3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under

5.1 Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital

February 2019: Indicator update summary
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 throughout 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.

The publications are 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.

Please note that this commentary does not contain analysis for all indicators updated in February. Indicators 2.2 and 2.5 (Employment of people with long-term conditions / mental illness) are published every quarter and analysis is only done annually. This was last done in the May 2018 commentary. Indicators 3.6.i – ii (Proportion of older people still at home 91 days after discharge from hospital to rehabilitation / proportion offered service) are analysed in the Adult Social Care Outcomes Framework (ASCOF) so are not analysed here. Details of this analysis can be found here: https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care
National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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

This product is used by the Department of Health and Social Care and NHS England. It may also be of interest to members of the public, provider managers, commissioning managers, clinicians and patients to support the understanding of health-related outcomes at a national and local level across the health and care system.
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 are available here: https://digital.nhs.uk/nhsf

Historical versions of publications within the data series are available here: https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework

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. Please refer to the data files for further detail on the indicator values and associated confidence intervals.
1b Life expectancy at 75

This indicator measures the average number of additional years a man or woman aged 75 can be expected to live if they continue to live in the same place and the death rates in their area remain the same for the rest of their life.

Figure 1: Average number of years left to live for males and females, 2001/03-2015/17, England

- Life expectancy has seen statistically significant increases for both males and females over the course of the time series:
  - for males, an increase of 18.6% for between 2001/03 (9.7 years) and 2015/17 (11.5 years)
  - for females, an increase of 11.0%, from 11.8 years in 2001/03 to 13.1 years in 2015/17.
- For both genders, over the most recent seven data periods (since 2009-11) average life expectancy has remained stable.
1.1-1.4 Changes to mortality indicators

For the mortality indicators 1.1 to 1.4 all data periods have been recalculated. The reasons for this are two-fold:

1. Due to changes in the processing of the Primary Care Morality Database (PCMD), data from 2016 is not directly comparable to previous years.
2. ONS mid-year population estimates (denominator values) have been refreshed for 2016.

The effect of these changes to previously published figures is minimal. The processing changes from the 2016 data period is reflected in small differences in the count of observed deaths when compared to previously published outputs (see Table 1). Neither change impacts the indicator value at England level in any year.

<table>
<thead>
<tr>
<th>Indicator number</th>
<th>Difference in observed deaths</th>
<th>Difference in indicator value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>-4</td>
<td>0.0</td>
</tr>
<tr>
<td>1.2</td>
<td>-3</td>
<td>0.0</td>
</tr>
<tr>
<td>1.3</td>
<td>-4</td>
<td>0.0</td>
</tr>
<tr>
<td>1.4</td>
<td>-9</td>
<td>0.0</td>
</tr>
</tbody>
</table>
1.1 Under 75 mortality rate from cardiovascular disease

This indicator is a measure of the likelihood of dying of heart disease under the age of 75, which allows for comparisons between populations with different age profiles and over time.

Figure 2: Under 75 mortality rate from cardiovascular disease, 2003-2017, England

- Between 2003 and 2017, the under 75 mortality rate from cardiovascular disease has decreased by 48.8%, from 138.2 per 100,000 in 2003 to 70.8 per 100,000 in 2017. This reduction is statistically significant.

- Year on year statistically significant reductions to this mortality rate occurred in every year between 2003 and 2012.
1.2 Under 75 mortality rate from respiratory disease

This indicator is a measure of the likelihood of dying of respiratory disease under the age of 75, which allows for comparisons between populations with different age profiles and over time.

Figure 3: Under 75 mortality rate from respiratory disease, 2003-2017, England

- Between 2003 and 2017, the under 75 mortality rate from respiratory disease has decreased by 18.3%, from 41.0 per 100,000 in 2003 to 33.5 per 100,000 in 2017. This reduction is statistically significant.

- The rate reduced by 5.1% between 2016 and 2017, this was again statistically significant.
1.3 Under 75 mortality rate from liver disease

This indicator is a measure of the likelihood of dying of liver disease under the age of 75, which allows for comparisons between populations with different age profiles and over time.

- Rates for this indicator have fluctuated throughout the time series.
- Between 2003 and 2017, the under 75 mortality rate from liver disease has risen by 12.7%, from 16.6 per 100,000 in 2003 to 18.7 per 100,000 in 2017. This difference is statistically significant.
- Since 2013, the rate has risen year on year, increasing by 5.6% over the time period. This is again a statistically significant increase.
1.4 Under 75 mortality rate from cancer

This indicator is a measure of the likelihood of dying of cancer under the age of 75, which allows for comparisons between populations with different age profiles and over time.

Between 2003 and 2017, the under 75 mortality rate from cancer has decreased by 20.5%, from 165.8 per 100,000 in 2003 to 131.8 per 100,000 in 2017. This difference is statistically significant.

Rates for this indicator have decreased year on year since the time series began, with a 6.9% reduction between the five year period 2013 and 2017. This difference is again statistically significant.
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.

- Males and age groups under 60 have significantly lower rates of unplanned hospitalisation compared to the England value. Little variation between age group rates for ages 0 to 44.

- Females and age groups 60 and above have significantly higher rates of unplanned hospitalisation compared to the England value. Large increase in rate for each age group from 60 to 64 upwards.

- The East Midlands, North East, North West, West Midlands and Yorkshire and Humber regions had significantly higher rates than the England value in 2017/18. The North East had the highest rate with 1,066.6 unplanned hospitalisations per 100,000 population.

- The five conditions that saw the highest unplanned hospitalisation rates in 2017/18 were Other chronic obstructive pulmonary disease (202.5 unplanned hospitalisations per 100,000 population), Heart Failure (115.4), Atrial fibrillation and flutter (103.5), Asthma (101.2) and Angina pectoris (57.7).

Figure 6: Unplanned hospitalisation rate for gender and age, 2017/18

- Males and age groups under 60 have significantly lower rates of unplanned hospitalisation compared to the England value. Little variation between age group rates for ages 0 to 44.

- Females and age groups 60 and above have significantly higher rates of unplanned hospitalisation compared to the England value. Large increase in rate for each age group from 60 to 64 upwards.

- The East Midlands, North East, North West, West Midlands and Yorkshire and Humber regions had significantly higher rates than the England value in 2017/18. The North East had the highest rate with 1,066.6 unplanned hospitalisations per 100,000 population.

- The five conditions that saw the highest unplanned hospitalisation rates in 2017/18 were Other chronic obstructive pulmonary disease (202.5 unplanned hospitalisations per 100,000 population), Heart Failure (115.4), Atrial fibrillation and flutter (103.5), Asthma (101.2) and Angina pectoris (57.7).
2.3.ii Unplanned hospitalisation for chronic ambulatory care sensitive conditions

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.

- Males and those aged between 2 and 8 have significantly lower rates of unplanned hospitalisation for asthma, diabetes or epilepsy compared to the England value.

- The North East, North West and West Midlands regions had significantly higher rates than the England value in 2017/18. The North West had the highest rate with 387.5 unplanned hospitalisations per 100,000 population.

- Asthma had the highest unplanned hospitalisation rate for the three conditions with 170.4 admissions per 100,000 population. Epilepsy had 66.9 per 100,000 and Diabetes had 49.1.

- Diabetes and Epilepsy saw no significant difference in rate between quarters of data but Asthma hospitalisations saw more of a seasonal affect. Quarter 3 (October to December) saw the highest rate at 49.8 hospitalisations per 100,000 which was significantly higher than for the other three quarters in 2017/18.
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.

- Males and age groups between 5 to 9 and 60 to 64 have significantly lower rates of emergency admissions for acute conditions compared to the England value.

- Females, the 0 to 4 age and all age groups 65 and over have significantly higher rates of emergency admissions for acute conditions compared to the England value. Large in increases in rate for each 5 year age group from age 65 to 69 up.

- The North East, North West, West Midlands and Yorkshire and Humber regions had significantly higher rates than the England value in 2017/18. The North East had the highest rate with 1,807.3 unplanned hospitalisations per 100,000 population.

- Lobar pneumonia, unspecified was the condition with the highest rate of emergency admissions for this indicator in 2017/18 with 234.8 admissions per 100,000 population.
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.

- Females and age groups from 2 years and up have significantly lower rates of emergency admissions for LRTIs compared to the England value.

- Males and age groups under 2 have significantly higher rates of emergency admissions for LRTIs compared to the England value. The under 1 group has a much higher rate than any other and accounted for 73.3% of the total emergency admissions for LRTI in under 19s in 2017/18.

- The North East, North West, South West and Yorkshire and Humber regions had significantly higher rates than the England value in 2017/18. The North West had the highest rate with 564.4 unplanned hospitalisations per 100,000 population.

- Acute bronchiolitis was the condition with the highest emergency admission rate for this indicator in 2017/18 with 345.8 admissions per 100,000 population.

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

The methodology of this indicator has been updated to bring it in line with a similar Public Health England indicator. While the age group (those aged 10 and under) is unchanged there have been slight changes to the ICD-10 diagnosis codes used to define tooth decay. More details about these changes can be found in the indicator excel file and domain specification. An analysis of the impact on the data can be found in the indicator quality statement.

- The indicator value has seen a significant drop over the course of the time series. The rate has fallen from 456.9 extractions per 100,000 population in 2011/12 to 424.6 in 2017/18 (7.1%).
- There has been no significant change in rate in the most recent year.

Figure 10: Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under, 2011/12 – 2017/18, England
5.1 Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital

This indicator measures the number of patients who have been admitted to hospital with any cause and die within 90 days of their last discharge from a VTE related cause expressed as a rate per 100,000 adult hospital admissions.

Figure 10: Deaths from VTE related events within 90 days of post discharge from hospital, England, 2007/8 – 2017/18

- Between 2016/17 and 2017/18 the rate decreased from 62.7 per 100,000 to 61.0 per 100,000, a reduction of 2.7%.
- Since the start of time series in 2007/08, there has been a reduction of 15.3%, from 72.1 per 100,1000 in 2007/08 to 61.0 per 100,000 in 2017/18.
## February 2019: Indicator update summary

<table>
<thead>
<tr>
<th>Indicator number and name</th>
<th>Time period</th>
<th>Breakdown</th>
</tr>
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<tbody>
<tr>
<td>1b Life expectancy at 75 – i. Male, ii. Female</td>
<td>2015-17</td>
<td>England, Lower Tier Local Authority, Region</td>
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<tr>
<td>1.1 Under 75 mortality rate from cardiovascular disease</td>
<td>2016 (refreshed)</td>
<td>England, Age, Gender, Region, Deprivation Decile</td>
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<td>2017 (new data)</td>
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<td>1.2 Under 75 mortality rate from respiratory disease</td>
<td>2016 (refreshed)</td>
<td>England, Age, Gender, Region, Deprivation Decile</td>
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<td>2017 (new data)</td>
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<tr>
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<td>2016 (refreshed)</td>
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<td></td>
<td>2017 (new data)</td>
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<td>1.4 Under 75 mortality rate from cancer</td>
<td>2016 (refreshed)</td>
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<td>National, Gender, Age, Ethnicity, Region, UA / LA, NS-SEC category, Religion</td>
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<td>Indicator number and name</td>
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<td>2.3.i Unplanned hospitalisation for chronic ambulatory</td>
<td>2017/18</td>
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<td>care sensitive conditions</td>
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<td>2.3.ii Unplanned hospitalisation for asthma, diabetes</td>
<td>2017/18</td>
<td>England, Gender, Age, Lower / Upper Tier Local Authority, Region, Deprivation Decile, Condition</td>
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<td>and epilepsy in under 19s</td>
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<tr>
<td>2.5.i Employment of people with mental illness</td>
<td>Q3 2018</td>
<td>National, Gender, Age, Ethnicity, Region, UA / LA, NS-SEC category, Religion, Condition</td>
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<tr>
<td>3a Emergency admissions for acute conditions that should not</td>
<td>2017/18</td>
<td>England, Gender, Age, Lower / Upper Tier Local Authority, Region, Deprivation Decile, Condition</td>
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<td>usually need hospital admission</td>
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## February 2019: Indicator update summary (cont..)

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<th>Breakdown</th>
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<tr>
<td>3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)</td>
<td>2017/18</td>
<td>England, Gender, Age, Lower / Upper Tier Local Authority, Region, Deprivation Decile, Condition</td>
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<tr>
<td>3.6.i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</td>
<td>2017/18</td>
<td>England, Gender, Age, Upper Tier Local Authority, Region</td>
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<tr>
<td>3.6.ii Proportion offered rehabilitation following discharge from acute or community hospital</td>
<td>2017/18</td>
<td>England, Gender, Age, Upper Tier Local Authority, Region</td>
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<tr>
<td>3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under</td>
<td>2011/12 – 2017/18 (data refreshed)</td>
<td>England, Gender, Age, Lower / Upper Tier local Authority, Region, Deprivation Decile</td>
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<tr>
<td>5.1 Deaths from venous thromboembolism (VTE) related events</td>
<td>2017/18</td>
<td>England</td>
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