

Appendix B: Consultation proforma

Potential new indicators for the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)

Consultation dates: 1st February to 1st March 2013

General Comments

Stakeholders are asked to submit comments in the table below for all indicators based on the following set of questions:

- Which of the care processes or health outcomes measured by the indicators have the greatest potential to deliver against the domain objectives and improvement areas of the [NHS Outcomes Framework](#)?
- To what extent do you think the care processes or health outcomes measured by the indicators can be influenced by the actions of clinical commissioning groups (CCGs)?
- To what extent do you think the care processes or health outcomes measured by the indicators reflect aspects of care with unacceptable variations?
- What, if any, are the barriers to implementing the care processes measured by any of these indicators?
- What, if any, are the potential unintended consequences resulting from the use of these indicators?
- Do you think there is potential for any of the care processes measured by the indicators to impact differently on any particular groups in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation? If so, please state whether this difference is adverse or positive and for which group.
- If you think any of the care processes measured by the indicators may have an adverse impact on any particular groups, can you suggest how the indicators could be changed in order to reduce the adverse impact?

How to submit your comments

If you would like to comment on any of the indicators out for consultation please use the comments proforma and forward to CCGOIS@nice.org.uk by 1 March 2013.

COMMENTS PROFORMA	
Consultee name: BRITISH ASSOCIATION OF DERMATOLOGISTS	
Indicator	Consultee Comment
Domain 1: Preventing people from dying prematurely	
Improvement area: Reducing premature mortality from the major causes of death	
Indicators derived from other sources	
Cancer	
1.9 Cancers diagnosed via emergency routes	1.9 Cancers diagnosed via emergency routes: (1) this indicator is of limited relevance to dermatology as very few skin cancers present in this way (2) those cancers that do present in emergency cases are most likely to be co-incidental findings in a person presenting with another disorder (3) therefore this is a very poor indicator of quality of care
1.10 Cancers stage at diagnosis	1.10 Cancer stage at diagnosis: (1) for skin cancer this is mainly down to how quickly people present to primary care and how quickly primary care refers cases to secondary care (2) the first variable reflects public health campaigns but is also probably related to the education level of the population (3) the speed of referral for treatment by primary care will be a quality factor (4) this measure will not give any information about quality of secondary care services
1.11 Cancers detected at stage 1 or 2	1.11 Cancers detected as stage 1 and 2: (1) for skin cancer this is mainly down to how quickly people present to

	<p>primary care and how quickly primary care refers cases to secondary care</p> <p>(2) the first variable reflects public health campaigns but is also probably related to the education level of the population</p> <p>(3) the speed of referral for treatment by primary care will be a quality factor</p> <p>(4) this measure will not give any information about quality of secondary care services</p>
Indicators derived from quality standards	
Chronic Heart Failure	
<p>CHF01 Of people presenting in primary care with suspected heart failure, the time from referral to specialist assessment in those with:</p> <p>i) Previous Myocardial Infarction (MI) is no longer than 2 weeks</p> <p>ii) No previous MI but high serum natriuretic peptide levels is no longer than 2 weeks</p> <p>iii) No previous MI but intermediate serum natriuretic peptide levels is no longer than 6 weeks</p> <p>CHF12 All cause mortality – up to 30 days from admission to hospital for heart failure</p> <p>CHF13 All cause mortality – 12 months following admission to hospital for heart failure</p>	
Breast Cancer	
<p>BC30 Breast cancer mortality rates.</p> <p>BC32 Recurrence rates of breast cancer by site and type of primary surgery.</p>	
Hip Fracture	
<p>HFra24 Hip fracture incidence</p> <p>HFra26 Mortality following hip fracture within 30 days and 12 months</p>	
Lung Cancer	
<p>LC02 Lung Cancer: 3-month and 1-year survival rates from diagnosis</p> <p>LC03 Lung cancer: Stage at diagnosis</p> <p>LC09 Of people with lung cancer, the proportion who have been seen by a lung cancer clinical nurse specialist</p> <p>LC21 Resection rates</p>	

LC22 Of people with lung cancer, the proportion who receive assessment for multimodality treatment by a multidisciplinary team comprising all specialist core members	
Improvement area: Reducing premature mortality in people with serious mental illness	
Indicators derived from Public Health Outcomes Framework	
Mental Health	
1.33 Smoking rates in people with serious mental illness (SMI)	
Domain 2: Enhancing quality of life for people with long term conditions	
Improvement area: Improving functional ability in people with long term conditions	
Indicators derived from quality standards	
Chronic Obstructive Pulmonary Disease	
2.26 People with COPD referred to a pulmonary rehabilitation programme who complete the programme	
Improvement area: Enhancing quality of life for carers	
Indicators derived from other sources	
Carers	
2.19 Carers identified on practice registers	
2.21 Number of information prescriptions for carers	
Improvement area: Enhancing quality of life for people with dementia	
Indicators derived from quality standards	
Dementia	
2.44 People presenting with suspected dementia who are referred and seen by memory assessment services within 3 months	
Domain 3: Helping people to recover from episodes of ill health or following injury	
Overarching	
Indicators derived from quality standards	

Chronic Heart Failure	
CHF11 Of people with heart failure who are discharged from hospital following an admission to hospital for heart failure, the proportion who are readmitted as an emergency because of heart failure within 30 days of discharge	
Alcohol	
ALC35 Of adults accessing specialist alcohol services, the proportion who receive evidence-based psychological interventions in accordance with NICE clinical guideline 115 ALC43 Alcohol-related hospital admissions ALC44 Alcohol-related readmission to any hospital within X days/months after the last previous discharge following an alcohol-related admission (timescale to be confirmed as part of indicator testing)	
Improvement area: Improving recovery from injuries and trauma	
Indicators derived from quality standards	
Hip Fracture	
HFra28 Reoperation after 12 months (allowing 6-12 months for complications) HFra01 Of people with hip fracture, the proportion who receive a formal hip fracture programme from admission evidenced as having a joint acute care protocol at admission, and evidence of MDT rehabilitation agreed with a named responsible orthogeriatrician and orthopaedic surgeon, with GMC numbers recorded HFra05 Of people with hip fracture, the proportion receiving recorded preoperative cognitive assessment and measurement using a validated tool HFra10 Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission HFra20 Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician HFra28 Reoperation after 12 months (allowing 6-12 months for complications)	

Improvement area: Improving recovery from stroke	
Indicators derived from quality standards	
Stroke	
3.36 Patients who have acute stroke who spend 90% or more of their stay on a stroke unit	
Domain 4: Ensuring that people have a positive experience of care	
Improvement area: Improving the experience of care for people at the end of their lives	
Indicators derived from quality standards	
End of Life Care	
<p>ELC05 Of people who have stated their preferred place of death, the proportion who died in their preferred place of death</p> <p>ELC28 Of people closely affected by a death, the proportion who report a satisfactory experience of:</p> <ul style="list-style-type: none"> • Communication • Information • Co-ordination of care • Addressing their own needs • Care around the time of death • Bereavement care • Pain management 	