

Indicator metadata
NHS Atlas of Variation in Healthcare - September 2015
Version 3.0

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Map 1: Mean number of defined daily doses (DDD) of antibiotics prescribed in primary and secondary care per day per 1,000 population by NHS area team, 2013

Indicator:	Antibiotics prescription rate
Statistic:	Rate per 1,000 population per day
Time period:	2013
Age group:	All ages
Description:	The mean number of defined daily doses (DDD) of antibiotics prescribed in primary and secondary care per day per 1,000 population by NHS area team (based on GP of registration), 2013
Data source:	Antibiotic prescribing data in general practice was obtained from the NHS Business Services Authority (NHSBSA) database. Information on antibiotic prescriptions dispensed in the community by out-of-hours prescribers, nurses, dentists and other non-medical prescribers was obtained from the national Prescription Cost Analyses (PCA) dataset. Information on antibiotics used in hospitals was obtained from IMS Health.
Coding scheme used:	Classification of antibiotic use data was based on British National Formulary (BNF) codes and Anatomical Therapeutic Chemical (ATC) classification system. Defined Daily Dose (DDD) was used as a measuring unit http://www.whocc.no/
Numerator:	Total number of Daily Defined Doses of antibiotics prescribed divided by 365
Denominator:	Mid year estimates of AT population, all ages, 2013
Methodology:	Numerator divided by denominator expressed as rate per 1,000 population per day. Data for 2013 was sourced from NHSBSA, PCA and IMS databases. Data was not available from Great Ormond Street Hospital and Weston Area Health Trust. BNF codes were translated into ATC codes. Antibiotics for systemic use (ATC J01) and oral antibiotics to treat C. difficile (ATC P01AB01/A07AA09/A07AA12) were included. Consumption measured in DDD was calculated. Practice- and Trust-level data were aggregated to AT level and DDD per 1000 inhabitants per day calculated by dividing by 365
Source locations:	https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
Further notes:	
Produced by:	Infectious Disease Surveillance and Control, Public Health England
Date created:	September 2014

Map 2: Percentage of all antibiotic prescription items in primary care that are for key antibiotics by CCG, 2013

Indicator:	Proportion of prescription items for key antibiotics
Statistic:	Percentage
Time period:	2013
Age group:	All ages
Description:	The percentage of all antibiotic prescription items in primary care that are for key antibiotics by Clinical Commissioning Group of GP registration, 2013
Data source:	Antibiotic prescribing data in general practice was obtained from the NHS Business Services Authority (NHSBSA) database. Numbers of registered patients at a GP practice by CCG was obtained from The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	Classification of antibiotic use data was based on British National Formulary (BNF) codes and Anatomical Therapeutic Chemical (ATC) classification system.
Numerator:	Number of dispensed antibiotic prescription items for cephalosporins, quinolones and co-amoxiclav prescribed by General Practices within the CCG per 1,000 registered patients
Denominator:	Total number of dispensed antibiotic prescription items (BNF Section 5.1) prescribed by General Practices within the CCG per 1,000 registered patients
Methodology:	Numerator divided by denominator expressed as percentage.
Source locations:	Data for 2013 was sourced from NHSBSA database. Key antibiotics were defined as J01MA Fluoroquinolones, J01CR02 amoxicillin and enzyme inhibitor, J01DB First-generation cephalosporins, J01DC Second-generation cephalosporins, J01DD Third-generation cephalosporins, J01DE Fourth-generation cephalosporins https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
Further notes:	
Produced by:	Infectious Disease Surveillance and Control, Public Health England
Date created:	September 2014

Map 3: Rate of tuberculosis incidence per 100,000 population by upper-tier local authority, 2011-2013

Indicator:	TB incidence
Statistic:	Crude rate per 100,000
Time period:	2011-2013
Age group:	All ages
Description:	The crude rate of tuberculosis incidence per 100,000 population by upper-tier local authority, 2011-2013
Data source:	Numerator: Enhanced Tuberculosis Surveillance System(ETS) and Office for National Statistics Denominator: 2011, 2012 and 2013 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2014.
Coding scheme used:	
Numerator:	Sum of the number of new tuberculosis (TB) cases notified to the Enhanced Tuberculosis Surveillance System (ETS) over a three year time period
Denominator:	Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period
Methodology:	Three year average incidence per 100,000 population. The numerator (the number of TB notifications in the 3 year period) is divided by the denominator (the sum of the mid-year population estimates for the same 3 year period) and multiplied by 100,000.
Source locations:	95% confidence intervals were calculated using a Poisson distribution. https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
Further notes:	
Produced by:	Health Protection, Public Health England
Date created:	May 2015

Map 4: Percentage of people with drug-sensitive tuberculosis who have completed treatment within 12 months of treatment onset by upper-tier local authority, 2012

Indicator:	TB treatment completion
Statistic:	Percentage
Time period:	2012
Age group:	All ages
Description:	The percentage of people with drug-sensitive tuberculosis completing treatment within 12 months of treatment onset by upper-tier local authority, 2012 (exclusions: TB cases with rifampicin resistance or MDR-TB and TB cases with CNS, spinal, miliary or disseminated TB).
Data source:	Public Health England
Coding scheme used:	
Numerator:	Annual number of drug sensitive TB cases who completed a full course of treatment within 12 months of treatment start date notified to Enhanced Tuberculosis Surveillance system (ETS) (exclusions: TB cases with rifampicin resistance or MDR-TB and TB cases with CNS, spinal, miliary or disseminated TB).
Denominator:	Annual number of drug sensitive TB cases notified to Enhanced Tuberculosis Surveillance system (ETS) (exclusions: TB cases with rifampicin resistance or MDR-TB and TB cases with CNS, spinal, miliary or disseminated TB).
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
Further notes:	Data are not presented for local authority areas where the annual number of cases is below 20. Treatment completion data for these local authority areas are excluded from the dataset due to the impact that small changes can have on percentages using small denominators. Please see the supporting indicator (TB incidence rate) which gives information about 3-year average TB incidence rates and 3-year average number of TB cases within each LA area.
Produced by:	Health Protection, Public Health England
Date created:	May 2015

Map 5: Percentage of all people aged 15 years and over newly diagnosed with HIV who had a CD4 count test within one month of diagnosis by CCG, 2011-2013

Indicator:	HIV diagnosed adults with a CD4 count test
Statistic:	Percentage
Time period:	2011-2013
Age group:	15 years and over
Description:	The percentage of all people aged 15 years and over newly diagnosed with HIV who had a CD4 count test within one month of diagnosis by Clinical Commissioning Group of residence, 2011-2013
Data source:	Integrated SOPHID, New HIV Diagnoses and CD4 Surveillance. Public Health England.
Coding scheme used:	
Numerator:	Number of newly diagnosed adults between 2011 and 2013 with a CD4 count test within one month of their diagnosis date.
Denominator:	Number of adults newly diagnosed between 2011 and 2013 with a CD4 count available.
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
	Records from adults (aged 15 years old and over) newly diagnosed between 2011 and 2013 are linked to CD4 laboratory reports from the CD4 surveillance scheme. Date of diagnosis reported in the new diagnosis database is compared to the date of the first CD4 cell count test result to obtain the number of adults who had a CD4 count within 1 month (28 days). All records relating to adults who were newly diagnosed between 2011 and 2013 were used. Adults can have multiple reports of new HIV diagnoses. Linkage using pseudo-anonymised patient identifiers ensures that adults are not over counted. Adults without CD4 count information, inconsistent CD4 information (for instance, adults whose first CD4 count was earlier than two weeks before HIV diagnosis) or a first CD4 count test more than a year after diagnosis were excluded. Adults who died within three months of diagnosis were also excluded. Results with a denominator between 1 and 4 were suppressed. Residence information was collected once diagnosed adults were integrated into HIV care and therefore, about 10% of adults diagnosed in England didn't have residence information available by the end of 2013. First reported residence information was used and it may not be the residence in the year of diagnosis.
Source locations:	https://www.gov.uk/government/statistics/hiv-data-tables
Further notes:	It is noted that at some sites, it is standard practice to use the diagnostic specimen for an initial CD4 count. While this is good clinical practice, the implications are that this indicator may overestimate integration into care. First HIV diagnosis date may be reported through either clinic reports or laboratory reports and may not be the date when clinicians or patients were notified the results.
Produced by:	Infectious Disease Surveillance and Control, Public Health England
Date created:	November 2013

Map 6: Rate of mortality from cancer in people aged under 75 years per 100,000 population by CCG, 2013

Indicator:	Cancer mortality <75 years
Statistic:	Directly age/sex-standardised rate per 100,000
Time period:	2013
Age group:	Under 75 years
Description:	The directly age and sex standardised rate of mortality from cancer in people aged under 75 years per 100,000 population by Clinical Commissioning Group of GP registration, 2013
Data source:	The Health and Social Care Information Centre Indicator Portal. Copyright © 2014, Health and Social Care Information Centre. All Rights Reserved.
Coding scheme used:	ICD10
Numerator:	Death registrations in the calendar year for all England deaths based on GP of registration from the Primary Care Mortality Database (PCMD). Deaths of persons aged under 75 (0 – 74) from cancer (ICD-10 C00-C97) classified by the underlying cause of death registered in the respective calendar year(s). The data used is based on the original cause of death recorded on the death certificate rather than any final amended causes. It is aggregated by age group
Denominator:	Unconstrained GP registered patient counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year. CCG level count of patients age under 75 registered with the constituent GP Practices, extracted from NHAIS (Exeter) Systems.
Methodology:	The indicator is constructed as a directly standardised rate for all persons aged under 75 years using the England population as the reference standard. Numerator data for each sex by ageband group are divided by the denominator population data for each sex by ageband group respectively to give age-specific rates for the area. These sex/age-specific rates are multiplied by the standard population for each group respectively and summed across all groups to give the sex and age-adjusted count for the area. The sex and age-adjusted count is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the sex and age-standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	https://indicators.ic.nhs.uk/webview/ https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_1.9_I00756_S_V4.pdf
Further notes:	Populations used - Office for National Statistics (ONS) mid-year England population estimates for the respective calendar years. If estimates are not available for a specific calendar year, the most recently available estimates are used. Where the indicator is calculated from a numerator of 0, 1 or 2 the value is suppressed to ensure an individual's identity is not at risk of being disclosed. If there is only one value suppressed in this way, the rate based upon the next lowest numerator is also suppressed, reducing the risk of the first suppressed number being identifiable in isolation. Rates are rounded to one decimal place before publication. NHS Outcomes Framework – Domain 1: Preventing people from dying prematurely Improvement area – Reducing deaths in babies and young children. Indicator 1.4
Produced by:	The Health and Social Care Information Centre
Date created:	September 2014

Map 7: Percentage of people aged 15-99 years who survived one year after being diagnosed with any cancer by CCG, 2012 followed up to 2013

Indicator:	Cancer one-year survival
Statistic:	Net survival percentage
Time period:	2012 followed up to 2013
Age group:	15-99 years
Description:	The percentage of people aged 15-99 years surviving one year after being diagnosed with any cancer (adjusted for age, sex, mix of cancers and background mortality) by Clinical Commissioning Group of residence, 2012 followed up to 2013
Data source:	Data were obtained from the National Cancer Registry at the Office for National Statistics (ONS), which has collated data from regional cancer registries covering the entire population of England since the 1960s. Each year, more than 270,000 patients are newly diagnosed with cancer in England. The National Health Service Central Register routinely updates these individual cancer records with information on each patient's vital status (alive, emigrated, dead or not traced). Data were extracted from the National Cancer Registry on 2 July 2013 for patients diagnosed during 1996–2011: the vital status at 31 December 2012 was known for 99 per cent of these patients.
Coding scheme used:	Cancers were defined by anatomic site codes in the International Classification of Diseases, Tenth Revision (ICD-10) and by morphology and behaviour codes in the International Classification of Diseases for Oncology, Second Edition (ICD-O-2)
Numerator:	The estimate of those alive from the denominator, standardised as per the methodology.
Denominator:	The number of new cancers diagnosed in 2011.
Methodology:	All adults (15–99 years) who were diagnosed with a first, primary, invasive malignancy were eligible for inclusion. Patients diagnosed with malignancy of the skin other than melanoma were excluded. Cancer of the prostate was also excluded from the index, because the widespread introduction of prostate-specific antigen (PSA) testing since the early 1990s has led to difficulty in the interpretation of survival trends. Net survival in a population of cancer patients is their survival from the cancer of interest after adjustment for other causes of death. Net survival was estimated at one year after diagnosis for each cancer, each sex and each year or period of diagnosis, with an excess hazard model in which the all-cause mortality is modelled as the sum of the excess (cancer-related) mortality hazard and the expected (or background) mortality. The background mortality is defined by life tables from the general population. This approach enables population-level cancer survival to be estimated in the absence of detailed data on the cause of death. To obtain an unbiased estimation of net survival, age needs to be carefully modelled to account for the informative censoring associated with age. We used flexible parametric models with age and year of diagnosis as main effects and an interaction between age and year of diagnosis. We also examined interactions between year and follow-up time and between age and follow-up time to deal with potential non-proportionality of the excess hazards over time since diagnosis. The Akaike Information Criterion (AIC) was used to select the best-fitting statistical model, by testing the relative goodness of fit.
Source locations:	http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-331274
Further notes:	When the data for this report were extracted for analysis on 2 July 2013, cancer registrations for 2011 were believed to be at least 98% complete, and each patient's vital status at 31 December 2012 was known for 99% of cancers registered during the period 2007–2011. As in other countries, cancer registration is a dynamic process: a small number of late registrations may arrive up to five years after the end of a given calendar year, whereas other registrations may be amended or deleted. The figure of 98% completeness is based on the average number of cases for the three previous years (2008–2010), including late registrations received after publication of the data for those years.
Produced by:	Office for National Statistics and London School of Hygiene and Tropical Medicine
Date created:	December 2013

Map 8: Percentage of people aged 15-99 years who survived one year after being diagnosed with breast, lung or colorectal cancer by CCG, 2012 followed up to 2013

Indicator:	Breast, lung and colorectal cancer one-year survival
Statistic:	Net survival percentage
Time period:	2012 followed up to 2013
Age group:	15-99 years
Description:	The percentage of people aged 15-99 years surviving one year after being diagnosed with breast, lung or colorectal cancer (adjusted for age, sex, mix of cancers and background mortality) by Clinical Commissioning Group of residence, 2012 followed up to 2013
Data source:	Data were obtained from the National Cancer Registry at the Office for National Statistics (ONS), which has collated data from regional cancer registries covering the entire population of England since the 1960s. Each year, more than 270,000 patients are newly diagnosed with cancer in England. The National Health Service Central Register routinely updates these individual cancer records with information on each patient's vital status (alive, emigrated, dead or not traced). Data were extracted from the National Cancer Registry on 2 July 2013 for patients diagnosed during 1996–2011: the vital status at 31 December 2012 was known for 99 per cent of these patients.
Coding scheme used:	Cancers were defined by anatomic site codes in the International Classification of Diseases, Tenth Revision (ICD-10) and by morphology and behaviour codes in the International Classification of Diseases for Oncology, Second Edition (ICD-O-2)
Numerator:	The estimate of those alive from the denominator, standardised as per the methodology.
Denominator:	The number of new cancers of breast (female), colorectal and lung diagnosed in 2011.
Methodology:	<p>Net survival in a population of cancer patients is their survival from the cancer of interest after adjustment for other causes of death. Net survival was estimated at one year after diagnosis for each cancer, each sex and each year or period of diagnosis, with an excess hazard model in which the all-cause mortality is modelled as the sum of the excess (cancer-related) mortality hazard and the expected (or background) mortality. The background mortality is defined by life tables from the general population. This approach enables population-level cancer survival to be estimated in the absence of detailed data on the cause of death. To obtain an unbiased estimation of net survival, age needs to be carefully modelled to account for the informative censoring associated with age. We used flexible parametric models with age and year of diagnosis as main effects and an interaction between age and year of diagnosis. We also examined interactions between year and follow-up time and between age and follow-up time to deal with potential non-proportionality of the excess hazards over time since diagnosis. The Akaike Information Criterion (AIC) was used to select the best-fitting statistical model, by testing the relative goodness of fit.</p> <p>Net survival was initially estimated at one year after diagnosis for cancers of the breast (women), colon and rectum combined, and lung. In all, 1,296,483 patients were diagnosed with these cancers, constituting 51 per cent of all patients included in analyses. Survival for all other cancers combined was estimated as a single category. For each CCG and sex, net survival was estimated for each of five age groups at diagnosis (15–44, 45–54, 55–64, 65–74 and 75–99 years) and each calendar year, using a model that included age and year of diagnosis. The survival index was then constructed as a weighted average of the net survival estimates for each type of cancer, each sex and each age group.</p>
Source locations:	http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-331274
Further notes:	When the data for this report were extracted for analysis on 2 July 2013, cancer registrations for 2011 were believed to be at least 98% complete, and each patient's vital status at 31 December 2012 was known for 99% of cancers registered during the period 2007–2011. As in other countries, cancer registration is a dynamic process: a small number of late registrations may arrive up to five years after the end of a given calendar year, whereas other registrations may be amended or deleted. The figure of 98% completeness is based on the average number of cases for the three previous years (2008–2010), including late registrations received after publication of the data for those years.
Produced by:	Office for National Statistics and London School of Hygiene and Tropical Medicine
Date created:	December 2013

Map 9A: Rate of colonoscopy procedures and flexisigmoidoscopy procedures per 10,000 population by CCG, 2012/13

Indicator:	Colonoscopy and flexi-sigmoidoscopy
Statistic:	Indirectly age/sex/deprivation standardised rate per 10,000
Time period:	2012/13
Age group:	All ages
Description:	The indirectly age, sex and deprivation standardised rate of colonoscopy procedures and flexisigmoidoscopy procedures per 10,000 population by Clinical Commissioning Group of GP registration, 2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator: GP practice registered populations from Exeter (NHAIS) system, The Health and Social Care Information Centre. Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	OPCS4
Numerator:	Number of Finished Consultant Episodes (FCEs) and Outpatient appointments with a mention of colonoscopy (defined by OPCS4 codes H20-H22 and G79-G80 except G80.2 unless with Y51.3), OR a mention of flexible sigmoidoscopy (defined by OPCS4 codes H23-H25) in the main or any secondary operation codes.
Denominator:	CCG registered population aggregated up from GP practice populations at July 2014, Exeter (NHAIS) system
Methodology:	Rates are indirectly standardised for sex, 5-year age bands and Index of Multiple Deprivation quintiles (IMD, overall score for all domains), by CCG of registered GP Practice. Registered population estimates were extracted from Exeter (NHAIS) system. Standardisation methodology adjusts rates according to a comparison of the actual number of cases (O - observed) with estimates based on national rates applied to the local registered population (E - expected). The ratio of O/E is then applied to the national rate and multiplied by 10,000.
Source locations:	http://www.hscic.gov.uk/hes
Further notes:	
Produced by:	NHS England
Date created:	September 2014

Map 9B: Ratio of colonoscopy procedures to flexisigmoidoscopy procedures by CCG, 2012/13

Indicator:	Colonoscopy to flexi-sigmoidoscopy ratio
Statistic:	Ratio
Time period:	2012/13
Age group:	All ages
Description:	The ratio of the number of colonoscopy procedures to the number of flexisigmoidoscopy procedures by Clinical Commissioning Group of GP registration, 2012/13
Data source:	Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	OPCS4
Numerator:	Number of Finished Consultant Episodes (FCEs) and Outpatient appointments with a mention of colonoscopy (defined by OPCS4 codes H20-H22 and G79-G80 except G80.2 unless with Y51.3) in the main or any secondary operation codes.
Denominator:	Number of Finished Consultant Episodes (FCEs) and Outpatient appointments with a mention of flexible sigmoidoscopy (defined by OPCS4 codes H23-H25) in the main or any secondary operation codes.
Methodology:	Numerator divided by denominator 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes
Further notes:	
Produced by:	NHS England
Date created:	September 2014

Map 10: Rate of computed tomography (CT) colonoscopy procedures per 10,000 population by CCG, 2013/14

Indicator:	CT colonoscopy activity
Statistic:	Indirectly age/sex/deprivation standardised rate per 10,000
Time period:	2013/14
Age group:	All ages
Description:	The indirectly age, sex and deprivation standardised rate of computed tomography (CT) colonoscopy procedures per 10,000 population by Clinical Commissioning Group of GP registration, 2013/14
Data source:	Numerator: Diagnostic Imaging Dataset (DID), The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator: GP practice registered populations from Exeter (NHAI) system, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	SNOMED
Numerator:	Number of computerised tomography (CT) virtual Colonoscopy procedures defined by SNOMED codes 'Virtual computed tomography Colonoscopy (procedure) (418714002)' or 'Virtual CT Colonoscopy (procedure) (184911000000102)'
Denominator:	CCG registered population aggregated up from GP practice populations at July 2014, Exeter (NHAI) system
Methodology:	Rates are indirectly standardised for sex, 5-year age bands and Index of Multiple Deprivation quintiles (IMD, overall score for all domains), by CCG of registered GP Practice. Standardisation methodology adjusts rates according to a comparison of the actual number of cases (O - observed) with estimates based on national rates applied to the local registered population (E - expected). The ratio of O/E is then applied to the national rate and multiplied by 10,000.
Source locations:	http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/ http://www.hscic.gov.uk/searchcatalogue?productid=15073&topics=2%2fPrimary+care+services%2fGeneral+practice%2fGP+registered+population&sort=Relevance&size=10&page=1#top
Further notes:	3918 (7%) of all CT Colonoscopy procedures performed in 2013/14 were unassigned to any CCG and are missing from the CCG numerators.
Produced by:	NHS England
Date created:	September 2014

Map 11: Rate of barium enema procedures per 100,000 population by CCG, 2013/14

Indicator:	Barium enema activity
Statistic:	Crude rate per 100,000
Time period:	2013/14
Age group:	All ages
Description:	The crude rate of barium enema procedures per 100,000 population by Clinical Commissioning Group of GP registration, 2013/14
Data source:	Numerator: DM01 Diagnostics Waiting time and Activity return, Unify2 data collection, NHS England Denominator: GP practice registered populations from Exeter (NHAIS) system, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	SNOMED
Numerator:	Number of Barium Enema procedures defined by SNOMED codes 'Barium enema (procedure) (168836005)' or 'Small bowel barium enema (procedure) (241162004)'.
Denominator:	CCG registered population aggregated up from GP practice populations at October 2013, Exeter (NHAIS) system
Methodology:	Numerator divided by denominator expressed as a rate per 100,000 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/ http://www.hscic.gov.uk/searchcatalogue?productid=12549&topics=2%2fPrimary+care+services%2fGeneral+practice%2fGP+registered+population&sort=Relevance&size=10&page=1#top
Further notes:	An alternative source of the Barium Enema procedure count is the Diagnostic Imaging Dataset (DID) from, The Health and Social Care Information Centre. The DID data has age, sex and LSOA fields which would have enabled standardisation, however the coverage was poor with many procedures performed with unknown CCG (England 2013/14 procedure count; DID=21,605 vs DM01=37,351). http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/
Produced by:	NHS England
Date created:	September 2014

Map 12: Percentage of all cancer diagnoses that were made at stage 1 or stage 2 by CCG, 2013

Indicator:	Cancer early detection
Statistic:	Percentage
Time period:	2013
Age group:	0-99 years
Description:	The percentage of all cancer diagnoses that were made at stage 1 or stage 2 by Clinical Commissioning Group of residence, 2013
Data source:	Data provided by the NCIN extracted from the Cancer Analysis System (CAS). The CAS contains a fully signed off extract of staging data from cancer registrations supplied by the National Cancer Registration Service.
Coding scheme used:	The percentage of new cases of cancer which were diagnosed at stage 1 or 2 for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast (C50), prostate (C61), colorectal (C18, C19, C20), lung (C34), bladder(C67), kidney (C64), ovary (C56), uterus (C54), non-Hodgkin lymphoma (C82, C83, C84, C85) and invasive melanomas of skin (C43), given by CCG.
Numerator:	Of cases of cancer in the denominator, the number diagnosed at stage 1 or 2.
Denominator:	The number of new cases of cancer diagnosed during the respective year, at any stage or unknown stage, for the specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphoma and invasive melanomas of skin.
Methodology:	Unstandardized proportion calculated by dividing the numerator by the denominator
Source locations:	https://www.cancertoolkit.co.uk/Home/PublicUsers
Further notes:	
Produced by:	National Cancer Intelligence Network, Public Health England
Date created:	August 2015

Map 13: Percentage of new cases of colorectal cancer that were diagnosed at stage 1 or stage 2 by CCG, 2013

Indicator:	Colorectal cancer early detection
Statistic:	Percentage
Time period:	2013
Age group:	0-99 years
Description:	The percentage of new cases of colorectal cancer in people aged 0-99 years that were diagnosed at stage 1 or stage 2 by Clinical Commissioning Group of residence, 2013
Data source:	Data provided by the NCIN extracted from the Cancer Analysis System (CAS). The CAS contains a fully signed off extract of staging data from cancer registrations supplied by the National Cancer Registration Service.
Coding scheme used:	The percentage of new cases of colorectal cancer (C18, C19, C20) which were diagnosed at stage 1 or 2 , given by CCG.
Numerator:	Of cases of cancer in the denominator, the number diagnosed at stage 1 or 2.
Denominator:	The number of new cases of colorectal cancer diagnosed during the respective year, at any stage or unknown stage.
Methodology:	Unstandardized proportion calculated by dividing the numerator by the denominator
Source locations:	https://www.cancertoolkit.co.uk/Home/PublicUsers
Further notes:	
Produced by:	National Cancer Intelligence Network, Public Health England
Date created:	August 2015

Map 14: Rate of epilepsy emergency admissions to hospital in people aged 18 years and over per 100,000 population by CCG, 2012/13

Indicator:	Epilepsy emergency admissions in adults
Statistic:	Directly age/sex-standardised rate per 100,000
Time period:	2012/13
Age group:	18 years and over
Description:	The directly age and sex standardised rate of emergency admission to hospital with a primary diagnosis of epilepsy in persons aged 18 years and over per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator: 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	Number of emergency admissions (admission method 21,22,23,24 or 28) with a primary diagnosis of epilepsy (ICD10 G400-G412, G418-G419, R568)
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for all persons and aged 18 years and over using the 2013 European population as the reference standard. Numerator data for each sex by ageband group are divided by the denominator population data for each sex by ageband group respectively to give age-specific rates for the area. These sex/age-specific rates are multiplied by the standard population for each group respectively and summed across all groups to give the sex and age-adjusted count for the area. The sex and age-adjusted count of admissions is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the sex and age-standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	December 2014

Map 15: Percentage of people with epilepsy aged 18 years and over on GP epilepsy registers who have been seizure-free for the preceding 12 months by CCG, 2013/14

Indicator:	Seizure-free epilepsy
Statistic:	Percentage
Time period:	Position at end of June 2014
Age group:	18 years and over
Description:	The percentage of persons aged 18 years and over receiving drug treatment for epilepsy recorded on practice register who have been seizure free in the preceding 12 months by Clinical Commissioning Group of GP registration, 2013/14. Quality and Outcomes Framework indicator EP002 (Formerly EPILEP08).
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	The number of patients aged 18 years or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months.
Denominator:	The number of people aged 18 years and over receiving drug treatment for epilepsy recorded on practice register including exceptions.
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	The calculation has used the actual numbers published by HSCIC for both numerator and denominator. Note that the HSCIC calculation for "Percentage of patients receiving intervention" uses a modified denominator in 36 CCG cases. A confidence interval is a range of values that is used to quantify the imprecision in the estimate of a particular indicator. Specifically it quantifies the imprecision that results from random variation in the measurement of the indicator. A wider confidence interval shows that the indicator value presented is likely to be a less precise estimate of the true underlying value.
Produced by:	Neurology Intelligence Network, Public Health England
Date created:	October/November 2014

Map 16: Rate of years of life lost (YLLs) in people aged under 75 years due to mortality from chronic liver disease including cirrhosis per 10,000 population by lower-tier local authority, 2010-2012

Indicator:	Chronic liver disease YLL
Statistic:	Directly age-standardised rate per 10,000
Time period:	2010-2012
Age group:	0-74 years
Description:	The directly age-standardised rate of years of life lost (YLLs) per 10,000 population in people aged under 75 years due to mortality from chronic liver disease including cirrhosis by lower-tier local authority, 2010-2012
Data source:	The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Numerator and denominator originally sourced from the Office for National Statistics (ONS)
Coding scheme used:	
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
Denominator:	2011 Census rebased mid-year population estimates for 2010, 2011 Census based mid-year population estimates for 2011 and 2012
Methodology:	Rates are calculated using the 2013 European Standard Population (ESP). Data are based on the latest revisions of ONS population estimates for the respective years. Data are based on the original underlying cause of death. 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.
Source locations:	https://indicators.ic.nhs.uk/webview/
Further notes:	
Produced by:	The Health and Social Care Information Centre (HSCIC)
Date created:	August 2014

Map 17: Percentage of people who succeeded in gaining access to NHS dentistry services after requesting an appointment in the last two years by NHS area team, January-March 2014

Indicator:	Access to NHS dentistry
Statistic:	Percentage
Time period:	January-March 2014
Age group:	18 years and over
Description:	The percentage of people who reported success in gaining access to NHS dentistry services after requesting an appointment in the last two years by NHS area team, January-March 2014
Data source:	GP Patient Survey Dental Statistics, NHS England
Coding scheme used:	
Numerator:	Number of GP Patient Survey respondents requesting an NHS dental appointment in the last 2 years, that were successful in doing so
Denominator:	Number of GP Patient Survey respondents requesting an NHS dental appointment in the last 2 years
Methodology:	The GP Patient Survey was conducted by Ipsos MORI on behalf of NHS England. Weights have been applied to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Further information on the survey questionnaire and statistical methodology including the weighting procedure can be found in the 'GP Patient Survey - Technical annex 2013-2014 annual report' (see further notes link).
Source locations:	http://www.england.nhs.uk/statistics/2014/07/03/2346gppsw2201314/
Further notes:	https://gp-patient.co.uk/faq http://gp-survey-production.s3.amazonaws.com/archive/2014/July/1301375001_Technical%20Annex%202013-2014_FINAL%20v1.pdf
Produced by:	NHS England
Date created:	July 2014

Map 18: Rate of admission to hospital for cataract surgery in people aged 65 years and over per 100,000 population by CCG, 2012/13

Indicator:	Cataract surgery
Statistic:	Directly age-standardised rate per 100,000
Time period:	2012/13
Age group:	65 years and over
Description:	The directly age and sex standardised rate of admission to hospital for cataract surgery in people aged 65 years and over per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	OPCS4
Numerator:	Number of finished admission episodes with a mention of one or more of the following OPCS4 codes; C71.2, C71.9, C72.8, C72.9 and C75.1 in any operative position. Inpatient and day-case elective admissions.
Denominator:	2010, 2011, 2012 mid-year population estimate (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for persons aged 65 years and over using the 2013 European Standard Population (ESP) Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific death rates for the area. These age specific rates are multiplied by the ESP for each age group respectively and aggregated across all the age groups to give the age adjusted count of procedures for the area. The age-adjusted count of procedures is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised rate for the area.
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	
Produced by:	Moorfields Eye Hospital NHS Foundation Trust/Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	December 2014

Map 19: Rate of sleep studies undertaken per 1,000 weighted population by CCG, 2013/14

Indicator:	Sleep studies
Statistic:	Rate per 1,000 weighted population
Time period:	2013/14
Age group:	All ages
Description:	The rate of sleep studies undertaken per 1000 population (weighted for age, sex and need) by Clinical Commissioning Group of GP registration, 2013/14
Data source:	Numerator: Monthly Diagnostics Waiting times and Activity return (DM01), Unify2 data collection, NHS England Denominator: Clinical Commissioning Group and Area Team allocations 2014-15 and 2015-16, NHS England.
Coding scheme used:	
Numerator:	Number of sleep studies (total activity), including planned, unscheduled and waiting list tests/procedures.
Denominator:	Hospital & Community Health Services (HCHS) population (at October 2013) that has been weighted by age and sex and 'need' variables (NHS England)
Methodology:	Numerator divided by denominator multiplied by 1000. 95% confidence intervals were calculated using Byars method: http://www.apho.org.uk/resource/item.aspx?RID=48457 DM01 counts are not available by age/sex so it is not possible to standardise the rates. Using a weighted denominator is an alternative method of attempting to remove variation between CCGs that may be due to differences in age/sex structure and population 'need'. The method of calculating the HCHS population is available at the above link in the document titled, 'Fundamental Review of Allocations Policy – Annex C: Technical Guidance to Weighted Capitation Formula for Clinical Commissioning Groups, 2013'.
Source locations:	
Further notes:	
Produced by:	NHS England/Public Health England
Date created:	December 2014

Map 20: Rate of successful smoking quitters at 4 weeks per 100,000 population of smokers aged 16 years and over by upper-tier local authority, 2013/14

Indicator:	Smoking quit rate
Statistic:	Crude rate per 100,000
Time period:	2013/14
Age group:	16 years and over
Description:	The crude rate of self-reported successful smoking quitters using the NHS Stop Smoking Service at 4 weeks per 100,000 population of smokers aged 16 years and over by upper-tier local authority, 2013/14
Data source:	Numerator: Statistics on NHS Stop Smoking Services, England - April 2013 to March 2014. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: Smoking prevalence from the Integrated Household Survey January to December 2013, Office for National Statistics. 2013 mid-year population estimates from the Office for National Statistics. © Crown copyright 2014
Coding scheme used:	
Numerator:	Number of self-reported successful quitters at 4 weeks. Successful quitters are those smokers who successfully quit at the four-week follow-up. A client is counted as a 'self-reported 4-week quitter'; when assessed four weeks after the designated quit date, if they declare that they have not smoked, even a single puff on a cigarette, in the past two weeks. This information is collected on NHS Stop Smoking returns in line with requirements from the Department of Health (DH).
Denominator:	Population who currently smoke. Smoking prevalence estimates at local authority level for those aged 18+ were multiplied by the ONS mid-year population estimates for 2009-2013 respectively to calculate the smoking population. Source; Integrated Household Survey for smoking prevalence. Population estimates from the Office for National Statistics
Methodology:	The quit rate was calculated by dividing the number of smoking quits by smoking population, multiplied by 100,000. The 95% confidence intervals for crude rates were calculated using Byar's method. Confidence intervals indicate the level of uncertainty around the numerator, whereas it is assumed that there is no uncertainty around the denominator. However, the denominator for this indicator has been derived from population estimates and estimates of smoking prevalence, meaning there is some level of uncertainty. This in turn means that the confidence intervals will only be indicative of the true variance around the estimates. 95% confidence intervals were calculated using Byars method: http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.tobacoprofiles.info/ http://www.hscic.gov.uk/catalogue/PUB14610 http://www.tobacoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/750/age/168/sex/4
Further notes:	
Produced by:	Public Health England, Knowledge and Intelligence Team, London
Date created:	November 2014

Map 21: Percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March by CCG (QOF COPD006 with exception-reported patients included), 2013/14

Indicator:	COPD patients receiving influenza immunisation
Statistic:	Percentage
Time period:	2013-14
Age group:	All ages
Description:	The percentage of patients with QOF registered COPD who have had influenza immunisation in the preceding 1 September to 31 March by Clinical Commissioning Group of GP registration (QOF COPD006 with exception-reported patients included), 2013/14
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Patients on the COPD register who have had an influenza vaccination administered in the preceding 1 September to 31 March.
Denominator:	The number of patients on the COPD register (exceptions included)
Methodology:	Numerator divided by denominator expressed as percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	
Produced by:	The Health and Social Care Information Centre.
Date created:	October 2014

Map 22: Rate of COPD emergency admissions to hospital per 100,000 population by CCG, 2012/13

Indicator:	Emergency COPD admissions
Statistic:	Directly age/sex-standardised rate per 100,000
Time period:	2012/13
Age group:	All ages
Description:	The directly age and sex standardised rate of emergency admissions to hospital with a primary diagnosis of COPD per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013
Coding scheme used:	ICD10
Numerator:	Number of emergency admissions (admission method 21,22,23,24 or 28) with a primary diagnosis of chronic obstructive pulmonary disease (ICD10 J40-J44)
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for all persons and all ages using the 2013 European population as the reference standard. Numerator data for each sex by ageband group are divided by the denominator population data for each sex by ageband group respectively to give age-specific rates for the area. These sex/age-specific rates are multiplied by the standard population for each group respectively and summed across all groups to give the sex and age-adjusted count for the area. The sex and age-adjusted count is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the sex and age-standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	September 2014

Map 23: Rate of asthma emergency admissions to hospital per 100,000 population aged 19 years and over by CCG, 2012/13

Indicator:	Emergency asthma admissions in adults
Statistic:	Directly age/sex-standardised rate per 100,000
Time period:	2012/13
Age group:	19 years and over
Description:	The directly age and sex standardised rate of emergency admissions to hospital with a primary diagnosis of asthma per 100,000 population aged 19 years and over by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013
Coding scheme used:	ICD10
Numerator:	Number of emergency admissions (admission method 21,22,23,24 or 28) with a primary diagnosis of asthma (ICD10 J45, J46)
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for all persons and aged 19 years and over using the 2013 European population as the reference standard. Numerator data for each sex by ageband group are divided by the denominator population data for each sex by ageband group respectively to give age-specific rates for the area. These sex/age-specific rates are multiplied by the standard population for each group respectively and summed across all groups to give the sex and age-adjusted count for the area. The sex and age-adjusted count is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the sex and age-standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	September 2014

Map 24: Percentage of people aged 16 years and over who have a body mass index (BMI) greater than or equal to 30 kg/m² by lower-tier local authority, 2012

<p>Indicator: Obesity in adults</p> <p>Statistic: Percentage</p> <p>Time period: 2012</p> <p>Age group: 16 years and over</p> <p>Description: The percentage of adults aged 16 years and over with a BMI greater than or equal to 30kg/m² calculated from adjusted self-report height and weight data taken from the Active People Survey by lower-tier local authority, mid-Jan 2012 to mid-Jan 2013</p> <p>Data source: Active People Survey, Sport England (APS6 quarters 2-4 and APS7 quarter 1)</p> <p>Coding scheme used:</p> <p>Numerator: Number of adults with a BMI classified as obese, calculated from adjusted self-report height and weight variables</p> <p>Denominator: Number of adults with valid recorded height and weight</p> <p>Methodology: Questions on self-reported height and weight were added to the Active People Survey (APS) for the first time from January 2012 to provide data for monitoring excess weight in adults at local authority level for the Public Health Outcomes Framework (PHOF).</p> <p>It is known that adults tend to underestimate their weight and overestimate their height when providing self-reported measurements and the amount to which this occurs can differ between population groups. Therefore prevalence of obesity and excess weight (overweight including obese) calculated from self-reported data is likely to produce lower estimates than prevalence calculated from measured data.</p> <p>To assess the accuracy of the self-reported height and weight, data from the APS were compared with measured height and weight data from the Health Survey for England (HSE) 2006-2010. Similar analysis was performed using the 2011 HSE data where both self-report and measured height and weight were collected from the same individuals. These analyses found that the differences between self-reported and measured height and weight vary in a systematic way, primarily as a function of age and sex. This systematic variation can be described by formulae, which have been used to adjust self-reported height and weight measurements at an individual level to estimate the likely actual height and weight of those individuals. The self-reported height and weight values for individuals have been multiplied by the appropriate adjustment factor for that age and sex to obtain an estimate of the true height and weight of that individual. Whilst these will not be precise at an individual level, at a population level they act to bring the APS data much more closely into line with the actual measures, such as those described by the HSE.</p> <p>The counts were weighted to be representative of the whole population at each level of geography. The weighted and unweighted denominators have been published on the PHE Obesity website http://www.noo.org.uk/visualisation/.</p> <p>Source locations: http://fingertips.phe.org.uk/profile/health-profiles/data#gid/1938132694/pat/6/ati/101/page/0/par/E12000004/are/E07000032</p> <p>Further notes: The accuracy of self-reported height and weight may change over time. Therefore work is on-going to ensure an appropriate adjustment factor to ensure the data continue to provide a robust estimate of the prevalence of excess weight at local authority level.</p> <p>The lower and upper limits of the 95% confidence interval have been calculated with a normal approximation method using the following formula: $p \pm (1.96 * (\text{SQRT}((p*(1-p))/n)))$ where: p = proportion of interest, n = unweighted sample size, SQRT = square root The confidence intervals do not take into account uncertainty around the self-report adjustment factor, they are based on the unweighted sample size for each local authority.</p> <p>Produced by: Obesity Knowledge and Intelligence, Public Health England</p> <p>Date created: 2014</p>	
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Map 25: Percentage of people aged 16 years and over who are classified as physically inactive by lower-tier local authority, 2013

Indicator:	Physical inactivity in adults
Statistic:	Percentage
Time period:	2013
Age group:	16 years and over
Description:	From the Sport England Active People Survey, the number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over, by lower-tier local authority, 2013
Data source:	Active People Survey, Sport England (APS7 quarters 2-4 and APS8 quarter 1)
Coding scheme used:	
Numerator:	Number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.
Denominator:	Number of respondents aged 16 and over, with valid responses to questions on physical activity.
Methodology:	The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days was divided by the total number of respondents aged 16 and over and multiplied by 100. The counts were weighted to be representative of the whole population at each level of geography.
Source locations:	http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000004/are/E06000015
Further notes:	<p>It is not possible to compare results with indicators of physical inactivity presented in previous publications due to changes in the methods for collecting data on equivalent minutes of physical activity and a wider definition used for what is classed as moderate intensity physical activity.</p> <p>The lower and upper limits of the 95% confidence interval have been calculated with a normal approximation method using the following formula: $p \pm (1.96 * (\text{SQRT}((p*(1-p))/n)))$ where: p = proportion of interest n = unweighted sample size SQRT = square root</p>
Produced by:	Obesity Knowledge and Intelligence, Public Health England
Date created:	2014

Map 26: Percentage of patients on the chronic kidney disease (CKD) register whose most recent blood-pressure measurement in the previous 15 months was 140/85 mmHg or less (QOF CKD3 with exception-reported patients excluded) by CCG, 2012/13

Indicator:	CKD patients with controlled blood pressure
Statistic:	Percentage
Time period:	2012/13
Age group:	18 years and over
Description:	The percentage of patients registered with chronic kidney disease in the Quality and Outcome Framework whose most recent blood-pressure measurement in the previous 15 months was 140/85 mmHg or less by Clinical Commissioning Group of GP registration, 2012/13
Data source:	The Quality and Outcomes Framework 2012/13. Copyright © 2013, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Patients on the CKD register whose last recorded blood pressure measurement is 140/85 mmHg or less. This reading should have been in the preceding 15 months.
Denominator:	Total number of patients on the CKD register.
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	QOF CKD prevalence data (observed value) for 2012/13 can be downloaded from http://www.hscic.gov.uk/catalogue/PUB12262 . For other years data please search on http://www.hscic.gov.uk .
Further notes:	Chronic kidney disease is estimated to affect about two and a half million people in England. Early identification and intervention can reduce the risk of premature cardiovascular disease (through management of hypertension, healthy living advice and LDL cholesterol reduction for example) and progression towards End Stage Renal Disease. Evidence based management of CKD has been described in NICE CG 182 and the Quality Standard for CKD
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	November 2014

Map 27: Ratio of reported to expected prevalence of chronic kidney disease (CKD) by CCG, 2012/13

Indicator:	CKD diagnosis rate
Statistic:	Ratio
Time period:	CKD registrations as at June 2013, expected CKD prevalence number in 2011
Age group:	Observed (numerator) 18 years and over; Expected (denominator) 16 years and over
Description:	The ratio of the number of persons registered with chronic kidney disease in the Quality and Outcome Framework by CCG of GP registration to the estimated prevalence of chronic kidney disease from a model that used age, sex, ethnicity and household tenure as predictors by CCG of residence, 2012/13
Data source:	Numerator: The Quality and Outcomes Framework 2012/13. Copyright © 2013, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: Chronic Kidney Disease Prevalence Model developed by the University of Southampton (based on the 2009 Health Survey for England, the 2010 Health Survey for England, the Office for National Statistics 2011 Census and the Office for National Statistics 2011 mid-year population estimates)
Coding scheme used:	
Numerator:	Registered prevalence rate: number of patients aged 18 years and over with CKD, as recorded on practice disease registers, divided by the total number of registered patients
Denominator:	Estimated CKD prevalence rate calculated using a model developed at the University of Southampton.
Methodology:	Numerator divided by denominator to give a ratio. Estimates of the prevalence of CKD calculated using a model developed at the University of Southampton. The model was developed using data from the 2009-2010 Health Surveys for England and 2011 Census and takes into account age, sex, ethnicity and household tenure.
Source locations:	QOF CKD prevalence data (observed value) for 2012/13 can be downloaded from http://www.hscic.gov.uk/catalogue/PUB12262 Estimated CKD prevalence data can be downloaded from the NCVIN website http://www.yhpho.org.uk/resource/view.aspx?RID=204689
Further notes:	Chronic kidney disease is estimated to affect about two and a half million people in England. Early identification and intervention can reduce the risk of premature cardiovascular disease (through management of hypertension, healthy living advice and LDL cholesterol reduction for example) and progression towards End Stage Renal Disease Evidence based management of CKD has been described in NICE CG 182 and the Quality Standard for CKD. Note, estimated CKD was determined by a single blood test and not two blood tests three months apart as recommended in NICE guidelines and therefore may represent an overestimate of population prevalence.
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	November 2014

Map 28: Percentage of dialysis patients who are receiving dialysis in the home (home haemodialysis and peritoneal dialysis combined) by CCG, 2013

Indicator:	Home dialysis
Statistic:	Percentage
Time period:	2013
Age group:	18 years and over
Description:	The percentage of kidney dialysis patients who are receiving dialysis in the home (home haemodialysis and peritoneal dialysis combined) by Clinical Commissioning Group of residence, 2013
Data source:	UK Renal Registry of the Renal Association
Coding scheme used:	
Numerator:	The sum of the number of people on home based haemodialysis and peritoneal dialysis
Denominator:	The sum of the number of people on any dialysis i.e. haemodialysis (either unit or home based) and peritoneal dialysis
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	Data source the UK Renal Registry https://www.renalreg.org/ for Renal Centre level information. CCG level information published by NCVIN in the CVD CCG profiles http://www.yhpho.org.uk/resource/view.aspx?RID=203617
Further notes:	The data reported here have been supplied by the UK Renal Registry of the Renal Association. The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as an official policy or interpretation of the UKRR
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	November 2014

Map 29: Percentage of people receiving renal replacement therapy (RRT) who have a functioning kidney transplant at a Census date by CCG, 2013

Indicator:	RRT patients with a functioning kidney transplant
Statistic:	Percentage
Time period:	2013
Age group:	18 years and over
Description:	The percentage of those people receiving renal replacement therapy (RRT) who have a functioning kidney transplant at a census date by Clinical Commissioning Group of residence, 2013
Data source:	UK Renal Registry of the Renal Association
Coding scheme used:	
Numerator:	The number of people with a kidney transplant
Denominator:	The total number of people receiving RRT
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457 Data source the UK Renal Registry https://www.renalreg.org/ for Renal Centre level information. CCG level information published by NCVIN in the CVD CCG profiles http://www.yhpho.org.uk/resource/view.aspx?RID=203617
Further notes:	The data reported here have been supplied by the UK Renal Registry of the Renal Association. The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as an official policy or interpretation of the UKRR.
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	November 2014

Map 30: Percentage of people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes who received NICE-recommended care processes (excluding eye screening) by CCG, 2012/13

Indicator:	People with diabetes receiving all eight care processes
Statistic:	Percentage
Time period:	2012/13
Age group:	All ages
Description:	The percentage of people in the National Diabetes Audit with either Type 1 or Type 2 diabetes who received the eight NICE-recommended care processes (excluding eye screening) by Clinical Commissioning Group of GP registration, 2012/13
Data source:	The National Diabetes Audit 2012/13. Copyright © 2013, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of people with diabetes recorded in the National Diabetes Audit, receiving all eight care processes (excluding eye screening).
Denominator:	Number of people with diabetes recorded in the National Diabetes Audit.
Methodology:	The National Diabetes Audit (www.hscic.gov.uk/nda) collates data from primary care on all people with diagnosed diabetes. This includes information on the person's characteristics, whether they have received specific care processes and the results of specific tests and measurements. This survey covered 71.1% of people with diagnosed diabetes
Source locations:	http://www.hscic.gov.uk/searchcatalogue?productid=15512&q=%22National+diabetes+audit%22&sort=Relevance&size=10&page=1#top http://fingertips.phe.org.uk/diabetes
Further notes:	A previous version of this indicator is already included in PHOLIO and used in the CVD profiles
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	October 2014

Map 31: Percentage of people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes who met HbA1c, blood-pressure and cholesterol targets by CCG, 2012/13

Indicator:	People with diabetes meeting treatment targets
Statistic:	Percentage
Time period:	2012/13
Age group:	All ages
Description:	The percentage of people in the National Diabetes Audit (NDA) with either Type 1 or Type 2 diabetes who met HbA1c, blood-pressure and cholesterol targets by Clinical Commissioning Group of GP registration, 2012/13
Data source:	The National Diabetes Audit 2012/13. Copyright © 2013, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of people with diabetes recorded in the National Diabetes Audit, whose last HbA1c was less than 58mmol/mol, last blood pressure was 140/80 or less and last cholesterol was less than 5mmol/l.
Denominator:	Number of people with diabetes recorded in the National Diabetes Audit, with valid measurements of HbA1c, blood pressure and cholesterol.
Methodology:	The National Diabetes Audit (www.hscic.gov.uk/nda) collates data from primary care on all people with diagnosed diabetes. This includes information on the person's characteristics, whether they have received specific care processes and the results of specific tests and measurements. This survey covered 71.1% of people with diagnosed diabetes
Source locations:	http://www.hscic.gov.uk/searchcatalogue?productid=15512&q=%22National+diabetes+audit%22&sort=Relevance&size=10&page=1#top http://fingertips.phe.org.uk/diabetes
Further notes:	A previous version of this indicator is already included in PHOLIO and used in the CVD profiles
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	October 2014

Map 32: Total annual net ingredient cost of anti-diabetic items per person on GP diabetes registers by CCG, 2013/14

Indicator:	Anti-diabetic prescribing spend
Statistic:	Expenditure (pounds Stirling) per person with diabetes
Time period:	2013/14
Age group:	All ages
Description:	The total net ingredient cost (in pounds Stirling) of anti-diabetic items prescribed as a rate per person on GP diabetes registers by Clinical Commissioning Group of GP registration, 2013/14
Data source:	Numerator: Prescribing by GP practice 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Total prescribing spend on anti-diabetic items (BNF chapter 6.1)
Denominator:	Number of people aged 17+ years with diagnosed diabetes
Methodology:	Data on all drugs prescribed and dispensed in primary care is collated and published by HSCIC. The Quality and Outcomes Framework collates data from general practice systems and provides the number of people aged 17+ years with diagnosed diabetes.
Source locations:	http://www.hscic.gov.uk/gpprescribingdata www.hscic.gov.uk/qof
Further notes:	The numerator includes all prescribings for diabetes related items prescribed and dispensed in primary care in England for people of all ages. The denominator includes only people with diagnosed diabetes aged 17+ years old. This means that the numerator includes prescriptions for children aged 16 years and younger but they are not included in the denominator. However, the total number of children with diagnosed diabetes aged 16 years and younger is small and does not vary substantially across England. A previous version of this indicator is already included in PHOLIO and used in the CVD profiles
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	February 2015

Map 33: Additional risk of mortality among people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes compared with the general population by CCG, 2011-2013

Indicator:	Risk of mortality in people with diabetes
Statistic:	Additional risk percentage
Time period:	2011-2013
Age group:	All ages
Description:	The indirectly age and sex standardised additional percentage risk of mortality among people in the National Diabetes Audit (NDA) with either Type 1 or Type 2 diabetes, compared with the general population by Clinical Commissioning Group of GP registration, 2011-2013
Data source:	The National Diabetes Audit 2011/12, 2012/13, 2013/14. Crown copyright, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of people with diabetes in the National Diabetes Audit who died
Denominator:	Number of people who would have died if they had the same mortality rates as people of the same age and sex in the general population.
Methodology:	The National Diabetes Audit (www.hscic.gov.uk/nda) collates data from primary care on all people with diagnosed diabetes. This includes information on the person's characteristics, whether they have received specific care processes and the results of specific tests and measurements. These surveys covered 80.2% of people with diagnosed diabetes. Data from the National Diabetes Audit is linked to death registrations to identify mortality among people with diabetes.
Source locations:	www.hscic.gov.uk/nda http://www.hscic.gov.uk/catalogue/PUB16496
Further notes:	
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	January 2015

Map 34: Relative risk of hospital admission for heart failure among people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes compared with people without diabetes by CCG, 2010/11-2012/13

Indicator:	Risk of heart failure admission in people with diabetes
Statistic:	Relative risk
Time period:	2010/11-2012/13
Age group:	All ages
Description:	The indirectly age and sex standardised relative risk of hospital admission for heart failure in people in the National Diabetes Audit (NDA) with either Type 1 or Type 2 diabetes compared with people without diabetes by Clinical Commissioning Group of GP registration, 2010/11-2012/13
Data source:	The National Diabetes Audit 2010/11, 2011/12, 2012/13. Crown copyright, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of people with diabetes included in the National Diabetes Audit who had one or more hospital admissions for heart failure
Denominator:	Number of people who would have had one or more hospital admissions for heart failure if they had the same chance of hospital admission as people of the same age and sex not included in the National Diabetes Audit
Methodology:	The National Diabetes Audit (www.hscic.gov.uk/nda) collates data from primary care on all people with diagnosed diabetes. This includes information on the person's characteristics, whether they have received specific care processes and the results of specific tests and measurements. These surveys covered 80.2% of people with diagnosed diabetes. Data from the National Diabetes Audit is linked to Hospital Episode Statistics to identify hospital admissions among people with diabetes.
Source locations:	www.hscic.gov.uk/nda http://www.hscic.gov.uk/catalogue/PUB16496
Further notes:	This indicator compares hospital admission in people included in the National Diabetes Audit to those not included in the audit. As the National Diabetes Audit included 80% of people with diagnosed diabetes a minority of people with diagnosed diabetes will have been included in the group not in the National Diabetes Audit. This means that these figures are likely to under-estimate the additional risk of hospital admission amongst people with diabetes. This indicator is included in PHOLIO and used in the CVD profiles
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	January 2015

Map 35: Relative risk of major lower limb amputation among people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes when compared with people without diabetes by CCG, 2010/11-2012/13

Indicator:	Risk of major amputation in people with diabetes
Statistic:	Relative risk
Time period:	2010/11-2012/13
Age group:	All ages
Description:	The indirectly age and sex standardised relative risk of major lower limb amputation in people with Type 1 and Type 2 diabetes in the National Diabetes Audit (NDA) when compared with people without diabetes by Clinical Commissioning Group, 2010/11-2012/13
Data source:	The National Diabetes Audit 2010/11, 2011/12, 2012/13. Crown copyright, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of people with diabetes included in the National Diabetes Audit who had one or more hospital admissions where a lower limb amputation was performed
Denominator:	Number of people who would have had one or more hospital admissions where a lower limb amputation was performed if they had the same chance of hospital admission as people of the same age and sex not included in the National Diabetes Audit.
Methodology:	The National Diabetes Audit (www.hscic.gov.uk/nda) collates data from primary care on all people with diagnosed diabetes. This includes information on the person's characteristics, whether they have received specific care processes and the results of specific tests and measurements. These surveys covered 80.2% of people with diagnosed diabetes. Data from the National Diabetes Audit is linked to Hospital Episode Statistics to identify hospital admissions among people with diabetes.
Source locations:	www.hscic.gov.uk/nda http://www.hscic.gov.uk/catalogue/PUB16496
Further notes:	This indicator compares hospital admission in people included in the National Diabetes Audit to those not included in the audit. As the National Diabetes Audit included 80% of people with diagnosed diabetes a minority of people with diagnosed diabetes will have been included in the group not in the National Diabetes Audit. This means that these figures are likely to under-estimate the additional risk of hospital admission amongst people with diabetes. This indicator is included in PHOLIO and used in the CVD profiles
Produced by:	National Cardiovascular Intelligence Network, Public Health England
Date created:	January 2015

Map 36: Ratio of reported to expected prevalence of hypertension by CCG, 2013/14

Indicator:	Hypertension diagnosis rate
Statistic:	Percentage
Time period:	2013/14 for QOF reported prevalence and 2011 for estimated prevalence
Age group:	All ages
Description:	The ratio of the hypertension prevalence rate in the Quality and Outcomes Framework by CCG of GP registration, to the estimated prevalence rate of hypertension (from a model that accounts for age, sex, ethnicity and deprivation) by CCG of residence, 2013/14
Data source:	Numerator: The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: Hypertension Prevalence Model December 2011. Former Eastern Region Public Health Observatory (ERPHO)
Coding scheme used:	QOF definition of hypertension - patients with established hypertension Health Survey for England definition of hypertension - includes both controlled hypertension, uncontrolled and untreated hypertension.
Numerator:	QOF Reported numbers of people on GP registers with CHD as a proportion of total list size (%)
Denominator:	Estimated prevalence modelled by the former ERPHO (%)
Methodology:	QOF reported prevalence of Hypertension are expressed as a % of each CCG's population. The modelled estimates of prevalence of hypertension are also expressed as a % of each CCG's population. The modelled estimates were developed using data from the 2003-2004 Health Surveys for England. The model takes into account age, sex, ethnicity and deprivation score, using input data from 2009-2011. See the technical documentation link below for full details. The ratio of QOF prevalence of hypertension (the percentage of total practice patients with hypertension, as recorded on practice hypertension register) divided by the modelled prevalence of hypertension.
Source locations:	Hypertension - Estimated prevalence and technical documentation - http://www.apho.org.uk/default.aspx?RID=48309 QOF Reported prevalence - http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	The published estimated prevalence estimates contain prevalence aged 16+. The estimated prevalence displayed here is calculated for all ages using the same numerator and an adjusted denominator. It is assumed that prevalence aged <16 yrs is 0%.
Produced by:	QOF Reported prevalence - by the Health and Social Care Information Centre. Re-used with the permission of the Health and Social Care Information Centre (HSCIC). All rights reserved. Estimated Prevalence - by ERPHO
Date created:	QOF Reported prevalence - October 2011 (for 2010/11 data). Estimated prevalence - 2011.

Map 37: Ratio of reported to expected prevalence of coronary heart disease (CHD) by CCG, 2013/14

Indicator:	CHD diagnosis rate
Statistic:	Percentage
Time period:	2013/14 for QOF reported prevalence and 2011 for estimated prevalence
Age group:	All ages
Description:	The ratio of the coronary heart disease (CHD) prevalence rate in the Quality and Outcomes Framework by CCG of GP registration, to the estimated prevalence rate of CHD (from a model that accounts for age, sex, ethnicity and deprivation) by CCG of residence, 2013/14
Data source:	Numerator: The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: CHD Prevalence Model December 2011. Former Eastern Region Public Health Observatory (ERPHO)
Coding scheme used:	QOF definition of CHD - patients with established CHD Health Survey for England definition of CHD - includes both controlled CHD, uncontrolled and untreated CHD.
Numerator:	QOF Reported numbers of people on GP registers with CHD as a proportion of total list size (%)
Denominator:	Estimated prevalence modelled by the former ERPHO (%)
Methodology:	QOF reported prevalence of CHD are expressed as a % of each CCG's population. The modelled estimates of prevalence of CHD are also expressed as a % of each CCG's population. The modelled estimates were developed using data from the 2003-2004 Health Surveys for England. The model takes into account age, sex, ethnicity and deprivation score, using input data from 2009-2011. See the technical documentation link below for full details. The ratio of QOF prevalence of CHD (the percentage of total practice patients with CHD, as recorded on practice CHD register) divided by the modelled prevalence of CHD.
Source locations:	CHD - Estimated prevalence and technical documentation - http://www.apho.org.uk/default.aspx?RID=48310
Further notes:	QOF Reported prevalence - http://www.hscic.gov.uk/catalogue/PUB15751 http://www.hscic.gov.uk/qof The published estimated prevalence estimates contain prevalence aged 16+. The estimated prevalence displayed here is calculated for all ages using the same numerator and an adjusted denominator. It is assumed that prevalence aged <16 yrs is 0%.
Produced by:	QOF Reported prevalence - by the Health and Social Care Information Centre. Re-used with the permission of the Health and Social Care Information Centre (HSCIC). All rights reserved. Estimated Prevalence - by ERPHO
Date created:	QOF Reported prevalence - October 2011 (for 2010/11 data). Estimated prevalence - 2011.

Map 38: Rate of mortality from coronary heart disease (CHD) per 100,000 population aged under 75 years by CCG, 2011-2013

Indicator:	CHD mortality <75 years
Statistic:	Directly age-standardised rate per 100,000
Time period:	2011-2013
Age group:	0-74 years
Description:	The directly age-standardised rate of mortality from coronary heart disease in people aged under 75 years per 100,000 population by Clinical Commissioning Group of residence, 2011-2013
Data source:	Numerator: Public Health England annual mortality extract 2011, 2012 and 2013, Office for National Statistics. © Crown copyright. Denominator - 2011, 2012 and 2013 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2014.
Coding scheme used:	Deaths as an underlying cause of death from CHD (ICD-10 I20-I25)
Numerator:	Number of deaths from all cardiovascular diseases (classified by underlying cause of death recorded as ICD codes I00-I99) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).
Denominator:	Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).
Methodology:	The indicator is constructed as a directly standardised rate for all persons and all ages using the 2013 European population as the reference standard. Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific death rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of deaths for the area. The age adjusted count of deaths is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised mortality rate for the area. Confidence intervals: Confidence intervals (95%) for the directly standardised rates were calculated using Byars approximation (Breslow NE and Day NE. Statistical Methods in Cancer Research, Volume II: The Design and Analysis of Cohort Studies. Lyon: International Agency for Research on Cancer, World Health Organization, 1987: 69).
Source locations:	
Further notes:	
Produced by:	Public Health England. The data may be reused referencing Public Health England
Date created:	November 2014

Map 39: Rate of transcatheter aortic valve implantation (TAVI) procedures per 1,000,000 population by NHS area team, 2013

Indicator:	TAVI rate
Statistic:	Crude rate per 1,000,000
Time period:	2013
Age group:	All ages
Description:	The directly age-standardised rate of transcatheter aortic valve implantation (TAVI) procedures per 1,000,000 population by NHS area team, 2013
Data source:	Numerator: National Institute for Cardiovascular Outcomes Research (NICOR) - UK TAVI Registry Denominator - 2013 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2014.
Coding scheme used:	
Numerator:	Number of TAVIs undertaken in all residents of England.
Denominator:	Population for people of all ages, by local Area Team in 2013, as created by mid-year population estimates.
Methodology:	The indicator is constructed as a crude rate for all persons and all ages. Numerator data for each Area Team are created by aggregating all TAVIs carried out in 2013 into geographies based on the patient's postcode of residence. Numbers are divided by the ONS mid-year population estimate for each Area Team in 2013.
Source locations:	
Further notes:	
Produced by:	NICOR. The data may be reused referencing NICOR as the source.
Date created:	November 2014

Map 40: Percentage of people with acute stroke who were directly admitted to a stroke unit within four hours of arrival at hospital by CCG, 2013/14

Indicator:	Stroke: admission within 4 hours
Statistic:	Percentage
Time period:	2013/14
Age group:	16 years and over
Description:	The percentage of people aged 16 years or over with acute stroke who were directly admitted to a stroke unit (excluding patients admitted to high dependency unit or intensive care unit) within four hours of arrival at hospital (or stroke onset if onset in hospital) by Clinical Commissioning Group of residence, 2013/14
Data source:	Sentinel Stroke National Audit Programme
Coding scheme used:	
Numerator:	Number of people with acute stroke directly admitted to a stroke unit within four hours of hospital arrival (or stroke onset if onset in hospital)
Denominator:	Number of people with acute stroke admitted to hospital, excluding those who were directly admitted to ITU/CCU/HDU.
Methodology:	The Sentinel Stroke National Audit Programme (https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme) collates data from providers of acute NHS care. The data collected includes information on the person's characteristics and their care pathway. The data recorded in SSNAP includes data around arrival time, stroke unit admission time, and first ward of admission.
Source locations:	https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme
Further notes:	
Produced by:	Sentinel Stroke National Audit Programme
Date created:	11th December 2014

Map 41: Average composite score for quality of care of stroke services in the Sentinel Stroke National Audit Programme (SSNAP) by CCG, April-June 2014

Indicator:	Composite SSNAP score
Statistic:	Ordinal score (five category)
Time period:	April-June 2014
Age group:	16 years and over
Description:	The average composite score for quality of care of stroke services in the Sentinel Stroke National Audit Programme (SSNAP) by Clinical Commissioning Group of residence, April-June 2014. This is the score defined by the individual indicators as collected by SSNAP in relation to a number of measures along the stroke care pathway.
Data source:	Sentinel Stroke Audit Programme
Coding scheme used:	
Numerator:	Not applicable
Denominator:	Not applicable
Methodology:	Using a holistic approach, this indicator weights the individual components of most aspects of the care pathway into provider scores. These provider scores are amalgamated to provide a composite score of care for CCGs based on the proportion of the CCG's patients each provider admits.
Source locations:	https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme
Further notes:	
Produced by:	Sentinel Stroke National Audit Programme
Date created:	11th December 2014

Map 42: Percentage of people known to have atrial fibrillation (AF) who were prescribed anticoagulation prior to a stroke by CCG, 2013/14

Indicator:	Stroke patient with AF on anticoagulation
Statistic:	Percentage
Time period:	2013/14
Age group:	16 years and over
Description:	The percentage of people aged 16 years and over admitted to hospital with a stroke and known to have atrial fibrillation (AF) who were prescribed anticoagulation prior to the stroke by Clinical Commissioning Group of residence, 2013/14
Data source:	Sentinel Stroke National Audit Programme
Coding scheme used:	
Numerator:	Number of stroke patients with known atrial fibrillation before stroke and who had been prescribed anticoagulation prior to stroke
Denominator:	Number of stroke patients admitted for stroke care and known to have atrial fibrillation before stroke
Methodology:	The Sentinel Stroke National Audit Programme (https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme) collates data from providers of acute NHS care. The data collected includes information on the person's characteristics and their care pathway. These data include information on whether a patient is known to have atrial fibrillation and what treatments they are receiving to control this condition.
Source locations:	https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme
Further notes:	
Produced by:	Sentinel Stroke National Audit Programme
Date created:	11th December 2014

Map 43: Standardised mortality ratio in the 30 days following admission to hospital for a stroke by CCG, 2013/14

Indicator:	Stroke: 30 day post-admission mortality
Statistic:	Indirectly case mix-standardised ratio
Time period:	2013/14
Age group:	18 years and over
Description:	The indirectly age and case-mix standardised mortality ratio in the 30 days following admission to hospital for stroke in persons aged 18 years and over by Clinical Commissioning Group of residence, 2013/14.
	Patients recorded in SSNAP as being admitted to acute care and subsequently diagnosed with a stroke. 30 day mortality defined as all cause mortality in the 30 days following admission to hospital for a stroke (or date of stroke for patients who have a stroke whilst an inpatient)
Data source:	Sentinel Stroke National Audit Programme
Coding scheme used:	ICD10
Numerator:	Number of patients admitted to hospital with a stroke diagnosis (primary diagnosis of I61, I63 or I64) who die within 30 days of admission (if stroke onset out of hospital) or onset of stroke (if stroke onset occurred whilst patient was an inpatient) - (Per CCG)
Denominator:	Number of expected deaths based on the case mix of the patients admitted to hospital with a stroke diagnosis (per CCG)
Methodology:	The Sentinel Stroke National Audit Programme (https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme) collates data from providers of acute NHS care. The data collected includes information on the person's characteristics and their care pathway. Data from the Audit is linked to death registrations to identify mortality in order to calculate mortality due to stroke. Using the patient characteristics, it is possible to adjust for variations in age, stroke severity, stroke type and known AF before stroke in order to better reflect the expected and observed mortality in that patient group.
Source locations:	https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme
Further notes:	Case mix carried out using the model described in this paper: http://www.ncbi.nlm.nih.gov/pubmed/25293667
Produced by:	Sentinel Stroke National Audit Programme
Date created:	11th December 2014

Map 44: Percentage of people discharged from hospital following a stroke who were 'newly institutionalised' by CCG, 2013/14

Indicator:	Stroke patients newly institutionalised
Statistic:	Percentage
Time period:	2013/14
Age group:	16 years and over
Description:	The directly age and sex standardised percentage of people aged 16 years and over recorded in SSNAP, who following a stroke were discharged to an institution for the first time and not to their own home by Clinical Commissioning Group of residence, 2013/14
Data source:	Sentinel Stroke National Audit Programme
Coding scheme used:	
Numerator:	Age-sex standardised number of stroke patients discharged from hospital following a stroke who were not previously a care home resident who are discharged to a care home
Denominator:	Age-sex standardised number of stroke patients discharged from hospital following a stroke
Methodology:	The Sentinel Stroke National Audit Programme (https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme) collates data from providers of acute NHS care. The data collected includes information on the person's characteristics and their care pathway. This includes whether the patient is discharged to a care home, and if so, whether the patient was previously resident in a care home. Each CCG's data has been age-sex standardised to the age-sex breakdown in SSNAP for those who are discharged alive from inpatient care.
Source locations:	https://www.rcplondon.ac.uk/projects/sentinel-stroke-national-audit-programme
Further notes:	Adjusted for age and sex
Produced by:	Sentinel Stroke National Audit Programme
Date created:	11th December 2014

Map 45: Percentage of people who are recorded in GP registers of severe mental illness (SMI) by CCG 2013/14

Indicator:	Severe mental illness: QOF registrations
Statistic:	Percentage
Time period:	Position at end June 2014
Age group:	All ages
Description:	The number of people registered with a GP and on the mental health register (people diagnosed with schizophrenia, bipolar disorder or other psychoses or on lithium therapy) expressed as a percentage of the total register population, by Clinical Commissioning Group of GP registration, 2013/14
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of people on the Quality and Outcomes Framework register for mental health, which includes people with schizophrenia, bipolar disorder or other psychoses or on lithium therapy. A patient is 'on lithium therapy' if they have a record of a prescription for lithium therapy in the preceding 6 months.
Denominator:	Total number of patients registered with GP practices
Methodology:	Numerator divided by denominator expressed as a percentage.
	Confidence intervals were calculated using the Wilson Score Method http://www.apfo.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	Historically, patients have been added to the QOF mental health register for schizophrenia, bipolar affective disorder and other psychoses but over time it has become apparent that it may be appropriate to exclude some of them from the associated indicators because their illness is in remission. These patients can be excluded from the quality indicators but remain on the register.
Produced by:	Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from HSCIC
Date created:	October 2014

Map 46: Mean percentage achievement score for physical health checks on people with severe mental illness (SMI) recorded in GP SMI registers by CCG, 2013/14

Indicator:	Severe mental illness: QOF physical health checks
Statistic:	Mean percentage
Time period:	Position at end June 2014
Age group:	All ages
Description:	The unweighted average of the six Quality and Outcomes Framework physical health check achievement scores for people on the severe mental illness register by Clinical Commissioning Group of GP registration, 2013/14
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Sum of the six Quality and Outcomes Framework physical health check achievement scores for people on the severe mental illness register
Denominator:	Six
Methodology:	Percentage achievement on each of the six QOF physical health check indicators for people on the QOF (quality and outcomes framework) register for mental health were calculated. The register includes patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy. The denominator used includes exceptions. The six physical health check indicators are: 1) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months 2) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months 3) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months 4) The percentage of women; aged from 25 to 64 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years 5) The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 15 months 6) The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 15 months The percentage achievement for these six indicators were then added together and then divided by six to give the average achievement.
Source locations:	http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	This indicator is an average of the percentage achievement for each of the six indicators. It does not represent a percentage of individual patients as patients will appear in multiple denominators depending on their age and sex. There are plans to develop a person-based measure as part of the CCG outcomes indicator set: 'People with severe mental illness who have received a list of physical checks'
Produced by:	Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from HSCIC
Date created:	November 2014

Map 47: Percentage of people with severe mental illness (SMI) recorded in GP SMI registers who are excepted from the calculation of QOF achievement scores by CCG 2013/14

Indicator:	Severe mental illness: QOF exceptions
Statistic:	Percentage
Time period:	Position at end June 2014
Age group:	All ages
Description:	The effective exception rate for the Quality and Outcomes Framework mental health register indicators, defined as the sum of exceptions as a proportion of the sum of exceptions and denominators for quality indicators in the mental health group, by Clinical Commissioning Group of GP registration, 2013/14
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Sum of exceptions for QOF indicators relating to people on the Mental Health register
Denominator:	Sum of exceptions plus denominators for QOF indicators relating to people on the Mental Health register
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	Confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	Numbers of exceptions and the sum of the denominators refer to patient records associated with indicators, not individual patients.
Produced by:	Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from HSCIC
Date created:	October 2014

Map 48: Rate of new cases of psychosis in people aged 18 years and over who received early intervention psychosis (EIP) services per 100,000 population by CCG, April 2013-September 2014

Indicator:	Psychosis new cases served by early intervention teams 18+ years
Statistic:	Crude rate per 100,000
Time period:	April 2013 – September 2014 (18 months)
Age group:	18 years and over
Description:	The rate of new cases of psychosis in people aged 18 years and over served by Early Intervention Psychosis (EIP) services per 100,000 population by Clinical Commissioning Group of residence, April 2013-September 2014
Data source:	Numerator: Mental Health Minimum Data Set. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: 2013 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2014
Coding scheme used:	Numerator: The number of new cases of psychosis served by early intervention teams during the year. Denominator: 2013 mid-year population estimate aged 18 years and over Methodology: Denominator divided by numerator expressed as a rate per 100,000. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/
Further notes:	Data suppressed for areas with <5 cases. Patients who are being monitored for a limited period because they are suspected cases are not included in this count.
Produced by:	The Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from the Health and Social Care Information Centre and the Office for National Statistics.
Date created:	November 2014

Map 49: Standardised mortality ratio (SMR) in people aged 18-74 years in contact with mental health services by upper-tier local authority, 2012/13

Indicator:	Mortality in adults using mental health services
Statistic:	Ratio of two directly age-standardised ratios
Time period:	2012/13
Age group:	18-74 years
Description:	The ratio of the directly age standardised mortality rate for people aged 18 to 74 in contact with Secondary Mental Health Services to the directly age-standardised mortality rate for the general population of the same age expressed as a percentage, by upper-tier local authority, 2012/13. This is the NHS Outcomes Framework - Indicator 1.5.i (Excess under 75 mortality rate in adults with serious mental illness).
Data source:	Denominator mental health mortality rate: Mental health minimum dataset (annual). Numerator mental health mortality rate: Mental health minimum dataset data provided by HSCIC linked over years and to the Primary Care Mortality Database (provided by ONS). Numerator general population mortality rate: Mortality data published annually (calendar years) by ONS. Denominator general population mortality rate: Mid-year population estimates of the relevant age group and gender (based on the 2011 Census), published annually (calendar years) by ONS.
Coding scheme used:	
Numerator:	Directly age-standardised mortality rate for people aged 18 to 74 years in contact with Secondary Mental Health Services (deaths in 2012/13, contact with Secondary Mental Health Services in the three financial year 2010/11, 2011/12, 2012/13).
Denominator:	Directly age-standardised mortality rate in the general population aged 18-74 years 2012/13.
Methodology:	The number of mental health deaths was defined as a death during the financial year by anyone who has been in contact with the secondary mental health services in the current financial year or in either of the two previous financial years who is alive at the beginning of the current financial year. This population is obtained from the Mental Health Minimum Data Set (MHMDS) and linked to the mortality file to identify those who have died. The number of expected deaths was computed as the number of deaths in the mental health population that would be expected to occur based on the age and sex specific death rates observed in the general population aged 18-75. All deaths from any cause were included. The data are based on the registered date of death.
Source locations:	https://indicators.ic.nhs.uk/webview/ https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_1_S_V2.pdf
Further notes:	People with mental illness that have not been in contact with specialist services will not be captured in the mental health element of this indicator. The general population used for comparison includes in it the mental health population. Removing the mental health population from the general population was found to have very little effect on the calculation. No account is taken as to whether the patients in the mental health population are more ill than the general population. It is possible that being chronically physically ill has brought on the mental illness. Detailed quality statement for this indicator: https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_1.5_I00665_Q_V7.pdf 95% confidence intervals for the SMR were calculated using the method described by Goldblatt and Jones. http://www.phoutcomes.info/search/mental%20health%20services#gid/1/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/91096/age/181/sex/4
Produced by:	The Health and Social Care Information Centre
Date created:	November 2014

Map 50: Ratio of reported to expected prevalence of dementia by CCG, October 2014

Indicator:	Dementia diagnosis rate
Statistic:	Ratio
Time period:	Position at October 2014
Age group:	All ages
Description:	The estimated dementia diagnosis rate calculated as the ratio of the number of people on a Quality and Outcomes Framework GP practice dementia register to the estimated number of people with dementia (from the NHS England Dementia Prevalence Calculator) by Clinical Commissioning Group of GP registration, October 2014
Data source:	Numerator: The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved. Denominator: NHS England Dementia Prevalence Calculator v3, 2013, The NHS England Primary Care Web Tool, Dementia Module.
Coding scheme used:	Numerator: The number of people on the dementia register in the Quality and Outcomes Framework (QOF). Denominator: Estimated prevalence number. Dementia prevalence rates published in Dementia UK report (2007), adjusted for general practice register patient numbers, and numbers of general practice patients in care homes (Adjusted National Dementia Prevalence, NHS England Dementia Prevalence Calculator v3, 2013).
Methodology:	Numerator divided by denominator expressed as a ratio. The denominator is calculated by applying estimated dementia prevalence rates to GP practice registered list sizes and adjusted for age and gender. A further adjustment is made based on the numbers of patients within the practice list, living in residential care settings, recognising the higher prevalence of dementia in these settings. CCG values are equal to the sum of practice values within the CCG.
Source locations:	http://www.hscic.gov.uk/catalogue/PUB15751 www.primarycare.nhs.uk
Further notes:	http://www.england.nhs.uk/wp-content/uploads/2013/12/every-count-tech-def.pdf http://www.hscic.gov.uk/catalogue/PUB15962/qual-outc-fram-rec-dem-diag-apr-oct-2014-rep.pdf
Produced by:	The Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from the Health and Social Care Information Centre and NHS England.
Date created:	November 2014

Map 51: Percentage of people aged 75 years and over to whom dementia case-finding is applied following emergency admission to hospital by NHS trust, April-September 2014

<p>Indicator: Dementia: case finding in hospital</p> <p>Statistic: Percentage</p> <p>Time period: April-September 2014</p> <p>Age group: 75 years and over</p> <p>Description: The percentage of people aged 75 years and over to whom dementia case-finding is applied following emergency admission to hospital by NHS trust, April-September 2014.</p> <p>Dementia – (1) Find, (2) Assess, (3) Investigate and Refer. This is the first of three indicators in this data collection, i.e. 'Find'.</p> <p>This data collection reports on the number and proportion of patients aged 75 and over to whom case finding is applied following emergency admission (indicator 1), the proportion of those identified as potentially having dementia who are appropriately assessed (indicator 2) and the number referred on to specialist services (indicator 3). Each patient admission can be included only once in each indicator but not necessarily in the same month, as the identification, assessment and referral stages may take place in different months.</p> <p>Data source: CQUIN (Commissioning for Quality and Innovation), Unify2 data collection, NHS England</p> <p>Coding scheme used:</p> <p>Numerator: 1) Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma). 2) Number of above patients reported as having had a diagnostic assessment including investigations. 3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners.</p> <p>Denominator: 1) Number of patients >75 admitted as an emergency, with length of stay >72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma). 2) Number of above patients with clinical diagnosis of delirium or who answered positively on the dementia case finding question. 3) Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive.</p> <p>Methodology: Numerator divided by denominator expressed as a percentage.</p> <p>95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457</p> <p>Source locations: http://www.england.nhs.uk/statistics/statistical-work-areas/dementia/</p> <p>Further notes: The Commissioning for Quality and Innovation (CQUIN) framework for 2014/15 contains a national goal to improve dementia care through the identification, assessment and prompt referral for diagnosis and follow up in patients over the age of 75 admitted as an emergency to hospital, that are suspected of having dementia. To enable monitoring and delivery of this CQUIN goal, this data collection is mandatory since April 2013 for all NHS Foundation and Non-Foundation trusts providing acute care.</p> <p>Produced by: NHS England</p> <p>Date created: February 2015</p>	
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Map 52: Percentage of people identified as potentially having dementia who are appropriately assessed following emergency admission to hospital by NHS trust, April-September 2014

Indicator:	Dementia: diagnostic assessment of potential cases
Statistic:	Percentage
Time period:	April-September 2014
Age group:	75 years and over
Description:	The percentage of people identified as potentially having dementia who are appropriately assessed following emergency admission to hospital by NHS trust, April-September 2014
	Dementia – (1) Find, (2) Assess, (3) Investigate and Refer. This is the second of three indicators in this data collection, i.e. 'Assess'.
	This data collection reports on the number and proportion of patients aged 75 and over to whom case finding is applied following emergency admission (indicator 1), the proportion of those identified as potentially having dementia who are appropriately assessed (indicator 2) and the number referred on to specialist services (indicator 3). Each patient admission can be included only once in each indicator but not necessarily in the same month, as the identification, assessment and referral stages may take place in different months.
Data source:	CQUIN (Commissioning for Quality and Innovation), Unify2 data collection, NHS England
Coding scheme used:	
Numerator:	1) Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma). 2) Number of above patients reported as having had a diagnostic assessment including investigations. 3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners.
Denominator:	1) Number of patients >75 admitted as an emergency, with length of stay >72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma). 2) Number of above patients with clinical diagnosis of delirium or who answered positively on the dementia case finding question. 3) Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive.
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apfo.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.england.nhs.uk/statistics/statistical-work-areas/dementia/
Further notes:	The Commissioning for Quality and Innovation (CQUIN) framework for 2014/15 contains a national goal to improve dementia care through the identification, assessment and prompt referral for diagnosis and follow up in patients over the age of 75 admitted as an emergency to hospital, that are suspected of having dementia. To enable monitoring and delivery of this CQUIN goal, this data collection is mandatory since April 2013 for all NHS Foundation and Non-Foundation trusts providing acute care.
Produced by:	NHS England
Date created:	February 2015

Map 53: Percentage of people aged 75 years and over potentially having dementia and appropriately assessed who are referred to

Indicator:	Dementia: referral to specialist services of diagnosed cases
Statistic:	Percentage
Time period:	April-September 2014
Age group:	75 years and over
Description:	<p>The percentage of people aged 75 years and over potentially having dementia and appropriately assessed who are referred to specialist services following emergency admission to hospital by NHS trust, April-September 2014</p> <p>Dementia – (1) Find, (2) Assess, (3) Investigate and Refer. This is the third of three indicators in this data collection, i.e. 'Investigate and Refer'.</p> <p>This data collection reports on the number and proportion of patients aged 75 and over to whom case finding is applied following emergency admission (indicator 1), the proportion of those identified as potentially having dementia who are appropriately assessed (indicator 2) and the number referred on to specialist services (indicator 3). Each patient admission can be included only once in each indicator but not necessarily in the same month, as the identification, assessment and referral stages may take place in different months.</p>
Data source:	CQUIN (Commissioning for Quality and Innovation), Unify2 data collection, NHS England
Coding scheme used:	
Numerator:	<p>1) Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma).</p> <p>2) Number of above patients reported as having had a diagnostic assessment including investigations.</p> <p>3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners.</p>
Denominator:	<p>1) Number of patients >75 admitted as an emergency, with length of stay >72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma).</p> <p>2) Number of above patients with clinical diagnosis of delirium or who answered positively on the dementia case finding question.</p> <p>3) Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive.</p>
Methodology:	<p>Numerator divided by denominator expressed as a percentage.</p> <p>95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.england.nhs.uk/statistics/statistical-work-areas/dementia/</p>
Source locations:	
Further notes:	<p>The Commissioning for Quality and Innovation (CQUIN) framework for 2014/15 contains a national goal to improve dementia care through the identification, assessment and prompt referral for diagnosis and follow up in patients over the age of 75 admitted as an emergency to hospital, that are suspected of having dementia.</p> <p>To enable monitoring and delivery of this CQUIN goal, this data collection is mandatory since April 2013 for all NHS Foundation and Non-Foundation trusts providing acute care.</p>
Produced by:	NHS England
Date created:	February 2015

Map 54: Rate of claims by GPs for Enhanced Services for health checks per estimated 1,000 population with dementia by NHS area team, 2013/14

Indicator:	Dementia Enhanced Service health check payment claims by GPs
Statistic:	Crude rate per 1,000
Time period:	2013/14
Age group:	All ages
Description:	The crude rate of claims by GPs for Enhanced Services for health checks per estimated 1000 population with dementia (from the NHS England Dementia Prevalence Calculator) by NHS area team, 2013/14
Data source:	Numerator: Calculating Quality Reporting Service (CQRS) Dementia Enhanced Service, the Health and Social Care Information Centre. Denominator: NHS England Dementia Prevalence Calculator v3, 2013, The NHS England Primary Care Web Tool, Dementia Module.
Coding scheme used:	
Numerator:	Number of claims for payment made by GPs for Dementia Enhanced Service health checks, 2013/14
Denominator:	Estimated prevalence number. Dementia prevalence rates published in Dementia UK report (2007), adjusted for general practice register patient numbers, and numbers of general practice patients in care homes (Adjusted National Dementia Prevalence, NHS England Dementia Prevalence Calculator v3, 2013).
Methodology:	Numerator divided by denominator expressed as a rate per 1,000. The denominator is calculated by applying estimated dementia prevalence rates to GP practice registered list sizes and adjusted for age and gender. A further adjustment is made based on the numbers of patients within the practice list, living in residential care settings, recognising the higher prevalence of dementia in these settings. CCG values are equal to the sum of practice values within the CCG. CCG values are aggregated up to NHS Area Team level.
Source locations:	http://dementiapartnerships.com/diagnosis/dementia-prevalence-calculator/
Further notes:	http://www.england.nhs.uk/wp-content/uploads/2013/12/every-count-tech-def.pdf
Produced by:	The Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from NHS England.
Date created:	November 2014

Map 55: Rate of emergency admissions to hospital of people with dementia aged 65 years and over per 100,000 population by CCG, 2012/13

Indicator:	Emergency admissions of people with dementia 65+ years
Statistic:	Crude rate per 100,000
Time period:	2012/13
Age group:	65 years and over
Description:	The rate of emergency admission to hospital with a mention of dementia in any diagnosis field in persons aged 65 years and over per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator: Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator: 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013
Coding scheme used:	ICD10
Numerator:	Count of emergency admissions with a mention of dementia in 2012/13 ICD10 F00-F004, G30, G31; Any diagnosis position; 65 years and over; CCG resident population.
Denominator:	2012 mid-year population estimate aged 65 years and over, CCG resident population.
Methodology:	Numerator divided by denominator expressed as a rate per 100,000. HES definitions - admimeth 21-28; epiorder 1, admidate >=1/4/2012 and <=31/3/13; disdate >=1/4/2012 and <=31/3/13, startage calc>=65. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-325526 http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	A confidence interval is a range of values that is used to quantify the imprecision in the estimate of a particular indicator. Specifically it quantifies the imprecision that results from random variation in the measurement of the indicator. A wider confidence interval shows that the indicator value presented is likely to be a less precise estimate of the true underlying value. HES inpatient data and ONS population statistics are generally considered to be complete and robust. However, there may be a question regarding the quality of external cause coding. Some of these cases may represent admissions for observation due to observed symptoms following an external cause event. There may be differences in admission thresholds. There may be variation between Trusts in the way hospital admissions are coded. There may be variation in data recording completeness.
Produced by:	The Mental Health, Dementia and Neurology Intelligence Network, Public Health England using data from the Health and Social Care Information Centre and the Office for National Statistics
Date created:	

Map 56: Rate of dual-energy X-ray absorptiometry (DEXA) activity per 1,000 weighted population by CCG, 2013/14

Indicator:	DEXA scan activity
Statistic:	Rate per 1,000 weighted population
Time period:	2013/14
Age group:	All ages
Description:	The rate of dual-energy X-ray absorptiometry (DEXA) activity per 1000 population (weighted for age, sex and need) by Clinical Commissioning Group of GP registration, 2013/14
Data source:	Numerator: Monthly Diagnostics Waiting times and Activity return (DM01), Unify2 data collection, NHS England Denominator: Clinical Commissioning Group and Area Team allocations 2014-15 and 2015-16, NHS England.
Coding scheme used:	
Numerator:	Number of DEXA scans performed during 2013/14
Denominator:	Hospital & Community Health Services (HCHS) population (at October 2013) that has been weighted by age and sex and 'need' variables (NHS England)
Methodology:	Numerator divided by denominator expressed as a rate per 1000. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457 . DM01 counts are not available by age/sex so it is not possible to standardise the rates. Using a weighted denominator is an alternative method of attempting to remove variation between CCGs that may be due to differences in age/sex structure and population 'need'. The method of calculating the HCHS population is available at the above link in the document titled, 'Fundamental Review of Allocations Policy – Annex C: Technical Guidance to Weighted Capitation Formula for Clinical Commissioning Groups, 2013'.
Source locations:	http://www.england.nhs.uk/statistics/diagnostics-waiting-times-and-activity/ http://www.england.nhs.uk/2014/03/27/allocations-tech-guide/ http://www.england.nhs.uk/wp-content/uploads/2013/08/ann-c-tech-guid.pdf
Further notes:	
Produced by:	NHS England/Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	December 2014

Map 57: Percentage of patients aged 75 years and over with a fragility fracture on or after 1 April 2012 who are being treated with a bone-sparing agent (excluding exceptions) by CCG, 2013/14

Indicator:	Osteoporosis treatment for fragility fracture
Statistic:	Percentage
Time period:	Position at end of June 2014
Age group:	75 years and over
Description:	The percentage of patients aged 75 years and over with a fragility fracture on or after 1 April 2012 who are being treated with an appropriate bone-sparing agent (excluding exceptions) by Clinical Commissioning Group of GP registration, 2013/14
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	The number of patients aged 75 years or over with a fragility fracture on or after 1 April 2012, who are being treated with an appropriate bone-sparing agent
Denominator:	The number of patients on the osteoporosis register aged 75 years or over with a record of a fragility fracture on or after 1 April 2012 , excluding exceptions.
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	This rate is know as the 'Achievement rate' in QOF, as opposed to the 'Intervention rate' which includes exceptions in the denominator. http://www.hscic.gov.uk/catalogue/PUB15751
Further notes:	
Produced by:	The Health and Social Care Information Centre (HSCIC)
Date created:	October 2014

Map 58: Mean length of stay (days) for emergency admission to hospital for fractured neck of femur (FNOF) by CCG, 2012/13

Indicator:	FNOF average LOS
Statistic:	Mean
Time period:	2012/13
Age group:	All ages
Description:	The average length of stay (days) for emergency admissions to hospital with a primary diagnosis of fractured neck of femur (FNOF) by Clinical Commissioning Group of residence, 2013/14
Data source:	Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved
Coding scheme used:	ICD10
Numerator:	Total number of bed days for all patient spells with a primary diagnosis of fractured neck of femur (ICD-10 S72.0, S72.1, S72.2, S72.9 - primary diagnosis only) in the first finished consultant episode of care, all admission methods.
Denominator:	The total number of continuous inpatient spells recorded with a primary diagnosis of fractured neck of femur (ICD-10 S72.0, S72.1, S72.2, S72.9 - primary diagnosis only) in the first finished consultant episode of care, all admission methods.
Methodology:	Arithmetic mean (numerator divided by denominator) 95% confidence intervals were calculated using the Normal approximation method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	December 2014

Map 59: Rate of primary hip replacement procedures per 100,000 population by CCG, 2012/13

Indicator:	Hip replacements
Statistic:	Directly age/sex-standardised rate per 100,000
Time period:	2012/13
Age group:	All ages
Description:	The directly age and sex standardised rate of primary hip replacement procedures per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	OPCS4
Numerator:	Number of admissions for primary hip replacement (OPCS4 codes: W37-W39, W93-W95 with 4th digit .1,.8,.9.)
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for persons of all ages using the 2013 European population as the reference standard. Numerator data for each sex by ageband group are divided by the denominator population data for each sex by ageband group respectively to give age-specific rates for the area. These sex/age-specific rates are multiplied by the standard population for each group respectively and summed across all groups to give the sex and age-adjusted count for the area. The sex and age-adjusted count of admissions is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the sex and age-standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nsl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	January 2015

Map 60: Mean patient-reported health gain (EQ-5D index score) for primary hip replacement procedures by CCG, 2013/14

Indicator:	Hip replacement PROMS
Statistic:	Mean EQ5D Index
Time period:	2013/14
Age group:	All ages
Description:	The case-mix adjusted average patient-reported health gain (EQ-5D index score) for primary hip replacement procedures by Clinical Commissioning Group of GP registration, 2013/14
Data source:	Patient Reported Outcome Measures (PROMs), The Health and Social Care Information Centre. Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Index scores for each patient responding to pre-operative questionnaires for the EQ-5D summed within each geography.
Denominator:	Total number of patient respondents for pre-operative questionnaires within each geography.
Methodology:	The indicator reports case-mix adjusted average health gain using patient reported outcome measures for those patients undergoing hip replacement. The indicator uses the mean patient scores for pre-operative and post-operative questionnaires using the generic standardised instrument of self-reported health outcomes, the EQ-5D. The average health gain is the pre-operative score subtracted from the post-operative score
Source locations:	http://www.hscic.gov.uk/catalogue/PUB15722
Further notes:	Updates to the 2013 - 2014 publication are intended to be released monthly ¹ until the dataset is finalised and a final annual report published, next expected in August 2015 for the 2013 - 14 data year. Further guidance on the methodology used can be found here: http://www.hscic.gov.uk/proms
Produced by:	The Health and Social Care Information Centre (HSCIC)
Date created:	November 2014

Map 61: Rate of emergency admission to hospital per 100,000 population aged 75 years and over with a length of stay of less than 24 hours by CCG, 2012/13

Indicator:	Emergency admissions with LOS<24 hours ages 75+ years
Statistic:	Crude rate per 100,000
Time period:	2012/13
Age group:	75 years and over
Description:	The crude rate of emergency admission to hospital for people aged 75 years and over with a length of stay of less than 24 hours per 100,000 population by Clinical Commissioning Group of residence , 2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	Number of emergency (admission method 21,22,23,24,28) finished admission episodes (episode status=3 and episode order=1) with a length of stay less than 24 hours (spell duration < 1), ordinary admissions (patient classification 1,2,5)
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	Numerator divided by denominator multiplied by 100,000. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nsl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	December 2014

Map 62: Rate of admission to hospital for people aged 75 years and over from nursing home or residential care home settings per 1,000 population by CCG, 2012/13

Indicator:	Admissions from nursing or residential care homes 75+ years
Statistic:	Crude rate per 1,000
Time period:	2012/13
Age group:	Ages 75 years and over
Description:	The crude rate of admission to hospital for people aged 75 years and over from nursing home or residential care home settings per 1000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator: 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	
Numerator:	A count of finished admission episodes where the patient classification is ordinary or day case and the source of admission indicates that the patient is from nursing or residential care home settings (ADMISORC=54,65,66,85,88), and the patient is aged 75 years or over.
Denominator:	2012 mid-year population estimate of persons age 75 years and over (2011 Census based)
Methodology:	Numerator divided by denominator multiplied by 1,000. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	December 2014

Map 63: Rate of council-supported permanent admissions of people aged 65 years and over to nursing home and residential care home settings per 100,000 population by upper-tier local authority, 2013/14

Indicator:	Permanent admissions to residential and nursing care homes
Statistic:	Crude rate per 100,000
Time period:	2013/14
Age group:	65 years and over
Description:	The crude rate of council-supported permanent admissions of people aged 65 years and over to nursing home and residential care home settings per 100,000 population by upper-tier local authority, 2013/14
Data source:	Department for Health - Adult Social Care Outcomes Framework. Numerator from the Health and Social Care Information Centre (HSCIC) Adult Social Care Combined Activity Return (ASC-CAR), Denominator is an Office for National Statistics (ONS) mid-year population estimates
Coding scheme used:	
Numerator:	Number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers between residential and nursing care (aged 65 and over)
Denominator:	Mid-year population estimate of persons aged 65 years and over
Methodology:	Numerator divided by denominator multiplied by 100,000
	95% confidence intervals calculated using Byar's method http://www.apfo.org.uk/resource/item.aspx?RID=48457 .
Source locations:	http://www.hscic.gov.uk/catalogue/PUB14402
Further notes:	Data are provisional. ASCOF Handbook of Definitions, England, 2013-14: www.gov.uk/government/uploads/system/uploads/attachment_data/file/261281/Handbook_of_definitions_v8_0_2_.pdf . Measures from the Adult Social Care Outcomes Framework, England - 2013-14, Provisional release: http://www.hscic.gov.uk/pubs/adusoccareof1314prov
Produced by:	HSCIC - Responsible Statistician: Katharine Robbins - Programme Manager, Adult Social Care Statistics
Date created:	8th July 2014

Map 64: Percentage of people aged 65 years and over who were discharged from hospital into re-ablement/rehabilitation services by upper-tier local authority 2013/14

Indicator:	Coverage of reablement/rehabilitation services 65+ years
Statistic:	Percentage
Time period:	2013/14
Age group:	65 years and over
Description:	Number of older people (aged 65 and over) discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) as a percentage of the total number of people (aged 65 and over) discharged alive from hospitals in England between 1 October 2013 and 31 December 2013, by upper-tier local authority, 2013/14. This includes all specialities and zero-length stays.
Data source:	Department for Health - Adult Social Care Outcomes Framework. Numerator from the Health and Social Care Information Centre (HSCIC) Adult Social Care Combined Activity Return (ASC-CAR), Denominator from HSCIC Hospital Episode Statistics (HES)
Coding scheme used:	
Numerator:	Number of older people (aged 65 and over) discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting)
Denominator:	Total number of people (aged 65 and over) discharged alive from hospitals in England between 1 October 2013 and 31 December 2013. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient
Methodology:	Numerator divided by denominator expressed as a percentage. Unrounded numerator/denominator data were not available and consequently confidence intervals could not be calculated by the Atlas Technical Team.
Source locations:	http://www.hscic.gov.uk/catalogue/PUB14402 http://www.hscic.gov.uk/article/2021/Website-Search?productid=16655&q=Measures+from+the+Adult+Social+Care+Outcomes+Framework&sort=Relevance&size=10&page=1&area=both#top
Further notes:	This is a two-part measure which reflects both the effectiveness of reablement services (PART 1), and the coverage of the service (PART 2). Data are provisional. The rationale for a two-part measure is to capture the volume of reablement offered as well as the success of the reablement service offered. This will prevent areas scoring well on the measure while offering reablement services to only a very small number of people. The measure includes social care-only placements. Therefore, those that were assessed just on social care needs would now be included in the data collection. In the future it may also be possible to expand the measure to include individuals assessed only on health needs, on the basis that this is a measure of joint working and is due to be replicated in the NHS Outcomes Framework once it comes into use in 2013/14. In addition, even in circumstances where there has been an assessment conducted by the NHS not including social care needs, social care may still be involved in delivering the service to the individual.
Further notes (cont'd):	ASCOF Handbook of Definitions, England, 2013-14: www.gov.uk/government/uploads/system/uploads/attachment_data/file/261281/Handbook_of_definitions_v8_0_2_.pdf Measures from the Adult Social Care Outcomes Framework, England - 2013-14, Provisional release: http://www.hscic.gov.uk/pubs/adusoccareof1314prov
Produced by:	HSCIC - Responsible Statistician: Katharine Robbins - Programme Manager, Adult Social Care Statistics
Date created:	8th July 2014

Map 65:Percentage of people aged 65 years and over who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services by upper-tier local authority 2013/14

Indicator:	Coverage of reablement/rehabilitation services 65+ years
Statistic:	Percentage
Time period:	2013/14
Age group:	65 years and over
Description:	<p>The percentage of people aged 65 years and over who are discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital, by upper-tier local authority, 2013/14.</p> <p>Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator.</p>
Data source:	Department for Health - Adult Social Care Outcomes Framework. Numerator and denominator from the Health and Social Care Information Centre (HSCIC) Adult Social Care Combined Activity Return (ASC-CAR)
Coding scheme used:	
Numerator:	Number of older people (aged 65 and over) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator.
Denominator:	Number of older people (aged 65 and over) discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting).
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	<p>Unrounded numerator/denominator data were not available and consequently confidence intervals could not be calculated by the Atlas Technical Team.</p> <p>http://www.hscic.gov.uk/catalogue/PUB14402</p> <p>http://www.hscic.gov.uk/article/2021/Website-Search?productid=16655&q=Measures+from+the+Adult+Social+Care+Outcomes+Framework&sort=Relevance&size=10&page=1&area=both#top</p>
Further notes:	<p>This is a two-part measure which reflects both the effectiveness of reablement services (PART 1), and the coverage of the service (PART 2). Data are provisional.</p> <p>The rationale for a two-part measure is to capture the volume of reablement offered as well as the success of the reablement service offered. This will prevent areas scoring well on the measure while offering reablement services to only a very small number of people.</p> <p>The measure includes social care-only placements. Therefore, those that were assessed just on social care needs would now be included in the data collection.</p> <p>In the future it may also be possible to expand the measure to include individuals assessed only on health needs, on the basis that this is a measure of joint working and is due to be replicated in the NHS Outcomes Framework once it comes into use in 2013/14. In addition, even in circumstances where there has been an assessment conducted by the NHS not including social care needs, social care may still be involved in delivering the service to the individual.</p> <p>ASCOF Handbook of Definitions, England, 2013-14: www.gov.uk/government/uploads/system/uploads/attachment_data/file/261281/Handbook_of_definitions_v8_0_2_.pdf Measures from the Adult Social Care Outcomes Framework, England - 2013-14, Provisional release: http://www.hscic.gov.uk/pubs/adusoccareof1314prov</p>
Produced by:	HSCIC - Responsible Statistician: Katharine Robbins - Programme Manager, Adult Social Care Statistics
Date created:	8th July 2014

Map 66: Percentage of all deaths that occurred in hospital by upper-tier local authority, 2013

Indicator:	Deaths in hospital
Statistic:	Percentage
Time period:	2013
Age group:	All ages
Description:	The percentage of deaths that occurred in hospital by upper-tier local authority, 2013
Data source:	Public Health England annual mortality extract 2013, Office for National Statistics. © Crown copyright.
Coding scheme used:	
Numerator:	Total number of deaths in all hospitals excluding psychiatric hospitals. This group includes NHS and private hospitals, acute, specialist and community hospitals.
Denominator:	Total number of deaths
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
	Cohort: England residents with death registered 2013. Assigned to a geography based on the residential postcode declared in mortality statistics. All deaths from external causes defined by International Classification of Diseases, Tenth Revision (ICD-10) codes V01-Y89, U50.9 are excluded.
Source locations:	http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death
Further notes:	
Produced by:	National End of Life Care Intelligence Network, Public Health England
Date created:	November 2014

Map 67: Percentage of all deaths that occurred in usual place of residence by CCG, 2013

Indicator:	Deaths at home
Statistic:	Percentage
Time period:	2013
Age group:	All ages
Description:	The percentage of deaths that occurred in usual place of residence by Clinical Commissioning Group of residence, 2013
Data source:	Public Health England annual mortality extract 2013, Office for National Statistics. © Crown copyright.
Coding scheme used:	
Numerator:	Total number of deaths in usual place of residence i.e. home, care homes (local authority and non local authority) and religious establishments
Denominator:	Total number of deaths
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
	Cohort: England residents with death registered 2013. Assigned to a geography based on the residential postcode declared in mortality statistics. All deaths from external causes defined by International Classification of Diseases, Tenth Revision (ICD-10) codes V01-Y89, U50.9 are excluded.
Source locations:	http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death
Further notes:	
Produced by:	National End of Life Care Intelligence Network, Public Health England
Date created:	November 2014

Map 68: Percentage of full-term babies (≥37 weeks' gestational age at birth) admitted to specialist neonatal care by neonatal network, 2013/14

Indicator:	Babies in neonatal care that were full-term
Statistic:	Percentage
Time period:	2013/14
Age group:	Babies mostly less than 28 days
Description:	The percentage of babies admitted to specialist neonatal care that were full-term babies (≥37 weeks' gestational age at birth) by neonatal network, 2013/14
Data source:	National Neonatal Database held by the Neonatal Data Analysis Unit, Imperial College London
Coding scheme used:	
Numerator:	Number of babies admitted to neonatal care that were full-term (≥37 weeks' gestational age at birth)
Denominator:	Number of babies admitted to specialist neonatal care
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	Infants seen by neonatal unit staff outside of a neonatal unit (e.g. transitional care ward) are included in the numerator and denominator.
Further notes:	
Produced by:	Public Health England/Neonatal Data Analysis Unit, Imperial College London
Date created:	February 2015

Map 69: Percentage of normally formed full-term babies (≥ 37 weeks' gestational age at birth) admitted to neonatal intensive care who are receiving therapeutic hypothermia by neonatal network, 2013/14

Indicator:	Babies in neonatal care receiving therapeutic hypothermia
Statistic:	Percentage
Time period:	2013/14
Age group:	Babies mostly less than 28 days
Description:	Percentage of normally formed full-term babies (≥ 37 weeks' gestational age at birth) admitted to neonatal intensive care that received therapeutic hypothermia by neonatal network, 2013/14
Data source:	National Neonatal Research Database held by the Neonatal Data Analysis Unit, Imperial College London
Coding scheme used:	
Numerator:	Number of normally formed full-term (≥ 37 weeks' gestational age at birth) babies admitted to neonatal care that received therapeutic hypothermia
Denominator:	Number of normally formed full-term (≥ 37 weeks' gestational age at birth) babies admitted to neonatal care
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457 Babies seen by neonatal unit staff outside of a neonatal unit (e.g. transitional care ward) are included in the numerator and denominator. Babies with unknown treatment status (i.e. cooled / not cooled) are excluded from the calculation.
Source locations:	
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England/Neonatal Data Analysis Unit, Imperial College London
Date created:	February 2015

Map 70: Rate of stillbirths and neonatal deaths (under 28 days) per 1,000 live-births and stillbirths by upper-tier local authority, 2012

Indicator:	Neonatal mortality and stillbirths
Statistic:	Crude rate per 1,000
Time period:	2012
Age group:	Under 28 days
Description:	The crude rate of stillbirths and neonatal deaths (under 28 days) per 1,000 live-births and stillbirths by upper-tier local authority, 2012
Data source:	Child Mortality Statistics: Childhood, Infant and Perinatal, Office for National Statistics, © Crown copyright 2013
Coding scheme used:	
Numerator:	The number of stillbirths and deaths under twenty-eight days occurring during the year
Denominator:	The number of live births and still births occurring during the year.
Methodology:	Crude rate per thousand live births and stillbirths. A full definition of each can be found in the original ONS publications. Please see the following link: http://www.ons.gov.uk/ons/rel/vsob1/child-mortality-statistics--childhood--infant-and-perinatal/2012/index.html
Source locations:	https://indicators.ic.nhs.uk/webview/ NHS Outcomes Framework
Further notes:	NHS Outcomes Framework – Domain 1: Preventing people from dying prematurely Improvement area – Reducing deaths in babies and young children. Indicator 1c (formerly Indicator 1.6ii).
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	November 2014

Map 71: Percentage of preterm babies (<33 weeks' gestational age at birth) who are receiving any maternal breast milk at discharge to home from neonatal care by neonatal network, 2013

Indicator:	Babies in neonatal care receiving mother's milk
Statistic:	Percentage
Time period:	2013
Age group:	Babies mostly less than 28 days
Description:	The percentage of preterm babies (<33 weeks' gestational age at birth) who were receiving any maternal breast milk at discharge to home from neonatal care by neonatal network, 2013
Data source:	National Neonatal Research Database held by the Neonatal Data Analysis Unit, Imperial College London
Coding scheme used:	
Numerator:	Number of babies born at <33 weeks gestation and admitted to neonatal units who were receiving any mother's milk at discharge from neonatal care
Denominator:	All babies born at <33 weeks gestation, admitted to neonatal units who survived to discharge home
Methodology:	Denominator divided by numerator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	
Further notes:	
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England/Neonatal Data Analysis Unit, Imperial College London
Date created:	December 2014

Map 72: Percentage of infants who are totally or partially breastfeeding at 6-8 weeks by upper-tier local authority, 2012/13

Indicator:	Breastfeeding at 6-8 weeks
Statistic:	Percentage
Time period:	2012/13
Age group:	6-8 weeks
Description:	The percentage of infants who are totally or partially breastfeeding at 6-8 weeks of age by upper-tier local authority, 2012/13.
	Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age.
Data source:	NHS England / Public Health England Knowledge and Intelligence Team (East)
Coding scheme used:	
Numerator:	Number of infants at the 6-8 week check who are totally or partially breastfeeding
Denominator:	Number of infants due for 6-8 week checks
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence limits are calculated using the Wilson Score method
Source locations:	http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/ http://www.phoutcomes.info/search/breast#gid/1/pat/6/ati/101/page/6/par/E12000004/are/E07000032/iid/20202/age/170/sex/4
Further notes:	Public Health Outcomes Framework indicator 2.02ii
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	November 2014

Map 73: Score (out of 10) rating women’s experience of labour and birth by NHS trust, February 2013

<p>Indicator: Womens experience of maternity care - labour and birth</p> <p>Statistic: Mean score (out of 10)</p> <p>Time period: 2013</p> <p>Age group: 15-44 years</p> <p>Description: The directly age and parity standardised score out of 10 rating women’s experience of labour and birth in the Care Quality Commission Maternity Services Survey by NHS trust, February 2013</p> <p>Data source: Maternity Services Survey 2013, Care Quality Commission.</p> <p>Coding scheme used:</p> <p>Numerator: Total scores for the section on labour and birth (section 3)</p> <p>Denominator: Total maximum scores available for the section on labour and birth (section 3)</p> <p>Methodology: Fraction</p> <p>Source locations: http://www.cqc.org.uk/cqc_survey/5 http://www.cqc.org.uk/content/maternity-services-survey-2013</p> <p>Further notes: During the summer of 2013, a questionnaire was sent to all women who gave birth in February 2013 (and January 2013 at smaller trusts). The questions are scored on a scale from 0 to 10. Results are based on ‘standardised’ data. The views of a respondent can reflect not only their experience of NHS services, but can also relate to certain demographic characteristics, such as their age. For example, older respondents tend to report more positive experiences than younger respondents. Because the mix of service users varies across trusts (for example, one trust may serve a considerably older population than another), this could potentially lead to the results for a trust appearing better or worse than they would if they had a slightly different profile of service users. To account for this data is ‘standardised’. Standardising data adjusts for these differences and enables the results for trusts to be compared more fairly than could be achieved using non-standardised data. The maternity survey is standardised by age and parity (whether the woman is a first time mother or has had other children).</p> <p>Produced by: National Child and Maternal Health Intelligence Network, Public Health England</p> <p>Date created: December 2013</p>	
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Map 74: Percentage of re-admissions to hospital following an elective Caesarean section that occur within 28 days of discharge by CCG, 2012/13

Indicator:	Caesarean section re-admissions
Statistic:	Percentage
Time period:	2012/13
Age group:	All ages
Description:	The percentage of elective admissions to hospital for a Caesarean section that are then re-admitted to hospital for any reason within 28 days of the original discharge by Clinical Commissioning Group of residence, 2012/13
Data source:	Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	OPCS4
Numerator:	Number of elective admissions to hospital for a Caesarean section (OPCS4 procedure codes (Elective caesarean delivery in any operative procedure OPERN_3_CONCAT = 'R17') for finished admission episodes (EPIORDER = 1) that are re-admitted to hospital within 28 days of discharge
Denominator:	Number of elective admissions to hospital for a Caesarean section (OPCS4 procedure codes (Elective caesarean delivery in any operative procedure OPERN_3_CONCAT = 'R17') for finished admission episodes (EPIORDER = 1)
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	February 2015

Map 75: Rate of emergency admissions to hospital of babies within 14 days of being born per 1,000 deliveries by CCG, 2012/13

Indicator:	Emergency admissions age 0-13 days
Statistic:	Crude rate per 1,000
Time period:	2012/13
Age group:	0-13 days
Description:	The crude rate of emergency admissions to hospital of babies aged 0-13 days (inclusive) per 1000 deliveries by Clinical Commissioning Group of residence, 2012/13
Data source:	Hospital Episode Statistics (HES). Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of emergency admissions of babies aged 0-13 days (inclusive)
Denominator:	Number of deliveries (finished total episodes).
Methodology:	Numerator divided by denominator multiplied by 1000.
	95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates http://fingertips.phe.org.uk/profile/general-practice
Further notes:	
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	February 2014

Map 76: Percentage of immunisation completion for routine vaccinations against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) at 2 years by upper-tier local authority, 2012/13

Indicator:	Immunisation: Dtap/IPV/Hib at 2 years
Statistic:	Percentage
Time period:	2012/13
Age group:	2 years
Description:	The percentage of immunisation completion for routine vaccinations against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) at 2 years by upper-tier local authority, 2012/13. Children for whom the CCG is responsible who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a percentage of children whose second birthday falls within the time period.
Data source:	Cover of Vaccination Evaluated Rapidly (COVER) data (collected by Public Health England), The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Total number of children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday.
Denominator:	Total number of children whose second birthday falls within the time period.
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	Local authority figures have been estimated from PCT level indicators. Note that this indicator is based on data at general practice level, and hence the local authority values are for NHS patients registered with the practices that make up the PCT or PCTs that cover the local authority area. This indicator has been taken from the Public Health Outcomes Framework and is located under health protection as indicator 3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old). www.phoutcomes.info . The data was extracted on 06/02/2014
Further notes:	Further information regarding vaccinations is available from www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/VaccineCoverageAndCOVER/COVERParameters/COVERVaccineCoverageCalculationDefinitions/
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	March 2014

Map 77: Percentage of immunisation completion for routine vaccinations against pneumococcal disease (PCV) at 2 years by upper-tier local authority, 2012/13

Indicator:	Immunisation: PCV at 2 years
Statistic:	Percentage
Time period:	2012/13
Age group:	2 years
Description:	The percentage of immunisation completion for routine vaccinations against pneumococcal disease (PCV) at 2 years by upper-tier local authority, 2012/13.
	All children at age two years who have received one booster dose of PCV vaccine as a percentage of all children at age two years.
Data source:	Cover of Vaccination Evaluated Rapidly (COVER) data (collected by Public Health England), The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Total number of children who received 1 dose of PCV booster vaccine on or after their first birthday and at any time up to their second birthday.
Denominator:	Total number of children whose second birthday falls within the time period.
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
	Local authority figures have been estimated from PCT level indicators. Note that this indicator is based on data at general practice level, and hence the local authority values are for NHS patients registered with the practices that make up the PCT or PCTs that cover the local authority area.
Source locations:	This indicator has been taken from the Public Health Outcomes Framework and is located under health protection as indicator 3.03vii - Population vaccination coverage - PCV booster. www.phoutcomes.info The data was extracted on 06/02/2014
Further notes:	Further information regarding vaccinations is available from www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/VaccineCoverageAndCOVER/COVERParameters/COVERVaccineCoverageCalculationDefinitions/
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	March 2014

Map 78: Percentage of immunisation coverage for routine vaccinations against measles, mumps and rubella (MMR) at 2 years by upper-tier local authority, 2012/13

Indicator:	Immunisation: MMR at 2 years
Statistic:	Percentage
Time period:	2012/13
Age group:	2 years
Description:	The percentage of immunisation coverage for routine vaccinations against mumps, measles and rubella (MMR) at 2 years by upper-tier local authority, 2012/13. All children for whom the CCG is responsible who received one dose of MMR vaccine on or after their first birthday and at any time up to their second birthday as a percentage of all children whose second birthday falls within the time period.
Data source:	Cover of Vaccination Evaluated Rapidly (COVER) data (collected by Public Health England), The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Total number of children who received one dose of MMR vaccine on or after their first birthday and at any time up to their second birthday.
Denominator:	Total number of children whose second birthday falls within the time period.
Methodology:	Numerator divided by denominator expressed as a percentage. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	Local authority figures have been estimated from PCT level indicators. Note that this indicator is based on data at general practice level, and hence the local authority values are for NHS patients registered with the practices that make up the PCT or PCTs that cover the local authority area. This indicator has been taken from the Public Health Outcomes Framework and is located under health protection as indicator 3.03viii - Population vaccination coverage - MMR for one dose (2 years old). www.phoutcomes.info The data was extracted on 06/02/2014
Further notes:	Further information regarding vaccinations is available from www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/VaccineCoverageAndCOVER/COVERParameters/COVERVaccineCoverageCalculationDefinitions/
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	March 2014

Map 79: Rate of admission to hospital for dental caries in children aged 1-4 years per 100,000 population by CCG, 2010/11-2012/13

Indicator:	Dental caries admissions in children <5 years
Statistic:	Crude rate per 100,000
Time period:	2010/11-2012/13
Age group:	1-4 years
Description:	The crude rate of admission to hospital with a primary diagnosis of dental caries in children aged 1-4 years per 100,000 population by Clinical Commissioning Group of residence, 2010/11-2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, 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. © Crown copyright.
Coding scheme used:	ICD10
Numerator:	Number of admissions primary diagnosis of dental caries (ICD10 K02). Excludes transfers from other providers (admission sources 51-53).
Denominator:	2010, 2011 and 2012 mid-year population estimates (2011 Census based)
Methodology:	Numerator divided by denominator multiplied by 100,000. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457 .
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	November 2014

Map 80: Percentage of pupils in school reception year (aged 4-5 years) with healthy weight by upper-tier local authority, Academic year 2013/14

Indicator:	Healthy weight children 4-5 years
Statistic:	Percentage
Time period:	September 2013 to August 2014
Age group:	4-5 years
Description:	The percentage of pupils in school reception year (aged 4-5 years) with healthy weight (defined using UK 1990 Body Mass Index (BMI) thresholds) by upper-tier local authority, Academic year 2013/14. Healthy weight is defined as a BMI greater than the 2nd centile but less than the 85th centile.
Data source:	National Child Measurement Programme (NCMP), The Health and Social Care Information Centre. Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of primary school age children in Reception year (age 4-5 years) with valid height and weight recorded who were classified as having a healthy weight
Denominator:	Total number of primary school age children in Reception year (age 4-5 years) with valid height and weight recorded
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/ncmp
Further notes:	It is important to note that improvements in data quality over time can affect prevalence figures. For example, prevalence rates for the different BMI categories for an LA should be treated with caution if the participation rate for that LA is low. This is because there is a chance that the children measured may not be representative of all the children in that LA. This should also be considered when making comparisons over time as it may partly explain any observed changes; both significant and non-significant. It should be noted that the participation rate for Royal Borough of Windsor and Maidenhead was particularly low at 34.2 per cent. This may impact on the obesity prevalence rate if those children measured were not representative of all children in the LA.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	December 2014

Map 81: Percentage of pupils in school year 6 (aged 10-11 years) with healthy weight by upper-tier local authority, Academic year 2013/14

Indicator:	Healthy weight children 10-11 years
Statistic:	Percentage
Time period:	September 2013 to August 2014
Age group:	10-11 years
Description:	The percentage of pupils in school year 6 (aged 10-11 years) with healthy weight (defined using UK 1990 Body Mass Index (BMI) thresholds) by upper-tier local authority, Academic year 2013/14. Healthy weight is defined as a BMI greater than the 2nd centile but less than the 85th centile.
Data source:	National Child Measurement Programme (NCMP), The Health and Social Care Information Centre. Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	Number of primary school age children in year 6 (age 10-11 years) with valid height and weight recorded who were classified as having a healthy weight
Denominator:	Total number of primary school age children in year 6 (age 10-11 years) with valid height and weight recorded
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method http://www.apfo.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/ncmp
Further notes:	It is important to note that improvements in data quality over time can affect prevalence figures. For example, prevalence rates for the different BMI categories for an LA should be treated with caution if the participation rate for that LA is low. This is because there is a chance that the children measured may not be representative of all the children in that LA. This should also be considered when making comparisons over time as it may partly explain any observed changes; both significant and non-significant. It should be noted that the participation rate for Royal Borough of Windsor and Maidenhead was particularly low at 34.2 per cent. This may impact on the obesity prevalence rate if those children measured were not representative of all children in the LA.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	December 2014

Map 82: Percentage of children and young people aged 0-24 years with diabetes in the national paediatric diabetes unit whose median HbA1c measurement was less than 58 mmol/mol (7.5%) by paediatric diabetes unit, 2012/13

Indicator:	Type 1 diabetes <25 years: blood glucose control
Statistic:	Percentage
Time period:	2012/13
Age group:	0-24 years
Description:	The percentage of children and young people aged 0-24 years with diabetes in the national diabetes paediatric unit whose median HbA1c measurement was less than 58 mmol/mol (7.5%) by paediatric diabetes unit, 2012/3
Data source:	National Paediatric Diabetes Audit (NPDA), The Royal College of Paediatrics and Child Health
Coding scheme used:	
Numerator:	Number of patients aged 0-24 years with HbA1c less than 58 mmol/mol (7.5%)
Denominator:	Number of patients aged 0-24 years who had their HbA1c levels measured
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method
Source locations:	http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.rcpch.ac.uk/national-paediatric-diabetes-audit-npda
Further notes:	Only HbA1c measurements that are at least 3 months after diagnosis are included as measurements taken shortly after diagnosis will not be a reflection of the on-going management of blood glucose levels.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England/Royal College of Paediatrics and Child Health
Date created:	January 2015

Map 83: Emergency asthma admission rate for children aged 0-18 years per 100,000 population by CCG, 2012/13

Indicator:	Emergency asthma admissions in children
Statistic:	Crude rate per 100,000
Time period:	2012/13
Age group:	0-18 years
Description:	The crude rate of emergency admissions to hospital with a primary diagnosis of asthma per 100,000 population aged 0-18 years and over by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013
Coding scheme used:	ICD10
Numerator:	Number of emergency admissions (admission method 21,22,23,24 or 28) with a primary diagnosis of asthma (ICD10 J45, J46)
Denominator:	2012 mid-year population estimates (2011 Census based)
Methodology:	Denominator divided by numerator expressed as a rate per 100,000. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. Further information around asthma admissions in children can be seen in http://atlas.chimat.org.uk/IAS/dmit
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	December 2014

Map 84: Mean length of stay (days) for asthma in children aged 0-18 years by CCG, 2012/13

Indicator:	Asthma LOS 0-18 years
Statistic:	Mean number of days
Time period:	2012/13
Age group:	0-18 years
Description:	The mean length of stay (days) for children aged 0-18 years admitted to hospital with a primary diagnosis of asthma by Clinical Commissioning Group of residence, 2012/13
Data source:	Hospital Episode Statistics (HES). Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	ICD10
Numerator:	Sum of total spell duration for emergency admissions (admission method 21,22,23,24 or 28) with a primary diagnosis of asthma (ICD10 J45, J46) in children aged 0 to 18 years.
Denominator:	Total number of finished spells for emergency admissions (admission method 21,22,23,24 or 28) with a primary diagnosis of asthma (ICD10 J45, J46) in children aged 0 to 18 years.
Methodology:	Arithmetic mean (numerator divided by denominator)
	95% confidence intervals were calculated using the Normal approximation method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes
Further notes:	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	December 2014

Map 85: Rate of admission to hospital for self-harm in children and young people aged 10-24 years per 100,000 population by upper-tier local authority, 2012/13

Indicator:	Self-harm admissions 10-24 years
Statistic:	Directly age-standardised rate per 100,000
Time period:	2012/13
Age group:	10-24 years
Description:	The directly age-standardised rate of admission to hospital for intentional self-harm in children and young people aged 10-24 years per 100,000 population by upper-tier local authority, 2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	Number of finished admission episodes in children aged between 10 and 24 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm).
Denominator:	2012 mid-year population estimate of persons aged 10-24 years (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for persons aged 10-24 years using the 2013 European population as the reference population http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/index.html . Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific admission rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of admissions for the area. The age adjusted count of admissions is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence. Does not include attendance at A&E. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using the 1976 and 2013 ESPs are not comparable.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	March 2014

Map 86: Rate of children and young people aged 0-18 years with three or more admissions to hospital per year for mental health problems per 100,000 population by CCG, 2012/13

Indicator:	Mental health admissions <19 years
Statistic:	Crude rate per 100,000
Time period:	2012/13
Age group:	0-18 years
Description:	The crude rate of children and young people aged 0-18 years with three or more admissions to hospital per year for mental health problems per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator - Hospital Episode Statistics, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	Number of spells diagnosis of mental and behavioural disorder (ICD10 F00-F99) in any diagnosis position
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	Numerator divided by denominator expressed as a rate per 100,000. 95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	February 2015

Map 87: Rate of accident and emergency (A&E) attendance in children and young people aged 0-19 years per 1,000 population by CCG 2012/13

Indicator:	A&E attendances 0-19 years
Statistic:	Crude rate per 1,000
Time period:	2012/13
Age group:	0-19 years
Description:	The crude rate of accident and emergency (A&E) attendance in children aged 0-19 years per 1,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator: Hospital Episode Statistics (HES). Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Office for National Statistics Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	A&E attendances for all children aged 0-19 years.
Denominator:	2012 mid-year population estimate of persons aged 0-19 years (2011 Census based)
Methodology:	Numerator divided by denominator multiplied by 1000. 95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457 .
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates http://fingertips.phe.org.uk/profile/general-practice
Further notes:	The A&E data set is a developing data set which has a number of continuing issues regarding quality and coverage of certain key fields. Data should be interpreted with caution for the following areas: Cornwall, County Durham, Darlington, Dorset and Southampton.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	October 2014

Map 88: Rate of elective admission to hospital for tonsillectomy in children aged 0-17 years per 100,000 population by CCG, 2012/13

Indicator:	Tonsillectomy admissions
Statistic:	Directly age-standardised rate per 100,000
Time period:	2012/13
Age group:	0-17 years
Description:	The directly age-standardised rate of elective admission to hospital for tonsillectomy in children aged 0-17 years per 100,000 population by Clinical Commissioning Group of residence, 2012/13
Data source:	Numerator: Hospital Episode Statistics (HES). Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Office for National Statistics Denominator - 2012 mid-year population estimates (2011 Census based), Office for National Statistics.© Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	Elective admissions (admission method 11-13) aged 0-17 years of age with primary procedure code of Tonsillectomy (F341-F349)
Denominator:	2012 mid-year population estimate of persons aged 0-17 years (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for persons age 0-17 years using the 2013 European population as the reference population http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revision-european-standard-population-2013--2013-esp-/index.html . Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific admission rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of admissions for the area. The age adjusted count of admissions is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nsl=Population+Estimates http://fingertips.phe.org.uk/profile/general-practice
Further notes:	
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	October 2014

Map 89: Percentage of all deaths in children aged 0-17 years with life-limiting conditions that occur in hospital by NHS area team, 2009-2013

Indicator:	Hospital deaths in children with life-limiting conditions
Statistic:	Percentage
Time period:	2009-2013
Age group:	0-17 years
Description:	The percentage of deaths in children aged 0-17 years with life-limiting conditions that occur in hospital by NHS area team, 2009-2013
Data source:	Public Health England annual birth and mortality extract, Office for National Statistics. © Crown copyright.
Coding scheme used:	ICD10
Numerator:	Number of deaths which occur in hospital for children with life-limiting conditions
Denominator:	Number of deaths for children with life-limiting conditions
Methodology:	Numerator divided by denominator expressed as a percentage.
	95% confidence intervals were calculated using the Wilson Score Method
Source locations:	http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Deaths
Further notes:	
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	November 2014

Map 90: Rate of mortality in infants aged under one year per 1,000 live-births by upper-tier local authority, 2010-2012

Indicator:	Infant mortality
Statistic:	Crude rate per 1,000
Time period:	2010-12
Age group:	Under 1 year
Description:	The crude rate of mortality in infants aged under one year per 1000 live-births by upper-tier local authority, 2010-2012
Data source:	Public Health England annual birth and mortality extract, Office for National Statistics. © Crown copyright.
Coding scheme used:	
Numerator:	Number of deaths of infants aged under 1 year, registered in the calendar years 2010, 2011 and 2012
Denominator:	Number of live births, occurring in the calendar years 2010, 2011 and 2012
Methodology:	Numerator divided by denominator multiplied by 1000.
	95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457 .
Source locations:	http://indicators.ic.nhs.uk http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Mortality+Rates
Further notes:	The relatively small numbers of deaths in each local authority each year means that the confidence limits (i.e. the range of variation that may occur due to chance) around the corresponding rate will be wide.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	March 2014

Map 91: Rate of mortality in children aged 1-17 years per 100,000 population by upper-tier local authority, 2010-2012

Indicator:	Child mortality
Statistic:	Directly age-standardised rate per 100,000
Time period:	2010-12
Age group:	1-17 years
Description:	The directly age standardised rate of mortality in children aged 1-17 years per 100,000 population by upper-tier local authority, 2010-2012
Data source:	Numerator: Public Health England annual birth and mortality extract, Office for National Statistics. © Crown copyright. Denominator: Mid-year population estimates, Office for National Statistics. © Crown copyright.
Coding scheme used:	
Numerator:	Number of deaths in persons aged 1 to 17 years, registered in the calendar years 2010, 2011 and 2012
Denominator:	2010, 2011 and 2012 mid-year population estimates of persons aged 1–17 years
Methodology:	The indicator is constructed as a directly standardised rate for persons age 1-17 years using the 2013 European population as the reference population. Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific death rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of admissions for the area. The age adjusted count of deaths is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.ons.gov.uk www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/index.html
Further notes:	The relatively small numbers of deaths in each local authority each year means that the confidence limits (i.e. the range of variation that may occur due to chance) around the corresponding rate will be wide. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using the 1976 and 2013 ESPs are not comparable.
Produced by:	National Child and Maternal Health Intelligence Network, Public Health England
Date created:	March 2014

Map 92: Prevalence rate of patients with a learning disability aged 18 years and over per 1,000 patients on GP registers by CCG, 2013/14

Indicator:	Learning disability prevalence
Statistic:	Crude rate per 1,000
Time period:	Position at end of June 2014
Age group:	18 years and over
Description:	The prevalence rate of adults with a registered learning disability per 1000 patients on GP registers aged 18 years and over by Clinical Commissioning Group of GP registration, 2013/14
Data source:	The Quality and Outcomes Framework 2013/14. Copyright © 2014, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	Read codes V2 and V3
Numerator:	Number of patients aged 18 and over currently registered with a GP whose record include any one of the following terms in Read v2: E3...%, Eu7..%, Eu814, Eu815, Eu816, Eu817, Eu81z, Eu818 or 918e, or their Clinical Terms v3 equivalents: E3...%, XaQZ4, XaQZ3, XaKYb, XaREt, XaREu, Eu81z or XaaiS.
Denominator:	Number of patients aged 18 and over registered with GP practices
Methodology:	Numerator divided by denominator multiplied by 1000.
Source locations:	95% confidence intervals calculated using Byar's method http://www.apho.org.uk/resource/item.aspx?RID=48457 .
Further notes:	<p>1. Emerson E, Baines S, Allerton L and Welch V (2012) Health inequalities and people with Learning Disabilities in the UK: 2012. Improving Health and Lives Learning Disabilities Observatory, (IHAL-2012-11) www.ihal.org.uk/gsf.php5?f=16453</p> <p>2. Heslop P, Blair P, Fleming P, Hoghton M, Marriott A, (2013.) Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Final report. Bristol: Norah Fry Research Centre. www.bris.ac.uk/cipold/fullfinalreport.pdf</p> <p>3. Michael, J. (Chair) (2008) Healthcare For All. Report of the independent inquiry into access to healthcare for people with learning disabilities. webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106126.pdf</p> <p>4. QOF Business rules. Current set is v 30 www.hscic.gov.uk/media/15380/Learning-disability-rulesetv300/pdf/Learning_disability_ruleset_v30.0.pdf but the learning disability register ruleset has not changed since it was instigated in 2006/07</p> <p>5. Monitor (2013) Risk assessment framework (page 56). www.gov.uk/government/uploads/system/uploads/attachment_data/file/299929/RAF_Update_AppC_1April14.pdf</p>
Produced by:	The Improving Health and Lives Learning Disabilities Observatory, Public Health England
Date created:	November 2014

Map 93: Rate of accident and emergency (A&E) attendances per 1,000 population by CCG, 2012/13

<p>Indicator: A&E attendances</p> <p>Statistic: Directly age/sex-standardised rate per 1,000</p> <p>Time period: 2012/13</p> <p>Age group: All ages</p> <p>Description: The directly age and sex standardised rate of accident and emergency (A&E) attendances per 1000 population by Clinical Commissioning Group of residence, 2012/13</p> <p>Data source: Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.</p> <p>Denominator: 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.</p> <p>Coding scheme used:</p> <p>Numerator: Number of Accident and Emergency (A&E) attendances</p> <p>Denominator: 2012 mid-year population estimate (2011 Census based)</p> <p>Methodology: The indicator is constructed as a directly standardised rate for all persons and all ages using the 2013 European population as the reference standard.</p> <p>Numerator data for each sex by ageband are divided by the denominator population data for each sex by ageband respectively to give sex/age specific A&E attendance rates for the area. These sex/age specific rates are multiplied by the standard population for each group respectively and summed across all groups to give the sex and age adjusted count of A&E attendances for the area.</p> <p>The age adjusted count of A&E attendances is divided by the total standard population for the whole age range included in the indicator, and multiplied by 1,000 to give the sex and age standardised rate for the area.</p> <p>95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457</p> <p>Source locations: http://www.hscic.gov.uk/hes http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates</p> <p>Further notes:</p> <p>Produced by: Northern & Yorkshire Knowledge and Intelligence Team, Public Health England</p> <p>Date created: December 2014</p>	
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Map 94: Percentage of accident and emergency (A&E) attendances that result in emergency admission to hospital by CCG, 2012/13

Indicator:	A&E attendances resulting in emergency admission
Statistic:	Indirectly age/sex-standardised percentage
Time period:	2012/13
Age group:	All ages
Description:	The indirectly age and sex standardised percentage of accident and emergency (A&E) attendances that result in emergency admission to hospital by Clinical Commissioning Group of residence, 2012/13
Data source:	Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	
Numerator:	The observed number of A&E attendances that resulted in an emergency admission in the CCG
Denominator:	The expected number of A&E attendances in the CCG if it had the same rate of A&E conversion to emergency admission as England. This is calculated by multiplying the CCG quinary age-group and sex specific number of A&E attendances by the corresponding national quinary age-group and sex specific A&E attendance to emergency admission conversion rate.
Methodology:	Numerator divided by denominator yields an indirectly age/sex standardised ratio reflecting the relative difference between the CCG and national A&E conversion rates. This ratio is then multiplied by the overall all-age England A&E attendance conversion rate to give an indirectly age/sex standardised percent. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	
Further notes:	
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team, Public Health England
Date created:	January 2015

Map 95: Rate of emergency admission to hospital for ambulatory care-sensitive conditions per 100,000 population by CCG, 2012/13

Indicator:	Admissions for emergency ambulatory care conditions
Statistic:	Directly age/sex-standardised rate per 100,000
Time period:	2012/13
Age group:	All ages
Description:	The directly age and sex standardised rate of emergency admission to hospital for ambulatory care-sensitive conditions per 100,000 population by Clinical Commissioning Group of GP registration, 2012/13
Data source:	Numerator: Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Denominator: Unconstrained GP registered patient counts by single year of age and sex from the NHAIS (Exeter) Systems; extracted annually on 1 April for the forthcoming financial year
Coding scheme used:	ICD10
Numerator:	The number of finished and unfinished admission episodes, excluding transfers, for patients with an emergency method of admission and a primary diagnosis of a chronic ambulatory care condition (ICD10 codes B18.0, B18.1, E10-E14,d50.1, D50.8, D50.9, D51, D52,F00-F03, G40, G41, I10X,I11.0, I11.9, I13.0,I20, I25, I50, I48X, J81X, J20, J41, J42X, J43, J44, J45, J46X, J47X). This is the NHS Outcomes Framework indicator 2.3.i (CCG indicator 2.6) 'Unplanned hospitalisation for chronic ambulatory care sensitive conditions'.
Denominator:	Unconstrained GP registered patient counts by age and sex from the NHAIS (Exeter) Systems; extracted on 1 April 2012.
Methodology:	The indicator is constructed as a directly standardised rate for all persons and all ages using the 2012 ONS mid-year population estimate for England as the reference population. Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific admission rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of admissions for the area. The age adjusted count of admissions is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised rate for the area. 95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_I00757_S_V6.pdf
Further notes:	
Produced by:	Health and Social Care Information Centre (HSCIC) Clinical Indicators Team. Indicator Reference: I00757
Date created:	September 2014

Map 96: Rate of admission to hospital for alcohol-related causes (broad measure) per 100,000 population by lower-tier local authority, 2012/13

Indicator:	Alcohol-related admissions
Statistic:	Directly age-standardised rate per 100,000
Time period:	2012/13
Age group:	All ages
Description:	The directly age standardised rate of admission to hospital for alcohol-related causes (broad measure) per 100,000 population by lower-tier local authority, 2012/13
Data source:	Local Alcohol Profiles for England.
	Numerator - Hospital Episode Statistics 2012/13, The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
	Denominator: 2012 mid-year population estimates (2011 Census based), Office for National Statistics. © Crown copyright 2013.
Coding scheme used:	ICD10
Numerator:	Number of admissions to hospital for alcohol related causes (broad definition), where the primary diagnosis or any of the secondary diagnoses are an alcohol attributable code (see 'User Guide: Local Alcohol Profiles for England 2014' Appendix 1 at LAPE below link). Children aged less than 16 years were only included for alcohol-specific conditions and for low birthweight. For other conditions, alcohol-attributable fractions were not available for children.
Denominator:	2012 mid-year population estimate (2011 Census based)
Methodology:	The indicator is constructed as a directly standardised rate for all persons and all ages using the 2013 European population as the reference standard.
	Numerator data for each age band are divided by the denominator population data for each age band respectively to give age specific admission rates for the area. These age specific rates are multiplied by the standard population for each age group respectively and aggregated across all the age groups to give the age adjusted count of admissions for the area.
	The age adjusted count of admissions is divided by the total standard population for the whole age range included in the indicator, and multiplied by 100,000 to give the age standardised rate for the area.
	95% confidence intervals were calculated using Byar's Method. http://www.apho.org.uk/resource/item.aspx?RID=48457
Source locations:	http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf http://www.lape.org.uk/data.html
Further notes:	
Produced by:	Knowledge and Intelligence Team (North West), Public Health England
Date created:	September 2014

Map 97: Percentage of elective admissions for abdominal aortic aneurysm (AAA) or aorto-bifemoral bifurcation graft procedures that have planned access to adult critical care by CCG, 2013/14

Indicator:	Planned access to adult Critical Care on admission for AAA or ABG
Statistic:	Percentage
Time period:	2013/14
Age group:	All ages
Description:	The percentage of elective admissions to hospital for abdominal aortic aneurysm (AAA) or aorto-bifemoral bifurcation graft procedures that have planned access to adult critical care by Clinical Commissioning Group of residence, 2013/14. Planned access to Critical Care is defined as the Critical Care Minimum Data Set (CCMDS) record having the same start date as the start date of the surgical procedure.
Data source:	Hospital Episode Statistics 2013/14 (provisional), The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	OPCS4
Numerator:	Number of elective finished admission episodes with an OPSC4 procedure code of L18-L19 (Abdominal aortic aneurysm) or L16, L20-L21 (Aortobifemoral bifurcation graft) in any procedure position, with a CCMDS record with a start date the same as the admission date.
Denominator:	Number of elective finished admission episodes with an OPSC4 procedure code of L18-L19 (Abdominal aortic aneurysm) or L16, L20-L21 (Aortobifemoral bifurcation graft) in any procedure position
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.hscic.gov.uk/hes
Further notes:	Historical audits have shown significant variation in planned usage of Critical Care following major surgery. This indicator is for elective admissions only and is paired with a complementary indicator for emergency admissions (for a different set of surgical procedures). Unlike the vast majority of data held in HES, the HSCIS do not apply any data quality checks to the CCMDS (other than checking for and removing patient identifiable information). Data in the CCMDS is 'as submitted' by the provider organisation.
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team (Public Health England) extracted the data and performed the calculations. Dr Jane Eddleston, Dr Mike Grocott, Dr David Cromwell, Dr Bob Winter produced the indicator definition
Date created:	December 2014

Map 98: Percentage of emergency admissions for excision colorectal surgery that have planned access to adult critical care by CCG, 2013/14

Indicator:	Planned access to adult Critical Care on admission for excision colorectal surgery
Statistic:	Percentage
Time period:	2013/14
Age group:	All ages
Description:	The percentage of emergency admissions to hospital for excision colorectal surgery that have planned access to adult critical care by Clinical Commissioning Group of residence, 2013/14. Planned access to Critical Care is defined as the Critical Care Minimum Data Set (CCMDS) record having the same start date as the start date of the surgical procedure.
Data source:	Hospital Episode Statistics 2013/14 (provisional), The Health and Social Care Information Centre. Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Coding scheme used:	OPCS4
Numerator:	Number of non-elective finished admission episodes with an OPSC4 procedure code of H04.1, H05-H10, H33.3-H33.6, H33.8 or H33.9 in any procedure position, with a CCMDS record with a start date the same as the admission date.
Denominator:	Number of non-elective finished admission episodes with an OPSC4 procedure code of H04.1, H05-H10, H33.3-H33.6, H33.8 or H33.9 in any procedure position,
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	95% confidence intervals were calculated using the Wilson Score Method http://www.apho.org.uk/resource/item.aspx?RID=48457 http://www.hscic.gov.uk/hes
Further notes:	Historical audits have shown significant variation in planned usage of Critical Care following major surgery. This indicator is for elective admissions only and is paired with a complementary indicator for emergency admissions (for a different set of surgical procedures). Unlike the vast majority of data held in HES, the HSCIS do not apply any data quality checks to the CCMDS (other than checking for and removing patient identifiable information). Data in the CCMDS is 'as submitted' by the provider organisation.
Produced by:	Northern & Yorkshire Knowledge and Intelligence Team (Public Health England) extracted the data and performed the calculations. Dr Jane Eddleston, Dr Mike Grocott, Dr David Cromwell, Dr Bob Winter produced the indicator definition
Date created:	December 2014

Map 99: Percentage of NHS hospital Trusts that have 24-hour access to nephrostomy by SHA, November 2013

Indicator:	IR 24-hour access: Nephrostomy
Statistic:	Percentage
Time period:	November 2013
Age group:	Not applicable
Description:	The percentage of NHS hospital trusts reporting that they have 24-hour access to nephrostomy by Strategic Health Authority, November 2013
Data source:	Interventional Radiology provision in 2013 - A survey of English NHS trusts, NHS Improving Quality (NHS IQ). Data extracted from an Excel 'Map tool' (IR Map Tool 2013 ver 2a.xlsm)
Coding scheme used:	Not applicable
Numerator:	Number of NHS hospital trusts responding to the survey that stated they offered overall 24-hour access to nephrostomy
Denominator:	Number of NHS hospital trusts responding to the survey
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	
Further notes:	http://www.nhs.uk/nhsq/2487426/interventionalradiology.pdf http://www.nhs.uk/nhsq/2647301/nhsq_irsurvey.pdf
Produced by:	NHS Improving Quality
Date created:	February 2015

Map 100: Percentage of NHS hospital Trusts that have 24-hour access to endovascular intervention by SHA, November 2013

Indicator:	IR 24-hour access: Endovascular intervention
Statistic:	Percentage
Time period:	November 2013
Age group:	Not applicable
Description:	The percentage of NHS hospital trusts reporting that they have 24-hour access to endovascular intervention by Strategic Health Authority, November 2013
Data source:	Interventional Radiology provision in 2013 - A survey of English NHS trusts, NHS Improving Quality (NHS IQ). Data extracted from an Excel 'Map tool' (IR Map Tool 2013 ver 2a.xlsm)
Coding scheme used:	Not applicable
Numerator:	Number of NHS hospital trusts responding to the survey that stated they offered overall 24-hour access to nephrostomy
Denominator:	Number of NHS hospital trusts responding to the survey
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	
Further notes:	
Produced by:	NHS Improving Quality
Date created:	February 2015

Map 101: Percentage of NHS hospital Trusts that have 24-hour access to embolisation for haemorrhage (general) by SHA, November 2013

Indicator:	IR 24-hour access: Embolisation for haemorrhage
Statistic:	Percentage
Time period:	November 2013
Age group:	Not applicable
Description:	The percentage of NHS hospital trusts reporting that they have 24-hour access to embolisation for haemorrhage by Strategic Health Authority, November 2013
Data source:	Interventional Radiology provision in 2013 - A survey of English NHS trusts, NHS Improving Quality (NHS IQ). Data extracted from an Excel 'Map tool' (IR Map Tool 2013 ver 2a.xlsm)
Coding scheme used:	Not applicable
Numerator:	Number of NHS hospital trusts responding to the survey that stated they offered overall 24-hour access to nephrostomy
Denominator:	Number of NHS hospital trusts responding to the survey
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	
Further notes:	
Produced by:	NHS Improving Quality
Date created:	February 2015

Map 102: Percentage of NHS hospital Trusts that have 24-hour access to embolisation for postpartum haemorrhage by SHA, November 2013

Indicator:	IR 24-hour access: Embolisation for postpartum haemorrhage
Statistic:	Percentage
Time period:	November 2013
Age group:	Not applicable
Description:	The percentage of NHS hospital trusts reporting that they have 24-hour access to embolisation for postpartum haemorrhage by Strategic Health Authority, November 2013
Data source:	Interventional Radiology provision in 2013 - A survey of English NHS trusts, NHS Improving Quality (NHS IQ). Data extracted from an Excel 'Map tool' (IR Map Tool 2013 ver 2a.xlsm)
Coding scheme used:	Not applicable
Numerator:	Number of NHS hospital trusts responding to the survey that stated they offered overall 24-hour access to nephrostomy
Denominator:	Number of NHS hospital trusts responding to the survey
Methodology:	Numerator divided by denominator expressed as a percentage.
Source locations:	
Further notes:	
Produced by:	NHS Improving Quality
Date created:	February 2015