**NHS Digital**

**Indicator Supporting Documentation**

**IAP00018 Under 75 mortality from respiratory disease (NHSOF)**

|  |  |
| --- | --- |
| IAP Code | IAP00018 |
| Title | Under 75 Mortality Rate from Respiratory Disease |
| Published by | Department of Health and Social Care |
| Reporting period | Annually |
| Geographical Coverage | England |
| Reporting level(s) | National |
| Based on data from | Office for National Statistics |
| Contact Author Name | Sunita Shier |
| Contact Author Email | Sunita.shier@dh.gsi.gov.uk |
| Rating | Assured |
| Assurance date | 01.05.2011 |
| Review date | 01.05.2014 |
| Indicator set | NHS Outcomes Framework |
| Brief Description | Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population. |
| Purpose | The objective of this domain is to capture how successfully the NHS is playing its part in reducing the number of avoidable deaths, recognising that the NHS Commissioning Board can be accountable only for the NHS contribution to this goal. Not all deaths can be prevented through healthcare; indeed, the major impact on reducing mortality will be by preventing people becoming ill in the first place. |
| Definition | Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population |
| Data Source | Office for National Statistics (ONS). Mortality and population statistics. |
| Numerator | Number of deaths under 75 years from respiratory disease |
| Denominator | Resident population under 75 years |
| Calculation | **Directly age-standardised rates.**  The directly age-standardised rate is the rate of events that would occur in a standard population if that population were to experience the age-specific rates of the subject population. Explicitly:  (expressed per 100,000 population)  where:  *wi* is the number, or proportion, of individuals in the standard population in age group *i*.  *ri* is the crude age-specific rate in the subject population in age group *i*, given by:  where:  *Oi* is the observed number of events in the subject population in age group *i*.  *ni* is the number of individuals in the subject population in age group *i*. Confidence intervals for directly standardised rates 95% confidence intervals for the age-standardised rates were calculated using a normal approximation. Standard errors are obtained using the method described by Breslow and Day,[[1]](#endnote-1) but modified to use the binomial variance for a proportion to estimate the variances of the crude age-specific rates.[[2]](#endnote-2) This method is likely to be unreliable when there are fewer than 50 cases in an area, hence confidence intervals for rates based on less than 50 cases should be viewed with caution. The lower and upper limits for the rates are denoted by DSRLL and DSRUL respectively.    (expressed per 100,000 population)  where:  *wi* is the number, or proportion, of individuals in the standard population in age group *i*.  *rij* is the crude age-specific rate in the subject population in age group i, in year *j*.  *nij* is the number of individuals in the subject population in age group i, in year *j*. |
| Interpretation Guidelines | See ‘The NHS Outcomes Framework 2011-12’ document. |
| Caveats | None. |

**Application form**

|  |
| --- |
| Indicator Title |
| Under 75 mortality rate from three of the major causes of death |
| **IAP Code (IAP00018)** |
| Indicator Definition, including calculation, measurement units, geographical range, age and gender |
| Include any relevant detail of the statistic, such as calculation type (eg rate per 100,000 population), gender, age or geography  *The definition exists but needs work.*  **Numerator**  Number of deaths under 75 from cardiovascular disease  Number of deaths under 75 from respiratory disease **(IAP00018)**  Number of deaths under 75 from liver disease  **Denominator**  Resident population under 75 years  **Calculation type**  Directly age-standardised rates  **Measurement unit / scale**  per 100,000 European standard population.  **Geographical range**  England ***?Query what else GORs, SHAs, LAs, PCOs?***  **Gender**  ***Query? Persons? Males and Females? Males , Females and Persons?***  **Deprivation**  **Query what is available**  **Further work**  The definitions of “cardiovascular disease”, “respiratory disease” and “liver disease”, by ICD10 code, need to be agreed. Some suggesions are given below:  Cardiovascular disease:   * ICD10 codes I00 to I99 inclusive – equivalent to NCHOD Compendium indicator ‘Mortality from all circulatory diseases’ and APHO Health Profiles indicator ‘Early deaths from heart disease and stroke’. Does not include congenital malformations or conditions.   Respiratory disease:   * ICD10 codes J00 to J99 – equivalent to the ICD10 chapter ‘Diseases of the respiratory system’. Does not include some infectious diseases (e.g. TB), cancers or congenital malformations or conditions.   Liver disease:   * ICD10 codes K70, K73 to K74 – equivalent to NCHOD Compendium indicator ‘Mortality from chronic liver disease and including cirrhosis’. Does not include congenital malformations or conditions. * K70-K76 Diseases of the liver – as above but includes toxic liver disease, hepatic failure NEC, other inflammatory and other diseases of the liver. Does not include congenital malformations or conditions. |
| Indicator Data Source(s) |
| Details of data sources, if known. Please note if this data is collected currently, or if it will require some sort of development  **Numerator**  Office for National Statistics mortality extracts. This is a dataset of individual death records containing information on age, sex, area of residence and cause of death of the deceased. Data are based on the original causes of death recorded on the death certificate rather than the final amended causes, and on date of registration rather than date of death.  **Denominator**  Office for National Statistics mid-year population estimates. |
| Indicator Data Source Availability |
| Is data publicly available (eg National Statistic), or is it only available as a bespoke dataset upon request. Comment on availability of raw data to customers outside the NHS/Public Sector  Both these sources are existing, current products available from the Office for National Statistics.  Annual national mortality extracts are provided by ONS to the NHS Information Centre and the Care Quality Commission.  Quarterly national mortality extracts are provided by ONS to the NHS Information Centre.  Annual district mortality extracts are provided by ONS to the Primary Care Organisations and the Public Health Observatories.  Another district level mortality extract, the Public Health Mortality File, is provided by ONS on a monthly or weekly basis to Primary Care Organisations.  Mortality extracts are not available to organisations outside the NHS.  Mid-year population estimates are publically available. |
| **Indicator Overlap** |
| List the indicator sets you have checked for overlap or if you have searched the IC Indicator library |
| For example, NHS Choices, IQI / MQI, Better Care, Better Value, NCHOD, NHS Comparators  Wide checking in developing the NHS outcomes indicators. |
| List any indicators which overlap with the proposed indicator |
| Similar cardiovascular and liver disease mortality indicators are published annually on the NCHOD/NHS IC website ([www.nchod.nhs.uk](http://www.nchod.nhs.uk), nww.nchod.nhs.uk):   * Mortality from all circulatory diseases (ICD10 I00-I99), under 75 years directly standardised rates – latest 3 year average (06A\_076DR0074) and annual trends (06A\_076DRT0074) * Mortality from chronic liver disease including cirrhosis (ICD10 K70, K73-74), under 75 years, directly age standardised rate – latest 3 year average (25A\_043DR0074)   Data are published by gender for England & Wales, England, Government Office Regions, Strategic Health Authorities, ONS Area Groups, Local Authorities and Primary Care Organisations. Latest data (for years to 2008) were published in December 2009. Data for years to 2009 are scheduled to be published in March 2011.  The same cardiovascular data are also published on the APHO Health Profiles website (<http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES>)   * Early deaths from coronary heart disease and stroke, under 75 years, directly standardised rates – rolling 3-years averages from 1995-97 to latest period.   Data are published for persons only for England, Government Office Regions, Strategic Health Authorities and Local Authorities. Latest data (for years to 2008) were published in July 2010. Data for years to 2009 are scheduled to be published in July 2011. |
| What value does the proposed indicator offers over existing indicators |
| Highlight any gaps left by any current indicators  Part of the NHS Outcome indicator set. Needs to be developed as part of the set for consistency and coherence. |

**Indicator Use**

Does this indicator measure a process or outcome? **Outcome**.

This measure is…

…compared against optimum value

…comparison against self over time

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator Title/ Definition Review **(IC use only)** |  |  |  |
| *Indicator meets criteria for :*  Indicator definition self explanatory  Indicator definition in plain English, suitable for publishing to all audiences  Indicator definition with clear measurement units  Indicator definition with clear scope (geog, age, sex)  Data source available  Data source suitable  Indicator is unique  Face validity of concept and indicator use  **Information complete - proceed** |  | *Requires revision for following reasons:*  Title not confined to concept only  Use of acronyms  Definition needs more detail on:  - calculations  - data sources  - geographical coverage  - patient/population groups  Insufficient information about data source  Insufficient exploration of overlap  Insufficient information about indicator use |  |

|  |  |
| --- | --- |
| Applicant Name | Sunita Shier |
| Applicant Role | Co-ordinating analyst for NHS outcomes framework |
| Applicant Organisation | DH |
| Applicant Telephone | 0207 972 1560 |
| Applicant Email | Sunita.shier@dh.gsi.gov.uk |
| Indicator Set Name | NHS outcomes framework |
| Sponsor Name |  |
| Sponsor Role |  |
| Sponsor Organisation | DH |
| Acknowledgements |  |
| Other Stakeholder Name |  |
| Other Stakeholder Role |  |
| Other Stakeholder Organisation |  |
| Please list any additional Stakeholder(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Users of the Proposed Indicator** | Primary User | Secondary User | Not intended for |
| Boards (national, local) |  |  |  |
| Provider Managers |  |  |  |
| Commissioning mangers |  |  |  |
| Regulators |  |  |  |
| Clinicians |  |  |  |
| Patients |  |  |  |
| Public |  |  |  |
| Other (please specify) |  |  |  |
| Other (please specify) |  |  |  |

Indicator Applicant Review **(IC use only)**

*Indicator meets criteria for :*

**Information complete - proceed**

|  |
| --- |
| **Rationale for indicators** |
| **Please list any relevant policies, strategies or programmes** |
| **NHS Outcomes Framework** |

**High level subject area:** Preventing people from dying prematurely

|  |
| --- |
| Evidence base for the indicator |
| Provide a paragraph summarising the evidence, noting quality of evidence where appropriate. Do not list the relevant docs here, please extract saliant messages. Indicator has been selected as part of the set of NHS Outcome indicators – evidence produced and considered for the set. |
| References |
| Extensive consultation – see transparency in outcomes – a framework for the NHS, The NHS Outcomes Framework 2011-12 |
| Clinical advice |
| Provide details of any clinical adivice or support already given in development or preparation of indicator. |
| Indicator Rationale Review **(IC use only)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Priority level linked to policy, strategy or programme  Quality of evidence  - clinical trial / cohort studies/ meta-analysis  - non-analytical studies  - best practice (clinical)  - good practice for patient experience  **Information complete - proceed** |  | *Requires revision for following reasons:*  Policy, strategy, programme information not complete  Evidence information not complete |  |

|  |
| --- |
| **Indicator Methodology – information sources** |
| Numerator definition Word description of the data source |
| **Numerator**  Number of deaths under 75 years from cardiovascular disease  Number of deaths under 75 years from respiratory disease  Number of deaths under 75 years from liver disease |
| Numerator source Organisation and data collection |
| Office for National Statistics mortality extracts |
| Numerator construction Which data fields (specify) and values (specify codes) are combined to arrive at the count. Include any special rules. |
| For NCHOD:  Age (select infant deaths and deaths under 75 years of age):  ([AGECUNIT] > 1 OR ([AGEUNIT] = 1 AND [AGEC] < 75))  England resident (select English GORs of residence):  ([GORR] in (‘A’, ‘B’, ‘D’, ‘E’, ‘F’, ‘G’, ‘H’, ‘J’, ‘K’))  Cause of death (select original underlying cause of death):  [ICD10U] = ***{Advice still required on ICD 10 codes to include}***  Counts to be aggregated by gender ([Sex]) and area/organisation ([GORR], [HROR], [CTYDR], [CTYR], [HAUTR]) as appropriate. |
| Numerator ascertainment Any known exclusions, shortfalls or collection issues which will effect the total amount of data collected. |
| Numerator counts are based on:  Year of death registration;  Underlying cause of death;  Area/organisation of residence.  Neonatal deaths excluded as they are not assigned an ICD10 code for the underlying cause of death. |
| Numerator quality of data Issues with accuracy or known variability of recording. For example coding by untrained staff. |
|  |
| Numerator access to data Is data publicly available / published. Is it available only upon request, or even only to 'trusted' groups of people? |
| Mortality extracts are only available to the NHS: NHS IC, CQC, PHOs, PCOs, SHAs. |
| Numerator timeliness Frequency and timeliness of data. State how the publication/release of data relates to indicator production timescales. |
| Annual national mortality extracts are provided by ONS to the NHS Information Centre and the Care Quality Commission. Next scheduled publication is June 2011 for 2010 mortality data.  Quarterly national mortality extracts are provided by ONS to the NHS Information Centre.  ***?timeliness?***  Annual district mortality extracts are provided by ONS to the Primary Care Organisations and the Public Health Observatories.  Another district level mortality extract, the Public Health Mortality File, is provided by ONS on a monthly or weekly basis to Primary Care Organisations. ***?timeliness?*** |
| Denominator definition Word description of the data source |
| **Denominator**  Resident population under 75 years |
| Denominator source Organisation and data collection |
| Office for National Statistics mid-year population estimates |
| Denominator construction Which data fields (specify) and values (specify codes) are combined to arrive at the count. Include any special rules. |
| NA |
| Denominator acertainment Any known exclusions, shortfalls or collection issues which will effect the total amount of data collected. |
| NA |
| Denominator quality of data Issues with accuracy or known variability of recording. For example coding by untrained staff. |
|  |
| Denominator access to data Is data publicly available / published. Is it available only upon request, or even only to 'trusted' groups of people? |
| Data are publically available. |
| Denominator timeliness Frequency and timeliness of data. State how the publication/release of data relates to indicator production timescales. |
| Mid-year population estimates are published annually by ONS, current schedules are:  September 2011 for 2010 local authority mid-year population estimates  October 2011 for 2010 Primary Care Organisation mid-year population estimates  Quarterly population estimates are available from ONS but are considered as experimental statistics. |

Indicator Applicant Review **(IC use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Are raw data universally available for others to recreate indicator?  Are data available in a suitable timeframe and frequency?  Are data quality issues well documented and acknowledged?  Are data robust enough to support indicator and derivations?  Are data consistent over the required time?  Are construction of numerator and denominator robust and comparable with other sources  **Information complete - proceed** |  | *Requires revision for following reasons:*  Numerator info not complete  Denominator info not complete |  |

|  |
| --- |
| **Indicator methodology - statistical methods** |
| Statistical support |
| Summarise involvement of statistician involvement in developing indicator so far, and ongoing support for indicator when rolled out.  Statisticians have led the process for developing the indicators |
| Risk adjustment variables |
| Age |
| Statistical methods |
| Type of analysis (any methods used), risk adjustment (predictive power of model), special techniques (dealing with dispersion, constant risk), statistical process control  **Directly age-standardised rates.**  The directly age-standardised rate is the rate of events that would occur in a standard population if that population were to experience the age-specific rates of the subject population. Explicitly:  (expressed per 100,000 population)  where:  *wi* is the number, or proportion, of individuals in the standard population in age group *i*.  *ri* is the crude age-specific rate in the subject population in age group *i*, given by:  where:  *Oi* is the observed number of events in the subject population in age group *i*.  *ni* is the number of individuals in the subject population in age group *i*.  ***?Query – would rates be presented with confidence intervals? If so, should provide CI methodology. Below is methodology used in Compendium.*** Confidence intervals for directly standardised rates 95% confidence intervals for the age-standardised rates were calculated using a normal approximation. Standard errors are obtained using the method described by Breslow and Day,[[3]](#endnote-3) but modified to use the binomial variance for a proportion to estimate the variances of the crude age-specific rates.[[4]](#endnote-4) This method is likely to be unreliable when there are fewer than 50 cases in an area, hence confidence intervals for rates based on less than 50 cases should be viewed with caution. The lower and upper limits for the rates are denoted by DSRLL and DSRUL respectively.    (expressed per 100,000 population)  where:  *wi* is the number, or proportion, of individuals in the standard population in age group *i*.  *rij* is the crude age-specific rate in the subject population in age group i, in year *j*.  *nij* is the number of individuals in the subject population in age group i, in year *j*.  ***?Query? The above is the methodology for the construction of the indicator. Depending on the use to which the indicator is being put thought must be given to the methodologies used for presentation, comparison and/or assessment of inequalities, e.g. SPC methods such as control charts, inequality measures such as LORENZ curves & GINI coefficient.*** |
| Quality assurance processes |
| Detail the quality assurance processes in place to check data, identify anomalies, and explore these further with providers.  ***Query? QA processes depend on who produces the data?*** |
| Test data or sample data |
| During course of pipeline application, test or sample data will be required to give proof of concept. Insert table of raw data.  ***?Query? can use the NCHOD/NHSIC Compendium mortality indicators production database to run off sample data once ICD10 defintions have been agreed.*** |
| Interpretation |
| Describe how this indicator is planned to be used and what questions the indicator is planned to answer, and any known limitation  See ‘The NHS Outcomes Framework 2011-12’ document |
| Format of presentation |
| Describe published format, such as interactive website, csv file, etc. Provide table or screenshot (or mock version) of how the final presentation of data will appear. Include any interpretative text as well as figures  ?Query?  ***Single time period: annual or 3-yr average?***  ***Trends? Annual or rolling 3-yr average?***  ***Gender?***  ***National only or by GOR, LA, PCO?***  ***Inequality measure? ONS Area Groups? LAs by deprivation quintile? Deprivation quintiles by ward of residence?*** |

**Indicator Methodology Review (IC use only)**

**Information complete - proceed**

|  |
| --- |
| **Indicator production and management** |
| Commissioner of indicator (this may be the same as the stakeholder) |
|  |
| Producer of indicator (this may be the same as the proposer) |
|  |
| Expected ‘improvement actions’ as a result of this indicator |
| State where responsibility will lie, and what actions will be expected as the result of a 'poor' rating of this indicator. |
| Have costs of collection, construction, dissemination and presentation been fully identified? NHS Outcomes Framework impact assessment |
| Funding status |
| Secured / being sought / not identified  Please add comments |
| What timescales do you envisage for developing / producing this indicator |
| Give specific dates for key stages or publication or development of indicator  To be ready/ published April 2011 |
| Risks, assumptions and impact of producing indicator |
|  |
| Risk of perverse incentive and gaming by healthcare providers |
| To what extent can organisations influence the value of the indicator in ways which may not benefit patients? |
| Risks, assumptions and impact of not producing indicator |
| Not an option as public commitment made to doing so. Part of the NHS Outcome Framework 2011-12 indicator set |

**Indicator Production Review** **(IC use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Action-ability  Funding capacity identified  Risks sufficiently explored  **Information complete - proceed** |  | *Requires revision for following reasons:*  Commissioner information not complete  Producer information not complete  Improvement actions not complete  Funding status not complete  Timescale info not complete  Risk assessment not complete |  |

**Clinical Indicator Methodology Review Working Group**

**Recommendations update for 12 April 2011**

|  |  |
| --- | --- |
| **Document Author:** | *A Whitmarsh* |
| **Document Owner:** | *A Whitmarsh* |
| **Created Date:** | *11 April 2011* |
| **Current Issue Date:** | *12 April 2011* |
| **Responses expected by:** |  |
| **Version Number:** | *V 0.1* |

Version History

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Changed By** | **Summary of Changes** |
| V 0.1 | 11/04/2011 | A Whitmarsh | Initial Draft |
|  |  |  |  |
|  |  |  |  |

## 

## Approvals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Date** | **Version** | **Signature** |
|  |  |  |  |  |

## Distribution

|  |  |  |
| --- | --- | --- |
| **Version** | **Date** | **Distribution List** |
| V 0.1 | 11/04/2011 | John Varlow, Azim Lakhani, Heather Dawe, Andy Sutherland, Alyson Whitmarsh, Arun Bhoopal, Peter Knighton, Alison Kirby, Dawn Fagence, Candy Ballentyne, Alison Crawford, Simone Chung |
|  |  |  |
|  |  |  |

# 

# Introduction and recommendations update

This note describes updates on recommendations from the two MRG meeting which took place in March 2011. Both these meeting dealt with indicators proposed for the NHS Outcomes Framework. Note that some recommendations have been split and re-numbered ‘a’ and ‘b’.

General issue across **Domain 1**:

Time periods – if a 3 year average is used in the indicator calculation should a rolling 3 year average be used for time series or should the series run with no overlap? (e.g. 2004-06, 2005-08, 2006-09, 2007-10 or 2004-06, 2007-10.) Where the indicators are currently produced with 3 year averages the possibility of using just 1 year will be investigated.

|  |  |  |
| --- | --- | --- |
| **Recommendation 2a** | Where possible use one year data | CLOSED  Done so for national level. Caveat from ONS regarding life expectancy. Add to indicator specification/indicator quality summary. |
| **Recommendation 2b** | Research alternative methods to rolling averages where numbers not large enough to single year analyses to avoid difficulties with interpretation of trends and confidence internals. Report to back to MRG and QIC. | ONGOING  May still be needed for disaggregated analyses. |

Life expectancy at age 75

Under 75 mortality rate from cardiovascular /respiratory/liver disease

Perinatal and infant mortality

|  |  |  |
| --- | --- | --- |
| **Recommendation 5** | Unadjusted national figures should be suitable for first delivery. When geographical disaggregations are required direct standardisation should be used where possible to allow for such comparisons to be made. A UK/England population to be used for this standardisation as a European Standard Population may not be reflective of the age/gender structure of the England population. | ONGOING  Refer to Outcomes Framework Technical group. |
| **Recommendation 6** | Where figures are needed to be compared internationally, a European population can be used to standardise. This may lead to three national figures being available for use depending on the use they are to be put to. In addition, a time series requiring standardisation may introduce a further national value. | ONGOING  Refer to Outcomes Framework Technical group. |
| **Recommendation 7** | MRG to review ICD10 selection when available | CLOSED  See recommendation 2011/16 |
| **Recommendation 9** | Investigate whether would benefit from standardisation (gender and/or deprivation). Report back to MRG. | ONGOING |

**Domain 2** - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

|  |  |  |
| --- | --- | --- |
| **Recommendation 10** | See earlier recommendations on use of direct standardisation and UK population. | ONGOING  Refer to Outcomes Framework Technical group. |
| **Recommendation 11** | Investigate construction of CIP spells and ensure same construction used throughout this indicator set. Report back to MRG if necessary. | CLOSED  See recommendation 2011/17 |
| **Recommendation 12** | Investigate definition of emergency, report back to MRG on any lack of inconsistency with exiting indicators if no apparent reasoning | CLOSED  Consistency in definition exists. |

**Domain 5**

Patient Safety Incidents Reported

Severity of harm of patient safety incidents reported

|  |  |  |
| --- | --- | --- |
| **Recommendation 13** | Ensure caveats around this data source are made clear:   * Under reporting and any likely effect on summary data * Whether present at admission – dealt with differently by different organisations * Whether avoidable or not * Some incidents will occur after discharge | CLOSED  Include in indicator specification/indicator quality summary. |
| **Recommendation 14a** | Review alternative denominators to bed days as a measure of exposure to risk ie admission and population. Report back to MRG and QIC. | CLOSED  Agreed (with DH and NPSA) population will be used. |
| **Recommendation 14b** | Clarify occurrence of multiple incidents for the same patient reflecting if and how these should be treated |  |

Incidence of healthcare associated infections – MRSA

Incidence of healthcare associated infections – *C difficile*

|  |  |  |
| --- | --- | --- |
| **Recommendation 15a** | Review use of bed days as denominator and ability of KH03 to provide this (aggregate return?). | ONGOING  Likely that population will be used. Seeking HPA agreement. |
| **Recommendation 15b** | Investigate suitability of SPC based on numbers or rates to see variation from expected. Report back to MRG and QIC. | ONGOING |
| **\*NEW\* Recommendation 15c** | Use total count or counts that can be apportioned to trusts? HPA publish both. | ONGOING  DH and HPA advice to be sought. |

All domains but with particular reference to **Domain 1**

|  |  |  |
| --- | --- | --- |
| **Recommendation 2011/16** | As the outcomes framework is to measure the performance of the NHS, the ICD10 codes should only be for conditions that the health service can have an impact on. The selection of each code should be driven by evidence that death due to the condition is potentially avoidable. Seek feedback from DH and refer back to MRG. | CLOSED  Explanation from DH - The indicators in question are joint  indicators  with the Public Health Outcomes Framework and as such relate  to  both conditions that the NHS can have an impact on and those that  Public  Health  can  have  an impact on.   In fact we decided that 'avoidability'  was not going to be the criterion for inclusion of these ICD10  codes,  rather that SofS wants to monitor deaths from these three major  diseases  at  high  level. The  availability  of  international comparisons was also an important factor. |

**Domain 2 -** Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Follow up from recommendation 11:

|  |  |  |
| --- | --- | --- |
| **Recommendation 2011/17** | Consistency across framework is important. Indicators based on admissions should use finished and unfinished spells. Indicators based on outcome and follow up of spells should use finished spells only. Seek agreement from DH to this approach. | CLOSED  Agreement as recommended. |

Recommendation 12 closed

**Domain 4**

Patient experience of hospital care

Responsiveness to in-patients’ personal needs

|  |  |  |
| --- | --- | --- |
| **Recommendation 2011/19** | National level indicator should be constructed from the lowest level data rather than from combining trust scores. The availability of this data should be investigated. DH to inform IC. Report back to MRG if not possible. | ONGOING  Response from DH highlighted the methodology statement to be published with new data release in May which will address these issues in full. In the interim data supply will be based on national indicators a currently published. |
| **Recommendation 2011/20** | Variation in response rates between trusts should be considered when aggregating to national level. DH to provide information. Report back to MRG if problems arise. | ONGOING  See above. |

**Domain 5**

Incidence of medication errors causing serious harm

Admission of full-term babies to neonatal care

|  |  |  |
| --- | --- | --- |
| **Recommendation 2011/21** | Justification is requested on why medication has been selected as the incident type. DH to provide. | CLOSED  Response from DH - we considered medication errors to be of a reasonable volume to consider, an issue that was reasonably generic  in terms of safety (given the frequency with which medication  decisions/administration occurs) and that reducing in those errors associated with 'serious harm' (severe harm/death) would be an indicator of safer medication practice. |
| **Recommendation 2011/22** | HES data has been proposed for use although other sources have been suggested. Duplicates are potentially a problem with HES. An alternative source suggested is that used by Imperial College London which is apparently better on duplicates. Information Governance clarification will be needed on alternate sources. IC to investigate and update MRG on possibilities if necessary. | ONGOING  Action with IC |
| **Recommendation 2011/23** | The denominator needs to be more specific, e.g. full term births. The source needs clarifying: HES won’t cover all births and other sources will have their limitations. DH to advise on definition. | ONGOING  DH advice requested |
| **Recommendation 2011/24** | This indicator is currently a crude rate. Standardisation by deprivation would be appropriate if possible. The possibility should be investigated. DH invited to comment. Report back to MRG. | ONGOING  DH advice requested |
| **Recommendation 2011/25** | Some admissions may be unavoidable, so their inclusion in an indicator measuring NHS performance would be inappropriate. The possibility of accounting for this should be investigated. DH invited to comment. Report back to MRG. | ONGOING  DH advice requested |

Not for tranche 1:

Number of ‘similar’ patient safety events

|  |  |  |
| --- | --- | --- |
| **Recommendation 2011/26** | It is not clear whether a rate going up or down is good or bad. Suggested that Never Events be used as they are less subject to gaming. It is suggested that they are used in a process control mechanism. Further discussion of this indicator is needed. Invite comment from DH. | ONGOING  Advice from DH (summarised) - the idea of using Never Events as an outcome indicator crosses into CQC regulatory territory and penalties for such incidents - rather than being about 'quality improvement'. It may be that using Never Events makes it easier to be clear about its measurement - however, the question is whether avoiding Never Events really demonstrates how organisations learn from the incidents that they report - is it too narrow? Is there an alternative way to define? |

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)
3. Breslow NE and Day NE. *Statistical Methods in Cancer Research, Volume II*: *The Design and Analysis of Cohort Studies*. Lyon: International Agency for Research on Cancer, World Health Organization, 1987: 59 [↑](#endnote-ref-3)
4. Keyfitz N. Sampling variance of age-standardised mortality rates. *Human Biology*. 1966; 38: 309-317. [↑](#endnote-ref-4)