disease | Y* | Y* | Y* | TBD | P | N | N | Y | N | N | P* | P |
| 1.3 Under 75 mortality rate from liver disease | Y | Y* | Y* | TBD | P | N | N | Y | N | N | P* | P |
| 1.4.i Five-year survival for colorectal cancer | Y | P* | P* | TBD | P | N | N | P | N | N | TBD | P |
| 1.4.ii Five-year survival for breast cancer | Y | Y* | Y* | TBD | P | N | N | Y | N | N | TBD | P |
| 1.4.iii Five-year survival for lung cancer | Y* | Y* | Y* | TBD | P | N | N | Y | N | N | TBD | P |
| 1.5 Under 75 *mortality rate in people with serious mental illness (to be developed)* | Possible disaggregations to be assessed once the indicator is developed | | | | | | | | | | | |
| 1.6.i Infant mortality | Y* | Y* | Y* | TBD | N/A | N | N | Y | N | N/A | Y | P |
| 1.6.ii Perinatal mortality (including stillbirths) | N | Y* | Y* | TBD | N/A | N | N | Y | N | N/A | Y | P |
| 1.7 *Reduced premature mortality in people with learning disabilities (to be developed)* | 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 | Y* | Y* | Y* | TBD | TBD | TBD | TBD | TBD | TBD | N | TBD |
| 2.1 Proportion of people feeling supported to manage their condition | N | Y* | Y* | Y* | TBD | TBD | TBD | TBD | TBD | TBD | N | TBD |
| 2.2 Employment of people with long-term conditions. | N | P* | P* | N | P | TBD | TBD | P | TBD | TBD | P | P |
| 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive | TBD | Y* | Y* | Y* | Y | Y* | N | Y | TBD | N | TBD | Y |
| 2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | TBD | Y* | Y* | Y* | Y | Y* | N | Y | TBD | N | TBD | P |
| 2.4 Health-related quality of life for carers | N | Y* | Y* | Y* | TBD | TBD | TBD | TBD | TBD | TBD | N | TBD |
| 2.5 Employment of people with mental illness | N | P* | P* | N | P | TBD | TBD | P | TBD | TBD | P | P |

| | International comparisons | Sub-national breakdown | | | Equality Strands (National Only) | | | | | | Inequalities | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Regional | PCT/ LA | Provider | Age | Ethnicity | Religion or belief | Gender | Disability | Sexual orientation | Socio-economic group (NSSEC) | Deprivation (via postcode or area) |
| 2.6 *Improved quality of life for those with dementia – indicator to be developed* | 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 | TBD | Y* | Y* | Y* | Y | Y* | N | Y | TBD | N | TBD | Y |
| 3b Emergency readmissions within 28 days of discharge from hospital | N | Y* | Y* | Y* | Y | Y* | N | Y | TBD | N | TBD | Y |
| 3.1 Patient reported outcome measures (PROMs) for elective procedures | N | Y* | Y* | Y* | Y | Y | N | Y | N | N | N | Y |
| 3.2 Emergency admissions for children with lower respiratory tract infections | TBD | Y* | Y* | Y* | Y | Y* | N | Y | TBD | N | TBD | Y |
| 3.3 *An indicator on recovery from injuries and trauma (to be developed)* | Possible disaggregations to be assessed once the indicator is developed | | | | | | | | | | | |
| 3.4 *Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months (to be developed)* | 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 | Y* | Y* | Y* | Y | N | N | Y | N | N | N | Y |
| 3.5.ii The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 120 days | N | Y* | Y* | Y* | Y | N | N | Y | N | N | N | Y |
| 3.6 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services | N | Y* | Y* | N | N/A | Y | N | Y | Y | N | N | Y |
| **4. Ensuring that people have a positive experience of care** | | | | | | | | | | | | |
| 4a Patient experience of primary care<br>i GP services<br>ii Out of hours GP services<br>iii NHS dental services | N | Y* | Y* | Y* | TBD | TBD | TBD | TBD | TBD | TBD | N | TBD |
| 4b Patient experience of hospital care | N | P* | P* | P* | Y | Y* | N | Y | N | N | N | P* |

| | International comparisons | Sub-national breakdown | | | Equality Strands (National Only) | | | | | | Inequalities | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Regional | PCT/ LA | Provider | Age | Ethnicity | Religion or belief | Gender | Disability | Sexual orientation | Socio-economic group (NSSEC) | Deprivation (via postcode or area) |
| 4.1 Patient experience of outpatient services | N | P* | P* | P* | Y | Y* | N | Y | N | N | N | P* |
| 4.2 Responsiveness to in-patients' personal needs | N | P* | P* | P* | Y | Y* | N | Y | N | N | N | P* |
| 4.3 Patient experience of A&E services | N | P* | P* | P* | Y | Y* | N | Y | N | N | N | P* |
| 4.4i Access to GP Services | N | Y* | Y* | Y* | TBD | TBD | TBD | TBD | TBD | TBD | N | TBD |
| 4.4ii Access to dental services | N | Y* | Y* | Y* | TBD | TBD | TBD | TBD | TBD | TBD | N | TBD |
| 4.5 Women's experience of maternity services | N | P* | P* | P* | Y | Y* | N | Y | N | N | N | P* |
| 4.6 Survey of bereaved carers | N | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD | TBD |
| 4.7 Patient experience of community mental health services | N | P | P | TBD | Y | Y* | N | Y | N | N | N | P* |
| 4.8 *An indicator on children and young people's experience of healthcare (to be developed)* | 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 reporting | P | P | P | Y* | Y | N | N | P | N | N | N | N |
| 5b Severity of harm | P | P | P | Y* | Y | N | N | P | N | N | N | N |
| 5.1 Incidence of hospital-related venous thromboembolism (VTE) | TBD | Y | Y | Y | Y | Y* | N | Y | TBD | N | TBD | Y |
| 5.2.i Incidence of healthcare associated MRSA infection | P | P | P | Y* | Y | P | N | Y | P | N | N | TBD |

# 3. Evidence base

3.1. This section provides a summary of the disaggregated data published on 27 March 2012. In time, such data releases will be part of a rolling schedule of updates on the NHS IC Indicator Portal.

| Title | Time period | Change at national level | Disaggregations published on 27 March | |
|---|---|---|---|---|
| | | | Time period | Disaggregation levels |
| 1b Life expectancy at 75 | 1990-2010 | Improved | 1991-93 to 2008-10 | Region, Local Authority |
| 1.1 Under 75 mortality rate from cardiovascular disease | 2001 to 2009 | Improved | 2001 to 2009 | Region, SHA, PCT, Local Authority, Age, Sex |
| 1.2 Under 75 mortality rate from respiratory disease | 2001 to 2009 | Improved | 2001 to 2009 | Region, SHA, PCT, Local Authority, Age, Sex |
| 1.3 Under 75 mortality rate from liver disease | 2001 to 2009 | Deteriorated | 2001 to 2009 | Region, SHA, PCT, Local Authority, Age, Sex |
| 1.4.i and ii) One and Five-year survival from colorectal cancer | 1998-2002 to 2005-2009 | Improved | 1998-2002 to 2005-2009 | Age |
| 1.4.iii and iv) One and Five-year survival from breast cancer | 1994-1996 to 2005-2009 | Improved | iii) 1998-2002 to 2005-2009<br>iv) 2000-2004 to 2005-2009 | Age |
| 1.4.v and vi )One and Five-year survival from lung cancer | 1994-1996 to 2005-2009 | Improved | 2000-2004 to 2005-2009 | Age |
| 1.6.i Infant mortality | 1999 to 2009 | Improved | 1999 to 2009 | Region |
| 1.6.ii Neonatal mortality and | 1999 to 2009 | Improved | 1999 to 2009 | Region |

| | | | | |
|---|---|---|---|---|
| stillbirths | | | | |
| 2.2 Employment of people with long-term conditions | Q3 2006 to Q2 2011 | Improved | Q3 2006 to Q2 2011 | Ethnicity, Socio-economic group, Religion |
| 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) | Q3 2006 to Q2 2011 | Improved | Q1 2003/04 to Q4 2010/11 | Deprivation, Ethnicity, Local Authority, SHA, PCT, Diagnosis, Age |
| 2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | Q1 2003/4 to Q4 2010/11 | No change | Q1 2003/4 to Q4 2010/11 | Deprivation, Ethnicity, Local Authority, SHA, PCT, Diagnosis, Age |
| 2.5 Employment of people with mental illness | Q3 2006 to Q2 2011 | Improved | Q3 2006 to Q2 2011 | Ethnicity, Socio-economic group, Religion |
| 3a Emergency admissions for acute conditions that should not usually require hospital admission | Q3 2006 to Q2 2011 | Deteriorated | Q1 2003/4 to Q4 2010/11 | Deprivation, Ethnicity, Local Authority, SHA, PCT, Diagnosis, Age |
| 3.1 Patient reported outcomes measures for elective procedures | 2009/10 | No trend yet | 2009/10 | Sex, Age, Disability, Ethnicity, Deprivation, PCT, SHA, Provider, |
| 3.2 Emergency admissions for children with lower respiratory tract infections | Q1 2003/4 to Q4 2010/11 | Deterioration | Q1 2003/4 to Q4 2010/11 | Deprivation, Ethnicity, Local Authority, SHA, PCT, Diagnosis, Age |