



# NHS Outcomes Framework

Innovation in Outcomes competition

# Contents

Introduction: What is this document about?.....	3
The NHS Outcomes Framework.....	3
Outcomes and indicators .....	3
What is a health outcome? .....	4
Indicators for stroke recovery .....	6
Indicators for children and young people’s experience of healthcare.....	6
What is the process for entering the competition?.....	6
Eligibility criteria .....	6
Sifting process .....	6
Criteria for a good quality indicator.....	7
What is the prize for the winner? .....	8
Annexes .....	9
Annex A - Entry form .....	9
Annex B – The role of the Quality Information Committee .....	14

## Introduction: What is this document about?

This document provides details of a competition we are running to invite people to suggest new, innovative indicators for the NHS Outcomes Framework, both where gaps exist in the current framework and in broader areas for future frameworks.

## The NHS Outcomes Framework

The White Paper of July 2010, *Liberating the NHS*<sup>1</sup> set out a vision of an NHS that achieves health outcomes that are among the best in the world.

The NHS Outcomes Framework<sup>2</sup> was published on 20 December 2010. It sets out the outcomes and corresponding indicators that the Secretary of State will use to hold the NHS Commissioning Board to account for the outcomes it secures through its oversight of the commissioning of health services.

The Outcomes Framework will evolve over the next 18 months or so. In 2011/12 the indicators will be refined and levels of ambition will be set for which the NHS will be held to account for progress against these. The Framework will be used by the Secretary of State from 2012/13 to hold the NHS Commissioning Board to account and for achieving the levels of ambition where they have been set.

## Outcomes and indicators

The NHS Outcomes Framework is split into five domains encompassing the three parts of the definition of quality (effectiveness, patient experience and safety). The five domains are:

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

<sup>1</sup> Available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)  
[www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH\\_122624](http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624)

<sup>2</sup>

The outcomes and indicators in the NHS Outcomes Framework have been selected with a view to capturing the range of activities that the NHS is responsible for delivering. Where appropriate, they are not condition specific, rather seeking to capture those outcomes that an individual with any condition would consider important.

Each domain contains:

- a single or small number of overarching indicator(s) – used to track the progress of the NHS as a whole in delivering outcomes across the breadth of activity covered by the domain;
- a small set of improvement areas where the NHS Commissioning Board will be tasked with delivering better outcomes because the evidence suggests that significant improvement or health gain is possible; and
- a supporting suite of NICE Quality Standards setting out what high quality care looks like for a particular pathway of care.

**Across the five domains there are 10 overarching indicators, 31 improvement areas and 51 indicators in total.**

## What is a health outcome?

Health Outcomes are a change in the health status of an individual, group or population, which is attributable to an intervention from a healthcare provider.

In terms of measuring the three parts of the definition of quality (safety, effectiveness and experience), it is legitimate to look at the structures and processes of care, based on robust evidence. However, in terms of the NHS Outcomes Framework, the emphasis is clearly placed on:

**the outcomes of care** – what actually happens to the health of the patient - the outcome - as a result of the treatment and care they receive?

Health outcome measures are used to measure the success of a system, for example an outcome measure could be the proportion of people recovering their previous level of mobility following a fragility fracture. These are distinct from process measures that do not tell you about the success, but rather measure the performance of a process, such as the number of people receiving rehabilitation following a fragility fracture. For the purposes of the NHS Outcomes Framework, we are looking for good outcome measures rather than process measures to determine whether healthcare interventions have resulted in improved health outcomes for patients. Health outcomes are assessed using health indicators.

## What is the scope of this competition?

We are launching an open competition asking for suggestions of new, innovative indicators that are not currently in use nationally but would provide good measures of health outcomes. We hope that this competition will stimulate novel approaches to measuring and reporting. Particularly, in this economic climate, indicators that can be developed with minimal cost and burden, such as from existing datasets, will be looked upon favourably.

Indicators are sought in the following areas:

### *Filling 'placeholders'*

In the first NHS Outcomes Framework there are a number of placeholders where indicators are pending development or identification. In particular, there were three improvement areas which were identified as areas that matter to people and need to be measured, however, where existing, robust outcome indicators using available data could not be identified, these are:

- improving recovery from stroke;
- improving children's and young people's experience of healthcare ;
- improving recovery from injuries and trauma (not in scope of this competition – see below).

**A placeholder exists for 'Improving recovery from injuries and trauma', however, this is not covered by this competition exercise because a separate programme of work is underway in the DH to develop indicators to measure this outcome.**

### *Broader areas*

In addition, the government's response to the consultation highlighted some broader areas that were deemed important for future iterations of the framework, but were more challenging and not included in the first version because they involved longer timescales. These include:

- improving outcomes for people with learning disabilities (particularly reducing premature death);
- improving the functional ability of children with long-term conditions;
- enhancing the quality of life for children and young people with mental illness;
- enhancing the quality of life for older people with dementia;
- improving patient safety across all care settings, particularly primary and community care.

### *'Open' suggestions*

In addition to suggestions for innovative indicators in all of the areas outlined above, we would also welcome suggestions for any other novel, cross-cutting NHS indicators that you feel captures a significant health care outcome for a large number of patients across more than one care setting. This 'open'

category will be considered for future versions of the NHS Outcomes Framework.

## Indicators for stroke recovery

A good indicator on stroke recovery would be one which provided a valid and discriminating measure that identifies that the proportion of people who have had a stroke who are alive, independent and at home, is as big as it can be. Additionally, this could include identifying the extent to which the goals that stroke patients agree are achieved and maintained.

## Indicators for children and young people's experience of healthcare

An indicator to measure children's perception of the healthcare and support they have received. This should be applicable to the widest possible age range and should as far as possible measure children's own perception rather than that of their parents or carers. It might be designed to discover what aspects of the healthcare experience matter most to children and young people, which may not be the same as for adults. Ideally, it should also measure whether their experience of care has impacted on their ongoing quality of life, positively or negatively.

## What is the process for entering the competition?

### Eligibility criteria

This is an open competition, with entries accepted from anyone who feels they have an interesting contribution to make. This may include:

- NHS providers
- NHS commissioners
- Strategic Health Authorities
- Healthcare bodies
- Quality Observatories
- Royal Colleges and Specialist Associations
- Commercial organisations
- Third sector
- Patient organisations/patients
- Members of the public

It would be helpful if you could declare if you feel you have any conflict of interest with this work, either because of the organisation you work for or previous involvement in similar work.

## Sifting process

The competition will run over a period of twelve weeks. It will officially be launched at the Innovation Expo 2011 on Wednesday 9 March, closing on **Wednesday 1 June**. Entries are only accepted if they are completed on the attached entry form (see Annex A).

All entries received by the closing date of 1 June will be put forward for sifting.

The process will be run as follows:

- *Stage 1 sifting*: The Quality Framework Team in the DH will quality assure all entries to ensure they are complete and address the criteria of a good quality indicator (see below 'Criteria for a good quality indicator').
- *Stage 2 sifting*: A select panel of informed analysts and policy colleagues in the Quality Framework Team will consider *how well* entries address the criteria for a good quality indicator.
- *Stage 3 sifting*: The Quality Information Committee (see Annex B) will consider sifted entries and decide on an overall indicator winner for each placeholder.

## Criteria for a good quality indicator

All entries into the competition for new indicators will be assessed using the following criteria. The Good Indicator Guide: Understanding how to use and choose indicator<sup>3</sup> was consulted to decide on the criteria for a good quality indicator.

1. *Sufficiently covers the domain's high level aim / improvement area rationale* eg if indicator is suggested to fill a placeholder –
  - Domain 3 – Helping people to recover from episodes of ill health or following injury –
    - Improving recovery from stroke
  - Domain 4 – Ensuring that people have a positive experience of care:
    - Improving children and young people's experience of healthcare
2. *Measure of health outcome (not process)* – see above for a definition of a health outcome.
3. *Significantly influenced by healthcare* – there may be a number of factors that could affect performance on the indicator, but healthcare should be the most important factor. The outcomes being measured must be amenable to improvement from healthcare interventions.
4. *Statistically appropriate, fit for purpose* – the data must be relevant ie measure what it is intended to measure, accurate enough for its intended use, responsive to change and statistically valid – eg large enough, robust sample.
5. *Clear definition* - It should be well defined – with a clear, unambiguous and intelligible definition so that data will be collected consistently, with fair comparisons (between organisations, over time and if possible,

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<sup>3</sup> The Good Indicators Guide - APHO & NHS Institute publication, see - <http://www.apho.org.uk/resource/item.aspx?RID=44584>

internationally), and the measure is easy to understand and use. It needs to be pitched right – not too broad or too tight.

6. *Meaningful to the public* - as well as being clear to NHS organisations collecting the data, it must also be understandable/easy to interpret by laypeople.
7. *Clinically credible* – the indicator outcome must be influenced by clinical practice, it must be calculated fairly and accurately from a clinician's point of view.
8. *Timely* – the indicator (including data) would ideally be measurable from April 2012 or shortly afterwards.
9. *Cost effective* - the cost of collecting the data should be considered alongside its usefulness. In this economic climate, re-use of existing datasets will be looked upon favourably.
10. *Verifiable* - How is the measure verified? Include clear documentation behind it so that the processes which produce the measure can be validated. The indicator should allow aggregation and disaggregation of the data so that recalculation can take place. The indicator should be based on robust data collection systems, and should be possible for managers to verify the accuracy of the information and the consistency of the methods used.
11. *Burden* – This indicator should place minimum burden on the NHS and individuals collecting the data for it.

## What is the prize for the winner?

All entrants that reach the eligibility criteria will be invited to a reception hosted by the Secretary of State for Health and the Chair of the NHS Commissioning Board. This will be held in Richmond House in the early summer.

# Annexes

## Annex A - Entry form

This form is based on the key criteria for a good quality indicator listed above. It is intended to guide your thinking about what is required for a new national indicator for the NHS Outcomes Framework. It is not essential that every field is completed and there is no restriction on words, so please feel free to provide us with as much information on the suggested indicator as you deem appropriate.

You are welcome to make more than one suggestion in any area, but please provide a separate entry form for each suggested indicator.

Please direct any queries, and completed forms to:

Email: [dawn.fagence@dh.gsi.gov.uk](mailto:dawn.fagence@dh.gsi.gov.uk) or:

Dawn Fagence  
Quality Framework Team  
Room 6A  
Skipton House  
80 London Road  
London  
SE1 6LH

### Your details:

- Are you responding:
- *on behalf of an organisation?*
  - *as a health or social care professional?*
  - *as a member of the public?*

**NOTE:** For an example of other good quality indicators see [www.ic.nhs.uk/mqi](http://www.ic.nhs.uk/mqi) for the list of 'Indicators for Quality Improvement'.

Title	Mr/Mrs/Miss/Ms/Dr/Professor/other
First name:	
Surname:	
Your organisation (if applicable):	

Your job/role/title (if applicable):

Postal address:

Email address:

Telephone number:

Suggested indicator title:

Which area is this suggested indicator for?

- 'Placeholder' in current framework
- Broader area for future framework
- 'Open' suggestion for future framework

*Description:* Please provide a further explanation/description of the proposed indicator title, typically one or two sentences providing context to the indicator title.

*Rationale:* Give the reasons that the indicator is being suggested, why should it be in the Outcomes Framework? Are there any practical or research evidence to support it's inclusion. What issues would hope to be addressed by the outcome?

*Definition:* Explain how the indicator will be measured and what will be measured, this must be clear and precise with the precise meaning of any specific terms used defined so it is understandable to laypeople as well as the NHS.

*Influenced by healthcare:* How will healthcare affect performance on this indicator?

*Clinical input:* is the indicator outcome likely to be influenced by clinical practice?

*Timescales:* State whether the indicator is likely to be measurable from April 2012, if not, when is it likely to be ready?

*Cost effectiveness:* Outline the cost implications of developing this indicator. Indicators that draw on data from existing sources are looked upon favourably.

*Verifiable* – How will the measure be verified? Will it allow aggregation and disaggregation?

*Burden:* Make a statement about the burden that collecting data for this indicator will place on the NHS.

Where the suggested indicator currently exists in some form, perhaps locally, please provide the following

*Methodology:* detailed explanation of the indicator construction and methodology, statistical methods, techniques and approaches used in construction, tests applied to the indicator, including who applied the tests. If possible include data definitions, numerator definition and denominator definition.

*Source of underlying data:* What is the data set or data system feeding the indicator - are the underlying data items already collected consistently and nationally? For example, does the data come from an originating indicator set, or a specific source of data such as Hospital Episode Statistics. Who produces the indicator? Make a statement on the accuracy of the dataset.

*Status:* The position/status of the indicator, the extent to which it has been developed or completed. For example, in development, in use, approved to an agreed standard, retired, decommissioned etc.

*Additional information:* Any further details about the suggested indicator not already covered elsewhere on this form.

## Annex B – The role of the Quality Information Committee

The Quality Information Committee (QIC) is a subgroup of the National Quality Board<sup>4</sup>, and was established to advise the Department of Health on issues of quality information where national-level action is required such as implementation of the Government's Information Strategy and alignment of quality duties in the light of forthcoming changes to the NHS. This role includes providing oversight to the work going on in quality indicator development and advice to the NHS Information Centre on the implementation of the indicator pipeline<sup>5</sup>."

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[http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/NationalQualityBoard/DH\\_123775](http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/NationalQualityBoard/DH_123775)

<sup>5</sup> <http://www.ic.nhs.uk/services/measuring-for-quality-improvement>