NHS OUTCOMES FRAMEWORK 2012/13
BMA SUMMARY

Background
The Government White Paper consultation ‘Transparency in outcomes – a framework for the NHS’, proposed to develop an NHS Outcomes Framework to be used to assess the NHS’ progress against outcomes in defined priority areas.

The aim of the NHS Outcomes Framework is to enable national accountability of NHS services by providing:
- A national overview of how well the NHS is performing, where possible in an international context
- An accountability mechanism between the Secretary of State and the new NHS Commissioning Board
- A system to drive quality improvement – particularly in terms of health inequalities


The NHS Outcomes Framework will form the mandate for the NHS Commissioning Board set by the Secretary of State for Health. The indicators will be used to hold the new NHS Commissioning Board to account. In turn the NHS Commissioning Board, supported by NICE, will develop the new Commissioning Outcomes Framework to hold CCGs to account for effective commissioning.

The first NHS Outcomes Framework 2011/12 was published alongside the Government’s response to the consultation. The second NHS Outcomes Framework 2012/13, published in December 2011 builds on the first framework. The NHS Outcomes Framework 2012/13 follows the same structure and retains the majority of the same indicators as the first NHS Outcomes Framework for 2011/12. There has been some work to develop the framework to reduce duplication of indicators.

In response to the new frameworks, the NHS Future Forum suggested they should be more closely aligned to allow shared accountability across the three frameworks where outcomes are affected by more than one sector. It was thought this would also encourage integration of services. For example, under 75 mortality rate from cancer is now a shared indicator for the NHS and Public Health.

The indicators in the NHS Outcomes Framework aim to capture the majority of NHS services. Not all of the indicators have been developed at this stage, where there is still ongoing work to develop the indicators ‘placeholders’ have been added to the framework to show this intention.

Two of the indicators have been developed through open competition process by organisations outside of DH, one on measuring improving recovery from stroke and one on measuring children’s experience of healthcare. Some of the other placeholders may also be developed in this way.

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1 For more information on the NHS Commissioning Board see the BMA’s SRM NHS reform briefing papers http://www.bma.org.uk/images/srm2011healthbillbriefingpapers_tcm41-204671.pdf
Structure of the NHS Outcomes Framework
The five domains of the NHS Outcomes Framework encompass the three parts of the definition of quality (effectiveness, patient experience, and safety):

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<td>Safety</td>
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Each domain has a few overarching indicators, some areas for improvement, and a set of NICE Quality Standards. Across the five domains there are 12 overarching indicators, 27 improvement areas and 60 indicators in total.

NICE Quality Standards
A suite of NICE Quality Standards will be developed to support the NHS Commissioning Board, Clinical Commissioning Groups and those providing NHS care to deliver the outcomes set out in the NHS Outcomes Framework.

The existing National Quality Board (NQB) provides advice on topics for NICE to develop Quality Standards. For its most recent recommendations, the NQB drew on the proposals set out in the NHS Outcomes Framework consultation. In developing quality standards, priority has been given to areas with an existing evidence base rather than clinical priority. A number of topics have been or will be referred to NICE for development for each domain; these are listed in Appendix 1.

Reducing health inequalities
A main aim of the Outcomes Framework is reducing health inequalities and promoting equality. In choosing the indicators the Government has considered the impact across society considering factors including socioeconomic groups, area deprivation, and focusing in particular on people with disabilities/learning disabilities. There is ongoing work to build the inequalities perspective into the NHS Outcomes Framework throughout all the domains, in line with the Equality Act 2010 and equalities duties in Health and Social Care Act 2012.

Updating and reviewing the Framework
The NHS Outcomes Framework will be reviewed annually, however, for continuity of measurement it is suggested that only a small number of indicators will be changed each year. There will be an external review of the Framework every five years commissioned by the Secretary of State for Health.

Breakdown of indicators: international comparisons, local disaggregation and equalities
International comparison is considered to be a key part of the aim to identify where England is underperforming and where to aim for improvement. However, only a limited number of outcomes are internationally comparable as this relies on use of common definitions and data submission procedures.

For information on the definitions and data sources used for each indicator, see the NHS Outcomes Framework 2012/13 Technical Appendix

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1 DH NHS Outcomes Framework 2012/13 Technical Appendix December 2011
OUTCOMES AND INDICATORS FOR THE NHS FRAMEWORK 2012/13

Domain 1: Preventing people from dying prematurely
The description of this domain points out that the NHS only plays one part in reducing the number of avoidable deaths and that the major impact on reducing mortality will be by preventing people becoming ill. However, it recognises that it is difficult to determine the relative contributions of prevention activity and healthcare delivery. Therefore new measures will be needed to allow the contributions of the NHS and Public Health to be compared. The Government are commissioning the Office for National Statistics to come up with a definition of mortality amenable to healthcare to create a list of all conditions considered amenable to healthcare – this will be ready for 2012/13 framework.

The framework explains that the term ‘premature mortality’ refers to the under 75 mortality rate (except for cancer). This decision was made on the basis that those over 75 often have multiple conditions making it more difficult to determine cause of death.

Overarching indicators:
- Potential years of life lost from causes considered amenable to healthcare
- Life expectancy at 75

Improvement areas:
Reducing premature mortality from the major causes of death
- Under 75 mortality rate from cardiovascular disease
- Under 75 mortality rate from respiratory disease
- Under 75 mortality rate from liver disease
- Cancer survival
  - Under 75 mortality rate from cancer (shared with the Public Health Outcomes Framework)
    o One and five-year survival from colorectal cancer
    o One and five-year survival from breast cancer
    o One and five-year survival from lung cancer

Reducing premature death in people with serious mental illness (shared with Public Health Outcomes Framework)
- Excess under 75 mortality in adults with serious mental illness

Reducing deaths in babies and young children
- Infant mortality (shared with Public Health framework)
- Perinatal mortality including stillbirths

Placeholder indicator to be developed capturing excess mortality in people with learning disabilities.

Domain 2: Enhancing quality of life for people with long-term conditions
Long-term conditions are defined as any condition that cannot, at present, be cured but can be controlled by medication/therapy. The Government’s plan is to include EQ-5D in the Health Survey England assessing health-related quality of life and health status information of a nationally representative sample, and in the GP Patient Survey (from 2011/12) with a sample of 2.8 million people.

Overarching indicator:
- Health-related quality of life for people with long-term conditions (using EQ-5D, a validated measure of health status/health related quality of life.
Improvement areas:
Ensuring people feel supported to manage their condition
- Proportion of people feeling supported to manage their condition
Improving function ability in people with long-term conditions
- Employment of people with long-term conditions (using questions in the Labour Force Survey)
Reducing time spent in hospital by people with long-term conditions
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (these account for 94% if emergency admissions for children)
Enhancing quality of life for carers
- Health-related quality of life for carers
Enhancing quality of life for people with mental illness
- Employment of people with mental illness

Placeholder indicator to be developed for dementia.

**Domain 3: Helping people to recover from episodes of ill health or following injury**
The indicators for this domain focus on the most common causes of serious acute illness with the aim of covering the largest number of people. The document identifies the leading causes of emergency bed days as follows:
- Children: injuries and trauma and LRTIs
- Adults: injuries and trauma, stroke
- Older people: fragility fractures, stroke

Overarching indicators:
- Emergency admissions for acute conditions that should not usually require hospital admission
- Emergency readmissions within 28 days of discharge from hospital

Improvement areas:
Improving outcomes from planned procedures
- Patient-reported outcomes measures (PROMs) for elective procedures
Preventing lower respiratory tract infections (LRTIs) in children from becoming serious
- Emergency admissions for children with LRTIs
Improving recovery from injuries and trauma
- An indicator needs to be developed
Improving recovery from stroke
- Modified Rankin Scale
Improving recovery from fragility fractures
- The proportion of patients recovering to their previous levels of mobility/walking ability at 30 days and 120 days

Helping older people to recover their independence after illness or injury
- The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services

**Domain 4: Ensuring that people have a positive experience of care**
This section states that it is now common practice worldwide to ask for patients' views on their experience/quality of care and patient feedback has an important role in service improvement. The indicators have been chosen with a view to complementing locally led innovation and supporting local activities for improving patient experience. These indicators will be part of wider measures for intelligence gathering to develop local priorities.

The domain on patient experience is viewed as evolutionary, starting off with evidence (indicators) from existing surveys, but looking to develop a greater evidence base in the future. The current surveys used are the maternity, and A&E outpatient surveys, currently collected every 3 years. New projects are underway to collect patient views of services including cancer, ambulance services and
community care services it is planned that these will contribute to future NHS Outcomes Frameworks.

Overarching indicators:
- Patient experience of primary care to include:
  - GP services
  - GP Out of Hours services
  - NHS Dental Services
- Patient experience of hospital care using the inpatient survey of patients who have recently spent at least one night in hospital and those admitted as emergency or elective treatment

Improvement areas:
Improving people’s experience of outpatient care (accounts for 80% of hospital care – data will come from the outpatient survey)
- 4.1 Patient experience of outpatient services
Improving hospitals’ responsiveness to personal needs
- Responsiveness to inpatients’ personal needs
Improving people’s experience of accident and emergency services
- Patient experience of A&E services
Improving access to primary care services
- Access to GP services and dental services
Improving women and their families’ experience of maternity services
- Women’s experience of maternity services
Improving the experience of care for people at the end of their lives
- An indicator needs to be developed based on the survey of bereaved carers
Improving experience of healthcare for people with mental illness
- Patient experience of community mental health services
Improving children and young people’s experience of healthcare
- Children’s Patient Experience Questionnaire

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
The aim of the overarching indicators is to establish how well the NHS is adopting a safety culture and delivering improvements in safety as a result. The three overarching indicators will be derived from the National Reporting and Learning service (NLRS)\(^6\), currently part of the National Patient Safety Agency (NPSA). The hope is that patient safety incident reporting will increase for several years as reporting increases, and then steadily decrease due to learning from incidents.

The document recognises that there is a bias towards acute care because the measurement of safety issues is less well developed in primary care and community care. The aim over time is to improve the reporting and understanding of patient safety across all care settings and strengthen their coverage in this domain.

Overarching indicators:
- Patient safety incident reporting
- Severity of harm

Improvement areas:
Reducing the incidence of avoidable harm
- Incidence of hospital-related venous thromboembolism (VTE)
- Incidence of healthcare-associated infection (HCAI)
  - MRSA
  - C difficile

\(^6\) www.nrls.npsa.nhs.uk/
British Medical Association
bma.org.uk

- Incidence of newly acquired category 3 and 4 pressure ulcers
- Incidence of medication errors causing serious harm
- Improving the safety of maternity services
- Admission of full-term babies to neonatal care
- Delivering safe care to children in acute settings
- Incidence of harm to children due to ‘failure to monitor’
APPENDIX 1

A suite of NICE Quality Standards will be developed to support the NHS Commissioning Board, Clinical Commissioning Groups and those providing NHS care to deliver the outcomes set out in the NHS Outcomes Framework. A number of topics have been or will be referred to NICE for development for each domain; these are listed below.

Quality Standards relating to Domain 1:
- Acute chest pain
- Alcohol dependence
- Antenatal care
- Bipolar disorder (adults)
- Breast cancer
- Chemotherapy
- Chronic kidney disease
- Colorectal cancer
- Diabetes (adults)
- Diabetes (children)
- Diagnosis and management of hepatitis B (all ages)
- Epilepsy (adults)
- Epilepsy (children)
- Intrapartum care
- Lung cancer
- Management of myocardial infarction
- Ovarian cancer
- Postnatal care
- Prostate cancer
- Schizophrenia
- Specialist neonatal care
- Stroke treatment and rehabilitation

Quality Standards relating to Domain 2:
- Alcohol dependence
- Asthma (including children and young people)
- Bipolar disorder (adults)
- Bipolar disorder (children and adolescents)
- Chronic heart failure
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Dementia
- Depression (adults)
- Diabetes (adults)
- Diabetes (children)
- Diagnosis and management of hepatitis B, all ages
- Drug use disorders (over 16s)
- Epilepsy (adults)
- Epilepsy (children)
- Glaucoma
- Long-term condition/people with co-morbidities/complex needs
- Management of ulcerative colitis
- Osteoarthritis
- Pain relief (to include young people)
- Reflux disease (gastro-oesophageal reflux disease)
- Safe prescribing
- Schizophrenia
- Stroke treatment and rehabilitation
- Urgent and emergency care

Quality Standards: initial topics of relevance to Domain 3
- Bronchiolitis
- Cholelithiasis and cholecystitis (gallstones)
- Diverticular disease
- Fractures excluding head and hip
- Head injury
- Hip fractures
- Major trauma
- Meningitis in children under 16
- Migraine/headache (over 12 years of age)
- Pain relief (to include young people)
- Perioperative care
- Pulmonary embolism
- Safe prescribing
- Stroke treatment and rehabilitation
- Urgent and emergency care

Quality Standards: initial topics of relevance to Domain 4
- Antenatal care
- End-of-life care
- Intrapartum care
- Nutrition in hospital, including young people
- Patient experience (generic)
- Patient experience in adult mental health
- Postnatal care
- Urgent and emergency care

Quality Standards: initial topics of relevance to Domain 5
- Antenatal care
- Chemotherapy
- Falls in a care setting
- Intrapartum care
- Intravenous fluid therapy in hospitalised adult patients
- Nutrition in hospital, including young people
- Pressure ulcers (in a care setting, i.e. in a hospital bed)
- Pulmonary embolism
- Safe prescribing
- Specialist neonatal care
- Urgent and emergency care
- Urinary tract infections (in a care setting)
- Venous thromboembolism prevention