



Health & Social Care
Information Centre

CCG Outcomes Indicator Set

England, March 2016: Quarterly publication

Published 23 March 2016



**We are the trusted
national provider of
high-quality information,
data and IT systems for
health and social care.**

www.hscic.gov.uk

enquiries@hscic.gov.uk

 **[@hscic](https://twitter.com/hscic)**

This report may be of interest to members of the public, commissioning managers, provider managers, clinicians and patients to make local and national comparisons and to monitor the quality and effectiveness of services.

Author:	Clinical Indicators Team Health and Social Care Information Centre
Responsible statistician:	Chris Dew, Clinical Indicators Programme Manager
Version:	V1.0
Date of publication:	23 March 2016

Contents

Summary of release	4
CCG OIS background	6
General Practice data	7
1.12 People with serious mental illness who have received the complete list of physical checks	8
1.23 Smoking rates in people with serious mental illness	11
2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale greater than or equal to 3 referred to a pulmonary rehabilitation programme	12
Changes to Mental Health data	15
Changes to Maternity data collections	15
Issue with readmission source data	15
Further uses for the CCG OIS indicators	16
Feedback	16
Appendix 1 – Indicator update summary	17

Summary of release

The indicators aim to provide clear, comparative information for Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards (HWBs) in England about the quality of health services commissioned by CCGs and, as far as possible, the associated health outcomes. They therefore help CCGs and HWBs to understand where they may need to focus their efforts to improve services and outcomes. The timescales of the indicators vary according to the data source but the most recently available data is used in all cases. A full list of the time periods and updates for each indicator in this release is available in Appendix 1.

This release includes the publication of the following CCG Outcomes Indicator Set (OIS) indicators for the first time:

- 1.12 People with serious mental illness who have received the complete list of physical checks
- 1.23 Smoking rates in people with serious mental illness
- 2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale greater than or equal to 3 referred to a pulmonary rehabilitation programme

New data periods have been added for the following existing indicators:

- 1.8 Emergency admissions for alcohol related liver disease
- 1.10 One-year survival from all cancers
- 1.14 Maternal smoking at delivery
- 1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over
- 1.22 Hip fracture: incidence
- 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- 2.11a The percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment
- 2.11b The percentage of referrals to IAPT services which indicated a reliable improvement following completion of treatment
- 2.11c The percentage of referrals to IAPT services which indicated a reliable deterioration following completion of treatment
- 3.1 Emergency admissions for acute conditions that should not usually require hospital admission
- 3.4 Emergency admissions to hospital of children with lower respiratory tract infections
- 3.14 Alcohol-specific hospital admissions
- 3.15 Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission
- 3.16 Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over
- 3.17 Percentage of adults in contact with secondary mental health services in Employment
- 5.1 Patient safety incidents

- 5.3 Incidence of Healthcare Associated Infection (HCAI) - Methicillin-resistant Staphylococcus aureus (MRSA)
- 5.4 Incidence of Healthcare Associated Infection (HCAI) – C. difficile.

This commentary includes:

- Analysis of three new indicators (CCG OIS 1.12, 1.23 and 2.3)
- Information on changes to the Mental Health data sets and Maternity data collections which affect the publication of some CCG OIS indicators in the coming year.

Data, along with indicator specifications providing details of indicator construction, data quality, statistical methods and interpretation considerations, can be accessed by visiting the Health and Social Care Information Centre (HSCIC) Indicator Portal at:

<https://indicators.hscic.gov.uk>.

This information can be found towards the top of the navigation tree on the left-hand side of the page under 'CCG Outcomes Indicator Set' where there are individual sections for each domain. A publication schedule for planned future updates for all indicators in the CCG OIS can be found on the HSCIC website: <http://www.hscic.gov.uk/ccgois>.

CCG OIS background

The various indicators within the CCG OIS help CCGs to gain an understanding of the health-related outcomes within their area and how these outcomes compare to other CCGs.

As of April 2015 there were 209 CCGs in England. This follows the merger of three CCGs; NHS Gateshead CCG, NHS Newcastle North and East CCG and NHS Newcastle West CCG which became NHS Newcastle Gateshead CCG. There is wide variation in the size of these organisations; as of 01 January 2016 the largest CCG, NHS Cambridgeshire and Peterborough, had 929,926 registered patients and the smallest CCG, with 74,913 registered patients, was NHS Corby¹. Where possible, indicator values are standardised by age and sex to account for differences in the age and sex profile of each CCG, ensuring CCG values are comparable with each other.

Within the CCG OIS, values are published at 'All registered patients in England' (National) level where possible. This 'National' figure includes only data from the 211 CCGs (209 for data periods after April 2015), excluding data from NHS Commissioning Hubs² i.e. the number of observed admissions at a 'National level' is the sum of admissions across the 211 CCGs (209 post April 2015). Most of the indicators in this release still report on 211 CCGs as the data relates to the 2014/15 year. Those indicators including data from 2015/16 and those where the data supplier aggregated data to the new merged CCG ahead of the organisational change are reported for 209 CCGs.

Additionally, it is important to note that due to differences in data sources and methods, these figures are not comparable to England level figures in NHS Outcomes Framework indicators. For many of the indicators the methodology is consistent across the frameworks, but due to the fact the two frameworks serve different purposes, different data sources and methods are used. CCG OIS aims to support local commissioning functions and therefore uses registered patient counts as the subject population for calculating indicators³. The NHS Outcomes Framework focuses on national-level accountability and uses Office for National Statistics (ONS) mid-year resident population estimates as a denominator base.

¹ HSCIC publishes GP patient counts on a quarterly basis, which are available on our website. Quoted January figures are available at <http://www.hscic.gov.uk/catalogue/PUB19775>

² Specialised commissioning hubs are responsible for leading the commissioning of specialised services in the NHS in England (i.e. for rare conditions and low volume treatments) including the direct commissioning of military and prison health services.

³ Where the use of registered patients is not possible, the resident population from ONS mid-year estimates has been used; this is clearly stated in the indicator description.

General Practice data

This publication includes the first release of three indicators that use General Practice (GP) data:

- 1.12 People with serious mental illness who have received the complete list of physical checks
- 1.23 Smoking rates in people with serious mental illness
- 2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale greater than or equal to 3 referred to a pulmonary rehabilitation programme

The General Practice Extraction Service (GPES) collects information from GP clinical systems in England and forms part of HSCIC's GP Collections service.

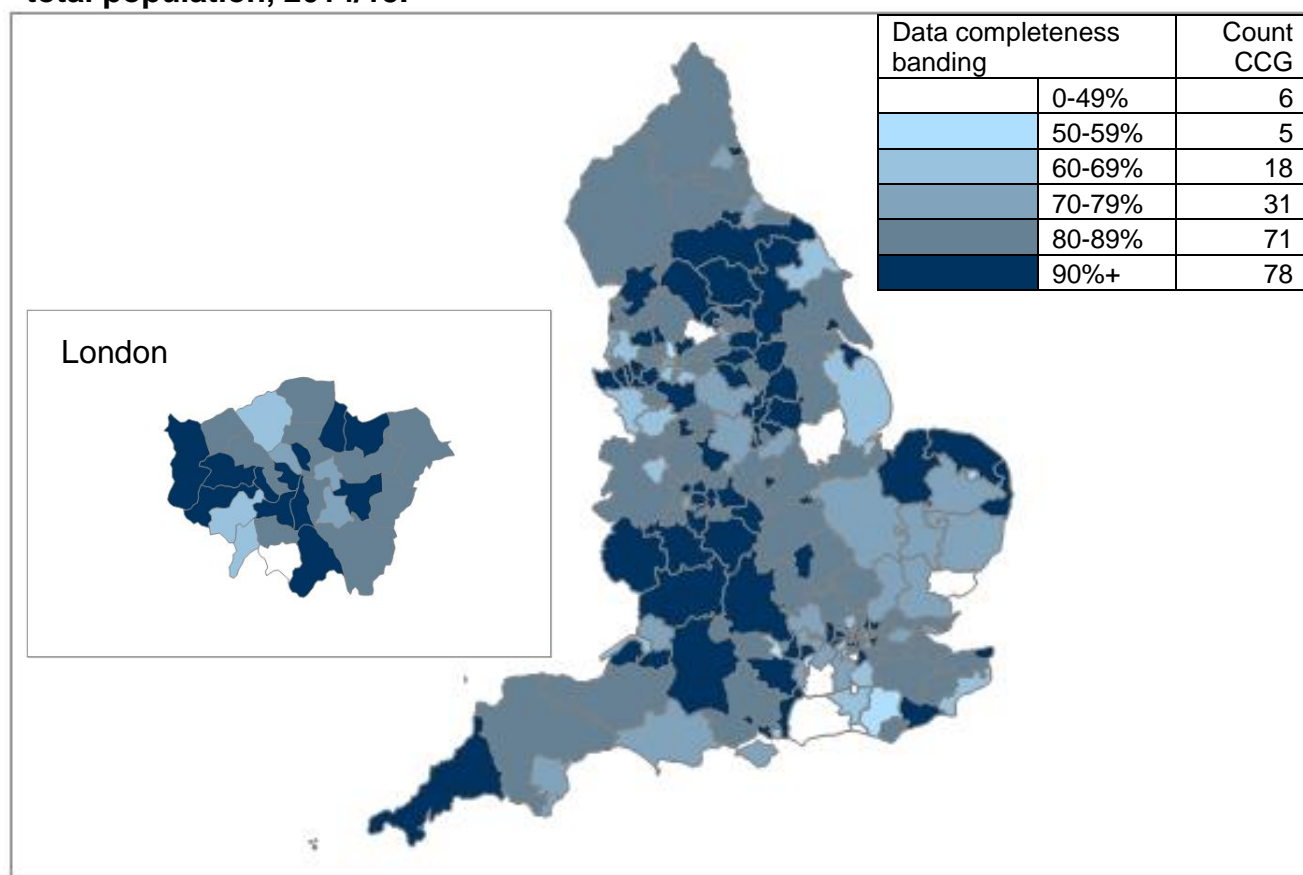
GPES collects information for a wide range of purposes including providing GP payments; for this purpose it works in conjunction with the Calculating Quality Reporting Service (CQRS) and GP clinical systems.

The data for the three CCG OIS indicators has been extracted specifically for reporting in this indicator set at CCG level.

Not all GPs practices consented to supplying data for this purpose and the extent of participation varied across CCGs. For this reason the indicators based on this data are supplied with a data completeness banding which shows the proportion of the population registered at GPs who did supply data, as a percentage of the total registered population in that CCG.

Figure 1:

Proportion of population registered at GPs who supplied data, as a percentage of the total population, 2014/15.



Ordnance Survey License Number 100044406. ©Crown Copyright and database right, 2016.
Source: GPES, registered patient counts NHAIS (Exeter).

For the majority of CCGs a large proportion of GPs supplied data, representing a large percentage of the registered population. In 180 of 209 CCGs the data supplied was from GPs who account for more than 70 per cent of the registered population of the CCG. Where the coverage was low (under 50 per cent), the indicator values are suppressed as there is uncertainty about how representative the indicators are; there are only six CCGs who are suppressed for this reason.

1.12 People with serious mental illness who have received the complete list of physical checks

This indicator measures the percentage of people with serious mental illness (SMI) who have received the complete list of physical checks, reported at CCG of responsibility level.

The indicator is calculated as a percentage, based on a 12 month timescale. Of the people diagnosed with an SMI, schizophrenia, bipolar affective disorder and other psychoses, and on a GP list (i.e., not living in an institution), it is those who have also have recorded data for:

- body mass index (BMI),
- blood pressure,
- ratio of total cholesterol:hdl (high-density lipoprotein cholesterol or "good cholesterol.")*,

- blood glucose or HbA1c (glycated haemoglobin)*,
- alcohol consumption and
- smoking status.

* These two tests are only relevant to people aged 40 or over. (The cholesterol:hdl ratio is required only for patients aged 40 and above who do not have established cardio vascular disease (CVD)).

Therefore, the complete list of tests refers to only the four relevant tests for people under 40, but all six tests for people aged 40 or over.

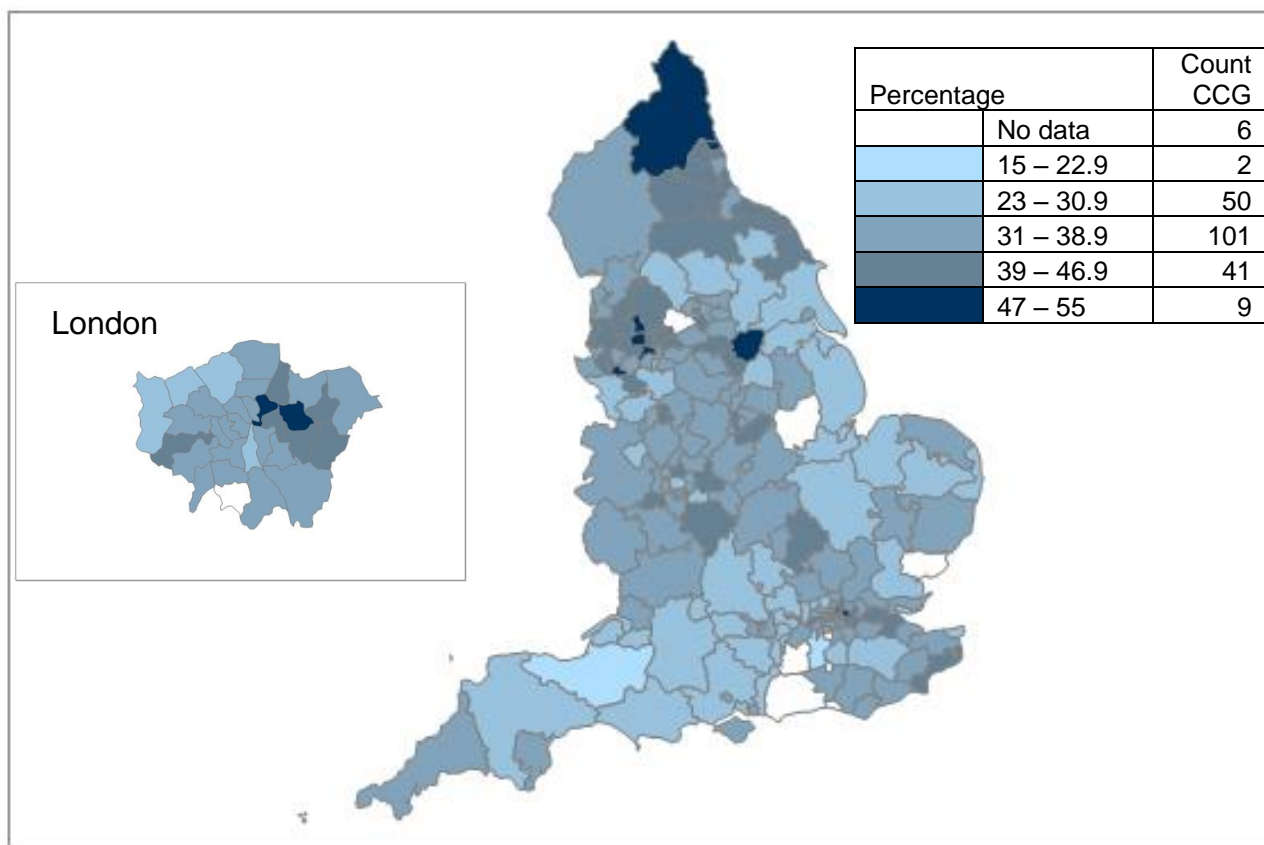
In the financial year 2014/15, according to GPs who supplied data, there were 362,512 people with SMI in England. Of these, 126,164 (34.8 per cent) received the complete list of physical checks in the preceding 12 months. This is a significant reduction from the preceding year where 53.4 per cent of people received the complete list of physical checks. It is not known how much of this reduction represents a genuine reduction in activity. All six physical checks which comprise this indicator were included in the Quality Outcomes Framework (QOF) for the period 2013/14. QOF indicators for recording cholesterol, blood glucose, and BMI were retired with the 2014/15 QOF release. It is not clear whether the reduction in activity is due to the checks not being performed or not being recorded.

Figure 2 below shows the variation across 209 CCGs for the financial year 2014/15.

Figure 2:

1.12 People with serious mental illness who have received the complete list of physical checks

The percentage of people with SMI who have received the complete list of physical checks by CCG, 2014/15



Ordnance Survey License Number 100044406. ©Crown Copyright and database right, 2016.

Source: GPES, registered patient counts NHAIS (Exeter).

Note that the map charts in this report present bandings of equal intervals, i.e. there are not the same number of CCGs per band.

Tables 2a and 2b show the five CCGs with the lowest and the five CCGs with the highest percentage of people with SMI who have received complete list of physical checks. A 95 per cent confidence interval (CI) is presented alongside the rates.

Table 2a:

1.12 People with serious mental illness who have received the complete list of physical checks

Five CCGs with lowest percentages, 2014/15

CCG	Percentage	CI lower	CI upper	Denominator	Numerator
NHS Surrey Downs CCG	17.5	15.6	19.6	1,342	235
NHS Somerset CCG	18.8	17.5	20.2	3,203	602
NHS Mid Essex CCG	23.9	21.8	26.1	1,518	363
NHS Aylesbury Vale CCG	24.0	21.6	26.6	1,126	270
NHS Guildford and Waverley CCG	24.5	21.7	27.4	887	217

Table 2b:

1.12 People with serious mental illness who have received the complete list of physical checks

Five CCGs with highest percentages, 2014/15

CCG	Percentage	CI lower	CI upper	Denominator	Numerator
NHS City and Hackney CCG	49.0	47.2	50.7	3,129	1,533
NHS Blackburn with Darwen CCG	49.1	46.8	51.4	1,859	913
NHS Doncaster CCG	50.2	48.0	52.4	1,948	978
NHS Salford CCG	52.1	49.7	54.5	1,674	872
NHS Halton CCG	52.4	49.3	55.4	1,012	530

1.23 Smoking rates in people with serious mental illness

This indicator measures the percentage of people with serious mental illness aged 18 and over, identified on GP systems, who are current smokers, reported at CCG of responsibility level.

Note that this indicator only refers to primary care. If patients with SMI are in long term, institutional care and are not on a GP list, they are excluded from this indicator.

If patients with SMI are in long term, institutional care and are on a GP list, they are counted for this indicator according to their electronic health record at the GP. This may show they have an SMI, so they are included in the denominator, but will not have the results of tests so are not included in the numerator (even if they have had the tests elsewhere).

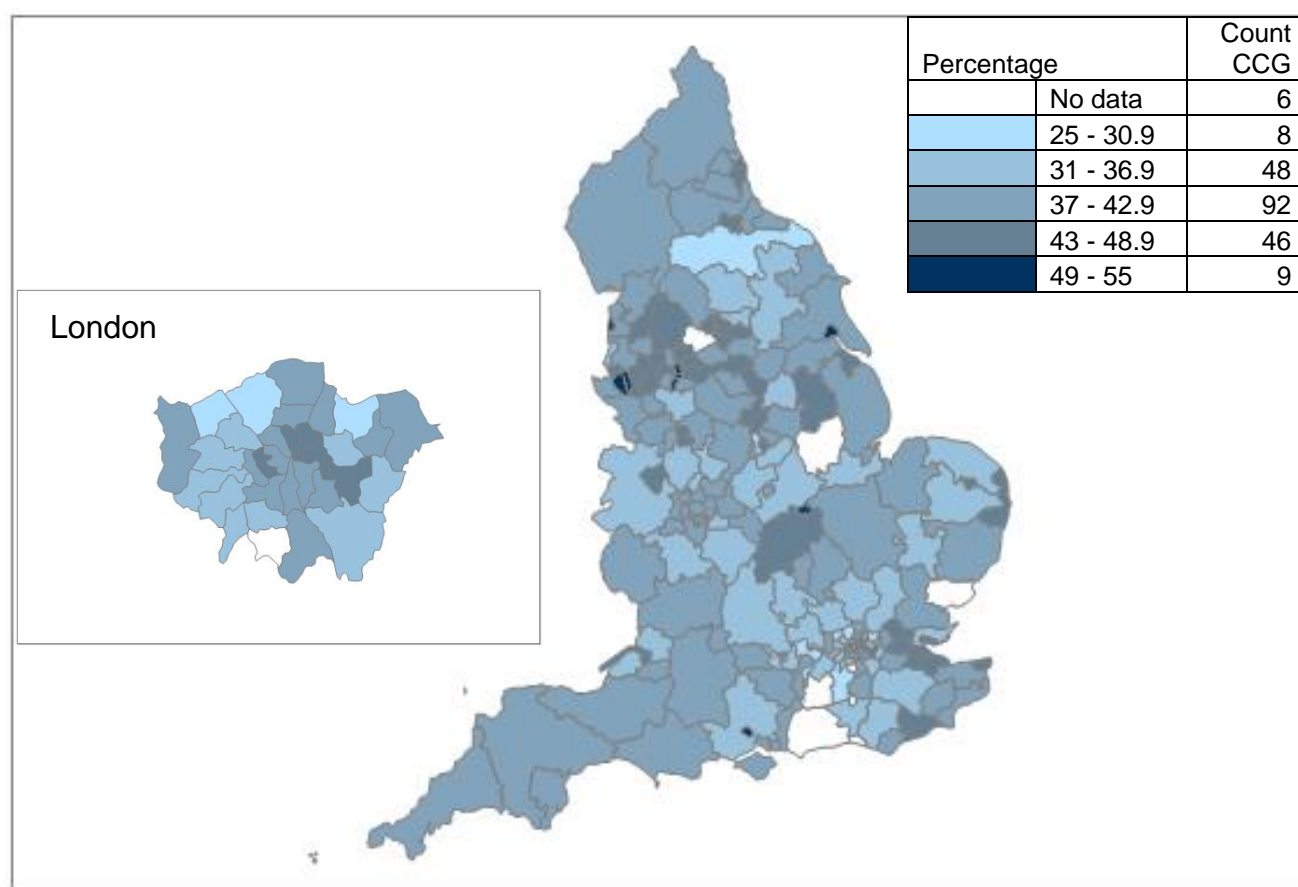
In the financial year 2014/15, there were 361,242 people with SMI aged 18 and over, of which 146,442 (40.5 per cent) were identified as current smokers. This compares to the 2014 general population smoking rate of 18.8 per cent in people aged 16 and over⁴.

Figure 3 shows the variation across 209 CCGs for the financial year 2014/15.

Figure 3:

1.23 Smoking rates in people with serious mental illness

Percentage of people with SMI aged 18 and over who are current smokers by CCG, 2014/15



Ordnance Survey License Number 100044406. ©Crown Copyright and database right, 2016.

Source: GPES, registered patient counts NHAIS (Exeter).

⁴ Adult Smoking Habits in Great Britain, ONS.

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/dataset/adultsmokinghabitsingreatbritain>

Tables 3a and 3b show the five CCGs with the lowest and five CCGs with the highest percentage of people with SMI aged 18 and over who are current smokers for the financial year 2014/15, highlighting the variation across England. A 95 per cent CI is presented alongside the percentages.

Table 3a**1.23 Smoking rates in people with serious mental illness**

Five CCGs with lowest percentages, 2014/15

CCG	Percentage	CI lower	CI upper	Denominator	Numerator
NHS Harrow CCG	27.2	25.3	29.1	2,068	562
NHS Hambleton, Richmondshire and Whitby CCG	29.9	26.7	33.3	756	226
NHS Surrey Downs CCG	29.9	27.5	32.4	1,340	400
NHS Redbridge CCG	30.4	28.5	32.4	2,075	631
NHS Nottingham West CCG	30.6	26.8	34.6	536	164

Table 3b:**1.23 Smoking rates in people with serious mental illness**

Five CCGs with highest percentages, 2014/15

CCG	Percentage	CI lower	CI upper	Denominator	Numerator
NHS Southampton CCG	51.3	49.3	53.3	2,397	1,229
NHS South Manchester CCG	51.9	49.4	54.5	1,517	788
NHS Hull CCG	52.3	50.0	54.6	1,766	924
NHS North Manchester CCG	52.4	50.2	54.7	1,889	990
NHS Corby CCG	55.0	49.7	60.1	353	194

2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale greater than or equal to 3 referred to a pulmonary rehabilitation programme

This indicator reports the percentage of people with Chronic Obstructive Pulmonary Disease (COPD) and Medical Research Council (MRC) Dyspnoea Scale⁵ greater than or equal to 3 referred to a pulmonary rehabilitation programme, reported at CCG of responsibility level.

People with COPD who attend a pulmonary rehabilitation programme will know about the factors affecting their condition and their general health, giving them the opportunity to better manage their condition. This indicator measures the percentage of people referred to, or who have attended, such a programme.

⁵ <http://www.mrc.ac.uk/research/facilities/mrc-scales/mrc-dyspnoea-scale-mrc-breathlessness-scale/>

It does not measure how successful the programme was in changing people's behaviour. The MRC Dyspnoea Scale is a 1 to 5 scale that measures perceived respiratory disability to establish clinical grades of breathlessness.

It is likely that patients with diagnosed COPD will have an annual review at which their MRC Dyspnoea Scale will be recorded. The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score, is a QOF indicator. However, if this review does not take place, these patients will not be included in the numerator or the denominator.

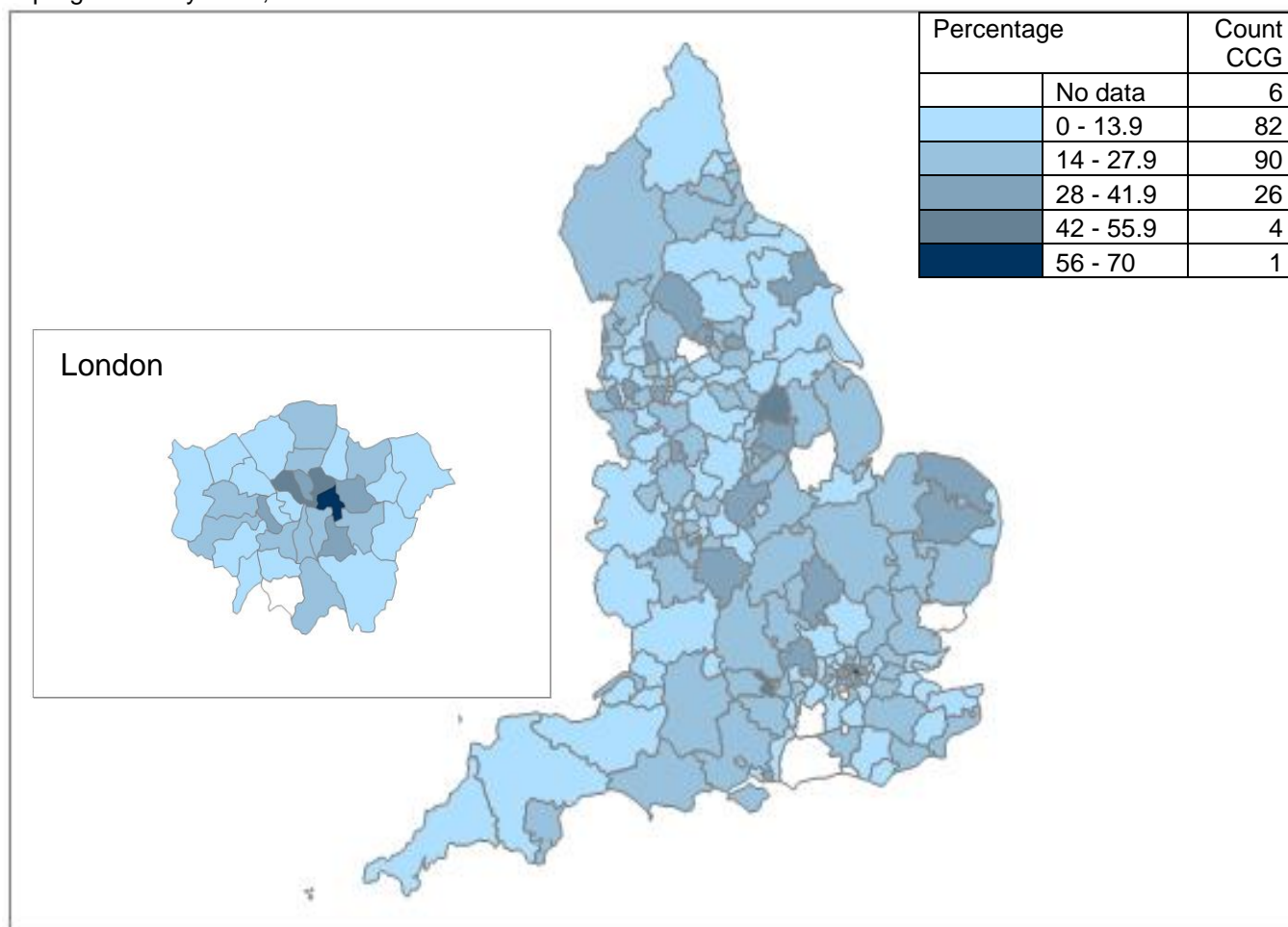
In the financial year 2014/15, there were 335,803 people with COPD and MRC Dyspnoea Scale greater than or equal to 3. Of these, 63,059 (18.8 per cent) were referred to a pulmonary rehabilitation programme. This is an increase from 2013/14 where 16.1 per cent were referred.

Figure 4 below shows the variation across 209 CCGs for the financial year 2014/15.

Figure 4:

2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme

Percentage of people with COPD and MRC Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme by CCG, 2014/15



Ordnance Survey License Number 100044406. ©Crown Copyright and database right, 2016.

Source: GPES, registered patient counts NHAIS (Exeter).

NHS Tower Hamlets CCG has by far the highest percentage, it is the only member of the highest group and there are only four CCGs in the next highest group. The distribution of this indicator is therefore very different to the previous two, with many more CCGs in the lower bands. This same pattern of a small number of CCGs with a high percentage of referrals was seen in 2013/14.

Tables 4a and 4b show the five CCGs with the lowest and the five CCGs with the highest percentage of people with COPD and MRC Dyspnoea Scale greater than or equal to 3 referred to a pulmonary rehabilitation programme. A 95 per cent CI is presented alongside the percentages.

Table 4a:

2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme

Five CCGs with lowest percentages, 2014/15

CCG	Percentage	CI lower	CI upper	Denominator	Numerator
NHS Swale CCG	3.8	2.7	5.3	838	32
NHS Havering CCG	4.0	3.1	5.2	1,411	57
NHS Northumberland CCG	4.2	3.5	5.0	2,865	121
NHS Slough CCG	4.4	3.0	6.4	587	26
NHS Bury CCG	4.5	3.2	6.1	805	36

Table 4b:

2.3 People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale ≥ 3 referred to a pulmonary rehabilitation programme

Five CCGs with highest percentages, 2014/15

CCG	Percentage	CI lower	CI upper	Denominator	Numerator
NHS Camden CCG	43.1	39.9	46.3	912	393
NHS Bassetlaw CCG	45.2	42.1	48.4	973	440
NHS City and Hackney CCG	46.3	43.5	49.2	1,187	550
NHS North & West Reading CCG	53.3	47.7	58.9	302	161
NHS Tower Hamlets CCG	68.5	65.7	71.2	1,061	727

Changes to Mental Health data

In January 2016 the Mental Health Services Dataset (MHSDS) replaced the Mental Health and Learning Disabilities Data Set (MHLDDS). This will bring data for Child and Adolescent Mental Health Services (CAMHS) into the same mandatory monthly dataset for all NHS funded providers of adult secondary mental health and learning disability services. This change will affect the following indicators:

3.17 Proportion of adults in contact with secondary mental health services in employment: One publication will be missed in June 2016.

3.16 Readmissions to mental health within 30 days of discharge: This indicator will not be able to be produced for 12 months following this current release. We cannot link MHLDDS and MHSDS together to continue the time series due to the change from person based to referral based data collection. The first MHSDS based publication of this indicator is expected to occur in June 2017.

The opportunity presented by the introduction of the MHSDS is that of being able to measure across pathways; for the CCG OIS this means that we will be able to extend the scope of the readmissions indicator to cover both adults and adolescents using mental health services and the transition between the services. This will give a fuller picture of readmissions occurring within mental health services. The methodology for this indicator is yet to be confirmed; it will be subject to assurance by the Indicator and Methodology Assurance Service (IMAS) and will be published alongside the data when available.

Changes to Maternity data collections

Some changes have taken place to collections of Maternity data which affect production of the following CCG OIS indicators:

1.13 Antenatal assessments within 13 weeks: Collection of data for this indicator is in the process of being transferred; the most recently available data related to Quarter 3 2014/15 and was published in December 2015. It is not yet known when the data collection will be available for publication.

1.15 Breast feeding prevalence at 6-8 weeks: Collection of data for this indicator has transferred to Public Health England; it is now reported at Local Authority level but is not available for CCGs. The last data available for CCGs related to Quarter 1 2015/16 and was published in December 2015.

Issue with readmission source data

An issue has been identified with the underlying data used to produce indicator 3.15 – ‘Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission’. The corrected data was not available in time for this publication, but provisional analysis has identified that this has a negligible effect on the reported figures. As a result, it has been decided to publish these figures and revise them on next publication.

A revised time series with the corrected data will be published in June 2016, with analysis of the impact of this issue. The underlying data is updated monthly, which can affect the whole time series, meaning that the data will have changed in the meantime.

Further uses for the CCG OIS indicators

This document gives an overview of selected indicators within this CCG OIS release. Examples of further work that these data will allow are given below:

- To identify areas with poor outcomes that require further detailed investigation
- The data allow CCGs to identify how outcomes compare at a more regional level, for example using a regional rate as the benchmark rather than the National rate
- As new data periods are published, CCGs will be able to use the indicators to monitor indicator trends over time.

Feedback

If there are any other topics within the CCG OIS that you find interesting and would like further analysis of in a future report, please contact us at enquires@hscic.gov.uk

Appendix 1 – Indicator update summary

Table 1: Time periods and updates for indicators within the March 2016 publication

Indicator number and name		Time period	Update
1.8	Emergency admissions for alcohol related liver disease	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG
1.10	One-year survival from all cancers	Diagnosis period: 1997 to 2013, follow-up period 1998 to 2014	CCG
1.12	People with serious mental illness who have received the complete list of physical checks	2013/14 2014/15	National CCG
1.14	Maternal smoking at delivery	Quarter 2 2015/16	CCG
1.21	All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over	April 2011 to March 2014	National CCG
1.22	Hip fracture: incidence	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG
1.23	Smoking rates in people with serious mental illness	2013/14 2014/15	CCG
2.3	People with Chronic Obstructive Pulmonary Disease and Medical Research Council Dyspnoea Scale greater than or equal to 3 referred to a pulmonary rehabilitation programme	2013/14 2014/15	National CCG
2.6	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG Gender
2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG Gender
2.11a	The percentage of referrals to IAPT services which indicated a reliable recovery following completion of treatment	2015/16	National CCG
2.11b	The percentage of referrals to IAPT services which indicated a reliable improvement following completion of treatment	2015/16	National CCG

2.11c	The percentage of referrals to IAPT services which indicated a reliable deterioration following completion of treatment	2015/16	National CCG
3.1	Emergency admissions for acute conditions that should not usually require hospital admission	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG Gender
3.4	Emergency admissions to hospital of children with lower respiratory tract infections	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG Gender
3.14	Alcohol-specific hospital admissions	October 2014 to September 2015 (Data from April 2015 is provisional)	National CCG
3.15	Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission	October 2012 to September 2015 (Data from April 2015 is provisional)	National CCG
3.16	Unplanned readmissions to mental health services within 30 days of a mental health inpatient discharge in people aged 17 and over	October 2014 to September 2015	National CCG
3.17	Percentage of adults in contact with secondary mental health services in employment	October 2014 to September 2015	National CCG Mental health care super cluster
5.1	Patient safety incidents	October 2014 to March 2015	5 main providers within each CCG
5.3	Incidence of Healthcare Associated Infection (HCAI) – Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	December 2014 to December 2015	CCG
5.4	Incidence of Healthcare Associated Infection (HCAI) – <i>C. difficile</i>	December 2014 to December 2015	CCG

**Published by the Health and Social Care Information Centre
Part of the Government Statistical Service**

Responsible Statistician

Chris Dew, Clinical Indicators Programme Manager

ISBN 978-1-78386-661-8

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

Copyright © 2016 Health and Social Care Information Centre. All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.