This is a National Statistics Publication

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Indicator update summary
NHS Outcomes Framework

These indicators form part of the NHS Outcomes Framework and have been designed to provide national-level accountability for the outcomes the NHS delivers and drive transparency, quality improvement and outcome measurement through the NHS. They do not set out how these outcomes should be delivered; it is for NHS England to determine how best to deliver improvements. The indicators are developed by the Department of Health and Social Care (DHSC).

The publications are currently released quarterly and, depending on data availability, the latest data is released for each indicator published.

A list of indicators that have been updated in this release and the breakdowns that are available for each can be found in the summary slide at the end of this document.

Interpretation notes

The timescales of indicators vary according to the data source, but the most recently available data are used in all cases.

The most recent publication including data, indicator specifications and quality statements is available here:


Historical versions of publications within the data series are available here:

https://digital.nhs.uk/nhsof

Throughout this document references may be made to the statistical significance of any comparisons presented. Where statistically significant differences are presented, this is an indication that any differences are caused as a result of something other than just chance. For the purpose of this report a significant difference is reported where confidence intervals do not overlap. Please refer to the data files for further detail on the indicator values and associated confidence intervals.
This is a National Statistics Publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics Registration Service Act 2007 and signifying compliance with the Code of Practice for Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Find out more about the Code of Practice for Statistics at: https://www.statisticsauthority.gov.uk/code-of-practice/

This report may be of interest to members of the public, commissioning managers, provider managers, clinicians and patients to make local and national comparisons and to monitor the quality and effectiveness of services.
2.1 Proportion of people feeling supported to manage their condition

This indicator measures the degree to which people with health conditions that are expected to last for a significant period of time feel they have had sufficient support from relevant services and organisations to manage their condition. Patients are encouraged to consider all services and organisations which support them in managing their condition, and not just health services.

Figure 1: Indicator value by upper tier local authority, 2018/19

- Figure 1 represents the range of indicator values at the upper tier local authority level.
- In 2018/19:
  - The indicator value for England was 58.4%.
  - The percentage of patients reporting that they feel supported in managing their long term condition ranged from 45.3% to 66.6%.

Source: GP Patient Survey
4.4.i Access to GP services

This indicator measures the weighted percentage of people who report their experience of making a GP appointment as ‘fairly good’ or ‘very good’.

- Figure 2 shows a general trend of satisfaction increasing as deprivation decreases. In 2018/19:
  - The indicator value for England was 67.4%.
  - Deprivation decile group 10 (least deprived) reported the best experience of making a GP appointment, with 70.2% of people reporting a fairly good or very good experience.
  - Deprivation decile group 1 (most deprived) had the lowest proportion of people reporting a fairly good or very good experience of making a GP appointment at 63.4%.

Figure 2: Indicator value by 2015 deprivation decile, 2018/19

Source: GP Patient Survey
4a.i Patient experience of GP services

This indicator measures the weighted percentage of people who report their overall experience of GP services as ‘fairly good’ or ‘very good’.

• Figure 3 represents the range of indicator values at the upper tier local authority level. In 2018/19:
  • The percentage of patients reporting a positive experience of GP services ranged from 71.7% to 98.9%.
  • The indicator value for England was 83.0%.

Figure 3: Indicator value, 2018/19
4a.i Patient experience of GP services

This indicator measures the weighted percentage of people who report their overall experience of GP services as ‘fairly good’ or ‘very good’.

- Figure 4 shows a general trend of increased satisfaction with increasing age; all age groups achieved over three quarters of people reporting a good experience of GP services. In 2018/19:
  - The 75 to 84 age group reported the best experience of GP services with 91.8% reporting a fairly good or very good experience.
  - The two youngest age groups, 18 to 24, and 25 to 34, had the lowest proportion of people reporting a fairly good or very good experience of GP services (both with 77.1%).

Figure 4: Indicator value by age, 2018/19

Source: GP Patient Survey
4.4.ii Access to NHS dental services

This indicator measures the weighted percentage of people who successfully obtained an NHS dental appointment out of those who tried in the last two years.

Table 1 shows that nationally the percentage of those successfully obtaining an NHS dental appointment has remained fairly stable since 2011/12 with almost 95% of people being successful in each year.

Table 1: Indicator value, England, 2011/12 to 2018/19

<table>
<thead>
<tr>
<th>Year</th>
<th>Indicator value</th>
<th>Lower confidence interval</th>
<th>Upper confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>94.2</td>
<td>94.1</td>
<td>94.3</td>
</tr>
<tr>
<td>2017/18</td>
<td>94.6</td>
<td>94.5</td>
<td>94.7</td>
</tr>
<tr>
<td>2016/17</td>
<td>94.6</td>
<td>94.5</td>
<td>94.7</td>
</tr>
<tr>
<td>2015/16</td>
<td>94.7</td>
<td>94.5</td>
<td>94.8</td>
</tr>
<tr>
<td>2014/15</td>
<td>95.0</td>
<td>94.9</td>
<td>95.1</td>
</tr>
<tr>
<td>2013/14</td>
<td>94.8</td>
<td>94.7</td>
<td>94.9</td>
</tr>
<tr>
<td>2012/13</td>
<td>94.9</td>
<td>94.8</td>
<td>95.0</td>
</tr>
<tr>
<td>2011/12</td>
<td>94.5</td>
<td>94.4</td>
<td>94.7</td>
</tr>
</tbody>
</table>

Source: GP Patient Survey
This indicator measures the weighted percentage of people who report their overall experience of NHS dental services as ‘fairly good’ or ‘very good’.

- Figure 5 shows that there was a significant increase in the number of people who reported a ‘fairly good’ or ‘very good’ experience of NHS dental services between 2011/12 and 2018/19 (83.4% and 84.9% respectively).

- There has been no significant change in reported patient satisfaction since a significant increase from 84.6% in 2014/15 to 85.2% in 2015/16.

- Since 2015/16 patient satisfaction has remained relatively stable.
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions

This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency.

- Figure 6 shows that between 2003/04 and 2013/14, males had a significantly higher rate of unplanned hospitalisation compared to females; however between 2014/15 and 2018/19, females had a significantly higher rate than males. There was no significant difference between the rate of unplanned hospitalisation between males and females in 2013/14.

- In 2018/19, the rate of unplanned hospitalisation for females was 875.4 per 100,000. The rate for males was significantly lower at 823.7 per 100,000.

- The 2018/19 rate of unplanned hospitalisation for females is statistically similar to the rate in 2003/04, whereas for males the 2018/19 rate (823.7 per 100,000) is significantly lower than in 2003/04 (989.4 per 100,000).

Figure 6: Indicator value by gender, 2003/04 to 2018/19
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

This indicator measures how many times young people (aged 0 to 18 inclusive) who have asthma, diabetes or epilepsy are admitted to hospital in an emergency.

- The rates of unplanned hospitalisation for asthma are consistently higher than those for diabetes or epilepsy.
- Since 2003/04, the rate for unplanned hospitalisations for asthma have decreased from 221.8 per 100,000 to 161.8 per 100,000. This decrease is significant.
- The 2018/19 rate of unplanned hospitalisation for epilepsy was 70.9 per 100,000. The rate of unplanned hospitalisation for epilepsy has remained relatively stable since 2003/04 when the rate was 70.8 per 100,000.
- The 2018/19 indicator value for diabetes was 48.7 per 100,000. This is significantly less than the 2003/04 rate of 53.6 per 100,000.

Figure 7: Indicator value by condition, 2003/04 to 2018/19

Source: Hospital Episode Statistics, Admitted Patient Care
3a Emergency admissions for acute conditions that should not usually require hospital admission

This indicator measures emergency admissions for acute conditions that should not usually require hospital admission.

Figure 8: Indicator value, national and regional breakdowns, 2018/19

- The rate of emergency admissions for England was 1,412.4 per 100,000.
- The rates of emergency admissions for the London, South West, East of England, South East and East Midlands regions were all significantly lower than the national rate.
- The rates of emergency admissions for the West Midlands, Yorkshire and The Humber, North West and North East regions were all significantly higher than the national rate.

Source: Hospital Episode Statistics, Admitted Patient Care

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3b Emergency readmissions within 30 days of discharge from hospital (experimental statistics)

This indicator measures the percentage of emergency admissions to any hospital in England occurring within 30 days of the most recent discharge from hospital.

**Figure 9: Indicator value, England, 2013/14 to 2018/19**

- The methodology for this indicator is currently undergoing review. The data for all years is based on a revised methodology compared to that released in 2019. For details of the changes please refer to the methodology change notice: https://digital.nhs.uk/data-and-information/find-data-and-publications/statement-of-administrative-sources/methodological-changes

- Figure 9 shows that between 2013/14 and 2018/19, there is a general trend of increasing emergency readmissions within 30 days of discharge from hospital.

- In 2018/19, 14.3% of emergency admissions were admissions within 30 days of discharge from hospital, which is significantly more than the 13.7% recorded in 2017/18.

- Since 2013/14, each year there has been significantly more emergency readmissions within 30 days of discharge from hospital than the previous year.

Source: Hospital Episode Statistics, Admitted Patient Care (continuous inpatient spells)

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3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)

This indicator measures the number of times that children (0 to 18 years) are admitted to hospital in an emergency for certain respiratory infections.

- Figure 10 shows a general trend that as age increases, emergency admissions for children with LRTI decreases. In 2018/19:
  - The highest rate of emergency admissions was for children aged less than one year at 6,630.4 per 100,000. This is significantly higher than all other age groups.
  - Children aged 15 years had the lowest rate of emergency admissions for LRTI (22.7 per 100,000).
  - The rate of emergency admissions for children with LRTI for England is 491.9 per 100,000. The rates for children aged one, or less than one year were significantly greater than the England rate.
3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under

This indicator measures the level of hospital inpatient periods of care where a child age 10 years or under had one or more tooth extracted, due to tooth decay.

- Each year, since 2011/12, females have had significantly lower rates of tooth extractions due to decay than males.
- In 2018/19, the crude rate of extractions for males was 426.3 per 100,000, which is significantly higher than the crude rate of extractions for females at 391.7 per 100,000.
- The crude rate for both males and females decreased between 2017/18 and 2018/19.
  - The crude rate for males decreased from 443.8 per 100,000 to 426.3 per 100,000 (3.9% decrease).
  - The crude rate for females decreased from 404.4 per 100,000 to 391.7 per 100,000 (3.1% decrease). This decrease was only significant for males.

![Figure 11: Indicator value by gender, 2011/12 to 2018/19](#)

Source: Hospital Episode Statistics, Admitted Patient Care
<table>
<thead>
<tr>
<th>Indicator number and name</th>
<th>Time period</th>
<th>Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b Life expectancy at 75</td>
<td>2016-18</td>
<td>England, region</td>
</tr>
<tr>
<td>2.1 Proportion of people feeling supported to manage their conditions</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region, number of LTCs, religion, sexual orientation</td>
</tr>
<tr>
<td>2.2 Employment of people with long term conditions</td>
<td>Q3 2019</td>
<td>England, gender, age, ethnicity, NS-SEC category, region, unitary authority / local area, religion</td>
</tr>
<tr>
<td>2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region, condition</td>
</tr>
<tr>
<td>2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region, condition</td>
</tr>
<tr>
<td>2.5.i Employment of people with mental illness</td>
<td>Q3 2019</td>
<td>England, gender, age, ethnicity, NS-SEC category, region, unitary authority / local area, religion</td>
</tr>
<tr>
<td>3.2 Emergency admissions for children with lower respiratory tract infections</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region, condition</td>
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</tbody>
</table>
## February 2020: Indicator update summary (cont.)

<table>
<thead>
<tr>
<th>Indicator number and name</th>
<th>Time period</th>
<th>Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6.i Proportion of older people (65 and over) who were still at home 91 days after</td>
<td>2018/19</td>
<td>England, gender, age, upper tier local authority, region</td>
</tr>
<tr>
<td>discharge from hospital in reablement / rehabilitation services</td>
<td></td>
<td></td>
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<tr>
<td>3.6.ii Proportion of older people (65 and over) offered rehabilitation following discharge</td>
<td>2018/19</td>
<td>England, gender, age, upper tier local authority, region</td>
</tr>
<tr>
<td>from acute or community hospital</td>
<td></td>
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</tr>
<tr>
<td>3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital,</td>
<td>2018/19</td>
<td>England, gender, age, upper / lower tier local authority, deprivation decile, region</td>
</tr>
<tr>
<td>aged 10 years and under</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Emergency admissions for acute conditions that should not usually require hospital</td>
<td>2018/19</td>
<td>England, gender, age, upper / lower tier local authority, deprivation decile, region, condition</td>
</tr>
<tr>
<td>admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b Emergency readmissions within 30 days of discharge from hospital</td>
<td>2018/19</td>
<td>England, gender, lower tier local authority, region, deprivation quintile</td>
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<tr>
<td>4.4.i Access to GP Services</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>religion, sexual orientation</td>
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<tr>
<td>4.4.ii Access to NHS Dental Services</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region,</td>
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<td></td>
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<td>religion, sexual orientation</td>
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<tr>
<td>Indicator number and name</td>
<td>Time period</td>
<td>Breakdown</td>
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<tr>
<td>---------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>4.a.i Patient experience of GP services</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region, religion, sexual orientation</td>
</tr>
<tr>
<td>4.a.iii Patient experience of NHS dental services</td>
<td>2018/19</td>
<td>England, gender, age, ethnicity, upper / lower tier local authority, deprivation decile, region, religion, sexual orientation</td>
</tr>
<tr>
<td>5.1 Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital</td>
<td>2018/19</td>
<td>England</td>
</tr>
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