**NHS Digital**

**Indicator Supporting Documentation**

**IAP00332 Alcohol-specific hospital admissions**

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| FIELD | CONTENTS |
| IAP Code | IAP00332 |
| Title | Alcohol-specific hospital admissions |
| Published by | NHS Digital |
| Reporting period | Annual |
| Geographical Coverage | England |
| Reporting level(s) | CCG and National |
| Based on data from | Hospital Episode Statistics (HES) Admitted Patient Care (APC) Office for National Statistics (ONS) mid-year population estimates GP registered patient counts from National Health Application and Infrastructure Services (NHAIS) |
| Contact Author Name | The NHS Digital Clinical Indicators team |
| Contact Author Email | clinical.indicators@nhs.net |
| Rating | Fit for use |
| Assurance date | 13/09/2018 |
| Review date | 06/12/2018 |
| Indicator set | Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) |
| Brief Description | The indicator calculates the number of people who were admitted with a primary diagnosis of an alcohol-specific condition per 100,000 CCG population. |
| Purpose | Alcohol dependence and harmful alcohol use are associated with increased risk of physical and mental health comorbidities. These include gastrointestinal disorders, in particular liver disease, neurological and cardiovascular disease, depression and anxiety disorders and ultimately, premature death.  This indicator, and others in Clinical Commissioning Group Outcomes Indicator Set (CCG OIS), is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes. |
| Definition | This indicator reports the directly age and sex standardised rate for alcohol-specific conditions per 100,000 registered patients. A reporting period of 12 months is used to produce a rolling quarterly output. |
| Data Source | Hospital Episode Statistics (HES) Continuous Inpatient Spells (CIP), constructed by the NHS Digital HES Development team, and National Health Application and Infrastructure Services (NHAIS, commonly known as the Exeter system), registered GP Practice population data.  The underlying HES data is held by NHS Digital and made available to customers via several mechanisms depending on their requirements. These include:  •the publication of aggregated output  •a chargeable extract service that covers both bespoke and routine extracts  •direct access via an interrogation tool to the underlying data for certain customers  The underlying data required for the construction of the indicator is available on a monthly basis around 4 to 5 months after the start of the month in which the attendance took place. The full year annual data refresh occurs around 8 months after the financial year end. |
| Numerator | The number of admission spell records where the first episode contains a primary diagnosis of an alcohol specific condition. |
| Denominator | CCG level count of people registered with the constituent GP Practices |
| Calculation | This indicator is calculated as a rate directly standardised by age and sex per 100,000 patients.  The standard population used for the direct method is the England population in appropriate Office for National Statistics (ONS) mid-year population estimates. The age groups used are: 0 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75+.  95% confidence intervals are calculated using Dobson's and Byar's methods. Byar’s method is recommended for larger counts whereas for smaller numerators (less than 389) a more exact method based on the Poisson distribution (Dobson’s method) is used. |
| Interpretation Guidelines |  |
| Caveats |  |

Application form

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| Title |  |
| Set or domain | CCG OIS 3.14 |
| Topic area |  |
| Definition | Directly age and sex standardised rate for alcohol-specific conditions per 100,000 registered patients, 95% confidence intervals (CI). |
| Indicator owner & contact details |  |
| Publication status | Currently in publication |
| Purpose | The intended audience for the indicator is CCGs, the Department of Health, Provider Managers, Commissioning Managers, Clinicians, Patients and the Public.  This indicator forms part of Domain 3 - Helping people to recover from episodes of ill health or following injury. Some, but not all alcohol-specific admissions are potentially avoidable by high quality management in primary care and the community. Excessive consumption of alcohol may be amenable to influence and could result in a reduction in avoidable hospital admissions, which are costly and expose patients to otherwise avoidable clinical risks such as health care acquired infections. |
| Sponsor |  |
| Endorsement |  |
| Evidence and Policy base  Including related national incentives, critical business question, NICE quality standard and set or domain rationale, if appropriate | The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) is an integral part of NHS England’s systematic approach to quality improvement. It is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes.  Alcohol dependence and harmful alcohol use are associated with increased risk of physical and mental health comorbidities including gastrointestinal disorders (in particular liver disease), neurological and cardiovascular disease, depression and anxiety disorders and ultimately, premature death.  An indicator measuring alcohol-specific re-admissions has also been put forward for inclusion in the CCG Outcomes Indicator Set. |
| **Data source** | **Denominator** GP registered patient counts by single year of age and sex from the NHAIS (Exeter) Systems; supplied annually on 1 April for the forthcoming financial year. <http://systems.digital.nhs.uk/ssd/prodserv/vaprodopenexe/>  **Numerator** Hospital Episode Statistics (HES) Admitted Patient Care (APC), provided by NHS Digital. <http://digital.nhs.uk/hes>  **Standard population** Office for National Statistics (ONS) mid-year England population estimates for the respective calendar years. If estimates are not available for a specific calendar year, the most recently available estimates are used. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates> |
| **Justification of source and others considered** |  |
| **Data availability** |  |
| **Data quality** | **i) What data quality checks are relevant to this indicator?**  **Coverage**  **Completeness**  **Validity**  **Default**  **Integrity**  **Timeliness**  **Other** |
| **Data quality** | **If you included ‘Other’ as a data quality check, please describe the check, how it will be measured, and its reason for use below:** |
| **Data quality** | **ii) What are the current values for the data quality checks selected?** The period of data the current values are calculated from should be stated. Current values should be recorded as a percentage and calculated as described below.  **Period of data:**  **Coverage: Calculation**  **Completeness: Calculation:**  **Validity: Calculation:**  **Default: Calculation:**  **Integrity: Calculation:**  **Timeliness: Calculation:**  **Other: Calculation:** |
|  | **iii) What are the thresholds for the data quality checks selected?**  **Coverage:**  **Completeness:**  **Validity:**  **Default:**  **Integrity:**  **Timeliness:**  **Other:** |
| **Data quality** | **iv) What is the rationale for the selection of the data quality checks and thresholds selected above?** |
| **Data quality** | **v) Describe how you would plan to improve data quality should it not meet, or subsequently fall below, the thresholds required for this indicator.** |
| **Data quality** | **vi) Who will own the data quality risks and issues for this indicator?**  **Name:**  **Job Title:**  **Role:**  **Email:**  **Telephone:** |
| **Data quality** | **vii) Describe how the data quality risks and issues will be managed for this indicator, including the escalation process.** |
| **Data quality** | **viii) Describe any assumptions you have made about data quality for this indicator.** |
| **Data quality** | **ix) Describe any data quality constraints you are aware of for this indicator.** |
| **Data quality** | **x) Additional data quality information:**  Data will be reported quarterly, on a rolling annual basis. In order to release data in a more timely way for users, provisional HES data will be used. However, care should be taken as it is subject to changes and revisions each month and should be treated as an estimate until the final annual data is released. Provisional HES data is reported four months in arrears due to HES processing and quality controls. The final annual HES data will be reported eight months in arrears (November, following the financial year end) after the HES annual refresh. The annual refresh gives providers the opportunity to revise and update their submissions for the year. All previously reported provisional quarterly datasets will be replaced by a single annual dataset. Admitted Patient Care Data Quality notes are available via the following link for the relevant data period:  <http://content.digital.nhs.uk/searchcatalogue?q=title%3a%22Provisional+Monthly+Hospital+Episode+Statistics%22&sort=Most+recent&size=10&page=1> (Please copy the link into a browser)   * Q1: July to June. Comprised of July to March (final) and April to June (provisional). The finalised annual figures for the previous year – April to March (final) are also released at this time. * Q2: October to September. Comprised of October to March (final) and April to September (provisional) * Q3: January to December. Comprised of January to March (final) and April to December (provisional) * Q4: April to March. Comprised of April to March (provisional).   Registered patient counts are extracted from the NHAIS (Exeter) System on 1 April for the forthcoming financial year: <http://systems.digital.nhs.uk/ssd/prodserv/vaprodopenexe/>  ONS Mid-Year Population Estimates, at national level, are released in the following summer. Census based estimates for mid-year are published in September: <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>  These indicators are official statistics and the publication date is pre-announced.  There was no gap between the planned and actual publication date. |
| **Quality assurance** |  |
| **Data linkage** |  |
| **Quality of data linkage** |  |
| **Data fields** | The data fields and filters that are used are as follows. Details of HES fields and  classifications are available in the HES Data Dictionary:  <http://digital.nhs.uk/hesdatadictionary>   * DIAG\_3\_01 * DIAG\_4\_01 * ADMIDATE * ADMISORC * CAUSE\_3 * CCG\_RESPONSIBILITY * CLASSPAT * EPIORDER * EPISTAT * EPITYPE * SEX   STARTAGE |
| **Data filters** | 1. Field Name: DIAG\_3\_01, DIAG\_4\_01, CAUSE\_3 Conditions: DIAG\_3\_01 is equal to any of: F10, K70 OR DIAG\_4\_01 is equal to any of: E24.4, G31.2, G62.1, G72.1, I42.6, K29.2, K85.2, K86.0, Q86.0, R78.0, T51.0, T51.1, T51.9  OR CAUSE\_3 is equal to any of: X45, X65, Y15, Y90, Y91 Rationale: Selects alcoholic-specific conditions 2. Field Name: ADMIDATE Conditions: Is limited to admissions within the 12 month reporting period, the same reporting period is applied across multiple data years. Rationale: Data is presented annually with an admission date within the year of interest 3. Field Name: ADMISORC Conditions: Is not equal to any of the following: 51, 52, 53 Rationale: Excludes provider transfers 4. Field Name: CCG\_RESPONSIBILITY Conditions: CCGs in England only Rationale: Excludes those registered with GPs outside of England Reference file provided at: <http://digital.nhs.uk/ccgois> 5. Field Name: CLASSPAT Conditions: Is equal to 1 or 2 Rationale: Selects ordinary and day case admissions, excluding regular day/night attenders and mothers or babies only using delivery facilities 6. Field Name: EPIORDER Conditions: Is equal to 1 Rationale: Selects the first episode in an admission spell 7. Field Name: EPISTAT Conditions: Is equal to 3 Rationale: Selects finished hospital episodes 8. Field Name: EPITYPE Conditions: Is equal to 1 Rationale: Selects general episodes only, excluding delivery and birth related episodes 9. Field Name: SEX Conditions: Is equal to 1 or 2 Rationale: Selects valid sex   Field Name: STARTAGE Conditions: Is between 0 and 120 or between 7001 and 7007 Rationale: Selects valid ages |
| **Justifications of inclusions and exclusions**  and how these adhere to standard definitions |  |
| **Data processing** |  |
| **Numerator** | The number of admission episodes which contain a primary diagnosis or an external cause of an alcohol-specific condition, as detailed in Appendix 1. |
| **Denominator** | CCG level count of patients registered with the constituent GP Practices, provided by NHAIS (Exeter) Systems.  Counts of registered patients are extracted on 1st April each year, and GP practices are mapped to CCGs using the mapping on this date. When calculating indicators, the count of registered patients and GP to CCG mapping are taken from the 1st April within the specific time period. For example, the 12 month period July 2013 to June 2014 would use the 1st April 2014 registered patient counts and the GP to CCG map as it was on this date. |
| **Computation** | This indicator is calculated as a rate directly standardised by age and sex per 100,000 patients. |
| **Risk adjustment or standardisation type and methodology** | **Direct Standardisation**  *Variables and methodology:*  The directly age and sex standardised rate (DSR) is the rate of events that would occur in a standard population if that population were to experience the age and sex specific rates of the subject population. The age and specific rates of the subject population are applied to the age and sex structure of the standard population.  Formula: The directly age and sex standardised rate (DSR) is the rate of events that would occur in a standard population if that population were to experience the age and sex specific rates of the subject population. The age and specific rates of the subject population are applied to the age and sex structure of the standard population.  Where:  𝑂𝑖 is the observed number of events in the local or subject population in age and sex group 𝑖;  𝑛𝑖 is the number of individuals in the local or subject denominator population in age and sex group 𝑖, or the population \* period at risk (e.g. 'person-years');  𝑤𝑖 is the number (or proportion) of individuals in the reference or standard population in age and sex group 𝑖.  The standard population used for the direct method is the England population in appropriate ONS mid-year population estimates. The age groups used are: 0 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75+. |
| **Justification of risk adjustment type and variables**  or why risk adjustment is not used | It has become widely accepted that directly standardised rates are preferable to indirectly standardised ratios, as these provide a reliable means of comparing two areas (such as CCGs). However, while this indicator is a rate, the alcohol-specific readmissions indicator is a proportion, and there is not the same level of consensus with directly standardising proportions. As such, custom and practice has been to produce indirectly standardised ratios (based around comparing observed to expected figures). |
| **Confidence interval / control limit use and methodology** | Confidence Intervals  *Methodology:*  95% confidence intervals are calculated using Dobson's and Byar's methods. Byar’s method is recommended for larger counts whereas for smaller numerators (less than 389) a more exact method based on the Poisson distribution (Dobson’s method) is used:  Formula: 95% confidence intervals are calculated using Dobson's and Byar's methods.  Where:  𝑂 is the total number of observed admissions in the subject population  Formula: 𝑂 is the total number of observed admissions in the subject population  𝑂*lower* and *Oupper* are the lower and upper confidence limits for the observed number of events;  When 𝑂 < 389 then,  Formula: 𝑂lower and Oupper are the lower and upper confidence limits for the observed number of events  Where:  𝜒2𝑙𝑜𝑤𝑒𝑟 is the 97.5th percentile value from the 𝜒2 distribution with 2𝑂 degrees of freedom;  𝜒2*upper* is the 97.5th percentile value from the 𝜒2 distribution with 2𝑂+2 degrees of freedom;  When O >= 389 then,  Formula: Where: 𝜒2𝑙𝑜𝑤𝑒𝑟 is the 97.5th percentile value from the 𝜒2 distribution with 2𝑂 degrees of freedom; 𝜒2upper is the 97.5th percentile value from the 𝜒2 distribution with 2𝑂+2 degrees of freedom; When O >= 389 then  Where:  𝑧 is the 97.5th percentile value from the Standard Normal distribution. |
| **Justification of confidence intervals / control limits used** |  |
| **Presentation of indicator** | Indicator data is published in both .csv and .xlsx formats.  Data is available at CCG- and National-level for the reporting periods:   * 01/04/2016 to 31/03/2017 * 01/01/2016 to 31/12/2016 * 01/10/2015 to 30/09/2016 * 01/07/2015 to 30/06/2016 * 01/04/2015 to 31/03/2016 * 01/04/2014 to 31/03/2015 * 01/04/2013 to 31/03/2014   Column headings on the output file are:   * Reporting period * Period of coverage * Breakdown * ONS code * Level * Level description * Indicator value * CI lower * CI upper * Denominator   Numerator |
| **Contextual information provided alongside indicator**  with justification |  |
| **Calculation and data source of contextual information** |  |
| **Use of bandings, benchmarks or targets**  **with justification** |  |
| **Banding, benchmark or target methodology**  if appropriate |  |
| **Interpretation guidelines** | Data quality for both the numerator (HES APC) and denominator (NHAIS (Exeter)) is considered to be good. Further information can be found at:   * **Hospital Episode Statistics:** <http://content.digital.nhs.uk/searchcatalogue?q=title%3a%22Hospital+Episode+Statistics%2c+Admitted+patient+care+-+England%22&sort=Most+recent&size=10&page=1> (Please copy the link into a browser if clicking doesn’t work) * **NHAIS (Exeter) Systems:** <http://systems.digital.nhs.uk/ssd/prodserv/vaprodopenexe/>   **ONS mid-year population estimates for the England population count:** <http://www.ons.gov.uk/ons/guide-method/method-quality/specific/populationand-migration/pop-ests/index.html> |
| **Limitations and potential bias** | 1. This indicator requires careful interpretation and should not be used in isolation. It should be taken in conjunction with other indicators and information from other sources that together form a holistic view of CCG outcomes and a fuller overview of how CCG processes are impacting on outcomes. 2. Standardisation is by age and sex and does not encompass any other factors that could potentially influence the rate. 3. Differences in casemix (beyond that accounted for by standardisation), comorbidities and other potential risk factors also contribute to the variation. 4. There may be variation in the prevalence of particular conditions due to differing levels of deprivation, for other geo-demographic reasons or between patients of different ethnic heritages. 5. A number of factors outside the control of healthcare providers may determine whether a patient is admitted; thus, this could influence rates. 6. The patterns of providing care may vary between organisations in terms of extent of treatment in primary care settings; referral policies and practices; hospital outpatient facilities/walk-in clinics; and hospital inpatient admission policies and practices. 7. There may be local variation in data quality, particularly in terms of diagnostic and procedure coding.   Some factors causing or exacerbating relevant conditions are outside the control and influence of the NHS and CCGs. These can vary by region, and may include environmental factors such as air quality, occupational hazards and deprivation. |
| **Improvement actions** | It is expected that CCGs will use this indicator to identify how improvements in care and the desired reduction in alcohol-specific admissions will be delivered. |
| **Evidence of variability** |  |
| **Similar existing indicators** |  |
| **Coherence and comparability** | This indicator is linked to CCG OIS indicator 3.15, Emergency alcohol-specific readmission to any hospital within 30 days after the last previous discharge following an alcohol-specific admission, which is published at National and CCG level. The standardisation methodology differs between the two indicators, as the alcohol specific readmission indicator is indirectly standardised.  CCG OIS indicator 1.8, Emergency admissions for alcohol related liver disease, is a subset of this indicator and is published at national and CCG level. The Public Health Outcomes Framework includes indicator 2.18, Alcohol related admissions to hospital, which is published at National, Regional, County and Unitary Authority level and is based on admissions that are linked to alcohol-attributable fractions. Further information can be found at: <http://www.phoutcomes.info/>. |
| **Undesired behaviours and/or gaming** |  |
| **Approach to indicator review** | Comments can be made through various media, including NHS Digital general enquiries by email enquiries@nhsdigital.nhs.uk or by telephone 0300 303 5678.  As well as initially assuring the quality and methodology of this indicator, the NHS Digital’s Indicator Assurance Process will be used on an on-going basis to review any new indicators. User needs and feedback will be taken into consideration during this assurance process. |
| **Disclosure control** | When publishing the data, if the indicator is calculated from a numerator of 1 to 5, the value is suppressed to ensure an individual’s identity is not at risk of being disclosed. If there is only one value suppressed in this way, the rate based upon the next lowest numerator is also suppressed; this reduces the risk of the first suppressed number being identifiable in isolation.  Rates are rounded to one decimal place before publication. |
| **Copyright** | This indicator makes use of an existing data collection, so there are no additional data collection cost implications or burden. |

**Appendix 1 - ICD-10 codes for alcohol-specific conditions**

**The ICD-10 diagnosis codes for alcohol-specific admissions are aligned with the conditions defined by Public Health England as alcohol-specific i.e. wholly attributable to alcohol.**

**ICD-10 diagnosis codes for alcohol-specific admissions are as follows:**

E24.4 Alcohol-induced pseudo-Cushing’s syndrome

F10.- Mental and behavioural disorder due to use of alcohol

G31.2 Degeneration of nervous system due to alcohol

G62.1 Alcoholic polyneuropathy

G72.1 Alcoholic myopathy

I42.6 Alcoholic cardiomyopathy

K29.2 Alcoholic gastritis

K70.- Alcoholic liver disease

K85.2 Alcohol-induced acute pancreatitis

K86.0 Alcohol-induced chronic pancreatitis

Q86.0 Fetal alcohol syndrome (dysmorphic)

R78.0 Finding of alcohol in blood

T51.0 Toxic effect of alcohol, Ethanol

T51.1 Toxic effect of alcohol, Methanol

T51.9 Toxic effect of alcohol, unspecified

**ICD-10 external cause codes for alcohol-specific admissions are as follows:**

X45.- Accidental poisoning by and exposure to alcohol

X65.- Intentional self-poisoning by and exposure to alcohol

Y15.- Poisoning by and exposure to alcohol, undetermined intent

Y90.- Evidence of alcohol involvement determined by blood

alcohol level

Y91.- Evidence of alcohol involvement determined by level of

intoxication

**Indicator Assurance Extension Cover Sheet**

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|  | Lapsed Date 06/12/2016 |  |
|  | Criteria Check List |  |
|  | There is evidence that IGB assured the indicator to a period ending 1st January 2016 or after | Yes |
|  | Are there any outstanding caveats? List them here: | No |
|  | Are there any changes to …   1. Policy | No |
|  | 1. Data source | No |
|  | 1. Sponsoring organisation | No |
|  | 1. Methodology | No |
|  | Are there any issues with data quality? | No |
|  | Has the indicator been superseded by another indicator? If yes, what is the new indicator’s reference number and title? | No |
|  | Has the indicator been withdrawn by the sponsoring organisation? | No |
|  | Are there any patient safety implications? | No |
|  | Have there been any complaints of risk associated with this indicator? | No |
|  | Primary category | Alcoholism |
|  | Set | CCGOIS |
|  | Publication reference |  |

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| Recommendation | Fit for extension |
| Prepared by | Sue Slade |
| IGB decision | Fit for use |
| IGB Approval date | 13/09/2018 |
| Accreditation period | Two |
| Review date | 06/12/2019 |

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

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| **Indicator Title** | **Alcohol-specific hospital admissions** |
| Indicator Set | CCG Outcomes Indicator Set |
| IAS Ref Code: | IAP00332 |
| Description | The indicator calculates the number of people who were admitted with a primary diagnosis of an alcohol-specific condition per 100,000 CCG population. |

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| Initial IGB discussion | 06/12/13 |

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|  | **Strategic Considerations & Implications** |
| Applicant / Sponsor Organisation | NHS England  \*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale | The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) is an integral part of NHS England’s systematic approach to quality improvement. It is intended to provide clear, comparative information for CCGs, patients and the public about the quality of health services commissioned by CCGs and the associated health outcomes.  Alcohol dependence and harmful alcohol use are associated with increased risk of physical and mental health comorbidities including gastrointestinal disorders (in particular liver disease), neurological and cardiovascular disease, depression and anxiety disorders and ultimately, premature death.  An indicator measuring alcohol-specific re-admissions has also been put forward for inclusion in the CCG Outcomes Indicator Set. |
| Basis for rationale  [Details of quality statement, policy etc.] | This indicator is based on Quality Standard 11: Alcohol dependence and harmful alcohol use http://guidance.nice.org.uk/QS11.  The introduction to Clinical Guideline 115 states that alcohol dependence affects 4% of people aged between 16 and 65 in England (6% of men and 2% of women), and over 24% of the English population (33% of men and 16% of women) consume alcohol in a way that is potentially or actually harmful to their health or well-being. Alcohol misuse is also an increasing problem in children and young people  The introduction to Clinical Guideline 100 states that hazardous and harmful drinking are commonly encountered among hospital attendees; approximately 20% of patients admitted to hospital for illnesses unrelated to alcohol are drinking at potentially hazardous levels. Persistent drinking at hazardous and harmful levels can result in damage to almost every organ or system of the body. Continued hazardous and harmful drinking can result in alcohol dependence. |
| Calculation Summary | The indicator is aggregated by Clinical Commissioning Group (CCG) and will be a numerator / denominator construct, reported as a rate per 100,000.  *Denominator:* CCG level count of people registered with the constituent GP Practices.  *Numerator:* The number of admission spell records where the first episode contains a primary diagnosis of an alcohol specific condition.  The indicator is directly standardised by age and sex.  ICD-10 diagnosis codes for alcohol-specific admissions are as follows:  E24.4 Alcohol-induced pseudo-Cushing’s syndrome  F10.- Mental and behavioural disorder due to use of alcohol  G31.2 Degeneration of nervous system due to alcohol  G62.1 Alcoholic polyneuropathy  G72.1 Alcoholic myopathy  I42.6 Alcoholic cardiomyopathy  K29.2 Alcoholic gastritis  K70.- Alcoholic liver disease  K86.0 Alcohol-induced chronic pancreatitis  T51.0 Toxic effect of alcohol, Ethanol  T51.1 Toxic effect of alcohol, Methanol  T51.9 Toxic effect of alcohol, unspecified  X45.- Accidental poisoning by and exposure to alcohol  A low rate of alcohol-specific admissions is desirable. |
| Risks & assumptions | The NICE CCGOIS Advisory Committee considered both ‘alcohol-related’ and ‘alcohol-specific’ admissions for this indicator. It was agreed that ‘alcohol-specific’ admissions are the most appropriate measure for this indicator set.  The list of indicators for inclusion in CCG OIS for 2014-15 may still be subject to change as NHS England review the indicator set.  There are no planned changes to the HES collection that would impact on this indicator. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* Hospital Episode Statistics (HES) Continuous Inpatient Spells (CIP), constructed by the HSCIC HES Development team, and NHAIS (Exeter) registered GP Practice population data. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | The underlying HES data are held by the HSCIC and are made available to customers via several mechanisms depending on their requirements. These include the publication of aggregated output; a chargeable extract service that covers both bespoke and routine extracts; and direct access via an interrogation tool to the underlying data for certain customers.  The underlying data required for the construction of the indicator are available on a monthly basis around 4 – 5 months after the start of the month in which the attendance took place. The full year annual data refresh occurs around 8 months after the financial year end.  Commissioning Data Sets (CDS 6.2) are approved by ISB ref ISB0092.  HES has been approved by ROCR license number ROCR/OR/0014/FT6/009MAND. |
| Potential impacts on other business areas [inc outstanding generic issues] | The Local Basket of Indicators (LBOI) Indicator 13.13 - Rate of persons admitted to hospital with conditions directly related to the consumption of alcohol – is similar to this indicator in its construction but is aggregated at local authority level. It is published in the HSCIC indicator portal |
| Implementation Method  [inc production funding] | NHS England has commissioned HSCIC to produce and disseminate the CCG OIS indicators; this is funded via the Grant In Aid funding to HSCIC.  Collection of the data for the CCG OIS is via existing data collections, in this case HES. Testing and specification of the indicators is carried out by the Specification Development Service and construction of the indicators is provided by Clinical Indicators via the CI Platform.  Dissemination and presentation of the CCG OIS will be via a number of routes:  • The indicators and their underlying data will be made publically available via the HSCIC website and the Indicator Portal.  • The data will also be provided to NHS England for use in their internal Intelligence Tool.  • Subject to confirmation by NHS England, the calculated indicator, numerator and denominator for CCGs will be supplied by messaging to the Calculating Quality Reporting Service (CQRS) for use by CCGs as part of their management information |

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|  | **Development Advice / Peer Review (undertaken as part of assurance process)** |
| Range of input during development | Advice has been taken from the NHS Classification Service (National Clinical Classifications Helpdesk) on which ICD-10 codes to use to filter for alcohol-specific conditions. |
| Assurance Service  Peer Reviewers: | Internal Review HSCIC  Paul Jennings – Information Analyst |
| Peer Review summary: | The peer reviewer made the following suggestions:   * Further clarification on alcohol specific – this was subsequently provided in the MRG appraisal by the developer. * Confidence intervals are applied to some Compendium indicators to adjust for chance occurrences – would this be relevant to this indicator? * It be noted that as the CCGs are being compared against each other, ‘good’ and ‘poor’ will be assessed by relativity. |

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| **Record of MRG Discussion**  Discussion dates: | 22/08/13  18/10/13 |
| By | Heather Dawe HSCIC Programme Manager, Clinical Indicators  Paul Fryers PHE Deputy Director, East Midlands Knowledge and  Intelligence Team  Alyson Whitmarsh HSCIC Programme Manager, Clinical Audit  Chris Dew HSCIC Section Head, Clinical Indicators  Andy Sutherland HSCIC Statistics Head of Profession  Irene Begaj UHB Statistical Intelligence Analyst  Paul Iggulden HSCIC Interim Head of Clinical Analysis, Research &  Development  Jonathon Hope HSCIC Principal Analyst, Clinical Audit |
| Summary of MRG discussions: | * A suggestion was raised that an age band of 0-17 rather than 0-19 should be created as those aged under 18 shouldn’t be drinking. This was rejected by the group on the basis that although the law prohibits purchasing, it is not the case that alcohol is consumed under the age of 18, and that the decision should be strictly statistical. * MRG was informed that NICE supported the view that ‘alcohol-specific’ admissions are the most appropriate measure for the CCG indicator set, as the use of alcohol-attributable fractions would create issues with admission and readmission selection in the accompanying indicator *Alcohol-specific readmission to any hospital within 30 days after the last previous discharge following an alcohol-specific admission (IAP00333)*. To maintain consistency between the two indicators, alcohol-specific admissions are used. * MRG members queried the removal of ICD 10 code T51.1 (Toxic effect of alcohol, Methanol) from the original application as a subjective issue, citing that this group could include those people producing their own alcohol where things go wrong and a high methanol content is produced as a result. * Additionally, MRG felt that to maintain consistency with other definitions and what is contained in the Local Alcohol Profiles, it should be retained unless a very good reason could be found for its exclusion. * Subsequently the ICD-10 diagnosis codes for alcohol-specific admissions have been aligned with the conditions defined by the North West Public Health Observatory as alcohol-specific i.e. wholly-attributable to alcohol. * MRG members felt that clarification should be provided in the metadata for the differences in definitions for this indicator in comparison to other similar public health indicators. * There was discussion as to whether the indicator looked at only the primary diagnosis, and whether there was a possibility that codes such as F10 (Mental and behavioural disorder due to use of alcohol) would not be coded as a primary diagnosis and therefore likely to be missed. * MRG concluded that F10 can be used as a primary diagnosis code, and that the intent of the indicator was to count alcohol admissions, not secondary reasons. In this case, admissions are being used as a proxy for burden on acute services rather than the full burden of alcohol. * Updated confidence interval methodology were provided to the group on request. Confidence intervals will be calculated as specified in ‘Commonly used public health statistics and their confidence intervals’ (APHO, March 2008). * The updated information provided on confidence intervals and the alignment of ICD 10 codes to the conditions defined by NWPHO were accepted by MRG and no further questions were raised. |
| *Outcome of MRG consideration:* | **No significant issues identified** |
| MRG statement of recommendation: | This indicator has been recommended for consideration by IGB |

Review:

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| Review Timescale | **3 years** |
| Rationale | [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]  The indicator is recommended for review in three years on the basis that no changes in the data source or rationale is expected |

IGB Sign-off:

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|  | **Indicator Assurance Process Output** |
| *Final Appraisal Status* | **Assured**  **Assured with Comments**  **Failed Assurance** |
| Basis of Sign-off  [Detail caveats and limitations ] |  |
| Sign-off Date |  |