NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Clinical Commissioning Group Outcomes Indicator Set Indicator Rationale

Introduction

1. This document provides NHS England with a menu of indicators to consider for inclusion in the 2015/16 Clinical Commissioning Group Outcomes Indicator Set (CCG OIS).

2. The indicators have been tested for validity and feasibility by the Health and Social Care Information Centre (HSCIC) and were subject to public consultation by NICE. The results of testing and consultation were then considered by the NICE CCG OIS Advisory Committee.

3. Indicators were identified and developed from NICE quality standards and other NICE or NICE accredited guidance.

4. The indicators are summarised in tables under NHS Outcomes Framework domain headings. For each indicator, the following information is provided:

   - Improvement area aligned to the NHS Outcomes Framework
   - NICE indicator ID and indicator wording
   - What is measured: a short technical description that includes the data source and the wording of the indicator's numerator and denominator. This is based on the indicator testing reports produced by the HSCIC. Detailed technical specifications for indicators included in the CCG OIS are usually published in December by NHS England.
   - The indicator rationale: explains why the indicator is considered to be a good CCG OIS measure

Domain 1: Preventing people from dying prematurely

Coronary heart disease

Overarching/ improvement area	Indicator ID	Indicator wording	Indicator construct
Reducing premature mortality from the major causes of death	IND-12	The proportion of people with coronary heart disease referred for cardiac rehabilitation	Numerator: The percentage of people in the denominator referred to cardiac rehabilitation Denominator: The number of people admitted to hospital for acute myocardial infarction, heart failure, percutaneous coronary intervention or coronary artery bypass graft in the relevant year (from Hospital Episode Statistics [HES] data)

5. This indicator measures the proportion of people admitted to hospital for acute myocardial infarction, heart failure, percutaneous coronary intervention or coronary artery bypass graft referred to cardiac rehabilitation. This indicator complements existing CCG OIS indicator 'Cardiac Rehabilitation Completion'.

6. Cardiac rehabilitation has been shown to improve physical, psychological and social health, and decrease subsequent morbidity and mortality in people with coronary heart disease. Cardiac rehabilitation is recommended in the NICE clinical guideline on secondary prevention of myocardial infarction (NICE clinical guideline 172) and as a priority area for improvement in the NICE quality standard for chronic heart failure (NICE quality standard 9). This supports the National Service Framework for coronary heart disease, which sets the standard that NHS Trusts should put in place agreed protocols and systems of care so that, before leaving hospital, people with coronary heart disease have been invited to participate in a multidisciplinary programme of secondary prevention and cardiac rehabilitation. The programme aims to reduce the person's risk of subsequent cardiac problems and promote their return to a full and healthy life.

Maternity

Overarching/ improvement area	Indicator ID	Indicator wording	Indicator construct
Reducing premature mortality from the major causes of death	IND-15	The proportion of pregnancies resulting in a stillbirth	Denominator: The number of live births and stillbirths occurring during the year Numerator: The number of babies in the denominator stillborn or who died within 28 days of birth

7. This indicator measures child mortality statistics from the Office for National Statistics Child Mortality Statistics and is based on the NHS Outcomes Framework indicator 1.6ii, 'neonatal mortality and stillbirths'.

8. Problems during pregnancy such as miscarriage, fetal growth restriction and preterm birth remain common and stillbirth rates have not changed significantly in recent years. This outcome indicator aims to monitor stillbirth rates to inform care to help reduce these and reflects the provision of high-quality care as set out in the NICE quality standards for antenatal care (NICE quality standard 22) and caesarean section (NICE quality standard 32).

Overarching/ improvement area	Indicator ID	Indicator wording	Indicator construct
Reducing premature mortality from the major causes of death	IND-16	The proportion of births where the child has a low birthweight	Denominator: The number of live births at term (greater than 36 weeks) with a recorded birthweight Numerator: The number of babies in the denominator with a low birthweight (less than 2500 g)

9. This indicator measures the proportion of births with a low birthweight using the Office for National Statistics birth and weight data and is based

on the NHS Outcomes Framework indicator 2.01, ‘low birthweight of term babies’.

10. Birthweight is a strong indicator of both maternal health and chances of survival, growth, long-term health and psychosocial development in newborn babies. This outcome indicator aims to reflect the provision of high-quality care as set out in the NICE quality standards for antenatal care (NICE quality standard 22) and caesarean section (NICE quality standard 32).

Overarching/ improvement area	Indicator ID	Indicator wording	Indicator construct
Reducing premature mortality from the major causes of death	IND-17	The proportion of births resulting in a neonatal unit admission	Denominator: The number of full-term live births in England Numerator: The number of babies in the denominator who are admitted to neonatal units within 28 days of birth

11. This indicator measures the proportion of births resulting in a neonatal unit admission using the Office for National Statistics birth data and the National Neonatal Research Database, and is based on NHS Outcomes Framework indicator 5.5, ‘admission of full-term babies to neonatal care’.

12. Babies are admitted to neonatal care for a number of reasons. Often this may be unavoidable and necessary, but some admissions may reflect failure to plan safe care. The Confidential Enquiry into Maternal Deaths and the Confidential Enquiry into Stillbirths and Deaths in Infancy have consistently shown that 50% of deaths are associated with substandard care. This indicator is therefore a proxy measure for maternity care outcomes and reflects the provision of high-quality care as set out in the NICE quality standards for antenatal care (NICE quality standard 22) and caesarean section (NICE quality standard 32).

Domain 3: Helping people to recover from episodes of ill health or following injury

Hip fracture

Overarching/ improvement area	Indicator ID	Indicator wording	Indicator construct
Improving recovery from fragility fractures	IND-22	Hip fracture: care process bundle	Denominator: The number of people in the National Hip Fracture Database who have been discharged Numerator: The number of people in the denominator who receive the following 9 care processes: • Time to surgery within 36 hours from arrival in an emergency department, or time of diagnosis of an admitted patient, to the start of anaesthesia • Admitted under the joint care of a consultant geriatrician and a consultant orthopaedic surgeon • Admitted using an assessment protocol agreed by geriatric medicine, orthopaedic surgery and anaesthesia • Assessed by a geriatrician in the perioperative period (within 72 hours of admission) • Post-operative geriatrician-directed multi-professional rehabilitation team • Fracture prevention assessments (falls and bone health) • Abbreviated mental test performed prior to surgery and score recorded in NHFD • Abbreviated mental test performed post-surgery and score recorded in NHFD • Orthogeriatrician GMC and surgeon GMC number are present

13. This composite indicator measures the delivery of 9 key elements of care in the hip fracture care pathway as set out in the NICE quality standard for hip fracture (NICE quality standard 16) using data from the National Hip Fracture Database. These 9 elements of care are also included in the agreed Best Practice Tariffs for fragility hip fracture as per the Department of Health's 2013/14 Best Practice Tariff guidance.

14. There is evidence to suggest that some individual care processes for people with hip fracture are delivered but not others. To ensure high-quality care for people with hip fracture it is important that all of the care processes that make up the care pathway are delivered. This indicator aims to provide clinical commissioning groups with an indication of where the full hip fracture care pathway is delivered and reflects the provision of high-quality care.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Caesarean section

Overarching/ improvement area	Indicator ID	Indicator wording	Indicator construct
Improving the safety of maternity services	IND-27	The proportion of pregnant women having a planned caesarean section who have the procedure carried out at or after 39 weeks 0 days	Denominator: The number of women who had a planned caesarean section without maternal or fetal indication Numerator: The number of people in the denominator who had a caesarean section at or after 39 weeks 0 days

15. This indicator measures planned caesarean sections in women aged 15–45 years at or after 39 weeks of pregnancy using Hospital Episode Statistics.

16. Clinically there is little or no difference in the risk associated with a planned caesarean section and a planned vaginal birth in women who have had up to 4 previous caesarean sections. The NICE quality standard for caesarean section (NICE quality standard 32) states that babies born by planned caesarean section at term but before the due date are at high risk of respiratory conditions. The level of risk decreases with gestational age, particularly from 39 weeks onwards. There is evidence to suggest that avoiding a caesarean section before 39 weeks, and timely decisions if a caesarean section is needed, improve outcomes.