NHS Outcomes Framework

2.1 - Proportion of people feeling supported to manage their condition
Indicator Reference: I00706

Indicator Quality Statement

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Author: Clinical Indicators Team
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Introduction

Context for the quality statement.

This data quality report accompanies the National Statistics release of new data points for NHS Outcomes Framework (NHS OF) indicator 2.1 - Proportion of people feeling supported to manage their condition.

This indicator forms part of the NHS Outcomes Framework, which is designed to provide national level accountability for the outcomes the NHS delivers, and act as a catalyst for driving transparency, quality improvement and outcome measurement throughout the NHS.

The NHS Outcomes Framework sets out the national outcome goals that the Secretary of State will use to monitor the progress of NHS England. It does not set out how these outcomes should be delivered, it is for NHS England to determine how best to deliver improvements by working with Clinical Commissioning Groups (CCGs) to make use of the tools at their disposal.

This indicator has been assured through the Indicator and Methodology Assurance Service (IMAS), which is managed by NHS Digital. Under the regulations within the Health and Social Care Act, a national database of quality assured indicators was established and this contains details of all indicators which have been approved under the assurance process.

Related Links

The NHS Digital website: https://digital.nhs.uk/


Relevance

The degree to which the statistical product meets user needs in both coverage and content.

Background

The NHS Outcomes Framework indicators were developed by the Department of Health in 2010 to provide national level accountability for the outcomes that the NHS deliver. Each year the Department decide which indicators will be included in the framework based on consultation with internal and external stakeholders. Data for the indicators come from a wide range of sources which become available at different times of the year. NHS Digital publish indicator data on a quarterly basis, each release includes the indicators for which new data have recently become available.
This indicator uses survey results to look specifically at whether people are feeling supported to manage their long-term condition. This is based on the GP Patient Survey – a survey about the experience of NHS care, particularly primary care. The vast majority of the population visit their GP each year and the average person will visit their GP more than five times a year. Often it is the experience people have of primary care that determines their overall view of the NHS.

It is now standard practice in healthcare systems worldwide to ask people to provide direct feedback on the quality of their experience, treatment and care. This indicator will be used alongside additional information sources to provide local clinicians and managers with intelligence on the quality of local services from the patients’ and service users’ point of view and will ultimately play a role in driving improvements in the quality of service design and delivery.

**Accuracy and Reliability**

How well the information is recorded and transmitted, and, where applicable, the proximity between an estimate and the unknown true value.

The data collected from the GP Patient Survey has always been weighted using a design weight (to account for the unequal probability of selection within a practice) and a non-response weight (to account for differences in characteristics between responders and non-responders). The non-response weight previously accounted for age and gender.

In Summer 2011, Ipsos MORI, a survey agency who runs the survey on behalf of NHS England, conducted a weighting investigation to explore if the non-response weight could be further refined to improve the accuracy of the survey estimates. Based on the findings from this study, the results of the 2011-12 survey (and beyond) were weighted for non-response bias using a weighting scheme which also accounts for neighbourhood statistics such as deprivation and ethnicity.

Unweighted and weighted results from the survey are both published and can be found at the following link:

https://www.gp-patient.co.uk/surveysandreports

Further details regarding weighting can be found at the following link:

https://www.gp-patient.co.uk/weighted-data

However, Ipsos MORI have not looked into whether severity or number of conditions have an influence on whether people are more likely to respond.

In addition to the application of a weight to the indicator values direct standardisation is applied to all data points based on the distribution of age and gender amongst respondents of the GP Patient survey of the respective financial year. This is done to allow comparison over different time periods as well as across breakdown categories where the age and gender distribution of the population might be different.
The issue whether people with long-term conditions were sufficiently represented in the GPPS was raised.

Analysis carried out by the Department of Health suggests that people with long-term conditions are sufficiently represented in the GPPS. GP data collected for QOF returns suggest a prevalence rate of long-term conditions at around 25-30% of the GP-registered population. However, GPPS data suggest a rate of approximately 50% amongst the adult population. Although the figures are not directly comparable due to differences in the definition of numerator (e.g. for mental health and cancer) and differences in the definition of the denominator (e.g. GPPS is only representative of adult population, which may have higher prevalence rates than the whole population), Table 1 shows that for 2011-12 prevalence appears to be higher in the GPPS for most of the conditions common to both datasets. Despite the differences in the definition, the findings do not suggest that people with long-term conditions are under-represented in the GPPS data.

Table 1 – Self-reported long-term conditions

<table>
<thead>
<tr>
<th>Condition (QOF definition)</th>
<th>Condition (GPPS Definition)</th>
<th>Prevalence (% population, 2011-12 QOF)[1]</th>
<th>Prevalence (% population, 2011-12 GPPS)[2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Hypertension’</td>
<td>‘High Blood Pressure’</td>
<td>13.63%</td>
<td>16.20%</td>
</tr>
<tr>
<td>‘Diabetes for ages 17+’</td>
<td>‘Diabetes’</td>
<td>5.76%</td>
<td>6.17%</td>
</tr>
<tr>
<td>‘Cancer’</td>
<td>‘Cancer in the last 5 years’</td>
<td>1.77%</td>
<td>2.63%</td>
</tr>
<tr>
<td>‘Mental Health’</td>
<td>‘Long-term mental health problem’</td>
<td>0.82%</td>
<td>3.74%</td>
</tr>
<tr>
<td>‘Epilepsy for ages 18+’</td>
<td>‘Epilepsy’</td>
<td>0.78%</td>
<td>1.11%</td>
</tr>
<tr>
<td>‘Dementia’</td>
<td>‘Alzheimer’s disease or dementia’</td>
<td>0.53%</td>
<td>0.50%</td>
</tr>
</tbody>
</table>

[1] Denominator is relevant list size (aged 17+ and 18+ for diabetes and epilepsy respectively, all ages otherwise).

[2] Figures are representative at GP practice level for people aged 18 and over.
Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.
Punctuality refers to the gap between planned and actual publication dates.

GP Patient Survey results are based on fieldwork undertaken between January and March.

Source data are usually published in July following the end of the fieldwork.

The publication dates for NHS OF releases are pre-announced. There are no gaps between planned and actual publication dates.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information.

Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

There are three main locations where members of the public can access resources and information related to the NHS Outcomes Framework (NHS OF). These are listed below together with a link to their location and information about what resources are available from each.

1. NHS Outcomes Framework Home Page
   - Background to the framework
   - Information about the domains included in the framework
   - Users and uses statement
   - User feedback survey report

2. Quarterly Publication Web Pages
   Click here to view publications
   - Commentary on the indicators that were updated in that release
   - The latest information and data for all NHS OF indicators Excel and CSV format data files, data quality statements and indicator specifications for all indicators
   - A publication schedule showing when each indicator will next be published
   - FAQ and glossary document
3. Data.gov website

http://data.gov.uk/

You can also find data for the NHS OF on the data.gov website. The government's open data policy is about making data easy to find, easy to use and free to access. The data.gov website supports this policy by bringing datasets from government departments and public sector bodies together in one place.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar.

Comparability is the degree to which data can be compared over time and domain.

Deprivation changes

The data files for this indicator now contain two different versions of deprivation breakdowns: one based on the 2010 Index of Multiple Deprivation (IMD) scores (for 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16 indicator data) and the other based on the 2015 IMD scores (for 2015/16 indicator data onwards). This is due to the release of new IMD scores in 2015.

The 2015/16 indicator data has been calculated using both sets of IMD scores in order to show the differences between the two versions, but only 2015 IMD scores will be used for future time periods. Please note that indicator data calculated using 2010 IMD scores are not comparable to indicator data calculated using 2015 IMD scores.

The effect of using the new IMD scores on the 2015/16 GPPS data is discussed in a supplementary commentary report, which has been published on our August commentary page. Click here to go to the August page.

Methodology changes

Significant changes were made to the GP Patient Survey and methodology in 2011-12. This included changes to the weighting scheme, the content of the questionnaire and the frequency of the survey. Therefore, even where questions are the same, it is not possible to make direct comparisons between the survey results from before 2011-12 and the survey results from 2011-12 or later.

For the 2016 survey learning difficulty was removed onwards as an option for responders to choose from the list of long-term conditions. This was the result of stakeholder feedback indicating that learning difficulty is generally not considered to be a long-term condition. As this indicator filters on the GPPS list of long-term conditions, this change has the potential to affect indicator values. To allow users to see how this change affects each breakdown the data file has been updated to include two versions of the 2014/15 data; one version where having a learning difficulty counts towards the number of long-term conditions a person has and a
second version (labelled 2014/15\textsuperscript{b2} in the “Year” column of the Excel file) which does not count learning difficulty as a long-term condition.

For the 2018 survey respondents are now asked whether they have any "long-term physical or mental health conditions, disabilities or illnesses" and asked to select from a list of conditions to determine whether they have a long-term condition. Previously they were asked if they had a "long-standing health condition". The list of conditions has also changed with "learning disability" and "stroke which affects your day-to-day life" added. "Arthritis or long-term joint problem" and "Long-term back problem" have been combined into an option "Arthritis or ongoing problem with back or joints". Several conditions have also had minor changes to wording (full details are available in the indicator specification). Respondents are now asked whether they have had enough support in the past 12 months. Previously they were asked about the last 6 months. As a result of these changes the 2017/18 data are not comparable to previous years.

Comparability with ONS data

The list of long-term conditions used in the GP Patient survey is not the same as the recognised list of long-term conditions as published by the ONS, which is clinically assessed. This indicator is based on respondents identifying themselves as having a long-term condition. This results in limitations in terms of comparability.

**Trade-offs between Output Quality Components**

**Trade-offs are the extent to which different aspects of quality are balanced against each other.**

While Ipsos MORI show that the weighting scheme applied to the survey data from 2011-12 reduces non-response bias thereby improving the accuracy of the data, currently no work has been conducted that has specifically investigated the responses non-responders would give to the questions within the survey. For example, it may be that people who had a bad experience may be more inclined to respond.

**Assessment of User Needs and Perceptions**

The processes for finding out about users and uses, and their views on the statistical products.

Comments about the NHS Outcomes Framework data or publications can be made through the NHS Digital general enquiries team:

- Email: enquiries@nhsdigital.nhs.uk
- Telephone: 0300 303 5678
Performance, Cost and Respondent Burden

The effectiveness, efficiency and economy of the statistical output.
This indicator makes use of existing data sources.

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

The NHS Outcomes Framework publication is subject to a standard NHS Digital risk assessment prior to issue. Disclosure control is implemented where judged necessary.

The Code of Practice for Official Statistics is followed regarding security and release of information prior to publication.