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Clinical Commissioning Group Outcomes Indicator Set Indicator Rationale

This document provides NHS England with the indicators recommended by NICE for consideration for inclusion in the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)

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

Indicators were identified and developed from NICE quality standards and other indicator collections.

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

- Short indicator title and rationale: this explains why the indicator is considered to be a good CCG OIS measure.
- What is measured: a short technical description that includes the data source and the wording of the indicator's numerator and denominator. This is based on the indicator testing reports produced by the Health and Social Care Information Centre. Detailed technical specifications for indicators included in the CCG OIS will be published in due course by the Health and Social Care Information Centre.
- Working indicator title: the form of the indicator title that was the basis for indicator development, testing and consultation.

Indicator Summary Tables

The following tables present the indicators under NHS Outcomes Framework domain headings and improvement areas.

Domain 1: Preventing people from dying prematurely

Overarching/ improvement area	Topic	Indicator source	Indicator (short title)
Reducing premature mortality from the major causes of death	Cancer	Other sources	1.9 Cancer: diagnosis via emergency routes 1.10 Cancer: record of stage at diagnosis 1.11 Cancer: early detection
	Chronic heart failure	Quality Standards	CHF13 Heart failure: 12 month all cause mortality
	Breast cancer	Quality Standards	BC30 Breast cancer: mortality
	Hip fracture	Quality Standards	HFra24 Hip fracture: incidence
	Lung cancer	Quality Standards	LC03 Lung cancer: record of stage at diagnosis
Reducing premature death in people with serious mental illness	Mental health	Public Health Outcomes Framework	1.33 Serious mental illness: smoking rates

Domain 2: Enhancing quality of life for people with long-term conditions

Overarching/ improvement area	Topic	Indicator source	Indicator (short title)
Enhancing quality of life for carers	Carers	Other sources	2.19 Carers: identification in practices

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

Overarching/ improvement area	Topic	Indicator source	Indicator (short title)
Overarching	Alcohol	Quality Standards	ALC43 Alcohol: admissions
			ALC44:Alcohol: readmissions
Improving recovery from injuries and trauma	Hip fracture	Quality Standards	HFra01 Hip fracture: formal hip fracture programme
			HFra10 Hip fracture: timely surgery
			HFra20 Hip fracture: multifactorial falls risk assessment
Improving recovery from stroke	Stroke	Quality Standards	3.36 Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit

Domain 1: Preventing people from dying prematurely

Cancer

1.9 Cancer: diagnosis via emergency routes

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

About a quarter of people with cancer are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for people diagnosed via other routes. Identifying the proportion of people who first present as an emergency is likely to prompt investigation into how to increase earlier presentation, leading to improved outcomes.

What is measured?

Working indicator title: Cancers diagnosed via emergency routes.

This indicator measures the proportion of people with cancer (excluding non-melanoma skin cancer) who first present to secondary care as an emergency. The data source will be the National Cancer Intelligence Network (NCIN), which is part of Public Health England.

Numerator: Cases in the denominator where the first presentation to secondary care was via an emergency route.

Denominator: Invasive cases of cancer, excluding non-melanoma skin cancer, diagnosed in the relevant year.

1.10 Cancer: record of stage at diagnosis

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

Cancer accounts for around a quarter of deaths in England, with more than 1 in 3 people developing cancer at some point in their life. A major determinant of cancer outcomes is the tumour stage at diagnosis. Improving the recording of cancer stage at diagnosis will allow more detailed and actionable analyses of outcomes by treatment type, patient pathway, and case mix.

What is measured?

Working indicator title: Cancer stage at diagnosis.

This indicator measures the proportion of all invasive cancers (excluding non-melanoma skin cancer) for which a valid stage is recorded by cancer registries in England for people resident in England. The data source will be the NCIN, which is part of Public Health England. Validity of stage is assessed according to United Kingdom Association of Cancer Registries (UKACR) registration rules. Not all cancer types can be validly staged by any staging system, so the UKACR adopts a threshold of 70% completeness for this indicator.

Numerator: Cases in the denominator with a valid stage at diagnosis recorded, as defined by UKACR registration rules.

Denominator: Invasive cases of cancer diagnosed in the relevant year, excluding non-melanoma skin cancer.

1.11 Cancer: early detection

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

Diagnosing cancer at an early stage improves the chance of survival. Specific public health interventions, such as screening programmes and information and education campaigns, aim to improve rates of early diagnosis. This indicator is therefore a useful proxy for assessing likely improvements in cancer survival rates.

What is measured?

Working indicator title: Cancers detected at stage 1 or 2.

This indicator measures new cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed, where the cancer is of a type that can be staged. The data source will be the NCIN, which is part of Public Health England.

Numerator: Cases in the denominator where cancer is diagnosed at stage 1 or 2.

Denominator: All new cases of cancer diagnosed in the relevant year, at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas and invasive melanomas of skin.

Chronic heart failure

CHF13 Heart failure: 12 month all cause mortality

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

People with chronic heart failure often experience a poor quality of life, and the condition has a poor prognosis: 30–40% of people diagnosed with heart failure die within 1 year; thereafter, the mortality is less than 10% per year.

This indicator is based on the NICE quality standard on chronic heart failure (NICE quality standard 9). Meeting the overall quality standard should contribute to improving the effectiveness, safety and experience of care for people with chronic heart failure. This would include preventing people from dying prematurely.

The indicator will support local understanding of mortality related to chronic heart failure, and should lead to action that will result in improved outcomes.

What is measured?

Working indicator title: All cause mortality – 12 months following admission to hospital for heart failure.

This indicator measures mortality rate within 12 months of admission to hospital for chronic heart failure. The source of the data is Hospital Episode Statistics (HES) linked to Office for National Statistics (ONS) mortality data.

Numerator: People in the denominator who died within 12 months of admission.

Denominator: The number of admission spell records where the first episode contains a primary diagnosis of heart failure.

Breast cancer

BC30 Breast cancer: mortality

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

Breast cancer is the most common cancer in women in England and also affects a very small proportion of men. There is a trend of increasing incidence because of lifestyle factors and improved detection, and decreasing mortality because of earlier detection and improvements in the quality and availability of effective treatments.

This indicator measures a health outcome and is based on the NICE quality standard on breast cancer (NICE quality standard 12). Meeting the overall quality standard should contribute to improving the effectiveness, safety and experience of care for people with breast cancer. This would include preventing people from dying prematurely.

The indicator will support local understanding of mortality related to breast cancer, and should lead to action that will result in improved outcomes.

What is measured?

Working indicator title: Breast cancer mortality rates.

This indicator measures the rate of breast cancer mortality. The source of mortality data is the Primary Care Mortality Database.

Numerator: The number of registered deaths from breast cancer in the relevant year.

Denominator: Population based on GP practice lists.

Hip fracture

HFra24 Hip fracture: incidence

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

Hip fracture is a major public health issue because of an ageing population. It is the most common reason for admission to an orthopaedic trauma ward, and incidence is projected to rise. The average age of a person with hip fracture is 84 years for men and 83 for women, with 76% of fractures occurring in women. Mortality is high – about 1 in 10 people with a hip fracture die within 1 month and about 1 in 3 within 12 months. Most of the deaths are a result of associated comorbidities and not the fracture itself, reflecting the high prevalence of comorbidity in people with hip fracture. A fall and fracture often signals underlying ill health.

This indicator is based on the NICE quality standard on [hip fracture in adults](#) (NICE quality standard 16). Meeting the overall quality standard should contribute to improving the effectiveness, safety and experience of care for people with hip fracture. This would include preventing people from dying prematurely and protecting them from avoidable harm.

The indicator will support local understanding of hip fracture incidence, and should lead to action that will result in improved outcomes.

What is measured?

Working indicator title: Hip fracture incidence.

This indicator calculates hip fracture incidence as the number of hip fracture admissions per 100,000 population (CCG registered populations based on GP practice lists). HES will be used as the data source for admissions.

Numerator: The number of admission spell records where the first episode contains a primary diagnosis of hip fracture.

Denominator: Population based on GP practice lists.

Lung cancer

LC03 Lung cancer: record of stage at diagnosis

This indicator relates to an improvement area (reducing premature mortality from the major causes of death) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

Lung cancer has one of the lowest survival outcomes of any cancer because more than two-thirds of people are diagnosed at a late stage when curative treatment is not possible. Earlier diagnosis and referral to specialist teams should improve survival rates.

This indicator is based on the NICE quality standard on [lung cancer in adults](#) (NICE quality standard 17). Statement 6 of the quality standard states: 'People with lung cancer, following initial assessment and computed tomography (CT) scan, are offered investigations that give the most information about diagnosis and staging with the least risk of harm.'

What is measured?

Working indicator title: Lung cancer: Stage at diagnosis.

This indicator measures the percentage of people with lung cancer who have a valid stage recorded. The data source is the National Lung Cancer Audit.

Numerator: Of the denominator, the number of patient records where the stage field is completed, as defined by UKACR registration rules.

Denominator: The number of patients first seen in the respective Lung Cancer Audit year.

Mental health

1.33 Serious mental illness: smoking rates

This indicator relates to an improvement area (reducing premature death in people with serious mental illness) in NHS Outcomes Framework domain 1 (Preventing people from dying prematurely).

Smoking is the most important cause of preventable ill health and premature death in the UK. It has been reported that deaths from smoking-related diseases are twice as high among people with schizophrenia.

The SIGN guideline on the management of schizophrenia (SIGN 131) includes smoking history in its suggested monitoring schedule for service users who take antipsychotic medications for schizophrenia.

The NICE clinical guideline on bipolar disorder (NICE clinical guideline 38) recommends an annual review of smoking status for people with bipolar disorder.

The indicator will support local understanding of smoking rates in people with serious mental illness, and should lead to action that will result in improved outcomes.

What is measured?

Working indicator title: Smoking rates in people with serious mental illness (SMI).

This indicator measures the percentage of people with SMI who smoke. Data will be obtained from GP clinical information systems through the GP Extraction Service (GPES).

Numerator: People in the denominator who are recorded as current smokers.

Denominator: The number of people with SMI in the relevant year.

Domain 2: Enhancing quality of life for people with long-term conditions

Carers

2.19 Carers: identification in practices

This indicator relates to an improvement area (enhancing quality of life for carers) in NHS Outcomes Framework domain 2 (Enhancing quality of life for people with long-term conditions).

The health of carers can be influenced by both NHS and social care. In November 2012, the Department of Health set out a cross-government strategy for carers in [Recognised, valued and supported: next steps for the carers strategy](#).

This indicator supports 'priority area 1' of that strategy: 'Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages'.

What is measured?

Working indicator title: Carers identified in practices.

This indicator measures the percentage of people taking part in the GP survey who identified themselves as a carer. The source of the data is the GP Patient Survey.

Numerator: People in the denominator who identified themselves as a carer.

Denominator: The number of people answering the question about being a carer (weighted for non-response bias).

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

Alcohol

ALC43 Alcohol: admissions

This indicator relates to an overarching indicator (emergency admissions for acute conditions that should not usually require hospital admission) in NHS Outcomes Framework domain 3 (Helping people to recover from episodes of ill health or following injury).

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.

This indicator is based on the NICE quality standard on [alcohol dependence and harmful alcohol use](#) (NICE quality standard 11). Meeting the overall quality standard should contribute to improving the effectiveness, safety and experience of care for people with alcohol dependence. This would include protecting people from avoidable harm.

Improvement against this indicator may be regarded as a proxy for improvements in alcohol dependence and harmful alcohol use. Such improvements may arise as a result of various healthcare and public health initiatives, including the use of brief interventions in primary care and other settings.

What is measured?

Working indicator title: Alcohol-specific hospital admissions.

This indicator calculates the rate of hospital admissions because of alcohol-specific conditions per 100,000 population (CCG registered populations based on GP practice lists). HES will be used as the data source for admissions.

Numerator: The number of admission spell records where the first episode contains a primary diagnosis of an alcohol-specific condition.

Denominator: The CCG population based on GP practice lists.

ALC44 Alcohol: readmissions

This indicator relates to an overarching indicator (emergency admissions for acute conditions that should not usually require hospital admission) in NHS Outcomes Framework domain 3 (Helping people to recover from episodes of ill health or following injury).

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.

This indicator is based on the NICE quality standard on alcohol dependence and harmful alcohol use (NICE quality standard 11). Meeting the overall quality standard should contribute to improving the effectiveness, safety and experience of care for people with alcohol dependence. This would include helping people to recover from episodes of ill health or following injury.

Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events (such as incomplete recovery or complications). Emergency re-admissions are therefore used as a proxy for outcomes of care.

What is measured?

Working indicator title: Alcohol-specific readmission to any hospital within 30 days after the last previous discharge following an alcohol-specific admission.

This indicator calculates the rate of readmissions due to alcohol specific conditions following discharge after an alcohol-specific admission per 100,000 population as a three year rolling average. HES will be used as the data source for admissions.

Numerator: The number of admission spell records where the first episode contains a primary diagnosis of an alcohol-specific condition and the patient was discharged, in the last 30 days, after an admission which also has a

primary diagnosis code in the first episode relating to an alcohol-specific condition.

Denominator: The number of admission spell records where the first episode contains a primary diagnosis of an alcohol-specific condition, excluding those with a discharge method of death.

Hip fracture

HFra01 Hip fracture: formal hip fracture programme

This indicator relates to two improvement areas (improving recovery from injuries and trauma and improving recovery from fragility fractures) in NHS Outcomes Framework domain 3 (Helping people to recover from episodes of ill health or following injury).

This indicator is based on the NICE quality standard on hip fracture in adults (NICE quality standard 16). Statement 1 of the quality standard states: 'People with hip fracture are offered a formal hip fracture programme from admission.'

A formal hip fracture programme includes regular assessment and continued rehabilitation from a range of healthcare professionals with different skills.

The NICE clinical guideline on hip fracture (NICE clinical guideline 124) states that a ward-based hip fracture programme includes all of the following:

- orthogeriatric assessment
- rapid optimisation of fitness for surgery
- early identification of individual goals for multidisciplinary rehabilitation to recover mobility and independence, and to facilitate return to pre-fracture residence and long-term wellbeing
- continued, coordinated, orthogeriatric and multidisciplinary review
- liaison or integration with related services, particularly mental health, falls prevention, bone health, primary care and social services
- clinical and service governance responsibility for all stages of the pathway of care and rehabilitation, including those delivered in the community.

What is measured?

Working indicator title: Of people with hip fracture, the proportion who receive a formal hip fracture programme from admission evidenced as having a joint acute care protocol at admission, and evidence of MDT rehabilitation

agreed with a responsible orthogeriatrician and orthopaedic surgeon, with GMC numbers recorded.

This indicator measures the proportion of people on the National Hip Fracture Database who receive a formal hip fracture programme from admission and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopaedic surgeon, with General Medical Council (GMC) numbers recorded. The source of the data is the National Hip Fracture Database.

Numerator: People in the denominator who receive a formal hip fracture programme from admission and evidence of multidisciplinary team (MDT) rehabilitation agreed with a responsible orthogeriatrician and orthopaedic surgeon, with General Medical Council (GMC) numbers recorded.

Denominator: The number of people on the National Hip Fracture Database.

HFra10 Hip fracture: timely surgery

This indicator relates to two improvement areas (improving recovery from injuries and trauma and improving recovery from fragility fractures) in NHS Outcomes Framework domain 3 (Helping people to recover from episodes of ill health or following injury).

This indicator is based on the NICE quality standard on hip fracture in adults (NICE quality standard 16). Statement 5 of the quality standard states: 'People with hip fracture have surgery on the day of, or the day after, admission.'

The NICE clinical guideline on hip fracture (NICE clinical guideline 124) recommends that surgery is performed on the day of, or the day after, admission, and the full guideline states that this will have a high impact on outcomes that are important to patients.

What is measured?

Working indicator title: Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission.

This indicator measures the percentage of people on the hip fracture database who receive surgery on the same day or the day after admission. The source of the data is the National Hip Fracture Database.

Numerator: People in the denominator who receive surgery on the same day, or the day after, admission.

Denominator: The number of people on the National Hip Fracture Database.

HFra20 Hip fracture: multifactorial falls risk assessment

This indicator relates to two improvement areas (improving recovery from injuries and trauma and improving recovery from fragility fractures) in NHS Outcomes Framework domain 3 (Helping people to recover from episodes of ill health or following injury).

This indicator is based on the NICE quality standard on hip fracture in adults (NICE quality standard 16). Statement 11 of the quality standard states: 'People with hip fracture are offered a multifactorial risk assessment to identify and address future falls risk, and are offered individualised intervention if appropriate'.

Improvements against this indicator should lead to improved outcomes in terms of fewer hip fractures resulting in falls, and reduced mortality after falls.

What is measured?

Working indicator title: Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the hip fracture programme team evidenced by GMC number of responsible clinician.

This indicator measures the proportion of people on the National Hip Fracture Database who receive a multifactorial risk assessment from the hip fracture programme team. The source of the data is the National Hip Fracture Database.

Numerator: The number of people in the denominator who have received a multifactorial risk assessment from the hip fracture programme team.

Denominator: The number of people on the National Hip Fracture Database.

Stroke

3.36 Stroke: time on stroke unit

This indicator relates to an improvement area (improving recovery from stroke) in NHS Outcomes Framework domain 3 (Helping people to recover from episodes of ill health or following injury).

This indicator is based on the NICE quality standard on stroke (NICE quality standard 2). Statement 1 of the quality standard states: 'People seen by ambulance staff outside hospital, who have sudden onset of neurological symptoms, are screened using a validated tool to diagnose stroke or transient ischaemic attack (TIA). Those people with persisting neurological symptoms who screen positive using a validated tool, in whom hypoglycaemia has been excluded, and who have a possible diagnosis of stroke, are transferred to a specialist acute stroke unit within 1 hour.'

Statement 6 of the quality standard states: 'Patients who need ongoing inpatient rehabilitation after completion of their acute diagnosis and treatment are treated in a specialist stroke rehabilitation unit.'

In the UK, the National Sentinel Stroke Audits have documented increasing numbers of patients being treated in stroke units over the past 10 years. Over this period, there was a reduction in mortality and length of hospital stay.

What is measured?

Working indicator title: Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit.

This indicator measures the proportion of people in the Sentinel Stroke National Audit Programme (SSNAP) with a primary diagnosis of stroke who spend 90% or more of their time on a stroke unit. The source of the data is the SSNAP.

Numerator: People in the denominator who spend 90% or more of their stay on a stroke unit.

Denominator: The number of people in the SSNAP in the relevant year with a primary diagnosis of stroke, except for those whose first ward of admission was ITU, CCU or HDU.