Indicator Quality Statement:

CCG OIS 2.6 (NHS OF 2.3.i)

Unplanned hospitalisation for chronic ambulatory care sensitive conditions

Indicator Reference: I00757

Version: 1.5

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Contents

Introduction

Context for the quality statement.

This indicator quality statement accompanies the Official Statistics release of the CCG Outcomes Indicator 2.6 (NHS OF 2.3.i): Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

Additional information can be found on the Health and Social Care Information Centre website: http://www.hscic.gov.uk/ and its Indicator Portal: http://indicators.ic.nhs.uk/webview/.

The following data sources have been used to construct this indicator:

- Hospital Episode Statistics Admitted Patient Care (HES APC): http://www.hscic.gov.uk/hes
- GP registered patient counts (National Health Application & Infrastructure Services (NHAIS); commonly known as 'Exeter' System): http://systems.hscic.gov.uk/ssd/prodserv/vaprodopenexe
- Office for National Statistics (ONS) population estimates (for England population counts used in the standardisation model): http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates.

This indicator forms part of the initial release of indicators to support Health and Wellbeing Boards and Clinical Commissioning Groups. This includes detail on a number of the NHS Outcome Framework indicators at local level. These indicators may be considered when agreeing local service priorities and quality requirements for commissioning.

This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources such as patient feedback, staff surveys and similar material. When evaluated together these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs' processes on outcomes.

This indicator has been assured through the Indicator Assurance Service which is managed by the Health and Social Care Information Centre on behalf of the wider Health and Social Care system. Under the regulations within the Health and Social Care Act, a national database of quality assured indicators has been established. Indicators registered in the database must have been firstly appraised under the assurance process.

The full indicator methodology documents are available on the Health and Social Care Information Centre Indicator Portal.

Relevance

The degree to which the statistical product meets user needs in both coverage and content.

The intended audience for the indicator is Clinical Commissioning Groups, the Department of Health, Provider Managers, Commissioning Managers, Clinicians, Patients and the Public.

This indicator forms part of domain 2: Enhancing Quality of Life for People with Long-Term Conditions and is intended to measure progress in preventing chronic ambulatory care sensitive (ACS) conditions – such as diabetes or hypertension – from becoming more serious.

Ambulatory care sensitive conditions are those where effective management, for example in primary care, clinics or outpatients, can help prevent a need for hospital admission. ACS conditions account for nearly 800,000 (or 20%) of all emergency admissions nationally; over 20% of these ACS emergency admissions are zero-day admissions. Effective ambulatory care for these ACS conditions will lead to better patient care and case-management, as well as a reduction in preventable emergency admissions, which are costly and expose patients to otherwise avoidable clinical risks such as health care acquired infections.

How Actionable is the indicator?

It is expected that Clinical Commissioning Groups will use this to identify how improvements in care and the desired reduction in emergency hospital admissions will be delivered.

Accuracy and Reliability

How well the information is recorded and transmitted, and, where applicable, the proximity between an estimate and the unknown true value.

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://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+-+England%22&area=&size=10&sort=Relevance
- NHAIS (Exeter) Systems: http://systems.hscic.gov.uk/ssd/prodserv/vaprodopenexe
- ONS population estimates for the England population count: http://www.ons.gov.uk/ons/guide-method/method-quality/specific/population-

and-migration/pop-ests/index.html

The indicator is a rate per 100,000 registered patients directly standardised by age and sex using the England population (from the most recent ONS mid-year population estimates) for the population standard. The indicator is published with 95% confidence intervals recognising the existence of natural variation between the CCG populations.

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.

Punctuality refers to the gap between planned and actual publication dates.

- Data will be reported annually, on a rolling quarterly basis. The Quarter 1 to 3 updates for the financial year will be reported four months in arrears due to HES processing (using provisional HES data). The Quarter 4 update 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.
- Using provisional HES data ensures that data is more timely, 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 for April 2013 – March 2014 has been extracted from provisional month 13 data (April 2013 – March 2014). Admitted Patient Care Data Quality notes are available at: http://www.hscic.gov.uk/searchcatalogue?productid=14896&q=title%3a%22Provisional+Monthly+Hospital+Episode+Statistics%22&sort=Relevance&size=10&page=1#top
- GP registered patient counts extracted from NHAIS (Exeter) System on 1 April for the forthcoming financial year http://systems.hscic.gov.uk/ssd/prodserv/vaprodopenexe
- ONS Mid-Year Population Estimates, at national level, are released in the following summer. Census based estimates for mid-2011 were published on 25 September 2012. http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates.

These indicators are official statistics and the publication date was pre-announced. There was no gap between the planned and actual publication date.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information.

Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The indicators which support commissioning are available in the public domain from the Health and Social Care Information Centre website: http://www.hscic.gov.uk/ and its Indicator Portal: http://indicators.ic.nhs.uk/webview/. The publication includes the indicator data, the specification document and the indicator quality statement.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar.

Comparability is the degree to which data can be compared over time and domain.

A similar indicator exists in NHS Outcomes Framework upon which this indicator is based. The list of conditions used in the indicator definition was compiled using expert clinical advice, approved for both indicators by the research directorate and reviewed for the NHS Outcomes Framework. The list of conditions included is considered to be the most up-to-date and comprehensive available.

Similar indicators also exist in NHS Comparators, Compendium of Population Health Indicators and the Organisation for Economic Cooperation and Development (OECD).

Trade-offs between Output Quality Components

Trade-offs are the extent to which different aspects of quality are balanced against each other.

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 (patient feedback, staff surveys and other such material) 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 case-mix (beyond that accounted for by standardisation), such as comorbidities and other potential risk factors may also contribute to 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. For example, Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common amongst those of African and Afro-Caribbean origin.
5. A number of factors outside the control of healthcare providers, such as the socio-economic mix of local populations, 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.
8. 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.

Recommended improvements for future development

At present, there are no plans for any further disaggregations of the data.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

Comments can be made by contacting:

- Health and Social Care Information Centre general enquiries via email enquiries@hscic.gov.uk and/or telephone 0300 303 5678

As well as initially assuring the quality and methodology of this indicator, the Indicator Assurance Service 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.

Performance, Cost and Respondent Burden

The effectiveness, efficiency and economy of the statistical output.

This indicator makes use of an existing data collection, so there are no additional cost implications or burden.

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

This publication is subject to a standard Health and Social Care Information Centre risk assessment prior to issue. Disclosure control is implemented where judged necessary.

The indicator is calculated following the HES Analysis guide on suppression of small numbers. Where the indicator is calculated from a numerator of between one and five (inclusive), the value is suppressed and replaced with a '*'. This is in order to protect against the potential for disclosing the identity of an individual.
Secondary suppression is carried out where only one rate is suppressed for a certain breakdown and time period and this value could be calculated by differencing. This is to reduce the risk of one suppressed number being identifiable in isolation.

http://www.hscic.gov.uk/media/1592/HES-analysis-guide/pdf/HES_Analysis_Guide_Jan_2014.pdf

Detailed methodology specification documents and other supporting material are available on the Health and Social Care Information Centre Indicator Portal: http://indicators.ic.nhs.uk/webview/

The Statistics Code of Practice is followed regarding security and release of information prior to publication.