Outcomes benchmarking support packs: CCG level

NHS Vale of York CCG

Produced with input from:

Public Health England

Local Government Association
Local decision making is at the heart of the NHS, and the NHS Commissioning Board, Public Health England and the Local Government Association are committed to providing high quality comparable intelligence to support clinical commissioning groups (CCGs) and health and wellbeing boards (HWBs) identify local priorities and agree local plans.

Alongside the publication of the NHS Commissioning Board’s 2013-14 Planning Guidance, we have produced initial information packs at Local Authority and CCG level that set out key data to inform the local position on outcomes. The Local Authority level packs present high level comparative information on the NHS, the Adult Social Care and the Public Health Frameworks. The CCG level packs provide a more detailed analysis of NHS outcomes and other relevant indicators.

The purpose of these is to provide CCGs and HWB partners with a quick and easy-to-use summary of their current position on outcomes as they take up their role, building on the data sets in the CCG outcomes indicators and other existing data sets. The information should be used alongside the local intelligence that is being collected to inform local Joint Strategic Needs Assessments and it will support commissioners working together to set the priorities for the Joint Health and Wellbeing Strategy. Where possible we have signposted other relevant information sources that might help build an understanding of the specific issues locally.

These information packs represent a starting point for the way the NHS CB will provide support in this area going forward and we hope you find them useful. We would like to offer you an open invitation to work co-productively with us on an on-going basis to help shape these tools in a way that would be most helpful for you locally. If you have any comments or suggestions for improvement please email nhscb.outcomes-benchmarking@nhs.net.
Contents

Forward and Introduction ........................................... 2

Section 1: Background information

Population profile .................................................. 5
Deprivation map .................................................... 6
Disease prevalence (QOF) ........................................ 7

Section 2: CCG Outcomes Indicators

Summary spine chart ............................................... 9

1 Preventing people from dying prematurely
   1a Potential years of life lost (PYLL) from causes considered amenable to healthcare .... 10
   1.1 Under 75 mortality rate from cardiovascular disease ........................................ 11
   1.2 Under 75 mortality rate from respiratory disease ............................................. 12
   1.3 (proxy indicator) Emergency admissions for alcohol related liver disease ............ 13
   1.4 Under 75 mortality rate from cancer ................................................................. 14

2 Improving quality of life for people with long term conditions
   2.1 Health related quality of life for people with long term conditions ..................... 15
   2.2 Proportion of people feeling supported to manage their condition ....................... 16
   2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults) .... 17
   2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s .......... 18

3 Helping people to recover from episodes of ill health or following injury
   3a Emergency admissions for acute conditions that should not usually require hospital admission ......................................................... 19
   3b Emergency readmissions within 30 days of discharge from hospital .................. 20
   3.1i Patient reported outcome measures for elective procedures – hip replacement .... 21
   3.1ii Patient reported outcome measures for elective procedures – knee replacement .. 22
   3.1iii Patient reported outcome measures for elective procedures – groin hernia ...... 23
   3.2 Emergency admissions for children with lower respiratory tract infections ........ 24

4 Ensuring that people have a positive experience of care
   4ai Patient experience of GP services .......................................................... 25
   4a, 4i, 4ii, 4iii Patient experience of NHS dental services ..................................... 27
   4, 4.1, 4.2, 4.3 Patient experience of hospital care .......................................... 28
   5.2i Incidence of Healthcare associated infection (HCAI): MRSA ......................... 29
   5.2ii Incidence of Healthcare associated infection (HCAI): C Difficile .................... 30

Section 3: Activity rates and trends

1 Non-elective activity rates and growth .................................. 32
2 GP Referrals rates and growth ....................................... 33
3 Elective activity rates and growth .................................... 34
4 Prescribing rates and growth ........................................ 35

Sources and references ................................................ 36
SECTION 1

Background Information
Population profile (registered patients, April 2011)

The chart below shows the number of people registered with this CCG’s practices by sex and 5-year age band.

The darker outlines show the profile of the England population.
Deprivation map

The map below shows the levels of deprivation in and around this CCG, based on the Index of Multiple Deprivation 2010 (IMD2010).

The IMD2010 is calculated at LSOA level. However, in this map we have given each postcode within the same LSOA the same colour, rather than shade the entire LSOA area. This presentation emphasizes where people live rather than open countryside.
The table below shows the prevalence (number and percentage) of diseases covered by the QOF for the practices in this CCG in 2010/11. The chart shows the distribution of the CCG’s practices’ prevalence in terms of ranks. Individual practices are shown as vertical bars with the height of the bar proportional each practice’s population. The blue box shows the range of the middle 50% of practices in the CCG. The large diamond shows the average rank for the CCG and the dashed blue line shows the England average.

<table>
<thead>
<tr>
<th>QOF Disease Register</th>
<th>Number (%) and practice ranks chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease</td>
<td>12,450 (3.7%)</td>
</tr>
<tr>
<td>Stroke or Transient Ischaemic Attacks (TIA)</td>
<td>6,604 (1.9%)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>44,243 (13.1%)</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>5,104 (1.5%)</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>11,134 (3.3%)</td>
</tr>
<tr>
<td>Cancer</td>
<td>6,366 (1.9%)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2,168 (0.6%)</td>
</tr>
<tr>
<td>Asthma</td>
<td>19,139 (5.6%)</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>2,124 (0.6%)</td>
</tr>
<tr>
<td>Heart Failure Due to LVD</td>
<td>1,241 (0.4%)</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>494 (0.1%)</td>
</tr>
<tr>
<td>Dementia</td>
<td>1,582 (0.5%)</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>5,326 (1.6%)</td>
</tr>
<tr>
<td>Cardiovascular Disease Primary Prevention</td>
<td>3,441 (1.0%)</td>
</tr>
<tr>
<td>Diabetes Mellitus (17+)</td>
<td>13,002 (4.7%)</td>
</tr>
<tr>
<td>Epilepsy (18+)</td>
<td>1,794 (0.7%)</td>
</tr>
<tr>
<td>Depression (18+)</td>
<td>34,022 (12.5%)</td>
</tr>
<tr>
<td>Chronic Kidney Disease (18+)</td>
<td>10,607 (3.9%)</td>
</tr>
<tr>
<td>Obesity (16+)</td>
<td>27,926 (9.9%)</td>
</tr>
<tr>
<td>Leaning Disability (18+)</td>
<td>878 (0.3%)</td>
</tr>
</tbody>
</table>
SECTION 2

CCG Outcomes Indicators
Outcome Indicator | CCG and cluster distribution
---|---
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare | ![Chart showing CCG and cluster distribution](image)
1.1 Under 75 mortality rate from cardiovascular disease | ![Chart showing CCG and cluster distribution](image)
1.2 Under 75 mortality rate from respiratory disease | ![Chart showing CCG and cluster distribution](image)
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease | ![Chart showing CCG and cluster distribution](image)
1.4 Under 75 mortality rate from cancer | ![Chart showing CCG and cluster distribution](image)
2 Health related quality of life for people with long term conditions | ![Chart showing CCG and cluster distribution](image)
2.1 Proportion of people feeling supported to manage their condition | ![Chart showing CCG and cluster distribution](image)
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults) | ![Chart showing CCG and cluster distribution](image)
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | ![Chart showing CCG and cluster distribution](image)
3a Emergency admissions for acute conditions that should not usually require hospital admission | ![Chart showing CCG and cluster distribution](image)
3b Emergency readmissions within 30 days of discharge from hospital | ![Chart showing CCG and cluster distribution](image)
3.1i Patient reported outcome measures for elective procedures – hip replacement | ![Chart showing CCG and cluster distribution](image)
3.1ii Patient reported outcome measures for elective procedures – knee replacement | ![Chart showing CCG and cluster distribution](image)
3.1iii Patient reported outcome measures for elective procedures – groin hernia | ![Chart showing CCG and cluster distribution](image)
3.2 Emergency admissions for children with lower respiratory tract infections | ![Chart showing CCG and cluster distribution](image)
4ai Patient experience of GP services | ![Chart showing CCG and cluster distribution](image)
4a(ii) Patient experience of GP out of hours services | ![Chart showing CCG and cluster distribution](image)
4a(iii) Patient experience of NHS dental services | ![Chart showing CCG and cluster distribution](image)
5.2i Incidence of Healthcare associated infection (HCAI): MRSA | ![Chart showing CCG and cluster distribution](image)
5.2ii Incidence of Healthcare associated infection (HCAI): C Difficile | ![Chart showing CCG and cluster distribution](image)
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare

Age/sex standardised rate per 100,000 population

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

Darker shades = more years of life lost

1,929
1.1 Under 75 mortality rate from cardiovascular disease

Age/sex standardised rate per 100,000 population

Source: Health and Social Care Information Centre

Darker shades = higher mortality rate

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
1.2 Under 75 mortality rate from respiratory disease

Age/sex standardised rate per 100,000 population

Darker shades = higher mortality rate

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease

Age/sex standardised rate per 100,000 population

Darker shades = higher admission rate

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

This is a proxy indicator and is used in place of mortality from liver disease due to small numbers.
1.4 Under 75 mortality rate from cancer

Age/sex standardised rate per 100,000 population

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
2 Health related quality of life for people with long term conditions

Average EQ-5D index for people who report having a LTCs

Darker shades = Lower Quality of Life

Source: GP Patient Survey; provisional analysis

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
2.1 Proportion of people feeling supported to manage their condition

% who report “Yes, definitely” or “Yes, to some extent” (latter given half weight)

Darker shades = less supported

Source: GP Patient Survey; provisional analysis

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
2.3 Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)

Age/sex standardised rate per 100,000 population

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

Darker shades = higher admission rate
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Age/sex standardised rate per 100,000 population

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
3a Emergency admissions for acute conditions that should not usually require hospital admission (adults)

Age/sex standardised rate per 100,000 population

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

Darker shades = higher admission rate
3b Emergency readmissions within 30 days of discharge from hospital

% rate standardised by age, sex, method of admission and diagnosis/procedure

Darker shades = higher readmission rate

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
3.1i Patient reported outcome measures for elective procedures – hip replacement

EQ-5D Index casemix adjusted health gain

Darker shades = less health gain

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
3.1ii Patient reported outcome measures for elective procedures – knee replacement

EQ-5D Index casemix adjusted health gain

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
3.1iii Patient reported outcome measures for elective procedures – groin hernia

EQ-5D Index casemix adjusted health gain

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
3.2 Emergency admissions for children with lower respiratory tract infections

Age/sex standardised rate per 100,000 population under age 19

Source: Health and Social Care Information Centre

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

Darker shades = higher admission rate
4ai Patient experience of GP services

% who report their experience as "very good" or "fairly good"

Source: GP Patient Survey; provisional analysis. This indicator is not age/sex standardised but survey responses are weighted for non-response. This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

Darker shades = worse experience
4a11 Patient experience of GP out of hours services

% who report their experience as "very good" or "fairly good"

Source: Health and Social Care Information Centre. This indicator is not age/sex standardised but survey responses are weighted for non-response. This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

Darker shades = worse experience

Source: Health and Social Care Information Centre. This indicator is not age/sex standardised but survey responses are weighted for non-response. This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
4aii Patient experience of NHS dental services

% who report their experience as "very good" or "fairly good"

Source: GP Patient Survey; provisional analysis. This indicator is not age/sex standardised but survey responses are weighted for non-response. This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
## 4b, 4.1, 4.2, 4.3 Patient experience of hospital care

Composite experience scores (out of 100) at this CCG's main 5 providers

The table below shows the composite score based on people who reported that their experience was "very good" or "fairly good" in various patient surveys.

Note that these scores refer to all patients surveyed at the providers and do not refer specifically to this CCG's patients.

Source: Inpatient, outpatient and A&E surveys

<table>
<thead>
<tr>
<th>Providers (ordered by number of admissions) for this CCG</th>
<th>Number of Admissions / spells (Acute 2010/11)</th>
<th>4b Inpatient Overall Experience</th>
<th>4.1 Outpatient Overall Experience</th>
<th>4.2 Inpatient Responsiveness to needs</th>
<th>4.3 A&amp;E Overall Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>York Teaching Hospital NHS FT</td>
<td>56,913</td>
<td>78</td>
<td>82</td>
<td>71</td>
<td>85</td>
</tr>
<tr>
<td>Leeds Teaching Hospitals NHS Trust</td>
<td>2,857</td>
<td>74</td>
<td>81</td>
<td>65</td>
<td>79</td>
</tr>
<tr>
<td>Ramsay Healthcare UK Operations Ltd</td>
<td>2,049</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Scarborough &amp; NE Yorkshire Health Care NHS Trust</td>
<td>1,519</td>
<td>74</td>
<td>79</td>
<td>63</td>
<td>82</td>
</tr>
<tr>
<td>North Yorkshire &amp; York PCT</td>
<td>1,036</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>CCG weighted average</td>
<td></td>
<td>78</td>
<td>82</td>
<td>70</td>
<td>85</td>
</tr>
<tr>
<td>England average</td>
<td></td>
<td>76</td>
<td>80</td>
<td>67</td>
<td>80</td>
</tr>
</tbody>
</table>

### Composite experience scores (out of 100) at this CCG's main 5 providers

The table shows the composite score based on people who reported that their experience was "very good" or "fairly good" in various patient surveys. Note that these scores refer to all patients surveyed at the providers and do not refer specifically to this CCG's patients.

Source: Inpatient, outpatient and A&E surveys

![Composite experience scores graph](image-url)
5.2i Incidence of Healthcare associated infection (HCAI): MRSA

Rate per 100,000 registered population, **not** age/sex standardised

Darker shades = higher rate

Source: Health Protection Agency

Note: 12 CCGs had zero cases of MRSA.
This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
5.2ii Incidence of Healthcare associated infection (HCAI): C. Difficile

Rate per 100,000 registered population. **Not** age/sex standardised

Darker shades = higher rate

Source: Health Protection Agency

This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.
SECTION 3

Activity Rates and Trends

Rates in 2011 calendar year and annualised growth between 2007/8 and 2011
1i Non-elective admission rates

The chart below shows the range of non-elective admission rates (emergency and other non-elective admissions) per 1,000 population for CCGs across England (in blue). The rate for this CCG is in red and other CCGs in its ONS cluster are shown in yellow. The rates are standardised for age and sex.

The chart shows that in 2011 this CCG had 100 non-elective admissions per 1,000 population compared to a median of 100 in its ONS cluster and the national average of 111.

Interpretation: If the rate for this CCG is high it could mean a higher level of morbidity in the population, ineffective management in primary care, poor NHS community provision, a low admission threshold and/or be influenced by proximity of patients to A&E.

Source: NHS Comparators (excludes activity not covered by mandatory PbR tariffs)

1ii Non-elective admissions growth

The chart below shows the range of annualised growth in non-elective admissions rates between 2007/08 and 2011 for CCGs across England (in blue). This CCG is in red and other CCGs in its ONS cluster are shown in yellow. The chart shows that non-elective admissions rate grew by an annualised 4.9% in this CCG compared to a median of 1.8% in its ONS cluster and the national average of 1.2%.

Source: NHS Comparators (excludes activity not covered by mandatory PbR tariffs)
2i GP referral rates

The chart below shows the range of first outpatient attendances following a GP referral per 1,000 population for CCGs across England (in blue). The rate for this CCG is in red and other CCGs in its ONS cluster are shown in yellow. The rates are standardised for age and sex.

The chart shows that in 2011 this CCG had 157 first outpatient attendances following a GP referral per 1,000 population compared to a median of 179 in its ONS cluster and the national average of 188.

Interpretation: If the rate for this CCG is high it could mean a higher level of morbidity in the population, ineffective management in primary care or a high level of inappropriate referrals.

Source: NHS Comparators (includes all mandatory and non-mandatory PbR activity)

2ii GP referral growth

The chart below shows the range of annualised growth of first outpatient attendances following a GP referral per 1,000 population for CCGs between 2007/08 and 2011 for CCGs across England (in blue). This CCG is in red and other CCGs in its ONS cluster are shown in yellow. The chart shows that the referral rate grew by an annualised 5.5% in this CCG compared to a median of 4.1% in its ONS cluster and the national average of 4.6%.

Source: NHS Comparators (includes all mandatory and non-mandatory PbR activity)
3i Elective admission rates

The chart below shows the range of total elective (ordinary and daycase) admission rates per 1,000 population for CCGs across England (in blue). The rate for this CCG is in red and other CCGs in its ONS cluster are shown in yellow. The rates are standardised for age and sex.

The chart shows that in 2011 this CCG had 121 elective admissions per 1,000 population compared to a median of 116 in its ONS cluster and the national average of 123.

Interpretation: If the rate for this CCG is high, it could mean that there is a higher level of morbidity in the population, ineffective management in primary care, a high availability of specialist services or a low level of patients receiving private treatment.

Source: NHS Comparators (excludes activity not covered by mandatory PbR tariffs)

3ii Elective admission growth

The chart below shows the range of annualised growth of elective (ordinary and daycase) admissions between 2007/08 and 2011 for CCGs across England (in blue). This CCG is in red and other CCGs in its ONS cluster are shown in yellow. The chart shows that the referral rate grew by an annualised 5.2% in this CCG compared to a median of 4.8% in its ONS cluster and the national average of 4.4%.

Source: NHS Comparators (excludes activity not covered by mandatory PbR tariffs)
4i Prescribing spend rates (biggest programmes) in primary care

The chart below shows the range of spend rates per 1,000 for the 4 biggest prescribing programmes in primary care: Circulation, Respiratory, Endocrinology and Mental Health. The rates are not standardised for age and sex.

The chart shows that in 2011 this CCG spent an average £73 per person compared to a median of £78 in its ONS cluster and the national average of £79.

Interpretation: If the rate for this CCG is high it could mean a higher level of morbidity in the population. The data are not age standardised so there could be a higher proportion of elderly in the population.

Source: NHS Comparators

4ii Prescribing spend growth (biggest programmes) in primary care

The chart below shows the range of annualised growth of prescribing spend in primary care for the 4 biggest programmes between 2007/08 and 2011 for CCGs across England (in blue) This CCG is in red and other CCGs in its ONS cluster are shown in yellow. The chart shows that the referral rate grew by an annualised 1.2% in this CCG compared to a median of 0.4% in its ONS cluster and the national average of 0.5%.

Source: NHS Comparators
Sources and references

1a Source: Health and Social Care Information Centre. Data are 2009 and 2010 combined. Directly age/sex standardised rate per 100,000 population.

1.1, 1.2, 1.4 Source: Health and Social Care Information Centre. Data are 2011. Directly age/sex standardised rates per 100,000 population.

1.3 Source: Health and Social Care Information Centre. Data are 2010/11-2011/12. Directly age/sex standardised rates per 100,000 population.

2, 2.1 Source: GP Patient Survey. Data are July 2011 - March 2012. This indicator is not standardised for age/sex, but survey responses are weighted for non-response.

2.3i, 2.3ii Source: Health and Social Care Information Centre. Data are 2011/12. Directly age/sex standardised rates per 100,000 population.

3a Source: Health and Social Care Information Centre. Data are 2011/12. Directly age/sex standardised rates per 100,000 population

3b Source: Health and Social Care Information Centre. Data are 2010/11. Percentage indirectly standardised for age, sex, method of admission and diagnosis/procedure; admissions for cancer/obstetrics are excluded.

3.1i, 3.1ii, 3.1iii Source: Health and Social Care Information Centre. Data are 2010/11 and 2011/12 combined. Age, sex and casemix adjusted. Some CCG values are suppressed due to small numbers.

3.2 Source: Health and Social Care Information Centre. Data are 2011/12. Directly age/sex standardised rate per 100,000 population.

4ai Source: GP Patient Survey. Data are July 2011 - March 2012. This indicator is not standardised for age/sex but survey responses are weighted for non-response.

4aii Source: GP Patient Survey / Health and Social Care Information Centre. Data are July 2011 - March 2012. This indicator is not standardised for age/sex but survey responses are weighted for non-response.

4aiii Source: GP Patient Survey. Data are July-Sept 2011. This indicator is not standardised for age/sex but survey responses are weighted for non-response.

4b, 4.1, 4.2 Source: Inpatient Survey / Health and Social Care Information Centre. Data are 2011. Composite indicators of 5 domains in the survey.

4.3 Source: A&E Survey / Health and Social Care Information Centre. Data are 2008. Composite of 5 questions in the survey.

5.2i, 5.2ii Source: Health Protection Agency. Data are October 2011 to September 2012. Population denominator is registered population at April 2012.

Activity data Source: NHS Comparators. Data are calendar year 2011 and annualised growth rates between 2007/8 and 2011.

ONS Clusters for CCGs are derived from LA data by Yorkshire and Humber PHO. Source: Spend and Outcomes Tool (SPOT).

Additional Resources

Information Centre Indicator Portal http://indicators.ic.nhs.uk
PH Outcomes Framework Tool http://www.phoutcomes.info
National General Practice Profiles http://www.apho.org.uk/PRACPROF
Spend and Outcomes Tool (SPOT) http://www.yhpho.org.uk/spot
Quality and Outcomes Framework database http://www.qof.ic.nhs.uk
NHS Comparators http://www.nhscomparators.nhs.uk

© Crown copyright 2012
Contains National Statistics data © Crown copyright and database right 2012
Email: nhscb.outcomes-benchmarking@nhs.uk.