**NHS Digital**

**Indicator Supporting Documentation**

**IAP00123 Emergency readmissions within 30 days of hospital discharge (CCGOIS)**

**Indicator Governance Board Meeting – 30th November 2012**

**Indicators for Appraisal**

**Batch 2 – Commissioning Outcomes Framework Indicators related to NHS Outcomes Framework Indicators**

Record of Assurance provided by **Indicator Governance Board**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **1a – Potential Years of Life Lost (PYLL) from causes considered amenable to health care** | IAS Ref Code: | IAP00143 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| Construction Summary | Denominator: Resident population of relevant age group and gender.Numerator: Number of registered deaths from causes considered amenable to health care |

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| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

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| Applicant / Sponsor Organisation | Department of Health\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

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| Indicator rationale  | This indicator has been chosen to capture, at a high level, how successfully the NHS is meeting its objective in preventing people from dying prematurely where it can make a difference. This approach requires the definition of amenable mortality to be up to date in terms of the capabilities of current interventions. The recent ONS ‘National Statistics’ definition of amenable mortality comprises a list of causes of death from which “all or most deaths could be avoided through good quality health care”.  |
| Basis for rationale [Details of quality statement, policy etc]  |  |
| Risks & assumptions | * An assumption is made that people with 'amenable' conditions should expect to live as long as the general population
* The deaths are weighted by the age-specific life expectancy thus this indicator gives more weight to deaths at younger ages.
* DH comment that it is not the intention that PYLL for amenable causes be reduced by interfering with clinical prioritisation in the treatment of any specific disease (for example by prioritising younger sufferers), but rather to focus additional effort on diseases within the basket that tend to strike at younger ages. Having life expectancy at 75 as an indicator will also mitigate this.
* DH note that in each case there is an underlying tendency for PYLL to rise consequential to the projected rise in life expectancy: thus, sustained downtrends must reflect an outweighing of this tendency by sustained improvements in factors driving better outcomes
 |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | Data Source: Numerator - PCMD, national Age-specific life expectancy for the relevant age-group and gender (Source: ONS)Denominator – CCG Registered PopulationSome data not publically available.Data sharing agreement required for ONS data.The ONS confidentiality declaration for access to the Public Health Mortality Files\* (PHMF) also covers access to the PCMD  |
| Potential impacts on other business areas [inc outstanding generic issues] | * NCHOD Amenable mortality indicator uses a similar definition of amenable causes, but the measure is standardised mortality rate not PYLL rate:
* CCG registered population has been used for other COF indicators. In this circumstance there would be a mismatch between numerator (based on ONS population estimates) and denominator
 |
| Implementation Method[inc production funding] | Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
 |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | 26/10/12 |
| By: | HSCIC - Alyson Whitmarsh , Andy Sutherland, Azim Lakhani, Jonathon Hope; NICE – Daniel Sutcliffe; UHB – Daniel Ray, Irena Begaj; ISB – Neil McCrirrick |
| Summary of MRG discussions:  | **Indicator discussed as NHSOF indicator 24/7/12 (appraisal reference IAP00121)**Discussion relating to use as CCG level indicator: * Applicant (DH) set out a case for using national age-specific life expectancies as weights to calculate local disaggregation’s of the NHS Outcomes Framework indicator 1a – PYLL from causes considered amenable to health care.
* Justification provided:
	+ Lower life expectancy in areas with higher PYLL is in part attributable to the higher PYLL itself; use of local life expectancies would thus understate the gain arising from avoiding these deaths - this would tend to understate the gain from reducing inequality in outcomes.
	+ Caveat needed that the use of national LEs will overstate the life year gains from reduced mortality in deprived areas, because the differences in life expectances are attributable to higher PYLL only in part - differences in non-amenable mortality must also play a part. A more sophisticated measure could be devised but so long as CCG comparisons in PYLL are not being used to imply poorer health care performance cross-sectionally, such sophistication is probably not warranted.
	+ Precedent in the Years of Life Lost indicators published by the Compendium of Public Health Indicators (NCHOD) on the NHS IC indicator portal – these are published at local level for a variety of causes and use the same fixed weights for all geographies (75 minus age at death).
	+ Age-specific Life Expectancies are not currently available at LA or CCG level
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| Outcome of MRG consideration: | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[x]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

|  |  |
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| MRG statement of recommendation: | Indicator recommended for consideration by IGB on proviso that explanatory notes describing implications of using national life expectancy figures within the methodology to aid interpretation provided within the quality statement. |

**Additional Assurance Details**

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| --- | --- |
| Peer Reviewers: | No Peer Review conducted at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | Clinical input received within the HSCIC COF consultation and NICE advisory committee |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

|  |  |
| --- | --- |
| Made | : xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

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| --- | --- | --- | --- | --- |
| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

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| --- | --- |
| Update:Made: xx/xx/xx |  |

Review:

**Review**

|  |  |
| --- | --- |
| Review Timescale |  |
| **1 year** |[x]
| **3 years** |[ ]
| **Other:** |  |

Rationale [Issues to consider – Changes to process, policy data source, coding defintions HES definitions ]

It is highly likely there will be a number of changes affecting the methodology of this indicator in the short term including the possibility that there may be a separation of children and adult’s data.

Additionally, the indicator currently uses national level life expectancy. DH policy may direct the use of local life expectancy.

IGB Sign-off:

**Indicator Assurance Process Output**

|  |  |  |
| --- | --- | --- |
| Final Appraisal Status | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

|  |  |
| --- | --- |
| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **3b - Emergency readmissions within 30 days of hospital discharge** | IAS Ref Code: | IAP00123 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| --- | --- |
| Construction Summary | Denominator: The number of finished CIP spells within selected medical and surgical specialties, with a discharge date up to March 31st within the year of analysisNumerator: The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies,  |

|  |  |  |  |
| --- | --- | --- | --- |
| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant / Sponsor Organisation | Department of Health\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

|  |  |
| --- | --- |
| Indicator rationale  | To monitor success in avoiding (or reducing to a minimum) readmission following discharge from hospital. |
| Basis for rationale [Details of quality statement, policy etc]  | The existing NCHOD definition for this indicator was reviewed in light of more recent research by RAND. This research lead to the following changes: - Mental health admissions are no longer excluded (cancer and obstetric admissions continue to be excluded). - The indicator will measure readmissions within 30 days instead of 28 days, to align it with approximately 1 month. - Children are included in this indicator.- Comparison with self over time, rather than benchmark or target value  |
| Risks & assumptions | * Recognition that CCGs with low rates of avoidable readmissions will have little scope to improve performance, but suggestion that maintaining a consistently low figure could logically be construed as success.
 |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | Data Source: The indicator will use HES based CIP spellsCurrent data access is subject to conditions set down in contract with Northgate. Future access is subject to the re-procurement process currently being undertaken  |
| Potential impacts on other business areas [inc outstanding generic issues] | General approaches to standardisation used in COF indicators have been set out in a separate paper.  |
| Implementation Method[inc production funding] | Funding being sought.* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
 |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | 24/7/12, 26/10/12 |
| By: | HSCIC - Alyson Whitmarsh, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope; NICE – Daniel Sutcliffe; UHB – Daniel Ray, Irena Begaj; |
| Summary of MRG discussions:  | Discussed as NHS Outcomes Framework Indicator (Application Ref IAP0066)* Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded from the denominator
* Those with a main specialty upon readmission coded under obstetric; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell are excluded from the numerator
* NOF specification to be followed in terms the criteria and methodology used to identify the readmissions
* Discussions focussed on type of standardisation to be applied.
* Clarification requested on what variables being used for standardisation. It was suggested that there was agreement to drop procedure but include comorbidity as a standardisation variable.
* In earlier discussions direct standardisation (rather than the indirect used in NOF) was proposed to facilitate comparison across CCGs and to be consistent within the COF. Acknowledgement was given to direct standardisation being problematic when small numbers are involved. NCHOD published data at LA level reviewed to assess whether this was likely to be of concern
* MRG accepted use of indirect standardisation for this indicator on the proviso that it is clear that the opportunity to use direct standardisation will be continued to be explored. It was felt this approach was necessary due to the need to standardise by variables other than age and sex such as comorbidity.
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| Outcome of MRG consideration: | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[x]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

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| MRG statement of recommendation: | MRG recommends the indicator for appraisal by IGB on the proviso that it is clear that the opportunity to use direct standardisation will be continued to be explored. |

**Additional Assurance Details**

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| Peer Reviewers: | No Peer Review conducted at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | Clinical input received within the HSCIC COF consultation and NICE advisory committee |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

|  |  |
| --- | --- |
| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

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| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

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| Update:Made: xx/xx/xx |  |

Review:

**Review**

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| Review Timescale |  |  |
| **1 year** |[ ]   |
| **3 years** |[ ]   |
| **Other:** |[x]   |

Rationale [Issues to consider – Changes to process, policy data source, coding defintions HES definitions ]

Indicator to be reviewed upon conclusion of re-procurement process

IGB Sign-off:

**Indicator Assurance Process Output**

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| Final Appraisal Status | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

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| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** | **3.1 Patient-reported outcome measures (PROMs) for elective procedures** | IAS Ref Code: | IAP00100 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| Calculation Summary | Definition: Patient reported improvement in health status following elective procedures, currently covering groin hernia, hip replacement, knee replacement and varicose veins, generated from the information gathered in the PROMs questionnaires |

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| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

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| --- | --- | --- | --- | --- |
| Applicant / Sponsor Organisation | Department of Health\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

|  |  |
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| Indicator rationale  | The indicator is part of domain 3 of the set – this domain reflects the importance of helping people to recover from episodes of ill health or following injury. This can be seen as two complementary objectives: preventing conditions from becoming more serious (wherever possible), and helping people to recover effectively. The PROMs indicator was included in the set to ensure it covered elective procedures, not just emergency ones.  |
| Basis for rationale [Details of quality statement, policy etc]  | - |
| Risks & assumptions | None identified as the indicator data is already produced and published by HSCIC |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | Data Source: HSCIC PROMs data publication and dataset which is part of the HES dataset.PROMs data is available at two levels: * Non-identifiable (pseudonymised) record-level data on outcomes and pre- and post-operative health status scores,
* Case-mix and risk adjusted average outcomes data.

PROMs data is available in the following ways:* Publicly available aggregated data: a high-level summary of the PROMs data plus a selection of data tables are available for download from the HESonline website. Some of the tables are aggregated to provider and PCT commissioner level, enabling comparative analysis.
* Extract service: the extract service allows customers to request bespoke cuts of PROMs data at row level, including the choice of which data items are selected.
* HES Interrogation System: registered users of the HES Interrogation System will be able to run queries against the linked HES / PROMs dataset. There will be two views of the data, a ‘HES centric’ view, similar to existing HES datasets, that will show HES plus any linking PROMs questionnaires, and a PROMs centric view showing all PROMs data plus any linking HES episodes. This second view will allow unlinked PROMs data to be viewed.

Access to PROMs data is available to all Providers and PCT Commissioners subject to their agreement of a standard set of terms and conditions. Providers and PCT Commissioners wishing to access the non-identifiable record-level data will be required to agree to a set of standard terms and conditions on the re-use of the data in order to: (i) ensure compliance with the agree licenses, and (ii) ensure compliance with usual information governance arrangements.At CCG level the use of single year data gives rise to small numbers issues for a number of CCG’s. This is being attempted to overcome by merging two years’ worth of data. |
| Potential impacts on other business areas [inc outstanding generic issues] | Wider PROMs methodology is being assured separately in the Indicator Assurance Service. The outcomes of this appraisal may impact on this indicator.  |
| Implementation Method[inc production funding] | * NHS Choices displays PROMs data
* Costs for the production of the COF indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board.
 |

**Record of MRG Discussion**

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| --- | --- |
| Discussion dates: | * 6/9/12, 21/9/12
 |
| By: | * John Varlow, Andy Sutherland, Alyson Whitmarsh
 |
| Summary of MRG discussions:  | * Indicator discussed as NHSOF indicator (application IAP00033)

For use at CCG level* MRG requested further investigation to determine if there is a non-response bias, which needs to be tested at CCG level. Areas for examination should be on age, gender and type of procedure bias. Reference should be made to the original research work for the indicator to check if any work on bias has been done.
* A paper intended to consider non-response bias for PROMs “Factors associated with non-response in routine use of patient reported outcome measures after elective surgery in England” unable to address the specific queries raised by MRG.
* Additional research into the GPPS for conclusions relating to non-response bias that could be indirectly linked to PROMS also unsuccessful.
* MRG recommended that a statement on the limitations in the indicator be provided identifying that although there is no direct evidence in light of gaps in the research paper, indicator users should still be aware of possible non-response bias at CCG level.
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| Outcome of MRG consideration: | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[x]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

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| MRG statement of recommendation: | Indicator recommended for consideration by IGB on the understanding that the lack of testing of participation and non-response bias at CCG level, on age, gender and type of procedure as well as limitations of using a national indicator locally requires explicit referencing in Quality Statement for all PROMS indicators. |

**Additional Assurance Details**

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| Peer Reviewers: | No Peer Review conducted at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | The PROMs stakeholder reference group, which includes a number of clinicians, were consulted about how to construct this indicator from the current four separate PROMs, and with the future addition of others.  |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

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| --- | --- |
| Made: | xx/xx/xx |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] |  |

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| Action required: | **None Required**  |[ ]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

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| Update:Made: xx/xx/xx |  |

Review:

**Review**

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| Review Timescale |  |
| **1 year** |[ ]
| **3 years** |[ ]
| **Other:** |[x]

Rationale [Issues to consider – Changes to process, policy data source, coding defintions HES definitions ]

The indicator should be reviewed in light of any recommendation made as part of the assurance of wider PROMs methodologies, currently still under appraisal in the Indicator Assurance Service. As this indicator is published annually there would not be the necessity to review until the 2014 publication.

IGB Sign-off:

**Indicator Assurance Process Output**

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| --- | --- | --- |
| Final Appraisal Status | 1. **Assured**
 |[ ]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

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| --- | --- |
| Basis of Sign-off[Detail caveats and limitations ] |  |
| Sign-off Date |  |

|  |  |
| --- | --- |
| **IAS Ref Code** | **IAP00091** |
| **Indicator Title** | **3b - Emergency readmissions within 30 days of hospital discharge** |
| **Indicator Set** | **Commissioning Outcomes Framework** |

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| --- | --- | --- | --- |
| Version | Date | Changed By | Summary of changes |
| v.01 | 19/11/12 | Chris Wilson | Document Created |
| v.02 | 7/12/12 | Chris Wilson | Document updated after discussion at IGB |
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**Assurance Summary**

|  |  |
| --- | --- |
| **IAS Ref Code** | IAP00091 |
| **Indicator Title** | 3b - Emergency readmissions within 30 days of hospital discharge |
| **Indicator Set** | Commissioning Outcomes Framework |

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| --- | --- | --- | --- |
| Assurance Stage |  | Date(s) | Comments |
| Application Received |[ ]   |  |
| Initial Appraisal Completed |[ ]   |  |
| Peer Review Appraisal |[ ]  - |  |
| Methodology Review Group Discussion |[x]  24/7/12, 26/10/12 |  |
| Indicator Governance Board Discussion |[ ]  30/11/12 |  |
| Signed-off |[ ]  30/11/12 |  |

Peer Review

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| --- | --- |
| Peer Reviewer(s) / Organisations : | No peer review currently undertaken |

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| Outcome of Peer Review consideration: | 1. **Proposal signed off, with or without caveats**
 |[ ]   |
|  | 1. **Minor changes recommended**
 |[ ]   |
|  | 1. **Declined to sign-off**
 |[ ]   |

Methodology Review Group (MRG)

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| Outcome of MRG consideration: | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[x]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

Indicator Governance Board (IGB)

|  |  |  |
| --- | --- | --- |
| Final Appraisal Status | 1. **Assured**
 |[x]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

**Peer Review** Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **3b - Emergency readmissions within 30 days of hospital discharge** | IAS Ref Code: | IAP00091 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

|  |  |
| --- | --- |
| Date of Peer Review | No peer review currently undertaken |
| Peer Reviewer(s) / Organisations : |  |

|  |  |  |
| --- | --- | --- |
| Outcome of MRG consideration: | 1. **Proposal signed off, with or without caveats**
 |[ ]   |
|  | 1. **Minor changes recommended**
 |[ ]   |
|  | 1. **Declined to sign-off**
 |[ ]   |

|  |  |
| --- | --- |
| Link to Peer Review Appraisal |  |

Indicator Methodology for Consideration - **Methodology Review Group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial Indicator Title** | [Indicator title submitted pre - MRG discussion]**COF 3b - Percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission.** | IAS Ref Code: | IAP00091 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

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| --- |
| Introduction |
| The indicator has been approved by MRG to be published in NOF following meetings on 8th March 2012 and 3rd May 2012.The COF intends to use the NOF specification in terms the criteria and methodology used to identify the readmissions but proposes direct standardisation (rather than the indirect used in NOF) to facilitate comparison across CCGs and to be consistent within the COF. It is acknowledged that direct standardisation may be problematic when small numbers are involved so to assess whether this is likely to be of concern, the NCHOD published data at LA level has been reviewed.The indicator will use HES based CIP spells.The following table shows the minimum number of readmissions for the 325 LAs. These minimums are for the City of London, a very small LA; the next lowest figure is at least 3½ times this minimum. Since there will be fewer CCGs (212) it is anticipated that reporting annually, the figures could support the construction of this indicator. |

Table: Minimum number of readmissions by year

|  |  |  |
| --- | --- | --- |
| Year | Lowest count of readmissions325th LA out of 325 | Lowest count of readmissions324th LA out of 325 |
| 2001-2 | 27 | 191 |
| 2002-3 | 32 | 171 |
| 2003-4 | 43 | 216 |
| 2004-5 | 53 | 273 |
| 2005-6 | 64 | 274 |
| 2006-7 | 84 | 306 |
| 2007-8 | 61 | 295 |
| 2008-9 | 77 | 277 |
| 2009-10 | 47 | 343 |
| 2010-11 | 55 | 301 |

COF also recognises that CCGs with low rates of avoidable readmissions will have little scope to improve performance but suggests that maintaining a consistently low figure could logically be construed as success.

Indicator Details - Initial MRG Submission

|  |  |
| --- | --- |
| Date of Initial Discussion: | 24/07/12 |
| Rationale / usefulness Evidence and action ability of indicator [take this directly from the application if possible] | To monitor success in avoiding (or reducing to a minimum) readmission following discharge from hospital.The existing Compendium of Public Health Indicators (NCHOD) definition for this indicator was reviewed in light of more recent research by RAND. This research lead to the following changes: - Mental health admissions are no longer excluded (cancer and obstetric admissions continue to be excluded). - The indicator will measure readmissions within 30 days instead of 28 days, to align it with approximately 1 month. - Children are included in this indicator.- Comparison with self over time, rather than benchmark or target value |
| Data source | The indicator will use HES based CIP spells.Current data access is subject to conditions set down in contract with Northgate. Future access is subject to the re-procurement process currently being undertaken. |
| Construction Summary of construction, including the numerator, denominator, statistical method(s), presence of risk adjustment variables (age, sex, casemix etc.), specific codes and filters.For more complex indicators, summarise here and supply detail in an appendix | **Summary description of the calculation:****Calculation type:** Percentage**Denominator:** The number of finished CIP spells within selected medical and surgical specialties, with a discharge date up to March 31st within the year of analysis**Numerator:** The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies**Statistical Methods / Risk adjustment variables:****Other (Quality assurance/interpretation/known limitations):** |
| Potential IssuesHighlight any of the following that apply-data source(s) do not collect 100% of events-data source(s) organisation or geographic coverage shortfalls-codes or filters not matching the policy question-data source(s) definitions not meeting policy question-data source(s) quality problems or inconsistency of reporting-statistical methods not appropriate for test or audience-risk adjustment not considered-long term security of the data source(s)-timing of data availability for use in indicatorpresentation of data likely to mislead or give false confidence in findings |  |
| Supporting DocumentsProvide links to any additional documentation used to support discussion at MRG |  |
| Additional Information / Sample Data : |  |

Revisions:

|  |  |
| --- | --- |
| Revision Date: |  |
| General Comments / Reasoning: | Previously, Northgate have been contracted to calculate this indicator. Due to this contract coming to an end, calculation of this indicator is coming in house. When this indicator was assured, there was clear guidance from both MRG and IGB to return it to them when there was a change in procurement. This is so that they could review the new process.The proposed calculation has not changed. The indicator will remain as an indirectly standardised percentage of readmissions within 30 days. However, there are slight differences in how the underlying spell data has been produced.The HSCIC will base the calculation on our Continuous Inpatient Spells (CIPS) file. The methodology used to create this file from epidsode level HES data was assured by MRG on 12th July 2012. |
| Revisions: |  |
| Indicator Title | CCG OIS 3.2 Emergency readmissions within 30 days of hospital discharge |
| Data source | Hospital Episode Statistics (HES) |
| Construction |  |
| Updated Potential Issues |  |

MRG Recommendations, Comments & Updates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **3b - Emergency readmissions within 30 days of hospital discharge** | IAS Ref Code: | IAP00091 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

|  |  |
| --- | --- |
| Ref code**2012/141**Made: 24/07/12 | MRG requested clarification on what variables are being used for standardisation. It was suggested that at a previous meeting it was agreed to drop procedure but include comorbidity as a standardisation variable. |
| Ref code**2012/142**Made: 24/07/12 | It was noted that aspects of the recommendations for other COF indicators discussed at the meeting (see above) could also be relevant to this indicator.  |
| Ref code**2012/143**Made: 24/07/12 | **Indicator approved for escalation to Indicator Governance Board** |
| Update: Made: xx/xx/xx |  |

|  |  |  |
| --- | --- | --- |
| Rec Status: | **Further Information Required**  |[ ]  **Resolved / No Action Required** |[ ]

Record of Assurance provided by **Indicator Governance Board**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** | **3b - Emergency readmissions within 30 days of hospital discharge** | IAS Ref Code: | IAP00091 |
| Indicator Set | Commissioning Outcomes Framework |  |  |

|  |  |
| --- | --- |
| Description | Denominator: The number of finished CIP spells within selected medical and surgical specialties, with a discharge date up to March 31st within the year of analysisNumerator: The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, |

|  |  |  |  |
| --- | --- | --- | --- |
| Initial IGB discussion  | 30/11/12 | Further discussed |  |

**Strategic Considerations & Implications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant / Sponsor Organisation | Department of Health\*Costing for assurance appraisal included in development cost | Assurance process funded? | **Yes\***[x] **No**[ ]  |  |

|  |  |
| --- | --- |
| Indicator rationale  | To monitor success in avoiding (or reducing to a minimum) readmission following discharge from hospital. |
| Basis for rationale [Details of quality statement, policy etc.]  | The existing Compendium of Public Health Indicators (NCHOD) definition for this indicator was reviewed in light of more recent research by RAND. This research lead to the following changes: - Mental health admissions are no longer excluded (cancer and obstetric admissions continue to be excluded). - The indicator will measure readmissions within 30 days instead of 28 days, to align it with approximately 1 month. - Children are included in this indicator.- Comparison with self over time, rather than benchmark or target value  |
| Risks & assumptions | Recognition that CCGs with low rates of avoidable readmissions will have little scope to improve performance, but suggestion that maintaining a consistently low figure could logically be construed as success. |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | Data Source: The indicator will use HES based CIP spellsCurrent data access is subject to conditions set down in contract with Northgate. Future access is subject to the re-procurement process currently being undertaken  |
| Potential impacts on other business areas [inc outstanding generic issues] | General approaches to standardisation used in CCG indicators have been set out in a separate paper.  |
| Implementation Method[inc production funding] | Funding being sought.Costs for the production of the CCG indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC are yet to be agreed with DH and the NHS Commissioning Board. |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | 24/7/12, 26/10/12 |
| By: | HSCIC - Alyson Whitmarsh, Andy Sutherland, Azim Lakhani, Julie Henderson, Jonathan Hope; NICE – Daniel Sutcliffe; UHB – Daniel Ray, Irena Begaj;  |
| Summary of MRG discussions:  | Discussed as NHS Outcomes Framework Indicator (Application Ref IAP0066)* Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded from the denominator
* Those with a main specialty upon readmission coded under obstetric; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell are excluded from the numerator
* NHSOF specification to be followed in terms the criteria and methodology used to identify the readmissions
* Discussions focussed on type of standardisation to be applied.
* Clarification requested on what variables being used for standardisation. It was suggested that there was agreement to drop procedure but include comorbidity as a standardisation variable.
* In earlier discussions direct standardisation (rather than the indirect used in NHSOF) was proposed to facilitate comparison across CCGs and to be consistent within the CCG Outcome Indicator Set. Acknowledgement was given to direct standardisation being problematic when small numbers are involved. Compendium of Public Health Indicator published data at LA level reviewed to assess whether this was likely to be of concern
* MRG accepted use of indirect standardisation for this indicator on the proviso that it is clear that the opportunity to use direct standardisation will be continued to be explored. It was felt this approach was necessary due to the need to standardise by variables other than age and sex such as comorbidity.
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| --- | --- | --- |
| Outcome of MRG consideration: | 1. **No significant issues identified**
 |[ ]   |
|  | 1. **No significant issues on basis of completion of outstanding actions**
 |[ ]   |
|  | 1. **Some concerns expressed as caveats or limitations**
 |[x]   |
|  | 1. **Significant reservations**
 |[ ]   |
|  | 1. **Unresolved issues**
 |[ ]   |

|  |  |
| --- | --- |
| MRG statement of recommendation: | MRG recommends the indicator for appraisal by IGB on the proviso that it is clear that the opportunity to use direct standardisation will be continued to be explored. |

**Additional Assurance Details**

|  |  |
| --- | --- |
| Peer Reviewers: | No Peer Review conducted at present |
| Peer Review summary: | n/a |
| Range of input[Have relevant business areas contributed e.g. clinical assurance?]  | Clinical input received within the HSCIC CCG (COF) consultation and NICE advisory committee |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

|  |  |
| --- | --- |
| Made: | 30/11/12 |
| Comments & Recommendations[List additional comments and recommendations raised by IGB] | IGB re-iterated MRG recommendation that the opportunity to use direct standardisation be continued to be explored. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action required: | **IGB update not required**  |[x]  **Further Update IGB** |[ ]  **Refer to MRG**  |[ ]   |

|  |  |
| --- | --- |
| Update:Made: xx/xx/xx |  |

Review:

**Review**

|  |  |
| --- | --- |
| Review Timescale |  |
| **1 year** |[ ]
| **3 years** |[ ]
| **Other:** |[x]

Rationale [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]

Indicator to be reviewed upon conclusion of re-procurement process

IGB Sign-off:

**Indicator Assurance Process Output**

|  |  |  |
| --- | --- | --- |
| Final Appraisal Status | 1. **Assured**
 |[x]   |
|  | 1. **Assured with Comments**
 |[ ]   |
|  | 1. **Not Assured**
 |[ ]   |

|  |  |
| --- | --- |
| Basis of Sign-off[Detail caveats and limitations ] | The indicator is signed-off as “assured” on the basis that the opportunity to use direct standardisation be continued to be explored and that the Indicator to be reviewed upon conclusion of re-procurement process. |
| Sign-off Date | 30/11/12 |