



Health & Social Care
Information Centre

NHS Continuing Healthcare, activity statistics

Quarter 4, England 2015-16, Experimental
statistics

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This publication is relevant to patients, the public and other stakeholders with an interest in the provision of NHS Continuing Healthcare in England.

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Introduction

This quarterly report publishes data relating to the activity of NHS Continuing Healthcare (NHS CHC) in England. These data are published as ‘experimental statistics’, which are official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality in line with the UK Statistics Authority Code of Practice for Official Statistics¹.

In collecting these data, and publishing this report, the Health and Social Care Information Centre (HSCIC) has worked with stakeholders at the Department of Health and NHS England, to ensure that the data are presented in the appropriate context and can be interpreted accurately by a range of users.

The report provides data relating to the fourth quarter of 2015-16 with respect to the number of patients eligible for NHS CHC in England as at the end of each quarter since quarter 1, 2013-14. Data are published on a quarterly basis.

In light of the data quality issues (see [Data Quality Statement](#)), data published are subject to revision, and incorporate any revisions submitted by CCGs up to and including 3rd June. Any revisions submitted after this date will be reflected in future reports.

NHS Continuing Healthcare

‘NHS Continuing Healthcare’ is a package of care (outside hospital) arranged and funded solely by the NHS where the individual has been found to have a ‘primary health need’ as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care². Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

NHS CHC can be provided in a range of settings including a care home, hospice or a person’s own home.

Measures of activity

The datasets accompanying this summary section provide information on the number of patients eligible for NHS CHC funding.

There are two key measures associated with these data;

- **Number of patients newly eligible during the quarter, this is a unique count of new patients granted eligibility during the quarter.**
- **Number of patients eligible as at the end of the quarter (“snapshot activity”), this is a unique count of patients eligible for NHS CHC on the last date of the reporting quarter.**

For some organisations, the number of newly eligible patients in a quarter may be higher than the number of patients eligible at the end of the quarter. This can be the result of a high number of ‘fast track’ applications becoming eligible and then no longer eligible during the

¹ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>

² <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

same quarter. It is usual for fast tracks to be funded for a short period as they are for urgent, end-of-life care.

Population based measures

Total patients eligible for both *newly eligible* patients and *snapshot activity* are provided per 50,000 population.

Populations are produced by HSCIC based on GP Practice populations for those aged 18 or over.

Previously, the calculations were based upon NHS England's weighted populations according to an area's target share of the available resources. From 2014-15 the calculations are no longer weighted on these criteria; they are based upon the area's raw population numbers. They will however continue to be presented as they were previously; per 50,000 population

Using figures per 50,000 population in this report contributes to monitoring to ensure consistency in decision making for NHS CHC.

NHS Continuing Healthcare data

Key facts

Data for the fourth quarter of 2015-16 are the twelfth to be collected under the new NHS structural arrangements. The estimated data collected for the previous three quarters have been confirmed or corrected, 23 Clinical Commissioning Groups (CCGs) have submitted a revision to their data since the quarter 3 report was published. Changes to the data and aggregated totals affected by this revision are identified within the spreadsheets within Annex 1.

As at the end of the fourth quarter of 2015-16:

- 59,377 patients were eligible for NHS CHC in quarter 4. This equates to 65.0 patients per 50,000 population aged 18 or over.
- There has been a 2.1 per cent decrease in the number of patients eligible at the end of the fourth quarter compared with those eligible at the end of the third quarter, and a 5.7 per cent decrease when compared with the fourth quarter in 2014-15.
- 25,643 patients were newly eligible for NHS CHC in quarter 4, equating to 28.1 patients per 50,000 population aged 18 or over.
- The number of newly eligible patients decreased by 0.02 per cent from quarter 3 to quarter 4. There has been a 0.4 per cent decrease in newly eligible patients compared to quarter 4 of 2014-15.

Local NHS CHC databases help CCGs record information on their NHS CHC cases and provide data for reporting requirements. However changes to an existing system or implementation of a new system can impact data quality whilst CCGs work to migrate and clean their data and this may mean that some data from CCGs may have been produced as estimates of activity

Notes

The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care was introduced in England in 2007. Data are collected quarterly by the HSCIC. Previously these datasets were released by the Department of Health³, but since April 2013 the HSCIC has taken responsibility for the release of these data as official statistics, initially as 'experimental statistics'.

³ <https://www.gov.uk/government/publications/nhs-continuing-healthcare>

Methodology

A population methodology was introduced for NHS CHC data from 2014-15. Full details on this are below.

Methodological change background

Following the NHS restructure in 2013-14 and transition to new CCGs, there was a need to identify a new population set to supersede historical populations, which were split by Primary Care Trust (PCT) instead of CCG. Several population methodologies used at the time in various publications across the health and social care environment were investigated for their suitability.

For the financial year 2013-14 a decision was made to use a draft version of the NHS England CCG allocations weighting methodology.

<http://www.england.nhs.uk/2013/08/15/rev-all-wrkshp/>

In March 2014, NHS England published their new, non-draft CCG allocations. These had changed considerably from the draft allocations, for example including a provision for the standard mortality ratio <75 years.

This meant that population figures for the financial year 2014/15, would become irrelevant for NHS CHC and a new methodology was needed.

Several months of investigation turned up possible methodologies that were then discussed between HSCIC and stakeholders and a new method was decided.

The new method

The new method no longer weights by population need; however it has been agreed that this is preferential to using a method which weights by several factors but includes weightings irrelevant to NHS CHC and therefore may misrepresent the relevant demographic for NHS CHC.

This new method simply allows more focus on the group to which NHS CHC is applicable, people aged 18 years and over.

We will be using GP practice populations aged 18 and over. As it is still based on GP practice populations and NHS CHC is based on the practice patients belong to, this is a relevant data set to use.

Also, unlike the allocations, weighted populations tend to be produced annually, or thereabouts. HSCIC receive these data on a quarterly basis so the latest figures can be used each quarter for a more accurate publication.

Furthermore the method is long standing and consistent and therefore more appropriate for trend analysis unlike the weighted populations which are subject to change if the weighted capitation formula is revised.

Although the population data will no longer be weighted, we have for the first time been able to identify a methodology for omitting the under 18s from the population set and only focussing on those who are applicable for NHS CHC - adults aged 18 and over. It is felt that this, along with the other advantages outlined above, is preferable to using a data set which is weighted (but with some weightings not relevant to NHS CHC) and includes people of all ages instead of 18 and over only.

The calculations used will be:

$$\frac{\text{Number of patients Newly Eligible}}{\text{Population aged 18 and over}} \times 50000$$

$$\frac{\text{Number of patients Currently Eligible}}{\text{Population aged 18 and over}} \times 50000$$

However, as this method does not take any weighting into account, this has substantial effects on the data that need explanation.

Effects on the data

The population of patients aged 18 and over is obviously smaller than normal weighted populations. There is approximately a 20% decrease in the population used. This means there is an increase in the numbers per 50,000 population, as we are now dividing the numbers eligible for NHS CHC with a smaller population set.

There is an increased effect on the variation between CCGs. This is because there are no weightings added to the GP populations that allow for demographical differences in the composition and health needs of each population, they are simply a count. This is still preferable to using the weighted versions which, although provide a generalised indication of need for the purposes of financial allocation, are not so suitable for use with NHS CHC data as they include weightings which are not specifically relevant to this area of funded care.

Therefore the variation has widened considerably between smallest and greatest figures, comparisons between old and new figures are shown below.

It is essential to note that there may be variations between CCGs, Area Team and Regions when compared against each other. This could be due to a wide variety of reasons including (but not limited to) the age profile of the local population, the availability of other community services, and variations between geographical areas in terms of their levels of health needs. These factors therefore need to be taken into consideration when viewing the data and care should be taken when attempting to draw simple comparisons.

Examples

All examples below have been calculated using figures received/available for quarter 4 2013-14

England Table

England Level	Population
Old Methodology England population	55,799,454
New methodology England population 18+	44,758,916
Percentage Difference	19.8%

CCG Newly Eligible Table using a figure of 81 Newly Eligible patients for one CCG

CCG Level	Population	Per 50,000 Population
Old Methodology CCG population	208,986	19.4
New methodology CCG population 18+	165,096	24.5
Percentage Difference	21.0%	26.3%

CCG Currently Eligible Table using a figure of 517 Currently Eligible patients

CCG Level	Population	Per 50,000 Population
Old Methodology CCG population	451,309	57.3
New methodology CCG population 18+	377,898	68.4
Percentage Difference	16.3%	19.4%

Whereas this new population base may not be perfect for NHS CHC purposes, it is the closest fit for this cohort.

We have re-published the 2013-14 figures to provide an accurate time-series spanning over two years.

Data quality statement

PCTs held legal duties and responsibilities in relation to NHS CHC until 31 March 2013. On 1 April 2013, these legal duties and responsibilities transferred to CCGs and, in the case of serving members of the armed forces and their families, or prisoners, to NHS England. Likewise, the statutory responsibility of Strategic Health Authorities (SHAs) for NHS CHC transferred to NHS England on 1 April 2013.

These data are collected directly from CCGs. Previously these data were collected from PCTs. The local administrative information systems which handle NHS CHC records were implemented by PCTs to handle their local data, and provide data to report to the Department of Health (DH).

When the revision to the NHS structure was implemented in April 2013, NHS CHC records were held on a PCT basis, and there has been significant workload in transferring these systems and data to the new structural arrangements. Therefore, some of the data submitted by CCGs in this report may represent an estimate of activity. The accuracy of these data has improved over time, but these constraints should be considered particularly when interpreting sub-national level data and individual CCGs trends.

Relevance

The intended audience for this publication are NHS CHC providers and commissioners. NHS CHC is an important area of care to many individuals and their families. It is therefore important to monitor this activity at national, regional, sub-regional and CCG levels. The NHS structure was changed on 1st April 2015, and this publication reflects the new structure, with data for previous quarters displayed in the same format for comparability.

This publication describes the allocation of NHS CHC and covers the following two categories;

Currently Eligible Patients - a unique count of patients who are eligible for NHS CHC on the last date of the reporting quarter

Newly Eligible Patients – a unique count of new patients granted eligibility during the quarter

It is essential to note that there may be variations between CCGs, Sub-regions and Regions when compared against each other. This could be due to a wide variety of reasons including (but not limited to) the age profile of the local population, the availability of other community services, and variations between geographical areas in terms of their levels of health needs. These factors therefore need to be taken into consideration when viewing the data and care should be taken when attempting to draw simple comparisons.

Accuracy and reliability

Numbers of patients per 50,000 of the 18 and over population are rounded to one decimal place for consistency and readability, though the spreadsheets can show a greater degree of precision.

Using figures per 50,000 of the 18 and over population in this report contributes to monitoring to ensure consistency in decision making for NHS CHC.

This publication contains links to a number of related publications, these links have been checked and are correct as at the date of publication.

These data are collected from CCGs, based on data extracted from local systems. Quarterly data are subject to revision due to reasons above and in case of errors made by organisations when submitting data. Revisions are made in the publications where they are submitted in time. Where amendments are submitted late, the revisions are incorporated into the next quarterly publication (or year-end report).

Timeliness and punctuality

These data are published quarterly, three months after the end of the relevant period.

This publication is classed as Official Statistics and the publication date was pre-announced. There was no gap between the planned and actual publication date.

Accessibility and clarity

This publication provides data and information in written, chart and table formats to aid understanding of the topic and the data involved. A spreadsheet accompanies the report which shows all the data provided at CCG level. Data for the latest financial year is also available in a flat file (.csv) format. All data are accessible via the HSCIC website at sub-national level.

Coherence and comparability

Previously, PCT based datasets were released by the Department of Health⁴. Data are now collected from CCGs, and due to the estimations involved in mapping PCT based data to CCGs, comparisons between the two may be misleading. Time series between quarters are shown within this report to aid comparability.

Trade-offs between output quality components

These data undergo a number of quality assurance checks including comparisons to data provided for previous quarters. They are published as soon after collection as possible whilst still maintaining enough time for these quality assurance procedures.

Assessment of user needs and perceptions

There is regular communication with and feedback from key stakeholders for this report. Comments can be received through various media modes; email: enquiries@hscic.gov.uk; phone: 0300 303 5678; and we have a web feedback form to go alongside every publication to assess users' needs and whether this report meets them. A web form for this publication is available at <http://www.hscic.gov.uk/pubs/conthealactq41516>.

Cost, performance and respondent burden

These data are collected by HSCIC from CCGs. This is a BAAS⁵ approved manual collection from CCG local systems. CCG systems do enable some automated extractions of the required data.

Confidentiality, transparency and security

This publication is subject to a standard HSCIC risk assessment prior to issue. These data are aggregate numbers of patients presented at CCG level, so no disclosure control is required.

⁴ <https://www.gov.uk/government/publications/nhs-continuing-healthcare>

⁵ <http://www.hscic.gov.uk/baas>

The data contained in this publication are Official Statistics. The code of practice is adhered to: <http://www.statisticsauthority.gov.uk/national-statistician/ns-guidance-and-reports/national-statistician-s-guidance/index.html>

Please see links below to the relevant HSCIC policies.

Statistical Governance Policy:

http://www.hscic.gov.uk/media/1350/Publications-Calendar-Statistical-Governance-Policy/pdf/The_HSCIC_Statistical_Governance_Policy_v3.1.pdf

Freedom of Information:

<http://www.hscic.gov.uk/foi>

List of annexes

The annexes that accompany this report are available at

<http://www.hscic.gov.uk/pubs/conthealactq41516>

Annex 1 – Report tables and subnational data (Excel workbook)

Table number	Title
1.1	NHS Continuing Healthcare, patients newly eligible in the quarter, per 50k weighted population, by Region, Sub-Region and CCG.
1.2	NHS Continuing Healthcare, patients eligible at the quarter end, per 50k weighted population, by Region, Sub-Region and CCG.
1.3	GP Patient List Size aged 18 or above, by Region, Sub-Region and CCG.

Annex 2 – Source data (csv file)

Annex 2 contains the source data by CCG for the current financial year.

Uses and usage of these data

CCGs have a legal responsibility to provide care to those with a primary health need meeting the eligibility criteria set out in the National Framework for NHS CHC⁶. This publication informs the DH, NHS England and CCGs, and allows them to monitor that access to assessment, care provision and support is consistent.

These data are used to monitor the impact of the National Framework and inform policy developments in this area. The data also allow commissioning organisations to benchmark their activity with others, and ensure that implementation of the National Framework is consistent and correct.

The HSCIC has engaged with representatives from the DH and NHS England in developing this report, to ensure that it meets the needs of its potential users.

Other publications

A full list of Health and Social Care Information Centre reports on primary care and community care can be found on the HSCIC website at <http://www.hscic.gov.uk/supportandguidance>

⁶ <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

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