

# CCG Outcomes Indicator Set

England, March 2017: Quarterly publication

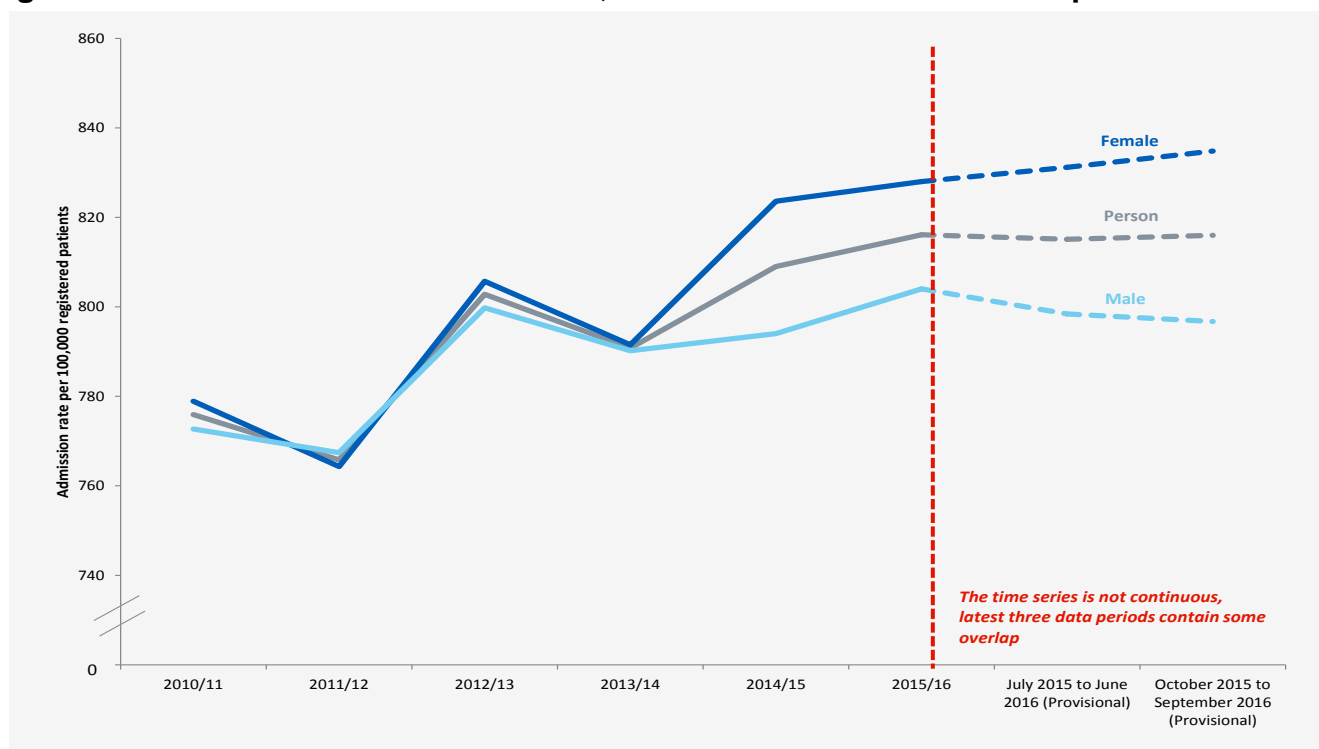
Published 23 March 2017

The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes. This report provides information about the indicators updated in this release.

## Key findings

- There is one new diabetes indicator being published for the first time
- There are 16 indicators with new data periods in this release
- The indicators cover a range of topics including diabetes, emergency admissions, mortality, mental health services and hospital infection control.
- The chart below shows the change over time for indicator 2.6: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, by year and sex

**Figure 1: Indicator 2.6 – Indicator values, 2010/11 to October 2015 to September 2016**



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# Contents

<b>Key findings</b>	<b>1</b>
<b>Introduction</b>	<b>4</b>
Indicators published for the first time are as follows:	4
New data periods have been added for the following existing indicators:	4
Data periods have not been updated as planned for the following indicators:	5
<b>CCG OIS background</b>	<b>6</b>
<b>2.4 People with diabetes who have received nine care processes</b>	<b>7</b>
Overview	7
<b>Emergency Admissions</b>	<b>12</b>
2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	13
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	16
3.1 Emergency admissions for acute conditions that should not usually require hospital admission	18
<b>Appendix 1 – Indicator update summary</b>	<b>21</b>

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**ISBN 978-1-78386-972-5**

This report may be of interest to members of the public, commissioning managers, provider manager, clinicians and patients to make local and national comparisons and to monitor the quality and effectiveness of services.

## Introduction

The Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) aims to provide clear, comparative information for CCGs and Health and Wellbeing Boards (HWBs) in England about the quality of health services they commission in order to understand where they may need to focus their efforts to improve services and outcomes.

The timescales of the indicators vary according to the data source, but the most recently available data are used in all cases. A full list of the data periods and updates for each indicator in this release are available in [Appendix 1](#).

Data, along with indicator specifications and quality statements detailing statistical methods, interpretation considerations and data quality, can be accessed by visiting the NHS Digital Indicator Portal at: <https://indicators.hscic.gov.uk/webview/>.

The information for the CCG OIS can be found towards the top of the navigation tree on the left-hand side of the portal page under 'CCG Outcomes Indicator Set' where there are individual sections for each domain.

A publication schedule for planned future updates for all indicators in the CCG OIS can be found on the NHS Digital website: <http://digital.nhs.uk/ccgois>.

### Indicators published for the first time are as follows:

- 2.4 People with diabetes who have received nine care processes

### New data periods have been added for the following existing indicators:

- 1.5 Mortality within 30 days of hospital admission for stroke
- 1.8 Emergency admissions for alcohol related liver disease
- 1.10 One-year survival from all cancers
- 1.14 Maternal smoking at delivery
- 1.21 All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over
- 1.22 Hip fracture: incidence
- 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
- 3.1 Emergency admissions for acute conditions that should not usually require hospital admission

**Diabetes**  
care process  
indicator  
published for  
the first time

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3.4	Emergency admissions for children with lower respiratory tract infections
3.14	Alcohol-specific hospital admissions
3.15	Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission
3.17	Percentage of adults in contact with secondary mental health services in employment
5.1	Patient safety incidents
5.3	Incidence of Healthcare Associated Infection (HCAI) – Meticillin-resistant Staphylococcus aureus (MRSA)
5.4	Incidence of Healthcare Associated Infection (HCAI) – C. difficile

**Data periods have not been updated as planned for the following indicators:**

1.4	Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes
1.26	Low birth weight of term babies
2.8	Complications associated with diabetes

Indicators 1.4, 1.26 and 2.8 are not being updated due to the respective data sets not being available at the time of publication. It is anticipated these will be updated in the June 2017 CCG OIS release.

1.1	Potential years of life lost (PYLL) from causes considered amenable to healthcare
2.11a	Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment
2.11b	Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable improvement following completion of treatment
2.11c	Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable deterioration following completion of treatment

Indicators 1.1, 2.11a, 2.11b and 2.11c are not being updated at present due to ongoing methodological review. Once the reviews are complete, the indicators will be updated.

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## CCG OIS background

The various indicators within the CCG OIS help CCGs to gain an understanding of the health-related outcomes within their area and how these outcomes compare to other CCGs.

As of April 2015 there were 209 CCGs in England. This follows the merger of three CCGs; NHS Gateshead CCG, NHS Newcastle North and East CCG and NHS Newcastle West CCG which became NHS Newcastle Gateshead CCG. There is wide variation in the size of these organisations, as of 1 January 2017, the largest CCG, NHS Cambridgeshire and Peterborough CCG, had 947,306 registered patients, and the smallest CCG, with 76,199 registered patients was NHS Corby CCG<sup>1</sup>. Where possible, indicator values are standardised by national age and sex profile to account for differences in the age and sex profile of each CCG, ensuring CCG values are comparable with each other.

Within the CCG OIS, values are published at 'All registered patients in England' (National) level where possible. This 'National' figure includes only data from the 209 CCGs (211 for data periods prior to April 2015), excluding data from NHS Commissioning Hubs<sup>2</sup> i.e. the number of observed admissions at a 'National' level is the sum of the admissions across the 209 CCGs (211 pre-April 2015). Most of the indicators in this March 2017 release report on 209 CCGs as the data relates to the 2015/16 and 2016/17 years. Those indicators including data prior to 2015/16 and those where the data supplier did not aggregate data to the new merged CCG ahead of the organisational change are reported for 211 CCGs.

Additionally, it is important to note that due to differences in the data sources and methods, these figures are not comparable to England level figures in the NHS Outcomes Framework Indicators<sup>3</sup>. For many of the indicators the methodology is consistent across the frameworks, but due to the fact that the two frameworks serve different purposes, different data sources and methods are used. CCG OIS aims to support local commissioning functions and therefore uses registered patient counts as the subject population for calculating indicators<sup>4</sup>. The NHS Outcomes Framework focuses on national-level accountability and uses Office for National Statistics (ONS) mid-year population estimates as a denominator base.

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<sup>1</sup> NHS Digital published GP patient counts on a quarterly basis, which are available on the website. Quoted January figures are available at: <http://digital.nhs.uk/article/2021/Website-Search?productid=24229&q=registered+patients&sort=Relevance&size=10&page=1&area=both#top>

<sup>2</sup> Specialised commissioning hubs are responsible for leading the commissioning of specialised health services in the NHS in England (i.e. rate conditional and low volume treatments) including the direct commissioning of military and prison health services.

<sup>3</sup> NHS OF available at: [www.digital.nhs.uk/nhsf](http://www.digital.nhs.uk/nhsf)

<sup>4</sup> Where the use of registered patients is not possible, the resident population from ONS mid-year estimate has been used; this is clearly stated in the indicator description.

## 2.4 People with diabetes who have received nine care processes

### Overview

Included for the first time in the March 2017 publication release of CCG OIS is indicator 2.4, this measures the number of people with a diagnosis of diabetes in the National Diabetes Audit (NDA) who have received all care processes recommended within the audit year.

The National Service Framework for Diabetes<sup>5</sup> defines nine key processes for diabetes care to be monitored on an annual basis. Of these processes, five are risk factors and four are tests for early complications as follows:

#### *Risk Factors*

1. Blood pressure (systolic and diastolic)
2. Blood test (HbA1c – blood glucose levels)
3. Cholesterol levels
4. BMI and weight
5. Smoking review

#### *Tests for early complications*

6. Foot exam
7. Eye screening (retinopathy screening)
8. Urinary albumin test (or protein test to measure the kidney function)
9. Blood creatinine (indicator for renal function)

Data for this indicator is obtained from the NDA Care Processes and Treatment Targets, published by NHS Digital. Further information about the NDA is available here: <http://digital.nhs.uk/nda>.

The indicator is based on a National Institute for Health and Care Excellence (NICE) Quality Standard and has been identified by the NICE Commissioning Outcomes Framework (COF) Advisory Committee for use in the CCG OIS.

There are a number of issues to consider when interpreting this indicator as follows:

- At the time of publication data for only eight of the nine care processes are available for use in the indicator; data for eye screening (retinopathy screening) is not currently reported in the NDA. Where reference is made to 'all care processes', this currently relates to the eight for which data is available.

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<sup>5</sup> <https://www.gov.uk/government/publications/national-service-framework-diabetes>  
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- In patients under the age of 12, the only care process required in annual reporting is the blood test (HbA1c – blood glucose levels). As a result of this, any patient identified as being under the age of 12 who has received this one care process is classified as having received all care processes.
- The indicator values should not be viewed in isolation; they should be viewed alongside GP participation values, discussed below. GP participation values refer to the percentage of GP practices within a CCG that submit data to the NDA.

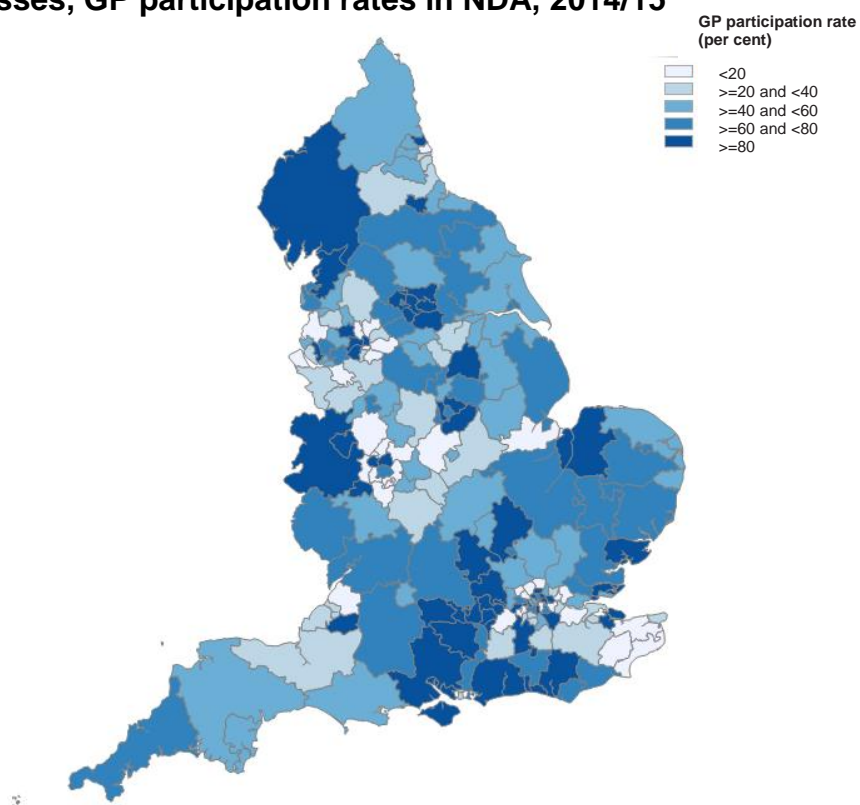
In 2015/16 there were 2,455,989 patients registered with the NDA with a diagnosis of diabetes, of which, 1,291,591 (52.6 per cent) received all care processes within the audit year. This percentage figure is a decrease from 2014/15 where of the 1,633,784 patients registered with the NDA with a diagnosis of diabetes, 939,089 received all care processes within the year, equating to 57.5 per cent.

There is wide variation between CCGs in both years in terms of the overall indicator value; however, users should note increasing GP participation rates in the NDA from 59.4 per cent in 2014/15 to 81.4 per cent in 2015/16, this means the data set is more complete with increased national coverage in the most recent data period. Figures 2 and 3 below show GP participation rates across CCGs in 2014/15 and 2015/16.



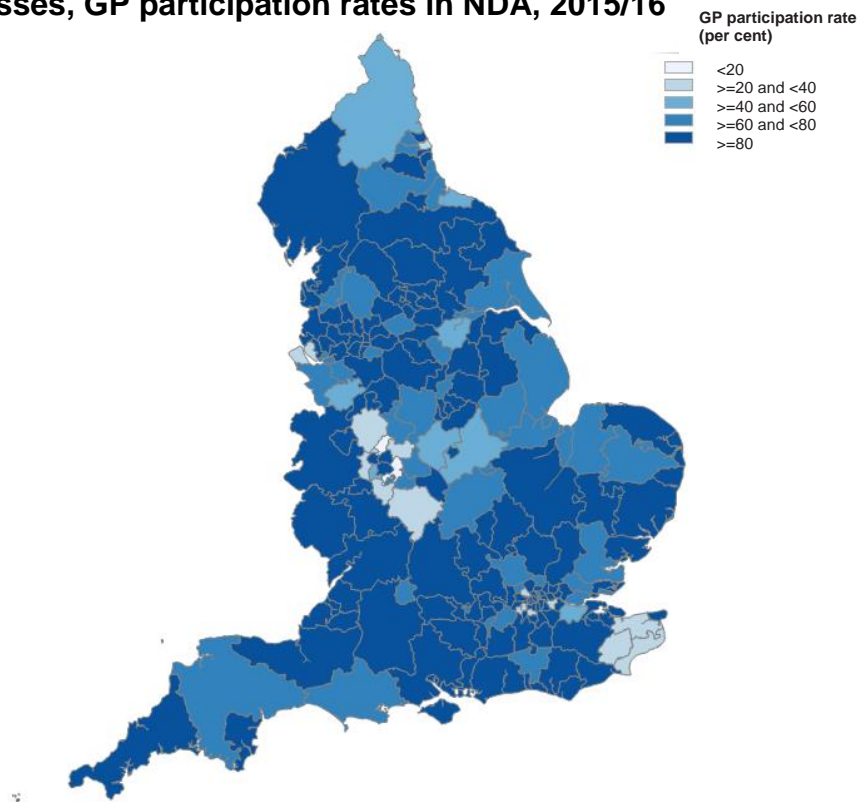
**Figure 2:**

**Indicator 2.4: People with diabetes who have received all care processes, GP participation rates in NDA, 2014/15**



**Figure 3:**

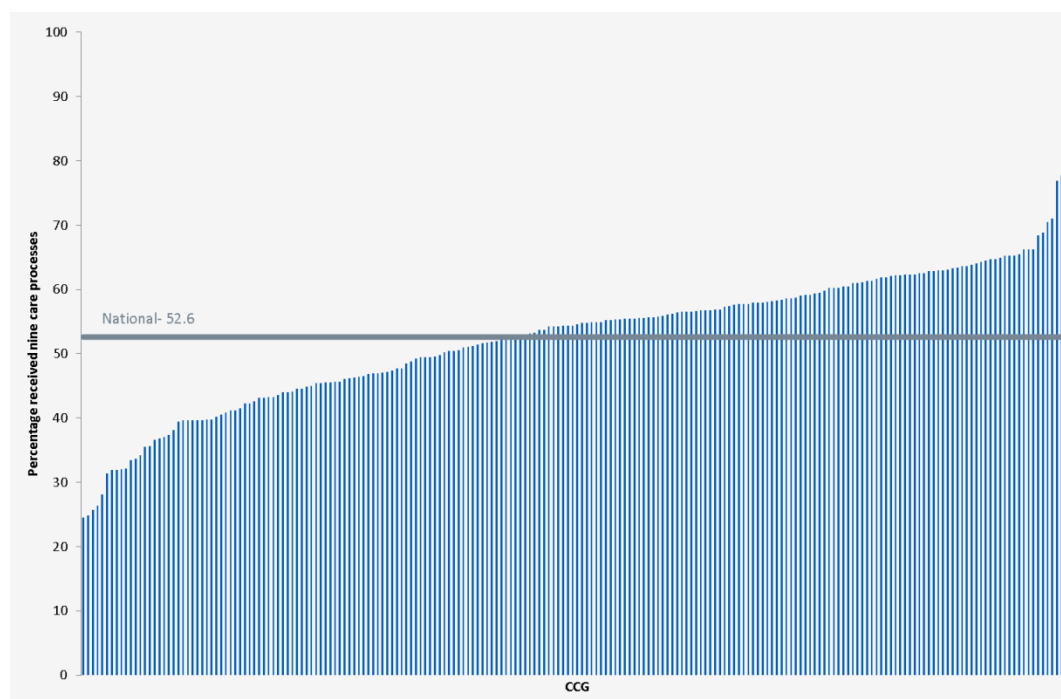
**Indicator 2.4: People with diabetes who have received all care processes, GP participation rates in NDA, 2015/16**



Nationally, the percentage of registered patients diagnosed with diabetes and receiving all care processes within the audit year in 2015/16 is 52.6 per cent. There is wide variation between CCGs in the value of the indicator, 91 of which have a value lower than the national figure as demonstrated in Figure 4.

**Figure 4:**

**Indicator 2.4: People with diabetes who have received all care processes, indicator value by CCG, 2015/16**



Tables 1a and 1b show the five CCGs with the lowest and five CCGs with the highest percentage of patients receiving all care processes. Four of the five CCGs with the highest percentages were also within the top five CCGs with the highest percentages in 2014/15; NHS North and West Reading CCG, NHS Bradford City CCG, NHS Liverpool CCG and NHS City and Hackney CCG. Three of the five CCGs with the lowest percentage of patients receiving all care processes were also within the five CCGs with the lowest percentages in 2014/15; NHS Redbridge CCG, NHS Waltham Forest CCG and NHS Barking and Dagenham CCG. Note that the GP participation rate is sometimes low, meaning that there is uncertainty about the true value in these cases.

**Table 1a: CCGs with the lowest percentage of patients who received all care processes 2015/16**

CCG	Indicator value	Denominator	Numerator	GP practice participation
NHS Redbridge CCG	24.5	17,439	4,281	91.1
NHS Havering CCG	24.8	11,715	2,902	83.3
NHS Waltham Forest CCG	25.7	14,669	3,775	93.2
NHS Richmond CCG	26.4	1,590	419	21.4
NHS Barking and Dagenham CCG	28.1	10,799	3,035	90.0

**Table 1b: CCGs with the highest percentage of patients who received all care processes 2015/16**

CCG	Indicator value	Denominator	Numerator	GP practice participation
NHS North and West Reading CCG	71.0	4,336	3,078	100.0
NHS Bradford City CCG	76.9	8,750	6,729	96.3
NHS Liverpool CCG	77.8	8,776	6,826	31.7
NHS South Tyneside CCG	77.8	3,486	2,712	37.0
NHS City and Hackney CCG	86.3	13,197	11,319	100.0

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## Emergency Admissions

This CCG OIS publication sees the release of new data periods for six emergency admission indicators, three of which are described in this report:

- 2.6      **Unplanned hospitalisation for chronic ambulatory care sensitive conditions****
- 2.7      **Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s****
- 3.1      **Emergency admissions for acute conditions that should not usually require hospital admission****

Due to ever increasing pressures on hospital care and specifically emergency care, the management of conditions that would not usually require hospital care potentially being managed outside of the hospital environment is becoming increasingly important.

Ambulatory Care Sensitive (ACS) conditions are those where effective community care and case-management can help prevent the need for hospital admissions. Providing effective ambulatory care for these conditions will lead to better patient care and case management, and a reduction in avoidable emergency admissions, which are costly and expose patients to otherwise avoidable clinical risks such as health care acquired infections.

The three aforementioned indicators all relate to admissions for conditions that are often managed in the long term outside of the hospital environment. Understanding changes in these indicators may help CCGs plan effective use of resource in the future to provide the best care in the right environment for all patients.

The three other emergency admissions indicators included in this release are available on the Indicator Portal at:

<https://indicators.hscic.gov.uk/webview/>

- 1.8      **Emergency admissions for alcohol related liver disease****
- 3.4      **Emergency admission for children with lower respiratory tract infections****
- 3.15     **Emergency alcohol-specific readmission to hospital within 30 days of discharge following an alcohol-specific admission****

## 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions

This indicator measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

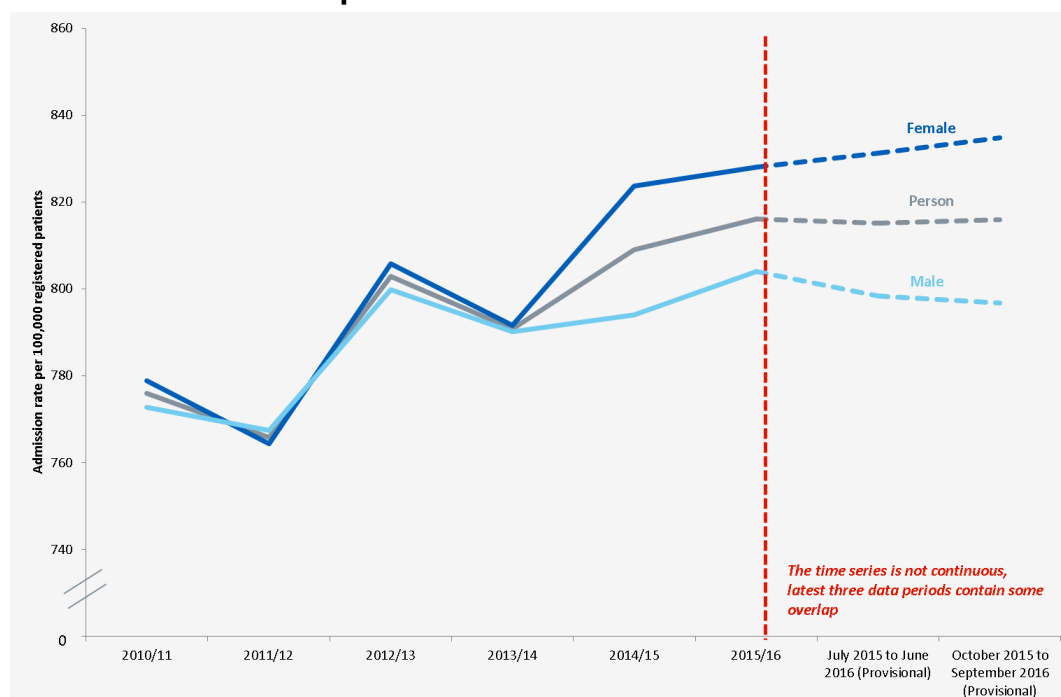
The aim of this indicator is to look at emergency admissions for all long-term conditions where optimum management can be achieved in the community.

For the most recent time period available (October 2015 to September 2016) the admission rate was 818.3 per 100,000 registered patients. The breakdown by sex for this same time period shows the female admission rate is significantly higher than the male admission rate at 834.8 and 796.7 respectively per 100,000 registered patients.

Figure 5 shows the change over time for this indicator from 2010/11 to the most recent data period available, October 2015 to September 2016, broken down by sex of patient. The chart shows that whilst rates of admission have increased over time for both males and females, the rate of increase has been much higher for females.

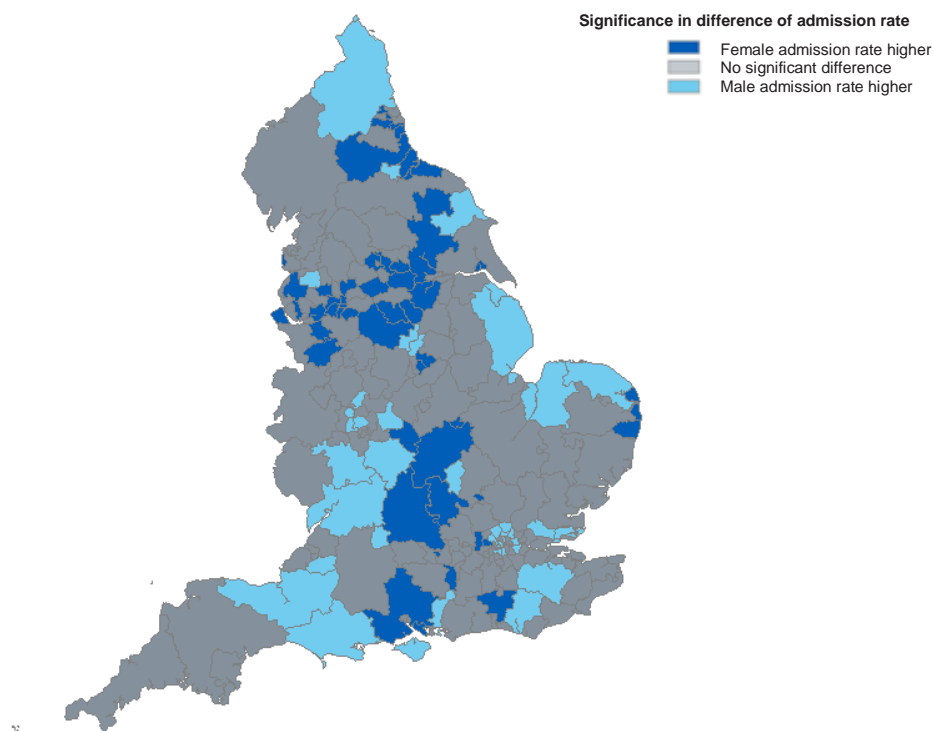
**Figure 5:**

**Indicator 2.6: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, national indicator value by year, 2010/11 to October 2015 to September 2016**

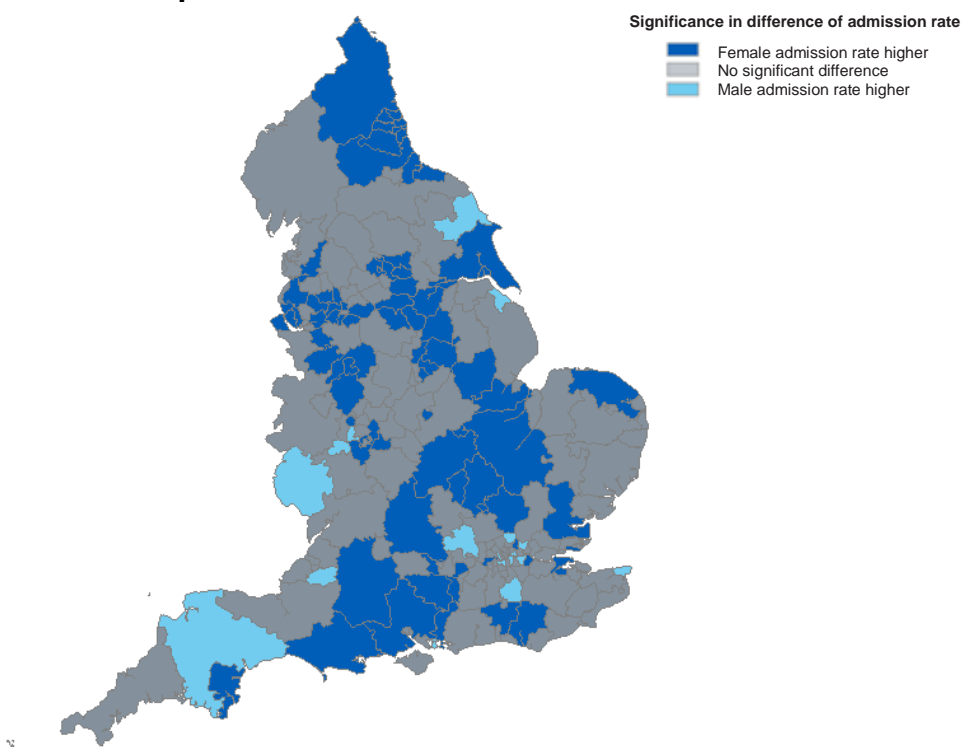


Figures 6 and 7 below show the areas with significant differences between male and female admission rates for 2013/14, the final year where national admission rates are similar, and the most recent time period available, October 2015 to September 2016.

**Figure 6: Indicator 2.6: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, significant differences in admission rate between males and females, by CCG 2013/14**



**Figure 7: Indicator 2.6: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, significant differences in admission rate between males and females, by CCG for males, October 2015 to September 2016**



The maps above show whether the male admission rate in a CCG was significantly higher than the female admission rate, and vice versa. The test of significance is done by comparing the 95% confidence intervals of the rates; where the lower confidence interval of the higher rate is higher than the upper confidence interval of the lower rate, i.e. when the confidence interval ranges do not overlap, the higher rate is described as being significantly higher than the lower.

The maps show that in the most recent data period there are many more CCGs where the female admission rate is higher than the male and fewer where the male rate is higher than the female.

Tables 2a and 2b show the five CCGs with the lowest and five CCGs with the highest admission rate per 100,000 registered patients for the most recent time period (October 2015 to September 2016), based on person rates.

**Table 2a: CCGs with the lowest admission rate per 100,000 registered patients, October 2015 to September 2016.**

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Crawley CCG	73.3	58.9	90.2	130,198	92
NHS East Surrey CCG	100.4	86.2	116.4	179,822	179
NHS Portsmouth CCG	153.8	136.9	172.2	223,144	306
NHS Fareham and Gosport CCG	154.4	136.9	172.2	223,144	336
NHS City and Hackney CCG	162.2	131.8	184.5	302,476	281

**Table 2b: CCGs with the highest admission rate per 100,000 registered patients, October 2015 to September 2016**

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Blackburn with Darwen CCG	1,349.0	1,290.8	1,409.2	172,036	2,060
NHS South Manchester CCG	1,392.6	1,328.8	1,458.7	173,189	1,879
NHS Central Manchester CCG	1,423.7	1,256.6	1,493.1	229,626	1,996
NHS South Tyneside CCG	1,425.8	1,368.4	1,485.0	155,694	2,341
NHS Bradford City CCG	1,467.3	1,364.0	1,475.6	123,451	981

## 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

This indicator measures how many children under 19 (0-18 years) are admitted as an emergency admission with a primary diagnosis of asthma, diabetes or epilepsy. The three conditions identified make up around 94 per cent of emergency admissions for children (under 19s) with long-term conditions.

For the most recent time period available (October 2015 to September 2016) the admission rate was 311.7 per 100,000 registered patients. The breakdown by sex for this same time period shows the male admission rate is significantly higher than the female admission rate at 343.8 and 278.0 respectively per 100,000 registered patients.

Figure 8 shows the change over time for this indicator from 2010/11 to the most recent time period available, October 2015 to September 2016, broken down by sex.

**Figure 8:**

**Indicator 2.7: Unplanned hospitalisation for asthma, diabetes and epilepsy, national indicator value by year, 2010/11 to October 2015 to September 2016**

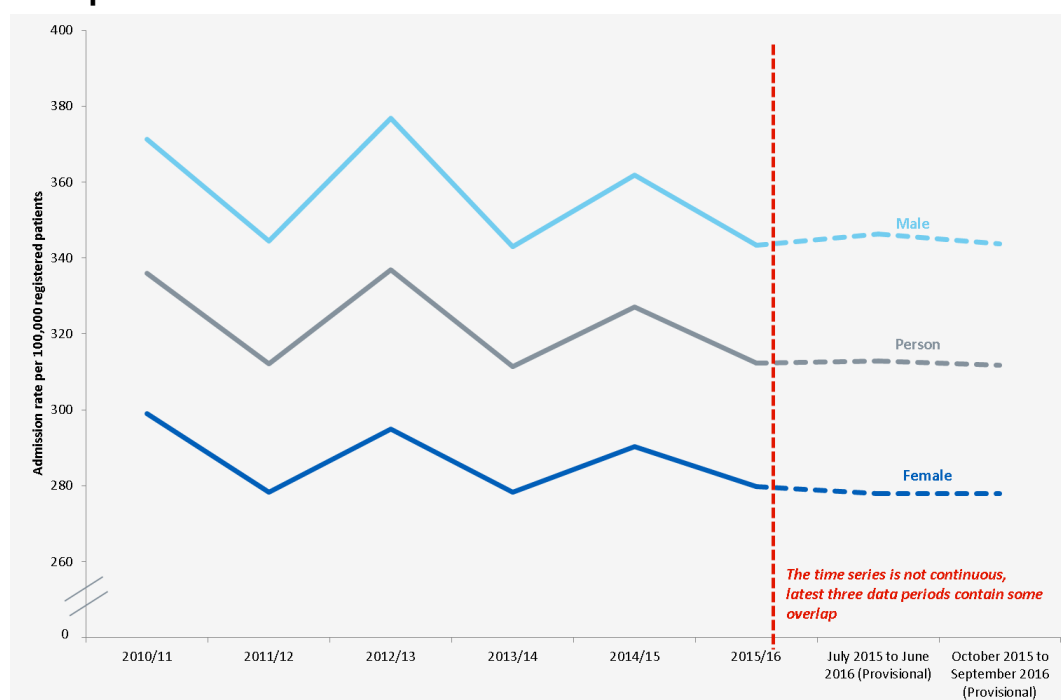


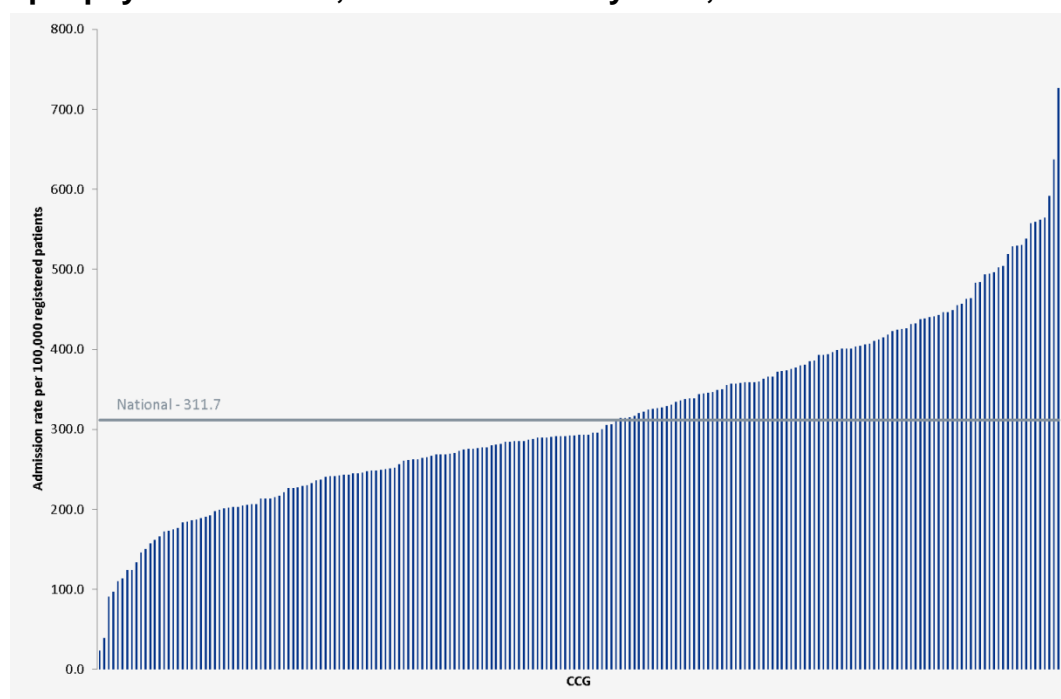
Figure 8 shows that the pattern of admissions over time is very similar for both sexes, however, the rate of male admissions is consistently higher than that of female admissions. Whilst the rate fluctuated in early years, the rate seems to be steadying in the most recent time periods available, although there is a lot of overlap within the three most recent data points.

There is wide variation in the admission rates across CCGs. Nationally, the rate of admission is 311.7, 113 CCGs have a value lower than this national figures as demonstrated in Figure 9.



**Figure 9:**

**Indicator 2.7: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s, indicator value by CCG, 2015/16**



Tables 3a and 3b show the five CCGs with the lowest and five CCGs with the highest admission rate per 100,000 registered patients for the most recent time period (October 2015 to September 2016), based on person rates.

**Table 3a: CCGs with the lowest admission rate per 100,000 registered patients, October 2015 to September 2016.**

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS City and Hackney CCG	23.5	13.6	37.6	69,538	17
NHS Tower Hamlets CCG	39.2	25.6	57.6	66,338	26
NHS Central London (Westminster) CCG	91.3	60.5	132.1	31,856	31
NHS Crawley CCG	97.1	66.0	137.9	31,000	31
NHS Liverpool CCG	110.1	91.0	132.1	103,056	117

**Table 3b: CCGs with the highest admission rate per 100,000 registered patients, October 2015 to September 2016**

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS West Suffolk CCG	561.7	496.4	633.1	49,941	269
NHS Lancashire North CCG	564.4	483.8	654.5	31,735	176
NHS Blackpool CCG	591.7	512.7	679.3	34,414	202
NHS Central Manchester CCG	637.5	571.3	709.3	52,318	339
NHS Scarborough and Ryedale CCG	726.7	621.2	844.9	23,017	170

### 3.1 Emergency admissions for acute conditions that should not usually require hospital admission

This indicator measures how many people with specific acute conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, ear/nose/throat infections, kidney/urinary tract infections and angina.

For the most recent time period available (October 2015 to September 2016) the admission rate was 1,347.5 per 100,000 registered patients. The breakdown by sex for this same time period shows the female admission rate is significantly higher than the male admission rate at 1,418.5 and 1,247.6 respectively per 100,000 registered patients.

Figure 7 shows the change over time for this indicator from 2010/11 to the most recent data period available, October 2015 to September 2016, broken down by sex of patient.

**Figure 10:**

**Indicator 3.1: Emergency admissions for acute conditions that should not usually require hospital admission, indicator value by CCG, 2010/11 to October 2015 to September 2016**

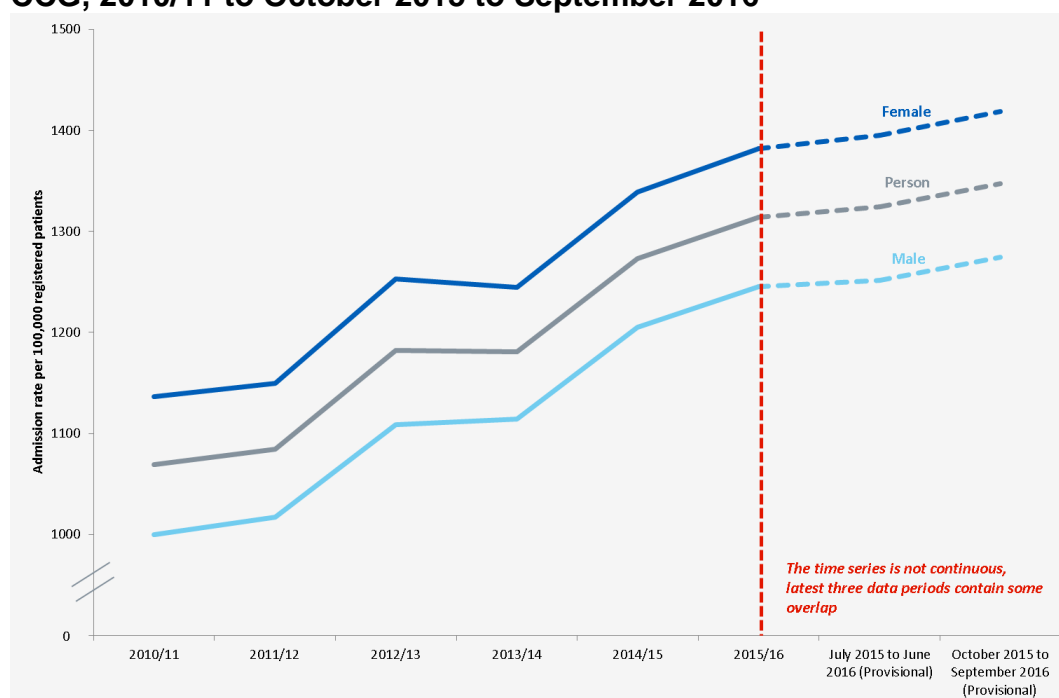
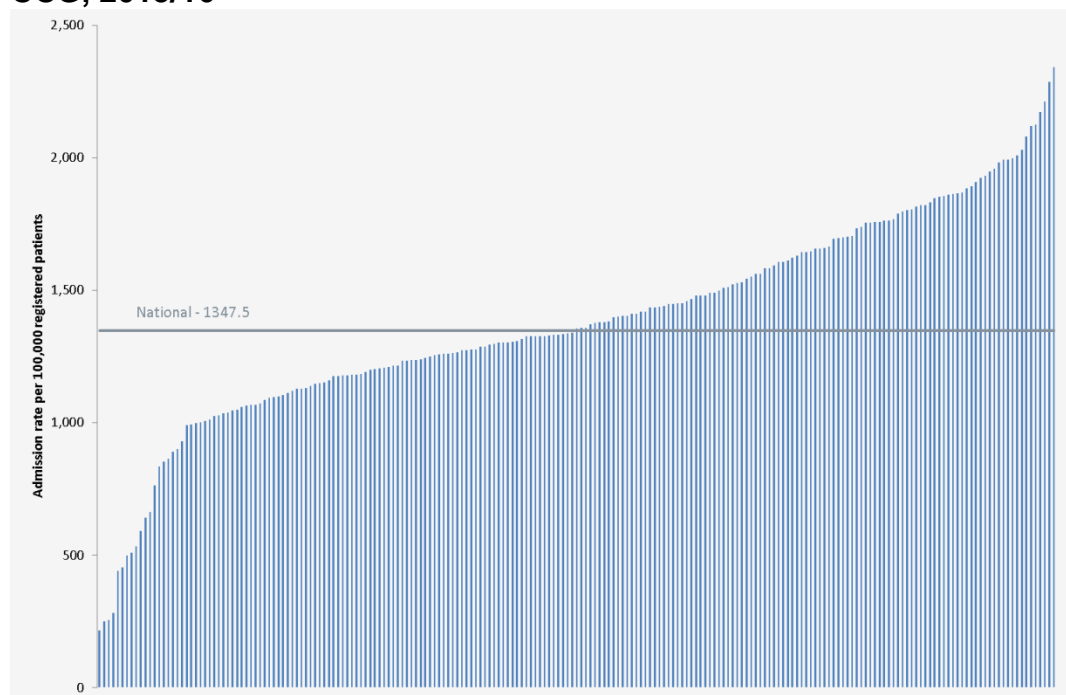


Figure 10 shows that the pattern of admissions over time is very similar for both sexes, however, the rate of female admissions is consistently higher than that of male admissions.

As seen in the other indicators referenced within this commentary there is significant variation in the admission rates across CCGs. Nationally, the rate of admission is 1,347.5, 104 CCGs have a value lower than this national figure as demonstrated in figure 11.

**Figure 11:**

**Indicator 3.1: Emergency admissions for acute conditions that should not usually require hospital admission, indicator value by CCG, 2015/16**



Tables 4a and 4b show the five CCGs with the lowest and five CCGs with the highest admission rate per 100,000 registered patients for the most recent time period (October 2015 to September 2016), based on person rates.

**Table 4a: CCGs with the lowest admission rate per 100,000 registered patients, October 2015 to September 2016.**

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS Crawley CCG	215.5	190.8	242.4	130,198	283
NHS East Surrey CCG	250.8	227.9	275.4	179,822	445
NHS City and Hackney CCG	254.1	230.8	278.9	302,476	595
NHS Tower Hamlets CCG	281.3	253.9	310.5	300,382	565
NHS Newham CCG	440.6	412.0	470.5	376,375	1,259

**Table 4b: CCGs with the highest admission rate per 100,000 registered patients, October 2015 to September 2016**

CCG	Indicator value	CI lower	CI upper	Denominator	Numerator
NHS South Manchester CCG	2,125.2	2,050.0	2,202.3	173,189	3,216
NHS Stoke on Trent CCG	2,171.7	2,117.5	2,227.0	286,445	6,104
NHS Bradford City CCG	2,211.8	2,094.6	2,332.9	123,451	1,954
NHS Hartlepool and Stockton-on-Tees CCG	2,287.4	2,232.3	2,343.4	295,026	6,576
NHS North Manchester CCG	2,341.2	2,265.8	2,418.5	206,140	4,060

## Appendix 1 – Indicator update summary

**Table 5: Time periods and updates for indicators within the March 2017 CCG OIS publication**

Indicator number and name		Time period	Update
1.5	Mortality within 30 days of hospital admission for stroke	2015/16	CCG
1.8	Emergency admissions for alcohol related liver disease	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG
1.10	One-year survival from all cancers	2014	National CCG
1.14	Maternal smoking at delivery	Quarter 2 2016/17	CCG
1.21	All-cause mortality – 12 months following a first emergency admission to hospital for heart failure in people aged 16 and over	2012-2015	National CCG
1.22	Hip fracture: incidence	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG
2.4	People with diabetes who have received nine care processes	2014/15, 2015/16	National CCG
2.6	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG Gender
2.7	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG Gender
3.1	Emergency admissions for acute conditions that should not usually require hospital admission	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG Gender
3.4	Emergency admissions for children with lower respiratory tract infections	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG Gender

3.14	Alcohol-specific hospital admissions	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG
3.15	Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission	October 2015 to September 2016 (Data from April 2016 is provisional)	National CCG
3.17	Percentage of adults in contact with secondary mental health services in employment	October 2015 to September 2016	CCG National
5.1	Patient safety incidents	October 2015 to March 2016	CCG
5.3	Incidence of Healthcare Associated Infection (HCAI) – Meticillin-resistant Staphylococcus aureus (MRSA)	December 2015 to December 2016	CCG
5.4	Incidence of Healthcare Associated Infection (HCAI) – C difficile	December 2015 to December 2016	CCG

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ISBN 978-1-78386-972-5

This publication may be requested  
in large print or other formats.

**Published by NHS Digital, part of the  
Government Statistical Service**

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