**NHS Digital**

**Indicator Supporting Documentation**

**IAP00124 Under 75 mortality rate from cancer (CCGOIS)**

Indicator Assurance Pipeline Process

**Methodology Review Group**

**Applications for consideration**

**09th August 2012**

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**0. Document Control**

## Version History

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| **Version** | **Date** | **Changed By** | **Summary of Changes** |
| V 0.1 | 02/07/2012 |  | Initial Draft |
| V 0.2 | 07/08/2012 | E Jackson | Updated after CI Team discussion |

## Approvals

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## Distribution

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# Introduction

Indicators to discuss:

* NOF 2 - Health related quality of life for people with long-term conditions (also being considered for COF)

***(Update for MRG)***

* NOF 2.1 - Proportion of people feeling supported to manage their conditions (also being considered for COF)

***(Update for MRG)***

* NOF 2.4 – Health related quality of life for carers ***(New to MRG)***
* NOF 4.4.i – Access to GP services ***(Update for MRG)***
* NOF 2.6i – Improving the ability of people with dementia to cope with symptoms: Diagnosis rate for people with dementia ***(New to MRG)***
* COF 2.52 – Single marker of all nine basic care processes performed

***(New to MRG)***

* COF Diabetes Structured Education Indicators
  + 2.53 -Of people with newly diagnosed diabetes, the proportion who are offered [structured education] within 3 months of diagnosis

***(Update for MRG)***

* COF Complications Associated with Diabetes Indicators
  + 2.61- Complications associated with diabetes ***(Update for MRG)***
  + 2.62 - The incidence rate of lower limb amputations per X people with diabetes

***(Update for MRG)***

* + 1.24 - Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes ***(New to MRG)***
* COF Mortality Indicators
  + 1.1 Under 75 Mortality rate from cardiovascular disease
  + 1.2 Under 75 Mortality rate from respiratory disease
  + 1.4.vii **(IAP00124)** Under 75 Mortality rate from cancer ***(Update for MRG)***

# Indicators for Consideration

## NOF/COF Outcome 2 Indicators

Indicators to be considered are as follows:

* 2 – Health related quality of life for people with long-term conditions (NOF & COF)
* 2.1 - Proportion of people feeling supported to manage their conditions (NOF & COF)

These indicators all use data gathered from the GP Patient Survey and, because indicators 2 and 2.1 are being considered for inclusion in the Commissioning Outcomes Framework (COF), the CCG coverage of the GP Patient Survey will be considered here for these indicators.

**General comments:**

1. Indicators 2 and 2.1 are concerned with the quality of life for people with long-term conditions (LTCs). One key consideration in the calculation of these indicators is whether the type of LTC and the number of LTCs per respondent are taken into account. A report has been supplied by DH (see the attached document titled ‘Standardisation of GPPS LTC indicators’) which describes a standardisation methodology to be used. The purpose of this method is to keep the weights for particular conditions and groups of conditions constant over time.

Patients are categorised by:

* + Whether they have one, two or more conditions.
  + Which of their conditions is the most serious. Severity defined by the average EQ-5D scores for patients with only one condition.

1. A concern for indicator 2 is that there might be instances where the average EQ-5D score is negative, and this has previously been identified as problematic for Patient Reported Outcomes Measures (see the attached document titled ‘PROMs risk adjusted health gain – impact of negative EQ-5D scores’). The ‘Standardisation of GPPS LTC indicators’ report (see attached) argues that negative values should not be a problem for these indicators.
2. For indicators 2 and 2.1, changes to the indicators may be biased as a representation of change to the outcomes sought due to unmeasured changes in:

* The average period that the surveyed individuals have suffered a long-term condition, a major determinant of stage and severity of disease, and hence of health status. If the average period since incidence of the sampled population decreases, for example through earlier diagnosis, the measured health related quality of life of the sample will improve without genuine improvement of outcome. Conversely, if the period since incidence increases, for example as improvements in care defer mortality, the measured health related quality of life will decline without genuine deterioration of outcome.
* Readiness to diagnose or report a "long standing health condition”, which might reflect change in tolerance of conditions by different age cohorts. For example, if a current cohort considers itself to suffer from a “long-term back problem” which an earlier cohort would have considered a normal part of ageing, the average casemix of the sample population will lighten.

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| **Indicator** | **NOF 2 – Health related quality of life for people with long-term conditions** |
| **Construction and data source** | Data source: GP Patient Survey.  The survey runs twice a year (July to September and January to March) and the response rate for the Year 2011/2012 was 38%, based on 1,037,946 returned surveys over the two waves.  Construction:Average health status (EQ-5D\*) scores for individuals aged 18 and over reporting that they have a long-term condition. It assesses whether health-related quality of life is increasing over time for the population with long-term conditions, while controlling for measurable confounders (age, gender, disease mix, etc.).  Health status is derived from responses to Q34 on the GP Patient Survey, which asks respondents to describe their health status using the five dimensions of the EuroQuol 5D (EQ-5D) survey instrument:  • Mobility  • Self-care  • Usual activities  • Pain/discomfort  • Anxiety/depression  \*EQ-5D™ is a registered trademark of EuroQol. Further details are available from <http://www.euroqol.org>.  Long-term condition status for individuals is obtained from ‘yes’ responses to Question 30 in the GP Patient Survey:  Question 30  Do you have a long-standing health condition?  a) Yes  b) No  c) Don’t know / can’t say  Question 31  Which, if any, of the following medical conditions do you have? *Please x all the boxes that apply to you:*  • Alzheimer’s disease or dementia  • Angina or long-term heart problem  • Arthritis or long-term joint problem  • Asthma or long-term chest problem  • Blindness or severe visual impairment  • Cancer in the last 5 years  • Deafness or severe hearing impairment  • Diabetes  • Epilepsy  • High blood pressure Kidney or liver disease  • Learning difficulty  • Long-term back problem Long-term mental health problem • Long-term neurological problem  • Another long-term condition  • None of these conditions  • I would prefer not to say  Indicator format:Number  Examples of questions 30 to 32 from the GP patient survey  The results will be standardised according to the methodology reported in the attached paper, “Standardisation of GPPS LTC indicators”. |
| **Rationale** | This seeks to capture how successfully the NHS is supporting people with long-term conditions to live as normal a life as possible. This indicator will help people understand whether health related quality of life is improving over time for the population with long-term conditions. The indicator uses EQ-5D, which is a validated direct measure of health status or health-related quality of life that is used internationally. |
| **Potential issues** | Please see general points above.  Is the standardisation by condition a reasonable idea in principal? Are there problems? |
| **Rec 2012/110** | 1. As far as the MRG are aware the EQ-5D is composed of the descriptive system used for this indicator and the visual analogue scale. A query was raised as to whether the descriptive system has been validated for use without the visual analogue scale? 2. In addition MRG believed EQ-5D was developed for use with a general population, not specific conditions. More research is required to clarify whether people with long term conditions can or can not be defined as a general specific population 3. The EQ-5D is not scored with even intervals. As such MRG recommended the Median should be used in place of the mean. |
| **Update** | * 1. The descriptive system (i.e. without the VAS) has been validated for use in this survey by EuroQol.   2. No specific information with regards to this survey, but the EQ-5D has been approved for use for specific conditions.   3. The position from DH is that the mean should be used as the reported average, as it picks up changes in the tails of the distribution. |
| **Rec 2012/111** | * + 1. MRG asked for further evidence of available research around the demographic mix, and the experience mix (i.e. are people with a bad experience more likely to respond), for non-response bias.     2. In addition MRG questioned that if there is a low response rate, are respondents with LTC typical of all people with LTC? What about the non-respondents? |
| **Update** | * + - 1. For the survey in general a weighting system is applied to account for non response bias. This adjusts for the variation in response rate between demographic groups. No research was carried out into whether those who did not respond had a different experience to those who did. This will be noted in the quality statement as per other indicators using this data source.       2. There is no research / evidence on these possible response biases, but DH have asked the survey contractor (Ipsos MORI) to be kept informed if any research is carried out. |
| **Rec 2012/112** | MRG queried how people are identified for inclusion, with the recommendation that people not responding “Yes” to Question 30, but who subsequently identify a LTC in Q31, should be included in the calculation. |
| **Update** | This is the proposal. |
| **Rec 2012/113** | * + - 1. MRG discussed the potential impact on the indicator from a gap in information resulting from the “I would prefer not to say” response option in question 31. Potentially the ranking of the medical conditions could be altered if those marked of I would prefer not to say were known. MRG suggested that there was an option to cross-reference weighting with GPES over time.       2. In addition MRG raised an issue over potential problems with interpretation as it is proposed that this be standardised according to condition. If the indicator figure changes over time, it will not be possible to determine whether this is due to respondents having different LTCs. MRG suggested standardisation by age as well as condition. |
| **Update** | * + - * 1. The weighting will be cross referenced with GPES over time.         2. The indicator will be standardised by age as well as condition. |
| **Rec 2012/114** | The proposed weighting scheme splits people into whether they have one, two or more conditions. Is the score sufficiently different between those with two conditions and those with more to warrant separating them like this? |
| **Update** | The analysis has not yet been carried out by DH on this. If when it is the scores are not sufficiently different then two categories will be used instead of three. |

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| **Consideration for Commissioning Outcomes Framework (COF)** |
| This indicator is being considered for inclusion in COF. It would be calculated from the same data source. The indicator requires assurance for use in COF.  The table below summarises the national and CCG response rates for the survey for all of 2011/12. (CCGs as of 29th June 2012.)  The minimum number of responses by CCG is 305. This is considered to be an acceptable sample to calculate the indicator from. |

Table below summarises the national and CCG response rate for the survey for all of 2011/12

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| **Indicator 2** | **Respondents** | **% of all survey respondents** |
| **England** | 447,909 | 43.2% |
| **Mean responses per CCG** | 2112 | 43.1% |
| **Minimum responses at CCG** | 305 (45.7% of respondents) | 33.8% (1718 respondents) |
| **Maximum responses at CCG** | 7905 (21.9% of respondents) | 49.6% (1462 respondents) |

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| **Indicator** | **NOF 2.1 – Proportion of people feeling supported to manage their conditions** |
| **Construction and data source** | Data source: GP Patient Survey.  The survey runs twice a year (July to September and January to March) and the response rate for the Year 2011/2012 was 38%, based on 1,037,946 returned surveys over the two waves.  Indicator construction:The indicator will be based on responses to questions in the GP Patient Survey as follows:  Numerator: For people who answer yes to the Question 30 “Do you have a long-standing health condition?”. The numerator is the total number of ‘Yes, definitely’ or ‘Yes, to some extent’ answers to Question 32:  In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term condition(s)?Please think about all services and organisations, not just health services  a) Yes, definitely  b) Yes, to some extent  c) No  d) I have not needed such support  e) Don’t know/can’t say  Denominator:For people who answer yes to the Question 30 “Do you have a long-standing health condition?”. The denominator is the total number of ‘Yes, definitely’, ‘Yes, to some extent’ and ‘No’ answers to Question 32 above.  Indicator format: Percentage (weighted numerator/denominator)  The results will be standardised according to the methodology reported in the attached paper, “Standardisation of GPPS LTC indicators”. |
| **Rationale** | This indicator aims to measure how well the NHS as a whole is doing in supporting people to look after themselves and handle the consequences of their conditions. This is an important outcome for people with long-term conditions. |
| **Potential issues** | Please see general points above. |
| **Rec 2012/115**  **See also 2012/111** | MRG asked for further evidence of available research around the demographic mix, and the experience mix (i.e. are people with a bad experience more likely to respond), for non-response bias |
| **Update** | See update for recommendation 2012/111. |
| **Rec 2012/116**  **See also 2012/112** | MRG queried how people are identified for inclusion, with the recommendation that people not responding “Yes” to Question 30, but who subsequently identify a LTC in Q31, should be included in the calculation. |
| **Update** | See update for recommendation 2012/112. |

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| **Consideration for Commissioning Outcomes Framework (COF)** |
| This indicator is being considered for inclusion in COF. It would be calculated from the same data source. The indicator requires assurance for use in COF.  The table below summarises the national and CCG response rates for the survey for all of 2011/12. (CCGs as of 29th June 2012.)  The minimum number of responses by CCG is 213. This is considered to be an acceptable sample to calculate the indicator from. |

The table below summarises the national and CCG response rates for the survey for all of 2011/12. (CCGs as of 29th June 2012.)

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| **Indicator 2.1** | **Respondents** | **% of all survey respondents** |
| **England** | 343,498 | 33.1% |
| **Mean responses per CCG** | 1,620 | 33.1% |
| **Minimum responses at CCG** | 213  (31.9% of respondents) | 24.2%  (1230 respondents) |
| **Maximum responses at CCG** | 6,141  (35.8% of respondents) | 40.4%  (1453 respondents) |

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| **Indicator** | **NOF 2.4 – Health related quality of life for carers** |
| **Construction and data source** | Data source: GP Patient Survey.  The survey runs twice a year (July to September and January to March) and the response rate for the Year 2011/2012 was 38%, based on 1,037,946 returned surveys over the two waves.  Construction:Average health status (EQ-5D\*) scores for individuals aged 18 and over reporting that they are carers. It assesses whether health-related quality of life is increasing over time for this population, while controlling for measurable confounders (age, gender, etc.).  Health status is derived from responses to Q34 on the GP Patient Survey, which asks respondents to describe their health status using the five dimensions of the EuroQuol 5D (EQ-5D) survey instrument:  • Mobility  • Self-care  • Usual activities  • Pain/discomfort  • Anxiety/depression  \*EQ-5D™ is a registered trademark of EuroQol. Further details are available from <http://www.euroqol.org>.  The carer status is obtained from those answering “Yes…” to Question 56 in the GP patient survey:  **Do you look after, or give any help or support to family members, friends, neighbours or others because of either**  -**long-term physical or mental health/disability, or**  -**problems related to old age?**  Do not count anything you do as part of your paid employment  No  Yes, 1-9 hours a week  Yes, 10-19 hours a week  Yes, 20-34 hours a week  Yes, 35-49 hours a week  Yes, 50+ hours a week.  Indicator format:Number – Mean EQ-5D score.  Standardising indicator  The GPPS includes a weight for non-response bias. This adjusts the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete the questionnaire. The adjustment covers patient characteristics such as age, sex and practice.  However, non-response bias weights do not take into account the variation in the type and number of Long-Term conditions of the respondents, a factor that is particularly important for NHS OF indicators 2, 2.1 and 2.4.  Around 60% of carers have long-term conditions. Some of the LTCs that carers have can be caused or made worse by caring, for instance dementia carers can develop depression as a result, carers of people with mobility problems can develop back problems, etc.  If the NHS provides good care to people with LTCs, the extent to which carers develop LTCs can be reduced. If we standardise results we miss this (we would not miss cases where already existing LTCs of carers are made worse by caring, though).   However, if we do not standardise we run the risk of mistaking changes in sample composition for changes in the underlying population.  It is proposed that the indicator be standardised for the number and type of long term conditions the carer has. The exact method is described in the accompanying paper ‘120711 Standardisation of GPPS LTC Indicators.doc’. It is the method that has been proposed and discussed for NHS Outcomes Framework indicators 2 Health-related quality of life for people with long-term conditions and 2.1 Proportion of people feeling supported to manage their (long-term) condition with the additional category of ‘No long-term condition’. Relevant recommendation from indicators 2 and 2.1 will apply. |
| **Rationale** | The health of carers is greatly influenced by the extent and sensitivity of NHS and social care.  This indicator seeks to capture how successfully the NHS is supporting carers to live as normal a life as possible. This indicator will help people understand whether health related quality of life is improving over time for carers. The indicator uses EQ-5D, which is a validated direct measure of health status or health-related quality of life that is used internationally. |
| **Potential issues** | Is the standardisation by condition a reasonable idea in principal? Are there problems in its application for carers? |

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| **Indicator** | **NOF 4.4.i – Access to GP services** |

**Recommendations From Previous MRG**

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| **Construction and data source** | **Data source**: GP Patient Survey.  The survey runs twice a year (July to September and January to March) and the response rate for the Year 2011/2012 was 38%, based on 1,037,946 returned surveys over the two waves.  **Indicator construction:** The indicator will be based on the following question from the survey (question 18 in the survey),  Overall, how would you describe your experience of making an appointment?   * Very good * Fairly good * Neither good nor poor * Fairly poor * Very poor   This is the final question in a section of the survey on making an appointment. Regression analysis on the other questions in this section will be carried out to see which 4-5 questions are the key drivers for this question. These will be presented alongside the results of question 18. The regression will be carried out each time the indicator is calculated (and can be done at sub-national level). |
| **Rationale** | It is now standard practice in healthcare systems worldwide to ask people to provide direct feedback on the quality of their experience, treatment and care. It will be used alongside additional information sources to provide local clinicians and managers with intelligence on the quality of local services from the patients’ and service users’ point of view. Ultimately to play a role in driving improvements in the quality of service design and delivery. |
| **Potential issues** | 1. Ministerial advice was sought by the GP team at DH as to whether a single question or composite indicator should be used. Awaiting approval of this method. 2. The practicalities of how, and whether, the regression can be carried out are yet to be finalised. 3. General issues on the GP survey raised above also apply here. |
| **Rec**  **2011/70** | **Please supply further detail of non-response weighting when known. Of particular interest was the handling of geographical factors.**  Further details were supplied at MRG meeting 13/07/2012 with regards to other indicators using the same data source. Clarification on non-response bias is being sought. |
| **Rec**  **2011/74**  **2011/75**  **Updates provided for this meeting** | **The group requests further details of regression for consideration. Suggested that this was kept as simple as practical.**  **Members of the Group felt that, presented in this way, this was not really an indicator, more of a research project. Suggested that this kept separate from the indicator as complementary work.**  The regression method is no longer proposed. The indicator is now proposed as follows.  **Indicator construction**: This indicator will be based on responses to a single question within the GP Patient Survey (GPPS):  Overall, how would you describe your experience of making an appointment?   * Very good * Fairly good * Neither good nor poor * Fairly poor * Very poor   **Denominator** All respondents to the question.  **Numerator** The number of people responding ‘Very Good’ or ‘Fairly Good’**.** |

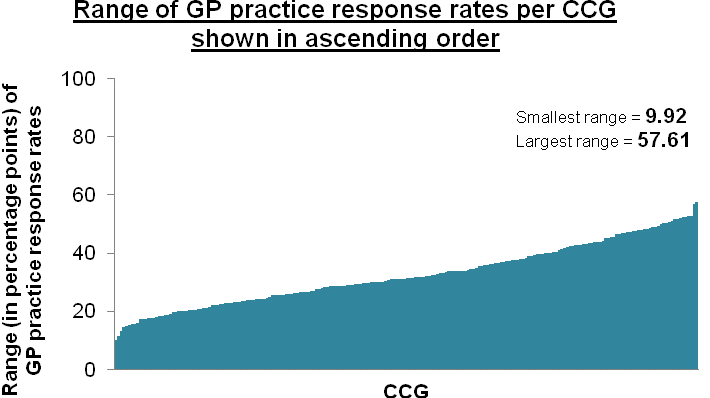
**Additional Information:**

Range of GP practice response rates to the GP Patient Survey (July 2011 – March 2012)

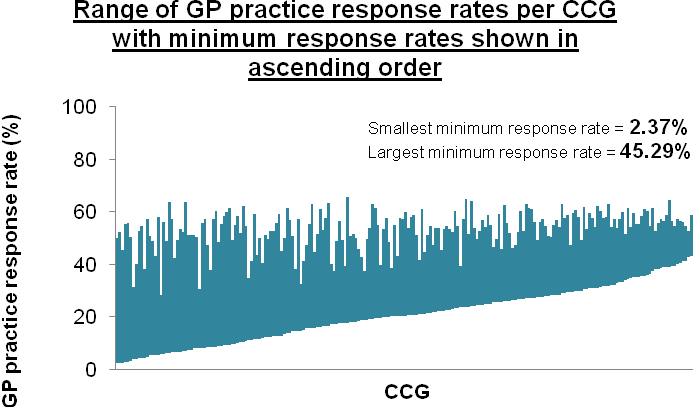
by CCG

A concern raised at a previous MRG meeting (July 13th 2012) was whether there were sufficient responses to the survey from each GP practice for each CCG. Here, we investigate the range of responses from GP practices across the CCGs.

The response rates to the GP Practice Survey for each GP practice that took part (*N* = 8258) was calculated, and the minimum and maximum response rates for each CCG (*N* = 212) was established. The two following figures describe the range of responses by CCG[[1]](#footnote-1).



**Figure 1.** Each bar represents the range (in percentage points) of GP practice survey response rates for a CCG (*N* = 212). Range was calculated for each CCG by identifying the GP practices with the maximum and minimum percentage response rates and deducting the latter from the former. The range of response rates are shown in ascending order of magnitude.



**Figure 2.** Each bar represents the minimum and maximum GP practice survey response rates (in percent) for a CCG (*N* = 212). The minimum response rates are shown in ascending order of magnitude.

**Due to the variation in response rates from GP practices across CCGs, do the MRG agree that the data will need to be weighted?**

The following table lists the maximum and minimum GP practice response rates for each CCG. *The full list is contained in Appendix 1*

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| --- | --- | --- | --- | --- | --- |
| **Rank (min - max Range)** | **CCG** | **Number of GP practices** | **Minimum response rate (%)** | **Maximum response rate (%)** | **Range** |
| 1 | 04M | 12 | 42.90 | 52.82 | 9.92 |
| 2 | 10L | 17 | 45.09 | 56.49 | 11.40 |
| 3 | 10M | 11 | 41.41 | 54.48 | 13.07 |
| 4 | 10N | 10 | 38.28 | 52.88 | 14.60 |
| 5 | 09X | 23 | 41.09 | 55.98 | 14.90 |

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| 209 | 12F | 62 | 2.78 | 55.25 | 52.48 |
| 210 | 04V | 50 | 5.60 | 58.16 | 52.56 |
| 211 | 03K | 24 | 2.92 | 55.71 | 52.79 |
| 212 | 11M | 86 | 7.14 | 63.77 | 56.63 |
| 213 | 04D | 38 | 6.09 | 63.70 | 57.61 |

\* list of 213 CCG’s includes #N/A

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| **Indicator** | **NOF 2.6i – Improving the ability of people with dementia to cope with symptoms: Diagnosis rate for people with dementia** |
| **Rationale** | This indicator aims to capture the quality of life of people with dementia. It will measure the extent of diagnosis of people with dementia by identifying the proportion of the estimate prevalence in the population that has been diagnosed. Currently, only 42% of people with dementia in England have a formal diagnosis, with the rate of diagnosis varying from 27% in the worst supporting areas to 59% in the best. Diagnosis is a key factor for the quality of life of people with dementia. This indicator should reflect the extent of diagnosis of people with dementia with the aim of enabling the NHS to secure improvements in the quality of life for patients with dementia and their ability to cope with symptoms.  Extending the diagnosis rates is intrinsically linked with making an earlier diagnosis of dementia. Good quality early diagnosis and intervention for all is a key objective of the National Dementia Strategy and was reinforced in the government’s revised implementation plan for the strategy (published in 2010) as one of four key priorities for the government to improve dementia care. When diagnoses are made, it is often too late for those suffering from the illness to make choices. Further, diagnoses are often made at a time of crisis; a crisis that could have been avoided if diagnosis had been made earlier. For example a fall leading to admission to hospital. There are a range of outcomes we want to see for people with dementia and their carers as set out below. Improving diagnosis has a key role to play in our ability to achieve these outcomes:   * slower progression of the condition which might be possible with early diagnosis and the prescription of appropriate drugs for certain types of dementia (e.g. Alzheimer’s) * improved ability to cope with symptoms of dementia and the consequential deferred institutionalisation which might be deliverable through early diagnosis and better information, support and treatment; * avoidance of side effects associated with inappropriate medication which might be deliverable through better detection of dementia, better training of staff working in hospitals and care homes, and dramatically reduced reliance upon anti-psychotic drugs; * reduction in the amount of time that people with dementia spend in hospital- both in terms of avoidable admissions / readmissions and reduced length of hospital stay for those with dementia who are hospitalised for whatever reason. |
| **Data sources:** | Numerator: the dementia register for England in the Quality and Outcomes Framework (QOF).  Denominator: ONS population data and the Dementia UK Report (2007) |
| **Construction and data source** | **Construction:**  The indicator will be calculated as follows:  Diagnosis rate = (Number of people diagnosed)/(Estimated prevalence)  **Denominator:**  Estimates of dementia prevalence by gender and by 5-year age bands from age 40 to age 95+ have been compiled in The Dementia UK report (2007). The prevalence can be combined with ONS mid-year population estimates for England to generate an estimate of overall dementia prevalence for each gender as well as an overall prevalence rate.  The Dementia UK report (2007) contains estimates of dementia prevalence rates (i.e. how many people have dementia as a proportion of the population in that age-band) by 5-year age bands from age 40 to age 95+ (40-44, 45- 49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-94, 95+). These rates are available by gender and as a weighted average for all persons.  ONS populations for England are based on the latest revisions of ONS mid-year population estimates for the respective years, or the latest census data.  Numerator:  This will be the number of people on the dementia register for England. The number of people diagnosed with dementia is published by the NHS IC in the Quality and Outcomes Framework (QOF).  For 2010/11, the national figure (measured at July 2011) was 266,697. QOF data is all aggregated at practice level and not broken down by gender.  It would be possible in principle to extract data from GP clinical systems with a gender breakdown, and this is currently being investigated, but it is unlikely to happen in the short-run.  **Format:**  Using the figures for number of diagnoses and prevalence calculated above, the estimated diagnosis rate for England in 2011 can be calculated. Thus, on its own, this indicator captures only the diagnosis rate. |
| **Ref Docs** | * Dementia UK Report (2007)   [http://alzheimers.org.**uk**/site/scripts/download.php?fileID=2](http://alzheimers.org.uk/site/scripts/download.php?fileID=2)   * *The National Dementia* Strategy: <http://www.dh.gov.uk/health/2011/07/dementia-strategy/> * A Time for Action Report:   [http://www.dh.gov.uk/en/Publicationsand statistics/Publications/PublicationsPolicyAndGuidance/DH\_108303](http://www.dh.gov.uk/en/Publicationsand%20statistics/Publications/PublicationsPolicyAndGuidance/DH_108303)   * PM challenge on dementia: [www.dh.gov.uk/health/2012/03/pm-dementia-challenge/](http://www.dh.gov.uk/health/2012/03/pm-dementia-challenge/) * Dementia action alliance: [www.dementiaaction.org.uk/](http://www.dementiaaction.org.uk/) |
| **Potential issues** | * There could be an incentive to providers to over-diagnose dementia. However, given that the diagnosis figures are being compared to the estimated prevalence, the incentive to over-diagnose beyond the estimated prevalence would be limited. * On its own, this indicator captures only the diagnosis rate. Although this is a proxy for the quality of life of patients, two other parts of this indicator are being developed in order to capture that element. The indicator will be divided into three parts: 2.6i is the diagnosis rate of people with dementia, 2.6ii will reflect the number of people with dementia who live in their own home, and 2.6iii will reflect the average health-related quality of life of people with dementia. * It is proposed that the denominator is calculated for people aged 40+. QOF has no age filter so there would be a mismatch between the numerator and denominator. Prevalence rates are available from 30+. Assuming the prevalence estimates are correct ~0.1% of people with dementia aged 30+ are in the 30 to 39 group. It would be possible in principle to extract data from GP clinical systems with a gender breakdown, and this is currently being investigated, but it is unlikely to happen in the short-run. * The prevalence rates for 65 and over are from research from 1989, ’89, ’90, ’91, ’93 and ’98. The prevalence rates for 30 to 64 are from research from 2002 and 2003. DH is currently commissioning new research to provide an update of these figures. The results may inform future revisions of the indicator. |

# Diabetes Audit-Based COF Indicators

1. The National Diabetes Audit (NDA) is the only source for some of the data elements required to construct many diabetes related indicators although GPES may be able to provide much of the required information given the correct data extraction business rules.
2. The NDA is the largest annual clinical audit in the world. It has permission from NIGB to collect patient identifiable data under Section 251 of the NHS Act 2006.

The audit is optional, so it is not mandated but data are collected from PCTs, Hospital Trusts, Specialist Paediatric Units and GP Practices. In 2009-10, 6507 of 8357 England GP Practices took part in the audit (77.86%) and significantly improved technical data extraction methods have resulted in far greater participation in the most recent audit whose results are imminent. For example, in 2009-10, there were 2.00 million patients recorded in the NDA; the 2010-11 dataset contains 2.24 million records.

1. NDA has no exclusions, patient of all ages and all types of diabetes (apart from gestational which is temporary) are included.
2. NDA encompasses all Primary care and all adults from Secondary care. Paediatric units and endocrinology units treating children with diabetes no longer return data to the NDA as their data are independently collected. However, the NDA team believes that the majority of children with diabetes will have type one diabetes and thus most will have this noted in their GP record - in the most recently published audit, 20,000 children had records of diabetes in paediatric units of which 18,000 were also recorded in the GP record.

Since the NDA is the only source for the required data, given that secondary care records for children are not included in the dataset, there are several options:

* + 1. Use the NDA to cover primary care only, for patients of all ages, all types of diabetes (except gestational), no exclusions. This would include treatment delivered by primary or secondary care for these patients but exclude any records with no primary care match.
    2. Use the NDA and filter for adults only, exclude children’s records entirely but include records from secondary care.
    3. Use the NDA as is, accepting that child records from secondary care will not be included.

The NDA team believes that the inclusion or otherwise of children in the secondary care dataset is not a relevant concern in view of the fact that the object of the indicator is to know and understand whether structured education is being offered and what the take up has been, i.e. whether healthcare providers are delivering what they should. Furthermore, the NDA team believes (as above) that most children receiving diabetes treatment in secondary care will be identified via their GP records instead. The team therefore recommends use of the NDA as is.

1. The NDA takes place annually and has been completed every year since 2003-2004. Indicators can thus be reported no more frequently than on a yearly basis. Following the collection, date are validated, verified, processed and quality assured before analysis and reporting can begin. NDA 2010-2011 will be ready to commence reporting during May 2012.
2. These indicators need to be reported at CCG level, which will be derived from GP practice registrations. Not all patients are registered with a GP and since some NDA data comes solely from secondary care, some patients will not be attributable to a CCG. The NDA team advises that three years ago, 2.8% of secondary care patient records had no GP recorded. Further investigation is needed to ascertain the spread of this.
3. There may be issues around reporting small numbers at CCG level.

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| **Indicator** | **COF 2.52 – Single marker of all nine basic care processes performed** |
| **Rationale** | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  The National Service Framework for Diabetes defines nine key care processes for diabetes care; five are risk factors and four tests for early complications. These are to be monitored annually. |
| **Data source:** | National Diabetes Audit collects these data annually. |
| **Construction and data source** | **Definition:** Of the persons with diabetes recorded in the NDA, the percentage who have received all of the nine care processes within the audit year.  Indicator will be reported annually for the audit period.  This indicator will be a percentage.  **Denominator**: Number of people with diabetes collected by the NDA, including registration from primary and secondary care as follows:  - Registrations from primary care - diabetes patients with a GP record in the selected data.  - Registrations from secondary care - diabetes patients with a secondary care record in the selected data but not a GP record.  **Numerator**: Number of people with diabetes collected by the NDA who have received all of the nine care processes listed above within the audit year as follows.  Risk factors:   1. Blood pressure (Systolic and diastolic) 2. Blood test (HbA1c – blood glucose levels) 3. Cholesterol levels 4. BMI and weight 5. Smoking review   Tests for early complications   1. Foot exam 2. Eye screening (retinopathy screening) 3. Urinary albumin test (or protein test to measure the kidney function) 4. Blood creatinine (indicator for renal function)   Results for care processes are taken from both primary and secondary care records. |
| **Ref Docs** | NICE Quality Standard |
| **Potential issues** | 1. Participation in the NDA is not 100%. 2. Figures produced for CCGs with low participation may be not be an accurate reflection of the CCG. 3. No standardisation has been proposed. However, the data should support direct standardisation by age and sex. |
| **Additional Information** | It is anticipated that the NDA data will support the construction of this indicator, and the NDA team has prepared the following sample data. |

*Structured Education Indicators – Potential Issues*

1. Structured education is poorly recorded in primary care e.g. NDA 2009-2010 showed only 1.8% of patients submitted to the NDA had a structured education offered Read code in their record. Read codes exist for referral, attendance and review of structured education (see Appendix 2) although in some instances the codes have a narrow focus and it is not necessarily clear which of these codes would constitute “structured education”.
2. The NDA and Clinical Indicators Teams have concerns about the completeness of data. It is suggested that the poor completion is due to the fact that there are no QOF points associated with the recording of this measure – for example, 90-95% of diabetes patients have a record of their blood sugar level because there is an incentive to record this information

**Recommendations From Previous MRG**

Indicators 2.53 – 2.59 were discussed at MRG on 14th March and a number of issues were identified and fed back to NICE. As a consequence, indicators 2.54-2.59 have been withdrawn from current list of proposed indicators, making some of the MRG requests for further data irrelevant.

Following recommendations from HSCIC, NICE amended the title and definition of indicator 2.53 to become *Number of people with diabetes, who have been diagnosed for less than 1 year with a structured education referral recorded.*

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| **Indicator** | **COF 2.53 - Number of people with diabetes, who have been diagnosed for less than 1 year with a structured education referral recorded.** |
| **Rationale** | The indicator is based on a NICE Quality Standard (refer to section 3, Evidence Base) and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  Indicator 2.53 has been identified as being a key component of high quality care as defined in the NICE quality standard for diabetes.  Statement 1 requires that “People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria at the time of diagnosis, with annual review and access to on-going education.” |
| **Data source** | National Diabetes Audit (NDA) |
| **Construction and data source** | Indicator definition: the proportion of persons with diabetes diagnosed for less than one year with a record of a referral for structured education.  Indicator will be reported annually. This indicator will be a percentage.  Denominator: Number of patients with diabetes who have been diagnosed for less than 1 year as recorded in GP Adult Population Data.  Numerator: Number of patients with diabetes collected by the National Diabetes Audit (NDA) who have been diagnosed for less than 1 year with a structured education referral recorded. |
| **Potential issues** | 1. Small numbers are likely to be a problem and this may need to be taken to small numbers panel. 2. Although the data more readily support this re-defined indicator, structured education is so very poorly recorded in primary care that NDA does not report figures. For example, NDA 2009-2010 showed only 28% of patients submitted to the NDA had an education offered read code in their record. 3. It is possible that where a newly diagnosed patient has no record of referral but has a code of “did not attend” or “refused” structured education, it could be inferred that the education was offered. This would mean that these patients could be included in the numerator. However, data quality issues could make this problematic. |

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| Sample data |  |  |
| Pseudo CCG | Sum of Total Registrations during the 2010/11 audit period | Count of patients with a diagnosis year >= 2010 with structured education **offered** during the 2010/11 audit period |
| 94 | 415 | 15 |
| 46 | 409 | 8 |
| 196 | 1,390 | 32 |
| 54 | 251 | 8 |
| 174 | 763 | 15 |
| 89 | 464 | 9 |
| 82 | 489 | 9 |
| 123 | 1,058 | 18 |
| 160 | 813 | 24 |
| 230 | 1,258 | 40 |
| 202 | 859 | 35 |
| 135 | 604 | 2 |
| 128 | 576 | 12 |
| 154 | 511 | 9 |
| 121 | 586 | 5 |

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| **Recommendations from previous MRG**  **Commissioning Outcomes Framework (COF)**  Rec 2012/38 | Consideration is to be given as to how to follow up the percentage of GP’s who don’t take part in the NDA. Additionally the rate at which people dissent from the audit will need to be reported back. **Update**  Participation in the audit increases each year. 82.8% of GP practices in England participated in the most recent audit.  Only 60 patients dissented in 2009-10 and the most recent figure is also extremely small. |

**COF Complications Associated with Diabetes Indicators 2.61, 2.62, 1.24**

2.61 Complications associated with diabetes

2.62 Lower limb amputation in people with diabetes

1.24 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes

Indicators 2.61, 2.62 and 1.24 relate to treatment of complications associated with diabetes. Indicators 2.61 and 2.62 were reviewed at MRG on 14 March 2012 and additional work was requested; indicator 1.24 is a newly proposed indicator.

Indicators 2.61 and 1.24 can each be presented as a single composite indicator or broken down by condition; 2.62 appears to be a subset of 2.61.

Clinically it makes little sense to report these complications as a composite.

Also, because of the differences in scale of the complications wild variation in where numbers are small could be masked by smaller fluctuations with greater occurrences, e.g. great changes in the number of major amputations could be concealed by small changes in occurrences in angina.

The original indicator for 2.61 name specified “incidence of complications…” However, chronic conditions that cannot not recur – a patient with angina or renal failure will always have this condition – cannot be reported in terms of incidence, only prevalence.

* 1. Incidence is defined as the total number of times a specific complication has occurred within the defined time period
  2. Prevalence is defined as the number of people who have had one or more records of a specific complication over the defined time period

The following sample figures were taken from the 2009-10 NDA.

There were 1,929,985 registrations from primary and secondary care.

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| **Incidence of complication** | **Incidence per 100** | **Number of incidents +/-** |
| Ketoacidosis | 1.00 | 19,300 |
| Myocardial Infarction | 1.23 | 23,739 |
| Stroke | 1.50 | 28,950 |
| Diabetic Retinopathy treatments | 0.65 | 12,545 |
| Amputation minor | 0.15 | 2,895 |
| Amputation major | 0.07 | 1,351 |

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| **Prevalence of complication** | **Prevalence %** | **Number of people +/-** |
| Ketoacidosis | 0.480 | 9,264 |
| Angina (prev only) | 3.130 | 60,409 |
| Myocardial Infarction | 0.600 | 11,580 |
| Cardiac Failure (prev only) | 1.580 | 30,494 |
| Stroke | 0.690 | 13,317 |
| Renal Failure (prev only) | 0.380 | 7,334 |
| Diabetic Retinopathy treatments | 0.420 | 8,106 |
| Amputation minor | 0.130 | 2,509 |
| Amputation major | 0.070 | 1,351 |

**Recommendation**

1. The NDA proposes that these conditions be reported separately. It is likely that the numbers will not support direct standardisation so the NDA recommends reporting crude rates. It is recognised that a single composite indicator would give larger numbers, making it easier to report, but there is a risk that the rarer complications could be masked by the more common conditions.

In addition, the construction of a single indicator would not be sufficient to support effective targeting of health care services and would not help achieve its objective in terms of measuring the quality of commissioning for people with diabetes   
Indicator 2.52 reports on patients receiving the nine key processes each year which are intended to help in the prevention of these complications. It is suggested that separate reporting of these complications is logical. This would make indicators 1.24 and 2.62 superfluous.

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| **Prevalence of complication** | **Average per CCG per year** |
| Ketoacidosis | 44 |
| Angina (prev only) | 285 |
| Myocardial Infarction | 55 |
| Cardiac Failure (prev only) | 144 |
| Stroke | 63 |
| Renal Failure (prev only) | 35 |
| Diabetic Retinopathy treatments | 38 |
| Amputation minor | 12 |
| Amputation major | 6 |

1. It is recommended that the title of the indicator be amended to include the phrase “of the patients included in the audit…”  
   It is recognised that some complications are widespread in the England population but that only 60% of HES records tend to include a diabetes diagnosis.   
   It is proposed that patients with diabetes be identified using the NDA and matched to HES for the complications.
2. MRG’s views are sought on whether to report prevalence of a complication rather than incidence for chronic conditions that cannot recur e.g. angina.

**Potential issues**

The NDA currently audits only those patients who are alive at the end of the audit period. This is a great concern in terms of the quality of data when reporting complications with high mortality rates, (particularly myocardial infarction), as those cases ending in death are excluded from the dataset. 23% of people suffering MI die before reaching hospital.

The NDA intends to resolve this issue but since this will require a change in the way the data are collected, it will be two years before the data are available.

NDA therefore recommends that the indicators for those conditions with high mortality be published with appropriate health warnings.

In the worst case this opens opportunities for gaming and gives CCGs a perverse incentive when it comes to survival of their patients.

The following is the initial paperwork brought to MRG regarding indicator 2.61

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| **Indicator** | **COF 2.61 – Rates of complications associated with diabetes** |
| **Construction and data source** | **Data source:** HES, National Diabetes Audit (NDA) and GP Population Data  **Indicator definition**: Rates of complications associated with diabetes  NDA complication types are diagnoses or procedures as follow:   * Ketoacidosis * Angina * Myocardial Infarction * Cardiac Failure * Stroke * Diabetic Retinopathy treatments * Renal Failure * Amputation minor * Amputation major   ICD-10 and OPCS-4 codes are provided  Indicator will be reported annually (April to March). This indicator will be a rate.  **Denominator:** Number of people with diabetes collected by the NDA from Primary and / or Secondary Care  **Numerator:** Number of people identified by NDA in the denominator with a HES record of NDA complications using (a) ICD-10 primary or secondary diagnosis codes (see below) or (b) OPCS-4 procedure codes |
| **Rationale** | The indicator is based on a NICE Quality Standard (refer to section 3, Evidence Base) and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  NDA reports on complications prevalence in the NDA diabetes population annually, this is available publicly via the HSCIC website.  This indicator is considered useful in measuring the quality of commissioning for people with diabetes. |
| **Potential issues** | 1. Complication    1. prevalence is defined as the number of people who have had one or more records of a specific complication over the defined time period    2. incidence is defined as the total number of times a specific complication has occurred within the defined time period   Clarify whether to count people with complications irrespective of number, or count of incidents (which theoretically could return a higher numerator than denominator)   1. Complications incidence cannot be provided for renal failure, cardiac failure and angina. |

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| **Recommendations** |  |
| **Commissioning Outcomes Framework (COF)** | 2.61 - The incidence of complications associated with diabetes per X people with diabetes |
| Rec 2012/40 | Further investigation of death rates connected to myocardial infarction is required to confirm this is not impacting on results.  **Update**  See above NDA proposals for including those patients who die during the audit year.  23% of patients suffering MI die before reaching hospital |
| Rec 2012/41 | MRG recommended that an exercise take place to verify the number of instances where NDA/HES items don’t match, e.g. where missing NHS number |
| Rec 2012/42 | MRG recommended that a review of whether there is a necessity for age standardisation take place, for instance is the complication connected to age profile, with a risk model built as appropriate. |

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| **Indicator** | **COF 2.62 - The incidence rate of lower limb amputations per X people with diabetes** |
| **Rationale** | The indicator is based on a NICE Quality Standard (refer to section 3, Evidence Base) and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  Statement 10 for indicator 2.62: People with diabetes with or at risk of foot ulceration receive regular review by a foot protection team in accordance with NICE guidance, and those with a foot problem requiring urgent medical attention are referred to and treated by a multidisciplinary foot care team within 24 hours.” |
| **Data source:** | HES, National Diabetes Audit (NDA) and GP Population Data |
| **Construction and data source** | **Indicator definition:** Rates of complications associated with diabetes  NDA complication types are diagnoses or procedures as follow:   * Amputation major   OPCS-4 codes are provided below  Indicator will be reported annually (April to March). This indicator will be a rate.  **Denominator:** Number of people with diabetes collected by the NDA from Primary and / or Secondary Care  **Numerator:** Number of people identified by NDA in the denominator with a HES record of lower limb amputation using the OPCS-4 procedure codes below |
| **Potential issues** | NHSIC Compendium Indicator reports incidence of lower limb amputations in diabetic patients using HES data and a general population denominator – this will use the NDA diabetic population as the denominator as reported by NDA. |

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| **Recommendations From Previous MRG** |
| Rec 2012/43 **Review the work previously done in relation to the compendium indicator and build a critique around why the current compendium indicator can’t be adapted for COF purposes** |
| **Update**  **Compendium**   1. Compendium includes any diagnosis of diabetes E10-E14 (primary or secondary) and a record of an amputation of leg, foot or toe. NDA does not include E12 (Malnutrition related diabetes) in its definitions whereas Compendium does.  E10 Insulin-independent; E11 Non-insulin-dependant; E12 Malnutrition-related; E13 Other specified; E14 Unspecified 2. Compendium indicator is defined as **admissions to hospital of patients with diabetes where a lower limb amputation is undertaken**, defining incidence by counting the individual rather than the episodes of care by using CIPS (epiorder=1) and source of admission that is not a transfer from another hospital. 3. OPCS4 codes  X09.- leg; X10.- foot; X11.- toe The inclusion of toe in the procedures will include more people than purely those with a record of lower limb amputation. 4. Compendium recognises that its method of construction can result in relevant patients being excluded: its definition states “if diabetes, even when it exists, is not recorded as a diagnosis at all, the spell will not be counted.” Since it is known that co-morbities are under reported, the Compendium indicator could miss people and seriously under-report amputations due to diabetes. 5. Compendium indicator is indirectly age and sex-standardised rate per 100,000. In order to highlight differences across the genders, Compendium standardises the gender-specific rates by age using person-based standards. In order standardise, the HSCIC needs to be able to construct a denominator that can be broken down by the appropriate age bands. It is anticipated that numbers will be small (see below) so the rate per X may need to be revised. 6. Compendium reports for all persons regardless of age. If the NDA is to be used to construct the denominator, it may be necessary to specify the age of the population in question as NDA does not record secondary care data for children. 7. Spells may contain more than one eligible procedure (i.e. both lower limbs amputated) but would count once. Two spells within the same year would count twice whereas the proposed methodology would presumably count an individual with two spells in the year only once. 8. The indicator definition specifically filters to include delivery episodes in episode type and mothers and babies for delivery in the patient classification field, which seems unusual. 9. I believe there will could be an issue with low numbers when reporting at CCG level. The extent to which Compendium, (whose reported figures are shown below), under-reports amputations due to diabetes is not clear.   **NDA**  The NDA team ALWAYS assumes that if a condition potentially attributable or related to diabetes manifests, then diabetes is considered to be a contributory factor and therefore such incidents should be recorded for the indicator. It is hoped that this policy will help to overcome the issues whereby diabetes attributable amputations are under-reported.  The following is recommended for 2.62:   1. Construct a CCG level denominator using the NDA records. 2. Determine whether there needs to be any filter based upon age given that NDA covers all Primary care records and all adults from secondary care but paediatric and endocrinology units treating children do not return to NDA. NDA is of the opinion that their dataset is fit for purposes as 90% of children are identified as diabetic in their GP record. 3. Take HES records of lower limb amputations during the specified period – clarify whether this is limb only or whether this includes toes – and match on NHS number to NDA patient lists. 4. Standardise if required. 5. Construct indicator. |

Table below showing Compendium records – CIPS with lower limb amputation and diabetes 2002/03 to 2009/10

|  |  |
| --- | --- |
| 2002/03 | 4894 |
| 2003/04 | 4921 |
| 2004/05 | 4907 |
| 2005/06 | 5031 |
| 2006/07 | 5030 |
| 2007/08 | 5306 |
| 2008/09 | 5720 |
| 2009/10 | 5700 |

**Indicator new to MRG**

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| **Indicator** | **COF 1.24 Myocardial infarction, stroke and end stage kidney disease in people with diabetes** |
| **Rationale** | The indicator supports the NHS Outcomes Framework and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  “The intent of indicator 1.24 is to measure the proportion of people with diabetes who develop long term conditions or complications that may be exacerbated by poor management of diabetes.”  This indicator is considered useful in measuring the quality of commissioning for people with diabetes.  The NDA MI, stroke and end stage kidney disease complications indicator was developed to assess the complication rates in the diabetic population. |
| **Data Source** | NDA and HES |
| **Construction and data source** | **Definition: See 2.61**  Indicator will be reported annually for the audit period.  This indicator will be a rate.  **Denominator**: Number of people with diabetes identified by the NDA.  **Numerator**: Number of people collected by the NDA who have a HES primary or secondary diagnosis during the reporting period of MI, stroke or end stage kidney disease.  A list of NHS numbers of patients with diabetes will be provided by NDA and matched to HES data. Anyone with a primary or secondary diagnosis on the list below is identified. |
| **Ref Docs** |  |
| **Potential issues** | 1. See 1.24 2. For primary care, participation in the NDA is voluntary. The NDA 2010-2011 achieved 82.8% participation rate for 6,774 GP Practices in England and reported on 2,150,634 patients. For secondary care, participation in the audit is mandatory under the NHS Standard Contract. In the NDA 2010-2011, 75 secondary care units submitted data. |
| **Additional Information** | ICD-10 Codes  Myocardial infarction   * 1. - I21.0 Acute transmural myocardial infarction of anterior wall   2. - I21.1 Acute transmural myocardial infarction of inferior wall   3. - I21.2 Acute transmural myocardial infarction of other sites   4. - I21.3 Acute transmural myocardial infarction of unspecified site   5. - I21.4 Acute subendocardial myocardial infarction   6. - I21.9 Acute myocardial infarction, unspecified   7. - I22.0 Subsequent myocardial infarction of anterior wall   8. - I22.1 Subsequent myocardial infarction of inferior wall   9. - I22.8 Subsequent myocardial infarction of other sites   10. - I22.9 Subsequent myocardial infarction of unspecified site   Stroke   * 1. - I61.0 Intracerebral haemorrhage in hemisphere, subcortical   2. - I61.1 Intracerebral haemorrhage in hemisphere, cortical   3. - I61.2 Intracerebral haemorrhage in hemisphere, unspecified   4. - I61.3 Intracerebral haemorrhage in brain stem   5. - I61.4 Intracerebral haemorrhage in cerebellum   6. - I61.5 Intracerebral haemorrhage, intraventricular   7. - I61.6 Intracerebral haemorrhage, multiple localized   8. - I61.8 Other intracerebral haemorrhage   9. - I61.9 Intracerebral haemorrhage, unspecified   10. - I63.0 Cerebral infarct due to thrombosis of precerebral arteries   11. - I63.1 Cerebral infarction due to embolism of precerebral arteries   12. - I63.2 Cereb infarct due unsp occlusion or stenos precerebrl arts   13. - I63.3 Cerebral infarction due to thrombosis of cerebral arteries   14. - I63.4 Cerebral infarction due to embolism of cerebral arteries   15. - I63.5 Cerebrl infarct due unspec occlusion or stenos cerebrl arts   16. - I63.6 Cereb infarct due cerebral venous thrombosis, nonpyogenic   17. - I63.8 Other cerebral infarction   18. - I63.9 Cerebral infarction, unspecified   19. - I64.X Stroke, not specified as haemorrhage or infarction   20. - I67.9 Cerebrovascular disease, unspecified   Renal failure   * 1. - N18.0 End-stage renal disease   2. - Z49.0 Preparatory care for dialysis   3. - Z49.1 Extracorporeal dialysis   4. - Z49.2 Other dialysis   5. - Z99.2 Dependence on renal dialysis   6. - M01.1 Autotransplantation of kidney   7. - M01.2 Allotransplantation of kidney from live donor   8. - M01.3 Allotransplantation of kidney from cadaver NEC   9. - M01.4 Allotransplantation of kidney from cadaver heart-beating   10. - M01.5 Allotransplantation of kidney from cadaver non-heart-beating   11. - M01.8 Transplantation of kidney, Other specified   12. - M01.9 Unspecified transplantation of kidney |
| **Sample data** | NOTE: This provisional NDA analysis suggests that the data can support the construction of this indicator. |

**COF Mortality Indicators 1.1, 1.2 and 1.4.vii (IAP00124)**

**Under 75 Mortality rate from cardiovascular disease, respiratory disease or Cancer.**

RECAP OF ORIGINAL MRG PAPERWORK – MARCH 2012

There are a number of issues relevant to each of these indicators as follows:

1. The NOF indicators are generated by ONS using mortality data and mid-year population estimates.
2. The indicators are directly standardised to the European Standard Population to allow for international comparison.
3. The use of ONS mid-year population estimates is not appropriate when producing the COF indicators because counts based on CCG populations are needed for the denominator. Therefore, it is proposed that GP Population Data for the appropriate age ranges be used instead.
4. In order to produce these indicators at CCG level, it is proposed that the PCMD be used in place of the ONS mortality data as GP practice code will be needed to aggregate the data at CCG level.
5. The NOF reports these indicators quarterly as a rate per 100,000 population. This may not be appropriate when reporting at CCG level due to the numbers involved.

Small numbers may be a problem.

1. To test the feasibility of these indicators at CCG, the national data have been reviewed at LA level. Data have been produced for NOF for 326 Local Authorities. It is suggested that if the data are suitable for publication at LA level they should therefore be suitable at CCG level as there are fewer CCGs.
2. These data have been published annually at LA level.   
   It is recommended that the numbers involved mean that it would not be appropriate to publish at CCG level any more frequently than annually.
3. The NOF indicator is directly age standardised to the European Standard Population.   
   It is suggested that a CCG population be used for standardisation as the ESP may not be reflective of the age / gender structure of the CCGs.
4. It will not be feasible to produce historical time-series data as in the attached examples.
5. Not all patients are registered with a GP. Therefore it is inevitable that some patients or episodes will not be calculable and reportable at CCG level. Further investigation is needed to ascertain the spread of this.

**Recommendations From Previous MRG**

|  |  |
| --- | --- |
| **RECOMMENDATIONS made March 8th 2012** | COF Mortality Indicators |
| Rec  2012/33 | Further checks around potential mis-matches between PCMD and ONS mortality data to be conducted as safeguard in using alternative data source |
| Rec  2012/34 | Further consideration to be given to the reporting frequency of these indicators, ie whether it is practical to report these indicators on an annual or quarterly basis or whether the rolling 12 months as per SHlMI would be a better option. |
| Rec  2012/35 | Further consideration to standardisation needed. |

|  |
| --- |
| **UPDATE**   1. Counts of registered patients as provided by CfH are recommended for the construction of the denominator. Use of these lists has already been approved by MRG (13-07-2012). 2. Small numbers are less of an issue now that the number of CCGs has been reduced to 212. However, deaths due to respiratory disease still have some small numbers. 3. It is suggested that these indicators be produced directly standardised by age and sex using the England population taken from the ONS mid-year population estimates for the relevant year. 4. For evaluation purposes, PCMD has provided a file of 39 months’ mortality data (01 January 2009 to 31 March 2012) containing 1,591,587 records.    1. Of these, three had no valid date of birth and seventeen 0 year olds no valid gender.    2. 20233 records had no valid GP practice code, of which 6765 were under 28 days old at the time of death with a further 1051 dying before the age of one year; it is not unexpected that neonatal deaths have no GP practice code and are not directly attributable to a GP and hence to a CCG.    3. Of the unmatched records, a further 15369 can be mapped to a CCG using home postcode (mapped onto LSOA and then to CCG).    4. Only 4864 of the 1,591,587 records could not be mapped to a CCG using this methodology. A summary of these unmatched records is shown below.   Overall, therefore, the data quality is considered to be good and suitable for purpose. |

Table showing summary data for unmatched records and reason record cannot be matched to CCG

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Deaths | Total Unmatched  to CCG | No postcode  No GP | Has Postcode  No GP | Has GP & Postcode  Cannot map either | Has GP  No Postcode |
| 2009 | 471002 | 1679 (0.36%) | 599 | 520 | 555 | 5 |
| 2010 | 491272 | 1516 (0.31%) | 593 | 641 | 280 | 2 |
| 2011 | 483650 | 1379 (0.29%) | 628 | 640 | 107 | 4 |
| 2012ff | 145663 | 290 (0.20%) | 139 | 143 | 8 |  |
| Total | 1591587 | 4864 (0.31%) | 1959 | 1944 | 950 | 11 |

|  |
| --- |
| 1. Regarding point 9  “it will not be feasible to produce historical time-series data”  above, it is recognised that accurate historical summaries by CCG may be less complete for earlier years. This is because the list of GPs allocated to CCGs currently in use for reference purposes was drawn up in June 2012 and active GP practices in 2009 may have closed, merged with other practices or may otherwise be no longer functional. Similarly, practices on the CCG list in 2012 may not have existed in previous years. Within the data provided (01-01-2009 to 31-03-2012) 354 GP Practices had a record of mortality but are not in the current list of GP practices in CCGs so were allocated to a CCG using home postcode. 2. Regarding point 10 above, not all patients are registered with a GP, but since CCGs have geographical definition and responsibility, patients are allocated using their home postcode. 3. Sample figures have been calculated using the ICD-10 codes used in the NOF specifications as follows:   Cancer: C00-C97  CVD: I00-I99  Respiratory Disease: J00-J99  The NOF reports by calendar year for the period during which the death was registered.  The following summaries show CCG level minimum, maximum, median and average counts of deaths for complete calendar years  See separate attachments for sample figures for 2009, 2010, 2011 and 2009-11. |

Tables showing data for counts of death from CVD, respiratory disease and cancer

|  |  |  |  |
| --- | --- | --- | --- |
| CVD | 2009 | 2010 | 2011 |
| Min | 33 | 30 | 34 |
| Max | 563 | 545 | 541 |
| Median | 140.5 | 146.0 | 133.0 |
| Average | 165.5 | 171.5 | 156.5 |

|  |  |  |  |
| --- | --- | --- | --- |
| Respiratory | 2009 | 2010 | 2011 |
| Min | 14 | 12 | 14 |
| Max | 182 | 196 | 208 |
| Median | 50.5 | 53.0 | 53.5 |
| Average | 60.7 | 64.1 | 64.6 |

|  |  |  |  |
| --- | --- | --- | --- |
| Cancer | 2009 | 2010 | 2011 |
| Min | 57 | 58 | 57 |
| Max | 1089 | 1102 | 1110 |
| Median | 236.0 | 236.5 | 242.0 |
| Average | 282.1 | 287.7 | 289.8 |

|  |
| --- |
| **Recommendation**  It is suggested that these three indicators are viable using the PCMD, CfH patient lists and ONS mid-year population estimates and that figures be reported no more frequently than on an annual basis as a rate per 100,000 directly standardised for age and sex.  It is also recommended that the most appropriate age bands be used when standardising and that should there be too few instances (for example for indicator 1.2 Respiratory disease) to use quinary age bands, that wider age bands be used instead. |

# Additional Items

**To revisit the following recommendation from the MRG meeting on 24th July 2012.**

|  |  |
| --- | --- |
| Rec 2012/117 | MRG recommended that patients who were not registered with a GP practice be allocated to a CCG using postcode. If postcode is not available (for example, for the homeless), then the provider field could be used to allocate the patient to a CCG. |

* A provider can cover multiple sites that may be located in different CCGs. This means that a homeless or otherwise unregistered patient receiving treatment at one of these sites may not be allocated to a site in the correct CCG.
* HES does contain site code information, but it is of poor quality.
* It is proposed that it is not appropriate to use provider code to derive a CCG code in the absence of a valid GP practice code or home postcode, as some CCGs may have patients unfairly allocated to them which cannot be defended in terms of data quality.

# Appendices

**Appendix 1: Range of GP practice response rates to the GP Patient Survey (July 2011 – March 2012) by CCG**

The following table lists the maximum and minimum GP practice response rates for each CCG:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CCG** | **Number of GP practices** | **Minimum response rate (%)** | **Maximum response rate (%)** | **Range** |
| 04M | 12 | 42.90 | 52.82 | 9.92 |
| 10L | 17 | 45.09 | 56.49 | 11.40 |
| 10M | 11 | 41.41 | 54.48 | 13.07 |
| 10N | 10 | 38.28 | 52.88 | 14.60 |
| 09X | 23 | 41.09 | 55.98 | 14.90 |
| 99K | 22 | 39.33 | 54.68 | 15.35 |
| 04N | 16 | 40.68 | 56.37 | 15.69 |
| 05F | 24 | 43.05 | 58.75 | 15.70 |
| 03V | 6 | 23.58 | 39.39 | 15.82 |
| 10C | 9 | 34.22 | 51.38 | 17.16 |
| 04J | 39 | 40.25 | 57.46 | 17.21 |
| 06D | 13 | 39.31 | 56.64 | 17.33 |
| 99Q | 37 | 38.31 | 55.85 | 17.54 |
| 03E | 19 | 38.96 | 56.65 | 17.69 |
| 08M | 64 | 14.69 | 32.45 | 17.77 |
| 04E | 31 | 29.48 | 47.50 | 18.02 |
| 11D | 14 | 36.31 | 54.58 | 18.27 |
| 08Y | 55 | 20.14 | 38.60 | 18.47 |
| 99H | 34 | 38.60 | 57.36 | 18.76 |
| 08H | 38 | 18.66 | 37.47 | 18.81 |
| 02D | 13 | 30.00 | 49.10 | 19.10 |
| 03Y | 16 | 34.86 | 54.37 | 19.51 |
| 10K | 21 | 39.00 | 58.68 | 19.68 |
| 08C | 31 | 17.37 | 37.38 | 20.01 |
| 01Y | 43 | 25.73 | 45.76 | 20.03 |
| 01R | 18 | 35.31 | 55.43 | 20.12 |
| 08P | 32 | 26.23 | 46.39 | 20.16 |
| 10T | 16 | 19.56 | 39.81 | 20.25 |
| 04H | 15 | 35.24 | 55.56 | 20.32 |
| 06V | 20 | 45.29 | 65.76 | 20.47 |
| 08T | 29 | 26.49 | 47.24 | 20.75 |
| 01F | 17 | 20.90 | 41.75 | 20.85 |
| 99M | 24 | 32.85 | 53.85 | 21.00 |
| 04F | 28 | 25.51 | 46.69 | 21.18 |
| 07L | 41 | 17.69 | 39.23 | 21.54 |
| 03X | 13 | 27.36 | 49.29 | 21.92 |
| 10G | 15 | 32.17 | 54.20 | 22.02 |
| 00N | 29 | 28.18 | 50.32 | 22.13 |
| 02W | 29 | 5.87 | 28.34 | 22.48 |
| 08V | 36 | 8.18 | 30.67 | 22.49 |
| 99C | 29 | 30.77 | 53.38 | 22.61 |
| 02H | 65 | 27.96 | 50.64 | 22.68 |
| 02Q | 12 | 35.39 | 58.25 | 22.85 |
| 07P | 70 | 20.33 | 43.32 | 22.98 |
| 04Y | 28 | 31.07 | 54.08 | 23.01 |
| 10W | 20 | 17.16 | 40.24 | 23.08 |
| 08R | 26 | 21.22 | 44.60 | 23.38 |
| 07Y | 54 | 22.12 | 45.60 | 23.48 |
| 08K | 52 | 11.14 | 34.80 | 23.67 |
| 01M | 36 | 14.46 | 38.24 | 23.79 |
| 03T | 30 | 37.47 | 61.42 | 23.96 |
| 01C | 23 | 33.33 | 57.41 | 24.07 |
| 99D | 15 | 36.12 | 60.20 | 24.08 |
| 07W | 82 | 18.65 | 42.82 | 24.16 |
| 08J | 29 | 25.54 | 49.84 | 24.30 |
| 07J | 23 | 35.19 | 59.53 | 24.34 |
| 10Y | 21 | 32.19 | 57.14 | 24.96 |
| 09H | 13 | 24.45 | 49.81 | 25.36 |
| 03D | 22 | 39.09 | 64.47 | 25.38 |
| 01T | 33 | 21.92 | 47.48 | 25.56 |
| 09L | 20 | 26.64 | 52.20 | 25.57 |
| 10D | 22 | 26.20 | 51.82 | 25.62 |
| 04Q | 19 | 35.42 | 61.18 | 25.75 |
| 99F | 27 | 28.37 | 54.17 | 25.80 |
| 03R | 40 | 26.74 | 52.71 | 25.97 |
| 04L | 21 | 31.60 | 57.65 | 26.04 |
| 08Q | 47 | 15.07 | 41.37 | 26.30 |
| 11T | 26 | 31.61 | 57.99 | 26.38 |
| 05N | 45 | 33.44 | 60.00 | 26.56 |
| 05J | 23 | 28.29 | 54.90 | 26.62 |
| 03W | 34 | 31.00 | 57.65 | 26.65 |
| 99N | 64 | 34.56 | 61.51 | 26.95 |
| 05H | 28 | 27.75 | 54.77 | 27.02 |
| 07T | 46 | 3.73 | 31.19 | 27.45 |
| 08W | 47 | 18.32 | 45.86 | 27.54 |
| 08F | 53 | 23.82 | 51.75 | 27.93 |
| 12D | 27 | 24.50 | 52.69 | 28.19 |
| 07H | 39 | 29.90 | 58.22 | 28.31 |
| 10J | 22 | 29.25 | 57.81 | 28.56 |
| 09N | 23 | 28.33 | 56.89 | 28.56 |
| 01J | 33 | 11.97 | 40.55 | 28.59 |
| 06Q | 50 | 27.32 | 55.96 | 28.64 |
| 11C | 20 | 19.89 | 48.55 | 28.66 |
| 10E | 20 | 27.47 | 56.20 | 28.73 |
| 09C | 16 | 30.94 | 59.75 | 28.81 |
| 00Q | 30 | 15.76 | 44.64 | 28.88 |
| 99J | 64 | 31.37 | 60.36 | 28.99 |
| 00X | 31 | 23.01 | 52.28 | 29.27 |
| 09A | 36 | 8.52 | 37.89 | 29.37 |
| 10V | 30 | 29.28 | 58.68 | 29.40 |
| 08E | 36 | 24.28 | 53.82 | 29.54 |
| 02X | 44 | 24.77 | 54.38 | 29.61 |
| 05Q | 34 | 27.62 | 57.30 | 29.69 |
| 00J | 32 | 26.09 | 55.92 | 29.83 |
| 09J | 39 | 21.35 | 51.22 | 29.87 |
| 09F | 22 | 29.64 | 59.56 | 29.92 |
| 01V | 21 | 24.87 | 54.84 | 29.97 |
| 00W | 42 | 11.21 | 41.30 | 30.08 |
| 02P | 45 | 20.75 | 51.23 | 30.47 |
| 07K | 26 | 29.84 | 60.62 | 30.78 |
| 11X | 76 | 31.13 | 62.07 | 30.94 |
| 08N | 48 | 18.77 | 49.72 | 30.95 |
| 00R | 23 | 22.50 | 53.56 | 31.06 |
| 09G | 57 | 30.64 | 61.72 | 31.08 |
| 11A | 54 | 31.75 | 62.84 | 31.08 |
| 05E | 19 | 22.38 | 53.56 | 31.18 |
| 07M | 69 | 23.43 | 54.72 | 31.29 |
| 07G | 36 | 17.44 | 48.82 | 31.38 |
| 05W | 55 | 17.63 | 49.13 | 31.50 |
| 02M | 21 | 22.09 | 53.70 | 31.62 |
| 01N | 25 | 11.63 | 43.39 | 31.76 |
| 00C | 12 | 18.18 | 50.00 | 31.82 |
| 01D | 39 | 15.67 | 47.51 | 31.84 |
| 06N | 70 | 21.97 | 53.90 | 31.93 |
| 05P | 32 | 22.47 | 54.55 | 32.08 |
| 01X | 37 | 24.54 | 56.83 | 32.29 |
| 08X | 44 | 12.77 | 45.25 | 32.48 |
| #N/A | 7 | 3.70 | 36.36 | 32.66 |
| 02E | 28 | 21.59 | 54.43 | 32.84 |
| 00H | 18 | 18.00 | 50.98 | 32.98 |
| 99E | 46 | 20.59 | 53.75 | 33.17 |
| 10A | 33 | 23.78 | 57.24 | 33.45 |
| 05T | 32 | 26.70 | 60.32 | 33.62 |
| 09Y | 43 | 18.00 | 51.66 | 33.66 |
| 00L | 46 | 29.18 | 62.86 | 33.68 |
| 05V | 15 | 19.78 | 53.53 | 33.75 |
| 05D | 19 | 25.58 | 59.34 | 33.76 |
| 07N | 28 | 27.23 | 61.11 | 33.88 |
| 09P | 34 | 24.84 | 58.75 | 33.91 |
| 08L | 49 | 4.38 | 38.38 | 34.01 |
| 02Y | 38 | 27.04 | 61.45 | 34.41 |
| 02T | 28 | 19.16 | 53.70 | 34.54 |
| 05X | 22 | 20.22 | 55.02 | 34.79 |
| 01W | 52 | 19.47 | 54.85 | 35.38 |
| 00P | 54 | 16.00 | 51.60 | 35.60 |
| 06P | 32 | 6.57 | 42.25 | 35.68 |
| 06Y | 26 | 26.98 | 62.84 | 35.85 |
| 02A | 39 | 14.45 | 50.70 | 36.25 |
| 08A | 46 | 3.97 | 40.24 | 36.27 |
| 02R | 42 | 16.48 | 52.90 | 36.42 |
| 06M | 27 | 25.98 | 62.65 | 36.67 |
| 05R | 36 | 20.46 | 57.19 | 36.73 |
| 04X | 47 | 13.43 | 50.18 | 36.74 |
| 01K | 13 | 20.43 | 57.51 | 37.09 |
| 12A | 27 | 23.18 | 60.27 | 37.09 |
| 10H | 37 | 20.62 | 58.01 | 37.39 |
| 00Y | 49 | 12.16 | 49.71 | 37.54 |
| 07R | 39 | 5.58 | 43.26 | 37.68 |
| 06T | 44 | 19.78 | 57.52 | 37.74 |
| 09W | 61 | 20.71 | 58.74 | 38.03 |
| 00K | 41 | 11.63 | 50.00 | 38.37 |
| 02V | 30 | 17.58 | 56.56 | 38.98 |
| 00V | 34 | 8.33 | 47.33 | 39.00 |
| 03J | 31 | 12.12 | 51.22 | 39.10 |
| 02N | 17 | 20.46 | 59.93 | 39.47 |
| 04C | 64 | 8.88 | 48.50 | 39.61 |
| 00G | 18 | 9.60 | 49.26 | 39.66 |
| 03M | 17 | 21.14 | 60.92 | 39.78 |
| 05C | 54 | 15.68 | 55.49 | 39.82 |
| 11N | 70 | 23.96 | 64.06 | 40.10 |
| 08G | 49 | 12.40 | 52.61 | 40.22 |
| 07X | 61 | 12.50 | 52.87 | 40.37 |
| 01A | 65 | 16.51 | 57.60 | 41.08 |
| 06L | 42 | 23.81 | 64.96 | 41.15 |
| 07V | 62 | 10.53 | 52.04 | 41.51 |
| 04G | 70 | 19.41 | 61.45 | 42.04 |
| 00T | 50 | 8.11 | 50.35 | 42.24 |
| 99G | 39 | 6.67 | 49.09 | 42.42 |
| 06F | 56 | 14.50 | 57.24 | 42.74 |
| 01G | 55 | 2.56 | 45.32 | 42.75 |
| 04K | 63 | 6.06 | 48.91 | 42.84 |
| 10X | 37 | 8.03 | 51.10 | 43.08 |
| 04W | 100 | 12.58 | 55.78 | 43.20 |
| 06W | 23 | 13.66 | 57.03 | 43.37 |
| 08D | 56 | 5.56 | 48.96 | 43.41 |
| 03Q | 35 | 19.18 | 62.85 | 43.67 |
| 99A | 96 | 7.31 | 51.04 | 43.74 |
| 03L | 39 | 7.46 | 51.32 | 43.86 |
| 09E | 23 | 10.80 | 54.76 | 43.96 |
| 04R | 59 | 16.23 | 61.24 | 45.01 |
| 06A | 55 | 7.14 | 52.22 | 45.07 |
| 03G | 44 | 9.74 | 55.11 | 45.37 |
| 05L | 114 | 5.36 | 50.97 | 45.61 |
| 06K | 60 | 8.99 | 55.34 | 46.35 |
| 06H | 109 | 12.58 | 59.07 | 46.49 |
| 00F | 35 | 6.67 | 53.42 | 46.76 |
| 01H | 88 | 16.67 | 63.54 | 46.87 |
| 03F | 58 | 3.26 | 50.49 | 47.23 |
| 99P | 130 | 15.75 | 62.99 | 47.24 |
| 07Q | 50 | 2.37 | 50.00 | 47.63 |
| 10Q | 84 | 11.44 | 59.09 | 47.65 |
| 05Y | 67 | 8.20 | 55.89 | 47.70 |
| 02F | 37 | 13.66 | 61.65 | 48.00 |
| 11J | 103 | 17.73 | 65.77 | 48.04 |
| 00M | 50 | 10.12 | 58.30 | 48.18 |
| 09D | 48 | 4.26 | 52.83 | 48.57 |
| 05G | 35 | 8.64 | 57.35 | 48.72 |
| 11H | 56 | 8.22 | 57.24 | 49.02 |
| 11E | 28 | 9.09 | 58.46 | 49.37 |
| 01E | 35 | 2.40 | 52.33 | 49.93 |
| 03H | 32 | 5.88 | 55.97 | 50.09 |
| 03C | 39 | 4.35 | 54.46 | 50.11 |
| 10R | 27 | 6.48 | 57.24 | 50.76 |
| 03A | 41 | 9.09 | 60.00 | 50.91 |
| 03N | 91 | 10.56 | 62.07 | 51.51 |
| 00D | 42 | 8.64 | 60.23 | 51.60 |
| 05A | 79 | 9.39 | 61.48 | 52.09 |
| 02G | 24 | 4.76 | 57.14 | 52.38 |
| 12F | 62 | 2.78 | 55.25 | 52.48 |
| 04V | 50 | 5.60 | 58.16 | 52.56 |
| 03K | 24 | 2.92 | 55.71 | 52.79 |
| 11M | 86 | 7.14 | 63.77 | 56.63 |
| 04D | 38 | 6.09 | 63.70 | 57.61 |

**Appendix 2: Structured Education Read Codes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **v2** | **CTv3** | **Term Description** |
| Referral | 679R. | 679R. | Patient offered diabetes structured education programme |
| Referral | 8Hj0 | XaKGy | Referral to diabetes structured education programme |
| Referral | 8Hj3. | 8Hj3. | Referral to DAFNE diabetes structured education programme |
| Referral | 8Hj4. | 8Hj4. | Referral to DESMOND diabetes structured education programme |
| Referral | 8Hj5. | 8Hj5. | Referral to XPERT diabetes structured education programme |
| Referral | 8I81. | 8I81. | Did not complete diabetes structured education programme |
| Referral | 8I82. | 8I82. | Did not complete DAFNE diabetes structured education program |
| Referral | 8I83. | 8I83. | Did not complete DESMOND diabetes structured education programme |
| Referral | 8I84. | 8I84. | Did not complete XPERT diabetes structured education programme |
| Referral | 9NiA. | 9NiA. | Did not attend diabetes structured education programme |
| Referral | 9NiC. | 9NiC. | Did not attend DAFNE diabetes structured education programme |
| Referral | 9NiD. | 9NiD. | Did not attend DESMOND diabetes structured education programme |
| Referral | 9NiE. | 9NiE. | Did not attend XPERT diabetes structured education programme |
| Referral | 9OLM. | 9OLM. | Diabetes structured education programme declined |
| Referral |  | 8Hj0 | Referral to diabetes structured education programme |
| Referral |  | XaKSp | Patient offered diabetes structured education programme |
| Referral |  | XaNTa | Did not attend diabetes structured education programme |
| Referral |  | XaNTd | Did not complete diabetes structured education programme |
| Referral |  | XaNTe | Did not complete DAFNE diabetes structured education program |
| Referral |  | XaNTf | Did not complete DESMOND diabetes structured education programme |
| Referral |  | XaNTg | Did not complete XPERT diabetes structured education programme |
| Referral |  | XaNTH | Diabetes structured education programme declined |
| Referral |  | XaNTQ | Referral to dose adjustment for normal eating diabetes structured education programme |
| Referral |  | XaNTS | Referral to diabetes education and self management for ongoing and newly diagnosed diabetes structured programme |
| Referral |  | XaNTT | Referral to expert patient education versus routine treatment diabetes structured education programme |
| Referral |  | XaNU1 | Did not attend DAFNE diabetes structured education programme |
| Referral |  | XaNU2 | Did not attend DESMOND diabetes structured education programme |
| Referral |  | XaNU3 | Did not attend XPERT diabetes structured education programme |
| Referral |  | XaX49 | Referral to type I diabetes structured education programme |

**Appendix 3: Diabetes Diagnosis Read Codes**

|  |  |  |
| --- | --- | --- |
| **v2** | **CTv3** | **Diabetes Read Code Description** |
| C10.. | C10.. | Diabetes mellitus |
| C100. | C100. | Diabetes mellitus with no mention of complication |
| C1000 | C1000 | Diabetes mellitus: [juvenile type, with no mention of complication] or [insulin dependent] |
| C1001 | C1001 | Diabetes mellitus: [adult onset, with no mention of complication] or [maturity onset] or [non-insulin dependent] |
| C100z | C100z | Diabetes mellitus NOS with no mention of complication |
| C101. | C101. | Diabetic ketoacidosis |
| C1010 | C1010 | Type 1 diabetes mellitus with ketoacidosis |
| C1011 | C1011 | Type 2 diabetes mellitus with ketoacidosi |
| C101y | C101y | Other specified diabetes mellitus with ketoacidosis specifiedmanifestation |
| C101z | C101z | Diabetes mellitus NOS with ketoacidosis |
| C102. | C102. | Diabetes mellitus with hyperosmolar coma |
| C1020 | C1020 | Diabetes mellitus, juvenile type, with hyperosmolar coma |
| C1021 | C1021 | Diabetes mellitus, adult onset, with hyperosmolar coma |
| C102z | C102z | Diabetes mellitus NOS with hyperosmolar coma |
| C103. | C103. | Diabetes mellitus with ketoacidotic coma |
| C1030 | C1030 | Type 1 diabetes mellitus with ketoacidotic coma |
| C1031 | C1031 | Type 2 diabetes mellitus with ketoacidotic coma |
| C10FP |  | Type 2 diabetes mellitus with ketoacidotic coma |
| C103y | C103y | Other specified diabetes mellitus with coma |
| C103z | C103z | Diabetes mellitus NOS with ketoacidotic coma |
| C104. | C104. | Diabetes mellitus: [with renal manifestation] or [nephropathy] |
| C1040 | C1040 | Diabetes mellitus, juvenile type, with renal manifestation |
| C1041 | C1041 | Diabetes mellitus, adult onset, with renal manifestation |
| C104y | C104y | Other specified diabetes mellitus with renal complications |
| C104z | C104z | Diabetes mellitis with nephropathy NOS |
| C105. | C105. | Diabetes mellitus with ophthalmic manifestation |
| C1050 | C1050 | Diabetes mellitus, juvenile type, with ophthalmic manifestation |
| C1051 | C1051 | Diabetes mellitus, adult onset, with ophthalmic manifestation |
| C105y | C105y | Other specified diabetes mellitus with ophthalmic complications |
| C105z | C105z | Diabetes mellitus NOS with ophthalmic manifestation |
| C1060 | C1060 | Diabetes mellitus, juvenile type, with neurological manifestation |
| C1061 | C1061 | Diabetes mellitus, adult onset, with neurological manifestation |
| C106y | C106y | Other specified diabetes mellitus with neurological complications |
| C106z | C106z | Diabetes mellitus NOS with neurological manifestation |
| C107. | C107. | Diabetes mellitus with: [gangrene] or [peripheral circulatorydisorder] |
| C1070 | C1070 | Diabetes mellitus, juvenile type, with peripheral circulatorydisorder |
| C1071 | C1071 | Diabetes mellitus, adult onset, with peripheral circulatory disorder |
| C1072 | C1072 | Diabetes mellitus, adult with gangrene |
| C1073 | C1073 | IDDM with peripheral circulatory disorder |
| C1074 | C1074 | NIDDM with peripheral circulatory disorder |
| C107y | C107y | Other specified diabetes mellitus with peripheral circulatory complications |
| C107z | C107z | Diabetes mellitus NOS with peripheral circulatory disorder |
| C1080 | C1080 | Type I diabetes mellitus with renal complications |
| C10E0 |  | Type 1 diabetes mellitus with renal complications |
| C1081 | C1081 | Type I diabetes mellitus with ophthalmic complications |
| C10E1 |  | Type 1 diabetes mellitus with ophthalmic complications |
| C1082 | C1082 | Type I diabetes mellitus with neurological complications |
| C10E2 |  | Type 1 diabetes mellitus with neurological complications |
| C1083 | C1083 | Type I diabetes mellitus with multiple complications |
| C10E3 |  | Type 1 diabetes mellitus with multiple complications |
| C1085 | C1085 | Type I diabetes mellitus with ulcer |
| C1086 | C1086 | Type I diabetes mellitus with gangrene |
| C1087 | C1087 | Type I diabetes mellitus with retinopathy |
| C1088 | C1088 | Type I diabetes mellitus - poor control |
| C1088 | C1088 | Type I diabetes mellitus - poor control |
| C1089 | C1089 | Type I diabetes mellitus maturity onset |
| C108y | C108y | Other specified diabetes mellitus with multiple complications |
| C108z | C108z | Unspecified diabetes mellitus with multiple complications |
| C1090 | C1090 | Type II diabetes mellitus with renal complications |
| C1091 | C1091 | Type II diabetes mellitus with ophthalmic complications |
| C1092 | C1092 | Type II diabetes mellitus with neurological complications |
| C10F2 |  | Type 2 diabetes mellitus with neurological complications |
| C1093 | C1093 | Type II diabetes mellitus with multiple complications |
| C10F3 |  | Type 2 diabetes mellitus with multiple complications |
| C1094 | C1094 | Type II diabetes mellitus with ulcer |
| C1095 | C1095 | Type II diabetes mellitus with gangrene |
| C1096 | C1096 | Type II diabetes mellitus with retinopathy |
| C1097 | C1097 | Type II diabetes mellitus - poor control |
| C1097 | C1097 | Type II diabetes mellitus - poor control |
| C10A. | C10A. | Malnutrition-related diabetes mellitus |
| C10A0 | C10A0 | Malnutrition-related diabetes mellitus with coma |
| C10A1 | C10A1 | Malnutrition-related diabetes mellitus with ketoacidosis |
| C10A2 | C10A2 | Malnutrition-related diabetes mellitus with renal complications |
| C10A3 | C10A3 | Malnutrition-related diabetes mellitus with ophthalmic complications |
| C10A4 | C10A4 | Malnutrition-related diabetes mellitus with neurological complications |
| C10A5 | C10A5 | Malnutrition-related diabetes mellitus with peripheral circulatory complications |
| C10A6 | C10A6 | Malnutrition-related diabetes mellitus with multiple complications |
| C10A7 | C10A7 | Malnutrition-related diabetes mellitus without complications |
| C10B0 | C10B0 | Steroid-induced diabetes mellitus without complication |
| C10C. | C10C. | Diabetes mellitus autosomal dominant |
| C10D. | C10D. | Diabetes mellitus autosomal dominant type 2 |
| C10E. | C10E. | Type I diabetes mellitus |
| C10E4 | C10E4 | Unstable type I diabetes mellitus |
| C10EA | C10EA | Type I diabetes mellitus without complication |
| C10EB | C10EB | Type 1 diabetes mellitus with mononeuropathy |
| C10EC | C10EC | Type I diabetes mellitus with polyneuropathy |
| C10ED | C10ED | Type I diabetes mellitus with nephropathy |
| C10EE | C10EE | Type I diabetes mellitus with hypoglycaemic coma |
| C10EF | C10EF | Type I diabetes mellitus with diabetic cataract |
| C10EG | C10EG | Type I diabetes mellitus with peripheral angiopathy |
| C10EH | C10EH | Type I diabetes mellitus with arthropathy |
| C10EJ | C10EJ | Type I diabetes mellitus with neuropathic arthropathy |
| C10EK | C10EK | Type 1 diabetes mellitus with persistent proteinuria |
| C10EL | C10EL | Type 1 diabetes mellitus with persistent microalbuminuria |
| C10EP | C10EP | Type 1 diabetes mellitus with exudative maculopathy |
| C10EQ | C10EQ | Type 1 diabetes mellitus with gastroparesis |
| C10ER | C10ER | Latent autoimmune diabetes mellitus in adult |
| C10F. | C10F. | Type II diabetes mellitus |
| C10F9 | C10F9 | Type II diabetes mellitus without complication |
| C10FA | C10FA | Type II diabetes mellitus with mononeuropathy |
| C10FB | C10FB | Type II diabetes mellitus with polyneuropathy |
| C10FC | C10FC | Type II diabetes mellitus with nephropathy |
| C10FD | C10FD | Type II diabetes mellitus with hypoglycaemic coma |
| C10FE | C10FE | Type II diabetes mellitus with diabetic cataract |
| C10FF | C10FF | Type II diabetes mellitus with peripheral angiopathy |
| C10FG | C10FG | Type II diabetes mellitus with arthropathy |
| C10FH | C10FH | Type II diabetes mellitus with neuropathic arthropathy |
| C10FJ | C10FJ | Insulin treated Type 2 diabetes mellitus |
| C10FL | C10FL | Type 2 diabetes mellitus with persistent proteinuria |
| C10FM | C10FM | Type 2 diabetes mellitus with persistent microalbuminuria |
| C10FQ | C10FQ | Type 2 diabetes mellitus with exudative maculopathy |
| C10FR | C10FR | Type 2 diabetes mellitus with gastroparesis |
| C10FS | C10FS | Maternally inherited diabetes mellitus |
| C10G. | C10G. | Secondary pancreatic diabetes mellitus |
| C10G0 | C10G0 | Secondary pancreatic diabetes mellitus without complication |
| C10H. | C10H. | Diabetes mellitus induced by non-steroid drugs |
| C10H0 | C10H0 | Diabetes mellitus induced by non-steroid drugs without complication |
| C10J. | C10J. | Insulin autoimmune syndrome |
| C10J0 | C10J0 | Insulin autoimmune syndrome without complication |
| C10L0 | C10L0 | Fibrocalculous pancreatopathy without complication |
| C10N. | C10N. | Secondary diabetes mellitus |
| C10N0 | C10N0 | Secondary diabetes mellitus without complication |
| C10y. | C10y. | Diabetes mellitus with other specified manifestation |
| C10y0 | C10y0 | Diabetes mellitus, juvenile type, with other specified manifestation |
| C10y1 | C10y1 | Diabetes mellitus, adult onset, with other specified manifestation |
| C10yy | C10yy | Other specified diabetes mellitus with other specified complications |
| C10yz | C10yz | Diabetes mellitus NOS with other specified manifestation |
| C10z. | C10z. | Diabetes mellitus with unspecified complication |
| C10z0 | C10z0 | Diabetes mellitus, juvenile type, with unspecified complication |
| C10z1 | C10z1 | Diabetes mellitus, adult onset, with unspecified complication |
| C10zy | C10zy | Other specified diabetes mellitus with unspecified complications |
| C10zz | C10zz | Diabetes mellitus NOS with unspecified complication |
|  | XaOPu | Latent autoimmune diabetes mellitus in adult |
|  | XaOPt | Maternally inherited diabetes mellitus |
|  | XaJUH | Insulin autoimmune syndrome |
|  | XaJlN | Insulin autoimmune syndrome without complication |
| C108. | X40J4 | Type I diabetes mellitus |
| C1084 | Xa4g7 | Unstable type I diabetes mellitus |
|  | X40JY | Insulin-dependent diabetes mellitus secretory diarrhoea syndrome |
| C108D | XaF04 | Type I diabetes mellitus with nephropathy |
|  | XaIzM | Type 1 diabetes mellitus with persistent proteinuria |
|  | XaIzN | Type 1 diabetes mellitus with persistent microalbuminuria |
| C108F | XaFm8 | Type I diabetes mellitus with diabetic cataract |
|  | XaJSr | Type 1 diabetes mellitus with exudative maculopathy |
| C108B | XaEnn | Type I diabetes mellitus with mononeuropathy |
| C108C | XaEno | Type I diabetes mellitus with polyneuropathy |
|  | L1805 | Pre-existing diabetes mellitus, insulin-dependent |
| C108A | XaELP | Type I diabetes mellitus without complication |
| C108E | XaFWG | Type I diabetes mellitus with hypoglycaemic coma |
| C108G | XaFmK | Type I diabetes mellitus with peripheral angiopathy |
| C108H | XaFmL | Type I diabetes mellitus with arthropathy |
| C108J | XaFmM | Type I diabetes mellitus with neuropathic arthropathy |
| C109. | X40J5 | Type II diabetes mellitus |
| C109C | XaF05 | Type II diabetes mellitus with nephropathy |
|  | XaIzQ | Type 2 diabetes mellitus with persistent proteinuria |
|  | XaIzR | Type 2 diabetes mellitus with persistent microalbuminuria |
| C109E | XaFmA | Type II diabetes mellitus with diabetic cataract |
|  | XaJQp | Type 2 diabetes mellitus with exudative maculopathy |
| C109A | XaEnp | Type II diabetes mellitus with mononeuropathy |
| C109B | XaEnq | Type II diabetes mellitus with polyneuropathy |
|  | L1806 | Pre-existing diabetes mellitus, non-insulin-dependent |
| C1099 | XaELQ | Type II diabetes mellitus without complication |
| C109D | XaFWI | Type II diabetes mellitus with hypoglycaemic coma |
| C109F | XaFn7 | Type II diabetes mellitus with peripheral angiopathy |
| C109G | XaFn8 | Type II diabetes mellitus with arthropathy |
| C109H | XaFn9 | Type II diabetes mellitus with neuropathic arthropathy |
| C109J | X40J6 | Insulin treated Type 2 diabetes mellitus |
|  | X40J7 | Malnutrition-related diabetes mellitus |
|  | X40J8 | Malnutrition-related diabetes mellitus - fibrocalculous |
|  | X40J9 | Malnutrition-related diabetes mellitus - protein-deficient |
| C10AX | Cyu21 | Malnutrition-related diabetes mellitus with other specified complications |
| C10AW | Cyu22 | Malnutrition-related diabetes mellitus with unspecified complications |
|  | L1807 | Pre-existing malnutrition-related diabetes mellitus |
|  | X40JA | Secondary diabetes mellitus |
|  | X40JB | Secondary pancreatic diabetes mellitus |
|  | XSETI | Fibrocalculous pancreatic diabetes |
|  | XaJlP | Fibrocalculous pancreatopathy without complication |
|  | XaJlL | Secondary pancreatic diabetes mellitus without complication |
|  | X40JC | Secondary endocrine diabetes mellitus |
|  | XSETK | Drug-induced diabetes mellitus |
|  | XaJUI | Diabetes mellitus induced by non-steroid drugs |
|  | XaJlM | Diabetes mellitus induced by non-steroid drugs without complication |
| C10B. | C11y0 | Steroid-induced diabetes |
|  | XaJlR | Secondary diabetes mellitus without complication |
|  | Q441. | Neonatal diabetes mellitus |
|  | X40JF | Transitory neonatal diabetes mellitus |
|  | Xa08a | Small for gestation neonatal diabetes mellitus |
|  | X40JG | Genetic syndromes of diabetes mellitus |
|  | X40JI | Diabetes mellitus autosomal dominant |
|  | X40JJ | Diabetes mellitus autosomal dominant type 2 |
|  | X40JK | Polyglandular autoimmune syndrome - type II |
|  | X40JO | Congenital lipoatrophic diabetes |
|  | X40JS | Hyperproinsulinemia |
|  | XSETH | Maturity onset diabetes mellitus in young |
|  | 66AJ1 | Brittle diabetes |
|  | X40Ja | Abnormal metabolic state in diabetes mellitus |
|  | Xa3ee | Diabetes with ketoacidosis - no coma |
|  | XaCJ2 | Diabetic hyperosmolar non-ketotic state |
| C109K | XaIrf | Hyperosmolar non-ketotic state in type 2 diabetes mellitus |
|  | X40Jb | Diabetic severe hyperglycaemia |
|  | X40Jc | Poor glycaemic control |
|  | 66AJ0 | Chronic hyperglycaemia |
|  | X40Je | Acute hyperglycaemia |
|  | X40JZ | Diabetes-deafness syndrome maternally transmitted |
|  | XSETp | Diabetes mellitus due to insulin receptor antibodies |
|  | XE12G | Diabetes + eye manifestation (& [cataract] or [retinopathy]) |
|  | Cyu20 | Other specified diabetes mellitus |
|  | Cyu23 | Unspecified diabetes mellitus with renal complications |
|  | Lyu29 | Pre-existing diabetes mellitus, unspecified |
|  | XE10E | Diabetes mellitus, juvenile type, with no mention of complication |
|  | XE10F | Diabetes mellitus, adult onset, with no mention of complication |
|  | XE10G | Diabetes mellitus with renal manifestation |
| C106. | XE10H | Diabetes mellitus with neurological manifestation |
|  | XE10I | Diabetes mellitus with peripheral circulatory disorder |
|  | XE12K | Diabetes: [peripheral circulatory disease] or [gangrene] |
|  | XE12M | Diabetes with other complications |
|  | XM1Qx | Diabetes mellitus with gangrene |
|  | XM1Xk | Unstable diabetes |
|  | XE128 | Diabetes mellitus (& [ketoacidosis]) |
|  | XE12A | Diabetes mellitus: [adult onset] or [noninsulin dependent] |
|  | XE12C | Diabetes mellitus: [juvenile] or [insulin dependent] |
|  | XaKyW | Type 1 diabetes mellitus with gastroparesis |
|  | XaKyX | Type 2 diabetes mellitus with gastroparesis |
| C10N1 | C10N1 | Cystic fibrosis related diabetes mellitus |
| C10M0 |  | Lipoatrophic diabetes mellitus without complication |
| C10M. |  | Lipoatrophic diabetes mellitus |
| C10L. |  | Fibrocalculous pancreatopathy |
| C10E5 |  | Type 1 diabetes mellitus with ulcer |
| C10E6 |  | Type 1 diabetes mellitus with gangrene |
| C10E7 |  | Type 1 diabetes mellitus with retinopathy |
| C10E8 |  | Type 1 diabetes mellitus - poor control |
| C10E9 |  | Type 1 diabetes mellitus maturity onset |
| C10EM |  | Type 1 diabetes mellitus with ketoacidosis |
| C10EN |  | Type 1 diabetes mellitus with ketoacidotic coma |
| C10F0 |  | Type 2 diabetes mellitus with renal complications |
| C10F1 |  | Type 2 diabetes mellitus with ophthalmic complications |
| C10F4 |  | Type 2 diabetes mellitus with ulcer |
| C10F5 |  | Type 2 diabetes mellitus with gangrene |
| C10F6 |  | Type 2 diabetes mellitus with retinopathy |
| C10F7 |  | Type 2 diabetes mellitus - poor control |
| C10FK |  | Hyperosmolar non-ketotic state in type 2 diab mell |
| C10FN |  | Type 2 diabetes mellitus with ketoacidosis |
| C10K. |  | Type A insulin resistance |
| C10K0 |  | Type A insulin resistance without complication |
|  | XaMzI | Cystic fibrosis related diabetes mellitus |

**Appendix 4: Sample data for COF Mortality Indicators**

Under 75 Mortality due to CVD Directly Standardised by Age and Sex Rate per 100,000

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CCG | Name | **2009** | **95% LCI 2009** | **95% UCI 2009** | **2010** | **95% LCI 2010** | **95% UCI 2010** | **2011** | **95% LCI 2011** | **95% UCI 2011** | **2009-11** | **95% LCI 2009-11** | **95% UCI 2009-11** |
| England |  | 72.9 | 72.3 | 73.5 | 75.6 | 74.9 | 76.2 | 69.0 | 68.3 | 69.6 | 217.4 | 216.4 | 218.5 |
| 00C | NHS DARLINGTON CCG | 86.8 | 72.8 | 103.2 | 80.5 | 67.7 | 95.4 | 74.6 | 62.1 | 89.4 | 241.9 | 218.6 | 267.4 |
| 00D | NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG | 81.8 | 73.8 | 90.6 | 83.2 | 74.7 | 92.6 | 89.8 | 81.8 | 98.6 | 254.8 | 240.5 | 270.0 |
| 00F | NHS GATESHEAD CCG | 95.4 | 84.8 | 107.1 | 89.6 | 79.5 | 100.9 | 85.5 | 76.1 | 96.0 | 270.5 | 252.8 | 289.3 |
| 00G | NHS NEWCASTLE NORTH AND EAST CCG | 86.5 | 72.2 | 103.1 | 86.5 | 72.5 | 102.9 | 70.8 | 58.1 | 86.0 | 243.9 | 219.6 | 270.5 |
| 00H | NHS NEWCASTLE WEST CCG | 83.6 | 70.6 | 98.8 | 98.1 | 83.9 | 114.5 | 87.8 | 74.6 | 103.0 | 269.5 | 245.7 | 295.5 |
| 00J | NHS NORTH DURHAM CCG | 75.1 | 66.7 | 84.6 | 75.4 | 66.7 | 85.0 | 72.6 | 64.3 | 81.8 | 223.1 | 208.2 | 238.9 |
| 00K | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | 82.1 | 73.4 | 91.7 | 77.9 | 69.2 | 87.6 | 74.0 | 66.1 | 82.7 | 234.1 | 219.2 | 249.8 |
| 00L | NHS NORTHUMBERLAND CCG | 57.1 | 51.0 | 63.9 | 71.7 | 64.5 | 79.6 | 61.9 | 55.3 | 69.1 | 190.7 | 179.0 | 203.0 |
| 00M | NHS SOUTH TEES CCG | 85.9 | 77.3 | 95.3 | 67.1 | 59.4 | 75.7 | 84.5 | 75.9 | 93.9 | 237.4 | 222.9 | 252.9 |
| 00N | NHS SOUTH TYNESIDE CCG | 90.2 | 78.0 | 104.0 | 78.1 | 67.5 | 90.2 | 79.0 | 68.0 | 91.6 | 247.2 | 227.3 | 268.6 |
| 00P | NHS SUNDERLAND CCG | 78.2 | 70.1 | 87.2 | 84.9 | 76.3 | 94.3 | 81.8 | 73.4 | 91.1 | 244.9 | 230.2 | 260.5 |
| 00Q | NHS BLACKBURN WITH DARWEN CCG | 92.0 | 80.4 | 105.1 | 95.7 | 83.8 | 109.3 | 100.5 | 87.6 | 115.1 | 288.2 | 266.8 | 311.2 |
| 00R | NHS BLACKPOOL CCG | 95.1 | 83.6 | 108.0 | 110.8 | 98.8 | 124.1 | 104.9 | 93.3 | 117.8 | 310.8 | 290.2 | 332.7 |
| 00T | NHS BOLTON CCG | 88.5 | 79.5 | 98.3 | 91.1 | 82.4 | 100.7 | 76.3 | 68.3 | 85.2 | 255.9 | 240.8 | 271.8 |
| 00V | NHS BURY CCG | 78.8 | 69.5 | 89.4 | 92.7 | 81.9 | 104.9 | 74.7 | 64.7 | 86.1 | 246.3 | 228.5 | 265.3 |
| 00W | NHS CENTRAL MANCHESTER CCG | 122.9 | 108.0 | 139.8 | 98.7 | 84.3 | 115.3 | 104.7 | 90.3 | 121.3 | 326.4 | 300.6 | 354.2 |
| 00X | NHS CHORLEY AND SOUTH RIBBLE CCG | 69.8 | 60.2 | 80.8 | 71.4 | 62.7 | 81.4 | 75.2 | 65.1 | 86.6 | 216.4 | 199.7 | 234.5 |
| 00Y | NHS OLDHAM CCG | 87.0 | 76.9 | 98.3 | 93.0 | 83.1 | 104.1 | 87.2 | 77.5 | 98.1 | 267.3 | 249.8 | 285.9 |
| 01A | NHS EAST LANCASHIRE CCG | 90.7 | 83.0 | 99.0 | 92.1 | 84.2 | 100.6 | 84.0 | 76.4 | 92.2 | 266.7 | 253.2 | 280.9 |
| 01C | NHS EASTERN CHESHIRE CCG | 62.0 | 54.1 | 71.0 | 54.8 | 47.1 | 63.6 | 50.0 | 42.7 | 58.4 | 166.8 | 153.3 | 181.4 |
| 01D | NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 103.4 | 92.4 | 115.5 | 90.5 | 80.2 | 102.0 | 98.3 | 87.2 | 110.5 | 292.1 | 273.2 | 312.2 |
| 01E | NHS GREATER PRESTON CCG | 83.3 | 73.0 | 94.8 | 94.7 | 84.1 | 106.6 | 69.6 | 60.1 | 80.5 | 247.7 | 229.8 | 266.8 |
| 01F | NHS HALTON CCG | 88.3 | 75.2 | 103.5 | 102.5 | 89.5 | 117.3 | 86.4 | 74.1 | 100.7 | 277.2 | 254.5 | 301.8 |
| 01G | NHS SALFORD CCG | 101.3 | 90.2 | 113.7 | 110.5 | 98.9 | 123.4 | 90.2 | 80.7 | 100.9 | 302.1 | 283.1 | 322.3 |
| 01H | NHS CUMBRIA CCG | 73.7 | 68.3 | 79.5 | 74.6 | 69.0 | 80.6 | 62.8 | 57.8 | 68.3 | 211.1 | 201.8 | 220.9 |
| 01J | NHS KNOWSLEY CCG | 93.8 | 80.9 | 108.4 | 105.6 | 92.0 | 120.8 | 88.4 | 76.5 | 102.1 | 287.7 | 265.2 | 312.0 |
| 01K | NHS LANCASHIRE NORTH CCG | 88.8 | 76.8 | 102.4 | 86.9 | 75.4 | 99.9 | 84.6 | 73.2 | 97.6 | 260.3 | 239.8 | 282.4 |
| 01M | NHS NORTH MANCHESTER CCG | 106.8 | 93.2 | 122.3 | 132.0 | 116.7 | 149.1 | 100.5 | 87.7 | 115.0 | 339.4 | 314.8 | 365.7 |
| 01N | NHS SOUTH MANCHESTER CCG | 108.9 | 94.3 | 125.5 | 120.5 | 104.6 | 138.7 | 106.8 | 92.0 | 123.7 | 336.2 | 309.5 | 365.0 |
| 01R | NHS SOUTH CHESHIRE CCG | 75.8 | 65.9 | 86.9 | 65.0 | 56.2 | 75.0 | 70.7 | 61.0 | 81.8 | 211.4 | 194.8 | 229.4 |
| 01T | NHS SOUTH SEFTON CCG | 80.0 | 68.8 | 92.8 | 87.5 | 76.2 | 100.4 | 74.2 | 63.2 | 86.8 | 241.7 | 222.0 | 263.0 |
| 01V | NHS SOUTHPORT AND FORMBY CCG | 68.7 | 58.0 | 81.2 | 77.6 | 65.9 | 91.1 | 59.9 | 49.6 | 72.0 | 206.2 | 186.8 | 227.3 |
| 01W | NHS STOCKPORT CCG | 77.4 | 69.6 | 86.0 | 72.8 | 65.1 | 81.4 | 61.6 | 54.7 | 69.3 | 211.8 | 198.7 | 225.8 |

Under 75 Mortality due to Respiratory Disease Directly Standardised by Age and Sex Rate per 100,000

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CCG | Name | **2009** | **95% LCI 2009** | **95% UCI 2009** | **2010** | **95% LCI 2010** | **95% UCI 2010** | **2011** | **95% LCI 2011** | **95% UCI 2011** | **2009-11** | **95% LCI 2009-11** | **95% UCI 2009-11** |
| England |  | 26.7 | 26.4 | 27.1 | 28.2 | 27.9 | 28.6 | 28.5 | 28.1 | 28.8 | 83.4 | 82.8 | 84.1 |
| 00C | NHS DARLINGTON CCG | 29.8 | 23.1 | 38.6 | 33.1 | 26.0 | 42.3 | 29.9 | 23.8 | 37.8 | 92.9 | 80.9 | 106.8 |
| 00D | NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG | 35.9 | 31.5 | 40.9 | 34.6 | 29.8 | 40.2 | 39.1 | 34.0 | 45.0 | 109.6 | 101.1 | 118.8 |
| 00F | NHS GATESHEAD CCG | 35.2 | 29.2 | 42.4 | 31.2 | 25.8 | 37.7 | 34.2 | 28.6 | 40.9 | 100.6 | 90.5 | 111.8 |
| 00G | NHS NEWCASTLE NORTH AND EAST CCG | 30.9 | 24.7 | 39.0 | 28.0 | 21.4 | 36.6 | 39.3 | 30.5 | 50.3 | 98.1 | 85.0 | 113.3 |
| 00H | NHS NEWCASTLE WEST CCG | 35.7 | 27.3 | 46.5 | 41.7 | 34.2 | 51.0 | 41.9 | 33.4 | 52.5 | 119.3 | 104.7 | 136.0 |
| 00J | NHS NORTH DURHAM CCG | 33.2 | 27.7 | 39.5 | 20.6 | 16.9 | 25.1 | 28.1 | 23.6 | 33.5 | 81.8 | 73.7 | 90.9 |
| 00K | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | 32.8 | 28.1 | 38.4 | 29.1 | 24.3 | 34.7 | 34.8 | 29.8 | 40.5 | 96.7 | 88.1 | 106.0 |
| 00L | NHS NORTHUMBERLAND CCG | 21.5 | 18.3 | 25.3 | 27.5 | 23.8 | 31.8 | 28.0 | 24.4 | 32.1 | 77.0 | 70.8 | 83.8 |
| 00M | NHS SOUTH TEES CCG | 36.2 | 31.8 | 41.3 | 40.3 | 35.3 | 46.1 | 38.4 | 33.0 | 44.5 | 114.8 | 106.1 | 124.3 |
| 00N | NHS SOUTH TYNESIDE CCG | 29.1 | 23.2 | 36.6 | 40.1 | 33.9 | 47.7 | 34.2 | 28.3 | 41.6 | 103.5 | 92.7 | 115.7 |
| 00P | NHS SUNDERLAND CCG | 33.8 | 29.0 | 39.3 | 39.6 | 34.5 | 45.4 | 41.5 | 36.0 | 47.8 | 114.9 | 105.8 | 124.7 |
| 00Q | NHS BLACKBURN WITH DARWEN CCG | 34.6 | 28.0 | 42.8 | 44.2 | 36.4 | 53.6 | 37.7 | 31.0 | 45.9 | 116.5 | 104.0 | 130.6 |
| 00R | NHS BLACKPOOL CCG | 56.8 | 48.3 | 66.7 | 59.0 | 51.4 | 67.9 | 71.4 | 62.4 | 81.6 | 187.2 | 172.4 | 203.3 |
| 00T | NHS BOLTON CCG | 36.6 | 31.5 | 42.6 | 31.2 | 26.4 | 36.8 | 37.9 | 32.4 | 44.2 | 105.7 | 96.6 | 115.6 |
| 00V | NHS BURY CCG | 31.0 | 25.8 | 37.4 | 41.2 | 34.7 | 49.0 | 27.8 | 23.0 | 33.6 | 100.0 | 90.1 | 111.0 |
| 00W | NHS CENTRAL MANCHESTER CCG | 41.9 | 33.2 | 52.7 | 44.9 | 36.2 | 55.8 | 39.3 | 31.8 | 48.8 | 126.1 | 111.2 | 143.1 |
| 00X | NHS CHORLEY AND SOUTH RIBBLE CCG | 18.8 | 14.9 | 23.8 | 29.5 | 24.3 | 35.9 | 32.0 | 26.1 | 39.2 | 80.3 | 71.3 | 90.5 |
| 00Y | NHS OLDHAM CCG | 42.3 | 36.7 | 48.8 | 42.2 | 36.3 | 49.0 | 37.7 | 31.6 | 44.9 | 122.1 | 111.7 | 133.5 |
| 01A | NHS EAST LANCASHIRE CCG | 33.8 | 29.4 | 38.8 | 38.2 | 33.6 | 43.4 | 44.3 | 39.5 | 49.7 | 116.3 | 108.1 | 125.0 |
| 01C | NHS EASTERN CHESHIRE CCG | 20.0 | 15.8 | 25.4 | 22.0 | 17.3 | 27.8 | 18.8 | 14.3 | 24.5 | 60.8 | 52.8 | 70.0 |
| 01D | NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 37.3 | 31.4 | 44.3 | 42.5 | 36.2 | 49.8 | 41.9 | 35.4 | 49.5 | 121.6 | 110.6 | 133.8 |
| 01E | NHS GREATER PRESTON CCG | 34.6 | 28.2 | 42.4 | 31.1 | 25.1 | 38.4 | 30.9 | 25.2 | 37.8 | 96.6 | 85.8 | 108.7 |
| 01F | NHS HALTON CCG | 31.2 | 24.4 | 40.0 | 34.0 | 27.7 | 42.0 | 44.7 | 35.5 | 56.0 | 109.9 | 96.4 | 125.3 |
| 01G | NHS SALFORD CCG | 59.2 | 51.9 | 67.6 | 56.0 | 48.8 | 64.2 | 47.3 | 40.4 | 55.3 | 162.5 | 149.9 | 176.2 |
| 01H | NHS CUMBRIA CCG | 25.3 | 22.7 | 28.3 | 23.0 | 20.6 | 25.8 | 26.9 | 23.9 | 30.2 | 75.2 | 70.5 | 80.3 |
| 01J | NHS KNOWSLEY CCG | 50.6 | 42.4 | 60.5 | 66.5 | 57.7 | 76.8 | 46.1 | 37.6 | 56.2 | 163.2 | 148.1 | 179.8 |
| 01K | NHS LANCASHIRE NORTH CCG | 39.8 | 32.7 | 48.4 | 26.0 | 21.1 | 32.2 | 38.2 | 31.1 | 46.7 | 104.0 | 92.6 | 116.9 |
| 01M | NHS NORTH MANCHESTER CCG | 58.3 | 49.2 | 69.0 | 61.5 | 52.4 | 72.3 | 69.7 | 60.8 | 80.1 | 189.4 | 173.4 | 207.1 |
| 01N | NHS SOUTH MANCHESTER CCG | 43.3 | 34.3 | 54.3 | 45.6 | 37.1 | 56.1 | 48.5 | 39.7 | 59.4 | 137.4 | 121.7 | 155.0 |
| 01R | NHS SOUTH CHESHIRE CCG | 27.5 | 22.2 | 34.1 | 32.7 | 27.6 | 39.0 | 27.8 | 22.6 | 34.3 | 88.1 | 78.7 | 98.6 |
| 01T | NHS SOUTH SEFTON CCG | 32.9 | 26.9 | 40.3 | 48.5 | 40.6 | 57.8 | 35.0 | 28.9 | 42.6 | 116.4 | 104.4 | 129.8 |
| 01V | NHS SOUTHPORT AND FORMBY CCG | 23.4 | 18.7 | 29.5 | 27.6 | 22.2 | 34.4 | 32.1 | 25.4 | 40.6 | 83.1 | 72.9 | 94.8 |
| 01W | NHS STOCKPORT CCG | 22.7 | 18.6 | 27.6 | 21.9 | 18.3 | 26.1 | 27.3 | 23.3 | 32.0 | 71.9 | 65.0 | 79.5 |

Under 75 Mortality due to Cancer Directly Standardised by Age and Sex Rate per 100,000

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CCG | Name | **2009** | **95% LCI 2009** | **95% UCI 2009** | **2010** | **95% LCI 2010** | **95% UCI 2010** | **2011** | **95% LCI 2011** | **95% UCI 2011** | **2009-11** | **95% LCI 2009-11** | **95% UCI 2009-11** |
| England |  | 124.3 | 123.6 | 125.0 | 126.8 | 126.0 | 127.5 | 127.7 | 127.0 | 128.4 | 378.8 | 377.5 | 380.0 |
| 00C | NHS DARLINGTON CCG | 146.8 | 131.0 | 164.6 | 131.2 | 115.5 | 149.1 | 138.8 | 123.2 | 156.4 | 416.8 | 389.1 | 446.5 |
| 00D | NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG | 152.2 | 142.7 | 162.4 | 139.1 | 129.6 | 149.3 | 144.7 | 135.2 | 154.9 | 436.0 | 419.4 | 453.4 |
| 00F | NHS GATESHEAD CCG | 147.6 | 135.8 | 160.4 | 130.6 | 119.4 | 142.7 | 157.2 | 144.8 | 170.7 | 435.4 | 414.7 | 457.1 |
| 00G | NHS NEWCASTLE NORTH AND EAST CCG | 137.0 | 121.7 | 154.3 | 159.6 | 141.9 | 179.4 | 139.5 | 123.2 | 157.9 | 436.1 | 407.1 | 467.2 |
| 00H | NHS NEWCASTLE WEST CCG | 159.7 | 142.1 | 179.4 | 167.9 | 151.0 | 186.7 | 138.0 | 123.1 | 154.7 | 465.6 | 436.5 | 496.6 |
| 00J | NHS NORTH DURHAM CCG | 115.7 | 105.8 | 126.4 | 119.3 | 109.9 | 129.5 | 135.9 | 125.3 | 147.3 | 370.8 | 353.4 | 389.1 |
| 00K | NHS HARTLEPOOL AND STOCKTON-ON-TEES CCG | 137.5 | 127.8 | 147.9 | 155.6 | 144.8 | 167.1 | 142.4 | 132.5 | 153.1 | 435.5 | 417.8 | 454.0 |
| 00L | NHS NORTHUMBERLAND CCG | 117.8 | 109.9 | 126.2 | 121.2 | 113.2 | 129.8 | 135.4 | 127.2 | 144.1 | 374.3 | 360.3 | 388.9 |
| 00M | NHS SOUTH TEES CCG | 156.6 | 146.4 | 167.5 | 148.1 | 137.7 | 159.3 | 164.4 | 154.0 | 175.6 | 469.1 | 451.0 | 487.9 |
| 00N | NHS SOUTH TYNESIDE CCG | 142.3 | 128.8 | 157.2 | 156.4 | 142.9 | 171.2 | 167.2 | 152.0 | 183.9 | 465.8 | 441.1 | 491.9 |
| 00P | NHS SUNDERLAND CCG | 155.1 | 144.7 | 166.2 | 150.1 | 140.3 | 160.6 | 134.7 | 125.2 | 145.1 | 439.9 | 422.6 | 458.0 |
| 00Q | NHS BLACKBURN WITH DARWEN CCG | 136.4 | 122.3 | 152.2 | 125.4 | 113.5 | 138.8 | 122.4 | 109.8 | 136.5 | 384.3 | 361.5 | 408.5 |
| 00R | NHS BLACKPOOL CCG | 136.7 | 124.5 | 150.1 | 156.0 | 143.0 | 170.3 | 138.0 | 125.5 | 151.7 | 430.7 | 408.6 | 454.0 |
| 00T | NHS BOLTON CCG | 115.2 | 105.9 | 125.3 | 123.3 | 113.9 | 133.5 | 118.2 | 109.3 | 127.8 | 356.7 | 340.6 | 373.5 |
| 00V | NHS BURY CCG | 115.6 | 104.9 | 127.4 | 132.0 | 120.8 | 144.3 | 130.7 | 118.8 | 143.8 | 378.3 | 358.5 | 399.2 |
| 00W | NHS CENTRAL MANCHESTER CCG | 137.6 | 121.1 | 156.1 | 144.0 | 129.4 | 160.4 | 146.4 | 131.1 | 163.6 | 428.0 | 400.7 | 457.1 |
| 00X | NHS CHORLEY AND SOUTH RIBBLE CCG | 111.4 | 101.5 | 122.4 | 117.2 | 106.0 | 129.5 | 125.1 | 114.7 | 136.6 | 353.7 | 335.2 | 373.3 |
| 00Y | NHS OLDHAM CCG | 146.0 | 134.3 | 158.8 | 149.9 | 138.1 | 162.8 | 141.1 | 129.8 | 153.4 | 437.1 | 416.6 | 458.5 |
| 01A | NHS EAST LANCASHIRE CCG | 136.1 | 127.6 | 145.1 | 141.2 | 132.7 | 150.3 | 141.0 | 132.3 | 150.3 | 418.3 | 403.3 | 433.9 |
| 01C | NHS EASTERN CHESHIRE CCG | 122.1 | 111.8 | 133.4 | 108.0 | 98.2 | 118.9 | 102.9 | 94.0 | 112.8 | 333.1 | 316.0 | 351.1 |
| 01D | NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 127.9 | 116.7 | 140.1 | 150.9 | 138.9 | 164.1 | 136.4 | 124.8 | 149.2 | 415.3 | 394.8 | 436.8 |
| 01E | NHS GREATER PRESTON CCG | 129.3 | 118.2 | 141.4 | 123.7 | 112.4 | 136.2 | 133.2 | 121.5 | 146.0 | 386.2 | 366.2 | 407.2 |
| 01F | NHS HALTON CCG | 171.2 | 155.3 | 189.0 | 163.0 | 145.9 | 182.1 | 145.4 | 131.2 | 161.3 | 479.7 | 451.9 | 509.3 |
| 01G | NHS SALFORD CCG | 151.0 | 138.8 | 164.2 | 146.9 | 135.0 | 159.8 | 149.6 | 138.2 | 162.0 | 447.5 | 426.8 | 469.2 |
| 01H | NHS CUMBRIA CCG | 111.1 | 105.3 | 117.3 | 113.1 | 106.9 | 119.6 | 122.4 | 116.1 | 129.0 | 346.6 | 335.9 | 357.6 |
| 01J | NHS KNOWSLEY CCG | 171.0 | 156.0 | 187.5 | 161.4 | 147.0 | 177.3 | 155.4 | 141.0 | 171.4 | 487.9 | 462.2 | 515.1 |
| 01K | NHS LANCASHIRE NORTH CCG | 110.9 | 99.7 | 123.5 | 142.8 | 130.1 | 157.0 | 139.9 | 126.8 | 154.3 | 393.7 | 371.9 | 416.8 |
| 01M | NHS NORTH MANCHESTER CCG | 157.5 | 142.7 | 174.0 | 172.2 | 155.8 | 190.3 | 182.9 | 166.6 | 201.0 | 512.6 | 484.7 | 542.2 |
| 01N | NHS SOUTH MANCHESTER CCG | 133.6 | 118.5 | 150.6 | 171.9 | 155.6 | 190.1 | 163.0 | 147.0 | 180.9 | 468.5 | 440.7 | 498.2 |
| 01R | NHS SOUTH CHESHIRE CCG | 124.8 | 113.4 | 137.3 | 122.2 | 111.5 | 134.1 | 119.9 | 108.6 | 132.4 | 366.9 | 347.3 | 387.6 |
| 01T | NHS SOUTH SEFTON CCG | 142.0 | 128.2 | 157.2 | 150.5 | 136.1 | 166.4 | 129.4 | 117.3 | 142.8 | 421.9 | 398.3 | 446.9 |
| 01V | NHS SOUTHPORT AND FORMBY CCG | 106.4 | 94.1 | 120.2 | 115.1 | 102.0 | 129.9 | 121.9 | 108.4 | 137.0 | 343.4 | 320.5 | 367.8 |
| 01W | NHS STOCKPORT CCG | 119.3 | 110.6 | 128.8 | 137.0 | 127.7 | 147.1 | 125.6 | 116.2 | 135.8 | 382.0 | 365.9 | 398.8 |

**Sample Chart – Indicator 1.3**

|  |  |
| --- | --- |
| **IAS Ref Code** | **Methodology Review Group Paper Template** |
| **Indicator Title** | [Abstract] |
| **Indicator Set** | [Subject] |

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Changed By | Summary of changes |
| v.01 | 06/03/13 | Gavin Harrison | Document Created |
|  |  |  |  |
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**Assurance Summary**

|  |  |
| --- | --- |
| **IAS Ref Code** | Methodology Review Group Paper Template |
| **Indicator Title** | [Abstract] |
| **Indicator Set** | [Subject] |

|  |  |  |  |
| --- | --- | --- | --- |
| Assurance Stage |  | Date(s) | Comments |
| Application Received | ☐ |  |  |
| Initial Appraisal Completed | ☐ |  |  |
| Peer Review Appraisal | ☐ |  |  |
| Methodology Review Group Discussion | ☒ | 08/03/12, 09/08/12 |  |
| Indicator Governance Board Discussion | ☒ | 20/09/12 |  |
| Signed-off | ☐ |  |  |

Peer Review

|  |  |  |  |
| --- | --- | --- | --- |
| Peer Reviewer(s) / Organisations : |  |  |  |
| *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)

|  |  |  |  |
| --- | --- | --- | --- |
| *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** | ☐ |  |
|  | 1. **Significant reservations** | ☐ |  |
|  | 1. **Unresolved issues** | ☐ |  |

Indicator Governance Board (IGB)

|  |  |  |  |
| --- | --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured** | ☐ |  |
|  | 1. **Assured with Comments** | ☐ |  |
|  | 1. **Failed Assurance** | ☐ |  |

**Peer Review** Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** |  | IAS Ref Code: | Methodology Review Group Paper Template |
| Indicator Set |  |  |  |

|  |  |
| --- | --- |
| Date of Peer Review |  |
| 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 Mortality Indicators 1.1, 1.2 and 1.4.vii**  **Under 75 Mortality rate from cardiovascular disease, respiratory disease or Cancer.** | IAS Ref Code: | Methodology Review Group Paper Template |
| Indicator Set |  |  |  |

|  |
| --- |
| Introduction |
| RECAP OF ORIGINAL MRG PAPERWORK – MARCH 2012  There are a number of issues relevant to each of these indicators as follows:   1. The NOF indicators are generated by ONS using mortality data and mid-year population estimates. 2. The indicators are directly standardised to the European Standard Population to allow for international comparison. 3. The use of ONS mid-year population estimates is not appropriate when producing the COF indicators because counts based on CCG populations are needed for the denominator. Therefore, it is proposed that GP Population Data for the appropriate age ranges be used instead. 4. In order to produce these indicators at CCG level, it is proposed that the PCMD be used in place of the ONS mortality data as GP practice code will be needed to aggregate the data at CCG level. 5. The NOF reports these indicators quarterly as a rate per 100,000 population. This may not be appropriate when reporting at CCG level due to the numbers involved.   Small numbers may be a problem.   1. To test the feasibility of these indicators at CCG, the national data have been reviewed at LA level. Data have been produced for NOF for 326 Local Authorities. It is suggested that if the data are suitable for publication at LA level they should therefore be suitable at CCG level as there are fewer CCGs. 2. These data have been published annually at LA level.  It is recommended that the numbers involved mean that it would not be appropriate to publish at CCG level any more frequently than annually. 3. The NOF indicator is directly age standardised to the European Standard Population.  It is suggested that a CCG population be used for standardisation as the ESP may not be reflective of the age / gender structure of the CCGs. 4. It will not be feasible to produce historical time-series data as in the attached examples. 5. Not all patients are registered with a GP. Therefore it is inevitable that some patients or episodes will not be calculable and reportable at CCG level. Further investigation is needed to ascertain the spread of this. |

Indicator Details - Initial MRG Submission

|  |  |
| --- | --- |
| Date of Initial Discussion: | xx/xx/xx |
| Rationale / usefulness  Evidence and action ability of indicator [take this directly from the application if possible] |  |
| Data source |  |
| 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:**  **Denominator:**  **Numerator:**  **Statistical Methods / Risk adjustment variables:**  **Other (Quality assurance/interpretation/known limitations):** |
| Potential Issues  Highlight 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 indicator  presentation of data likely to mislead or give false confidence in findings |  |
| Supporting Documents  Provide links to any additional documentation used to support discussion at MRG |  |
| Additional Information / Sample Data : |  |

Revisions:

|  |  |
| --- | --- |
| Revision Date: |  |
| General Comments / Reasoning: |  |
| Revisions: |  |
| Indicator Title |  |
| Data source |  |
| Construction |  |
| Updated Potential Issues |  |

MRG Recommendations, Comments & Updates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** |  | IAS Ref Code: | Methodology Review Group Paper Template |
| Indicator Set |  |  |  |

|  |  |
| --- | --- |
| Ref code  **2012/33**  Made: 08/03/12 | Further checks around potential mis-matches between PCMD and ONS mortality data to be conducted as safeguard in using alternative data source |
| Ref code  **2012/34**  Made: 08/03/12 | Further consideration to be given to the reporting frequency of these indicators, ie whether it is practical to report these indicators on an annual or quarterly basis or whether the rolling 12 months as per SHlMI would be a better option. |
| Ref code  **2012/35**  Made: 08/03/12 | Further consideration to standardisation needed. |
| Update:  Made: 09/08/12 | 1. Counts of registered patients as provided by CfH are recommended for the construction of the denominator. Use of these lists has already been approved by MRG (13-07-2012). 2. Small numbers are less of an issue now that the number of CCGs has been reduced to 212. However, deaths due to respiratory disease still have some small numbers. 3. It is suggested that these indicators be produced directly standardised by age and sex using the England population taken from the ONS mid-year population estimates for the relevant year. 4. For evaluation purposes, PCMD has provided a file of 39 months’ mortality data (01 January 2009 to 31 March 2012) containing 1,591,587 records.    1. Of these, three had no valid date of birth and seventeen 0 year olds no valid gender.    2. 20233 records had no valid GP practice code, of which 6765 were under 28 days old at the time of death with a further 1051 dying before the age of one year; it is not unexpected that neonatal deaths have no GP practice code and are not directly attributable to a GP and hence to a CCG.    3. Of the unmatched records, a further 15369 can be mapped to a CCG using home postcode (mapped onto LSOA and then to CCG).    4. Only 4864 of the 1,591,587 records could not be mapped to a CCG using this methodology. A summary of these unmatched records is shown below.   Overall, therefore, the data quality is considered to be good and suitable for purpose.  . |

Table showing summary of unmatched records and reason why record cannot be matched to CCG

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Deaths | Total Unmatched  to CCG | No postcode  No GP | Has Postcode  No GP | Has GP & Postcode  Cannot map either | Has GP  No Postcode |
| 2009 | 471002 | 1679 (0.36%) | 599 | 520 | 555 | 5 |
| 2010 | 491272 | 1516 (0.31%) | 593 | 641 | 280 | 2 |
| 2011 | 483650 | 1379 (0.29%) | 628 | 640 | 107 | 4 |
| 2012ff | 145663 | 290 (0.20%) | 139 | 143 | 8 |  |
| Total | 1591587 | 4864 (0.31%) | 1959 | 1944 | 950 | 11 |

|  |  |
| --- | --- |
|  | 1. Regarding point 9  “it will not be feasible to produce historical time-series data”  above, it is recognised that accurate historical summaries by CCG may be less complete for earlier years. This is because the list of GPs allocated to CCGs currently in use for reference purposes was drawn up in June 2012 and active GP practices in 2009 may have closed, merged with other practices or may otherwise be no longer functional. Similarly, practices on the CCG list in 2012 may not have existed in previous years. Within the data provided (01-01-2009 to 31-03-2012) 354 GP Practices had a record of mortality but are not in the current list of GP practices in CCGs so were allocated to a CCG using home postcode. 2. Regarding point 10 above, not all patients are registered with a GP, but since CCGs have geographical definition and responsibility, patients are allocated using their home postcode. 3. Sample figures have been calculated using the ICD-10 codes used in the NOF specifications as follows:   Cancer: C00-C97  CVD: I00-I99  Respiratory Disease: J00-J99  The NOF reports by calendar year for the period during which the death was registered.  The following summaries show CCG level minimum, maximum, median and average counts of deaths for complete calendar years.  See separate attachments for sample figures for 2009, 2010, 2011 and 2009-11 |

Tables showing data summaries for CCG level deaths for CVD, respiratory disease and cancer.

|  |  |  |  |
| --- | --- | --- | --- |
| CVD | 2009 | 2010 | 2011 |
| Min | 33 | 30 | 34 |
| Max | 563 | 545 | 541 |
| Median | 140.5 | 146.0 | 133.0 |
| Average | 165.5 | 171.5 | 156.5 |

|  |  |  |  |
| --- | --- | --- | --- |
| Respiratory | 2009 | 2010 | 2011 |
| Min | 14 | 12 | 14 |
| Max | 182 | 196 | 208 |
| Median | 50.5 | 53.0 | 53.5 |
| Average | 60.7 | 64.1 | 64.6 |

|  |  |  |  |
| --- | --- | --- | --- |
| Cancer | 2009 | 2010 | 2011 |
| Min | 57 | 58 | 57 |
| Max | 1089 | 1102 | 1110 |
| Median | 236.0 | 236.5 | 242.0 |
| Average | 282.1 | 287.7 | 289.8 |

|  |  |
| --- | --- |
|  | **Recommendation**  It is suggested that these three indicators are viable using the PCMD, CfH patient lists and ONS mid-year population estimates and that figures be reported no more frequently than on an annual basis as a rate per 100,000 directly standardised for age and sex.  It is also recommended that the most appropriate age bands be used when standardising and that should there be too few instances (for example for indicator 1.2 Respiratory disease) to use quinary age bands, that wider age bands be used instead. |
| Further Rec:  **Rec 2012/182**  Made: 09/08/12 | MRG recommended that wider age bands be used for standardising in the event that numbers were too small to use quinary age bands (for example, for indicator 1.2 - Under 75 mortality from respiratory disease). |
| Further Rec:  **Rec 2012/183**  Made: 09/08/12 | Further to the initial recommendation…  “Further checks around potential mis-matches between PCMD and ONS mortality data to be conducted as safeguard in using alternative data source”…  MRG recommended that the quality checks that have been carried out should be described in the indicator quality statement. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rec Status: | **Further Information Required** | ☐ | **Resolved / No Action Required** | ☒ |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Title** |  | IAS Ref Code: | Methodology Review Group Paper Template |
| Indicator Set |  |  |  |

|  |  |
| --- | --- |
| Construction Summary | Denominator:  Numerator: |

|  |  |  |  |
| --- | --- | --- | --- |
| Initial IGB discussion | 20/09/12 | Further discussed |  |

**Strategic Considerations & Implications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant / Sponsor Organisation |  | Assurance process funded? | **Yes**  ☐  **No**  ☐ |  |

|  |  |
| --- | --- |
| Indicator rationale | This shared indicator with Public Health has been introduced in addition to indicators of one-and five-year survival from the three main cancers to demonstrate that the NHS can make a contribution to improving preventable as well as amenable cancer mortality. |
| Basis for rationale  [Details of quality statement, policy etc] |  |
| Risks & assumptions |  |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | Data Source: |
| Potential impacts on other business areas [inc outstanding generic issues] |  |
| Implementation Method  [inc production funding] |  |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | * 08/03/12, 09/08/12 |
| By: | * John Varlow , Andy Sutherland, Azim Lakhani, Jonathan Hope, Alyson Whitmarsh |
| Summary of MRG discussions: | * In addition to previous discussions held on the equivalent NHS Outcomes Framework indicators, discussion for indicator use in the Commissioning Outcomes Framework included: * Results of quality checks around potential mis-matches between PCMD and ONS mortality data fed back to group - they are also be described in the indicator quality statement. * Annual reporting is recommended rather than quarterly. The possibility of reporting a rolling 12 months was suggested due to concerns regarding small numbers at CCG level but the current provisional CCG composition (June 2012) has reduced this concern. * This indicator is to be directly standardised by age and sex using PCMD, CfH patient lists and ONC mid-year population estimates. In the event that the numbers are small and standardising by quinary age band is inappropriate, wider age bands will be used. This will be explained in the quality statement. |

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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** | ☐ |  |
|  | 1. **Significant reservations** | ☐ |  |
|  | 1. **Unresolved issues** | ☐ |  |

|  |  |
| --- | --- |
| MRG statement of recommendation: |  |

|  |  |
| --- | --- |
| **Additional Assurance Details** |  |
| Peer Reviewers: |  |
| Peer Review summary: |  |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] |  |

IGB – Additional Recommendations:

[Add new section as necessary]

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Action required: | **None Required** | ☐ | **Further Update IGB** | ☐ | **Refer To MRG** | ☐ |  |

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

Review:

|  |  |
| --- | --- |
| **Review** |  |
| Review Timescale |  |
| **1 year** | ☐ |
| **3 years** | ☐ |
| **Other:** | ☐ |

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

IGB Sign-off:

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator Assurance Process Output** |  |  |  |
| *Final Appraisal Status* | 1. **Assured** | ☐ |  |
|  | 1. **Assured with Comments** | ☐ |  |
|  | 1. **Failed Assurance** | ☐ |  |

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

See our [accessibility statement](https://www.nice.org.uk/accessibility" \l "what-to-do) if you’re having problems with this document.

1. Please note that 7 GP practices that responded to the survey are not included in the analysis here as they have not been assigned to a CCG. The GP practice to CCG mapping list used is correct as of 29th June 2012. [↑](#footnote-ref-1)