CCG Outcome Indicator Set

Indicator 3.2
Emergency readmissions within 30 days of discharge from hospital

Domain 3
Helping people to recover from episodes of ill health or following injury

Indicator quality statement

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Introduction

Context for the indicator quality statement.

This indicator quality statement accompanies the Experimental Statistics release of the Clinical Commissioning Group (CCG) Indicator 3.2 – Emergency readmissions within 30 days of discharge from hospital.

Additional information can be found on the NHS Digital website:
https://digital.nhs.uk/ccgois

The following data source has been used to construct this indicator:
- Hospital Episode Statistics Admitted Patient Care (HES APC):

This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources such as patient feedback, staff surveys and similar material. When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs’ processes on outcomes.

This indicator has previously been assured through the Indicator Methodology Assurance Service (IMAS) which is managed by the NHS Digital on behalf of the wider Health and Social Care system. Under the regulations within the Health and Social Care Act, a national database of quality assured indicators has been established. Indicators registered in the database must have been firstly appraised under the assurance process. The data published in March 2019 is based on the assured methodology, minor amendments have been made to the methodology for clarity, these amendments have not been through the assurance process and as such the statistics are labelled as Experimental. A full review of the indicator will take place in 2019 and the indicator will be reassured at this point.

The full indicator methodology document is available on the NHS Digital website:
https://digital.nhs.uk/ccgois

Relevance

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

The intended audience for the indicator is CCGs, the Department of Health and Social Care (DHSC), Provider Managers, Commissioning Managers, Clinicians, Patients and the Public.

This indicator forms part of Domain 3 - Helping people to recover from episodes of ill health or following injury. This indicator on emergency readmissions will measure progress in helping people to recover as effectively as possible. There are a number of factors including effective healthcare, follow-up social care and rehabilitation that contribute to effective recovery following periods of illness or injury.
If a person does not recover well, it is more likely that further hospital treatment will be required within 30 days, which is the reason that hospital readmissions are commonly used as an indicator of the success in helping patient recovery.

**How actionable is the indicator?**

It is expected that CCGs will use this to identify how improvements in care and the desired reduction in hospital readmissions will be delivered.

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**Accuracy and Reliability**

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

Data quality for both the numerator and denominator (HES APC) is considered to be good. Further information can be found at:


The data is aggregated to CCG level using GP practice code to identify the patient’s CCG. Because CCGs also have responsibility for the healthcare of people within a defined geographical area those patients not registered with a GP can be allocated to their CCG of residence using the LSOA of their home address.

The indicator is a percentage indirectly standardised by age, sex, method of admission and diagnosis/procedure. Other factors that may influence the rate are not included in the standardisation model. The indicator is published with 95% confidence intervals.

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**Timeliness and Punctuality**

**Timeliness refers to the time gap between publication and the reference period.**

Data will be reported annually. The Quarter 1 to 3 updates for the financial year will be reported four months in arrears due to HES processing (using provisional HES data). The Quarter 4 update will be reported eight months in arrears (November, following the financial year end) after the HES annual refresh. The annual refresh gives providers the opportunity to revise and update their submissions for the year.

These indicators are official statistics and the publication date was pre-announced. There was no gap between the planned and actual publication date.
**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.

The indicators which support commissioning are available in the public domain from the NHS Digital website: [http://www.digital.nhs.uk](http://www.digital.nhs.uk)

The publication includes the indicator data, the specification document and the indicator quality statement.

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**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.

The Compendium of Population Health Indicators contain a similar emergency readmissions indicator. However, the definition of the Compendium indicator is over 10 years old and the Department of Health commissioned the RAND Corporation to review the Compendium definition to take account of more recent research in this field.

This review led to the following changes for this indicator:

- Mental health admissions are no longer excluded (cancer and obstetric admissions continue to be excluded).
- The indicator will measure readmissions within 30 days instead of 28 days, to align it with approximately 1 month.
- Children are included in this indicator.
- Comparison with self over time, rather than benchmark or target value.

RAND report:
[http://www.rand.org/content/dam/rand/pubs/technical_books/2012/RAND_TR1198.pdf](http://www.rand.org/content/dam/rand/pubs/technical_books/2012/RAND_TR1198.pdf)
### Trade-offs between Output Quality Components

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

1. This indicator requires careful interpretation and should not be used in isolation. It should be taken in conjunction with other indicators and information from other sources (patient feedback, staff surveys and other such material) that together form a holistic view of CCG outcomes and a fuller overview of how CCG processes are impacting on outcomes.

2. Differences in casemix, severity of illness, comorbidities and other potential risk factors also contribute to the variation.

3. A number of factors outside the control of hospitals, such as the socio-economic mix of local populations and events prior to hospitalisation, may contribute to the variation shown by the indicators.

4. A continuous inpatient spell may include transfers to other hospitals, e.g. for rehabilitation. The patterns of providing care may vary between NHS hospital trusts in terms of whether patients are transferred elsewhere before final discharge. Planned transfers, for example for rehabilitation, may affect discharge destination figures and readmission rates.

5. Variation between hospitals in average length of stay may lead to variation between hospitals in the proportion of complications occurring in hospital, as opposed to in the community after discharge from hospital. Readmissions may reflect self-discharge against medical advice, and levels of primary care and community resources available to manage care outside hospital.

6. Readmissions may not be linked clinically to the previous spell, could be for an entirely unrelated condition or incident and may be appropriate for the clinical care of the patient.

7. There may be variation between Trusts in the way emergency admissions are coded. Routine data do not allow for all of these aspects to be identified and removed from the indicator, however, this may be done through local audit.

8. There may also be variation between hospitals in the way that they code diagnoses to the fourteen diagnosis fields in each episode, particularly primary diagnosis. For instance, they may code in the order in which the diagnoses were made, or according to their perceived importance or complexity. This may affect the group/subgroup within which a particular spell is selected for standardisation in this indicator. Similarly, there may be variation in which procedure is coded to the first position.

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**Recommended improvements for future development.**

At present, there are no plans for any disaggregations of the data.
### Assessment of User Needs and Perceptions

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

Comments can be made through various media, including NHS Digital general enquiries by email enquiries@nhsdigital.nhs.uk or by telephone 0300 303 5678.

As well as initially assuring the quality and methodology of this indicator, the NHS Digital’s IMAS process will be used on an on-going basis to review any new indicators. User needs and feedback will be taken into consideration during this assurance process.

### Performance, Cost and Respondent Burden

**The effectiveness, efficiency and economy of the statistical output.**

This indicator makes use of an existing data collection, so there are no additional data collection cost implications or burden.

### Confidentiality, Transparency and Security

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

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

Detailed methodology specification documents and other supporting material are available on the NHS Digital website: [https://digital.nhs.uk/ccgois](https://digital.nhs.uk/ccgois) [https://indicators.hscic.gov.uk/webview/](https://indicators.hscic.gov.uk/webview/).

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