Indicator metadata

NHS Atlas of Variation for Liver Disease

Version 1.0

1: Proportion (%) of admissions attributed to liver disease that are emergency admissions, by PCT, 2010/11

Indicator:	**Liver disease emergency admissions**
Statistic:	Proportion (%)
Time period:	2010/11
Age group:	All ages
Description:	Proportion (%) of admissions attributed to liver disease that are emergency
Data source:	Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme:	ICD10
Codes used:	4 character ICD 10 code B150, B159, B160, B161, B162, B169, B170, B171, B172, B178, B180, B181, B182, B188, B189, B190, B199, B251, B581, B670, B675, B677, B678, B679, B942, C220, C221, C222, C223, C224, C227, C229, C23X, C240, C241, C248, C249, D134, D135, D376, E830, E831, I81X, I820, I850, I859, K720, K721, K729, K730, K731, K732, K738, K739, K740, K741, K742, K743, K744, K745, K746, K750, K751, K752, K753, K754, K758, K759, K760, K761, K762, K763, K764, K765, K766, K767, K769, K803, K804, K805, K830, K831, K838, K839, O266, O904, S361, T391, T864 or 3 character ICD 10 code C25, E80, K70, K71, K81, Q44, R16, R17, R18
Numerator:	Numbers of finished, ordinary or day case admissions with a primary ICD 10 diagnosis code indicating liver disease (adjusting C25 to attribute 0.25 of an admission; K803, K804, K805, K830, K831, K838, K839 to attribute 0.9 of an admission and T391 to attribute 0.2 of an admission) with an admission code indicating emergency.
Denominator:	Numbers of finished, ordinary or day case admissions with a primary ICD 10 diagnosis code indicating liver disease (adjusting C25 to attribute 0.25 of an admission; K803, K804, K805, K830, K831, K838, K839 to attribute 0.9 of an admission and T391 to attribute 0.2 of an admission)
Methodology:	Records with the relevant ICD-10 codes for 2010/11 were extracted from HES using the business objects system. Each ICD-10 code was multiplied by an attribution proportion (as defined in the numerator) and then summed to estimate the total admissions attributed to liver disease. Those admissions with an emergency code were divided by total admissions to produce proportions. Confidence intervals were calculated using the Wilson method.
Produced by:	SEPHO
Date created:	October 2012

2. Rate of years of life lost in people aged under 75 years due to mortality from chronic liver disease including cirrhosis per 10,000 population, by PCT, 2008-2010

Indicator:	**Chronic liver disease years of life lost <75 years**
Statistic:	Directly standardised rate of Years of Life Lost
Time period:	2008-2010 pooled
Age group:	Under 75 Years
Description:	Standardised rate of Years of life lost due to Chronic Liver Disease, persons aged under 75 years
Data source:	Office for National Statistics. Compendium of Population Health Indicators, Health and Social Care Information Centre
Numerator:	Years of life lost and deaths from chronic liver disease including cirrhosis classified by underlying cause of death (ICD-10 K70, K73-K74), registered in the respective calendar year(s)
Denominator:	2001 Census based mid-year population estimates for the respective calendar years. Data are based on the latest revisions of ONS mid-year population estimates for the respective years, current as at 28 September 2011.
Methodology:	The number of years of life lost is calculated by summing over ages 1 to 74 years the number of deaths at each age multiplied by the number of years of life remaining up to age 75 years. Infant deaths are omitted as they are mostly a result of causes specific to this age group and have different aetiologies to deaths later in life. The standardisation calculation has been performed using 5-year age bands. In each age band the number of deaths is weighted by the number of years of life remaining from the mid-point of the age band up to age 75 years.
Source locations:	https://indicators.ic.nhs.uk/webview/
Further notes:	Years of life lost (YLL) is a measure of premature mortality. Its primary purpose is to compare the relative importance of different causes of premature death within a particular population and it can therefore be used by health planners to define priorities for the prevention of such deaths. It can also be used to compare the premature mortality experience of different populations for a particular cause of death. The concept of YLL is to estimate the length of time a person would have lived had they not died prematurely. By inherently including the age at which the death occurs, rather than just the fact of its occurrence, the calculation is an attempt to better quantify the burden, or impact, on society from the specified cause of mortality.
Produced by:	Published: Health and Social Care Information Centre
Date created:	November 2011

3. Rate of mortality in people aged under 75 years due to chronic liver disease including cirrhosis per 100,000 population, by PCT, 2008-2010

Indicator:	**Chronic liver disease mortality <75 years**
Statistic:	Directly age standardised rate (DSR)
Time period:	2008-2010 pooled
Age group:	Under 75 Years
Description:	Standardised rate of mortality due to Chronic Liver Disease, persons aged under 75 years
Data source:	Office for National Statistics. Compendium of Population Health Indicators, Health and Social Care Information Centre
Numerator:	Deaths from chronic liver disease including cirrhosis classified by underlying cause of death (ICD-10 K70, K73-K74), registered in the respective calendar year(s)
Denominator:	2001 Census based mid-year population estimates for the respective calendar years. Data are based on the latest revisions of ONS mid-year population estimates for the respective years, current as at 28 September 2011. The Standard population used is the European Standard population.
Methodology:	Five year age specific rates (for persons) for liver disease are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of liver disease to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using a normal approximation.
Source locations:	https://indicators.ic.nhs.uk/webview/
Further notes:	The directly age-standardised rate is the rate of events that would occur in a standard population if that population were to experience the age-specific rates of the subject population.
Produced by:	Published: Health and Social Care Information Centre Crown Copyright, December, 2011
Date created:	November 2011

4. Rate of people admitted to hospital at least once for cirrhosis, per 100,000 population, by PCT, 2006/07-2010/11

Indicator:	**Cirrhosis hospital rate**
Statistic:	Directly age standardised rate (DSR)
Time period:	Five financial years - 2006/07-2010/11
Age group:	Aged 18 years or older
Description:	Number of people with cirrhosis in hospital present per million population, age-standardised rate, persons aged 18 years plus.
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	First hospital episodes with a main diagnosis of cirrhosis classified by (ICD-10 K70, K73-74) aged 18 years plus, persons by quinary age bands.
Denominator:	2001 census based mid-year population estimates (2006 -2010) for population aged 18 years plus for persons.
Methodology:	Records with the relevant ICD-10 codes were extracted from HES using the business objects system. Subsequent admissions for patients over the five year period were excluded, so patients were only counted once. Five year age specific rates (for persons) for cirrhosis are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of cirrhosis to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using Byars approximation.
Further notes:	The data is not a count of all people living with cirrhosis but of those living with it who were admitted to hospital usually with a complication such as liver failure, bleeding, infection or cancer; this probably represents fewer than 10% of all people with cirrhosis in any one year.
Produced by:	SEPHO
Date created:	July 2012

5. Rate of liver cancer mortality in people aged under 75 years per 100,000 population, by PCT, 2006-2010

Indicator:	**Liver cancer mortality**
Statistic:	Directly age standardised rate (DSR)
Time period:	2006-2010
Age group:	Under 75 Years
Description:	Directly age-standardised mortality rate from liver cancer for persons aged under 75
Data source:	Numerator - Annual Districts Deaths database, Office for National Statistics* Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Number of deaths from liver cancer classified by underlying cause of death recorded as ICD10 code C22.0, registered in the respective calendar years, in people aged under 75.
Denominator:	2001 census based mid-year population estimates (2006 -2010) for population under 75 years for persons.
Methodology:	Records with the relevant ICD-10 codes for underlying cause of death were extracted from annual districts deaths database. Five year age specific rates (for persons) for liver cancer are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of liver cancer to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using Byars approximation. *ONS carried out the original collection and collation of the mortality data but bear no responsibility for their future analysis or interpretation
Produced by:	SEPHO
Date created:	July 2012

6. Rate of liver transplants from all donors per 1,000,000 population, by PCT, 2006/07-2010/11

Indicator:	**Liver transplant by residence**
Statistic:	Crude rate
Time period:	Financial years - 5 years - 2006/07 - 2010/11
Age group:	All Ages
Description:	Number of liver transplants from per million of population (pmp)
Codes used:	OPCS4.6 code J01
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Number of surgical transplants of the liver from all donors from HES data (OPCS4.6 codes under J01 Transplantation of liver.
Denominator:	ONS mid year estimates of population for primary care trusts, 5 years - 2006-2010
Methodology:	Deaths were extracted from the annual districts deaths database over 5 years and crude rates of liver transplants were constructed using the ONS mid year estimates for respective years.
Further notes:	In the NHS Atlas V2 publication, the numbers of liver tranplants were taken from the UKTR database held by NHS Blood and Transplant between 1 April 2010 and 31 March 2011. All liver transplants, super-urgent liver transplants and regrafts were included, while liver transplants involving a small bowel/ multivisceral transplant were excluded from the cohort. Each transplant recipient was allocated to their SHA of residence based on the postcode of the recpient at the time of transplant.
Produced by:	SEPHO
Date created:	July 2012

7. Rate of organ donation from deceased donors per 1,000,000 population, by SHA, 2011/12

Indicator:	**Organ donation rate**
Statistic:	Crude rate
Time period:	2011/12 financial year
Age group:	All ages
Description:	Number of organ donations from deceased donors per million of population (pmp) by SHA, 2011/12
Data source:	NHS Blood and Transplant
Numerator:	Total Organ donations from deceased donors in 2011/12
Denominator:	ONS mid year estimates of population for strategic health authorities, 2010
Methodology:	The numbers of organ donations were taken from the UKTR database held by NHS Blood and Transplant between 1 April 2011 and 31 March 2012. Crude rates of organ donations were constructed using the ONS mid year estimates of population at 2010.
Source locations:	http://www.organdonation.nhs.uk/ukt/default.jsp
Further notes:	ODT's key role is to ensure that organs donated for transplant are matched and allocated to patients in a fair and unbiased way. ODT manage the UK Transplant Registry which includes details of all donors and patients who are waiting for, or who have received, a transplant. They also audit and analyse the results of all organ transplants in the UK and Republic of Ireland to improve patient care. Data on organ donors and transplant recipients are collected by NHS Blood and Transplant, and data reporting is mandatory under the Human Tissue Act 2004. Therefore data completeness is expected to be 100%.
Produced by:	NHS Blood and Transplant
Date created:	August 2012

8. Rate of liver transplants from deceased donors per 1,000,000 population, by SHA, 2011/12

Indicator:	**Liver transplants**
Statistic:	Crude rate
Time period:	2011/12 financial year
Age group:	All ages
Description:	Number of liver transplants from deceased donors per million of population (pmp) by SHA, 2011/12
Data source:	NHS Blood and Transplant
Numerator:	Number of surgical transplants of the liver from deceased donors
Denominator:	ONS mid year estimates of population for strategic health authorities, 2010
Methodology:	The numbers of liver tranplants were taken from the UKTR database held by NHS Blood and Transplant between 1 April 2011 and 31 March 2012. All liver transplants, super-urgent liver transplants and regrafts were included, while liver transplants involving a small bowel/ multivisceral transplant were excluded from the cohort. Each transplant recipient was allocated to their SHA of residence based on the postcode of the recpient at the time of transplant. Crude rates of liver transplants were constructed using the ONS mid year estimates of population at 2010.
Source locations:	http://www.organdonation.nhs.uk/ukt/default.jsp
Further notes:	ODT's key role is to ensure that organs donated for transplant are matched and allocated to patients in a fair and unbiased way. ODT manage the UK Transplant Registry which includes details of all donors and patients who are waiting for, or who have received, a transplant. They also audit and analyse the results of all organ transplants in the UK and Republic of Ireland to improve patient care. Data on organ donors and transplant recipients are collected by NHS Blood and Transplant, and data reporting is mandatory under the Human Tissue Act 2004. Therefore data completeness is expected to be 100%.
Produced by:	NHS Blood and Transplant
Date created:	August 2012

9. Rate of alcohol related admissions per 100,000 population, by PCT, 2011/12

Indicator:	**Alcohol-related admissions**
Statistic:	Directly age standardised rate (DSR)
Time period:	2011/12
Age group:	All ages
Description:	Rate of alcohol-related admissions per 100,000 population (EASR), by Primary Care Organisation
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Coding scheme:	ICD 10
Codes used:	Details of the conditions and associated proportions can be found in the report Jones et al. (2008) Alcohol-attributable fractions for England: Alcohol-attributable mortality and hospital admissions.
Numerator:	Admissions to hospital where the primary diagnosis or any of the secondary diagnoses contain an alcohol-attributable condition for the year 2011/12. Children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the alcohol attributable fraction equalled one, meaning that alcohol consumption was the sole cause in all cases. For other conditions, the alcohol-attributable fraction estimates were not available for children.
Denominator:	ONS mid year estimates of population, 2011
Methodology:	Hospital admissions for alcohol attributable conditions are a combination of those conditions that are directly attributable to alcohol (alcohol-specific conditions) for which each admission is counted, and those conditions that are partially attributable to alcohol (alcohol-related conditions) or which a proportion of each admission is counted. Admissions for these conditions were aggregated and directly age standardised.
Source locations:	http://www.lape.org.uk/natind.html
Further notes:	Further technical documentation on atributable codes and methods can be found at: http://www.lape.org.uk/NI39Technical_Dec2008.pdf http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Produced by:	North West Public Health Observatory (NWPHO)
Date created:	Published: October 2012

10. Rate of alcohol specific admissions in people aged under 18 years per 100,000 population, by PCT, 2008/09-2010/11

Indicator:	**Alcohol specific admissions <18 years**
Statistic:	Crude rate
Time period:	Three financial years 2008/09 to 2010/11 (pooled).
Age group:	Under 18 Years
Description:	Persons aged under 18 years, resident in the area, admitted to hospital where the primary diagnosis or any of the secondary diagnoses contain one of the listed conditions specific to alcohol misuse (alcohol-specific admissions, alcohol-attributable fraction, AFF, of one, Table 1) for years 2008/09, 2009/10 & 2010/11.
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Number of persons admitted to hospital due to alcohol-specific conditions aged under 18 years
Denominator:	Mid-year population estimates (2008, 2009, 2010) for 0-17 year olds.
Methodology:	Calculate crude rates by: – aggregating alcohol-specific admissions above by area of residence. – aggregating under 18 mid-year population estimates for each area. Crude rates per 100,000 were calculated using the following formula: (a/b) x 100,000 Where: a= number of alcohol-specific person based admissions (under 18 years old) and b= ONS population estimate aged under 18 years.
Source locations:	http://www.lape.org.uk/data.html
Further notes:	For alcohol specific conditions see - Table 1. in Local Alcohol Profiles for England, 2011, User Guide. Verson 1. August 2011 (NWPHO). More detailed methodology can be found here: http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Produced by:	North West Public Health Observatory (NWPHO)
Date created:	Published: October 2012

11. Rate of alcohol specific admissions in males per 100,000 population, by PCT, 2010/11

Indicator:	**Alcohol specific admissions - males - all ages**
Statistic:	Crude rate
Time period:	Three financial years 2008/09 to 2010/11 (pooled).
Age group:	All ages
Description:	Males, all ages, resident in the area, admitted to hospital where the primary diagnosis or any of the secondary diagnoses contain one of the listed conditions specific to alcohol misuse (alcohol-attributable admissions, alcohol-attributable fraction, AFF, of one, Table 1) for years 2008/09, 2009/10 & 2010/11.
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Number of males admitted to hospital due to alcohol-specific conditionsall ages
Denominator:	Mid-year population estimates (2008, 2009, 2010) for males, all ages.
Methodology:	Calculate crude rates by: – aggregating alcohol-specific admissions above by area of residence. – aggregating male, all age mid-year population estimates for each area. Crude rates per 100,000 were calculated using the following formula: (a/b) x 100,000 Where: a= number of alcohol-specific male admissions and b= ONS population estimate males, all ages.
Source locations:	http://www.lape.org.uk/data.html
Further notes:	For alcohol specific conditions see - Table 1. in Local Alcohol Profiles for England, 2011, User Guide. Verson 1. August 2011 (NWPHO). More detailed methodology can be found here: http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
Produced by:	North West Public Health Observatory (NWPHO)
Date created:	Published: October 2012

12. Annual dose equivalent of thiamine (100 mg equivalent) per 1,000 population, by PCT, 2011/12

Indicator:	**Prescription rate for Thiamine**
Statistic:	Crude rate
Time period:	Financial Year - 2011/12
Age group:	All ages
Description:	Estimated annual dose equivalent of thiamine (100mg equivalent) per population
Data source:	Numerator - ePACT, NHS Business Services Authority Denominator - NHS comparators - practice populations, The Health and Social Care Information Centre
Numerator:	Number of Thiamine (100 mg equivalent) daily doses in one year (prescription items x quantity prescribed) for each PCT divided by an estimated annual dose
Denominator:	Aggregate practice populations for each PCT - 2011/12
Methodology:	(1) Obtain number of thiamine prescriptions (items x quantity) in each PCT and convert to annual equivalent dose by dividing the items x quantity by estimated annual dose for 100mg equivalent of the drug (2) Obtain aggregate practice populations for each PCT (3) Divide the annual equivalent dose of the drug by the total population per 1000 for each PCT.
Source locations:	Prescribing data is published on the NHS Information centre website. http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions
Further notes:	This method has some key assumptions: Assumes a prescription is for liver disease/alcoholism (may be unrelated) and average stage of disease in patients is similar (eg. requires average 365 tablets per year to treat) Assumes prescription dosage advice provided locally is similar to the estimated annual dose used here (ie. there may be local variation) Assumes patients are being treated over the full year and patient adherence is good/wastage is low Assumes single primary care source of prescriptions for these patients (e.g. joint prescribing with specialist centres and drugs dispensed on site not taken into account)
Produced by:	SEPHO and NHS Information Centre
Date created:	October 2012

13. Annual dose equivalent of spironolactone (100 mg equivalent) per 1,000 population, by PCT, 2011/12

Indicator:	**Prescription rate for Spironolactone**
Statistic:	Crude rate
Time period:	Financial Year - 2011/12
Age group:	All ages
Description:	Estimated annual dose equivalents of primary care prescribing for spironolactone (100mg equivalent) per population
Data source:	Numerator - ePACT, NHS Business Services Authority Denominator - NHS comparators - practice populations, The Health and Social Care Information Centre
Numerator:	Number of spironolactone (100 mg equivalent) daily doses in one year (prescription items x quantity prescribed) for each PCT divided by an estimated annual dose
Denominator:	Aggregate practice populations for each PCT - 2011/12
Methodology:	(1) Obtain number of spironolactone prescriptions (items x quantity) in each PCT and convert to annual dose equivalents by dividing the items x quantity by estimated annual dose for 100mg equivalent of the drug (2) Obtain aggregate practice populations for each PCT (3) Divide the annual dose equivalents taking the drug by the total population /1000 for each PCT.
Source locations:	Prescribing data is published on the NHS Information centre website. http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions
Further notes:	This method has some key assumptions: Assumes a prescription is for liver disease/alcoholism (may be unrelated) and average stage of disease in patients is similar (eg. requires average 365 tablets per year to treat) Assumes prescription dosage advice provided locally is similar to the estimated annual dose used here (ie. there may be local variation) Assumes patients are being treated over the full year and patient adherence is good/wastage is low Assumes single primary care source of prescriptions for these patients (e.g. joint prescribing with specialist centres and drugs dispensed on site not taken into account)
Produced by:	SEPHO
Date created:	October 2012

14. Annual dose equivalent of acamprosate (333mg equivalent) or disulfiram (200 mg equivalent) per 1,000 population, by PCT, 2011/12

Indicator:	**Prescription rate for Acamprosate or Disulfiram**
Statistic:	Crude rate
Time period:	Financial Year - 2011/12
Age group:	All ages
Description:	Estimated annual dose equivalents of primary care prescribing for acamprosate (333mg equivalent) or disulfiram (200 mg equivalent) per population
Data source:	Numerator - ePACT, NHS Business Services Authority Denominator - NHS comparators - practice populations, The Health and Social Care Information Centre
Numerator:	Number of acamprosate (333mg equivalent) or disulfiram (200 mg equivalent) daily doses in one year (prescription items x quantity prescribed) for each PCT divided by an estimated annual dose for each drug
Denominator:	Aggregate practice populations for each PCT - 2011/12
Methodology:	(1) Obtain number of acamprosate or disulfiram prescriptions (items x quantity) in each PCT and convert to annual dose equivalents by dividing the items x quantity by the estimated annual dose for 333mg or 200mg equivalent of each drug respectively (2) Obtain aggregate practice populations for each PCT (3) Divide the annual dose equivalents taking the drug by the total population /1000 for each PCT.
Source locations:	Prescribing data is published on the NHS Information centre website. http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions
Further notes:	This method has some key assumptions: Assumes a prescription is for liver disease/alcoholism (may be unrelated) and average stage of disease in patients is similar (eg. requires average 365 tablets per year to treat) Assumes prescription dosage advice provided locally is similar to the estimated annual dose used here (ie. there may be local variation) Assumes patients are being treated over the full year and patient adherence is good/wastage is low Assumes single primary care source of prescriptions for these patients (e.g. joint prescribing with specialist centres and drugs dispensed on site not taken into account)
Produced by:	SEPHO
Date created:	October 2012

15. Proportion (%) of women receiving antenatal care who are screened positive for hepatitis B, by region, 2011

Indicator:	**Proportion of antenatal women screened positive for Hepatitis B**
Statistic:	Percentage
Time period:	2011
Age group:	Women of child-bearing age
Description:	Antenatal screening - % of screened women who are Hepatitis B positive
Data source:	Annual Report NHS IDPS Screening Programme January 2010 – March 2011
Numerator:	Number of women who tested positive for Hepatitis B at antenatal screening
Denominator:	Number of women who received antenatal screening/tested for Hepatitis B
Methodology:	Number of women who tested positive for Hepatitis B at antenatal screening divided by the number of women who received antenatal screening/tested for Hepatitis B, expressed as a percentage.
Source locations:	http://www.screening.nhs.uk/hepatitisb http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4066191.pdf http://infectiousdiseases.screening.nhs.uk/publications http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1245581538007
Further notes:	Although there has been improvement in the quality of data collected since 2004, problems still remain. Some data are missing due to poor IT systems. Other limitations that may affect data include: some laboratories unable to identify antenatal samples, double counting repeat tests, and non-inclusion of women who present and are booked and offered screening in labour or the postnatal period.
Produced by:	NHS IDPS Secreening Programme
Date created:	April 2011 to March 2012

16. Percentage of hepatitis B vaccination coverage in new prison receptions aged 18 years or older, by responsible PCT, 2011/12

Indicator:	**Hepatitis B vaccination coverage in prisoners**
Statistic:	Percentage
Time period:	2011/12
Age group:	18 years plus
Description:	Hepatitis B vaccination coverage (%) in new prisoners aged 18 years plus
Data source:	Prison Health Performance and Quality Indicators, NHS South West
Numerator:	Number of adult new prisoners who were offered and accepted Hepatitis B vaccination who were not already vaccinated plus those who were already vaccination.
Denominator:	New receptions in prison
Methodology:	Number of adult new prisoners who were offered and accepted Hepatitis B vaccination who were not already vaccinated plus those who were already vaccination, divided by new receptions in prison, expressed as a percentage.
Source locations:	Health Protection Agency Website - http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrisonInfectionPreventionTeam/PrisonHepBVaccAndHepCTestingProgramme/#Participating_in_Hepatitis_B_Vaccination_Monitoring Most recent reported data: Quarter 3 - 2011/12
Further notes:	Data published as "Preliminary" - query time lag before final data available. Data were originally collected by the HPA PIP team - but responsibility was passed to the NHS on 1st April 2010.
Produced by:	NHS South West and Published by Health Protection Agency
Date created:	2012

17. Percentage of infants immunised for hepatitis B by their 1st birthday born to mothers with persistent Hepatitis B infection, by PCT, 2011/12

Indicator:	**Hepatitis B vaccination rates in infants**
Statistic:	Percentage
Time period:	Financial Year - 2011/12
Age group:	1 year olds (at the 1st birthday)
Description:	Hepatitis B vaccination coverage (%), persons aged 1
Data source:	COVER and Health Protection Agency
Numerator:	Number of children at age one year who have received the complete course of hepatitis B vaccine within each reporting area (at present PCT responsible population), where mothers were HBsAg positive in pregnancy (Persistent Hep B infection).
Denominator:	Total number of children reaching their first birthday during the specified evaluation period with maternal HBsAg positive status.
Methodology:	Number of children receiving a complete course of hepatitis B vaccine divided by the eligible population expressed as a percentage.
Source locations:	Immunisation coverage data on the childhood immunisation programme for DTaP/IPV/Hib, MenC, PCV, Hib/MenC, PCV booster, MMR and hepatitis B "at risk" are published quarterly by the Health Protection Agency: http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1204031507699 NHS Information Centre also publishes immunisation data, including annual reports: http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&q=immunisation&sort=Relevance&size=10&page=1&area=both#top
Further notes:	The figures presented have been reported by Trusts through the COVER programme programme, but many trusts are unable to provide valid data on the denominator of children at risk and/or the numerator vaccinated with three doses by 12 months of age. These data quality issues coupled with the fact that 41 PCTs did not have complete data, means this dataset is still experimental and any conclusions drawn should be treated with caution.
Produced by:	Health Protection Agency and Information Centre Websites
Date created:	October 2012

18. Rate of laboratory reports for confirmed hepatitis C per 100,000 population, by region, 2011

Indicator:	**Hepatitis C testing postive**
Statistic:	Crude rate
Time period:	2011
Age group:	All ages
Description:	Laboratory reports of confirmed hepatitis C per population
Data source:	Numerator - Laboratory reports from Health Protection Agency Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Laboratory reports of confirmed hepatitis C, either current infection or resolved
Denominator:	Mid-year population estimates for all ages in 2010
Methodology:	Total number of laboratory reports of confirmed hepatitis C by England region divided by region population per 100,000.
Source locations:	Health Protection Agency publishes national report andreports by Region - link below are for UK (Sections by country), North West and London reports: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1309969906418 http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317131478440 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1296687771656 Laboratory Reporting to the HPS HPA Colindale http://www.hpa.org.uk/ProductsServices/InfectiousDiseases/ServicesActivities/Surveillance/SourcesOfSurveillanceData/survLaboratoryReporting/ http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HepatitisC/EpidemiologicalData/hepcLabAge/
Further notes:	Whilst routine laboratory reports are known to be incomplete, new Health Protection regulations for England now make reporting of important public health infections (including hepatitis C) a statutory obligation on laboratories and this may help to improve the completeness of routine surveillance.
Produced by:	Health Protection Agency
Date created:	September 2012

19. Estimated prevalence of chronic hepatitis C infection in people aged 15 years or older per 100,000 population, by DAT, 2005-2007

Indicator:	**Estimated prevalence of chronic hepatitis C infection**
Statistic:	Crude rate
Time period:	2005-2007
Age group:	Adult (15+)
Description:	Estimated prevalence of chronic hepatitis C per population
Data source:	Health Protection Agency
Numerator:	Estimated number of people aged 15 years or older with chronic hepatitis C infection by DAT
Denominator:	Adult population by DAT
Methodology:	Local estimates of the number of current injecting drug users are derived from estimates produced by the Home Office/NTA at Drug Action Team level. Data on the prevalence of ex-injectors are obtained from household surveys, corrected for under-reporting, and assigned to broad areas. Data on the progression of liver disease in individuals with hepatitis C are highly variable and are affected by co-morbidities, alcohol use, age at infection etc. Population-based progression rates are based on national data that are likely to be more representative of the whole infected population (including those who are asymptomatic). This is likely to produce lower estimates of progression than most estimates from the literature or data from local providers. Local prevalence is based mainly on estimates from national prevalence studies, and therefore infections have largely been acquired through injecting drug use in early adulthood. These studies may therefore under-estimate the disease state for individuals who acquired infection overseas, who may have been infected for longer, who may be infected with particularly virulent strains or who may have co-morbidities that increase the risk of progression. The estimates make no allowance for incident infections since 2005.
Source locations:	Health Protection Agency publishes a HCV national report and reports by Region - links below are for UK, North West and London reports: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135237219 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131478048 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135974202 Commissioning template for estimating HCV prevalence and numbers eligible for treatment by drug action team area: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HepatitisC/EpidemiologicalData/
Further notes:	The model was previously based on PCT populations but the most recent version is based on Drug Action Team areas - to better reflect the organisational changes within the NHS.
Produced by:	Health Protection Agency
Date created:	Various publication dates e.g. UK - July 2012, North West - November 2011, London - August 2012 . HCV commissioning template, 2005

20. Estimated prevalence of opiate and/or crack cocaine use in people aged 15 to 64 years per 1,000 population, by DAT, 2009/10

Indicator:	**Problem drug use**
Statistic:	Crude rate
Time period:	2009/10
Age group:	Age 15-64 years
Description:	Estimated prevalence rate of opiate and/or crack cocaine users per population
Data source:	The Centre for Drug Misuse Research, University of Glasgow, National Drug Evidence Centre, University of Manchester
Numerator:	Estimated number of opiate and/or crack cocaine users aged 16-64 years
Denominator:	Drug Action Team area population aged 16-64 years
Methodology:	Two methods have been used to estimate the local and national prevalence; the capture-recapture method, which was used in 90 out of the 149 DAT areas (60%) to obtain opiate and/or crack use prevalence estimates and the multiple indicator method, which was used in the remaining 59 DAT areas. The capture-recapture method uses information on the overlap between data sources that are available at the local level (i.e. information on the number of individuals appearing in more than one data source) to provide estimates of the size of the hidden population (i.e. opiate and / or crack cocaine users not identified from any data source). The multiple indicator method models the relationship between the prevalence of opiate and / or crack cocaine drug use and readily available indicators such as aggregate numbers of drug users in treatment or committing drug-related crimes in those areas where these prevalence estimates are available. It can therefore provide prevalence estimates for areas where capture-recapture estimates are not available.
Source locations:	http://www.nta.nhs.uk/uploads/prevalencestats2009-10fullreport.pdf Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2009/10: Sweep 6 report. Project team: Gordon Hay[1], Maria Gannon[1], Jane Casey[1], Tim Millar[2]. Produced by: 1- The Centre for Drug Misuse Research, University of Glasgow In collaboration with 2- The National Drug Evidence Centre, University of Manchester
Produced by:	1- The Centre for Drug Misuse Research, University of Glasgow In collaboration with 2- The National Drug Evidence Centre, University of Manchester
Date created:	Published: October 2010

21. Number of drug users that left drug treatment successfully who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment, by local authority, 2010

Indicator:	**Substitute prescribing**
Statistic:	Percentage
Time period:	2010
Age group:	18-75 years
Description:	Number of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment.
Data source:	National Drug Treatment Monitoring System
Numerator:	The number of adults that successfully complete treatment in a year and who do not re-present to treatment within 6 months.
Denominator:	The total number of adults in treatment in a year .
Methodology:	The number of adult drug users that successfully complete drug treatment in a year and who do not re-present to treatment within six months- divided by - The total number of adults in treatment in a year. Expressed as a percentage.
Source locations:	National Drug Treatment Monitoring System https://www.ndtms.net/ NDTMS.net is designed and maintained by the National Drug Evidence Centre at the University of Manchester, on behalf of the National Treatment Agency for Substance Misuse.
Further notes:	Public Health Outcomes Framework Indicator - 2.15
Produced by:	National Drug Treatment Monitoring System
Date created:	Published monthly by the National Treatment Agency for Substance Misuse (NTA) by Drug (and Alcohol) Action Teams (DAATs)

22. Percentage of hepatitis C test uptake among people who inject drugs receiving drug treatment by PCT, 2011/12

Indicator:	**Hepatitis C numbers tested in drug treated clients**
Statistic:	Percentage
Time period:	2010
Age group:	All ages
Description:	Hepatitis C test uptake (%) among adults who inject drugs
Data source:	National Treatment Agency
Numerator:	Number of adults who inject drugs, currently receiving drug treatment who were offered and accepted a Hepatitis C test
Denominator:	Total numbers of adults receiving structured drug treatment
Methodology:	Number of adults receiving drug treatment who were offered and accepted a Hepatitis C test divided by Total numbers of adults receiving drug treatment. Expressed as a percentage.
Source locations:	National Treatment Agency http://www.nta.nhs.uk
Produced by:	National Treatment Agency
Date created:	September 2012

23. Percentage of hepatitis C test uptake among adult new prison receptions, by responsible PCT, 2011/12

Indicator:	**Hepatitis C numbers tested in prisoners**
Statistic:	Percentage
Time period:	2011/12
Age group:	Adult age group
Description:	Hepatitis C test uptake (%) among adult new prisoners.
Data source:	HPA
Numerator:	Number of adults newly received into prison who were offered and accepted a Hepatitis C test
Denominator:	New receptions in prison
Methodology:	Number of adult new prisoners who were offered and accepted a Hepatitis C test divided by new receptions in prison. Expressed as a percentage.
Source locations:	Health Protection Agency publishes quarterly data by SHA area and within SHA by prison for Hep B tesing and vaccination and Hep C testing. http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/PrisonInfectionPreventionTeam/PrisonHepBVaccAndHepCTestingProgramme/#Participating_in_Hepatitis_B_Vaccination_Monitoring
Further notes:	Data published as "Preliminary". Data was originally collected by the HPA PIP team - but responsibility was passed to the NHS on 1st April 2010.
Produced by:	Health Protection Agency
Date created:	September 2012

24. Estimated proportion (%) of people aged 15 years or older with chronic hepatitis C infection expected to access treatment who received treatment, by region, 2006-2008

Indicator:	**Estimated chronic hepatitis C infection treated**
Statistic:	Proportion (%)
Time period:	2006-08
Age group:	Adult (15+)
Description:	Estimated number of people aged 15 years or older with chronic hepatitis C who are expected to be diagnosed, referred and accept therapy that receive treatment
Data source:	Health Protection Agency, Pharmex, Commercial Medicines Unit, DH
Numerator:	Calculated number of people aged 15 years or older with chronic hepatitis C treated for hepatitis C infection by region
Denominator:	Estimated number of people aged 15 years or older with chronic hepatitis C who are expected to be diagnosed, referred and accept therapy by region
Methodology:	Numbers of patients treated for HCV between 2006-2008 (numerator) were estimated using national data on pegylated interferon sold, purchased and dispensed during that period (drug company outlet sales data*; Pharmex data on drugs prescribed***; and IMS Health data on drugs purchased**). Data were used to calculate the number of weeks of treatment based on recommended doses and length of treatment required for different genotypes (and their distribution). Number of weeks dispensed divided by the average number of weeks treatment gave an estimate of the number of patients treated. The denominator is an estimate of the number of individuals aged 15 or older with chronic hepatitis C by region who are diagnosed, referred, eligible and accept therapy††
Source locations:	Commissioning template for estimating HCV prevalence and numbers eligible for treatment by drug action team area: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131861624 Health Protection Agency publishes a HCV national report and reports by Region - links below are for UK, North West and London reports: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135237219 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131478048 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135974202
Further notes:	††Commissioning template for estimating HCV prevalence and numbers eligible for treatment by drug action team area * Sales of Interferon by Roche and Merck, Sharpe & Dohme Ltd, 2006-2008. ** Pharmex data on interferon purchased, 2006-2008 supplied by the Department of Health's Commercial Medicines Unit. ***Interferon dispensing data supplied by IMS Health (source IMS SMC data published February 2009, showing units to hospital outlets, 2006-2008)
Produced by:	Health Protection Agency
Date created:	Various publication dates e.g. UK - July 2012, North West - November 2011, London - August 2012 .

25. Estimated rate of cost to treat people with hepatitis C who did not receive treatment per population by DAT, 2006-2008

Indicator:	**Hepatitis C treatment cost**
Statistic:	Crude rate
Time period:	2006-08
Age group:	Adult (15+)
Description:	Estimated cost to treat infected people aged 15+ not treated for hepatitis C infection per DAT population
Data source:	Health Protection Agency, Pharmex, Commercial Medicines Unit, DH
Numerator:	Cost to treat the calculated number of people aged 15+ not treated for hepatitis C infection by Drug Action Team area
Denominator:	Adult population by DAT
Methodology:	Local estimates of the number of current injecting drug users are derived from estimates produced by the Home Office/NTA at Drug Action Team level. Data on the prevalence of ex-injectors are obtained from household surveys, corrected for under-reporting, and assigned to broad areas. Costs of care are estimated for individuals embarking on and receiving the full cost of treatment based on NICE estimates. Costs of the initial assessment (including assessment, genotyping and biopsies where undertaken) are not included, and costs are not adjusted for individuals who cease treatment early because of lack of response or side effects. Numbers of patients treated for HCV between 2006-2008 were estimated using national data on pegylated interferon sold, purchased and dispensed during that period (drug company outlet sales data*; Pharmex data on drugs prescribed***; and IMS Health data on drugs purchased**).
Source locations:	Health Protection Agency publishes a HCV national report and reports by Region - links below are for UK, North West and London reports: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135237219 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131478048 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135974202
Further notes:	Data on the progression of liver disease in individuals with hepatitis C are highly variable and are affected by co-morbidities, alcohol use, age at infection etc. For the current estimation method, population-based progression rates are based on national data that are likely to be more representative of the whole infected population (including those who are asymptomatic). This is likely to produce lower estimates of progression than most estimates from the literature or data from local providers. The current estimation method is based mainly on estimates from national prevalence studies, and therefore infections have largely been acquired through injecting drug use in early adulthood. These studies may therefore under-estimate the disease state for individuals who acquired infection overseas, who may have been infected for longer, who may be infected with particularly virulent strains or who may have co-morbidities that increase the risk of progression. * Sales of Interferon by Roche and Merck, Sharpe & Dohme Ltd, 2006-2008. ** Pharmex data on interferon purchased, 2006-2008 supplied by the Department of Health's Commercial Medicines Unit. ***Interferon dispensing data supplied by IMS Health (source IMS SMC data published February 2009, showing units to hospital outlets, 2006-2008)
Produced by:	Health Protection Agency
Date created:	Various publication dates e.g. UK - July 2012, North West - November 2011, London - August 2012 .

26. Rate of hospital admissions for hepatitis C-related end-stage liver disease per 100,000 population, by PCT, 2008/09-2010/11

Indicator:	**Hospital admissions for hepatitis C-related end-stage liver disease**
Statistic:	Crude rate
Time period:	Three financial years 2008/09-2010/11
Age group:	All ages
Description:	Hospital admissions for hepatitis C-related end-stage liver disease per population
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Number of people admitted to hospital for hepatitis C-related end-stage liver disease by PCT
Denominator:	Mid-year population estimates for PCT population
Methodology:	Number of persons admitted to hospital with a diagnosis of HCV and ESLD (End Stage Liver Disease) - by PCT - for the years 2008/09 to 2010/11, divided by Mid-year population estimates (2008, 2009, 2010) for total population by PCT - expressed as a rate per 100,000 population.
Source locations:	HPA - Hepatitis C in the UK - 2012 Report http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135237219
Further notes:	ESLD definition used here is: presence of either ascities, bleeding oesophageal varices, hepato-renal syndrome, hepatic encephalopathy, hepatic failure or hepatocellular carcinoma (HCC) It is likely that hepatitis C is under-recorded in hospital episode statistics and so these figures are likely to underestimate true admissions for hepatitis C-related end-stage liver disease.
Produced by:	Health Protection Agency
Date created:	July 2012

27. Rate of mortality from hepatitis C-related end-stage liver disease per 100,000 population, by region, 2008-2010

Indicator:	**Deaths from hepatitis C-related end-stage liver disease**
Statistic:	Crude rate
Time period:	3 years - 2008-2010
Age group:	All ages
Description:	Deaths from hepatitis C-related end-stage liver disease per population
Data source:	Numerator - Number of deaths from HVC-related end-stage liver disease, Office for National Statistics* Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Deaths from hepatitis C-related end-stage liver disease by Government Region
Denominator:	All age Government Region population
Methodology:	Number of deaths from end-stage liver disease, in those with HCV mentioned on their death certificate - years 2008, 2009 and 2010, divided by Mid-year population estimates (2008, 2009, 2010) for total population, expressed as a rate per 100,000 population.
Source locations:	HPA - Hepatitis C in the UK - 2012 Report http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135237219
Further notes:	ESLD definition used here is: presence of ascities, bleeding oesophageal varices, hepato-renal syndrome, hepatic encephalopathy, hepatic failure or hepatocellular carcinoma (HCC) It is likely that hepatitis C is under-recorded on death certificates and so these figures are likely to underestimate true mortality for hepatitis C-related end-stage liver disease. HPA assess that this indicator is best produced by Government Office Region *ONS carried out the original collection and collation of the mortality data but bear no responsibility for their future analysis or interpretation
Produced by:	Health Protection Agency
Date created:	July 2012

28. Percentage of children in school Reception year classified as overweight or obese, by PCT, 2010/11

Indicator:	**Overweight (including obesity) prevalence 4-5 year olds**
Statistic:	Percentage
Time period:	Financial Year - 2010/11
Age group:	Children ages 4-5 years
Description:	Proportion of children aged 4-5 classified as overweight or obese
Data source:	National Child Measurement Programme (NCMP) and National Obesity Observatory (NOO) publication of results.
Numerator:	Number of children aged 4-5 years old classified as overweight or obese.
Denominator:	Number of children aged 4-5 years old included in the survey.
Methodology:	Measured height and weight classified using the 'population monitoring' thresholds of the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight or obese. (In clinical settings the 91st and 98th percentiles tend to be used.)
Source locations:	http://www.noo.org.uk/visualisation/eatlas http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/obesity/national-child-measurement-programme-england-2010-11-school-year
Further notes:	The National Child Measurement Programme annually measures the height and weight of over one million children in Reception and Year 6 in maintained schools in England. The programme began in 2005. It was formerly known as the National Childhood Obesity Dataset and now provides the most robust source of childhood obesity data in England.
Produced by:	NOO
Date created:	June 2012

29. Percentage of children in school year 6 classified as overweight or obese, by PCT, 2010/11

Indicator:	**Overweight (including obesity) prevalence 10-11 year olds**
Statistic:	Percentage
Time period:	Financial Year - 2010/11
Age group:	Children ages 10-11 years
Description:	Proportion of children aged 10-11 classified as overweight or obese
Data source:	National Child Measurement Programme (NCMP) and National Obesity Observatory publication of results.
Numerator:	Number of children aged 10-11 years old classified as overweight or obese.
Denominator:	Number of children aged 10-11 years old included in the survey.
Methodology:	Measured height and weight classified using the 'population monitoring' thresholds of the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight or obese. (In clinical settings the 91st and 98th percentiles tend to be used.)
Source locations:	http://www.noo.org.uk/visualisation/eatlas http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/obesity/national-child-measurement-programme-england-2010-11-school-year
Further notes:	The National Child Measurement Programme annually measures the height and weight of over one million children in Reception and Year 6 in maintained schools in England. The programme began in 2005. It was formerly known as the National Childhood Obesity Dataset and now provides the most robust source of childhood obesity data in England.
Produced by:	NOO
Date created:	June 2012

30. Percentage of estimated adult obesity (BMI ≥ 30 kg/m^2), by PCT, 2006-2008

Indicator:	**Obesity prevalence rate - adults**
Statistic:	Modelled percentage
Time period:	2006-2008
Age group:	Adults (aged 16 and over).
Description:	Estimated proportion of adults classified as overweight or obese
Data source:	National Centre for Social Research estimates based on the Health Survey for England from 2006 to 2008
Numerator:	N/A
Denominator:	N/A
Methodology:	Prevalence estimates were derived by modelling the relationship of obesity outcome (yes/no) to select variables present within the Health Survey for England that were also available at local middle super output area geography. The models were applied to the local area variables to produce initial estimates of the percentage of people locally who were obese. The initial estimates were then adjusted by a scaling factor to ensure agreement with the direct SHA estimates taken from the HSE data in England. Each of the MSOAs were population weighted to aggregate to PCT level value.
Source locations:	http://www.noo.org.uk/visualisation/eatlas http://www.sepho.nhs.uk/NOO/e-Atlas/adult/atlas.html http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
Further notes:	The National Obesity Observatory has produced an e-Atlas reporting the estimated prevalence of adult obesity. The Health Survey for England (HSE) is carried out annually; these estimates are based on HSE data for 2006, 2007 and 2008.
Produced by:	Published by National Centre for Social Research
Date created:	February 2011

31. Rate of cholecystectomies per 100,000 population, by PCT, 2010/11

Indicator:	**Cholecystectomy rate**
Statistic:	Directly age standardised rate (DSR)
Time period:	Financial Year - 2010/11
Age group:	All ages
Description:	Directly standardised rate of Cholecystectomy procedures, per population
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Numbers of episodes of hospital care with a primary procedure code indicating a Cholecystectomy (OPCS4 Codes J181 - J185), (age bands: quinary), persons.
Denominator:	Mid-year population estimates (2010) for population for persons.
Methodology:	Records with the relevant OPCS4 codes for primary procedure were extracted from the HES database. Five year age specific rates (for persons) for cholecystectomy are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of cholecystectomy to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using Byars approximation.
Produced by:	SEPHO
Date created:	July 2012

32. Percentage of elective adult day-case laparoscopic cholecystectomy per all elective cholecystectomies, by PCT, 2010/11

Indicator:	**Day case rates for elective laparoscopic cholecystectomy**
Statistic:	Percentage
Time period:	Financial Year 2010-11
Age group:	Adult patients (>18 years, as defined by Health Resource Group category)
Description:	Evaluation by PCT of rates of elective adult day case laparoscopic cholecystectomy, expressed as a percentage of the total cases undertaken.
Data source:	Hospital Episode Statistics, The Health and Social Care Information Centre
Numerator:	Number of patients undergoing elective laparoscopic cholecystectomy with a length of stay of 0 days and an intended management of daycase.
Denominator:	Total number of patients undegoing elective laparoscopic cholecystectomy
Methodology:	Data extracted from a PCT patient level file using individual patient records and retaining the PCT code. The method of admission selected was elective cases (11, 12 and 13) with a procedure code of J181 or J183 and a secondary procedure code of Y752. The rate was calculated by numerator/denominator x100 to give the percentage of day cases.
Produced by:	CHKS, British Assoication of Day Surgery (BADS)
Date created:	September 2011

33. Rate of Endoscopic retrograde cholangiopancreatography procedures per 100,000 population, by PCT, 2010/11

Indicator:	**ERCP (Endoscopic retrograde cholangiopancreatography) rate**
Statistic:	Directly age standardised rate (DSR)
Time period:	Financial Year - 2010/11
Age group:	All ages
Description:	Directly standardised rate of ERCP procedures where treatment or diagnostic is indicated in the procedure undertaken
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	Numbers of episodes of care in hospital with a code indicating an ERCP treatment or diagnostic procedure (OPCS4 Codes J38 - J44), persons by PCT.
Denominator:	Mid-year population estimates (2010) for population (age bands: quinary) persons by PCT.
Methodology:	Finished episodes of care with the relevant OPCS4 codes for any procedure undertaken during time within hospital were extracted from the HES database. Five year age specific rates (for persons) for ERCP are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of ERCP to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using Byars approximation.
Further notes:	The OPCS4 codes referred to above are those used by BADS in assessing day case surgery rates for ERCP. OPCS4 codes J38-J42 are treatment codes and J43 and J44 are diagnostic codes. All codes were counted reagardless of a diagnostic code also included in treatment care.
Produced by:	SEPHO
Date created:	July 2012

34. Percentage of elective ERCP procecdures performed as day cases, by PCT, 2010/11

Indicator:	**ERCP day case percentage**
Statistic:	Percentage
Time period:	Financial Year - 2010/11
Age group:	All ages
Description:	ERCP day case surgery as a percentage of total elective ERCP surgery
Data source:	Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Numerator:	Numbers of day cases with a procedure code indicating an ERCP treatment or diagnostic (OPCS4 Codes J38 - J44), all ages, persons
Denominator:	Numbers of elective cases (day case and inpatient) with a procedure code indicating an ERCP (OPCS4 Codes J38 - J44), all ages, persons.
Methodology:	Finished episodes of care with the relevant OPCS4 codes for any elective or day case procedure undertaken during time within hospital were extracted from the HES database. Numbers of day cases were divided by total numbers of elective cases (day case and inpatient combined) with a procedure code indicating an ERCP (OPCS4 Codes J38 - J44), expressed as a percentage.
Further notes:	The OPCS4 codes referred to above are those used by BADS in assessing day case surgery rates for ERCP. The data published for this indicator should therefore be consistent with any data published by BADS. BADS guidance and recommendations: http://daysurgeryuk.net/bads/joomla/index.php?option=com_content&view=category&layout=blog&id=47&Itemid=86
Produced by:	SEPHO
Date created:	July 2012

35. Rate of pancreatic cancer mortality in people aged under 75 years per 100,000 population, by PCT, 2008-2010

Indicator:	**Pancreatic cancer mortality**
Statistic:	Directly age standardised rate (DSR)
Time period:	2008-2010
Age group:	Under 75 Years
Description:	Directly age-standardised mortality rate from pancreatic cancer for persons aged under 75
Data source:	Numerator - Annual Districts Deaths database, Office for National Statistics Denominator - Mid year population estimates, Office for National Statistics*
Numerator:	Number of deaths from liver cancer classified by underlying cause of death recorded as ICD10 code C25, registered in the respective calendar years, in people aged under 75.
Denominator:	2001 census based mid-year population estimates (2008 -2010) for population under 75 years for persons.
Methodology:	Records with the relevant ICD-10 codes for underlying cause of death were extracted from annual districts deaths database. Five year age specific rates (for persons) for pancreatic cancer are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of pancreatic cancer to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using Byars approximation. *ONS carried out the original collection and collation of the mortality data but bear no responsibility for their future analysis or interpretation
Produced by:	SEPHO
Date created:	July 2012

36. Rate of admissions to hospital where diagnosis includes paracetamol overdose per 100,000 population, by PCT, 2008/09 - 2010/11

Indicator:	**Paracetamol overdose admissions**
Statistic:	Directly age standardised rate (DSR)
Time period:	Financial Years - 2008/09 - 2010/11
Age group:	All Ages
Description:	Number of admissions with a diagnosis of paracetamol overdose per 100,000 population, persons, all ages, directly standardised rate (European Standard Population).
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - Mid year population estimates, Office for National Statistics
Numerator:	First hospital episodes with a diagnosis of paracetamol overdose (ICD-10 - T39.1) all ages, persons by quinary age bands
Denominator:	Mid-year population estimates (2010) for persons (age bands: quinary) - all ages
Methodology:	Finished admission episodes (epiorder = 1) with the relevant ICD-10 codes for any diagnosis undertaken during time within hospital were extracted from the HES database. Five year age specific rates (for persons) for overdose are calculated by dividing the numerator by the local census based populations. The rate of events that would occur in the standard population is found by multiplying the 5-year age-specific rates of overdose to the age structure of the standard population (in this case, the European standard population). These are summed and divided by the total European standard population to get a single standardised rate. 95% confidence intervals for the age-standardised rates were calculated using Byars approximation.
Further notes:	Indicator based on first non-elective admission episodes in a spell to avoid counting the same people more than once, although individuals may be counted more than once if they are admitted more than once at different times if they take more than one paracetamol overdose.
Produced by:	SEPHO
Date created:	July 2012

37. Rate of mortality from paracetamol poisoning per 100,000 admissions for paracetamol overdose, by SHA, 2008-2010

Indicator:	**Paracetamol overdose mortality**
Statistic:	Crude rate
Time period:	2008, 2009, 2010 (denominator financial years - 2008/09 - 2010/11)
Age group:	All ages
Description:	Crude mortality rate from paracetamol overdose for persons all ages per 100,000 hospital admissions for paracetamol overdose
Data source:	Numerator - Deaths from Office for National Statistics, Office for National Statistics* Denominator - Hospital Episode Statistics, The Health and Social Care Information Centre.
Numerator:	Deaths from Paracetamol Overdose, by cause of death with a reference to Paracetamol or compounds containing Paracetamol persons, all ages, registered in 2008-2010.
Denominator:	First hospital episodes with a diagnosis of paracetamol overdose (ICD-10 - T39.1) all ages, persons, financial years - 2008/09 - 2010/11
Methodology:	ONS used a textual searches of coroners' reports for mentions of compounds containing paracetamol, rather than relying upon ICD10 cause of death coding. These were divided by first hospital episodes with any diagnosis of paracetamol overdose (ICD-10 - T39.1) all ages, persons by quinary age bands, expressed as a crude rate per 100,000.
Further notes:	As an external cause, Paracetamol Overdose would not be classfied as the primary cause of death. *ONS carried out the original collection and collation of the mortality data but bear no responsibility for their future analysis or interpretation
Produced by:	Office of National Statistics & SEPHO
Date created:	August 2012

38. Estimated annual rate of use for ALT tests ordered by GPs per 1,000 practice population, by PCT, 2012

Indicator:	**ALT tests**
Statistic:	Crude rate
Time period:	The data was collected during a 24 day period in May / June 2012 and has been multiplied up to an annual rate
Age group:	All age groups
Description:	The data comprises individiual rows per test per PCT with columns for test rates per 1000 overall population.
Data source:	The data has been gathered under information governance control by DH and Connecting for Health and is only available anonymised and aggregated at PCT level.
Numerator:	Numbers of Laboratory tests per year requested by GPs in primary care
Denominator:	Aggregate populations of GPs within PCT boundaries
Methodology:	The data were extracted from laboratory reports (c 2.5m) and were anonymised at source. The test reporting rates were aggregated by PCTs, multiplied up to annual rates and converted to rates per 1000 patients present in the PCT localities.
Further notes:	The data has been gathered from the live e-Reporting pathology Messaging Implementation Project (PMIP) feed as part of an audit of the data quality within the messages. The data indicates wide variation in test usage. The reason for these are numerous e.g. different clinical practice, variations in test availability either because of local laboratory policty or fundind restrictions.
Produced by:	Dr R Jones (University of Leeds) on behalf of the National Laboratory Medicine Catalogue (NLMC) Governance Board of the Royal College of Surgeons.
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