

Better Care - Indicator Guidance

Report Author: admin_Richard Pain

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Code & Short Name	Guidance	How To Measure
<p>HWB004 Dementia Diagnosis Rate</p>	<p>Rationale: A timely diagnosis enables people living with dementia, and their carers/families to access treatment, care and support, and to plan in advance in order to cope with the impact of the disease. A timely diagnosis enables primary and secondary health and care services to anticipate needs, and working together with people living with dementia, plan and deliver personalised care plans and integrated services, thereby improving outcomes.</p> <p>Detailed Descriptor: Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.</p> <p>Numerator: Number of people aged 65 or over diagnosed with dementia.</p> <p>Denominator: Estimated prevalence of dementia.</p>	<p>Numerator: Number of people, aged 65 and over, with a diagnosis of dementia recorded in primary care as counted within the Quality and Outcomes Framework (QOF) dementia registers.</p> <p><i>This figure is published annually by the Health and Social Care Information Centre as the QOF DEM1 indicator and monthly in the Quality Outcomes Framework (QOF) Recorded Dementia Diagnoses. The end of year assessment will be against the annual DEM1 value.</i></p> <p>Denominator: Estimated prevalence of dementia in people aged 65 or over in the local population. The estimated prevalence for the CCG as calculated from the ONS population estimates multiplied by dementia prevalence rates from the second cohort Cognitive Function and Ageing Study (CFAS II):</p> <p>Estimated dementia prevalence rates (CFAS II)</p> <p><u>Females:</u> 65-69 = 1.8% 70-74 = 2.5% 75-79 = 6.2% 80-84 = 9.5% 84-89 = 18.1% 90+ = 35%</p> <p><u>Males:</u> 65-69 = 1.2% 70-74 = 3.0% 75-79 = 5.2% 80-84 = 10.6% 84-89 = 12.8% 90+ = 17.1%</p> <p>The prevalence estimate for a CCG will be the sum of prevalence estimates in the 12 age and gender specific groups given in the table. The same six age groups are used for each gender and are 5 year age bands from age 65 to 89 and one an age group, per gender, for people aged 90 and above. The prevalence estimate for an age and gender specific group is calculated by multiplying the prevalence rate given in the table by the matching age and gender specific population count for the CCG.</p> <p>The population used in the final assessment will be the ONS mid-year population estimate for 2016. Before this is published, in-year monitoring will be against the ONS 2016 Subnational Population Projections for CCGs in England from the latest base available.</p>

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<p>HWB010 Number of Admissions</p>	<p>Rationale: Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital. The local NHS should be looking to treat patients in the most clinically appropriate way.</p> <p>Lines Within Indicator (Units): Number of specific acute non-elective spells in the period.</p> <p>Data Definition: A Non-Elective Admission is one that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.</p> <p>Secondary Uses Service (SUS) Standard Extract Mart ('SEM') data from the temporary National Repository ('tNR'). The SUS SEM data is extracted monthly from the Health and Social Care Information Centre (HSCIC) data warehouse by the Greater East Midlands Commissioning Support Unit (GEM CSU), and processed to produce the tNR. This is then made available to our local CSU and analysts.</p> <p><i>In simple terms, "specific acute" admissions means those excluding maternity and mental health patients.</i></p>	<p>X Better Care Fund Plan for Non-Elective Admissions The number of CCG-planned specific acute NEAs per month, less the reduction planned by the BCF.</p> <p>Y Actual number of Non-Elective Admissions The number of specific acute NEAs per month, from the SUS (SEM) data repository.</p> <p>Z Variance from Better Care Fund Plan The difference between the above two measures (Y-X). A positive number indicates more admissions than planned.</p>
<p>NI125 Achieving independence for older people through rehabilitation/intermediate care</p>	<p>Definition The proportion of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed 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 three months after the date of their discharge from hospital.</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> <p>3 months is defined as 91 days.</p> <p>In 2008/09 the collection of the denominator will be over a three month period with a three month follow-up for the numerator. From 2009/10, the collection of the denominator will be over a six month period, with the collection of the numerator beginning three months in.</p>	<p>Formula</p> <p>$(x/y) * 100$</p> <p>where:</p> <p>X = Number of those people discharged aged 65+ and benefiting from intermediate care/rehabilitation/re-enablement still living at home (including in extra care housing or an adult placement scheme setting) three months after discharge from hospital. (Those temporarily in hospital or in a care home for respite/short term care with a clear plan for their return home at the 3 month point should be counted as being still 'at home'. Those who have died within the three months are not reported in the numerator). This is taken from ASCCAR, table I1, row 1, column 9.</p> <p>Y = Number of people discharged from hospital aged 65+ on discharge date entering joint 'intermediate care' or a 'rehabilitation/reenablement service' which includes input from the CASSR and/or health in the period (including those who are in hospital or in a registered care home at the three month date and those who have died within the three months).</p> <p><i>This is taken from ASCCAR, table I1, row 2, column 9.</i></p>
<p>NI131 Delayed transfers of care (patients) per 100,000 pop</p>	<p>Definition:</p> <p>The average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+.</p> <p>A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.</p> <p>A patient is ready for transfer when:</p> <p>(a) a clinical decision has been made that the patient is ready for transfer; and (b) a multi-disciplinary team decision has been made that the patient is ready for transfer; and (c) the patient is safe to discharge/transfer.</p>	<p>Formula:</p> <p>$(X/Y) * 100,000$ where:</p> <p>X = The average number of delayed transfers of care (population aged 18+) in a week taken over the year. Y = ONS mid-year population estimates for population aged 18+.</p> <p><i>Population data has been updated from 2012 based projections to 2014 based projections following the publication of the 2014 based Subnational Population Projections (SNPP)</i></p>

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PAF-AO/C72 New Admissions to Residential and Nursing Care (65+) per 100,000 population over 65	<p>Definition:</p> <p>This measures the number of admissions of older people to residential and nursing care homes relative to the population size of each group. <i>The measure compares council records with ONS population estimates.</i></p> <p>People counted as a permanent admission should include:</p> <ul style="list-style-type: none"> • Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met; • Supported residents in: <ul style="list-style-type: none"> o Local authority staffed care homes for residential care; o Independent sector care homes for residential care; and, o Registered care homes for nursing care. o Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date. For people classified as permanent residents, the care home would be regarded as their normal place of residence. <p>Where a person who is normally resident in a care home is temporarily absent (e.g. through temporary hospitalisation) and the local authority is still providing financial support for that placement, the person should be included in the numerator.</p> <p>Trial periods in residential or nursing care homes where the intention is that the stay will become permanent should be counted as permanent.</p> <p>Whether a resident or admission is counted as permanent or temporary depends on the intention of the authority making the placement.</p>	$(X/Y) * 100,000$ Where: X: Number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care) <i>Source: Table S3, ASC-CAR20</i> and Y: Size of older people population (aged 65 and over) in area <i>(Population data has been updated from 2012 based projections to 2014 based projections following the publication of the 2014 based Subnational Population Projections (SNPP))</i> Exclusions People funding their own residence in a care home with no support from the council are excluded. Worked example: Suppose the number of permanent admissions to residential or nursing care for older people (aged 65 and over) during the year was 312. Suppose the population of older people in the area is 43,384 The indicator value is $[(312)/43,384] * 100,000 = 719.2$ Population data has been updated from 2012 based projections to 2014 based projections following the publication of the 2014 based Subnational Population Projections (SNPP)
HWB020 Carers Survey: Proportion of carers who find it easy to find information about services	<p>CARER SURVEY: Authorities are required to conduct a biennial postal survey of their carers. The Personal Social Services Survey of Adult Carers in England (SACE) asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being</p> <p>The sample frame therefore contains all carers aged 18 and over who either received "support direct to carer" or "no direct support to carer", irrespective of whether their cared-for person received respite care. The data collection instrument for most carers will be a self-completion questionnaire.</p> <p>Key dates for the survey are:</p> <ol style="list-style-type: none"> 1. June to September – councils extract from their records a list of all carers aged 18 or over who would be included in SALT measure LTS003, table 1a. This should include all carers aged 18 and over who either received "support direct to carer" or "no direct support to carer", during the completed 12 month period prior to the extract being taken, irrespective of whether their cared-for person received respite care and just as though the data for SALT measure LTS003 were being generated at this time. 2. October and November – councils distribute the questionnaires to a random sample of carers who are eligible for the survey. 3. December and January – data from the returned questionnaires keyed into the data return file and validated using the data return validator file. 4. Early 2017 – Councils return their data to the Health and Social Care Information Centre. 	<p>Question: <i>"In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services".</i> The following answers are possible:</p> <p>I have not tried to find information or advice in the last 12 months Very easy to find Fairly easy to find Fairly difficult to find Very difficult to find</p> <p>Formula: $(X/Y) * 100$</p> <p>Where:</p> <p>X: The sum of all those who in response to the above question of the Carers Survey, selected the response "very easy to find" and "fairly easy to find". Y: The sum of all those that responded to the above question of the Carers Survey.</p>

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<p>HWB021 Adult Social Care Users Survey: Proportion of people who use services who find it easy to find information about services</p>	<p>Adult Social Care Survey: This survey covers those individuals who were in receipt of a local authority-funded long-term support service, as defined in the Equalities and Classifications Framework for adult social care (EQ-CL)2 on an extract date chosen by the local authority (i.e. the date on which these data are extracted from local authority information systems)</p>	<p>The question from the Adult Social Care Survey is Question 12: "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?", to which the following answers are possible:</p> <p>Very easy to find Fairly easy to find Fairly difficult to find Very difficult to find I've never tried to find information or advice</p> <p>This portion of the measure is defined by determining the percentage of all those responding who select the response "very easy to find" and "fairly easy to find".</p> <p>Formula: $(X/Y)*100$</p> <p>Where:</p> <p>X: In response to Question 12 of the ASCS, those individuals who selected the response "very easy to find" and "fairly easy to find". Y: All those that responded to the question.</p>
<p>HWB022 GP Patient Survey: Last 6 months, enough support from local services/organisations to help manage long-term conditions</p>	<p>GP Patient Survey: Data is collected in two waves, from July to September and January to March. Data is published annually, and is usually available three to four months after the financial year end</p> <p>Patients are eligible for the survey if they meet the following inclusion criteria: they have a valid NHS number, they have been registered with a GP in England continuously for six months or longer before the questionnaire is received, and they are at least 18 years old six months before the questionnaire is received. Additionally to reduce survey fatigue, patients are not to receive more than one GP Patient Survey in any 12-month period.</p> <p>The questionnaire records people's views on whether they feel supported from local services or organisations in managing their conditions in question 32; <i>In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.</i></p>	<p>In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services The possible responses to the question are:</p> <p>Yes, definitely Yes, to some extent No I have not needed such support Don't know/can't say</p> <p>Calculation</p> <p><u>Numerator:</u> The weighted count of respondents who answer 'Yes, definitely' OR 'Yes, to some extent' to question 32</p> <p><u>Denominator:</u> The weighted count of respondents who answer 'Yes, definitely' OR 'Yes, to some extent' OR 'No' to question 32 of the GP Patient Survey.:</p>