

The NHS Outcomes  
Framework 2011/12

# Technical details of indicators

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<b>Policy</b>	Estates
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<b>For Recipient's Use</b>	

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# Domain 1

## Preventing people from dying prematurely

1a Mortality from causes considered amenable to healthcare	
<i>Illustrative data is taken from NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>)</i>	
Outcome measured	Reducing mortality from causes considered amenable to health care
Final indicator available from	Autumn 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>There are several working definitions:</p> <ul style="list-style-type: none"> <li>• Nolte &amp; McKee 2008 (see below) (designed for international comparisons)</li> <li>• <a href="http://www.nchod.nhs.uk">NCHOD</a> (time series data for England and Wales and geographical breakdown, a slightly different definition from Nolte &amp; McKee)</li> </ul> <p>Work needs to be done to update the list of causes considered amenable to healthcare. ONS is undertaking this work, and it is expected to be complete by Autumn 2011.</p> <p>Current working definition, with ICD9 and ICD10 codes, is from Table 10 in Nolte and McKee, <i>Does Healthcare Save Lives?</i></p> <p><a href="http://www.nuffieldtrust.org.uk/ecomm/files/21404avoidablemortality2.pdf">www.nuffieldtrust.org.uk/ecomm/files/21404avoidablemortality2.pdf</a></p> <p>The causes of death considered amenable to health care were as follows:</p> <p>For ages 0–14: intestinal infections, whooping cough, measles (1–14), and all respiratory diseases except pneumonia and influenza (1–14). For ages 0–44: malignant neoplasm of cervix uteri and body of cervix, leukemia, and diabetes (0–49). For ages 0–74: tuberculosis; other infections (diphtheria, tetanus, septicemia, and poliomyelitis); malignant neoplasm of colon and rectum, skin, breast, cervix uteri, and testis; Hodgkin’s disease; diseases of the thyroid; epilepsy; chronic rheumatic heart disease; hypertensive disease; ischemic heart disease (half of deaths); cerebrovascular disease; influenza; pneumonia; peptic ulcer; appendicitis; abdominal hernia; cholelithiasis and cholecystitis; nephritis and nephrosis; benign prostatic hyperplasia; misadventures to patients; maternal death; congenital cardiovascular anomalies; and perinatal deaths, all causes, except stillbirths.</p> <p><b>Numerator</b> Number of deaths (under 75 or other relevant age) from causes considered amenable to health care</p> <p><b>Denominator</b> The resident population (rate given per 100,000)</p> <p>Rate to be standardised to the European standard population.</p>
Data source	<p><i>The data sources are ready.</i></p> <p>This indicator uses mortality data by cause and population data.</p>
Reporting	<p>Data are currently published annually on the NCHOD website, but the definition differs from what will ultimately be used (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>)</p> <p>Data for the years 2007/09 will be published in December 2010.</p>

1b Life Expectancy at age 75	
<i>Illustrative data taken from ONS (see link below)</i>	
Outcome measured	Life expectancy at age 75
Final indicator available from	Now
Indicator definition	<p><i>The definition is ready.</i></p> <p>Period life expectancy is the average number of additional years a person can be expected to live for, if he or she experiences the age-specific mortality rates of the given area and time period for the rest of his or her life.</p> <p>Each life table is based on population estimates and deaths by date of registration data for a period of three consecutive years. The current set of interim life tables for 2007-09 is based on the mid-year population estimates for 2007, 2008 and 2009 and corresponding data on births, infant deaths and deaths by individual age from those years.</p> <p><a href="http://www.statistics.gov.uk/downloads/theme_population/Interim_Life/ilteng-reg.xls">www.statistics.gov.uk/downloads/theme_population/Interim_Life/ilteng-reg.xls</a></p>
Data source	<i>The data source is ready.</i>
Reporting	<p><i>Data are currently published.</i></p> <p>Data are published annually on the ONS website (see link above). 3-year average data for 2007-09 were published in 2010. This indicator uses ONS mortality data (web link) by cause and ONS population data from the 2001 census? (web link).</p>

1.1 Under 75 mortality rate from cardiovascular disease	
<i>Illustrative data from our own analysis using ONS population and mortality data</i>	
Outcome measured	Reducing premature mortality from one of the major causes of death
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p><b>Numerator</b> Number of deaths under 75 from cardiovascular disease</p> <p><b>Denominator</b> 100,000 population</p> <p>Rate to be standardised to the European standard population.</p> <p><b>Further work</b> The definition of “cardiovascular disease” needs to be agreed</p>
Data source	<p><i>The data sources are ready.</i></p> <p>This indicator uses mortality data by cause and population data.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Similar mortality indicators are published annually in December on NCHOD website (<a href="http://www.nchod.nhs.uk/">www.nchod.nhs.uk/</a>)</p>

### 1.2 Under 75 mortality rate from respiratory disease

*Illustrative data from our own analysis using ONS population and mortality data*

Outcome measured	Reducing premature mortality from one of the major causes of death
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p><b>Numerator</b> Number of deaths under 75 from respiratory disease</p> <p><b>Denominator</b> 100,000 population</p> <p>Rate to be standardised to the European standard population.</p> <p><b>Further work</b> The definition of "respiratory disease" needs to be agreed</p>
Data source	<p><i>The data sources are ready.</i></p> <p>This indicator uses mortality data by cause and population data.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Similar mortality indicators are published annually in December on the NCHOD website (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>).</p>

### 1.3 Under 75 mortality rate from liver disease

*Illustrative data from our own analysis using ONS population and mortality data*

Outcome measured	Reducing premature mortality from one of the major causes of death
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p><b>Numerator</b> Number of deaths under 75 from liver disease</p> <p><b>Denominator</b> 100,000 population</p> <p>Rate to be standardised to the European standard population.</p> <p><b>Further work</b> The definition of liver disease needs to be agreed</p>
Data source	<p><i>The data sources are ready.</i></p> <p>This indicator uses mortality data by cause and population data.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Similar mortality indicators are published annually in December on the NCHOD website for Mortality from chronic liver disease including cirrhosis: (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>). Data for 2006-08 were published in December 2009.</p>

1.4.i-vi Cancer survival	
<i>Illustrative data is taken from ONS (see link below)</i>	
Outcome measured	Reducing premature mortality from one of the major causes of death
Final indicator available from	<p>The following indicators are available now:</p> <ul style="list-style-type: none"> <li>• one- and five-year survival for breast cancer; and</li> <li>• one- and five-year survival for lung cancer.</li> </ul> <p>The following indicators will be available by April 2011:</p> <ul style="list-style-type: none"> <li>• one- and five-year survival for colorectal cancer.</li> </ul>
Indicator definition	<p><i>The following definitions are ready:</i></p> <ul style="list-style-type: none"> <li>• one- and five-year survival for breast cancer; and</li> <li>• one- and five-year survival for lung cancer.</li> </ul> <p><i>The following definitions exist but need further work:</i></p> <ul style="list-style-type: none"> <li>• one- and five-year survival for colorectal cancer. (Colon and rectum cancer are available separately, but further work is needed to produce a combined colorectal cancer survival indicator.)</li> </ul> <p>One- and five-year relative survival from the three major cancers, colorectal, breast and lung, will be reported.</p> <p>Relative survival is an estimate of the probability of survival from the cancer alone. It is defined as the ratio of the observed survival and the survival that would have been expected if the cancer patients had experienced the same background mortality by age and sex as the general population.</p> <p>Survival is a measure of the number of patients diagnosed with cancer in a year who are still alive a number of years after diagnosis.</p> <p><b>ICD10 Codes</b> Breast C50; Colon C18; Lung C33, C34; Rectum C19 - C20, C21.8</p> <p><a href="http://www.statistics.gov.uk/downloads/theme_health/cancer-survival-Eng-2001-2006.pdf">www.statistics.gov.uk/downloads/theme_health/cancer-survival-Eng-2001-2006.pdf</a></p>
Data source	<p><i>The data sources are ready.</i></p> <p>These indicators use cancer registry data and ONS mortality data.</p>
Reporting	<p><i>Data are currently published for breast, lung, and colon and rectal cancer separately.</i></p> <p>Data are published annually on the ONS website (see link above). Survival data for cancers diagnosed up to 2008 and followed up to 2009 will be available in April 2011.</p>

1.5 Under 75 mortality rate in people with serious mental illness	
Outcome measured	Reducing premature death in people with serious mental illness
Final indicator available from	April 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p><b>Numerator</b> Number of deaths under 75 of people in contact with secondary mental health services in a given year, from causes considered amenable or preventable</p> <p><b>Denominator</b> Number of people under 75 in contact with secondary mental health services</p> <p><b>Further work</b> A definition of causes considered amenable or preventable needs to be agreed; and definitions of an appropriate numerator and denominator need to be agreed.</p>
Data source	<p><i>The data sources exist but need work.</i></p> <p>Mortality data produced by ONS needs to be linked with Mental Health Minimum Dataset data collected by the IC.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>This indicator could be published annually.</p>

1.6.i Infant mortality 1.6.ii Perinatal mortality (including stillbirths)	
<i>Illustrative data is taken from ONS (see link below)</i>	
Outcome measured	Reducing deaths in babies and young children
Final indicator available from	Now
Indicator definition	<p><i>The definitions are ready.</i></p> <p>Infant mortality is defined as the number of deaths at ages under one year, per 1,000 live births.</p> <p>Perinatal mortality is defined as stillbirths plus deaths before 7 days of life, per 1,000 live and stillbirths.</p> <p>Stillbirths are defined as deaths in babies born after 24 or more weeks' completed gestation and which did not, at any time, breathe or show signs of life.</p> <p><a href="http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6305">www.statistics.gov.uk/statbase/Product.asp?vlnk=6305</a></p>
Data source	<i>The data source is ready.</i>
Reporting	<p><i>Data are currently published.</i></p> <p>Data are published annually on the ONS website (see link above). Data for 2010 will be published in August/September 2011.</p>

## Domain 2

# Enhancing quality of life for people with long-term conditions

2 Health related quality of life for people with long-term conditions	
Outcome measured	Health-related quality of life for people with long-term conditions
Final indicator available from	January 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p>It is proposed that a indicator be developed that measures the change in case-mix adjusted average EQ-5D* score for individuals reporting that they have a long-standing illness (a proxy for long-term condition), between years.</p> <p>EQ-5D describes health status across the following five domains:</p> <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Self-care</li> <li>• Usual activities</li> <li>• Pain/discomfort</li> <li>• Anxiety/depression</li> </ul> <p>Further details about the EQ-5D instrument are available from the EuroQol website at the following link:  <a href="http://www.euroqol.org">www.euroqol.org</a></p> <p>A case mix adjustment model needs to be created and agreed. Once this has been developed it will have to be applied to each data set. This work will be completed by Autumn 2011.</p> <p>* EQ-5D™ is a registered trademark of EuroQol. Further details are available from <a href="http://www.euroqol.org">www.euroqol.org</a>.</p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>There are two data collection methods for this indicator. EQ-5D data are currently collected in the Health Survey for England (HSE).</p> <p>From 2011-12 it is our intention that, provided it is practical and an agreement can be reached with the EuroQol group, the EQ-5D, and the questions needed for case-mix adjustment will be included in the GP Patient Survey.</p> <p>The details of the method for data collection via the GP Patient Survey (GPPS) need to be developed. This will be completed by June 2011.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>These data are not currently published within the standard Health Survey for England reports.</p> <p>In the future, data from the GPPS will be available bi-annually, approximately three months after the end of each data collection period.</p> <p>Data from the annual Health Survey for England will be available between 12 and 15 months after the end of each calendar year.</p>

## 2.1 Proportion of people feeling supported to manage their conditions

*Illustrative data is taken from the GP Patient Survey (see link below)*

Outcome measured	Ensuring people feel supported to manage their condition
Final indicator available from	January 2012
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p><b>Denominator</b> The current GP Patient Survey (GPPS) questionnaire asks:</p> <p><i>Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time, or is likely to affect you over a period of time.</i></p> <p>Respondents who answer 'Yes' (rather than 'no' or 'Don't know / Can't say') are then asked:</p> <p><i>In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Please think about all services and organisations, not just health services)</i></p> <p>Respondents have a choice of 5 options:</p> <ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Yes, to some extent</li> <li>• No</li> <li>• I have not needed such support</li> <li>• Don't know / can't say</li> </ul> <p>The denominator is all those who indicate that they needed some support by answering 'Yes, definitely', 'Yes, to some extent' or 'No'.</p> <p><b>Numerator</b> The numerator combines the first and second options to give a 'total yes' percentage.</p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>The details of the method for data collection via the GP Patient Survey need to be developed. This will be completed by June 2011.</p>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>Aggregate data for successive quarters are published on the GP Patient Survey website. This can be found by following the link below:</p> <p><a href="http://www.gp-patient.co.uk/results/weighted/careplanningreport/">www.gp-patient.co.uk/results/weighted/careplanningreport/</a></p> <p>In the future, data from the GPPS will be available bi-annually, approximately three months after the end of each data collection period.</p>

2.2 Employment of people with long-term conditions	
Outcome measured	Improved functional ability in people with long-term conditions
Final indicator available from	Autumn 2011
Indicator definition	<p><i>A new definition is required.</i></p> <p>It is proposed that a definition be developed along the following lines.</p> <p><b>Denominator</b> In the Labour Force Survey, a long-term condition is a health problem or disability that is expected to last more than a year. The survey asks:</p> <p style="padding-left: 40px;"><i>“Do you have any health problems or disabilities that you expect will last for more than a year?”</i></p> <p>The denominator will be all people who answer ‘yes’ rather than ‘no’</p> <p><b>Numerator</b> The numerator will be all people who report having a long-term condition who also answer ‘yes’ rather than ‘no’ to the following question:</p> <p style="padding-left: 40px;"><i>“Did you do any paid work in the 7 days ending Sunday either as an employee or as self-employed?”</i></p> <p><b>Mapping to employment rate of the general population</b> The employment rate of people with long-term conditions will be mapped to the employment rate of the general population. The difference in the two rates will be assessed.</p> <p>The method by which the employment rate of people with long-term conditions will be mapped to the employment rate of the general population needs to be developed. This indicator will be ready for Autumn 2011.</p>
Data source	<p><i>The data source is ready.</i></p> <p>Details of the Labour Force Survey can be found at the Office for National Statistics website at the following link:</p> <p><a href="http://www.statistics.gov.uk/statbase/Source.asp?vlnk=358&amp;More=Y">www.statistics.gov.uk/statbase/Source.asp?vlnk=358&amp;More=Y</a></p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Data are collected quarterly. In future this indicator data should be available about 2 months after the end of each quarter.</p>

## 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions

Illustrative data is taken from NCHOD ([www.nchod.nhs.uk](http://www.nchod.nhs.uk))

Outcome measured	Reduced time spent in hospital by patients with long-term conditions																																																																																								
Final indicator available from	Autumn 2011																																																																																								
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>There are a number of different definitions currently in use in this area. These include a definition of ambulatory care sensitive conditions from NHS comparators (<a href="http://www.nhscomparators.nhs.uk">www.nhscomparators.nhs.uk</a>), a definition of conditions usually managed in primary care from NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>), and a different definition of ambulatory care sensitive conditions from the OECD (<a href="http://www.oecd.org">www.oecd.org</a>). Details of which conditions are included (shaded boxes) in these definitions are given in the table below.</p> <table border="1"> <thead> <tr> <th></th> <th>NHS Comparators Indicator</th> <th>NCHOD indicator</th> <th>OECD indicator</th> </tr> </thead> <tbody> <tr> <td>Definition of Indicator</td> <td>Emergency hospital admissions for ambulatory care sensitive (ACS) conditions - chronic</td> <td>Emergency hospital admissions for specific conditions usually managed in primary care</td> <td>Hospitalisation for ambulatory care sensitive conditions</td> </tr> <tr> <td>Alcoholic dependence syndrome</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Alcoholic psychoses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Angina</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Asthma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Congestive heart failure</td> <td></td> <td></td> <td></td> </tr> <tr> <td>COPD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Depressive disorder NEC</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diabetes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diabetes complications</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Drug dependence</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Drug psychoses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Epilepsy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertension</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertensive heart and renal disease</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertensive heart disease</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertensive renal disease</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Iron deficiency anaemia</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Neurotic disorders</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nondependent abuse of drugs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nutritional deficiencies</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Further work is needed to develop the most appropriate definition for use in this indicator. This may include some conditions not included in existing definitions.</p> <p>The aim is to develop an indicator that looks at emergency admissions for all long-term conditions where optimum management can be achieved in the community (ambulatory care sensitive conditions).</p> <p><b>Numerator</b> Emergency admissions for an agreed set of emergency admission codes</p> <p><b>Denominator</b> The resident population</p> <p>The rate will be standardised.</p>		NHS Comparators Indicator	NCHOD indicator	OECD indicator	Definition of Indicator	Emergency hospital admissions for ambulatory care sensitive (ACS) conditions - chronic	Emergency hospital admissions for specific conditions usually managed in primary care	Hospitalisation for ambulatory care sensitive conditions	Alcoholic dependence syndrome				Alcoholic psychoses				Angina				Asthma				Congestive heart failure				COPD				Depressive disorder NEC				Diabetes				Diabetes complications				Drug dependence				Drug psychoses				Epilepsy				Hypertension				Hypertensive heart and renal disease				Hypertensive heart disease				Hypertensive renal disease				Iron deficiency anaemia				Neurotic disorders				Nondependent abuse of drugs				Nutritional deficiencies			
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2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	
Outcome measured	Reduced time spent in hospital by children with long-term conditions
Final indicator available from	Autumn 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p><b>Numerator</b> The total number of emergency admissions (spells) for people aged under-19 where asthma, diabetes or epilepsy was the primary diagnosis.</p> <p><b>Denominator</b> The population of under-19 year olds</p>
Data source	<p><i>The data source is ready.</i></p> <p>All data for this indicator are from HES.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>This indicator is currently published by the Child and Maternal Health Observatory as data for the three separate conditions, but no aggregate data for this indicator are published. More information can be found on their website at the following link:  <a href="http://www.chimat.org.uk/">www.chimat.org.uk/</a></p> <p>HES reports quarterly. In future this indicator should be available about 2 months after the end of each quarter.</p>

2.4 Health-related quality of life for carers	
Outcome measured	Health related quality of life for carers
Final indicator available from	January 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p>It is proposed that an indicator be developed that looks at the case-mix adjusted, average EQ-5D score for those people who self-identify as being a carer.</p> <p>Further details about the EQ-5D instrument are available from the EuroQol website at the following link:  <a href="http://www.euroqol.org/">www.euroqol.org/</a></p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>The details of the method for data collection via the GP Patient Survey from 2011-12 onwards need to be developed. This will be completed by June 2011.</p> <p>From 2011-12 it is our intention that, provided it is practical and an agreement can be reached with the EuroQol group, EQ-5D, and the questions needed for case-mix adjustment will be included in the GP Patient Survey.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>In the future, data from the GPPS will be available bi-annually, approximately three months after the end of each data collection period. The sample size relating to carers may be relative small, so that the indicator may only be valid at national level.</p>

2.5 Employment of people with mental illness	
Outcome measured	Enhancing quality of life for people with mental illness
Final indicator available from	Autumn 2011
Indicator definition	<p><i>A new definition is required.</i></p> <p>It is proposed that a definition be developed along the following lines.</p> <p><b>Denominator</b> The number of adults of working age surveyed in the Labour Force Survey who self-identify as having a “<i>health problem or disability that you expect will last for more than a year</i>” who state their health problem is:</p> <ul style="list-style-type: none"> <li>• <i>Depression, bad nerves or anxiety, or</i></li> <li>• <i>Severe or specific learning difficulties (mental handicap), or</i></li> <li>• <i>Mental illness or suffer from phobias, panics or other nervous disorders.</i></li> </ul> <p><b>Numerator</b> The numerator will be all people in the above group who also answer ‘yes’ rather than ‘no’ to the following question:</p> <p><i>“Did you do any paid work in the 7 days ending Sunday either as an employee or as self-employed?”</i></p> <p><b>Mapping to employment rate of general population</b> The employment rate of people with mental illness will be mapped to the general employment rate. The difference in the two rates will be assessed. The method by which the employment rate of people with mental illness will be mapped to the employment rate of the general population needs to be developed.</p>
Data source	<p><i>The data source is ready.</i></p> <p>Details of the Labour Force Survey can be found at the Office for National Statistics website at the following link:  <a href="http://www.statistics.gov.uk/statbase/Source.asp?vlnk=358&amp;More=Y">www.statistics.gov.uk/statbase/Source.asp?vlnk=358&amp;More=Y</a></p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Data are collected quarterly. In future this indicator should be available about 2 months after the end of each quarter.</p>

## Domain 3

### Helping people to recover from episodes of ill health or following injury

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3a Emergency admissions for acute conditions that should not usually require hospital admission	
<i>Illustrative data is taken from NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>)</i>	
Outcome measured	Preventing conditions from becoming more serious
Final indicator available from	April 2012
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>Existing definitions are published by NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>) and NHS Comparators (<a href="http://www.nhscomparators.nhs.uk">www.nhscomparators.nhs.uk</a> – user account required).</p> <p>A piece of work is required to build clinical consensus on the relative merits of using an existing definition or the construction of a new definition.</p>
Data source	<p><i>The data source is ready.</i></p> <p>All data for this indicator will be taken from HES.</p>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>Data for similar indicators are currently published by NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>) and NHS Comparators (<a href="http://www.nhscomparators.nhs.uk">www.nhscomparators.nhs.uk</a> – user account required).</p> <p>HES reports quarterly. In future, this indicator should be available about 2 months after the end of each quarter.</p>

### 3b Emergency readmissions within 28 days of discharge from hospital

*Illustrative data is taken from NCHOD ([www.nchod.nhs.uk](http://www.nchod.nhs.uk))*

Outcome measured	Helping people to recover effectively from illness or injury
Final indicator available from	April 2012
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>An existing definition is published by NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>). Details here are for that definition.</p> <p><b>Numerator</b> The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main specialty upon readmission coded under obstetric or mental health specialties; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.</p> <p><b>Denominator</b> The number of finished CIP spells within selected medical and surgical specialties, with a discharge date up to March 31st within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded. Mental health specialties are also excluded.</p> <p><b>Further work</b> There are concerns about how well this indicator, as currently formulated, works as a proxy for recovery. In particular, there are concerns that many of the readmissions captured may not be causally related to the previous admission. To address this and other issues, a piece of work will be undertaken to better understand readmissions data in general, and to develop an improved indicator if possible.</p>
Data source	<p><i>The data source is ready.</i></p> <p>All data for this indicator will be taken from HES.</p>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>Readmissions data are currently published by NCHOD (<a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>). HES reports quarterly. In future, this indicator should be available about 2 months after the end of each quarter.</p>

3.1 Patient Reported Outcome Measures (PROMs) for elective procedures	
<i>Illustrative data is taken from HES Online (see link below)</i>	
Outcome measured	Effective recovery following elective procedures, currently covering groin hernia, hip replacement, knee replacement and varicose veins
Final indicator available from	Now
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>Questionnaires are provided to patients undergoing the four procedures listed above, in order to measure their health status before the procedure and 3-6 months after (depending on which procedure). A comparison of these measurements shows whether, and to what extent, the procedure has helped them to recover from their health problem.</p> <p>There are three types of measure of health status used:</p> <ul style="list-style-type: none"> <li>• EQ-5D – a generic health status measure (see <a href="http://www.euroqol.org/">www.euroqol.org/</a>)</li> <li>• EQ-5D VAS (see <a href="http://www.euroqol.org/eq-5d/what-is-eq-5d/how-to-use-eq-5d/eq-vas.html">www.euroqol.org/eq-5d/what-is-eq-5d/how-to-use-eq-5d/eq-vas.html</a>)</li> <li>• Condition-specific measures where available</li> </ul> <p>Data is reported in two ways that could serve as indicators for the NHS Outcomes Framework, for each of the four conditions currently included:</p> <ul style="list-style-type: none"> <li>• percentage of patients reporting an improvement in health status (EQ-5D* score); and</li> <li>• mean case-mix adjusted change in health status (EQ-5D* score).</li> </ul> <p>More work is required to determine which of these is most appropriate to use.</p> <p>For more details see <a href="http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&amp;categoryID=1295">www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&amp;categoryID=1295</a>.</p> <p>In future the PROMs programme may expand to include other procedures. As data for these procedures become available, the possibility of producing a single aggregate score for elective care will need to be considered, as it may not be feasible to report individual scores.</p>
Data source	<i>The data source is ready.</i>
Reporting	<p><i>Data are currently published.</i></p> <p>See <a href="http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&amp;categoryID=1295">www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&amp;categoryID=1295</a>.</p> <p>Data are reported monthly. As of December 2010, the latest available data were for June 2010.</p>

### 3.2 Emergency admissions for children with lower respiratory tract infections (LRTIs)

*Illustrative data is taken from NCHOD ([www.nchod.nhs.uk](http://www.nchod.nhs.uk))*

Outcome measured	Preventing lower respiratory tract infections in children from becoming serious
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>The definition given here is for the indicator as currently published by NCHOD. This definition may be modified to include ages 0-19.</p> <p><b>Numerator</b></p> <p>The number of finished and unfinished continuous inpatient (CIP) spells, excluding transfers, for patients aged 0-15 with an emergency method of admission and with any of the following primary diagnoses (DIAG_01 in the 1st episode of the spell, ICD 10 codes) in the respective financial year</p> <ul style="list-style-type: none"> <li>• J10.0 Influenza with pneumonia virus identified;</li> <li>• J11.0 Influenza with pneumonia, virus not identified;</li> <li>• J11.1 Influenza with other respiratory manifestations, virus not identified (bronchiolitis with influenza);</li> <li>• J12.- Viral pneumonia nec;</li> <li>• J13 Pneumonia due to Streptococcus pneumoniae;</li> <li>• J14 Pneumonia due to Haemophilus influenzae;</li> <li>• J15.- Bacterial pneumonia nec;</li> <li>• J16.- Pneumonia due to other infectious organisms nec;</li> <li>• J18.0 Bronchopneumonia, unspecified;</li> <li>• J18.1 Lobar pneumonia;</li> <li>• J18.9 Pneumonia unspecified;</li> <li>• J21.- Acute bronchiolitis.</li> </ul> <p><b>Denominator</b></p> <p>The resident population</p> <p>For more details of the numerator and denominator see <a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>.</p> <p><b>Further work</b></p> <p>The <i>National Service Framework for Children, Young People and Maternity Services</i> covers all children up to school leaving age (i.e. ages 0-19). The possibility of extending this indicator to cover this age group will be investigated.</p>
Data source	<p><i>The data source is ready.</i></p> <p>All data for this indicator are taken from HES.</p>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>See <a href="http://www.nchod.nhs.uk">www.nchod.nhs.uk</a>. HES reports quarterly. In future, this indicator should be available about 2 months after the end of each quarter.</p>

<b>3.3 An indicator on recovery from injuries and trauma (to be developed)</b>	
Outcome measured	Effective recovery following injury or trauma
Final indicator available from	Unknown – the indicator may not be ready for April 2012.
Indicator definition	<i>A new definition is required.</i>
Data source	<i>A new data collection may be required.</i>
Reporting	<i>Data are not currently published.</i>

<b>3.4 An indicator on recovery from stroke (to be developed)</b>	
Outcome measured	Effective recovery following a stroke
Final indicator available from	Unknown – the indicator may not be ready for April 2012.
Indicator definition	<i>A new definition is required.</i>
Data source	<i>A new data collection may be required.</i>
Reporting	<i>Data are not currently published.</i>

### 3.5 The proportion of patients with fragility fractures recovering to their previous levels of mobility at i 30 and ii 120 days

Outcome measured	Effective recovery of mobility following a fragility fracture
Final indicator available from	April 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p>The National Hip Fracture Database collects information about mobility before and after a hip fracture. This can be used to work out how many patients recover their previous levels of mobility following treatment, but the exact details of how the indicator will be constructed have yet to be confirmed.</p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>Data are taken from the National Hip Fracture Database (<a href="http://www.nhfd.co.uk">www.nhfd.co.uk</a>).</p> <p>The following questions are currently asked pre-admission (retrospectively), and at 30 and 120 days after discharge.</p> <p><b>Walking Ability indoors</b></p> <ul style="list-style-type: none"> <li>• Regularly walked without aids</li> <li>• Regularly walked with one aid</li> <li>• Regularly walked with two aids or frame</li> <li>• Wheelchair or bedbound</li> <li>• Unknown</li> </ul> <p><b>Walking ability outdoors</b></p> <ul style="list-style-type: none"> <li>• Regularly walked without aids</li> <li>• Regularly walked with one aid</li> <li>• Regularly walked with two aids or frame</li> <li>• Electric buggy</li> <li>• Wheelchair/bedbound</li> <li>• Unknown</li> </ul> <p><b>Accompanied to walk indoors</b></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Unknown</li> </ul> <p><b>Accompanied to walk outdoors</b></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Unknown</li> </ul> <p>In developing this indicator, consideration will be given to whether the exact questions asked should be altered to more explicitly address the outcome that we are trying to measure.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Data from the National Hip Fracture Database are formally reported annually, and used quarterly for best practice tariff reporting.</p>

3.6 The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services	
Outcome measured	Helping older people to recover their independence after illness or injury
Final indicator available from	April 2012
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>The indicator measures the proportion of all people who were discharged from hospital and offered rehabilitation services who were still at home 91 days after discharge.</p> <p><b>Numerator</b> Number of patients over 65 discharged into rehabilitation services with the intention to go back home, who were still at home 91 days after discharge</p> <p><b>Denominator</b> Number of patients over 65 discharged into rehabilitation services with the intention to go back home</p> <p><b>Further work</b> There is a clear limitation to the indicator as it is currently formulated: it does not ensure that patients who need rehabilitation services are offered them. Indeed, the NHS could improve its score by only offering rehabilitation services to the least ill patients who are certain to still be at home 91 days later, so there is a real risk of gaming. A piece of work will be undertaken to improve this indicator, taking into account this consideration.</p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>Data for this indicator are collected by the NHS Information Centre.</p> <p>In developing this indicator to address the issue highlighted above, consideration will be given to whether any modifications need to be made to the collection, or whether data from other sources need to be included.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>This indicator was reported as part of the National Indicator Set (<a href="http://www.audit-commission.gov.uk/localgov/audit/nis/pages/default.aspx">www.audit-commission.gov.uk/localgov/audit/nis/pages/default.aspx</a> - this indicator is number NI125). Reporting on these indicators has now stopped.</p>

## Domain 4

### Ensuring that people have a positive experience of care

4a Patient experience of primary care	
Outcome measured	Patients' experiences of their GP practice.
Final indicator available from	Autumn 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>The indicator is based on a composite score of patient experience questions in the GP patient survey (GPPS). In 2011/12 the survey will use a re-designed set of questions and the scoring system will be based on the new questions.</p> <p>The current methodology puts individual questions into one of 5 domains. An average score across each domain is then calculated and the 5 domains summed to give an overall score.</p> <p>The GP Patient survey is being redesigned for 2011-12, once the new survey is complete this methodology will be reviewed and may be changed to find the most appropriate indicator for this framework.</p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>The GP Patient Survey is run by the Department of Health to assess patients' experiences of local NHS services. The survey gives the opportunity to patients to have their say about how well their practice is doing at providing services. From April 2009, the GP Patient Survey was run quarterly with questionnaires being mailed out to around 1.4 million adults who are registered with a GP in England. During 2011/12 the survey will be redesigned with a different question structure and modifications to the sampling rate and size.</p> <p>Details of the GP patient survey methodology can be found at <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm">www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm</a>.</p>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>An annual summary of results is available at <a href="http://www.gp-patient.co.uk/surveyresults/">www.gp-patient.co.uk/surveyresults/</a>.</p> <p>These results are currently published quarterly, approximately three months after the quarter end. From 2011-12 data will be published six monthly, approximately three months after the collection period.</p>

4b Patient experience of hospital care	
Illustrative data is taken from the CQC Adult Inpatient Survey (see link below)	
Outcome measured	Patients' experiences of NHS inpatient care.
Final indicator available from	Now
Indicator definition	<p><i>The definition is ready.</i></p> <p>Published National Statistics summarise each survey into a set of five domain scores (out of 100) and an overall score calculated as the average of the five domains:</p> <ul style="list-style-type: none"> <li>• access &amp; waiting;</li> <li>• safe, high quality co-ordinated care;</li> <li>• better information more choice;</li> <li>• building closer relationships; and</li> <li>• clean, comfortable and friendly place to be.</li> </ul> <p>Only the overall score is being proposed to be used as the high level outcome measure. However, performance can be disaggregated by each of the domains, and then again at the level of each individual survey question that makes up the indicator – at a national, regional and provider trust level.</p> <p>Confirmation of the methodology used to construct the indicator is available on the DH website:  <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpa-tients/DH_087516">www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpa-tients/DH_087516</a></p>
Data source	<p><i>The data source is ready.</i></p> <p>The Care Quality Commission's Adult Inpatient Survey - from the CQC nationally coordinated patient survey programme. The survey is conducted annually between October and January for patients who had an inpatient episode between July and August.</p> <p>The survey is conducted using a postal self-completion survey approach, and is conducted among a sample of recent patients who spent at least one night in hospital. The survey covers both elective and emergency care patients, but does not include maternity, mental health patients or patients under the age of 18. The annual survey typically achieves responses from around 70,000 patients across England (a total response rate of around 50%).</p> <p>The latest adult inpatient survey (2009) was published in May 2010 by CQC at the following website:  <a href="http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm">www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm</a>.</p> <p>Guidance material for this survey (covering inclusion and exclusion criteria for compiling the sample frame) is available on the NHS national patient survey coordination centre website: <a href="http://www.nhssurveys.org">www.nhssurveys.org</a>.</p>
Reporting	<p><i>Data are currently published.</i></p> <p>The national data for this measure are published annually on the DH website in accordance with national statistics guidelines (see the first link below). Detailed results for each provider, presented question by question, are also published on the CQC website (see second link below).</p> <p><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpa-tients/DH_087516">www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpa-tients/DH_087516</a>.</p> <p><a href="http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm">www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm</a></p>

4.1 Patient experience of outpatient services	
Outcome measured	Improving patients' experiences of NHS outpatient care.
Final indicator available from	April 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p>An indicator needs to be developed using the existing survey structure. The indicator will be a composite, calculated as the average of a number of survey questions. Each question describes a different element of the overarching theme of the patient experience. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.</p> <p>For the Outcome Framework a sub-set of questions will need to be identified and the scoring methodology agreed so that the measure reflects the particular improvement areas for which the NHS Commissioning Board will be held to account</p>
Data source	<p><i>The data source is ready.</i></p> <p>The outpatient survey is co-ordinated nationally by the CQC as part of the NHS patient survey programme. The survey was conducted in 2002, 2004 and 2009. The maternity, A&amp;E and out-patients surveys are currently collected on a rolling basis, i.e. each collected once every three-years. This programme of alternate surveys will continue on this basis. The cycle will continue with the outpatient survey in 2011, the A&amp;E survey in 2012 and the maternity survey in 2013.</p> <p>The last outpatient survey was conducted between July and October 2009, over 72,000 adult outpatients from 163 acute and specialist NHS trusts in England responded to the third outpatient survey, a response rate of 53%</p> <p>Results from the latest outpatient survey (2009) are published on the CQC website:  <a href="http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/outpatientservices.cfm">www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/outpatientservices.cfm</a></p>
Reporting	<p><i>Data are not currently published.</i></p> <p>The underlying data source is published (see link above), but no composite indicator yet exists.</p>

4.2 Responsiveness to in-patients' personal needs	
Outcome measured	Improving responsiveness to patients' personal needs.
Final indicator available from	April 2011
Indicator definition	<p><i>The definition is ready.</i></p> <p>The indicator is a composite, calculated as the average of 5 survey questions. Each question describes a different element of the overarching theme, "responsiveness to patients' personal needs".</p> <ul style="list-style-type: none"> <li>• Were you involved as much as you wanted to be in decisions about your care and treatment?</li> <li>• Did you find someone on the hospital staff to talk to about your worries and fears?</li> <li>• Were you given enough privacy when discussing your condition or treatment?</li> <li>• Did a member of staff tell you about medication side effects to watch for when you went home?</li> <li>• Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</li> </ul> <p>Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.</p> <p>This indicator was developed as part of a national CQUIN goal for acute providers in 2009/10. Further information is available on the website of the Department of Health and the NHS Institute for Innovation and Improvement (<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443</a>).</p> <p><b>Further work</b> This indicator needs to be collated at national level.</p>
Data source	<p><i>The data source is ready.</i></p> <p>The Care Quality Commission's Adult Inpatient Survey - from the CQC nationally coordinated patient survey programme. The survey is conducted annually between October and January for patients who had an inpatient episode between July and August.</p> <p>The survey is conducted using a postal self-completion survey approach, and is conducted among a sample of recent patients who spent at least one night in hospital. The survey covers both elective and emergency care patients, but does not include maternity, mental health patients or patients under the age of 18. The annual survey typically achieves responses from around 70,000 patients across England (a total response rate of around 50%).</p> <p>The latest adult inpatient survey (2009) was published in May 2010 by CQC. Guidance material for this survey (covering inclusion and exclusion criteria for compiling the sample frame) is available on the NHS national patient survey coordination centre website: <a href="http://www.nhssurveys.org/">www.nhssurveys.org/</a>.</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>The underlying data source is currently published (adult inpatient survey), and scores for this indicator are available and are shared with SHAs, Trusts and PCTs, but no national level indicator is published.</p> <p>This indicator is currently being used as a national CQUIN goal for patient experience, covering acute providers. Further details are available on the website of the NHS Institute for Innovation and Improvement: <a href="http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html">www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html</a></p>

4.3 Patient experience of A&E services	
Outcome measured	Improving patients' experiences of Accident and Emergency departments
Final indicator available from	April 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p>An indicator needs to be developed using the existing survey structure. The indicator will be a composite, calculated as the average of a number of survey questions. Each question describes a different element of the overarching theme of the patient experience. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.</p> <p>For the Outcome Framework a sub-set of questions will need to be identified and the scoring methodology agreed so that the measure reflects the particular improvement areas for which the NHS Commissioning Board will be held to account</p>
Data source	<p><i>The data source is ready.</i></p> <p>The A&amp;E survey is co-ordinated nationally by the CQC as part of the NHS patient survey programme. Three A&amp;E surveys have been completed. The maternity, A&amp;E and out-patients surveys are currently collected on a rolling basis, i.e. each collected once every three-years. This programme of alternate surveys will continue on this basis. The cycle will continue with the outpatient survey in 2011, the A&amp;E survey in 2012 and the maternity survey in 2013.</p> <p>The 2008 A&amp;E survey involved 151 acute NHS trusts. CQC received responses from almost 50,000 patients, a response rate of 40%. Patients were eligible for the survey if they were aged 16 years or over and had attended the emergency department in January, February or March 2008.</p> <p>Results from the latest A&amp;E survey (2008) are published on the CQC website: <a href="http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/emergencydepartments.cfm">www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/emergencydepartments.cfm</a></p>
Reporting	<p><i>Data are not currently published.</i></p> <p>The underlying data source is currently published (see above), but no composite indicator yet exists.</p> <p>The next A&amp;E survey is scheduled for 2012, and results will be available around 6 months after the survey is carried out.</p>

4.4 Access to i GP services and ii dental services	
Outcome measured	<p>Patients' perceptions of:</p> <ul style="list-style-type: none"> <li>• access to GP services; and</li> <li>• access to dental services.</li> </ul>
Final indicator available from	Autumn 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>The indicators will be drawn from questions in the GP Patient Survey, although the subset of questions to be used to hold the NHS Commissioning Board to account needs to be agreed.</p> <p>Access to Primary Care was measured by the Care Quality Commission by looking at three questions on the GP Patient Survey and determining pass, fail or underachieve by comparing PCT scores to thresholds determined by the distribution of results.</p> <p>Access to NHS Dentistry is measured using one question in the GP Patient Survey asking patients about their experience of dental access.</p> <p>Once the new GP Patient Survey has been developed for 2011-12 these indicators will be revised.</p>
Data source	<p><i>The data source exists but needs work.</i></p> <p>The GP Patient Survey is run by the Department of Health to assess patients' experiences of local NHS services. The survey gives the opportunity to patients to have their say about how well their practice is doing at providing services. From April 2009, the GP Patient Survey was run quarterly with questionnaires being mailed out to around 1.4 million adults who are registered with a GP in England. During 2011-12 the survey will be redesigned with a different question structure and modifications to the sampling rate and size.</p> <p>Details of the GP patient survey methodology can be found at <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm">www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm</a></p>
Reporting	<p><i>Data are currently published.</i></p> <p>Data are published at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm">www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/GPpatientsurvey2007/index.htm</a></p> <p>The report on dental access is available at: <a href="http://www.gp-patient.co.uk/results/weighted/practicereport/">www.gp-patient.co.uk/results/weighted/practicereport/</a></p>

4.5 Women's experience of maternity services	
Outcome measured	Improving women's experiences of maternity services.
Final indicator available from	April 2012
Indicator definition	<p><i>A new indicator is required.</i></p> <p>An indicator needs to be developed using the existing survey structure. The indicator will be a composite, calculated as the average of a number of survey questions. Each question describes a different element of the overarching theme of the patient experience. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.</p> <p>For the Outcome Framework a sub-set of questions will need to be identified and the scoring methodology agreed so that the measure reflects the particular improvement areas for which the NHS Commissioning Board will be held to account</p>
Data source	<p><i>The data source is ready.</i></p> <p>The maternity patient experience survey is co-ordinated nationally by the CQC as part of the NHS patient survey programme. The survey was conducted in 2007 and 2010. The maternity, A&amp;E and out-patients surveys are currently collected on a rolling basis, i.e. each collected once every three-years. This programme of alternate surveys will continue on this basis. The maternity survey was carried out in 2010, data from which will be used to determine a baseline for improvement. The cycle will continue with the outpatient survey in 2011, the A&amp;E survey in 2012 and the maternity survey in 2013.</p> <p>The last maternity survey was conducted between April 2010 and August 2010. Over 25,000 women who had given birth in January and February 2010 responded to the survey, a response rate of 52%. All women aged 16 or over who received care from the 144 NHS Trusts in England, and who had either given birth in in a hospital, birth centre, maternity unit or at home were eligible to take part.</p> <p>Results from the latest maternity survey (2010) are published on the CQC website:  <a href="http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/maternityservices.cfm">www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/maternityservices.cfm</a></p>
Reporting	<p><i>Data are not currently published.</i></p> <p>The underlying data source is currently published (see above), but no composite indicator yet exists.</p>

4.6 Survey of bereaved carers	
Outcome measured	Improving the experience of care for people at the end of their lives
Final indicator available from	Unknown – the indicator may not be ready for April 2012.
Indicator definition	<i>A new definition is required.</i>
Data source	<p><i>A new data source is required.</i></p> <p>There is currently no national data source that could be used to construct this indicator, but the VOICES survey, currently in pilot stage, could be rolled out nationally to provide such a source.</p> <p>The VOICES survey is at the pilot stage of development and work is needed to adapt the questionnaire to ensure consistency with the end of life best practice and to test and evaluate its validity. It will also identify the best approach for national roll-out, to ensure that the survey captures feedback from an appropriate cross-section of the population, and that the results at local and national level are meaningful.</p> <p>See <a href="http://www.southampton.ac.uk/voices/">www.southampton.ac.uk/voices/</a>.</p> <p>VOICES is the only approach for measuring care quality in end of life care that has been validated for use within the British health and social care system. National roll-out is dependent on the results of the pilot phase of the programme.</p>
Reporting	<i>Data are not currently published.</i>

<b>4.7 Patient experience of community mental health services</b>	
Outcome measured	Improving the experiences of mental health patients (16- 64) discharged to the community following a spell in hospital.
Final indicator available from	April 2012
Indicator definition	<p><i>The definition exists but needs work</i></p> <p>Early work has been carried out to develop an indicator using the existing survey structure but needs further work. The subset of questions to be used to hold the NHS Commissioning Board to account needs to be agreed.</p> <p>The indicator will be a composite, calculated as the average of a number of survey questions. Each question describes a different element of the overarching theme of the patient experience. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.</p> <p>For the Outcome Framework a sub-set of questions will need to be identified and the scoring methodology agreed so that the measure reflects the particular improvement areas for which the NHS Commissioning Board will be held to account.</p>
Data source	<p><i>The data source is ready.</i></p> <p>The Care Quality Commission's community mental health services survey - from the CQC nationally coordinated patient survey programme.</p> <p>The mental health patient experience survey has been run annually since 2003/04. It is a proven method to assess the experience of patients who have been discharged from hospital after been treated for a mental health condition, an area which has long been accepted as needing improvement.</p> <p>The last survey took the views of more than 17,000 people who received specialist care or treatment for a mental health condition, including those who received care co-ordinated under the Care Programme Approach (CPA), between July and September 2009.</p> <p>The latest community mental health survey (2009) was published in September 2010 by CQC at the following website:  <a href="http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm">www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm</a></p>
Reporting	The underlying data source is currently published (see above), but no composite indicator yet exists.

<b>4.8 An indicator on children and young people's experience of care (to be developed)</b>	
Outcome measured	Improving children and parents' experience of healthcare
Final indicator available from	Unknown – the indicator may not be ready for April 2012
Indicator definition	<i>A new definition is required.</i>
Data source	<i>A new data collection may be required.</i>
Reporting	<i>Data are not currently published.</i>

## Domain 5

### Treating and caring for people in a safe environment and protecting them from avoidable harm

5a Patient safety incidents reported	
<i>Illustrative data is taken from the NRLS (see links below)</i>	
Outcome measured	Reducing harm caused or contributed to by the NHS
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>Patient safety incidents reported to the National Reporting and Learning Service (NRLS) by provider organisations per 1,000 bed days, per year</p> <p><b>Numerator</b> Number of reported incidents</p> <p><b>Denominator</b> Provider bed days</p> <p><b>Indicator</b> (numerator/denominator)*1000</p>
Data source	<p><i>The data source is ready.</i></p> <p>Data are taken from:</p> <ul style="list-style-type: none"> <li>• National Reporting and Learning Service (National Patient Safety Agency, NPSA); and</li> <li>• Hospital Episode Statistics (NHS Information Centre).</li> </ul>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>See the following links:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports">www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports</a></li> <li>• <a href="http://www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries">www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries</a></li> </ul> <p>Various data reports are published every 3-6 months with a time lag of approximately 6 months from occurrence</p>

### 5b Severity of harm of patient safety incidents reported

*Illustrative data is taken from the NRLS (see links below)*

Outcome measured	Reducing the severity of harm caused or contributed to by the NHS
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>Patient safety incidents resulting in severe harm or death, reported to the NRLS by provider organisations per 1,000 bed days, per year</p> <p><b>Numerator</b> Number of reported incidents</p> <p><b>Denominator</b> Provider bed days</p> <p><b>Indicator</b> (numerator/denominator)*1000</p>
Data source	<p><i>The data source is ready.</i></p> <p>Data are taken from two sources:</p> <ul style="list-style-type: none"> <li>• National Reporting and Learning Service (National Patient Safety Agency, NPSA); and</li> <li>• Hospital Episode Statistics (NHS Information Centre).</li> </ul>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>See the following links:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports">www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports</a></li> <li>• <a href="http://www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries">www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries</a></li> </ul> <p>Various data reports are published every 3-6 months with a time lag of approximately 6 months from occurrence.</p>

### 5c Number of 'similar' patient safety incidents

Outcome measured	Reducing harm to patients through learning from previous safety incidents
Final indicator available from	April 2011
Indicator definition	<p><i>A new definition is required.</i></p> <p>The definition for this indicator is still under development. NPSA advise that it should focus on prevalence, impact and cost. It could focus on repeats of incidents where a safety alert has previously been issued.</p>
Data source	<p><i>The data source is ready.</i></p> <p>National Reporting and Learning Service (National Patient Safety Agency)</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Patient safety incident reporting data are published by the National Reporting and Learning Service (see indicator 5b for details), but not for this indicator.</p>

5.1 Incidence of hospital-related venous thromboembolism (VTE)	
Outcome measured	Reducing harm associated with failure to prevent VTE in healthcare
Final indicator available from	April 2012
Indicator definition	<p><i>A new definition is required.</i></p> <p>Incidence rate of hospital-related VTE per 1,000 hospital admissions</p> <p><b>Numerator</b> Incidence of hospital-related VTE</p> <p><b>Denominator</b> Total number of adult in-patient admissions</p> <p><b>Indicator</b> (numerator/denominator)*1000</p> <p>As part of the National Quality Board VTE sub group work stream, the Academy of Medical Royal Colleges have agreed the principle of identifying a number of specific ICD 10 codes which - when aggregated - can be seen to provide a definition of hospital acquired VTE. Piloting of this approach to aggregated VTE discharge coding, including using a nosocomial code, is being undertaken by the South West SHA. Introducing an outcome indicator from 2012 will allow further work with Connecting for Health and the Information Centre to refine and finalise these aggregated codes in respect of hospital acquired VTE, and allow time for the NHS to be aware of the need to collect data and report this outcome indicator by 2012.</p>
Data source	<p><i>The data source is ready.</i></p> <p>Hospital Episode Statistics (NHS Information Centre) – further piloting work on appropriate coding of VTE is underway.</p>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used</i></p> <p>Data on all hospital admissions with the appropriate VTE-related coding are available but do not identify whether VTE was pre-existing.</p> <p>HES reports quarterly. In future, this indicator should be available about 2 months after the end of each quarter.</p>

## 5.2 Incidence of healthcare associated infection: i MRSA bacteraemia and ii *C. difficile*

*Illustrative data is taken from the Health Protection Agency (see links below)*

Outcome measured	Reducing the incidence of healthcare associated infections
Final indicator available from	Now
Indicator definition	<p><i>The definition is ready.</i></p> <p><b>i MRSA bacteraemia</b></p> <p>The indicator currently exists as a bed-day rate</p> <ul style="list-style-type: none"> <li>per 100,000 bed-days (denominator),</li> <li>with all MRSA bacteraemia identified after two days of admission counted towards the trust's total (numerator).</li> </ul> <p>A possible addition is a population based rate</p> <ul style="list-style-type: none"> <li>per 100,000 population (denominator),</li> <li>with all MRSA bacteraemia in members of the population counted towards their total (numerator).</li> </ul> <p><b>ii Clostridium difficile</b></p> <p>The indicator currently exists as a bed-day rate</p> <ul style="list-style-type: none"> <li>per 10,000 bed-days (denominator),</li> <li>with all <i>C.difficile</i> infections identified after three days of admission counted towards the trust's total).</li> </ul> <p>A possible addition is a population based rate</p> <ul style="list-style-type: none"> <li>per 10,000 population (denominator),</li> <li>with all <i>C.difficile</i> infections in members of the population counted towards their total (numerator).</li> </ul>
Data source	<p><i>The data source is ready.</i></p> <p>Mandatory surveillance of MRSA bacteraemia and <i>C. difficile</i> (Health Protection Agency)</p>
Reporting	<p><i>Data are currently published.</i></p> <p>The Health Protection Agency (HPA) currently publish monthly, quarterly and annual summaries of the MRSA and <i>C.Difficile</i> surveillance data. See the following links.</p> <ul style="list-style-type: none"> <li><a href="http://www.hpa.nhs.uk/Topics/InfectiousDiseases/InfectionsAZ/StaphylococcusAureus/EpidemiologicalData/MandatorySurveillance">www.hpa.nhs.uk/Topics/InfectiousDiseases/InfectionsAZ/StaphylococcusAureus/EpidemiologicalData/MandatorySurveillance</a></li> <li><a href="http://www.hpa.nhs.uk/web/HPAweb&amp;Page&amp;HPAwebAutoListNamePage/1179745282408">www.hpa.nhs.uk/web/HPAweb&amp;Page&amp;HPAwebAutoListNamePage/1179745282408</a></li> </ul>

5.3 Incidence of newly-acquired category 3 and 4 pressure ulcers	
Outcome measured	Reducing harm associated with failure to prevent hospital-acquired pressure ulcers
Final indicator available from	April 2012
Indicator definition	<p><i>The definition exists but needs further work.</i></p> <p>Incidence rate of newly-acquired pressure ulcers per 1,000 bed days</p> <p><b>Numerator</b> Incidence of newly-acquired pressure ulcers of grade 3 or 4 in appropriate clinical setting</p> <p><b>Denominator</b> Total number of in-patient bed days</p> <p><b>Indicator</b> Incidence rate per 1,000 bed days = (numerator/denominator)*1000</p>
Data source	<p><i>The data source is ready.</i></p> <p>There are two possible sources for this indicator.</p> <ul style="list-style-type: none"> <li>• National Reporting and Learning System, NRLS – National Patient Safety Agency</li> <li>• Hospital Episode Statistics – NHS Information Centre</li> </ul> <p>Work is under way to be able to identify pressure ulcers by grade and whether newly acquired from HES. It will also be possible to more accurately measure this when NRLS data set 2 is fully rolled out. This is currently estimated to take 12-18 months dependent on implementation of updated local risk management systems.</p> <p>Time lag and frequency depends on the data source to be used. Various NRLS data reports are published every 3-6 months with a time lag of approximately 6 months from occurrence. HES reports quarterly. In future, this data should be available about 2 months after the end of each quarter.</p>
Reporting	<i>Data are not currently published.</i>

5.4 Incidence of medication errors causing serious harm	
Outcome measured	Reducing serious harm caused by medication errors
Final indicator available from	April 2011
Indicator definition	<p><i>The definition exists but needs work.</i></p> <p>Patient safety incidents reported to the NRLS of type medication error, resulting in severe harm or death per 1,000 bed days, per year</p> <p><b>Numerator</b> Number of reported incidents of incident type medication error resulting in severe harm or death</p> <p><b>Denominator</b> Provider bed days</p> <p><b>Indicator</b> (numerator/denominator)*1000</p> <p><b>Further work</b> Refinements are needed to the calculation of bed day rates</p>
Data source	<p><i>The data source is ready.</i></p> <p>Data are taken from:</p> <ul style="list-style-type: none"> <li>• National Reporting and Learning Service (National Patient Safety Agency)</li> <li>• Hospital Episode Statistics (NHS Information Centre)</li> </ul>
Reporting	<p><i>Data are currently published, but may differ from those ultimately used.</i></p> <p>See the following links:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports">www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports</a></li> <li>• <a href="http://www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries">www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries</a></li> </ul> <p>Various data reports are published every 3-6 months with a time lag of approximately 6 months from occurrence.</p>

5.5 Admission of full-term babies to neonatal care	
<i>Illustrative data from our own analysis using HES data</i>	
Outcome measured	Safe delivery of babies
Final indicator available from	Now
Indicator definition	<p><i>The definition is ready.</i></p> <p>Proportion of all term babies (≥37 gestation weeks) admitted to neonatal care</p> <p><b>Numerator</b> Number of admissions of a term baby to neonatal care</p> <p><b>Denominator</b> Number of term births</p> <p>The following fields and values for finished consultant episodes from Hospital Episode Statistics (HES) will be required for the Numerator:</p> <p>Admidate (date of admission); Gestat ≥ 37 (length of gestation); Epitype = 3, 6 (Episode type); Epistat = 3 (Episode status); Epiorder = 1 (Episode order); Neocare = 1, 2, 3 (Neonatal level of care); Procode5 (Provider code – NHS Trust); Totalepisodes (Ungrossed Finished Admission)</p> <p>The denominator can be collected from birth notification records</p> <p><b>Indicator</b> (numerator/denominator)*100%</p>
Data source	<p><i>The data source is ready.</i></p> <p>Hospital Episode Statistics (NHS Information Centre)</p>
Reporting	HES reports quarterly. In future, this indicator should be available about 2 months after the end of each quarter.

5.6 Incidence of harm to children due to 'failure to monitor'	
Outcome measured	Harm from failing to properly monitor children acute settings
Final indicator available from	April 2011
Indicator definition	<p><i>Definition exists but needs work.</i></p> <p>Work is underway to define this indicator. Subject to further development, it is defined as:</p> <p style="text-align: center;"><i>Delay in recognising or acting on deterioration in an infant or child aged less than 18 years, where the child died or suffered severe harm</i></p> <p>This could subsequently be expanded to all ages.</p>
Data source	<p><i>The data source is ready.</i></p> <p>National Reporting and Learning Service (National Patient Safety Agency)</p>
Reporting	<p><i>Data are not currently published.</i></p> <p>Various NRLS data reports are published every 3-6 months with a time lag of approximately 6 months from occurrence. See the following links.</p> <ul style="list-style-type: none"> <li>• <a href="http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports">www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports</a></li> <li>• <a href="http://www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries">www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries</a></li> </ul>



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