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NHS Performance Indicators

National Figures: February 2002

Introduction

Publication of NHS performance information is changing. The NHS Reform Bill, currently before Parliament, proposes to establish a new Office for Information on Healthcare Performance, as part of the Commission for Health Improvement. The Commission is being given more independence from Government and will publish an annual report to Parliament. The Government's intention is to publish more information on health independently of the Department of Health. To reflect these planned changes, this Departmental publication includes only a limited commentary on each indicator.

This document details how performance has improved over the last year. Detailed figures for each NHS Trust and Health Authority will be published in due course.

The data published here show real improvements across most indicators. There has been a marked improvement in rates of cataract removal and joint replacements, death rates following surgery and death rates from circulatory diseases but indicators for vacancy rates for consultants and cervical cancer screening show a small decline in performance.

The picture is one of continuing challenges but real progress. This observation accords with the conclusions of the first *NHS Modernisation Board Annual Report*, published in January 2002, which said:

“Much has been achieved in starting to change our culture and in meeting the tough targets set out by the *NHS Plan*. The historic problems that have held back the NHS and social services are being addressed”.

Taken together, the quantitative and qualitative data from these indicators and the NHS Modernisation Board Report show that the programme of investment and reform contained in the *NHS Plan* is bringing about measurable improvements to NHS performance.

What do the indicators tell us?

These indicators give a summary of what is going on across the NHS. They cover vital services such as treatment for heart disease, cancer and mental health. They cover issues that really matter to patients, such as how long they have to wait to be admitted to hospital, how clean their hospitals are and how easily they can get to see their GP. The indicators also tell us about the overall health of the population, how efficiently the health service is being managed and how well staffed it is.

The main points are as follows:

People are now living longer: life expectancy for men has risen by 0.7%, and for women by 0.4%. Men can now expect, on average, to live to be 75; and the average woman can expect to live until she is 80.

Death rates for two of the country's major killers are coming down: by 2.1% for cancer and by 5.2% for heart disease and stroke.

Five year cancer survival rates are rising: by 1.2% for breast cancer, 5.6% for lung cancer and 2.6% for colon cancer.

Suicide rates have increased by 1%, although this follows decreases in the annual rates for 1999 and 2000.

Infant mortality rates – an important indicator of maternal and child health – have fallen by 3.4%.

Teenage pregnancy has also fallen, by 4.1% for girls under the age of 18.

Breast screening rates have improved by 2.4%, but there was a small fall in the number of women being screened for cervical cancer.

There has been a significant drop in deaths following surgery of 5% for emergency cases. For planned operations there has been a 4.4% reduction in the number of deaths following surgery.

The number of heart operations has increased by 10.5%; hip and knee replacement operations have increased by 6.4%; cataracts operations have increased by 12.3%.

Emergency re-admissions to hospital following treatment have risen by 1.7%, although there are different patterns depending on the condition being treated: emergency re-admissions following a fractured hip have increased by 4.8%, but the corresponding figure for strokes has fallen by 2%. Emergency psychiatric re-admissions are also down, by 1.7%.

Organ donations are up by 1.6%.

More people (up by 6%) with chronic conditions are being looked after in primary care rather than hospitals.

NHS efficiency continues to improve, not least with prescribing of generic drugs rising by 4.9% to 73.6% of all drugs prescribed. The number of operations performed as day cases has increased by 2.1%. The average length of time patients stay in hospital rose marginally by 0.3%.

The overall percentage of patients who missed their first outpatient appointment has fallen slightly. Although 40,000 more first outpatient appointments were missed last year, there were 400,000 more attendances in total.

In 80% of GP practices with an appointments system, patients can now see a GP within two working days.

Whilst the percentage of patients who have had to wait more than six months to be admitted to hospital has risen slightly, the average time a patient is on a waiting list is now 2.85 months, compared to 3.05 months in March 1997. Outpatient waiting times are falling, with the percentage of patients seen at outpatients within 13 weeks improving by 1.2%.

Over 90% of cancer patients are now seen within 2 weeks of urgent GP referral to a hospital specialist.

87% of patients are found a bed within 4 hours of the decision to admit from A&E.

Hospital cleanliness has improved, with no hospital now in the lowest category for cleanliness.

Unfilled vacancies of more than three months have fallen for qualified nurses, midwives and health visitors by 12.6%; but they have risen by 8.6% for consultants and 21.6% for qualified allied health professionals – largely because there are now more posts being funded by the NHS.

Junior doctors' hours of work are falling, with an increasing number of hospital trusts complying with the requirement of a maximum 56 hour working week.

The amount of time lost to hospital trusts through sickness and staff absence has reduced, with results improving by 3%.

Health Authority – National Level Information

Health Improvement				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
1 (i) Life expectancy (male)	This indicator shows the average life expectancy at birth, in years, for men. The indicator supports the national health inequalities target to narrow the gap in life expectancy between areas with the lowest life expectancy at birth and the population as a whole. The improvement shows an increase of six months in life expectancy over two years.	74.7	75.2	0.7%
		Estimated number of years a male is expected to live, based on the mortality rates of the area.		
1 (ii) Life expectancy (female)	This indicator shows the average life expectancy at birth, in years, for women. The indicator supports the national health inequalities target to narrow the gap in life expectancy between areas with the lowest life expectancy at birth and the population as a whole. The improvement shows an increase of three months in life expectancy over two years.	79.8	80.1	0.4%
		Estimated number of years a female is expected to live, based on the mortality rates of the area.		
1 (iii) Deaths from cancer	Cancer is one of the most common causes of death in this country and is responsible for one out of every four deaths. There is much that can be done to reduce the death rate from cancers. The indicator supports efforts to meet the target to reduce the death rate from cancer in people under 75 years by at least a fifth by 2010. The improvement represents a decrease of 3,000 deaths.	133.4	130.6	2.1%
		Age-standardised mortality rate from all malignant neoplasms in people aged under 75, per 100,000.		
1 (iv) Deaths from circulatory diseases	Circulatory diseases are a major cause of early death, accounting for a third of all deaths in men and a quarter of all deaths in women, aged under 65 years. Heart disease and stroke can often be prevented. The target is to reduce the death rate from coronary heart disease and stroke and related diseases in people aged under 75 years by at least two fifths by 2010. The improvement represents a decrease of 10,000 deaths.	127.0	120.4	5.2%
		Age-standardised mortality rate from all circulatory diseases in persons aged under 75, per 100,000.		
1 (v) Suicide rates	This indicator relates to the target to reduce the suicide rate by at least one fifth by 2010. The deterioration represents an increase of 200 deaths.	9.3	9.4	-1.0%
		Age-standardised mortality rate from suicide and injury undetermined whether accidentally or purposely inflicted, per 100,000.		
1 (vi) Deaths from accidents	Accidents are responsible for 10,000 deaths a year across England. The target is to reduce the death rate from accidents by at least one fifth by 2010.	16.4	16.3	0.7%
		Age-standardised mortality rate from accidents, per 100,000.		
1 (vii) Conceptions below age 18	Britain's teenage birth rates are the highest in Western Europe. The Teenage Pregnancy Strategy seeks to reduce the rate through a wide ranging programme of co-ordinated activity including better health and sex education and improved advice and contraceptive services. The improvement represents about 1,800 less conceptions.	46.5	44.7	4.1%
		Number of conceptions among girls aged under 18 resident in an area per 1,000 girls aged 15–17 years resident in the area.		
1 (viii) Decayed, missing or filled teeth in five year old children	Dental decay is a common childhood disease which affects both deciduous (milk) and permanent teeth. The NHS can reduce the level of dental decay through promoting good oral hygiene, and encouraging a reduction in the amount and frequency of intake of sugar-containing foods.	1.5	1.4	2.4%
		Average number of teeth per 5 year old child which are either actively decayed, missing or filled.		
1 (ix) Infant mortality rates	Access to a full range of services before and after birth will help to reduce the infant mortality rates. In addition, services aimed at improving general health, education and nutrition along with reducing the prevalence of risk factors, such as smoking and drinking in pregnancy, are of importance. The indicator supports the national health inequalities target to narrow the gap in infant mortality rates between the children of fathers in manual social groups and the population as a whole. The improvement represents a decrease of 300 deaths.	5.9	5.7	3.4%
		Number of deaths in infants under one year per 1,000 live births.		

Fair Access				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
2 (i) Breast cancer screening	Screening by mammography amongst women aged 50–64 could reduce deaths from breast cancer. The improvement represents an increase of about 70,000 screenings, after adjusting for changes in the size of the target group.	67.7%	69.3%	2.4%
		Percentage of women aged 50–64 screened for breast cancer.		
2 (ii) Cervical cancer screening	The cervical screening programme screens nearly 4 million women each year in England, the programme is estimated to prevent up to 3,900 cases of cervical cancer each year. The deterioration represents a decrease of about 90,000 screenings, after adjusting for changes in the size of the target group.	83.7%	83.0%	-0.8%
		Percentage of women aged 25–64 screened for cervical cancer.		
2 (iii) Surgery rates for coronary heart disease	This indicator measures heart disease treatment rates. Differing rates may suggest variable access in different parts of the country to these and therefore reflect unmet need. The improvement represents an increase of 4,600 operations.	819.0	905.3	10.5%
		Age and sex standardised rate for coronary artery bypass grafts (CABGs) and percutaneous transluminal coronary angioplasties (PTCAs) per million people.		
2 (iv) Surgery rates for joint replacement	Hip and knee replacement rates, included as a measure of fair access to services for older people. The improvement represents an increase of 4,000 operations.	121.8	129.5	6.4%
		Age and sex standardised elective surgery rates for hip and knee replacements per 100,000.		
2 (v) Surgery rates for cataract removal	As a measure of fair access to services for older people. The improvement represents an increase of 27,000 operations.	408.5	458.8	12.3%
		Age and sex standardised elective surgery rates for cataracts per 100,000.		
2 (vi) Number of GPs	The number of General Practitioners (GPs) is a measure of the relative access to GPs across the country. Although it does not measure quality of care, it does indicate areas where access is a problem. The improvement represents an increase of about 100 GPs, taking account of the differences in populations.	57.2	57.4	0.4%
		Number of whole-time equivalent GPs per 100,000 population.		
2 (vii) Increase in drug misusers accessing drug treatment services	This indicator shows whether initiatives in place to increase the number of drug misusers in treatment are having an impact. It includes all problem drug misusers presenting for treatment for structured care, as recorded by the National Drug Treatment Monitoring System.	No Data	9.7%	No comparison available
		Percentage increase in number of problem drug misusers accessing drug treatment services (excluding referrals from the criminal justice service) per thousand resident population aged 15–44 years, between 1999/00 and 2000/01.		

Effective Delivery of Appropriate Healthcare				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
3 (i) Childhood immunisations	By age two children should be immunised against diphtheria, tetanus, polio, pertussis, measles, mumps, rubella, meningitis C and haemophilus influenza b (Hib). Coverage of these two immunisations is representative of all the others.	91.2%	90.9%	-0.3%
		Percentage of children immunised against MMR (measles, mumps and rubella) and diphtheria by age 2.		
3 (ii) Flu vaccinations	This indicator acts as a measure of effective delivery of healthcare to maintain the health of the older population.	No Data	65.5%	No comparison available
		Persons vaccinated against flu as a percentage of number of people aged 65 and over.		
3 (iii) Returning home following hospital treatment for stroke	This indicator is to assess the quality of treatment delivered to a patient in hospital after suffering a stroke. There were 400 more people returning home within the time, but this was an improvement as a percentage of the total number.	48.1	49.2	2.4%
		Percentage of patients discharged back to usual place of residence within 56 days of emergency admission to hospital with a stroke, aged 50 and over. (Age & sex standardised).		
3 (iv) Returning home following hospital treatment for fractured hip	This indicator is to assess the quality of treatment delivered to a patient in hospital who has suffered a fall.	46.6	46.1	-1.0%
		Percentage of patients discharged back to usual place of residence within 28 days of emergency admission to hospital with a hip fracture, aged 65 and over. (Age & sex standardised).		
3 (v) Primary care management – acute conditions	This indicator reflects the level of potentially avoidable hospitalisations for ear, nose and throat, kidney/urinary tract infection and heart failure. These conditions are representative of all acute care management. The improvement represents 4,000 less admissions for these conditions.	379.5	369.6	2.6%
		Age and sex standardised emergency admission rate for acute ear, nose and throat infection, kidney/urinary tract infection and heart failure, per 100,000.		
3 (vi) Primary care management – chronic conditions	This indicator reflects the level of potentially avoidable hospitalisation for asthma and diabetes, which should, in most instances, be largely managed in primary care. These conditions are representative of all chronic care management. The improvement represents 5,000 less admissions for asthma and diabetes.	186.7	175.5	6.0%
		Age and sex standardised emergency admission rate for asthma and diabetes, per 100,000.		
3 (vii) Mental health in primary care	This indicator reflects the level of prescribing of Benzodiazepines in primary care. It relates to the Mental Health National Service Framework standard to deliver better primary mental health care.	15.5	14.6	6.3%
		Age standardised prescribing rate of Benzodiazepines.		
3 (viii) Prescribing of antibacterial drugs	The control of resistance to antimicrobial drugs has been accepted as a priority by the Government. This is an indicator of good practice.	0.3	0.3	1.8%
		Age standardised prescribing rate of antibacterial drugs.		
3 (ix) Prescribing of ulcer healing drugs	This indicator gives an overview of performance in implementing the various methods of economical prescribing for patients with acid related upper gastro-intestinal disease.	1.2	1.3	-4.2%
		Age standardised prescribing rates of ulcer healing drugs.		
3 (x) Organ donors	Increasing organ donation will enable more patients to benefit from a life saving transplant. Increasing kidney transplant rates will decrease dependency on renal dialysis programmes. This indicator measures the numbers of organ donors.	12.2	12.4	1.6%
		Number of cadaveric heart beating solid organ donors per million population.		

Efficiency				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
4 (i) Day case rate	This indicator shows the percentage of inpatients treated as day cases. This is one indicator of the efficiency of use of resources. Casemix adjustment takes account of variation which can be attributed to differences in the patients being treated, eg the diagnosis and the age of the patient.	63.6%	64.9%	2.1%
		Actual day case rate for a basket of 25 procedures, adjusted for differences in casemix.		
4 (ii) Length of stay	Keeping people in hospital longer than is necessary can be an indicator of poor performance. Casemix adjustment takes account of variation which can be attributed to differences in the patients being treated, eg the diagnosis and the age of the patient.	3.8	3.8	-0.3%
		Actual length of stay adjusted for differences in casemix.		
4 (iii) Generic prescribing	Generic products are generally cheaper than branded equivalents. Increasing the level of generic prescribing has been a long term Department of Health objective.	70.2%	73.6%	4.9%
		Number of generic prescription items as a percentage of all prescription items.		
4 (iv) Missed outpatient appointments	Missed appointments are expensive for the NHS and mean that patients miss out on care. Missed appointment rates vary widely and there is evidence that they can be significantly reduced by reviewing appointment and other procedures from the perspective of the patients. Whilst the number of missed appointments went up by 40,000, the total number of attendances increased by 400,000 attendances, which represents a fall in the rate.	12.8%	12.7%	0.7%
		Percentage of first outpatients appointments for which patient did not attend.		
4 (v) Data quality	This indicator provides a measure of the quality and reliability of the data underlying many of the Performance Indicators and serves as a proxy for assessing the general quality of data for each organisation.	91.5%	91.6%	0.0%
		Hospital Episode Statistics (HES) data quality indicator is a summary measure of data quality for NHS trusts with in-patient activity.		

Patient/Carer Experience of NHS Healthcare				
Indicator	Context	Previous Year	Current Year	National % Improvement
		of Data	of Data	
5 (i) Six month inpatient waits	Waiting times act as a proxy measure of the patient experience: the longer the waiting time, the poorer the experience. In addition, some interventions are most effective when carried out at the earliest opportunity, and a shorter waiting time may translate into a better health outcome.	73.4%	73.2%	-0.2%
		Percentage of patients waiting less than 6 months for an inpatient admission.		
5 (ii) Thirteen week outpatient waits	Waiting times act as a proxy measure of the patient experience: the longer the waiting time, the poorer the experience. In addition, some interventions are most effective when carried out at the earliest opportunity, and a shorter waiting time may translate into a better health outcome.	75.3%	76.2%	1.2%
		Percentage of patients seen within 13 weeks of GP written referral for first outpatient appointment.		
5 (iii) Two week cancer waits	The White Paper, The New NHS, stated that: "Everyone with suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment, by April 1999 for breast cancer and by 2000 for all other cancers".	No Data	92.4%	No comparison available
		Percentage of patients seen within two weeks of urgent GP referral to outpatient appointment with specialist.		
5 (iv) Delayed discharges	Measures the impact of community-based care in facilitating timely discharge from hospital. This indicator has now been changed to include all patients. The previous indicator only included patients aged over 75.	No Data	6.3%	No comparison available
		Number of patients whose discharge from hospital was delayed, as a percentage of all patients in hospital.		
5 (v) Access to a GP	By 2004 all GP practices will be required to guarantee that patients will be able to see a primary care professional within 24 hours, and a GP within 48 hours.	No Data	80.0%	No comparison available
		Percentage of practices with an appointment system who can offer a patient an appointment to see a GP within 2 working days.		

Health Outcomes				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
6 (i) Emergency admissions	This indicator measures how well the health and social care system supports patients in the community. It has been changed to include all patients, whereas in previous publications the indicator only included patients aged over 75.	78.6	79.4	-1.0%
		Number of Health Authority commissioned non-elective General & Acute admissions per 1000 population.		
6 (ii) Emergency admissions to hospital for children with lower respiratory conditions	Respiratory infections form one of the commonest reasons for hospital admission in childhood, especially in infants. Its choice as a clinical indicator will enable trends for improvement to be monitored which should result from a variety of current policy interventions in health promotion, health care and parental support. Adjusted for the total number of cases, this represents an increase of more than 800 admissions.	0.3	0.3	-4.8%
		Number of emergency admissions to hospital of children aged under 16 with lower respiratory infections, per 100 resident children. (Age & sex standardised).		
6 (iii) Psychiatric readmissions	This indicator relates to the Mental Health National Service Framework standard to ensure that each person with severe mental illness receives the range of mental health services they need.	13.0%	12.8%	1.7%
		Number of emergency psychiatric readmissions of patients aged 16–64 within 90 days of discharge from the care of a psychiatric specialist as a percentage of such discharges.		
6 (iv) Emergency readmission to hospital following discharge	This indicator is a measure of the quality of treatment in hospital and then the quality of support – health and social care – when a patient returns home. This shows there were 10,000 more readmissions after adjusting for the different populations.	5.9	6.0	-1.7%
		Emergency readmissions to hospital within 28 days of discharge (all ages), as a percentage of live discharges. (Age & sex standardised).		
6 (v) Emergency readmission to hospital following treatment for a fractured hip	This indicator is a measure of how well people are treated when they have had a fall and the subsequent rehabilitation, treatment and prevention of further falls. Whilst not statistically significant, the change represents an increase of some 150 readmissions.	7.3	7.7	-4.8%
		Emergency readmissions to hospital within 28 days of discharge following treatment for a fractured hip, as a percentage of live hip fracture discharges. (Age & sex standardised).		
6 (vi) Emergency readmission to hospital following treatment for a stroke	This is a measure of how well people are treated when they have had a stroke and the subsequent rehabilitation, treatment and prevention of further strokes.	7.3	7.2	2.0%
		Emergency readmissions to hospital within 28 days of discharge following a stroke, as a percentage of live stroke discharges. (Age & sex standardised).		
6 (vii) Breast cancer survival	Cancer survival is a key operational measure of the underlying effectiveness of treatment for cancer by the NHS.	75.0	75.9	1.2%
		Five year relative survival rates of women aged 15–99 who were diagnosed with breast cancer during the respective time periods.		
6 (viii) Lung cancer survival	Cancer survival is a key operational measure of the underlying effectiveness of treatment for cancer by the NHS.	5.2	5.5	5.6%
		Five year relative survival rates of persons aged 15–99 who were diagnosed with lung cancer during the respective time periods.		

Health Outcomes – continued				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
6 (ix) Colon cancer survival	Cancer survival is a key operational measure of the underlying effectiveness of treatment for cancer by the NHS.	42.3	43.4	2.6%
		Five year relative survival rates of persons aged 15–99 who were diagnosed with colon cancer during the respective time periods.		
6 (x) Death within 30 days of surgery (non-elective admissions)	The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates. Adjusted for number of cases, this improvement represents more than 800 less deaths.	3,093	2,938	5.0%
		Deaths within 30 days of surgery for non-elective admissions to hospital, per 100,000 patients. (Age & sex standardised. Includes deaths in hospital & after discharge).		
6 (xi) Death within 30 days of a heart bypass operation	The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates.	No Data	2,975	No comparison available
		Deaths within 30 days of a Coronary Artery Bypass Graft (CABG), per 100,000 patients. (Age & sex standardised, includes deaths in hospital & after discharge).		
6 (xii) Death within 30 days of admission to hospital for a fractured hip	The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates.	10,331	9,898	4.2%
		Deaths within 30 days of emergency admission to hospital with a hip fracture, of patients aged 65 and over, per 100,000 patients. (Age & sex standardised, includes deaths in hospital & after discharge).		
6 (xiii) Death within 30 days of admission to hospital for a stroke	Some people with stroke die before they can be admitted to hospital. However, there are variations in hospital death rates among those who survive long enough to be admitted. Some of these deaths may be potentially preventable through faster ambulance response time and effective early treatments. Adjusting for numbers of cases, the improvement represents about 600 less deaths.	28,371	27,204	4.1%
		Deaths within 30 days of emergency admission to hospital following a stroke, per 100,000 patients (Age & sex standardised, includes deaths in hospital & after discharge).		
6 (xiv) Death within 30 days of surgery (elective admissions)	The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates. Adjusted for number of cases, the improvement represents about 200 less deaths.	593	567	4.4%
		Deaths within 30 days of surgery for elective admissions to hospital, per 100,000 patients (Age & sex standardised, includes deaths in hospital & after discharge).		
6 (xv) Four-week smoking quitters	Smoking is the single greatest cause of preventable illness and premature death in the UK. For smokers who give up, the chances of getting a serious or fatal disease are greatly reduced.	No Data	162	No comparison available
		Number of smokers who had quit at four week follow-up with NHS smoking cessation services per 100,000 population aged 16 and over.		

NHS Trust – National Level Information

Clinical Effectiveness and Outcomes				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
A (i) Returning home following hospital treatment for stroke	<p>This indicator is to assess the quality of treatment delivered to a patient in hospital after suffering a stroke.</p> <p>There were 400 more people returning home within the time, but this was an improvement as a percentage of the total number.</p>	48.1	49.2	2.4%
A (ii) Returning home following hospital treatment for fractured hip	<p>This indicator is to assess the quality of treatment delivered to a patient in hospital who has suffered a fall.</p>	46.6	46.1	-1.0%
A (iii) Emergency readmission to hospital following discharge	<p>This indicator is a measure of the quality of treatment in hospital and then the quality of support – health and social care – when a patient returns home.</p> <p>This shows there were 10,000 more readmissions after adjusting for the different populations.</p>	5.9	6.0	-1.7%
A (iv) Emergency readmission to hospital following treatment for a fractured hip	<p>This indicator is a measure of how well people are treated when they have had a fall and the subsequent rehabilitation, treatment and prevention of further falls.</p> <p>Whilst not statistically significant, the change represents an increase of some 150 readmissions.</p>	7.3	7.7	-4.8%
A (v) Emergency readmission to hospital following treatment for a stroke	<p>This is a measure of how well people are treated when they have had a stroke and the subsequent rehabilitation, treatment and prevention of further strokes.</p>	7.3	7.2	2.0%
A (vi) Death within 30 days of surgery (non-elective admissions)	<p>The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates.</p> <p>Adjusted for number of cases, this improvement represents more than 800 less deaths.</p>	3,093	2,938	5.0%
A (vii) Death within 30 days of a heart bypass operation	<p>The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates.</p>	No Data	2,975	No comparison available

Clinical Effectiveness and Outcomes – continued				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
A (viii) Death within 30 days of admission to hospital for a fractured hip	The National Confidential Enquiry into Perioperative Deaths (NCEPOD) have, over many years, consistently shown that some deaths are associated with shortcomings in health care. The NHS may be helped to prevent such potentially avoidable deaths by seeing comparative figures and learning lessons from the confidential enquiries and from the experience of Health Authorities and hospitals with low death rates.	10,331	9,898	4.2%
		Deaths within 30 days of emergency admission to hospital with a hip fracture, of patients aged 65 and over, per 100,000 patients. (Age & sex standardised, includes deaths in hospital & after discharge).		
A (ix) Death within 30 days of admission to hospital for a stroke	Some people with stroke die before they can be admitted to hospital. However, there are variations in hospital death rates among those who survive long enough to be admitted. Some of these deaths may be potentially preventable through faster ambulance response time and effective early treatments. Adjusting for numbers of cases, the improvement represents about 600 less deaths.	28,371	27,204	4.1%
		Deaths within 30 days of emergency admission to hospital following a stroke, per 100,000 patients (Age & sex standardised, includes deaths in hospital & after discharge).		

Efficiency				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
B (i) Day case rate	This indicator shows the percentage of inpatients treated as day cases. This is one indicator of the efficiency of use of resources. Casemix adjustment takes account of variation which can be attributed to differences in the number of each procedure being performed.	63.6%	64.9%	2.1%
		Actual day case rate for a basket of 25 procedures, adjusted for differences in casemix.		
B (ii) Length of stay	Keeping people in hospital longer than is necessary can be an indicator of poor performance. Casemix adjustment takes account of variation which can be attributed to differences in the patients being treated, eg the diagnosis and the age of the patient.	3.8	3.8	-0.3%
		Actual length of stay adjusted for differences in casemix.		
B (iii) Reference costs	General efficiency measure.	Index value	Index value	Index value
		Index to compare the actual cost of a Trust's activity with the same activity using national average costs.		
B (iv) Missed outpatient appointments	Missed appointments are expensive for the NHS and mean that patients miss out on care. Missed appointment rates vary widely and there is evidence that they can be significantly reduced by reviewing appointment and other procedures from the perspective of the patients.	11.4%	11.2%	1.6%
		Percentage of first outpatients appointments for which patient did not attend.		

Patient/Carer Experience of NHS Healthcare				
Indicator	Context	Previous Year of Data	Current Year of Data	National % Improvement
C (i) Six month inpatient waits	Waiting times act as a proxy measure of the patient experience: the longer the waiting time, the poorer the experience. In addition, some interventions are most effective when carried out at the earliest opportunity, and a shorter waiting time may translate into a better health outcome.	73.2%	73.1%	-0.1%
		Percentage of patients waiting less than 6 months for an inpatient admission.		
C (ii) Thirteen week outpatient waits	Waiting times act as a proxy measure of the patient experience: the longer the waiting time, the poorer the experience. In addition, some interventions are most effective when carried out at the earliest opportunity, and a shorter waiting time may translate into a better health outcome.	75.2%	76.1%	1.1%
		Percentage of patients seen within 13 weeks of GP referral for first outpatient appointment.		
C (iii) Two week breast cancer waits	The White Paper, The New NHS, stated that: "Everyone with suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment, by April 1999 for breast cancer and by 2000 for all other cancers".	96.0%	96.0%	0.0%
		Percentage of patients seen within 2 weeks of urgent GP referral for suspected breast cancer to outpatient appointment with specialist.		
C (iv) Trolley waits	Delays in A&E are a high-profile indicator of emergency access to hospital beds and a proxy measure of the patient's experience. The intention is to reduce the number of long trolley waits and ensure that patients are seen, treated and admitted or discharged rapidly and appropriately.	No exact comparison available	13.1%	No exact comparison available
		Percentage of patients admitted through A&E not placed in a bed on a ward within 4 hours of decision to admit.		
C (v) Complaints	This indicator provides a vital insight into how well the NHS is performing in meeting the targets set for the local resolution stage of the NHS complaints procedure. The number of resolutions in the target time has gone up by 1,500 but with total complaints up by 8,000, this is a deterioration in the percentage.	57.3%	52.7%	-8.0%
		Percentage of written complaints for which a local resolution was completed within 4 weeks.		
C (vi) Cancelled operations	The last minute cancellation of operations is distressing and inconvenient for patients. Every effort should be made to readmit patients within one month of their operation being cancelled.	No Data	1.6%	No exact comparison available
		Elective admissions that are cancelled at the last minute for non-clinical reasons as a percentage of elective admissions.		
C (vii) Cancelled operations not admitted within a month	When a patient's operation is cancelled by the hospital on the day of surgery for non-clinical reasons, the hospital should offer another binding date within a maximum of 28 days or fund the patient's treatment at the time and hospital of the patient's choice.	No Data	0.4%	No exact comparison available
		Patients not admitted within one month of last minute cancellation as a percentage of elective admissions.		
C (viii) Hospital Cleanliness	Research carried out amongst various interest groups in advance of the launch of the NHS Plan identified that cleanliness had become a major issue.	No Data	3.4	No comparison available
		Whole hospital score for cleanliness, formulated against PEAT visits.		

Capacity and Capability				
Indicator	Context	Previous Year		National % Improvement
		of Data	Current Year of Data	
D (i) Junior doctors' hours	NHS employers must demonstrate that they are challenging the long hours culture in order to achieve Improving Working Lives accreditation. Patients being seen by less tired doctors is better for both patients and doctors.	No Data	57.7%	No comparison available
		Percentage of Junior Doctors complying in full with the New Deal on Junior Doctors' Hours.		
D (ii) Vacancy rate – Qualified Allied Health Professionals	A reduction in staff vacancy rates is a criterion that NHS employers must meet in order to achieve Improving Working Lives accreditation. The apparent deterioration was greatly influenced by the increase in the number of posts. The number of allied health professionals rose by 1,190 between Sept 1999 and Sept 2000.	3.6%	4.3%	-21.6%
		Qualified Allied Health Professionals (AHPs) three month vacancies expressed as a percentage of three month vacancies plus staff in post.		
D (iii) Vacancy rate – Qualified nursing, midwifery & health visiting staff	A reduction in staff vacancy rates is a criterion that NHS employers must meet in order to achieve Improving Working Lives accreditation. The number of qualified nurses, midwives and health visitors rose by 5,630 between Sept 1999 and Sept 2000.	3.9%	3.4%	12.6%
		Qualified nursing, midwifery and health visiting staff three month vacancies expressed as a percentage of three month vacancies plus staff in post.		
D (iv) Vacancy rate – Consultants	A reduction in staff vacancy rates is a criterion that NHS employers must meet in order to achieve Improving Working Lives accreditation. The apparent deterioration was greatly influenced by the increase in the number of posts. The number of consultants rose by 780 between Sept 1999 and Sept 2000.	2.8%	3.0%	-8.6%
		Consultants three month vacancies expressed as a percentage of three month vacancies plus staff in post.		
D (v) Sickness absence rates	Meeting Working Together targets on levels of sickness absence is a criterion that NHS employers must meet in order to achieve Improving Working Lives accreditation.	4.6%	4.5%	3.0%
		Amount of time lost through absences as a percentage of staff time available for directly employed NHS staff.		
D (vi) Clinical Negligence	Achievement of the Clinical Negligence Scheme for Trusts (CNST) risk management standards by Trusts means that they are putting into place systems for ensuring that the quality of healthcare is maintained and improved, and reducing the scope for clinical negligence claims.	No Data	1.1	No comparison available
		Level of compliance against Clinical Negligence Scheme for Trusts (CNST) risk management standards.		
D (vii) Data quality	This indicator provides a measure of the quality and reliability of the data underlying many of the Performance Indicators and serves as a proxy for assessing the general quality of data for each organisation.	91.8%	92.9%	1.2%
		Hospital Episode Statistics (HES) summary measure of data quality for NHS trusts with in-patient activity.		



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Department of Health
NHS Performance Indicators
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133–155 Waterloo Road
London SE1 8UG.

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