Indicator Quality Statement:

NHS Outcomes Framework 3b

Emergency readmissions within 30 days of discharge from hospital

Indicator Reference: I00712
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Introduction

Context for the quality statement.
This background quality report accompanies the Official Statistics release of the NHS Outcomes Framework Indicator 3b, Emergency readmissions within 30 days of discharge from hospital.

Link to the HSCIC indicator portal: http://indicators.ic.nhs.uk/webview/

One data source has been used in calculating this indicator:
Hospital Episode Statistics: http://www.hscic.gov.uk/ hes

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 will be for NHS England to determine how best to deliver improvements by working with Clinical Commissioning Groups to make use of the tools at their disposal.

The intended primary audience for the indicator is NHS England, with the secondary audience being provider managers, commissioning managers, clinicians, patients and the public.

This indicator has been assured through the Indicator Assurance Service which is managed by the Health and Social Care Information Centre 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.

Relevance

The degree to which the statistical product meets user needs in both coverage and content.
The indicator is part of domain 3 of the set which reflects the importance of helping people to recover from episodes of ill health or following injury. This can be seen as two complementary objectives: preventing conditions from becoming more serious (wherever possible), and helping people to recover effectively.
Progress in helping people to recover as effectively as possible will be measured using this indicator on emergency readmissions. Healthcare, along with social care, is a major determinant of how well a patient recovers (including through rehabilitation) following illness or injury; if a person does not recover well, it is more likely that they will require hospital treatment again within the next 30 days. Thus, readmissions have been widely used as an indicator of the success of health and social care in helping people to recover.

**How Actionable is the indicator?**

The indicator attempts to measure how well patients recover following hospitalisation for illness or injury.

NHS England will be free to determine how to deliver improvements based on these data.

**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 rate in this indicator is indirectly standardised to aid comparison over time. Standardisation is by age, sex, method of admission and diagnosis/procedure. Other factors that may be influencing the rate are not standardised for.

Data quality of both the numerator and denominator is considered to be good. Further information can be found at:

Hospital Episode Statistics:
http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+-+England%22&area=&size=10&sort=Relevance
<table>
<thead>
<tr>
<th><strong>Timeliness and Punctuality</strong></th>
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<tr>
<td><strong>Timeliness</strong> refers to the time gap between publication and the reference period.</td>
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<tr>
<td><strong>Punctuality</strong> refers to the gap between planned and actual publication dates.</td>
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<tr>
<td>Final annual confirmed HES data are released in November following the financial year end. The calculation also requires 30 days of provisional data for the following year. Due to the complexity involved, the indicator will produce in the following Spring.</td>
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<tr>
<td>ONS mid-calendar year data, at national level, are released in the following summer. Data for mid – 2011 were released in July 2012.</td>
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<tr>
<td>The NHS Outcomes Framework indicators are official statistics and the publication date was pre-announced.</td>
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<tr>
<td>There was no gap between the planned and actual publication date.</td>
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<th><strong>Accessibility and Clarity</strong></th>
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<tr>
<td><strong>Accessibility</strong> 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.</td>
</tr>
<tr>
<td><strong>Clarity</strong> refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.</td>
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<tr>
<td>The indicators which support the NHS Outcomes Framework are available in the public domain from the HSCIC website and indicator portal.</td>
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<tr>
<td>Publication includes indicator data and methodology specification document.</td>
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<tr>
<td>Link to HSCIC Indicator Portal: <a href="http://indicators.ic.nhs.uk/webview/">http://indicators.ic.nhs.uk/webview/</a></td>
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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.

During the consultation process for the NHS Outcomes Framework, wide checks were undertaken to identify overlaps with other indicators. This indicator was selected as being fit for the purpose of the NHS outcomes indicators.

It is recognised that there is some overlap between the NHS Outcomes Framework, the Public Health Outcomes Framework and the Adult Social Care Framework. Further work, including a consultation process, is currently being undertaken in this area.

The Compendium of Population Health Indicators contains a similar emergency readmissions indicator. However, the definition of the Compendium indicator is over 10 years old. DH commissioned RAND to review the Compendium definition to take account of more recent research in this field. This review lead to the following changes:

- 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_reports/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. 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.

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

3. 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.

4. 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. Readmissions may not be linked clinically to the previous spell and may be appropriate for the clinical care of the patient. 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.

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:

- ‘Have your say’ on NHS Outcomes Framework Health and Social Care Information Centre website
- Health and Social Care Information Centre general enquiries email and/or telephone number

The Indicator Assurance Process will be used to review the NHS Outcomes Framework indicators.
### 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 cost implications or burden.

### 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 HSCIC risk assessment prior to issue. Disclosure control is implemented where judged necessary.

Detailed methodology specification documents are available, along with all other supporting documentation relating to the indicator specifications, on the Health and Social Care Information Centre indicator portal.

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