# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

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| Service Specification No. | *The format for identifying service specifications could follow: Locality/Year drafted/Treatment specialty/Sequential number/Version number. For example COPD would be X/2019/340/01/1.0**Details on the numbering is as set out in Appendix 1.* |
| Service | *Name service is generally known by – check for different names in different organisations. The level at which services are specified will depend on the particular service. For example, for acute hospital services, it is unlikely that you would wish to specify at HRG level. On the other hand, a specification which covers ‘all elective services’ is unlikely to be appropriate. It may also be appropriate to consider whether developing a specification on the basis of a care pathway would be appropriate.* |
| Commissioner Lead | *Named lead for service from commissioner(s). We recommend using the post-holder title rather than a named current postholder to reduce the need for amending/updating.* |
| Provider Lead | *Named lead for service from provider(s). We recommend using the post-holder title rather than a named current postholder to reduce the need for amending/updating.* |
| Period | *This is the period that you expect the specification to be valid for. In practice, this will be the same as the duration of the contract but can be shorter if required. Alternatively, you may wish to indicate that the specification is likely to be valid for a longer period, for example 3 years (subject to any procurement and competition considerations).* |
| Date of Review | *This should be no less than 6 months before the end of the Period as stated above- there may be issues of notice to be considered.* *If you wish to review the specification mid-contract, then a date by which the specification is to be reviewed should be inserted here. Otherwise, as above, the specification will remain valid until the expiry/termination of the contract.* |

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| 1. Population Needs |
| * 1. National/local context and evidence base

*This section should set the context for the service being commissioned, by setting out the evidence base for why this service is being commissioned for the local population.**National context – This sets out the national NHS agenda and strategic context regarding this service. Include key points from any national reviews on the service, e.g. for ED you could cite “Safer Faster Better”, a national report which sets out the framework and principles for improving urgent care services.* *Local context – This describes why the service needs to be commissioned locally and what patient need/demand is being met in doing so. Include local reviews, such as those by Networks, particularly where it provides a stocktake of the current service provision. Include STP reviews where sufficiently detailed.**Evidence base – usually covered in the national context, you should include the relevant national reviews of the evidence to set out why the service should be commissioned in this way. Note – no need to repeat the content of Applicable Service Standards (section 3) – differentiate between Evidence (why) and Standards (how).**Background and current service provision – This sets out the service currently being provided to the local population. Refer to recent activity/quality/finance data to set the context and scale (last 3 years if possible). Include summary analysis from local reviews of where specific improvements are required, setting out key recommendations.* |
| 2. Scope |
| 2.1 Aims and objectives of service*A brief description of the aims and/or objectives of the service. Ideally, the ‘aim’ should be a single sentence setting out the mission statement for the service. The objectives should be around 5-10 bullet points, setting out the main goals that the service aims to achieve.* *One concise example is from the specialised commissioning spec for cardiac electrophysiology and ablation:*

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| ***Aims****The aim of the service is to provide timely diagnosis and appropriate treatment to patients affected by symptomatic fast heart rhythms to reduce morbidity and, for a cohort of patients, reduced mortality****Objectives****EP and ablation services are designed to provide the following services in order to fulfil this aim. High quality EP and ablation services should provide the following:** *Assessment of patients with heart rhythm problems to establish whether or not the condition is life-threatening, and therefore whether urgent treatment is needed.*
* *Following this initial assessment, immediate treatment of any potentially life-threatening conditions with medical therapy, ablation or ICD therapy.*
* *For non-life-threatening conditions, most patients are treated with medication on an initial basis*
* *For symptomatic patients either not controlled with medication or experiencing side effects from medication, EP ablation services provide an assessment about the suitability of ablation.*
* *Perform EP / ablation procedures with ongoing audit of performance*
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*It may be appropriate to clarify what the service will not do as well as what it will – e.g. “This service is not a crisis response service. It is not for families who are separating, or divorcing, or for children with existing mental health conditions.”*2.2 Service description/care pathway*A brief description of the service model being commissioned, including how it sits within the broader care pathway – which may include other providers. Wherever possible include a map of the pathway setting out:** *HOW do they get into/discharged from the service?*
* *WHAT is the process to deliver the service, such as pathway stages and options?*

2.3 Population covered*A description of the section/cohort of the population that the service serves e.g. adult vs children – no need to repeat the CCG’s responsible population as that always applies and the spec would normally apply to associate commissioners as well. This section is particularly applicable where the service is not subject to patient choice and the service is restricted to a defined population.**e.g. “The service is accessible to all adult patients with a suspected or known rheumatological condition regardless of sex, race, or gender.”*2.4 Any acceptance and exclusion criteria and thresholds*Set out any specific clinical criteria used to manage referrals into the service. Refer to any specific commissioning/IFR policies that will be included in the contract at Schedule 2G, e.g. those listed on the commissioner website*2.5 Interdependence with other services/providers*Where the service forms part of a wider care pathway, how the service links into and works with other services and/or providers is identified here. If it is complex, a diagram/map representation may be easier to set this out, rather than a textual description.* |
| 3. Applicable Service Standards |
| 3.1 Applicable national standards (e.g. NICE)*List any national service standards published by the NHS/NICE that apply to this service and the provider will be held accountable for complying with. The evidence base is set out in section 1.*3.2 Applicable standards set out in Guidance and/or issued by a competent body (ego Royal Colleges)*List any national service standards published by other relevant bodies that apply to this service and the provider will be held accountable for complying with.*3.3 Applicable local standards*List any local service standards published by the STP/commissioners that apply to this service and the provider will be held accountable for complying with.* |

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| 4. Outcomes, KPIs and CQUIN goals |
| 4.1 Outcomes and Quality Requirement KPIs by NHS Outcomes Framework Domain:*When drafting this section, start with the 5 National Domains, then add any appropriate Overarching Indicators and Improvement areas from NHS Outcomes Framework[[1]](#footnote-2). These are shown at Appendix 2 (August version) as an example. Finally, add any Local indicators, i.e. locally defined and measured.**Note that this section is used to list:** *The main patient outcomes required from the service. Non-patient outcomes should not be included here, e.g. where submission of specific data or reports is a desired outcome this can be included in section 7 below.*
* *The quality requirement/KPIs for each outcome, i.e. how will achievement of the outcome be measured? These need to be match exactly the quality requirements included in the contract at schedules 4A-4C.*
* *The threshold for achievement – i.e. what the provider will be measured against, remembering that some is not a number, soon is not a time!*
* *How the data to measure achievement will be collected – this needs to cross-refer to contract schedule 6A (reporting requirements) to check this data is being requested from the provider and to what timescale etc.*
* *The consequence of any failure to meet the KPIs defined and*
* *How frequently this consequence will be measured and contractually applied*
* *An example of how these might work is as shown below for cardiac rehab.*

*“It is reasonable for specific financial consequences to be agreed for non-achievement, so long as these are proportionate. Regardless of whether specific financial consequences have been agreed in relation to Local Quality Requirements, commissioners may of course use the contract management process set out in GC9 to address any breaches – see paragraph 45 below. Where no specific financial consequences are agreed for a Local Quality Requirement, the words ‘Issue of a Contract Performance Notice and subsequent process in accordance with GC9’ should be inserted as the relevant consequence in Schedule 4C.” (Technical Guidance para 39.9)*

| **Domain 1: Preventing people from dying prematurely** |
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| **Outcome** | **Ref** | **Quality Requirement/KPI** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of measurement** |
| **National Indicator/improvement area** |
| Reducing premature mortality rate from cardiovascular disease | 1.1 | Under 75 mortality rate from cardiovascular disease | 70.8 per 100,000 (national av) | NHSOF annual indicator  | GC9 process followed | Annually |
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| **Local outcomes & indicators** |
| Reduced Admissions – reduction in readmissions for another cardiac event | L1.1 | Readmission rate | 10% reduction | SUS monthly extracts | GC9 process followed | Quarterly |
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| **Domain 2: Enhancing quality of life for people with long-term conditions** |
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| **Outcome** | **Ref** | **Quality Requirement/KPI** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of measurement**  |
| **National Indicator/improvement area** |
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| **Local outcomes & indicators** |
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| **Domain 3: Helping people to recover from episodes of ill-health or following injury** |
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| **Outcome** | **Ref** | **Quality Requirement/KPI** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of measurement**  |
| **National Indicator/improvement area** |
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| **Local outcomes & indicators** |
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| **Domain 4: Ensuring people have a positive experience of care** |
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| **Outcome** | **Ref** | **Quality Requirement/KPI** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of measurement**  |
| **National Indicator/improvement area** |
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| **Local outcomes & indicators** |
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| **Domain 5: Treating and caring for people in safe environment and protecting them from avoidable harm** |
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| **Outcome** | **Ref** | **Quality Requirement/KPI** | **Threshold** | **Method of Measurement** | **Consequence of breach** | **Timing of measurement**  |
| **National Indicator/improvement area** |
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| **Local outcomes & indicators** |
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4.2 Applicable CQUIN goals*Where any CQUIN goals apply to the service, whether national or local schemes, these should be listed here. These will cross-refer to contract schedule 4D.* |

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| 5. Location of Provider Premises |
| The Provider’s Premises are located at:*This section is only needed where it is considered important to specify that a service is provided from a particular location (or where services are to be provided within a certain area, or easily accessible from it) and therefore there is a need to list specific provider premises. Otherwise it can be left blank. For example:** *A certain locality may find it difficult to access the service because of its location and the commissioners wish to specify that the provider needs to provide the service at a particular site to address this*
* *It may be considered essential that the service is co-located with another service, e.g. level 1 adult critical care, and this is only provided at one of the provider’s premises*
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| 6. Individual Service User Placement |
| *This section may be used to include details of any long-term individual service user placements (or Individual Placement Agreement as described in section 27 of the Contract Technical Guidance). This is usually only relevant where the service provides tailored specialist placements. It may also be used to record any specialist equipment that is provided as part of an individual care pathway.**Otherwise, this section can be left blank.* |
| 7. Personalised Care Requirements |
| *This section may be used to include details of service-specific requirements for personalisation of care, aligned with the content of contract schedule 2M (Development Plan for Personalised Care).**Otherwise, this section can be left blank.* |
| 8. Reporting Requirements |
| *List any specific reporting requirements that supply the source data needed to measure the achievement of the KPIs listed in section 4. Ultimately these will need to be incorporated into schedule 6A (reporting requirements) of the contract but can be listed here for completeness and to ensure the spec can be read more easily as a standalone document.**If the requirement is a national contractual requirement, e.g. the monthly activity and finance report or the monthly Service Quality Performance Report, they do not need to be listed again in this section. These will be listed under ‘National Requirements Reported Centrally’ and ‘National Requirements Reported Locally’ in schedule 6A of the contract.*

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| Reporting Requirement | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** |
| *e.g.:**Additional Maternity Ante-natal / Post-natal Pathway Datasets*  | *To be supplied monthly until the release of the new maternity SUS dataset* | *Indicating the split of standard, intermediate, intensive tariffs, and the backing of indicators that trigger these categories.* | *Submit to DSCRO by no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS.* |
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| 9. Payment Mechanism |
| *Set out any local pricing arrangements or payment mechanism that applies to this service. This would cover issues such as:*

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| Type | **Example** |
| *Replacing national prices with local price variations/departures* | *activity recorded as an emergency admission with a length of stay under 4 hours to be charged against the blended payment at a locally-agreed unit price of £250* |
| *Local currency variations* | *all non-consultant led outpatients to be charged as a follow-up attendance, even if recorded as a first attendance* |
| *Local ‘blended payment’ agreements* | *80% of planned activity funded as a block, with 20% paid on trajectory towards achievement of outcomes in section 4* |
| *Incentivise using the required pathway*  | *non-face-to-face outpatient attendances to be charged against the blended payment at 10% more than the equivalent face-to-face national price* |

*Ultimately these will need to be incorporated into schedule 3A (local prices) or 3B (local price variations) of the contract but can be listed here for completeness and to ensure the spec can be read more easily as a standalone document.* |

The format for identifying service specifications follows the format: Locality/Year drafted/Treatment specialty/Sequential number/Version number

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| **Name** | **Description** | **Example** |
| Locality | X/Y/B | Locality X, Y or Both |
| Year drafted | Start year | 2019 etc! |
| Treatment specialty | See list below | e.g. 340 (respiratory med) |
| Specification identifier | There will be a number of specs within each treatment specialty e.g. Respiratory will include COPD, TB, Asthma etc. Suggest each gets its own number – but someone (contracts team?) needs to keep track! | e.g. 01 for COPD, 02 for TB, 03 Asthma |
| Version number | Starting from 1.0, change first number when draft issued, second for minor changes/comments/amendments | e.g. 2.1 for first draft of second version  |

**So - COPD might be X/2019/340/01/1.0**

**Current Treatment Specialties and their national codes:**

| **Code** | **Name** |
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| **Surgical Specialties:** |
| 100 | General Surgery Service |
| 101 | Urology Service |
| 102 | Transplant Surgery Service |
| 103 | Breast Surgery Service |
| 104 | Colorectal Surgery Service |
| 105 | Hepatobiliary and Pancreatic Surgery Service |
| 106 | Upper Gastrointestinal Surgery Service |
| 107 | Vascular Surgery Service |
| 108 | Spinal Surgery Service |
| 109 | Bariatric Surgery Service |
| 110 | Trauma and Orthopaedic Service |
| 111 | Orthopaedic Service |
| 113 | Endocrine Surgery Service |
| 115 | Trauma Surgery Service |
| 120 | Ear Nose and Throat Service |
| 130 | Ophthalmology Service |
| 140 | Oral Surgery Service |
| 141 | Restorative Dentistry Service |
| 143 | Orthodontic Service |
| 144 | Maxillofacial Surgery Service |
| 145 | Oral and Maxillofacial Surgery Service |
| 150 | Neurosurgical Service |
| 160 | Plastic Surgery Service |
| 161 | Burns Care Service |
| 170 | Cardiothoracic Surgery Service |
| 172 | Cardiac Surgery Service |
| 173 | Thoracic Surgery Service |
| 174 | Cardiothoracic Transplantation Service |
| 191 | Pain Management Service |
| **Specialised Children’s Services:** |
| 142 | Paediatric Dentistry Service |
| 171 | Paediatric Surgery Service |
| 211 | Paediatric Urology Service |
| 212 | Paediatric Transplantation Surgery Service |
| 213 | Paediatric Gastrointestinal Surgery Service |
| 214 | Paediatric Trauma and Orthopaedic Service |
| 215 | Paediatric Ear Nose and Throat Service |
| 216 | Paediatric Ophthalmology Service |
| 217 | Paediatric Oral and Maxillofacial Surgery Service |
| 218 | Paediatric Neurosurgery Service |
| 219 | Paediatric Plastic Surgery Service |
| 220 | Paediatric Burns Care Service |
| 221 | Paediatric Cardiac Surgery Service |
| 222 | Paediatric Thoracic Surgery Service |
| 223 | Paediatric Epilepsy Service |
| 230 | Paediatric Clinical Pharmacology Service |
| 240 | Paediatric Palliative Medicine Service |
| 241 | Paediatric Pain Management Service |
| 242 | Paediatric Intensive Care Service |
| 250 | Paediatric Hepatology Service |
| 251 | Paediatric Gastroenterology Service |
| 252 | Paediatric Endocrinology Service |
| 253 | Paediatric Clinical Haematology Service |
| 254 | Paediatric Audio Vestibular Medicine Service |
| 255 | Paediatric Clinical Immunology and Allergy Service |
| 256 | Paediatric Infectious Diseases Service |
| 257 | Paediatric Dermatology Service |
| 258 | Paediatric Respiratory Medicine Service |
| 259 | Paediatric Nephrology Service |
| 260 | Paediatric Medical Oncology Service |
| 261 | Paediatric Inherited Metabolic Medicine Service |
| 262 | Paediatric Rheumatology Service |
| 263 | Paediatric Diabetes Service |
| 264 | Paediatric Cystic Fibrosis Service |
| 270 | Paediatric Emergency Medicine Service |
| 280 | Paediatric Interventional Radiology Service |
| 290 | Community Paediatric Service |
| 291 | Paediatric Neuro-disability Service |
| 321 | Paediatric Cardiology Service |
| 421 | Paediatric Neurology Service |
| **Medical Specialties:** |
| 180 | Emergency Medicine Service |
| 190 | Anaesthetic Service |
| 192 | Intensive Care Medicine Service |
| 200 | Aviation and Space Medicine Service |
| 300 | General Internal Medicine Service |
| 301 | Gastroenterology Service |
| 302 | Endocrinology Service |
| 303 | Clinical Haematology Service |
| 304 | Clinical Physiology Service |
| 305 | Clinical Pharmacology Service |
| 306 | Hepatology Service |
| 307 | Diabetes Service |
| 308 | Blood and Marrow Transplantation Service |
| 309 | Haemophilia Service |
| 310 | Audio Vestibular Medicine Service |
| 311 | Clinical Genetics Service |
| 313 | Clinical Immunology and Allergy Service |
| 314 | Rehabilitation Medicine Service |
| 315 | Palliative Medicine Service |
| 316 | Clinical Immunology Service |
| 317 | Allergy Service |
| 318 | Intermediate Care Service |
| 319 | Respite Care Service |
| 320 | Cardiology Service |
| 322 | Clinical Microbiology Service |
| 323 | Spinal Injuries Service |
| 324 | Anticoagulant Service |
| 325 | Sport and Exercise Medicine Service |
| 326 | Acute Internal Medicine Service |
| 327 | Cardiac Rehabilitation Service |
| 328 | Stroke Medicine Service |
| 329 | Transient Ischaemic Attack Service |
| 330 | Dermatology Service |
| 331 | Congenital Heart Disease Service |
| 333 | Rare Disease Service |
| 335 | Inherited Metabolic Medicine Service |
| 340 | Respiratory Medicine Service |
| 341 | Respiratory Physiology Service |
| 342 | Pulmonary Rehabilitation Service |
| 343 | Adult Cystic Fibrosis Service |
| 344 | Complex Specialised Rehabilitation Service |
| 345 | Specialist Rehabilitation Service |
| 346 | Local Specialist Rehabilitation Service |
| 347 | Sleep Medicine Service |
| 350 | Infectious Diseases Service |
| 352 | Tropical Medicine Service |
| 360 | Genitourinary Medicine Service |
| 361 | Renal Medicine Service |
| 370 | Medical Oncology Service |
| 371 | Nuclear Medicine Service |
| 400 | Neurology Service |
| 401 | Clinical Neurophysiology Service |
| 410 | Rheumatology Service |
| 420 | Paediatric Service |
| 422 | Neonatal Critical Care Service |
| 424 | Well Baby Service |
| 430 | Elderly Medicine Service |
| 431 | Orthogeriatric Medicine Service |
| 450 | Dental Medicine Service |
| 451 | Special Care Dentistry Service |
| 460 | Medical Ophthalmology Service |
| 461 | Ophthalmic and Vision Science Service |
| 501 | Obstetrics Service |
| 502 | Gynaecology Service |
| 503 | Gynaecological Oncology Service |
| 504 | Community Sexual and Reproductive Health Service |
| 505 | Fetal Medicine Service |
| 560 | Midwifery Service |
| **Therapies:** |
| 650 | Physiotherapy Service |
| 651 | Occupational Therapy Service |
| 652 | Speech and Language Therapy Service |
| 653 | Podiatry Service |
| 654 | Dietetics Service |
| 655 | Orthoptics Service |
| 656 | Clinical Psychology Service |
| 657 | Prosthetics Service |
| 658 | Orthotics Service |
| 659 | Dramatherapy Service |
| 660 | Art Therapy Service |
| 661 | Music Therapy Service |
| 662 | Optometry Service |
| 663 | Podiatric Surgery Service |
| 670 | Urological Physiology Service |
| 673 | Vascular Physiology Service |
| 675 | Cardiac Physiology Service |
| 677 | Gastrointestinal Physiology Service |
| **Psychiatry:** |
| 700 | Intellectual Disability Service |
| 710 | Adult Mental Health Service |
| 711 | Child and Adolescent Psychiatry Service |
| 712 | Forensic Psychiatry Service |
| 713 | Medical Psychotherapy Service |
| 715 | Old Age Psychiatry Service |
| 720 | Eating Disorders Service |
| 721 | Addiction Service |
| 722 | Liaison Psychiatry Service |
| 723 | Psychiatric Intensive Care Service |
| 724 | Perinatal Mental Health Service |
| 725 | Mental Health Recovery and Rehabilitation Service |
| 726 | Mental Health Dual Diagnosis Service |
| 727 | Dementia Assessment Service |
| 730 | Neuropsychiatry Service |
| **Radiology:** |
| 800 | Clinical Oncology Service |
| 811 | Interventional Radiology Service |
| 812 | Diagnostic Imaging Service |
| **Pathology:** |
| 822 | Chemical Pathology Service |
| 834 | Medical Virology Service |
| **Other:** |
| 840 | Audiology Service |
| 920 | Diabetic Education Service |

Source:

<https://www.datadictionary.nhs.uk/data_dictionary/attributes/t/tran/treatment_function_code_de.asp>

| **Indicator number** | **Indicator** | **Data source** | **Frequency of publication** |
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| **Domain 1: Preventing people from dying prematurely** |
| **Overarching Indicators:** |
| 1a.i | Potential years of life lost (PYLL) from causes considered amenable to healthcare - Adults | ONS avoidable mortality / ONS populations / ONS period and cohort life expectancy | Annual |
| 1a.ii | Potential years of life lost (PYLL) from causes considered amenable to healthcare - Children and young people | ONS avoidable mortality / ONS populations / ONS period and cohort life expectancy | Annual |
| 1b | Life expectancy at 75 - i. Male ii. Female | ONS period and cohort life expectancy | Annual |
| 1c | Neonatal mortality and stillbirths | ONS Child Mortality in England and Wales | Annual |
| **Outcome: Reducing premature mortality from the major causes of death** |
| 1.1 | Under 75 mortality rate from cardiovascular disease | ONS Mortality / ONS populations | Annual |
| 1.2 | Under 75 mortality rate from respiratory disease | ONS Mortality / ONS populations | Annual |
| 1.3 | Under 75 mortality rate from liver disease | ONS Mortality / ONS populations | Annual |
| 1.4 | Under 75 mortality rate from cancer | ONS Mortality / ONS populations | Annual |
| 1.4.i | One-year survival from all cancers | ONS Cancer Survival for Clinical Commissioning Groups in England | Annual |
| 1.4.ii | Five-year survival from all cancers | ONS Cancer Survival for Clinical Commissioning Groups in England | Annual |
| 1.4.iii | One-year survival from breast, lung and colorectal cancer | ONS Cancer Survival for Clinical Commissioning Groups in England | Annual |
| 1.4.iv | Five-year survival from breast, lung and colorectal cancer | ONS Cancer Survival for Clinical Commissioning Groups in England | Annual |
| 1.4.v | One-year survival from cancers diagnosed at stage 1&2 | To be confirmed | Annual |
| 1.4.vi | Five-year survival from cancers diagnosed at stage 1&2 | To be confirmed | Annual |
| **Outcome: Reducing premature death in people with mental illness** |
| 1.5.i | Excess under 75 mortality rate in adults with serious mental illness | Linked PCMD-MHMDS data / ONS Mortality / ONS populations | Annual |
| 1.5.ii | Excess under 75 mortality rate in adults with common mental illness | To be confirmed | To be confirmed |
| 1.5.iii | Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services | To be confirmed | To be confirmed |
| **Indicator number** | **Indicator** | **Data source** | **Frequency of publication** |
| **Outcome: Reducing mortality in children** |
| 1.6.i | Infant mortality | ONS Child Mortality in England and Wales | Annual |
| 1.6.ii | Five-year survival from all cancers in children | ONS Childhood Cancer Survival in England | Annual |
| **Outcome: Reducing premature death in people with a learning disability** |
| 1.7 | Excess under 60 mortality rate in adults with a learning disability | To be confirmed | To be confirmed |

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| **Indicator number** | **Indicator** | **Data source** | **Frequency of publication** |
| **Domain 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 | GPPS | Annual |
| **Outcome: Ensuring people feel supported to manage their condition** |
| 2.1 | Proportion of people feeling supported to manage their condition | GPPS | Annual |
| **Outcome: Improving functional ability in people with long-term conditions** |
| 2.2 | Employment of people with long-term conditions | LFS | Quarterly |
| **Outcome: Reducing time spent in hospital by people with long-term conditions** |
| 2.3. i | Unplanned hospitalisation for chronic ambulatory care sensitive conditions | HES / ONS populations | Annual |
| 2.3.ii | Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | HES / ONS populations | Annual |
| **Outcome: Enhancing quality of life for carers** |
| 2.4 | Health-related quality of life for carers | GPPS | Annual |
| **Outcome: Enhancing quality of life for people with mental illness** |
| 2.5.i | Employment of people with mental illness | LFS | Quarterly |
| 2.5.ii | Health-related quality of life for people with mental illness | To be confirmed | Annual |
| **Outcome: Enhancing quality of life for people with dementia** |
| 2.6.i | Estimated diagnosis rate for people with dementia | QOF / Dementia UK report (2007) / ONS populations (including very elderly) | Annual |
| 2.6.ii | A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life | To be confirmed | To be confirmed |
| **Outcome: Enhancing quality of life for people with multiple long-term conditions** |
| 2.7 | Health-related quality of life for people with three or more long-term conditions | GPPS | Annual |

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| **Indicator number** | **Indicator** | **Data source** | **Frequency of publication** |
| **Domain 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 | HES / ONS populations | Annual |
| 3b | Emergency re-admissions within 30 days of discharge from hospital | HES / ONS populations | Annual |
| **Outcome: Improving outcomes from planned treatments** |
| 3.1.i | Total health gain as assessed by patients for elective procedures - Physical health-related procedures | PROMs | Annual |
| 3.1.ii | Total health gain as assessed by patients for elective procedures - Psychological therapies | IAPT | Annual |
| 3.1.iii | Recovery in quality of life for patients with mental illness | To be confirmed | To be confirmed |
| **Outcome: Preventing lower respiratory tract infections (LRTIs) in children from becoming serious** |
| 3.2 | Emergency admissions for children with lower respiratory tract infections | HES / ONS populations | Annual |
| **Outcome: Improving recovery from injuries and trauma** |
| 3.3 | Survival from major trauma | TARN | Annual |
| **Outcome: Improving recovery from stroke** |
| 3.4 | Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin scale at 6 months | SSNAP | Annual |
| **Outcome: Improving recovery from fragility fractures** |
| 3.5.i | Hip fracture: Proportion of patients recovering to their previous levels of mobility at 30 days | NHFD | Annual |
| 3.5.ii | Hip fracture: Proportion of patients recovering to their previous levels of mobility at 120 days | NHFD | Annual |
| **Outcome: Helping older people to recover their independence after illness or injury** |
| 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 | ASCOF | Annual |
| 3.6.ii | Proportion offered rehabilitation following discharge from acute or community hospital | ASCOF / HES | Annual |
| **Outcome: Improving dental health** |
| 3.7.i | Decaying teeth | To be confirmed | To be confirmed |
| 3.7.ii | Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under | HES | Annual |

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| **Indicator number** | **Indicator** | **Data source** | **Frequency of publication** |
| **Domain 4: Ensuring that people have a positive experience of care** |
| **Overarching Indicators:** |
| 4a.i | Patient experience of primary care - GP services | GPPS | Annual |
| 4a.ii | Patient experience of primary care - GP out-of-hours services | GPPS | Annual |
| 4a.iii | Patient experience of primary care - NHS dental services | GPPS | Annual |
| 4b | Patient experience of hospital care | Inpatient survey (CQC) | Annual |
| 4c | Friends and Family Test | F&F survey | To be confirmed |
| 4d.i | Patient experience characterised as poor or worse - primary care | GPPS | Annual |
| 4d.ii | Patient experience characterised as poor or worse - hospital care | Inpatient survey (CQC) | Annual |
| **Outcome: Improving people’s experience of outpatient care** |
| 4.1 | Patient experience of outpatient services | Outpatient survey (CQC) | Irregular |
| **Outcome: Improving hospitals’ responsiveness to personal needs** |
| 4.2 | Responsiveness to inpatients’ personal needs | Inpatient survey (CQC) | Annual |
| **Outcome: Improving people’s experience of accident and emergency services** |
| 4.3 | Patient experience of A&E services | A&E survey (CQC) | Irregular |
| **Outcome: Improving access to primary care services** |
| 4.4.i | Access to GP services | GPPS | Annual |
| 4.4.ii | Access to NHS dental services | GPPS | Annual |
| **Outcome: Improving women and their families’ experience of maternity services** |
| 4.5 | Women’s experience of maternity services | Maternity survey (CQC) | Irregular |
| **Outcome: Improving the experience of care for people at the end of their lives** |
| 4.6 | Bereaved carers' views on the quality of care in the last 3 months of life | VOICES survey | Annual |
| **Outcome: Improving the experience of healthcare for people with mental illness** |
| 4.7 | Patient experience of community mental health services | Community Mental Health survey (CQC) | Annual |
| **Outcome: Improving children and young people’s experience of healthcare** |
| 4.8 | Improving children and young people’s experience of inpatient services | To be confirmed | To be confirmed |
| **Outcome: Improving people’s experience of integrated care** |
| 4.9 | Improving people’s experience of integrated care | To be confirmed | To be confirmed |

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| **Indicator number** | **Indicator** | **Data source** | **Frequency of publication** |
| **Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm** |
| **Overarching Indicators:** |
| 5a | Deaths attributable to problems in healthcare | To be confirmed | To be confirmed |
| 5b | Severe harm attributable to problems in healthcare | To be confirmed | To be confirmed |
| **Outcome: Reducing the incidence of avoidable harm** |
| 5.1 | Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital | HES-ONS / HES | Annual |
| 5.2.i | Incidents of healthcare associated infection (HCAI) - MRSA | PHE | Annual |
| 5.2.ii | Incidents of healthcare associated infection (HCAI) - *C. difficile* | PHE | Annual |
| 5.3 | Proportion of patients with category 2, 3 and 4 pressure ulcers | To be confirmed | To be confirmed |
| 5.4 | Hip fractures from falls during hospital care | NHFD | Annual |
| **Outcome: Improving the safety of maternity services** |
| 5.5 | Admission of full-term babies to neonatal care | NNRD / ONS populations | Annual |
| **Outcome: Improving the culture of safety reporting** |
| 5.6 | Patient safety incidents reported | NRLS / ONS populations | Biannual |

Source:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current>

1. <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework> [↑](#footnote-ref-2)