Department of Health

NHS Outcomes Framework 2015/16

Updated Equalities Analysis

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Updated Equalities Analysis

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1. Introduction

1.1 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 subsequent updates in order to reflect developments in the NHS Outcomes Framework.[2]

1.2 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.

1.3 The protected characteristics are:

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

[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 2014/15 can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256458/NHS_Outcomes_Framework_equalities_analysis.pdf

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

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

- Addressing equalities and inequalities in NHS Outcomes Framework

1.4 The NHS Outcomes Framework, alongside the Adult Social Care Outcomes Framework and Public Health Outcomes Framework, sits at the heart of the health and care system. The NHS Outcomes Framework:

- provides a national overview of how well the NHS is performing;
- is the primary accountability mechanism, in conjunction with the mandate, between the Secretary of State and NHS England; and
- improves quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes rather than process.

1.5 Indicators in the NHS Outcomes Framework are grouped into 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.

1.6 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.

1.7 The 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.

1.8 In promoting improvements of quality throughout the NHS, the NHS Outcomes 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.

- Assessing progress: measuring inequalities

1.9 Changes to the NHS Outcomes Framework were kept to a minimum this year, in line with the stable mandate to NHS England for 2015/16. A small number of indicators were added, the details of which are set out in the accompanying NHS Outcomes Framework 2015/16[3] and Technical Appendix[4]. In these documents, we also pledged that we would publish our work on health inequalities in the NHS Outcomes Framework (the foundations for this can be read in last year's Equalities Analysis document[5]). This has now been completed, published as the 'Indicators for health inequalities assessment' document on the NHS Outcomes Framework 2015/16 webpage[6]. This work is also summarised below.

1.10 The Health and Social Care Act 2012 amendments to the NHS Act 2006 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:

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385751/NHS_Outcomes_Tech_Appendix.pdf

[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256458/NHS_Outcomes_Framework_equalities_analysis.pdf

[6] https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016

- A duty on the Secretary of State to have regard to the need to reduce health inequalities between the people of England with respect to the benefits that may be obtained by them from the health service; and

- Duties 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.

1.11 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 to assess and report on how well NHS England have fulfilled theirs. NHS England is required to assess and report on how well each CCG has fulfilled its health inequalities duty. Indeed, reducing inequalities is one of the objectives within the mandate to NHS England, which states that success will be measured on inequalities as well as overall improvement against the NHS Outcomes Framework.

1.12 The Secretary of State has signalled that he intends to shift the assessment of both his and NHS England's inequalities duties onto a quantitative basis using the NHS Outcomes Framework and the Public Health Outcomes Framework. The approach will be developed over time, beginning in 2015/16.

1.13 In order that this commitment could be fulfilled in 2015/16, the Department consulted with stakeholders in the summer on an approach of selecting a number of indicators in the NHS Outcomes Framework for health inequalities assessment, based around a set list of criteria (see paragraph below) and the health inequalities data available. It is the Department's long-term aim that all suitable NHS Outcomes Framework indicators are for health inequalities assessment. For the moment, this would be impractical because of data constraints and unresolved issues surrounding assurance effectiveness. Indeed, the Department is aware that reducing health inequalities is highly challenging, and that some are more amenable than others to NHS action. Therefore, the Department will steer a careful, yet progressive, course in order to tackle the issue of health inequalities while retaining the effectiveness of NHS assurance.

1.14 Our criteria for selecting indicators for health inequalities assessment stipulated that indicators were to:

- reflect the major areas of inequality of outcome;
- reflect areas where the NHS could make a significant difference to the inequalities that people experience;
- reflect areas of particular policy interest;
- reflect the breadth of the NHS Outcomes Framework; and
- cover as broad a range of health inequalities dimensions (such as ethnicity, area deprivation, age, sex) as possible, where data allows.

1.15 Stakeholders were supportive of this plan. Thus, a commitment to undertaking this approach to health inequalities was set out in the NHS Outcomes Framework 2015/16, published in December 2014, and this commitment is fulfilled in the aforementioned 'Indicators for health inequalities assessment' document on the NHS Outcomes Framework 2015/16 webpage.

1.16 The Department has worked closely with both NHS England and stakeholders to produce a final selection of 11 indicators for health inequalities assessment from 2015/2016 that reflects the above criteria and data availability. The health inequalities data for these indicators will be published on the Health and Social Care Information Centre's (HSCIC) indicator portal[7].

1.17 These indicators, and the specific health inequalities dimension(s) (such as area deprivation, ethnicity, age) for which they will be assessed, are set out in Annex A of this document. An explanation of why these particular indicators have been chosen, and by which health inequalities dimension(s) they will be assessed, is contained within the table.

1.18 Further detail on this work is located in our 'Indicators for health inequalities assessment' document, which is published alongside this Equalities Analysis on the NHS Outcomes Framework 2015/16 webpage. We have also updated our 'At a glance' NHS Outcomes Framework 2015/16 document to indicate which indicators are for health inequalities assessment.

1.19 In Annex B of this document, we have set out tables which detail the availability of health inequalities data for all NHS Outcomes Framework indicators, not just the indicators for which we have selected for health inequalities assessment this year.

1.20 The HSCIC is committed to making further data to monitor health inequalities available where feasible. The Department will look to expand the list of indicators for health inequalities assessment in due course, and is already in the process of considering additions to the current list for 2016/2017. The Department will also consider whether some further inequalities dimensions could be included, such as outcomes for other groups with protected characteristics under the Equality Act, or vulnerable groups, including those who are homeless, sex workers, migrants or in the armed forces. Some of these may depend upon the availability of resources or new data sources.

[7] http://www.hscic.gov.uk/indicatorportal

2. Summary changes across each Domain

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

- Domain 1

- Equalities and Inequalities

2.2 Indicators in Domain 1 which are for health inequalities assessment are:

- 1a.i: Potential years of life lost (PYLL) from causes considered amenable to healthcare ***(assessed by area deprivation)***
- 1b.i: Life expectancy at 75 (males) ***(assessed by area deprivation)***
- 1b.ii: Life expectancy at 75 (females) ***(assessed by area deprivation)***
- 1.1: Under 75 mortality rate from cardiovascular disease ***(assessed by area deprivation)***
- 1.4: Under 75 mortality rate from cancer ***(assessed by area deprivation)***
- 1.6.i: Infant mortality ***(assessed by area deprivation)***

2.3 Work continues across Domain 1 to determine the feasibility of disaggregating by further health inequalities dimensions.

2.4 The HSCIC have produced new disaggregations in 2014/2015 for the following indicators in Domain 1:

- 1a: Potential years of life lost (PYLL) from causes considered amenable to healthcare – ***region, area deprivation***
- 1a.i – Potential years of life lost (PYLL) from causes considered amenable to healthcare for adults – ***region, area deprivation***
- 1.1 – Under 75 mortality rate from cardiovascular disease – ***area deprivation***
- 1.2 – Under 75 mortality rate from respiratory disease – ***area deprivation***
- 1.3 – Under 75 mortality rate from liver disease – ***area deprivation***
- 1.4 – Under 75 mortality rate from cancer – ***area deprivation***
- 1.6.i – Infant mortality – ***region***
- 1.6.ii (now 1c) – Neonatal mortality and stillbirths – ***region***

- Changes to Domain 1 in the NHS Outcomes Framework 2015/16

2.5 No indicators in this Domain that were in-development have become live this year.

2.6 Indicator 1.6.ii 'Neonatal mortality and stillbirths' has been changed to become overarching indicator 1c. This change was made as neonatal mortality was not covered by the existing overarching indicators 1a 'Potential years of life lost (PYLL) from causes considered amenable to healthcare', or 1b, 'Life expectancy at 75'. It has, therefore, been moved to become an overarching indicator in the Domain in order to remedy this problem.

2.7 Two new in-development indicators, 1.4.v and vi 'One and Five-year survival from cancers diagnosed at stages 1 and 2' have been added.

2.8 A new in-development indicator 1.5.ii 'Excess under 75 mortality rate in adults with common mental illness' has been added. In addition, a new in-development indicator 1.5.iii 'Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services' has been added.

2.9 Further details on these indicators, including why these changes were made, can be found in the NHS Outcomes Framework 2015/16 and the accompanying Technical Appendix.

- Ongoing work in Domain 1

2.10 Indicator 1.7 'Excess under 60 mortality rate in adults with a learning disability' remains in-development. The Department is currently waiting for the GPES extract to be produced in May. Once this extract has been produced, the Department will consider what data would work best as an indicator, and this will be taken through the HSCIC Indicator Assurance Process.

- Domain 2

- Equalities and Inequalities

2.11 Indicators in Domain 2 which are for health inequalities assessment are:

- 2: Health-related quality of life for people with long-term conditions ***(assessed by area deprivation and ethnicity)***
- 2.3i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions ***(assessed by area deprivation)***

2.12 Work continues across Domain 2 to determine the feasibility of disaggregating by further health inequalities dimensions.

2.13 The HSCIC have produced new disaggregations this year for the following indicators in Domain 2:

- 2.3.i – Unplanned hospitalisation for chronic ambulatory care sensitive conditions – ***area deprivation, upper tier local authority and region***
- 2.3.ii – Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s – ***area deprivation, upper tier local authority and region***

- Changes to Domain 2 in the NHS Outcomes Framework 2015/16

2.14 No indicators in this Domain that were in-development have become live this year.

2.15 A new in-development indicator 2.5.ii 'Health-related quality of life for people with mental health illness' has been added.

2.16 A new in-development indicator 2.7 'Health-related quality of life for people with three or more long-term conditions' has been added.

2.17 Further details on these indicators, including why these changes were made, can be found in the NHS Outcomes Framework 2015/16 and the accompanying Technical Appendix.

- Ongoing work in Domain 2

2.18 Building on from the developments regarding indicator 2.6.ii 'A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life' in last year's Equalities Analysis, the Department is expecting the London School of Hygiene and Tropical Medicine to provide initial analyses in the summer of 2015 and proposals for a methodology for the indicator in early 2016.

- Domain 3

- Equalities and Inequalities

2.19 Indicators in Domain 3 which are for health inequalities assessment are:

- 3a: Emergency admissions for acute conditions that should not usually require hospital admission ***(assessed by area deprivation)***

2.20 Work continues across Domain 3 to determine the feasibility of disaggregating by further health inequalities dimensions.

2.21 The HSCIC have produced new disaggregations this year for the following indicators in Domain 3:

- 3a: Emergency admissions for acute conditions that should not usually require hospital admission – ***area deprivation, upper tier local authority and region***
- 3.2 – Emergency admissions for children with lower respiratory tract infections – ***area deprivation, upper tier local authority and region***
- 3.5.i – Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability at 30 days – ***area deprivation, lower tier local authority, region and hospital provider***
- 3.5.ii – Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability AT 120 days - ***area deprivation, lower tier local authority, region and hospital provider***

- Changes to Domain 3 in the NHS Outcomes Framework 2015/16

2.22 No indicators in this Domain that were in-development have become live this year.

2.23 Indicators 3.1.i-v 'Total health gain as assessed by patients for elective procedures' have been consolidated from five indicators into two: physical and mental health related procedures.

2.24 A new in-development indicator 3.1.iii 'Recovery in quality of life for patients with mental health problems' has been added.

2.25 The wording of indicator 3.5 has been changed to specify that the indicator measures the 'proportion of patients *with hip fractures* recovering to their previous levels of mobility/walking ability at 30/120 days'.

2.26 Two new in-development indicators concerning improving dental health have been added – 3.7.i 'Decaying teeth' and 3.7.ii 'Tooth extractions in secondary care for children under 10'.

2.27 Further details on these indicators, including why these changes were made, can be found in the NHS Outcomes Framework 2015/16 and the accompanying Technical Appendix.

- Domain 4

- Equalities and Inequalities

2.28 Indicators in Domain 4 which are for health inequalities assessment are:

- 4a.i: Patient experience of primary care – GP services ***(assessed by area deprivation, age, ethnicity and sexual orientation)***
- 4.4.i: Access to GP services ***(assessed by area deprivation, age, ethnicity and sexual orientation)***

2.29 Work continues across Domain 4 to determine the feasibility of disaggregating by further health inequalities dimensions.

2.30 The HSCIC have produced new disaggregations this year for the following indicators in Domain 4:

- 4b – Patient experience of hospital care – ***longstanding condition and ethnicity***
- 4.4.i – Access to GP services - ***response rates and confidence intervals for national, gender, age, lower and upper tier local authority and region***
- 4.4.ii – Access to NHS dental services - ***response rates and confidence intervals for all breakdowns***

- Changes to Domain 4 in the NHS Outcomes Framework 2015/16

2.31 No indicators in this Domain that were in-development have become live this year.

2.32 A new in-development overarching indicator 4d 'Patient experience characterised as poor or worse' has been added.

2.33 A new sub-analysis for carer experience has been made available for indicators 4a and 4d.i.

2.34 Indicator 4.8 has been changed from experience of *outpatient* to *inpatient* services.

2.35 Further details on these indicators, including why these changes were made, can be found in the NHS Outcomes Framework 2015/16 and the accompanying Technical Appendix.

- Ongoing work in Domain 4

2.36 Work continues on indicator 4.9 'People's experience of integrated care'. It is due to be considered at the Outcomes Framework Technical Advisory Group meeting in early 2015. We hope to have this indicator live for the 2016/17 NHS Outcomes Framework.

- Domain 5

- Equalities and Inequalities

2.37 No indicators in Domain 5 are for health inequalities assessment, due to a lack of data. The Department hopes to include Domain 5 indicators in the list of indicators for health inequalities assessment in the near future.

- Changes to Domain 5 in the NHS Outcomes Framework 2015/16

2.38 No indicators in this Domain that were in-development have become live this year.

2.39 The existing indicator 5.6 'Incidence of harm to children due to failure to monitor' was removed.

2.40 The National Learning and Reporting System (NRLS) based indicators have been combined into a single improvement area indicator for patient safety incidents reported.

2.41 The previous overarching indicator 5c 'Hospital deaths attributable to problems in care' has been moved to overarching indicator 5a.

2.42 A new overarching indicator – 5b 'Severe harm attributable to problems in healthcare' has been added.

2.43 A new in-development indicator 5.4 'Hip fractures from falls during hospital care' has been added.

2.44 The quality statement of indicator 5.5 'Admission of full-term babies to neonatal care' has been amended to reflect issues regarding the quality of indicator.

2.45 Further details on these indicators, including why these changes were made, can be found in the NHS Outcomes Framework 2015/16 and the accompanying Technical Appendix.

3. Coverage review

3.1 As indicated in the previous Equalities Analysis, the Department undertook a review of the NHS Outcomes Framework this year in order to ascertain how it could be improved. There were three key aims of the review:

- to update the existing set of indicators, making the NHS Outcomes Framework a more effective tool and aligning it further with the mandate to NHS England;
- to give an indication of the future direction of travel for indicator development in the NHS Outcomes Framework; and
- to increase alignment with the Public Health Outcomes Framework and Adult Social Care Outcomes Framework, where appropriate.

3.2 Using these key aims, the Department formulated a number of proposed amendments to the NHS Outcomes Framework, grouped around four area that were identified as needing improvement because current indicators in the NHS Outcomes Framework were problematic or insufficient. These were:

- Mental health
- Children and young people
- Health inequalities
- Patient experience and patient safety

3.3 As part of the review process, the Department engaged with stakeholders over the summer to seek feedback on these proposals, and to get an indication of what the priorities should be for the future. Feedback from stakeholders came in the form of four discussion-style events held with the King's Fund, and through responses to the accompanying engagement document *Refreshing the NHS Outcomes Framework 2015/16: Stakeholder Engagement*[8]. A summary of stakeholder feedback and the Department's response has been published to accompany the refreshed NHS Outcomes Framework 2015/16[9].

[8] https://www.gov.uk/government/consultations/nhs-outcomes-framework-review

[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383102/What_we_heard_and_the_goverment_s_response_-_NEW_FINAL.pdf

Annex A: NHS Outcomes Framework indicators for health inequalities assessment

Key

Area Deprivation: the inequality gap is the difference between the top and bottom decile, divided by the median and converted to a percentage.

Ethnicity: the inequality gap is calculated by working out the difference between each ethnic group and white British, taking the largest difference and dividing by the average of all ethnicities and converting to a percentage.

Age: the inequality gap is the difference between the best outcome and worst outcome divided by the average of all age outcomes and converted to a percentage.

Sexual Orientation: the inequality gap is calculated by working out the difference between each sexual orientation and straight/heterosexual, taking the largest difference, dividing by the average and converting to a percentage.

The Slope Index of Inequality (SII): The Slope Index of Inequality (SII) is a measure of the social gradient in an indicator, i.e. how much the indicator varies with socio-economic status or deprivation. The SII summarises social inequalities across the whole population in a single number, which represents the range in the indicator between the most and least disadvantaged within the population, based on a statistical analysis of the relationship between the indicator and socio-economic status or deprivation across the whole population.

For example, the SII in life expectancy in England by area deprivation represents the range in life expectancy across England, from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across the whole population. An SII of 10 years indicates that life expectancy for the most deprived is 10 years higher than for the least deprived in England. The higher the value of the SII, the greater the inequality.

Indicator	Health inequalities dimension(s) for assessment	Time Period	Rationale for inclusion	Other HSCIC breakdowns
1a.i: Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare - Adults (ages 20+) [Overarching]	Area Deprivation (metric: Slope Index of Inequalities)	2003-2013	This is an overarching indicator which captures high level inequalities and ensures that inequalities in all amenable causes are monitored. There is a clear gradient in mortality amenable to healthcare by area deprivation. The gap from the top to bottom decile is 118%. This indicator also supports the achievement of the overarching Public Health Outcomes Framework indicator on inequalities in life expectancy, reflecting the component of inequalities in life expectancy that is amenable to healthcare.	Age Lower tier local authority Region Condition Gender
1b.i: Life expectancy at 75 - Males 1b.ii: Life expectancy at 75 - Females [Overarching]	Area Deprivation (metric: Slope Index of Inequalities)	1990-2013	This is an overarching indicator that captures mortality outcomes for over 75s. There is a clear gradient in life expectancy at 75 by area deprivation. The gap from top to bottom quintile is 17% for women and 22% for men. Previous analysis of inequalities in life expectancy for disadvantaged areas showed that the widening gap in life expectancy at birth has been driven by inequalities in life expectancy at 75, particularly for women. Including this indicator ensures that inequalities in mortality at older ages, including the impact of possible ageism in clinical practice on mortality, will be monitored.	Region Local authority Gender

1.1: Under 75 mortality rate from cardiovascular disease [Improvement]	Area Deprivation (metric: Slope Index of Inequalities)	2003-2013	Cardiovascular disease is the largest component of Potential Years of Life Lost and there is a clear gradient in cardiovascular mortality by area deprivation. The gap from the top to bottom decile is 142%. Some trends in inequalities in cardiovascular mortality have shown a narrowing gap, and the Secretary of State's letter to health system leaders setting out criteria for 2014/15 assessment against health inequalities legal duties indicated that previous progress on reducing absolute inequalities in cardiovascular mortality should be maintained.	Lower tier local authority Region Gender Age
1.4: Under 75 mortality rate from cancer [Improvement]	Area Deprivation (metric: Slope Index of Inequalities)	2003-2012	Cancer is the second biggest component of Potential Years of Life Lost and there is a clear gradient in cancer mortality by area deprivation. The gap from top to bottom decile is 73%. Some trends in inequalities in cancer mortality have shown a narrowing gap in the past, and the Secretary of State's letter to health system leaders setting out criteria for 2014/15 assessment against health inequalities legal duties indicated that previous progress on reducing absolute inequalities in cancer mortality should be maintained.	Lower tier local authority Region Gender Age
1.6.i: Infant mortality [Improvement]	Area Deprivation (metric: Slope Index of	1999-2012	This indicator captures an age group not covered by adult mortality. There is a clear gradient in infant mortality by area deprivation. The gap from the top to bottom quintile is 61%. The need to maintain	Lower tier local authority Region

	Inequalities or Relative Index of Inequalities*)		progress on reducing inequalities in infant mortality was included in the Secretary of State's letter to health system leaders setting out criteria for 2014/15 assessment against the health inequalities legal duties. Previously, there has been focus on inequalities by social class, which provides an individual rather than area-based focus. The use of area deprivation is apt in this case because the Office of National Statistics have recently changed the methodology for assigning social class for infant mortality (it is now based on both parents' occupation rather than just father's occupation) and there is no historic time series on the new method. In addition, delivery is more readily focused on areas rather than social class/occupation. There are inequalities by age of mother and ethnicity. It is important to monitor these, but at national level area deprivation is the key focus.	Gender Age
2: Health-related quality of life for people with long-term conditions [Overarching]	Area Deprivation (metric: Slope Index of Inequalities) Ethnicity**	2011/12 - 2013/14	This is an overarching indicator and so captures high-level inequality. Including ethnicity as well as deprivation broadens the inequality dimensions covered by the set as a whole, and highlights a larger inequality. The two dimensions complement each other, capturing issues for both diverse and non-diverse populations, but ensuring that issues for BME groups are given specific attention. There is a 22% gap in outcomes between ethnic	Gender Age Sexual Orientation Religion Lower tier local authority Upper tier local authority

			groups with the highest and lowest health-related quality of life (HRQOL). There is an inequality in HRQOL between groups for the entire population (not just those with a long-term condition) but the inequality is greater amongst those with a long-term condition, suggesting that there is something relating to the long-term condition that exacerbates the inequality.	Region Number of long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages) [Improvement]	Area Deprivation (metric: Slope Index of Inequalities or Relative Index of Inequalities*)	2003/4 - 2013/14	This indicator reflects the quality of management of long-term conditions in primary care, and there are clear inequalities by area deprivation. There is an area deprivation gap of 131% between top and bottom decile.	Gender Age Lower tier local authority Upper tier local authority Region Condition
3a: Emergency admissions for acute conditions that should not usually require hospital admission (all ages) [Overarching]	Area Deprivation (metric: Slope Index of Inequalities or Relative Index of Inequalities*)	2003/4 - 2013/14	This is an overarching indicator in the Domain, complements indicator 2.3.i and reflects primary care quality. There is a clear inequality in area deprivation with a gap of 80% between top and bottom decile.	Gender Age Lower tier local authority Upper tier local authority Region

				Condition
4a.i: Patient experience of primary care - GP services [Overarching]	Area Deprivation (metric: Slope Index of Inequalities or Relative Index of Inequalities*) Age Ethnicity** Sexual Orientation**	2011/12 - 2013/14	This is an overarching indicator and reflects the quality of primary care. Access to healthcare services is an explicit aspect of health inequalities legal duties for NHS England and CCGs. Although we recognise that there may be differences in perceptions and expectations, experience broadly reflects area deprivation and probably reflects real differences in provision.	Gender Religion Lower tier local authority Upper tier local authority Region
4.4.i Access to GP services [Improvement]	Area Deprivation (metric: Slope Index of Inequalities or Relative Index of Inequalities*) Age	2011/12 - 2013/14	There have been longstanding inequalities in access to primary care (fewer GPs per head in deprived areas, taking account of need), and this had been a focus of action over several years. Access to healthcare services is an explicit aspect of the health inequalities legal duties for NHS England and CCGs.	Gender Religion Lower tier local authority Upper tier local authority Region

	Ethnicity** Sexual Orientation**			

*The HSCIC's indicator assurance process will finalise the most appropriate metric of area deprivation for these indicators.
**The Department is currently developing the most appropriate metric for measuring ethnicity and sexual orientation, which will be finalised in the HSCIC's indicator assurance process.

The data for the above indicators (including the health inequalities data and other HSCIC breakdowns) are contained in the NHS Outcomes Framework section of the HSCIC indicator portal at: https://indicators.ic.nhs.uk/webview/

Full details on each indicator for health inequalities assessment – including how each inequalities dimension is calculated and the data sources used – are available in the indicator specification documents on the HSCIC indicator portal. The links are below:

For the Domain 1 indicators: https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_1_S_V4.pdf
For the Domain 2 indicators: https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S_V4.pdf
For the Domain 3 indicators: https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_3_S_V4.pdf
For the Domain 4 indicators: https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_4_S_V4.pdf

Annex B: Equalities breakdowns

The table below provides details for each indicator in the NHS Outcomes Framework and whether 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 benefits of publication do not justify the costs
D	**In development** – Not currently available but possible to construct
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, accuracy or interpretation

Equalities Breakdowns by Outcomes Framework Indicator

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
Domain 1. Preventing people from dying prematurely																		
1a.i Potential Years of Life Lost (PYLL) from causes considered amenable to health care - adults	A*	A	A*	A*	N	A	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. 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 by selecting causes amenable to health care according to the Outcomes Framework and selecting the appropriate age groups. Indicator 1a 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	A*	I	A	I	N	I	I	I	N	N	A	N	N	N	N	N		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 but PYLL comparisons would need to be constructed by selecting causes amenable to health care according to the Outcomes Framework, selecting the appropriate age groups and determining an appropriate life expectancy for each age group.

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
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 http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database# search for table: demo_mlexpec. 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. Age breakdown does not apply as the indicator age is included in the definition of the indicator.
1c Neonatal mortality and stillbirths	N	A*	I	A*	N	A*	N	N	A*	N	A	N	N	N	N	N	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)

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
1.1 Under 75 mortality rate from cardiovascular disease	A	A*	A*	A*	N	A	I	A	N	N	A	N	N	N	N	N	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	A	I	A	N	N	A	N	N	N	N	N	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.
1.3 Under 75 mortality rate from liver disease	A	A*	A*	A*	N	A	I	A	N	N	A	N	N	N	N	N	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.

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
1.4. Under 75 mortality from cancer	A	A*	A*	A*	N	A	I	A	N	N	A	N	N	N	N	N	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	N	I	A	N	N	I	I	A	I	N	D	N	N	N	N	N		Data sourced from ONS Cancer Survival Statistics.
1.4.ii Five-year survival for all cancers	A*	I	N	N	N	I	I	A	I	N	D	N	N	N	N	N		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	N	I	A	N	N	I	I	A	I	N	D	N	N	N	N	N		Data sourced from ONS Cancer Survival Statistics.
1.4.iv Five-year survival for breast, lung and colorectal cancer	N	I	N	N	N	I	I	A	I	N	D	N	N	N	N	N		Data sourced from ONS Cancer Survival Statistics.
1.4.v One-year survival from cancers diagnosed at stages 1&2	Possible breakdowns to be assessed once the indicator is developed																	
1.4.vi Five-year survival from cancers diagnosed at stages 1&2	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
1.5.i Excess under 75 mortality rate in adults 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. Please note the Mental Health Minimum Dataset (MHMDS) was renamed to Mental Health Learning Disabilities Data Set (MHLDDS) in September 2014. OECD are developing an indicator to facilitate international comparisons. Subnational breakdowns should be interpreted with caution due to the small number of deaths.
1.5.ii Excess under 75 mortality rate in adults with common mental illness	Possible breakdowns to be assessed once the indicator is developed																	
1.5.iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services	I	A	I	A	N	I	I	I	I	I	A	I	I	I	I	I		Available breakdowns are still being assessed.

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
1.6.i Infant mortality	A*	A*	I	A*	N	A*	N	N	A*	N	A	N	N	N	N	N	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. The European Perinatal Health Report, http://www.europeristat.com/reports/european-perinatal-health-report-2010.html gives more robust comparisons using 2010 data. 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 Five year survival for all cancers in children	A*	N	N	N	N	I	I	A	I	N	D	N	N	N	N	N		Data sourced from ONS Children's Cancer Survival Statistics. International comparisons are available from Eurocare 5 (further information at http://www.eurocare.it/Eurocare5/tabid/64/Default.aspx).
1.7 Excess under 60 mortality in adults with learning disabilities	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	A	A	N	A	N	A	A	A	A	N	A	N	N	N	Number of LTCs	Data sourced from the GP Patient Survey (GPPS).

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
2.1 Proportion of people feeling supported to manage their condition	N	A	A	A	N	A	N	A	A	A	A	N	A	N	N	N	Number of LTCs	Data sourced from the GP Patient Survey (GPPS).
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	Unitary Authority/Local Area	Data sourced from the Labour Force Survey (LFS).
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	A*	A*	A	A*	N	A	N	A	N	N	A	N	N	N	N	N	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/. A breakdown by ethnicity was previously published when population estimates based on the 2001 Census where used as the denominator. However, this changed with moving to populations based on the 2011 Census. ONS advised us that they stopped producing any Population Estimates by Ethic Group (PEEGs) until they had completed an assessment of the 2001 PEEGs estimates against the 2011 estimates. This work is currently still ongoing. It is estimated that the ethnicity breakdown will be reinstated once ONS advises what PEEGs are appropriate to use.

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	N	A*	A	A*	N	A	N	A	N	N	A	N	N	N	N	N	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/. As geographic information is not available for all patients breakdowns by lower and upper tier local authority as well as region should be treated with caution. The percentage of records for each quarter where a local authority or a region could not be classified are also published. A breakdown by ethnicity was previously published when population estimates based on the 2001 Census where used as the denominator. However, this changed with moving to populations based on the 2011 Census. ONS advised us that they stopped producing any Population Estimates by Ethic Group (PEEGs) until they had completed an assessment of the 2001 PEEGs estimates against the 2011 estimates. This work is currently still ongoing. It is estimated that the ethnicity breakdown will be reinstated once ONS advises what PEEGs are appropriate to use.
2.4 Health-related quality of life for carers	N	A*	A*	A*	N	A	N	A	A	A	A	N	A	N	N	N		Data sourced from the GP Patient Survey (GPPS). Subnational breakdowns should be interpreted with caution due to the possible small number of cases.
2.5i Employment of people with mental illness	N	A	N	A	N	N	A	A	A	A	A	I	I	N	N	N	Unitary Authority/Local Area, Condition	Data sourced from the Labour Force Survey (LFS)
2.5.ii Health-related quality of life for people with mental illness	Possible breakdowns to be assessed once the indicator is developed																	
2.6.i Estimated diagnosis rate for 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

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2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	Possible breakdowns to be assessed once the indicator is developed																	
2.7 Health-related quality of life for people with three or more long-term conditions	Possible breakdowns to be assessed once the indicator is developed																	
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	A*	A	A*	N	A	N	A	N	N	A	N	N	N	N	N	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, therefore not allowing to calculate a rate of admissions per 100,000 population. As geographic information is not available for all patients breakdowns by lower and upper tier local authority as well as region should be treated with caution. The percentage of records for each quarter where a local authority or a region could not be classified are also published. A breakdown by ethnicity was previously published when population estimates based on the 2001 Census where used as the denominator. However, this changed with moving to populations based on the 2011 Census. ONS advised us that they stopped producing any Population Estimates by Ethic Group (PEEGs) until they had completed an assessment of the 2001 PEEGs estimates against the 2011 estimates. This work is currently still ongoing. It is estimated that the ethnicity breakdown will be reinstated once ONS advises what PEEGs are appropriate to use.

	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
3b Emergency readmissions within 30 days of discharge from hospital	N	A	A	A*	N	A	N	D	D	N	A	N	N	N	N	N		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.
3.1i Total health gain as assessed by patients for elective procedures: physical health related procedures	Possible breakdowns to be assessed once the indicator is developed.																	
3.1ii Total health gain as assessed b patients for elective procedures: psychological therapies	Possible breakdowns to be assessed once the indicator is developed.																	
3.1iii Recovery in quality of life for patients with mental illness	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)	N	A*	A	A*	N	A	N	A	N	N	A	N	N	N	N	N	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/. As geographic information is not available for all patients breakdowns by lower and upper tier local authority as well as region should be treated with caution. The percentage of records for each quarter where a local authority or a region could not be classified are also published. A breakdown by ethnicity was previously published when population estimates based on the 2001 Census where used as the denominator. However, this changed with moving to populations based on the 2011 Census. ONS advised us that they stopped producing any Population Estimates by Ethic Group (PEEGs) until they had completed an assessment of the 2001 PEEGs estimates against the 2011 estimates. This work is currently still ongoing. It is estimated that the ethnicity breakdown will be reinstated once ONS advises what PEEGs are appropriate to use.
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.
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.																	

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		Region	CCG	Local Authority	Provider	Deprivation	Socio-economic group	Age	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
3.5.i Proportion of patients with hip fractures recovering to their previous levels of mobility / walking ability at 30 days	N	A	A	A	A	A	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 Proportion of patients with hip fractures recovering to their previous levels of mobility / walking ability at 120 days	N	A	A	A	A	A	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	All breakdowns also by gender	Data sourced from the Adult Social Care Combined Activity (ASC-CAR) data Data for this indicator are also 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	All breakdowns also by gender	Data sourced from the Adult Social Care Combined Activity (ASC-CAR) data. Data for this indicator are also published in the HSC IC Indicator Portal under the heading of Adult Social Care Outcomes Framework (ASCOF).
3.7.i Decaying teeth	Possible breakdowns to be assessed once the indicator is developed																	
3.7.ii Tooth extractions in secondary care for children under 10	Possible breakdowns to be assessed once the indicator is developed																	

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Domain 4. Ensuring that people have a positive experience of care																		
4a.i Patient experience of GP services	N	A*	A	A	A	A	N	A	A*	A	A*	N	A	N	N	N		Data sourced from the GP Patient Survey (GPPS) CCG and Provider breakdowns available from http://www.gp-patient.co.uk/surveyresults Interpretation of difference is complicated by likely systematic differences in gratitude bias between different groups of respondent.
4a.ii Patient experience of Out of hours GP services	N	A*	A	A	A	A	N	A	A*	A	A*	N	A	N	N	N		Data sourced from the GP Patient Survey (GPPS) CCG and Provider breakdowns available from http://www.gp-patient.co.uk/surveyresults . The CCG breakdown is also available on the CCG OIS as indicator 4.1. Interpretation of difference is complicated by likely systematic differences in gratitude bias between different groups of respondent.
4a.iii Patient experience of NHS dental services	N	A*	A	A	N	A	N	A	A*	D*	A*	N	D*	N	N	N		Data sourced from the GP Patient Survey (GPPS) CCG breakdown available from http://www.gp-patient.co.uk/surveyresults Interpretation of difference is complicated by likely systematic differences in gratitude bias between different groups of respondent.
4b Patient experience of hospital care	N	I	A	N	A	N	N	I	A	I	I	I	I	N	N	N	Long Standing Condition	Data sourced from the Inpatient Survey CCG breakdown only available as part of CCG OIS – indicator 4.2
4c Friends and Family test	Possible breakdowns to be assessed once the indicator is developed																	
4d.i Patient experience categorised as poor or worse: primary care	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
4d.ii Patient experience categorised as poor or worse: hospital care	Possible breakdowns to be assessed once the indicator is developed																	
4.1 Patient experience of outpatient services	N	I	N	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	A	N	A	N	N	I	I	I	I	I	I	N	N	N		Data sourced from the Inpatient Survey CCG breakdown only available as part of CCG OIS – indicator 4.5
4.3 Patient experience of A&E services	N	I	N	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	A	A	A	A	A	N	A	A	A	A	N	A	N	N	N		Data sourced from the GP Patient Survey (GPPS) CCG and provider breakdowns available from http://www.gp-patient.co.uk/surveyresults
4.4ii Access to NHS dental services	N	A	A	A	N	A	N	A	A	D*	A	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 Bereaved carers' views on the quality of care in the last 3 months of life	N	I	N	I	I	I	N	D	I	I	D	N	N	N	N	N		Data sourced from the National Survey of Bereaved People
4.7 Patient experience of community mental health services	Possible breakdowns to be assessed once the indicator is developed																	
4.8 Children and young people's experience of inpatient services	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
4.9 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 Deaths attributable to problems in care	Possible breakdowns to be assessed once the indicator is developed																	
5b Severe harm attributable to problems in healthcare	Possible breakdowns to be assessed once the indicator is developed																	
5.1 Incidence of hospital-related venous thromboembolism (VTE)	N	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
5.2.i Incidence of healthcare associated MRSA infection	N	N	A*	I	A*	I	N	I	N	N	I	N	N	N	N	N		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	N	A*	I	A*	I	N	I	N	N	I	N	N	N	N	N		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																	
5.4 Hip fractures from falls during hospital care	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	Ethnicity	Religion or belief	Gender	Disability	Sexual orientation	Marriage / Civil Partnership	Gender Reassignment	Pregnancy & Maternity	Published on HSCIC Indicator portal	
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		Data sourced from the National Neonatal Research Database & ONS.
5.6 Patient safety incidents reported	N	D*	D	N	A*	N	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