

# The NHS Outcomes Framework 2012/13

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# Introduction

- 1.1 This document sets out the changes that have been made to the indicators in the NHS Outcomes Framework. It builds on *The NHS Outcomes Framework 2011/12*<sup>1</sup> and *The NHS Outcomes 2011/12: Technical details of indicators*<sup>2</sup>, and is designed to help NHS organisations to start to think through what a focus on outcomes means in practical terms. It covers the following areas:
- the purpose of the NHS Outcomes Framework and how it will work in the wider system;
  - highlights the main indicator changes across each of the five domains;
  - sets out updated indicator definitions in the Technical Appendix, which describes the changes made since the December 2010 edition of the NHS Outcomes Framework; and
  - the Technical Appendix also includes an analytical section placing indicators in the context of their respective Domains, and provides detailed information about each of the indicators and their drivers.

## The NHS Outcomes Framework

- 1.2 The White Paper, *Equity and Excellence: Liberating the NHS*<sup>3</sup> set out how the improvement of healthcare outcomes for all will be the primary purpose of the NHS. This means ensuring that the accountabilities running throughout the system are focussed on the outcomes achieved for patients not the processes by which they are achieved.
- 1.3 *The NHS Outcomes Framework 2011/12*, published in December 2010, reflects the vision set out in the White Paper. Its purpose is threefold:
- to provide a national level overview of how well the NHS is performing, wherever possible in an international context;
  - to provide an accountability mechanism between the Secretary of State for Health and the proposed NHS Commissioning Board; and
  - to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities.

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<sup>1</sup> Available at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122944](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944)

<sup>2</sup> Available at: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122954.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122954.pdf)

<sup>3</sup> Available at : [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

- 1.4 The NHS Outcomes Framework, together with the Adult Social Care Outcomes Framework, and the forthcoming Public Health Outcomes Framework (see paragraph 1.9 onwards) support the Government's desire to improve integration of services.
- 1.5 The NHS Outcomes Framework is structured around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. They focus on:

<b>Domain 1</b>	<b>Preventing people from dying prematurely;</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions;</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill health or following injury;</b>
<b>Domain 4</b>	<b>Ensuring that people have a positive experience of care; and</b>
<b>Domain 5</b>	<b>Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b>

- 1.6 The five domains were derived from the three part definition of quality first set out by Lord Darzi as part of the NHS Next Stage Review<sup>4</sup>. Domains one to three include outcomes that relate to the effectiveness of care, domain four includes outcomes that relate to the quality of the patient experience and domain five includes outcomes that relate to patient safety.
- 1.7 The Government has since built this definition of quality into the Health and Social Care Bill currently before Parliament. The definition frames the proposed new duties on the Secretary of State for Health, the NHS Commissioning Board and clinical commissioning groups to act with a view to securing continuous improvement in the quality of services provided to patients.
- 1.8 The outcomes, and the indicators chosen to measure those outcomes, included in the framework were chosen with a view to capturing the majority of the treatment activities that the NHS is responsible for delivering. The *NHS Outcomes Framework 2011/12* policy document provides a more detailed explanation of the approach and rationale taken to selecting the outcomes and indicators in the framework. An 'At a Glance' summary of the updated *NHS Outcomes Framework for 2012/13* is included at **Annex A**.

<sup>4</sup> Available at:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_101670](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101670)

- 1.9 Other levers and incentives throughout the system will have an impact on quality and the delivery of the outcomes in this framework. In particular:
- the health and social care workforce are at the front line in improving outcomes for the individuals they treat and care for, and so the education and training and support they receive will need to reflect what is being asked of them; and
  - continued research and the use of research evidence in the design of and delivery of services at a local level will be vital.

## Aligning NHS, public health and adult social care outcomes to support integration

- 1.10 At the heart of the Government's modernisation programme is an ambition to deliver outcomes that are amongst the best in the world. This ambition applies equally to healthcare outcomes, public health outcomes and adult social care outcomes.
- 1.11 To support the creation of an outcomes based health and social care system, where success is measured in terms of the actual results achieved for patients, service users and whole populations, the Government is developing three strategic outcomes frameworks - the NHS Outcomes Framework, the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework.
- 1.12 The purpose of developing three separate frameworks has always been to ensure focussed rather than blurred accountability and to recognise the different delivery systems and accountability models for the NHS, for public health and for adult social care. However, we have heard repeatedly, and most recently from the NHS Future Forum, about the importance of aligning the outcomes across these frameworks and setting shared national level outcomes with shared accountability where it is appropriate to do so<sup>5</sup>.
- 1.13 In particular, the NHS Future Forum presented a model in which it should, in certain areas, be possible to set specific outcomes for the different sectors that contribute to broader outcomes that are shared between the different sectors. The Government supports this model and believes that further alignment of this type is both possible and desirable and this will be a focus of activity across the three frameworks during 2012/13. However, the pace at which greater alignment of this type can be achieved will necessarily be constrained by current data and indicator availability.
- 1.14 Although the first NHS Outcomes Framework included areas where there would be shared indicators between the three frameworks this refreshed framework includes an important extra emphasis on alignment and encouraging collaboration and integration.

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<sup>5</sup> Available at:  
<http://healthandcare.dh.gov.uk/ff-letter/>

- 1.15 For example, when the first NHS Outcomes Framework was published it did include a number of mortality indicators which were to be shared between the NHS Commissioning Board and the wider public health system including Public Health England and local authorities. However, that first publication emphasised that the sharing of these indicators was largely a result of the difficulty in disentangling the relative contribution of the NHS from that of public health. In the area of cancer, however, where our ability to measure survival meant it was possible to better understand the contribution of the NHS to reducing cancer mortality overall, no shared indicator was included.
- 1.16 We have reflected on this approach and now come to the view that sharing outcome indicators between the sectors is important for driving collaboration and integration at a national level and in the interests of patients. This framework, therefore, now includes an indicator on the 'under 75 mortality rate from cancer' which we propose is shared with the Public Health Outcomes Framework whilst retaining the specific NHS Outcomes Framework indicators around improving cancer survival.
- 1.17 In terms of the other mortality indicators covering the 'biggest killers', our intention now is to retain shared indicators but to look at developing specific NHS Outcomes Framework indicators that help us to understand the contribution the NHS is making to improving survival alongside its contribution to overall mortality in the same way as we can for cancer. The Public Health Outcomes Framework will aim to adopt a similar approach and include, as well as the proposed shared outcome indicators, specific Public Health Outcomes Framework outcome indicators aimed at measuring how well the public health system is doing in preventing these diseases altogether.
- 1.18 This revised focus also recognises the critical contribution that the NHS can make to reducing 'preventable mortality', for example, through making 'every contact count' and the important contribution the public health service can make to reducing 'amenable mortality' through its role in supporting earlier diagnosis and raising awareness of signs and symptoms.
- 1.19 In terms of adult social care, the NHS Outcomes Framework continues to include outcome indicators which complement or replicate indicators in the Adult Social Care Outcomes Framework. The complementarity between the NHS and adult social care is often different in nature from that between NHS care and public health. Better outcomes will often be delivered through contemporaneous integration of service provision, including particularly for those with long-term conditions. Again, it is likely that greater alignment between these two frameworks can be achieved over time.
- 1.20 We hope that this clearer focus on alignment, collaboration and integration at a national level will cascade down to the local level. Here, the new health and wellbeing boards will play a critical role in identifying shared outcome goals for local populations and in understanding the contribution that different commissioners can make individually and collectively to achieving these goals.

# Using the NHS Outcomes Framework to hold the NHS Commissioning Board to account

- 1.21 Although it is important to encourage collaboration and the provision of integrated services for patients, it is important that different organisations are correctly held to account for what improvements they are able to deliver.
- 1.22 For the NHS, the NHS Outcomes Framework will therefore be used to hold the NHS Commissioning Board to account as part of the broader Mandate that the Secretary of State for Health will set the NHS Commissioning Board. The Mandate will set out the objectives that the Board should seek to achieve, including the outcomes they will be expected to improve. In turn, the Board will draw on the national outcome measures set out in the NHS Outcomes Framework to develop a new Commissioning Outcomes Framework to help hold clinical commissioning groups to account for effective commissioning and to promote improvements in quality and outcomes that they are achieving for their local populations.
- 1.23 In order for the framework to act as a mechanism for holding the NHS Commissioning Board to account, it is envisaged that some expected improvements (levels of ambition) against indicators will be set. The first NHS Outcomes Framework outlined a set of principles that would guide the setting of levels of ambition for the outcomes included in the framework. Levels of ambitions should take into account:
- the current-practice trajectory of each indicator as the baseline, given external drivers (see below);
  - current outcomes relative to international comparators;
  - the extent to which variations in outcome are attributable to NHS actions;
  - the estimated cost-effectiveness of possible action for improvement;
  - the timeliness of the impact of NHS actions on healthcare outcomes;
  - achievability and affordability as a whole - the improvements sought should be consistent overall with the NHS funding envelope;
  - inequalities in health outcome indicators across a broad range of dimensions, including disadvantaged groups, area deprivation and equalities characteristics; and
  - any potential impact on behaviour and incentives.
- 1.24 Work is underway to develop options for setting levels of ambition in preparation for full public consultation on the Mandate during 2012.



# Promoting equality and reducing health inequalities

- 1.25 The framework is also intended to help the NHS Commissioning Board to play its full part in promoting equality in line with the Equality Act 2010 and, subject to parliamentary approval, in fulfilling the health inequalities duties proposed in the Health and Social Care Bill.
- 1.26 Work is ongoing to develop options for considering progress in outcomes from the perspective of inequalities for all domains of the NHS Outcomes Framework. Given the range and extent of health inequalities, it will be necessary to select appropriate types of inequality measures for different indicators and this work is expected to need continuing development, with a view to making tackling inequalities integral to the NHS Outcomes Framework.
- 1.27 Levels of ambition will need to take into account health inequalities and other variations in outcome indicators, looking across dimensions such as disadvantaged groups, area deprivation and equalities characteristics. In setting baselines and levels of ambition, it will be important to understand, and to take account of, what is driving outcome trends, including avoidable inequities in access, or in the quality of care.

## International comparisons

- 1.28 As set out in the first NHS Outcomes Framework, international comparisons are an important way of helping to identify where England is underperforming. The ability to make such comparisons is also essential to supporting the White Paper's goal for the NHS to achieve outcomes that are amongst the best in the world. Poor outcomes in disadvantaged areas may be an important driver of relatively poor national outcomes, and may also signal where the most progress can be made
- 1.29 The Department is working closely with international agencies such as Organisation for Economic Cooperation and Development (OECD) and the World Health Organisation (WHO) to make use of existing indicators and to develop improved outcome measures that are comparable to those in the NHS Outcomes Framework, for the purpose of making international comparisons of healthcare quality and outcomes.

# Progress made on indicator definitions and on framework coverage

1.30 Since the publication of the *NHS Outcomes Framework 2011/12* in December 2010, the Department of Health has been working with the NHS Information Centre, and a wide range of analyst and clinical experts, to refine definitions for the indicators in the framework. The aim of this work is:

- to reduce duplication of indicators;
- to ensure the indicator measures what it intends to and is suitable for the intended audience;
- to ensure that robust statistical methodologies are used;
- to provide assurance to users that indicators will be reviewed over time, as appropriate; and
- to provide a transparent record of how indicators are derived.

1.31 Considerable progress has been made over the last year and the majority of indicators included in the framework now have finalised definitions as detailed in the Technical Appendix. Work continues to develop final definitions for the remaining indicators.

1.32 Work is also underway to develop additional indicators to ensure that the framework reflects the breadth of NHS activity.

1.33 To support this development work, the Department of Health launched the *Innovation in Outcomes Competition*<sup>6</sup>. This asked anyone with an interest in patient outcomes to design new indicators to fill specific placeholders in the framework or, across broader categories, to improve the framework as a whole. The areas covered were:

- improving recovery from stroke;
- improving children and young people's experience of health care;
- broader categories covering outcomes for people with learning disabilities, functional ability of children with long-term conditions, children and young people with mental illness, older people with dementia, patient safety across all care settings; and
- an 'open' category inviting people to submit a worked design for a novel indicator in any key areas currently not covered by the NHS Outcomes Framework.

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<sup>6</sup> Available at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124920](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124920)

- 1.34 The competition received 84 entries, resulting in the identification of two new indicators for measuring 'improving recovery from stroke' and 'improving children and young people's experience of healthcare'. The Department of Health is now working with these entrants to develop their indicator proposals. It is also reviewing the other entries with a view to improving the coverage of the NHS Outcomes Framework over time.
- 1.35 The successful entry for the stroke element of the competition was a collaborative entry from: the British Association of Stroke Physicians; the Stroke Improvement programme; the Intercollegiate Stroke Working Party; the Royal College of Stroke Physicians for London Joint Specialty Committee for Stroke Medicine; the South East Coast Quality Observatory; and the Cardiac and Stroke Networks in England.
- 1.36 The entry proposed that the Modified Rankin Scale (mRS) be developed as an indicator. The indicator uses the mRS to assess the patient's recovery from stroke after six months, with scores ranging as follows:
- 0 - no symptoms/complete recovery
  - 3 - moderate disability requiring some help, but able to walk with assistance
  - 6 - where death occurs.
- 1.37 The successful entry for measuring children and young people's experience of healthcare was proposed by The Picker Institute Europe using the Children's Outpatient Experience Indicator. The indicator measures the recent hospital outpatient experience of children aged 8 to 17 years and derives a single indicator score from responses to questions about aspects of the experience that matter most to children and young people.
- 1.38 Both entries are subject to further technical work to ensure that they are suitable for inclusion in the NHS Outcomes Framework.
- 1.39 In addition to the technical work on these entries, work is also being taken forward to review other competition entries and other sources to identify outcomes for certain groups or areas which the first framework did not effectively capture. One such group is people with learning disabilities, where the current data and data collections do not allow outcomes for this group to be easily identified. Another area not represented adequately in the first framework is the quality of life of people with dementia. Placeholders have now been included in the refreshed NHS Outcomes Framework 2012/13 for these two areas.

## Key changes across each domain

- 1.40 Across all five domains of the framework there have been changes to the individual indicators with further detail provided in the individual indicator templates included in the **Technical Appendix**. In summary the key points of progress are set out below.

### Domain 1

#### Preventing people from dying prematurely

- 1.41 The **overarching indicator 1a, ‘Mortality from causes considered amenable to healthcare’** has changed to **‘Potential Years of Life Lost from causes considered amenable to healthcare’** to take into account the extent of prematurity of death under 75, not just the fact of death under 75. This means that for each cause of death, rather than count deaths and express this rate per 100,000 of the population, ‘years of life lost’ relative to life expectancy for each person affected will be aggregated (again per 100,000 population).
- 1.42 As indicated in the section ‘Aligning NHS, public health and adult social care outcomes to support collaboration and integration’ above, changes have been made to this domain to ensure that it is aligned with the Public Health Outcomes Framework. Specifically, **a new indicator on the ‘under 75 mortality rate from cancer’ has been included and it is proposed that this is shared with the Public Health Outcomes Framework.**
- 1.43 **The indicator ‘under 75 mortality in people with serious mental illness’ has been renamed ‘excess under 75 mortality in adults with serious mental illness’.** This recognises that people with serious mental health problems are more likely to die prematurely, and through better quality of care these deaths could potentially be avoided.
- 1.44 **The definition of indicator 1.6.ii (previously ‘Perinatal mortality’) has been extended so that it captures stillbirths and all neonatal deaths up to 28 days after birth,** rather than just early neonatal deaths up to 7 days after birth, as set out in the first framework.
- 1.45 **A placeholder indicator capturing excess mortality in people with learning disabilities has been included.** (A placeholder represents a commitment to develop an indicator in this area, recognising that this may take time.)

### Domain 2

#### Enhancing quality of life for people with long-term conditions

- 1.46 **A placeholder has been included for the development of a suitable indicator for dementia.** (A placeholder represents a commitment to develop an indicator in this area, recognising that this may take time.)

### Domain 3

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

- 1.47 **The improvement area to measure ‘improving outcomes from planned procedures’ has been separated into the four individual indicators**, following advice against aggregating different Patient Reported Outcome Measures (PROMs) scores until the sample set of procedures covered is larger.
- 1.48 **New indicator named for measuring the outcome ‘improving recovery from stroke’ – the Modified Rankin Scale** – with further development work under way.

### Domain 4

## Ensuring that people have a positive experience of care

- 1.49 **The overarching indicator for patient experience of primary care has been split into three parts to reflect the different elements of primary care**. There are now overarching indicators for GP services, GP Out of Hours services, and NHS Dental services.
- 1.50 **New indicator named for measuring the outcome ‘improving children and young people’s experience of healthcare- Children’s Patient Experience Questionnaire-** with further development work underway.

### Domain 5

## Treating and caring for people in a safe environment; and protecting them from avoidable harm

- 1.51 **Due to difficulties in defining indicator 5c included in last years framework (“*Number of similar incidents*” – i.e. similar to the incidents of severe harm captured in indicator 5b), the indicator has been dropped**. However, the indicator concept will be picked up through the specified improvement areas already identified in the framework: ‘incidence of hospital-related venous thromboembolism (VTE)’, ‘incidence of healthcare-associated infections (HCAI)’ and the ‘incidence of newly acquired category 2, 3 and 4 pressure ulcers. The possibility of including other harm categories for which data is reliable will be kept under review.

# Using the NHS Outcomes Framework to assess NHS Performance

## – taking account of external drivers of outcomes and of indicator changes

- 1.52 The outcomes and indicators in the NHS Outcomes Framework were chosen with the view to measuring the outcomes resulting from treatment activity for which the NHS is largely responsible. It is important that the NHS is only held to account for delivering improved outcomes in the areas it is responsible for. In order to accurately attribute the NHS contribution to the delivery of an outcome, the following factors should be taken into account:
- the influences of public health and adult social care on outcomes for which the NHS is also responsible;
  - external influences – areas which are beyond NHS control; and
  - factors that may bias the indicator as a representation of the outcome.
- 1.53 The NHS Outcomes Framework recognises the respective roles of public health and adult social care in determining outcomes whilst acknowledging that the NHS has an important part to play in engaging with and ensuring integrated contributions from these services.
- 1.54 There are a range of external factors that drive improvements in outcomes. These include economic, epidemiological, cohort and demographic determinants of outcomes.
- 1.55 The Technical Appendix outlines these drivers in more detail. For some indicators it has been possible to make allowance for such determinants within indicator definitions. However, for others, lack of data, or lack of understanding about the precise contributions of different factors and of the time lags involved, precludes that approach.
- 1.56 For example, there is a lack of accurate estimates of the incidence of liver disease, and of the time lag between incidence and the different stages of the disease. Therefore, it is not possible to define an indicator that focuses precisely on the NHS contribution to increasing survival of those with the disease. It is therefore important to note the external factors determining incidence, and to take those into account when assessing the trend in liver disease mortality, hoping to encourage the NHS to do what it can to mitigate the burden of this disease.
- 1.57 Consideration is also given to factors that may bias the measurement of indicators as outcomes. For example, earlier detection of disease can create an artificial impression of increase in survival with the disease, which might also suggest that the average sufferer of the disease has a better health related quality of life. A number of indicators in Domains 1 and 2 are affected by biases and efforts will be made to take these into account when assessing what the NHS has achieved and what can be achieved in future.

- 1.58 Within the Domain introductions and within each individual indicator template in the Technical Appendix, a section has been added in which the different drivers of outcomes are noted. This will help inform the analytic work necessary to be able to set levels of ambition.

## Next Steps

- 1.59 The NHS Outcomes Framework will continue to evolve. It will be refined annually to make sure that indicators remain fit for purpose, whilst recognising that continuity of the indicators will be important.
- 1.60 The Department of Health has been working closely with the NHS Information Centre to ensure data for the indicators included in the NHS Outcomes Framework is published as soon as possible - including national level data and disaggregated data. National level data for around 30 indicators will be published on 16<sup>th</sup> December 2011.
- 1.61 Work will continue with experts and interested parties to improve this framework. Comments and questions are welcome and should be sent to: [nhsoutcomesframework@dh.gsi.gov.uk](mailto:nhsoutcomesframework@dh.gsi.gov.uk)

# Annex A

## 1 Preventing people from dying prematurely

### Overarching indicators

- 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
- 1b Life expectancy at 75 i males ii females

### Improvement areas

#### Reducing premature mortality from the major causes of death

- 1.1 Under 75 mortality rate from cardiovascular disease\*
- 1.2 Under 75 mortality rate from respiratory disease\*
- 1.3 Under 75 mortality rate from liver disease\*  
Cancer
- 1.4 i One-and ii five-year survival from colorectal cancer  
iii One-and iv five-year survival from breast cancer  
v One-and vi five-year survival from lung cancer  
vii under 75 mortality rate from cancer\*

#### Reducing premature death in people with serious mental illness

- 1.5 Excess under 75 mortality rate in adults with serious mental illness\*

#### Reducing deaths in babies and young children

- 1.6.i Infant mortality\* ii Neonatal mortality and stillbirths

#### Reducing premature death in people with learning disabilities

- 1.7 *An indicator needs to be developed*

#### One framework

*defining how the NHS will be accountable for outcomes*

#### Five domains

*articulating the responsibilities of the NHS*

#### Twelve overarching indicators

*covering the broad aims of each domain*

#### Twenty-seven improvement areas

*looking in more detail at key areas within each domain*

#### Sixty indicators in total

*measuring overarching and improvement area outcomes*

## The NHS Outcomes Framework 2012/13 at a glance

\*Shared responsibility with the public health system and Public Health England and local authorities - subject to final publication of the Public Health Outcomes Framework.

\*\* A complementary indicator is included in the Adult Social Care Outcomes Framework

\*\*\*Indicator replicated in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification of a suitable indicator.

## 2 Enhancing quality of life for people with long-term conditions

### Overarching indicator

- 2 Health-related quality of life for people with long-term conditions\*\*

### Improvement areas

#### Ensuring people feel supported to manage their condition

- 2.1 Proportion of people feeling supported to manage their condition\*\*

#### Improving functional ability in people with long-term conditions

- 2.2 Employment of people with long-term conditions\*

#### Reducing time spent in hospital by people with long-term conditions

- 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

#### Enhancing quality of life for carers

- 2.4 Health-related quality of life for carers\*\*

#### Enhancing quality of life for people with mental illness

- 2.5 Employment of people with mental illness \*\*

#### Enhancing quality of life for people with dementia

- 2.6 *An indicator needs to be developed*

## 4 Ensuring that people have a positive experience of care

### Overarching indicators

- 4a Patient experience of primary care  
i GP services ii GP Out of Hours services iii NHS Dental Services
- 4b Patient experience of hospital care

### Improvement areas

#### Improving people's experience of outpatient care

- 4.1 Patient experience of outpatient services

#### Improving hospitals' responsiveness to personal needs

- 4.2 Responsiveness to in-patients' personal needs

#### Improving people's experience of accident and emergency services

- 4.3 Patient experience of A&E services

#### Improving access to primary care services

- 4.4 Access to i GP services and ii NHS dental services

#### Improving women and their families' experience of maternity services

- 4.5 Women's experience of maternity services

#### Improving the experience of care for people at the end of their lives

- 4.6 *An indicator to be derived from the survey of bereaved carers*

#### Improving experience of healthcare for people with mental illness

- 4.7 Patient experience of community mental health services

#### Improving children and young people's experience of healthcare

- 4.8 *An indicator to be derived from a Children's Patient Experience Questionnaire*

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

### Overarching indicators

- 3a Emergency admissions for acute conditions that should not usually require hospital admission
- 3b Emergency readmissions within 30 days of discharge from hospital

### Improvement areas

#### Improving outcomes from planned procedures

- 3.1 Patient Reported Outcomes Measures (PROMs) for elective procedures  
i Hip replacement ii Knee replacement iii Groin hernia  
iv Varicose veins

#### Preventing lower respiratory tract infections (LRTI) in children from becoming serious

- 3.2 Emergency admissions for children with LRTI

#### Improving recovery from injuries and trauma

- 3.3 *An indicator needs to be developed.*

#### Improving recovery from stroke

- 3.4 *An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months*

#### Improving recovery from fragility fractures

- 3.5 The proportion of patients recovering to their previous levels of mobility / walking ability at i 30 and ii 120 days

#### Helping older people to recover their independence after illness or injury

- 3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation\*\*\* ii offered rehabilitation following discharge from acute or community hospital \*\*\*

## 5 Treating and caring for people in a safe environment and protecting them from avoidable harm

### Overarching indicators

- 5a Patient safety incidents reported
- 5b safety incidents involving severe harm or death

### Improvement areas

#### Reducing the incidence of avoidable harm

- 5.1 Incidence of hospital-related venous thromboembolism (VTE)
- 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile
- 5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
- 5.4 Incidence of medication errors causing serious harm

#### Improving the safety of maternity services

- 5.5 Admission of full-term babies to neonatal care

#### Delivering safe care to children in acute settings

- 5.6 Incidence of harm to children due to 'failure to monitor'





