Delivering the Forward View: the CCG Improvement and Assessment Framework

Introduction

1. NHS England is introducing a new Improvement and Assessment Framework for CCGs from 2016/17 onwards, to replace both the existing CCG Assurance Framework and separate CCG performance dashboard.

2. This brief document explains what we are trying to achieve, our design principles, and the operating style we intend to adopt in practice. Annex 2 lists the intended metrics.

3. These plans have been developed with input from national organisations including NHS Clinical Commissioners, and through webinars with CCG leaders. Suggested improvements should be sent by Friday 26 February 2016 to england.ccgaf@nhs.net. The 2016/17 framework will be published by the end of March.

4. NHS England has a statutory duty to conduct an annual assessment of every CCG. Since initial authorisation in April 2013, CCGs have been assessed twice, for the period 2013/14 and also for 2014/15.

5. In the Government’s Mandate to NHS England, a new CCG assessment framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. The relevant Mandate text is at Annex 1. The Government states that a new “Ofsted-style” assessment categorization will apply from 2016/17, including an initial assessment for each of six clinical priorities published by June 2016.

6. Under the arrangements described in the CCG Assurance Framework for 2015/16, NHS England will undertake an overall assessment of each CCG by June 2016 using the categorisation of outstanding, good, requires improvement, or inadequate.

Embedding the triple aim

7. The Five Year Forward View, NHS Planning Guidance, and the forthcoming Sustainability and Transformation Plans required for each area, are all driven by the pursuit of the “triple aim”: (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients, through care redesign; and
(iii) better value for taxpayers in a financially sustainable system. The existing CCG assurance framework inadequately matches up to the breadth of our mission.

8. NHS Clinical Commissioners has rightly called for the new framework better to reflect what matters to local communities: the holistic approach many CCGs have already been developing in their local areas to prevent ill health, empower their patients and communities, and integrate services.\(^1\)

9. The December 2015 Planning Guidance laid out what the NHS needs to accomplish between now and 2020/21 to implement the Forward View, achieve financial balance and deliver core standards for patients. Everything NHS England now does needs to be aligned with our stated objectives and priorities, including the way we assess and manage our day-to-day relationships with CCGs.

10. The new CCG Improvement and Assessment Framework has been designed to fit with the forthcoming Sustainability and Transformation Plans. It supplies metrics for adoption in those plans as markers of success. In turn those Plans will provide vision and local actions that will populate and enrich the local use of the CCG Improvement and Assessment Framework.

11. The NHS can only deliver the Forward View through place-based partnerships spanning across NHS commissioners, local government, providers, patients, communities, the voluntary and independent sectors. To ask CCGs to focus solely on what resides exclusively within their own organizational locus would miss out what many are doing, and artificially limit their influence and relevance as local system leaders. In both the CCG Improvement and Assessment Framework, and Sustainability and Transformation Plans, we give primacy to tasks-in-common over formal organizational boundaries.

A single simpler framework

12. The King’s Fund report for the Department of Health on Measuring the Performance of Local Health Systems\(^2\) catalogued the confusing and complex multitude of existing performance-related frameworks. The new CCG Improvement and Assessment Framework is intended to bring clarity, simplicity and balance to the conversation between NHS England and CCGs about what both sides think matters. It draws together in one place NHS Constitution and other core performance and finance metrics, outcome goals, and

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1\(^1\) Local solutions to national challenges: Delivering our commitment to patients. NHS Clinical Commissioners, October 2015.
2\(^2\) Kings Fund, October 2015.
transformational challenges. In combination these provide a more accurate account of the real job description of CCGs.

13. At the same time, NHS England deliberately does not aspire to the framework being fully comprehensive. All organisations have finite capacity for change, and an excessive number of metrics would inevitably dilute the impact of the framework. Our initial array of indicators is simply intended to provide a reasonable degree of balance in illuminating the future agenda. It does not mean that CCGs and NHS England will then discard all supplementary indicators as irrelevant; on the contrary, performance against the high level indicators is likely to stimulate CCG interest in gaining additional insight into what is really going on.

The Improvement and Assessment Framework as a dynamic tool

14. The metrics will not be set in stone. We want and expect to retire those indicators where CCGs will, in future, have made the greatest strides; and to add in new metrics, so that the framework continually focuses on what are the greatest emerging and actionable opportunities facing the NHS in future years. NHS England’s ambition is for the 2020/21 framework to look noticeably different from that used in 2016/17.

A new focus on improvement, including but not limited to assurance

15. The change in language from Assurance to a CCG Improvement and Assessment Framework better reflects the direct responsibility and accountability of NHS England, as a partner to CCGs, in delivering the triple aim. Assurance remains essential but is just one facet of the bigger improvement task. Our regions and commissioning operations will increasingly be responsible for supporting and catalyzing local system transformation through the Sustainability and Transformation Planning process. Alongside these, NHS England’s national programmes will help set out what good looks like, stimulate ambition, co-create replicable methods for care redesign, and provide insight and challenge – whether for example on cancer, learning disabilities, personalization and choice, new care models, or Rightcare.

Four domains

16. For these reasons, we have constructed the new framework to cover indicators located in four areas:
   - Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;
• Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;
• Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;
• Leadership: this domain assesses the quality of the CCG’s leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity for example in managing conflicts of interest.

Clinical priorities

17. The Forward View and the planning guidance set out national ambitions for transformation in a number of vital clinical priorities such as mental health, dementia, learning disabilities, cancer, maternity and diabetes. To reinforce our collective efforts in these areas, NHS England is committed in the Government’s Mandate to creating a separate clear rating for each of these six clinical areas, on the four point scale.

18. These assessments will be overseen by independent groups. Chairs of all save the maternity group have now been appointed:
  • Mental health – Paul Farmer, Chief Executive of MIND;
  • Dementia – Jeremy Hughes, Chief Executive of the Alzheimer’s Society;
  • Learning disabilities – Rob Webster, Chief Executive of the NHS Confederation and Gavin Harding, Learning Disability Advisor, NHS England (acting as co-chairs);
  • Cancer – Sir Harpal Kumar, Chief Executive of Cancer Research UK;
  • Diabetes – Chris Askew, Chief Executive of Diabetes UK.

19. Given that CCG assessment is an integral facet of service transformation, these groups are likely to take the form of a bespoke meeting of each of the relevant national programme board, rather than a separate structure. A first assessment for each of these six areas will be published as soon as possible, derived solely from the metrics in the new framework looking at current baseline performance. This initial assessment is our “beta” release, and will offer a useful starting point. Come the annual assessment for each of these six clinical areas for 2016/17, to be published in June 2017, we will be able to benefit from additional understanding gained through seeing the quality of the local Sustainability and Transformation Plans, known progress against plans, and relevant supplementary data.
Getting most value from the framework

20. The new framework is intended as a focal point for joint work, support and dialogue between NHS England’s local teams and CCGs. A critical factor in the success of the new framework will be the quality of the relationships between the NHS England local teams and CCGs. We are in it together - with joint responsibility for helping each other transform and sustain the NHS. The purpose of engendering mutual assistance and taking timely action where needed, should be more valuable than the formal act of annual assessment.

21. Our aim is to ensure that data will be available at least quarterly for nearly all of these metrics, to enable local staff and communities, and NHS England’s local and national teams, to see, in-year, what is working well and what is off-track. NHS England’s national and regional teams will work together to ensure that the breadth of the framework is discussed with all CCGs during the year, through a rolling programme of local conversations drawing on expertise and insight from the national programme teams.

Formal annual assessment

22. The formal annual assessment against the 2016/17 framework will be published in summer 2017. Each CCG will receive an annual headline assessment in one of four categories: outstanding, good, requires improvement, inadequate. The assessment will be a judgement, reached by taking in to account the CCG’s performance in each of the indicator areas over the full year. It is unrealistic to expect any CCG to perform well against each and every one of the indicators. To ensure that the framework is being applied consistently, regional and national moderation will take place. NHS England’s Commissioning Committee will oversee the process and sign off the ratings. The Committee will also track progress in-year.

Transparency

23. The existing CCG assessments are not highly visible. To aid transparency for the public, and CCG benchmarking against peers, we will present both the overall ratings and the relative performance on metrics through a range of channels, including publication on myNHS.

Learning

24. NHS England will review and seek to learn what is working well and how the framework and its use can be improved. We will undertake this jointly with CCG colleagues, and through an open and engaging process.
Annex 1
The Government’s Mandate to NHS England for 2016-17

1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.

<table>
<thead>
<tr>
<th>1.1 CCG performance</th>
<th>Overall 2020 goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Consistent improvement in performance of CCGs against new CCG assessment framework.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016-17 deliverables:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• By June, publish results of the CCG assessment framework for 2015-16, which provides CCGs with an aggregated Ofsted style assessment of performance and allows them to benchmark against other CCGs and informs whether NHS England intervention is needed.</td>
</tr>
<tr>
<td>• Ensure new Ofsted-style CCG framework for 2016-17 includes health economy metrics to measure progress on priorities set out in the mandate and the NHS planning guidance including overall Ofsted-style assessment for each of cancer, dementia, maternity, mental health, learning disabilities and diabetes, as well as metrics on efficiency, core performance, technology and prevention.</td>
</tr>
<tr>
<td>• By the end of Q1 of 2016-17, publish the first overall assessment for each of the six clinical areas above.</td>
</tr>
</tbody>
</table>
### Annex 2: List of Proposed Indicators

<table>
<thead>
<tr>
<th>Theme</th>
<th>Area</th>
<th>Ref No</th>
<th>Description</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Health</td>
<td>Smoking</td>
<td>1</td>
<td>Maternal smoking at delivery</td>
<td>Smoking during pregnancy can cause a range of serious health problems</td>
</tr>
<tr>
<td>Child obesity</td>
<td></td>
<td>2</td>
<td>Percentage of children aged 10-11 classified as overweight or obese</td>
<td>Overweight and obese children are more likely to become overweight or obese adults, with consequent health problems</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>3a</td>
<td>The percentage of diabetes patients that have achieved all 3 of the NICE-recommended treatment targets</td>
<td>Appropriate management of diabetes reduces the risk of patients developing complications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3b</td>
<td>Newly diagnosed diabetes patients referred to or attending a structured education course</td>
<td>Understanding and self-management of diabetes reduces the development of complications</td>
</tr>
<tr>
<td>Falls</td>
<td></td>
<td>4</td>
<td>Injuries from falls in people aged 65 and over</td>
<td>Falls are the largest cause of emergency hospital admissions amongst older people and have a significant impact on their long term health</td>
</tr>
<tr>
<td>Personalisation and choice</td>
<td></td>
<td>5a</td>
<td>People offered choice of provider and team when referred for a first elective appointment (with supporting measure of % of referrals made by e-referral)</td>
<td>The NHS is committed to giving patients choice and control</td>
</tr>
<tr>
<td>5b</td>
<td>Personal health budgets</td>
<td>Provision of personal health budgets for certain patients is a key objective of the NHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Percentage of deaths which take place in hospital</td>
<td>Where the percentage is high, to question whether this is in line with people's choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5d</td>
<td>People with a long-term condition feeling supported to manage their condition</td>
<td>Supporting patients with long term conditions to manage their own condition reduces demand on the NHS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Health inequalities | 6 | Inequality in avoidable emergency admissions | Inequalities should be reduced for the benefit of patients and for CCGs to meet legal duties |

| Anti-microbial resistance | 7a | Antibiotic prescribing rate | Reducing inappropriate use of antibiotics will reduce anti-microbial resistance and support delivery of better health outcomes |
| 7b | Use of broad spectrum antibiotics | |

| Better Care | Care ratings | 8 | Use of good or outstanding providers | Providing high quality care for all is a fundamental principle of health and care services |

<p>| Cancer | 9a | Cancers (all) diagnosed at stage 1 and 2 (with supporting measure of % of cancers with staging data) | Diagnosis at an early stage dramatically improves survival chances |
| 9b | People with urgent GP referral having first definitive treatment for cancer within 62 days of referral | Shorter waiting times improve patient experience and can lead to better outcomes |</p>
<table>
<thead>
<tr>
<th></th>
<th>One year survival from all cancers</th>
<th>Improving cancer survival is a key plank of improving cancer outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9c</td>
<td>Cancer patient experience</td>
<td>Key component of the strategy to achieve world-class cancer outcomes</td>
</tr>
</tbody>
</table>

**Mental Health**

<table>
<thead>
<tr>
<th>10a</th>
<th>Psychological Therapies recovery rate</th>
<th>Improving outcomes from psychological therapy is a key part of improving treatment of people with depression or anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b</td>
<td>People with first episode of psychosis treated within 2 weeks of referral</td>
<td>Receiving the right treatment promptly results in improved outcomes</td>
</tr>
<tr>
<td>10c</td>
<td>Transformation of Mental Health services for children and young people</td>
<td>System-wide transformation is needed to ensure sustainable and high quality mental health services are provided for children and young people</td>
</tr>
<tr>
<td>10d</td>
<td>Implementation of Mental Health crisis care and liaison psychiatry services</td>
<td>Implementation of services will improve care for people in crisis</td>
</tr>
<tr>
<td>10e</td>
<td>Out of area placements for acute mental health inpatient care</td>
<td>Out of area placements for acute mental healthcare result in poor care for patients, disrupt relationships with families and carers and lead to slower recovery</td>
</tr>
</tbody>
</table>

**Learning disability**

<p>| 11a | Reliance on specialist inpatient care for people with learning disability and/or autism | High numbers of people having inpatient care can indicate services being delivered poorly |</p>
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Improvement Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
<td>Proportion of people with a learning disability on the GP register receiving an annual health check</td>
<td>Annual health checks are an important tool to help improve health and reduce premature death in people with a learning disability</td>
</tr>
<tr>
<td>Maternity</td>
<td>12a</td>
<td>Neonatal mortality and stillbirths</td>
</tr>
<tr>
<td></td>
<td>12b</td>
<td>Women’s experience of maternity services</td>
</tr>
<tr>
<td></td>
<td>12c</td>
<td>Women offered choice in maternity services</td>
</tr>
<tr>
<td>Dementia</td>
<td>13a</td>
<td>Estimated diagnosis rate for people with dementia</td>
</tr>
<tr>
<td></td>
<td>13b</td>
<td>Care-planning/ post diagnostic support for people with dementia</td>
</tr>
<tr>
<td>Urgent and emergency care</td>
<td>14a</td>
<td>Achievement of milestones in the delivery of an integrated urgent care service</td>
</tr>
<tr>
<td></td>
<td>14b</td>
<td>Urgent care admissions</td>
</tr>
<tr>
<td></td>
<td>14c</td>
<td>Percentage of patients who spend 4 hours or less in A&amp;E</td>
</tr>
<tr>
<td></td>
<td>14d</td>
<td>Ambulance waits</td>
</tr>
<tr>
<td>14e</td>
<td>Delayed transfers of care</td>
<td>Minimising delayed transfers of care and enabling people to live independently are key outcomes of social care.</td>
</tr>
<tr>
<td>14f</td>
<td>Population use of hospital beds following emergency admission</td>
<td>May indicate poor operation of primary and community services</td>
</tr>
</tbody>
</table>

| Primary medical care | 15a | Emergency admissions for patients with chronic conditions | Improving the health status for people with chronic ambulatory care sensitive conditions |
| Primary medical care | 15b | Patient experience of GP services | Improving patient experience of primary care |
| Primary medical care | 15c | Primary care access | Improved access to timely, quality services |
| Primary medical care | 15d | Primary care workforce | Improved access to timely, quality services |

| Elective access | 16 | Patients waiting 18 weeks or less from referral to hospital treatment | Patients should be seen promptly, in accordance with the NHS Constitution standard |

| 7 day services | 17 | Achievement of clinical standards in the delivery of 7 day services | Reducing risk to patients admitted at weekends |

| Sustainability | CCG in Financial balance | 18 | Financial sustainability rating | CCGs need to maintain a stable financial position to deliver their other objectives |

<p>| Allocative efficiency | 19 | Expenditure and outcomes in areas with identified scope for improvement | CCGs should reduce expenditure or improve outcomes where the opportunity to do so has been identified |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing health care</td>
<td>20</td>
<td>People eligible for standard NHS continuing healthcare</td>
<td>To be assured of consistent application of the National Framework for NHS Continuing Healthcare</td>
</tr>
<tr>
<td>New models of care</td>
<td>21</td>
<td>New models of care</td>
<td>New models of care will need to be developed to deliver the ambitions set out in the Five Year Forward View</td>
</tr>
<tr>
<td>Paper-free at the point of care</td>
<td>22a</td>
<td>Plan in place for delivery of digital services</td>
<td>To improve service efficiency and effectiveness</td>
</tr>
<tr>
<td></td>
<td>22b</td>
<td>Digital interactions between primary and secondary care</td>
<td>To improve service efficiency and effectiveness</td>
</tr>
<tr>
<td>Estates strategy</td>
<td>23</td>
<td>Local strategic estates plan in place</td>
<td>Efficiency of use of buildings and other estate</td>
</tr>
<tr>
<td>Well-led</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustainability and transformation plan</td>
<td>24</td>
<td>Agreement and delivery of sustainability and transformation plan</td>
<td>Sustainability and transformation plans will provide key detail about the ways in which CCGs will work towards delivering the transformation challenges set out in the Five Year Forward View</td>
</tr>
<tr>
<td>Probity and corporate governance</td>
<td>25</td>
<td>Management of conflicts of interest</td>
<td>CCGs need to manage such conflicts in an appropriate manner and demonstrate accountability to the public</td>
</tr>
<tr>
<td>Workforce engagement</td>
<td>26a</td>
<td>Staff engagement index</td>
<td>Staff engagement and race equality are key to delivering high quality services</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>26b</td>
<td>Progress against workforce race equality standard</td>
<td>CCGs have a legal duty to avoid harassment, discrimination and lack of equal opportunities</td>
<td></td>
</tr>
<tr>
<td>CCGs’ local relationships</td>
<td>27</td>
<td>Effectiveness of working relationships in the local system</td>
<td>CCGs need effective local relationships to be good local system leaders</td>
</tr>
<tr>
<td>Quality of leadership</td>
<td>28</td>
<td>Quality of CCG leadership</td>
<td>Effective CCGs need good leadership</td>
</tr>
</tbody>
</table>

The pages below give brief further details on each indicator in turn, in the order listed in the table above.
1. Maternal Smoking at Delivery

Area: Better Health - Smoking

Data source: HCSIC smoking status at time of delivery collection
http://www.hscic.gov.uk/datacollections/ssatod
Denominator: The number of maternities
Numerator: The number of women who were known to be smokers at the time of delivery
Frequency: Quarterly

2. Percentage of children aged 10-11 classified as overweight or obese

Area: Better Health – Child obesity

Data source: HSCIC National Child Measurement Programme
http://www.hscic.gov.uk/catalogue/PUB19109
Denominator: Children in school year 6
Numerator: Children in school year 6 classified as overweight or obese
Frequency: Annual

3a. The percentage of diabetes patients that have achieved all 3 of the NICE-recommended treatment targets

Area: Better health – diabetes

Data source: HSCIC National Diabetes Audit
http://www.hscic.gov.uk/nda
Denominator: Number of registered diabetes patients
Numerator: Number of registered diabetes patients receiving the respective treatment targets
Frequency: Annual

3b. Newly diagnosed diabetes patients referred to or attending a structured education course

Area: Better health - diabetes

Data source: HSCIC National Diabetes Audit
http://www.hscic.gov.uk/nda
Denominator: Number of newly diagnosed registered diabetes patients
Numerator: Of above, number referred to or attending structured education within 12 months of diagnosis
Frequency: Annual

4. Injuries from falls in people aged 65 and over

Area: Better health - falls
Data source: HSCIC Hospital Episode Statistics and ONS population estimates
http://www.hscic.gov.uk/hes
Denominator: Population
Numerator: Emergency admissions for falls injuries (classified by primary diagnosis code) where age at admission is 65 and over
Frequency: Quarterly (being investigated – presently annual)
Additional Information: age-sex standardised

5a. People offered choice of provider and team when referred for a first elective appointment

Area: Better health – personalisation and choice

Data source: HSCIC e-referral service (ERS); NHSE monthly activity returns (MAR)
http://www.hscic.gov.uk/referrals/reports
A composite indicator in development, based on indicators of utilisation and choices
Denominator: Utilisation – number of referrals from MAR, choices – number of referral requests on ERS
Numerator: Utilisation – referrals made through ERS, choices – number added to each referral shortlist in ERS
Frequency: Monthly, subject to investigation

5b. Personal health budgets

Area: Better health – personalisation and choice

Data source: To be agreed, building on existing voluntary collection
Denominator: CCG population
Numerator: Number of health budgets offered
Frequency: Proposed quarterly

5c. Percentage of deaths which take place in hospital

Area: Better health – personalisation and choice

Data source: ONS
Denominator: Number of people who die
Numerator: Number of people who die in hospital
Frequency: Quarterly

5d. People with a long-term condition feeling supported to manage their condition

Area: Better health – personalisation and choice

Data source: GP patient survey
6. Inequality in avoidable emergency admissions

**Area:** Better health – health inequalities

**Data source:** HSCIC indicator portal
http://www.hscic.gov.uk/indicatorportal

**Denominator:** In development - composite of existing indicators to produce gap in rate of avoidable admissions between most and least deprived areas.

**Numerator:** see above

**Frequency:** Proposed quarterly on a rolling 12 month basis

7a. Antibiotic prescribing rate

**Area:** Better health – anti-microbial resistance

**Data source:** NHS Business Services Authority
http://www.nhsbsa.nhs.uk/4990.aspx

**Denominator:** Total number of Oral antibacterials (BNF 5.1 sub-set) ITEM based STAR-PUs

**Numerator:** Number of prescription items for antibacterial drugs (BNF 5.1) in primary care within the CCG

**Frequency:** Quarterly

7b. Use of broad spectrum antibiotics

**Area:** Better health – anti-microbial resistance

**Data source:** NHS Business Services Authority
http://www.nhsbsa.nhs.uk/4990.aspx

**Denominator:** Number of prescription items for BNF 5.1.1.3 (sub-section co-amoxiclav), BNF 5.1.2.1 (cephalosporins) and BNF 5.1.12 (quinolones) within the CCG

**Numerator:** Number of antibiotic prescription items for BNF 5.1.1; 5.1.2.1; 5.1.3; 5.1.5; 5.1.8; 5.1.11; 5.1.12; 5.1.13 prescribed within the CCG

**Frequency:** Quarterly

8. Use of good or outstanding providers

**Area:** Better care – care ratings

**Data source:** Care Quality Commission (CQC) ratings
http://www.cqc.org.uk/content/ratings

**Denominator:** Number of CQC rated providers mapped to CCG populations
Numerator: Number of providers rated by CQC as good or outstanding mapped to CCG populations  
**Frequency:** In development - proposed quarterly

9a. **Cancers (all) diagnosed at stage 1 and 2**  
**Area:** Better care - cancer  
**Data source:** Cancer Analysis System, National Cancer Registry, Public Health England  
http://www.ncin.org.uk/about_ncin/audiences/analysts  
**Denominator:** All new cases of cancer diagnosed at any stage, or unknown stage  
**Numerator:** Cases of cancer diagnosed at stages 1 and 2  
**Frequency:** Quarterly (rolling annual)

9b. **People with urgent GP referral having first definitive treatment for cancer within 62 days of referral**  
**Area:** Better care - cancer  
**Data source:** NHS England Statistics  
**Denominator:** Number of people with an urgent GP referral for suspected cancer who were treated in the reporting period  
**Numerator:** Number of people with an urgent GP referral for suspected cancer who received first treatment for cancer within 62 days in the reporting period  
**Frequency:** Monthly

9c. **One year survival from all cancers**  
**Area:** Better care - cancer  
**Data source:** ONS Statistical Bulletin “A Cancer Survival Index for CCGs”.  
**Denominator:** n/a. Analysis of net survival of cohorts of people.  
**Numerator:**  
**Frequency:** Annual

9d. **Cancer patient experience**  
**Area:** Better care - cancer  
**Data source:** NHS England National Cancer Patient Experience Survey  
https://www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey  
**Denominator:** Survey respondents  
**Numerator:** Based on response to question on how they would rate their overall care  
**Frequency:** Annual
10a. Psychological therapies recovery rate

**Area:** Better care – mental health

**Data source:** HSCIC Improving Access to Psychological Therapies data
http://www.hscic.gov.uk/iapt

**Denominator:** People initially assessed as “at caseness” who finished treatment within the reporting quarter, having attended at least two treatment contacts and coded as discharged

**Numerator:** Of above, those assessed as moving to recovery

**Frequency:** Monthly

10b. People with first episode of psychosis treated within 2 weeks of referral

**Area:** Better care – mental health

**Data source:** Initially NHS England UNIFY, subsequently HSCIC MH services dataset

**Denominator:** People referred to service experiencing first episode psychosis or at “risk mental state” that start NICE-recommended care package in the reporting period

**Numerator:** of above, where the care package starts within 2 weeks of referral

**Frequency:** Monthly

10c. Transformation of Mental Health services for children and young people

**Area:** Better care – mental health

**Data source:** In development through NHS England UNIFY and other collections

**Denominator:** n/a. Indicator will be based on milestones achieved in transformation of children and young people’s mental health.

**Numerator:**

**Frequency:** Quarterly

10d. Implementation of Mental Health crisis care and liaison psychiatry services

**Area:** Better care – mental health

**Data source:** In development through NHS England UNIFY and other collections

**Denominator:** n/a. Indicator will be based on milestones achieved in transformation of crisis care and liaison psychiatry services.

**Numerator:**

**Frequency:** Quarterly

10e. Out of area placements for acute mental health inpatient care

**Area:** Better care – mental health
Data source: In development through NHS England UNIFY and other collections
Denominator: n/a. Indicator will be based on milestones achieved in transforming services to reduce out of area treatments.
Numerator:
Frequency: Quarterly

11a. Reliance on specialist inpatient care for people with learning disability and/or autism

Area: Better care – learning disability

Data source: HSCIC assuring transformation collection, plus GP registered population
Denominator: GP registered population of CCGs in the Transforming care Partnership
Numerator: Number of inpatients for each CCG in the Transforming care Partnership, based on CCG of origin
Frequency: Monthly

11b. Proportion of people with a learning disability on the GP register receiving an annual health check

Area: Better care – learning disability

Data source: Presently published at http://www.improvinghealthandlives.org.uk/, subsequently via HSCIC GPES and QOF
Denominator: Number of people on GPs’ learning disability registers
Numerator: Of these, those that have received an annual health check
Frequency: Annual (quarterly under investigation)

12a. Neonatal mortality and stillbirths

Area: Better care - maternity

Data source: Mortality statistics childhood, infant and perinatal - ONS
Denominator: Number of live births and stillbirths
Numerator: Number of stillbirths and deaths under 28 days
Frequency: Annual

12b. Women’s experience of maternity services

Area: Better care - maternity

Data source: CQC National Maternity Services Survey
http://www.cqc.org.uk/content/maternity-services-survey-2015
Denominator: n/a. Indicator is a composite score from 6 survey questions covering experience across whole maternity pathway
Numerator:
**12c. Women offered choice in maternity services**

**Area:** Better care - maternity

**Data source:** CQC National Maternity Services Survey  
http://www.cqc.org.uk/content/maternity-services-survey-2015

**Denominator:** n/a. Indicator is a composite score from 6 survey questions on experience of choice across the whole maternity pathway  
**Numerator:**  
**Frequency:** Every 3 years (annual being investigated)

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**13a. Estimated diagnosis rate for people with dementia**

**Area:** Better care - dementia

**Data source:** HSCIC QOF dementia registers publication  
Most recent issue http://www.hscic.gov.uk/article/2021/Website-Search?productid=19588&q=dementia+diagnosis&sort=Relevance&size=10&page=1&area=both#top

**Denominator:** Prevalence rates from CFAS II study and ONS population figures  
**Numerator:** People on the dementia register  
**Frequency:** Monthly

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**13b. Care planning / post-diagnostic support for people with dementia**

**Area:** Better care - dementia

**Data source:** TBC

**Denominator:** TBC  
**Numerator:** TBC  
**Frequency:** TBC

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**14a. Achievement of milestones in the delivery of an integrated urgent care service**

**Area:** Better care – urgent and emergency care

**Data source:** via NHS England regional mechanisms  
**Denominator:** n/a. Indicator is the stage reached in implementing such a service  
**Numerator:**  
**Frequency:** In development – proposed quarterly

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**14b Urgent care admissions**

**Area:** Better care – urgent and emergency care

**Data source:** Hospital Episode Statistics  
**Denominator:** Registered population  
**Numerator:** Unplanned admissions for urgent care sensitive conditions
**14c. Percentage of patients who spend 4 hours or less in A&E**

**Area: Better care – urgent and emergency care**

**Data source:** A&E attendances and emergency admissions collection (MSitAE via UNIFY2)


**Denominator:** Total number of A&E attendances

**Numerator:** Total number of A&E attendances less total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge

**Frequency:** Monthly

**14d. Ambulance waits**

**Area: Better care – urgent and emergency care**

**Data source:** in future via NHS England UNIFY2 system

**Denominator:** Category A Red 1 calls received by ambulance trusts

**Numerator:** of above, those receiving ambulance response within 8 minutes

**Frequency:** CCG level indicator in development - proposed monthly

**14e. Delayed transfers of care**

**Area: Better care – urgent and emergency care**

**Data source:** NHS England delayed transfers of care monthly collection via UNIFY2

**Denominator:** in development at CCG level – considering methodology in use in Adult Social Care Outcome Framework, and Better Care Fund.

**Numerator:**

**Frequency:** Proposed monthly

**14f. Population use of hospital beds following emergency admission**

**Area: Better care – urgent and emergency care**

**Data source:** HSCIC HES, and adjusted population data

http://www.hscic.gov.uk/hes

**Denominator:** Age, sex and needs adjusted population (indicator in development)

**Numerator:** Beddays from hospital episodes finishing in the quarter where the patient is admitted from a source coded as an emergency (but not maternity or mental health).

**Frequency:** Monthly
15a. Emergency admissions for patients with chronic conditions

Area: Better care – primary medical care

Data source: TBC
Denominator: TBC
Numerator: TBC
Frequency: TBC

15b. Patient experience of GP services

Area: Better care – primary medical care

Data source: GP Patient Survey
Denominator: as NHS Outcomes Framework indicator 4a1, but at CCG level
Numerator: as above
Frequency: 6 monthly - proposed

15c. Primary care access [to be completed]

Area: Better care – primary medical care

Data source: TBC
Denominator: TBC
Numerator: TBC
Frequency: TBC

15d. Primary care workforce [to be completed]

Area: Better care – primary medical care

Data source: TBC
Denominator: TBC
Numerator: TBC
Frequency: TBC

16. Patients waiting 18 weeks or less from referral to hospital treatment

Area: Better care – elective access

Data source: NHS England UNIFY2 system
Denominator: Number of incomplete pathways at the end of the reporting period
Numerator: of above, those within 18 weeks
Frequency: Monthly

17. Achievement of clinical standards in the delivery of 7 day services

Area: Better care – 7 day services
23

Data source: NHS Improving Quality Seven Day Service Self-Assessment tool
Denominator: n/a. Indicator is calculated compliance with four 7 day service priority standards
Numerator:
Frequency: 6 monthly

18. Financial sustainability rating

Area: Sustainability – CCG in financial balance

Data source: NHS England planning and outturn financial data
Denominator: n/a. Composite measure, in development
Numerator:
Frequency:

19. Expenditure and outcomes in areas with identified scope for improvement

Area: Sustainability – allocative efficiency

Data source: NHS England - various
Denominator: in development based on reduction in expenditure or improvement in outcomes for a basket of indicators in programmes identified by the Right Care Commissioning Value packs as the CCG’s greatest opportunities for improvement
Numerator:
Frequency: Annual

20. People eligible for standard NHS Continuing Healthcare

Area: Sustainability – continuing health care

Data source: NHS England Continuing Healthcare and NHS-funded Nursing Care Benchmarking Report
Denominator: GP list based population
Numerator: Numbers eligible for standard NHS CHC on the last day of the quarter
Frequency: Quarterly

21. New models of care [to be completed]

Area: Sustainability – new models of care

Data source: TBC
Denominator: TBC
Numerator: TBC
Frequency: TBC

22a. Plan in place for delivery of digital services

Area: Sustainability – paper-free at the point of care

Data source: NHS England planning information
**Denominator:** n/a – yes/no indicator of whether a CCG is a member of a footprint with a Local Digital Roadmap

**Numerator:**

**Frequency:** Annual (possibly one-off)

22b. Digital interactions between primary and secondary care

**Area:** Better care – paper-free at the point of care

Data source: indicator in development based on data on use of Electronic Prescription Service, use of NHS e-Referral system, accessing GP summary information across care settings and sharing care summaries with GPs on discharge.

**Denominator:**

**Numerator:**

**Frequency:**

23. Local strategic estates plan in place

**Area:** Sustainability – estates strategy

Data source: Based on NHS England and NHS Property Services data

**Denominator:** n/a. Indicator is staged assessment of progress

**Numerator:**

**Frequency:** Proposed annual

24. Agreement and delivery of sustainability and transformation plan

**Area:** Well-led – sustainability and transformation plan

Data source: NHS England, CCG assurance process

**Denominator:** n/a. Indicator is assessment of plan

**Numerator:**

**Frequency:** quarterly

25. Management of conflicts of interest

**Area:** Well-led – probity and corporate governance

Data source: NHS England, CCG assurance process

**Denominator:** n/a. Indicator is assessment based on yes/no responses

**Numerator:**

**Frequency:** quarterly

26a. Staff engagement index

**Area:** Well-led – workforce engagement

Data source: NHS Staff Survey

**Denominator:** n/a. Indicator is a weighted score measuring levels of engagement reported by staff, weighting results at providers by CCG spend.

**Numerator:**

**Frequency:** Annual

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**Indicator:** **Progress against workforce race equality standard**

**Area:** Well-led – workforce engagement

**Data source:** NHS Staff Survey


**Denominator:** n/a. Indicator is a difference between BME and White workforce groups, combined across four Workforce Race Equality Standard indicators.

**Numerator:**

**Frequency:** Annual

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**Effectiveness of working relationships in the local system**

**Area:** Well-led – CCGs' local relationships

**Data source:** NHS England – CCG stakeholder 360 survey

**Denominator:** in development based on selected questions responded to by stakeholder groups of the CCG on relationships, improvement in relationships, effectiveness as local system leader

**Numerator:**

**Frequency:** Annual

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**Quality of CCG leadership**

**Area:** Well-led – quality of leadership

**Data source:** NHS England CCG assurance process

**Denominator:** n/a. Indicator in development based on assessment of vision and culture, quality, governance, engagement and involvement and leader recruitment, development and succession planning.

**Numerator:**

**Frequency:** Quarterly