Manchester CCGS

Respiratory

Which CCGs in Manchester - STP share headline opportunity areas?
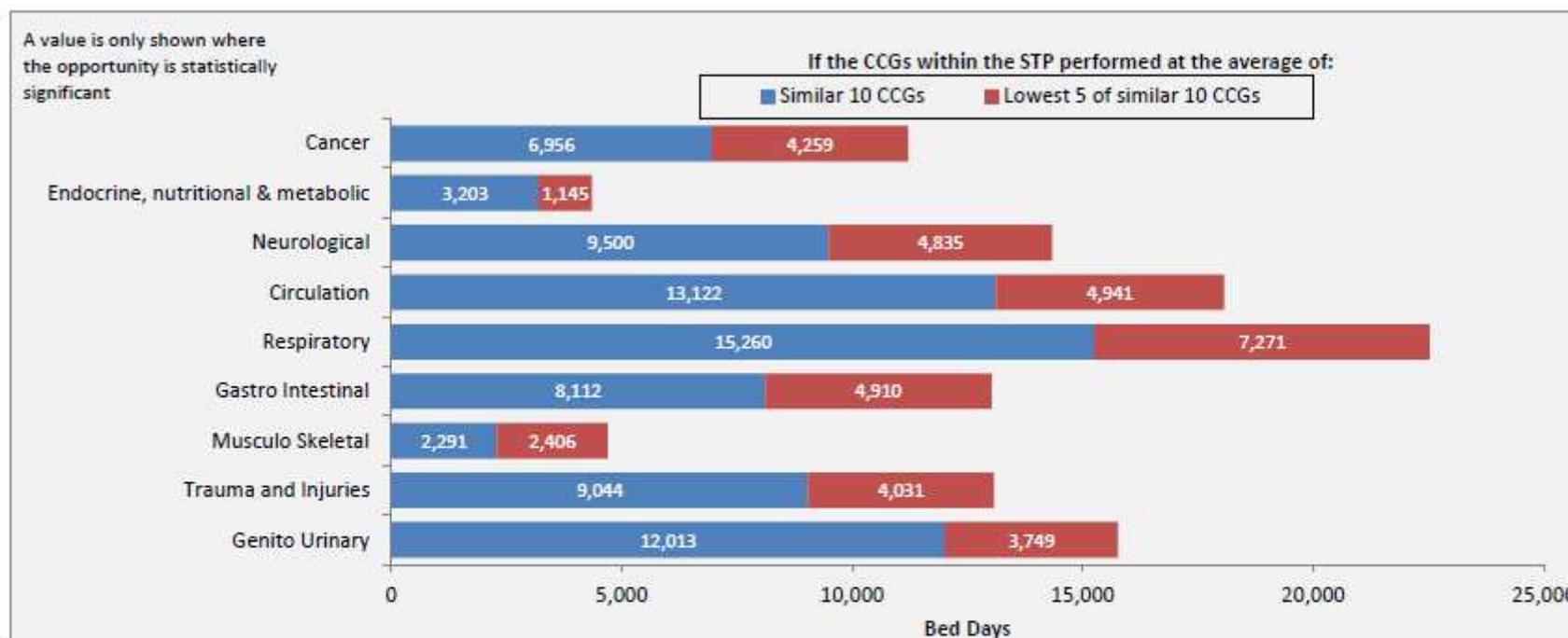
NHS RightCare

Spend & Outcomes

Gastro-intestinal	Central Manchester, North Manchester, South Manchester
Respiratory	Central Manchester, North Manchester, South Manchester
Endocrine	Central Manchester, North Manchester, South Manchester
Neurological	Central Manchester, North Manchester
Circulation	South Manchester

Outcomes

Gastro-intestinal	Central Manchester, North Manchester, South Manchester
Respiratory	Central Manchester, North Manchester, South Manchester
Neurological	Central Manchester, North Manchester
Maternity	North Manchester, South Manchester
Endocrine	Central Manchester, South Manchester

Spend

Respiratory	Central Manchester, North Manchester, South Manchester
Neurological	Central Manchester, North Manchester, South Manchester
Endocrine	Central Manchester, North Manchester, South Manchester
Gastro-intestinal	Central Manchester, North Manchester
Circulation	Central Manchester

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What are the potential lives saved per year?

A value is only shown where the opportunity is statistically significant

If the CCGs within the STP performed at the average of:
- Similar 10 CCGs
- Best 5 of similar 10 CCGs

Category	Similar 10 CCGs	Best 5 of similar 10 CCGs
Cancer	62	62
Neurological		
Circulation	116	51
Respiratory	68	18
Gastro Intestinal	26	26
Trauma and Injuries		41
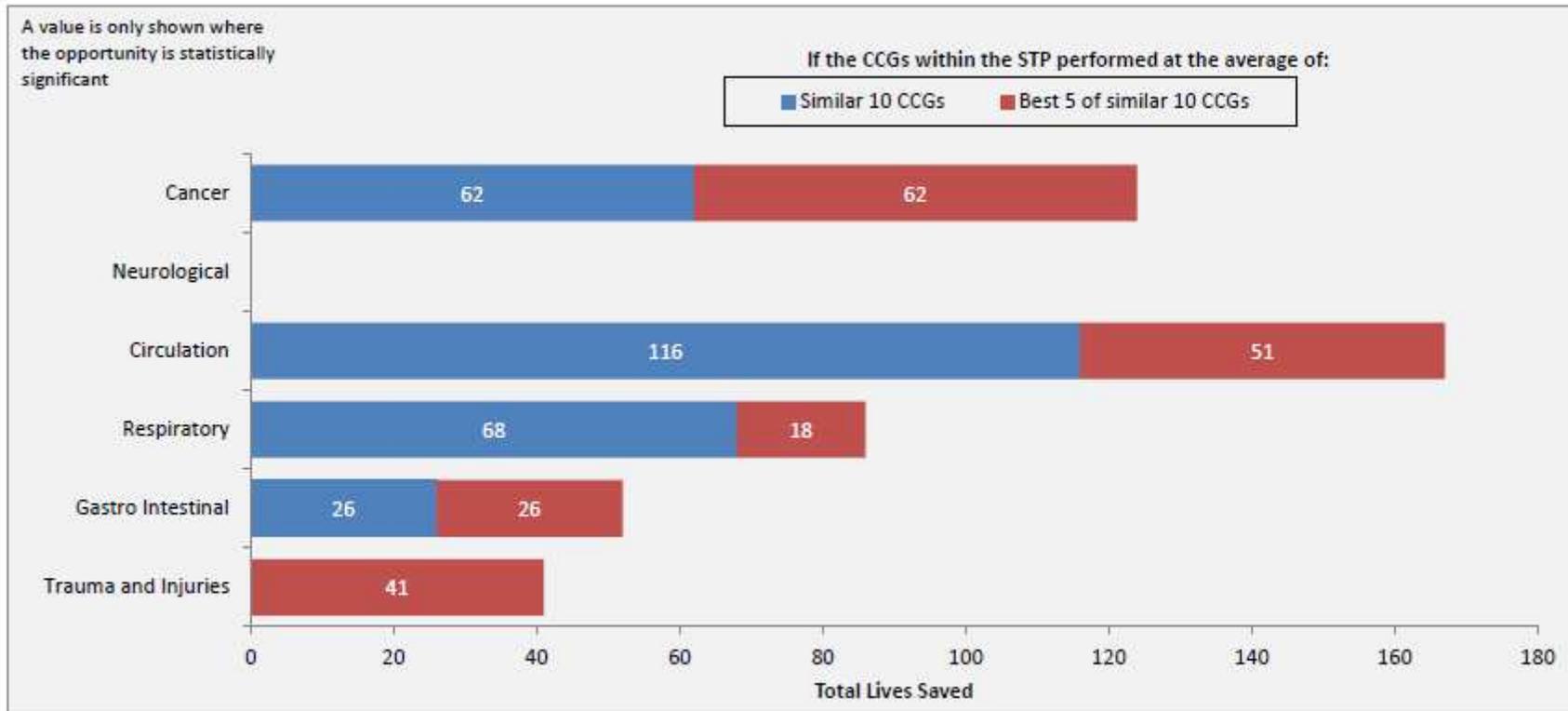
Total Lives Saved

The mortality data presented above uses Primary Care Mortality Database (PCMD) and is from 2012 to 2014. The potential lives saved opportunities are calculated on a yearly basis and are only shown where statistically significant. Lives saved only includes programmes where mortality outcomes have been considered appropria te.

How different are we on bed days?

NHS RightCare

A value is only shown where the opportunity is statistically significant

If the CCGs within the STP performed at the average of:
- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

Condition	Similar 10 CCGs	Lowest 5 of similar 10 CCGs
Cancer	6,956	4,259
Endocrine, nutritional & metabolic	3,203	1,145
Neurological	9,500	4,835
Circulation	13,122	4,941
Respiratory	15,260	7,271
Gastro Intestinal	8,112	4,910
Musculo Skeletal	2,291	2,406
Trauma and Injuries	9,044	4,031
Genito Urinary	12,013	3,749

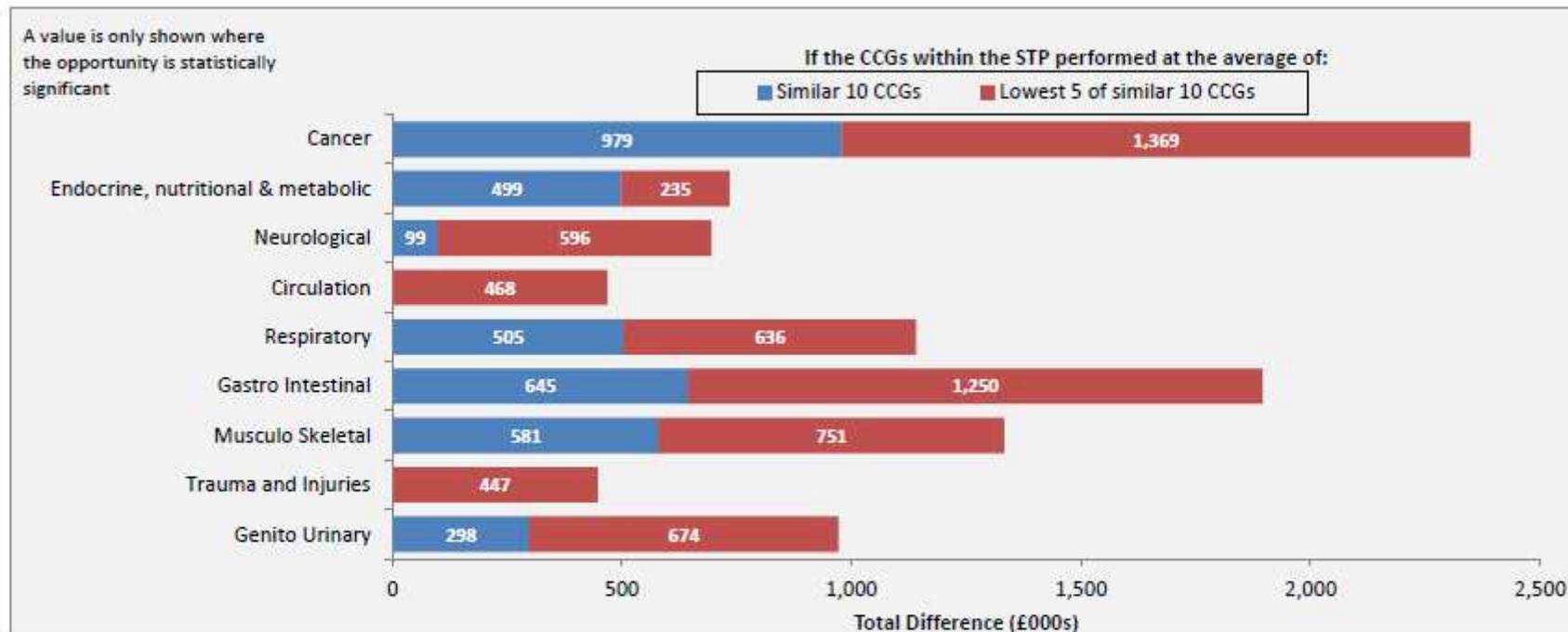Bed Days (axis: 0, 5,000, 10,000, 15,000, 20,000, 25,000)

The bed days data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning activity. These figures are a combination of elective and non-elective admissions.

Length of stay is derived from admission and discharge date. Spells that have the same admission and discharge date (including planned day cases) have a length of stay in SUS as zero. These have been recoded as a length of stay of 1 day in order to capture the impact of these admissions on total bed days for a CCGs.

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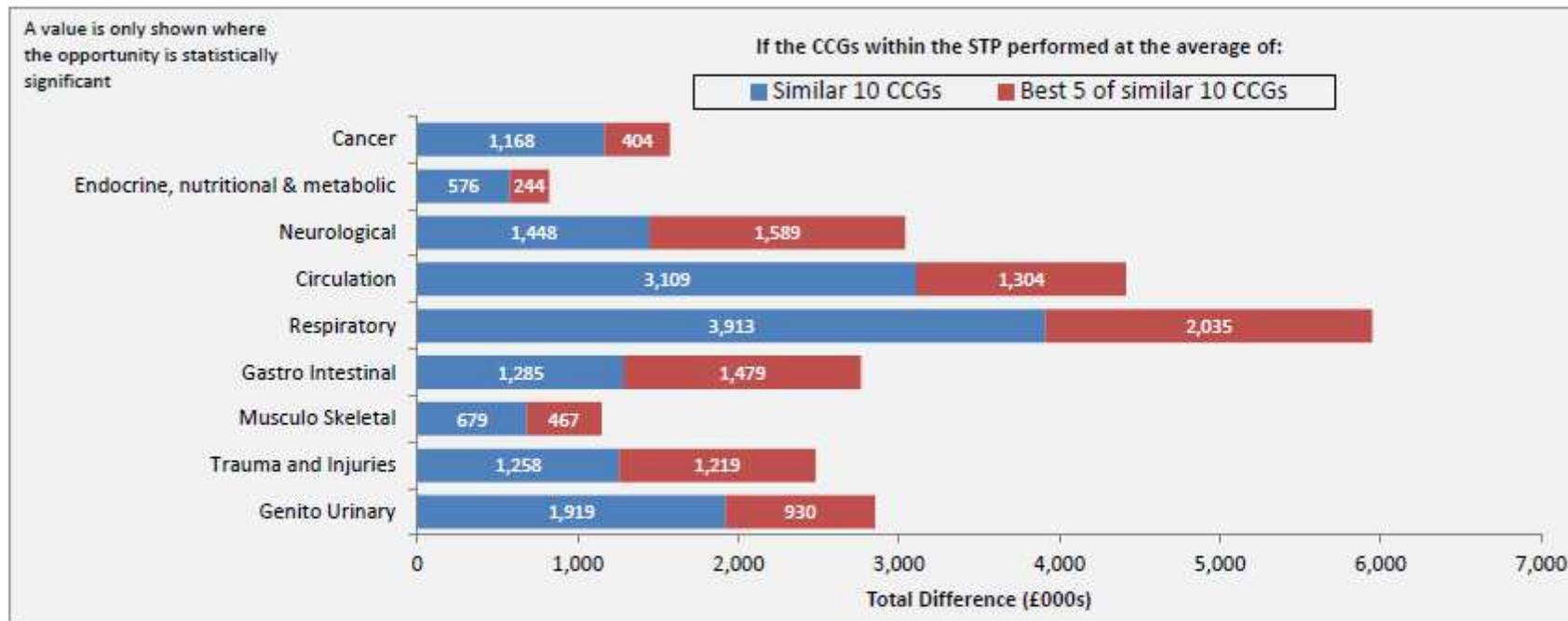# How different are we on spend on elective admissions?

The spend data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on expenditure on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

CCGs can explore this expenditure in more detail using the Commissioning for Value Focus Packs. For example, Neurological expenditure contains Chronic Pain, and the focus pack breaks this down by different types of Pain. CCGs should consider whether these admissions should be considered alongside other programmes e.g. CVD, Gastrointestinal, Musculoskeletal problems

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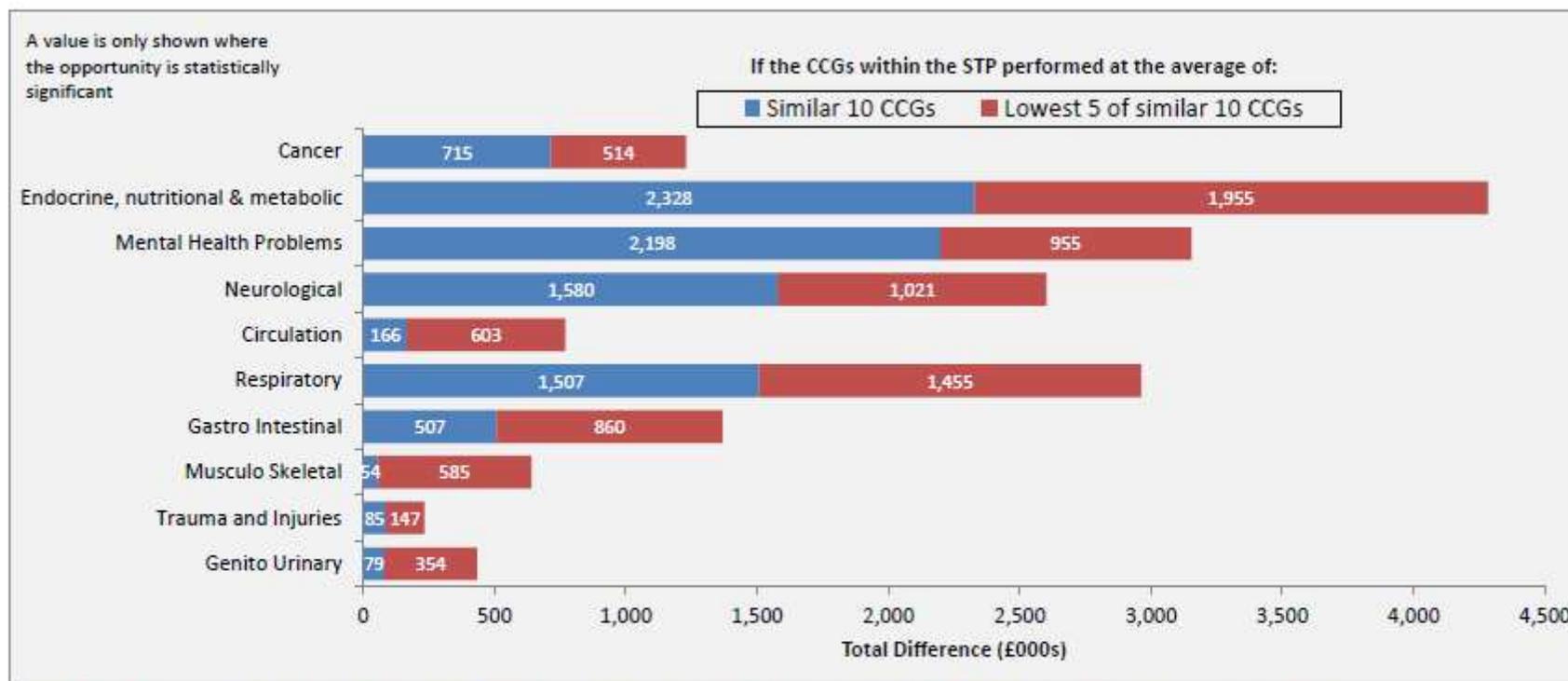# How different are we on spend on non-elective admissions?

The spend data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on expenditure on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

CCGs can explore this expenditure in more detail using the Commissioning for Value Focus Packs. For example, Neurological expenditure contains Chronic Pain, and the focus pack breaks this down by different types of Pain. CCGs should consider whether these admissions should be considered alongside other programmes e.g. CVD, Gastrointestinal, Musculoskeletal problems

How different are we on spend on primary care prescribing?

NHS RightCare

A value is only shown where the opportunity is statistically significant

If the CCGs within the STP performed at the average of:
- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

Category	Similar 10 CCGs	Lowest 5 of similar 10 CCGs
Cancer	715	514
Endocrine, nutritional & metabolic	2,328	1,955
Mental Health Problems	2,198	955
Neurological	1,580	1,021
Circulation	166	603
Respiratory	1,507	1,455
Gastro Intestinal	507	860
Musculo Skeletal	54	585
Trauma and Injuries	85	147
Genito Urinary	79	354

Total Difference (£000s)

The prescribing data presented above uses Net Ingredient Cost (NIC) from ePact.com provided by the NHS Business Services Auth ority and is from financial year 2015/16. Each individual BNF chemical is mapped to a Programme Budget Category and aggregated to form a programme total. The indicators ha ve been standardised using the ASTRO-PU weightings. Opportunities have been shown to the CCGs similar 10 and the lowest 5 CCGs. Prescribing opportunities are for local interpret ation and should be viewed in conjunction with the individual disease pathways.

More detailed analyses of prescribing data, outlier practices, and time trends can be produced rapidly using the following re source: http://www.OpenPrescribing.net
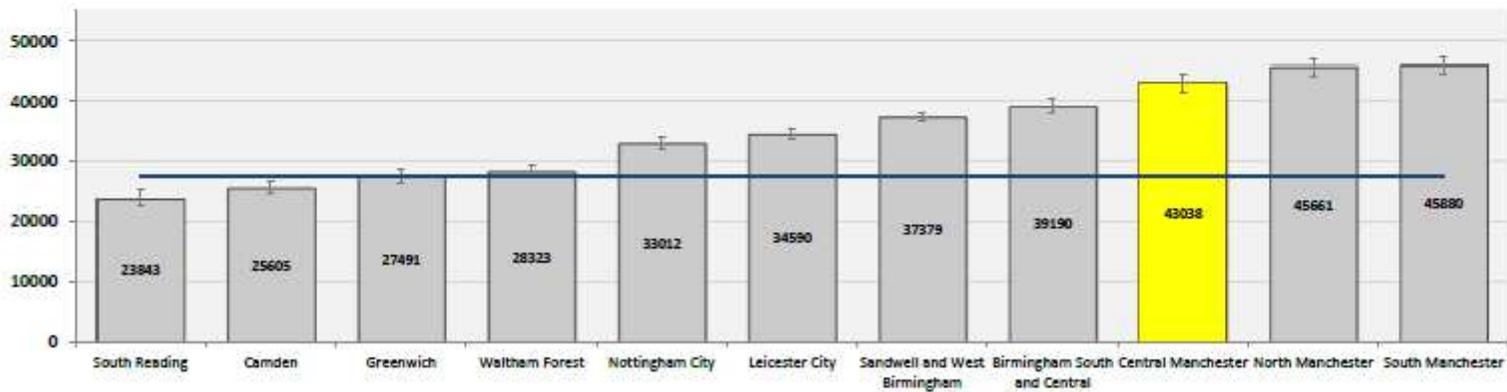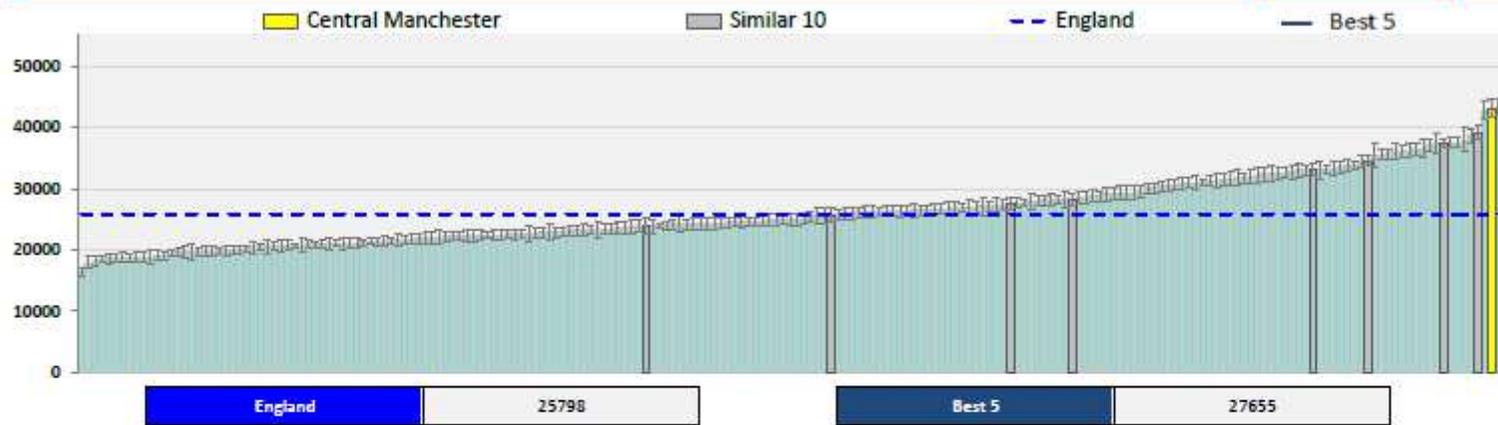
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Improvement opportunities

This table presents opportunities for quality improvement and spend differences for a range of programme areas. These are based on comparing the CCGs within Manchester STP to the best / lowest 5 CCGs. A quantified unit is only shown when the opportunity is statistically significant.

Disease Area	Spend	£000	Quality	No. of patients, life-years, referrals, etc.
Respiratory System Problems	• Spend on elective and day-case admissions	1,142	• Respiratory - Rate of bed days	22,531
	• Spend on non-elective admissions	5,948	• Mortality from bronchitis, emphysema and COPD under 75 years	85
	• Spend on primary care prescribing	2,963	• Reported to estimated prevalence of COPD	2,043
			• % of COPD patients with a record of FEV1	803
			• % of COPD patients with review (12 months)	625
			• % patients (8yrs+) with asthma (variability or reversibility)	256
			• % asthma patients with review (12 months)	1,018
			• Emergency admission rate for children with asthma, 0-19yrs	504
			• % of COPD patients with a diagnosis confirmed by spirometry	257
Trauma & Injuries	• Spend on elective and day-case admissions	447	• Trauma and injuries - Rate of bed days	13,075
	• Spend on non-elective admissions	2,477	• Mortality from accidents all ages	41
	• Spend on primary care prescribing	232	• Injuries due to falls in people aged 65+	242
	• Spend on admissions relating to fractures where a fall occurred	548	• Unintentional and deliberate injury admissions, 0-24yrs	691
			• All fracture admissions in people aged 65+	45
			• Hip fractures in people aged 65+	15
			• Hip fractures in people aged 65-79	16
			• % fractured femur patients returning home within 28 days	15
			• Hip fracture emergency readmissions 28 days	23

Respiratory conditions - Total non-elective spend (£ per 1,000 pop.)

£2029k 65

Legend: Central Manchester | Similar 10 | England | Best 5

England	25798	Best 5	27655

Area	Value
South Reading	23843
Camden	25605
Greenwich	27491
Waltham Forest	28323
Nottingham City	33012
Leicester City	34590
Sandwell and West Birmingham	37379
Birmingham South and Central	39190
Central Manchester	43038
North Manchester	45661
South Manchester	45880

Definition: Respiratory - Total spend on non-elective admissions per 1,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Chronic lower respiratory - Non-elective spend (£ per 1,000 pop.)

£790k   71

Legend: Central Manchester | Similar 10 | England | Best 5

England: 5704
Best 5: 6093

Camden	Waltham Forest	Greenwich	South Reading	Sandwell and West Birmingham	Leicester City	Birmingham South and Central	Nottingham City	North Manchester	Central Manchester	South Manchester
5123	5286	5689	6320	8045	8381	9268	9403	11360	12208	12744

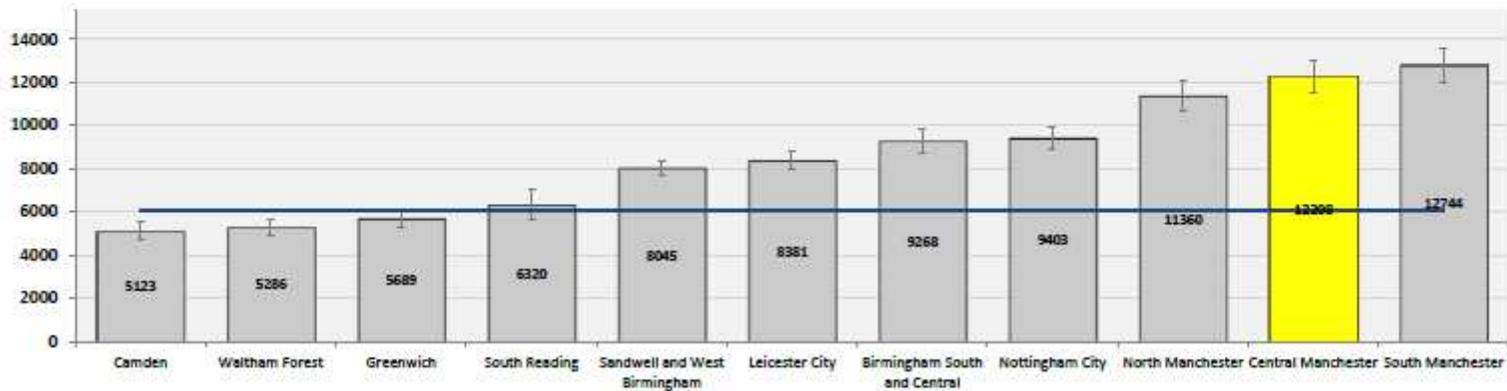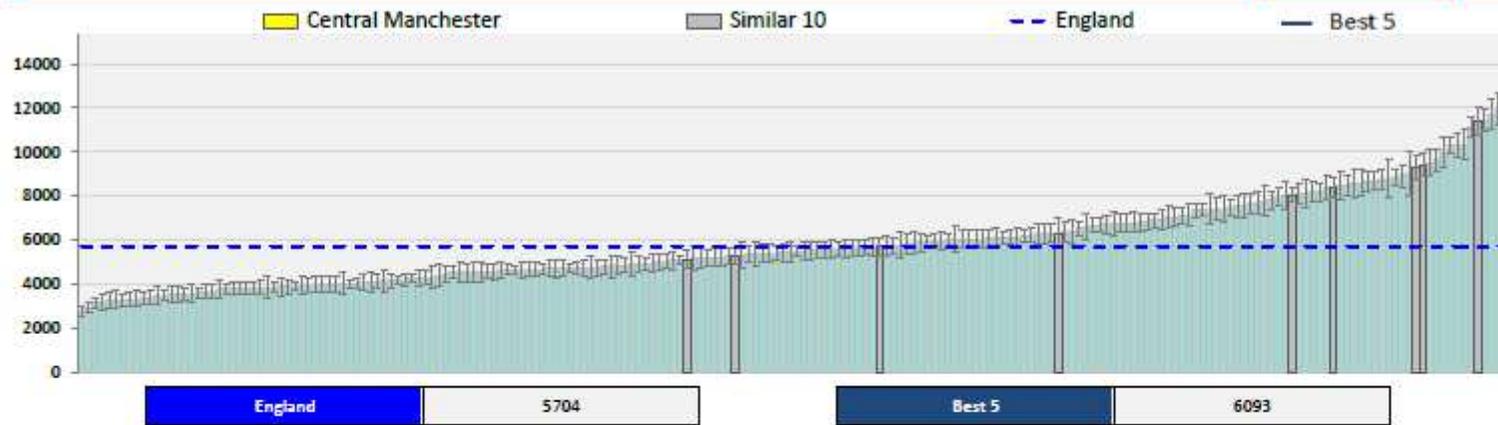Definition: Chronic lower respiratory - Total spend on non-elective admissions per 1,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Obstructive Airways Disease- Non-elective spend (£ per 1,000 pop.)

£550k   66

Legend: Central Manchester | Similar 10 | England | Best 5

England 4290

Best 5 4670

Bottom chart values:
- Waltham Forest: 3719
- Camden: 4278
- South Reading: 4745
- Greenwich: 4855
- Sandwell and West Birmingham: 5754
- Leicester City: 6054
- Birmingham South and Central: 6788
- Nottingham City: 7024
- North Manchester: 9283
- South Manchester: 9490
- Central Manchester: 9621
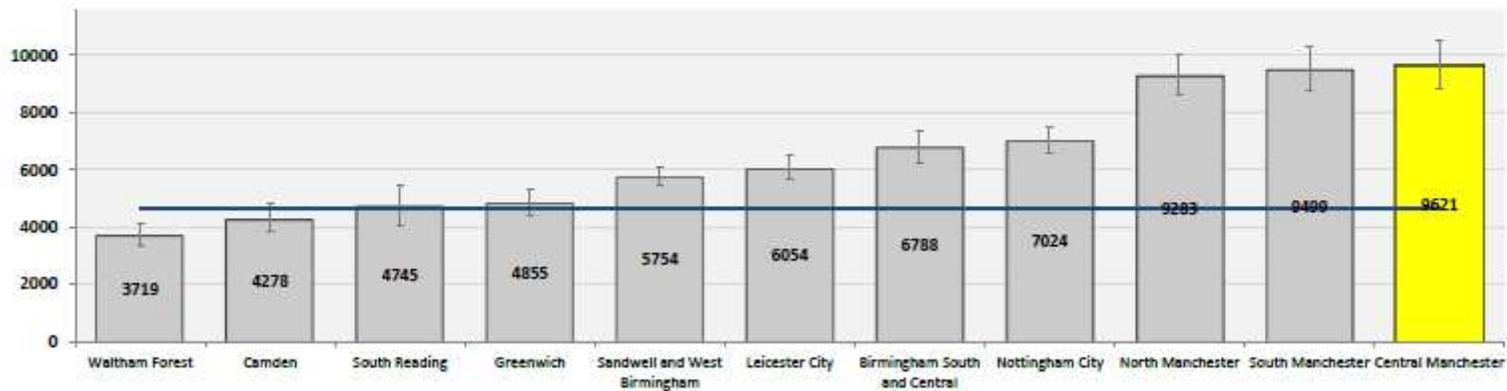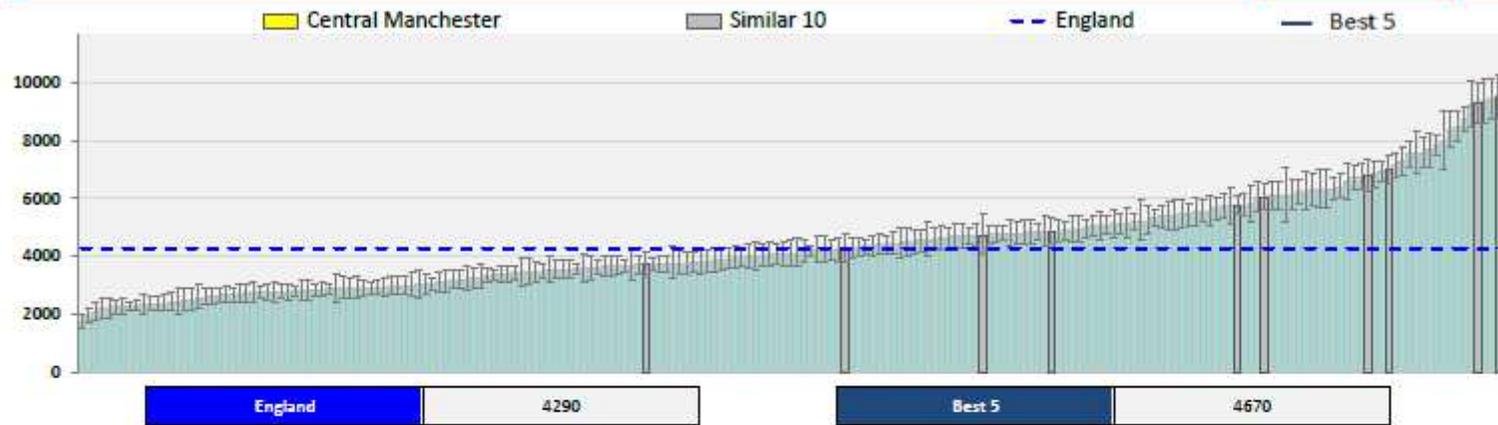
Definition: Spend on non-elective (emergency and other non-elective) admissions for Obstructive Airways Disease per 1,000 population
Source: NHS Business Services Authority NHS Prescription Services Information Services Portal
Year: 2014/15

Detection

Routes to diagnosis - emergency presentations for lung cancer - DSR per 100,000 population

N/A

Legend: Central Manchester | Similar 10 | England | Best / Lowest 5

| England | 28.1 | | Best 5 | 30.4 |

Birmingham South and Central	South Reading	Waltham Forest	Sandwell and West Birmingham	Greenwich	Camden	Nottingham City	Leicester City	South Manchester	Central Manchester	North Manchester
27.4	30.8	30.9	31.2	31.5	32.2	34.8	36.9	46.8	54.3	64.4

Definition: Routes to diagnosis – emergency presentations for lung cancer - DSR per 100,000 population
Source: Hospital Episode Statistics (HES), The National Cancer Intelligence Network
Year: 2006-2013

59

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Prevention

The percentage of people aged 18+ who are self-reported occasional or regular smokers

6528 Ppl.

Legend: Central Manchester | Similar 10 | England | Best / Lowest 5

| England | 16.4 | | Best 5 | 17.4 |

Greenwich	South Reading	Leicester City	Birmingham South and Central	Sandwell and West Birmingham	Camden	Waltham Forest	Central Manchester	Nottingham City	North Manchester	South Manchester
16	16.5	17.7	18	18.6	18.7	19.5	21	21.3	22.2	23.4

Definition: The percentage of people aged 18+ who are self-reported occasional or regular smokers
Source: General Practice Patient Survey (GPPS)
Year: July 2016

12

Smokers- support and treatment offered (%)

114 Pats. 64

Legend: Central Manchester | Similar 10 | -- England | — Best 5

England		Best 5	
	94.1		95.4

Nottingham City	North Manchester	South Manchester	Greenwich	Central Manchester	Sandwell and West Birmingham	Leicester City	South Reading	Camden	Waltham Forest	Birmingham South and Central
89.4	91.2	91.8	93.6	93.9	94	94.4	94.7	95.6	95.6	96.8

Definition: QMOK008: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months.
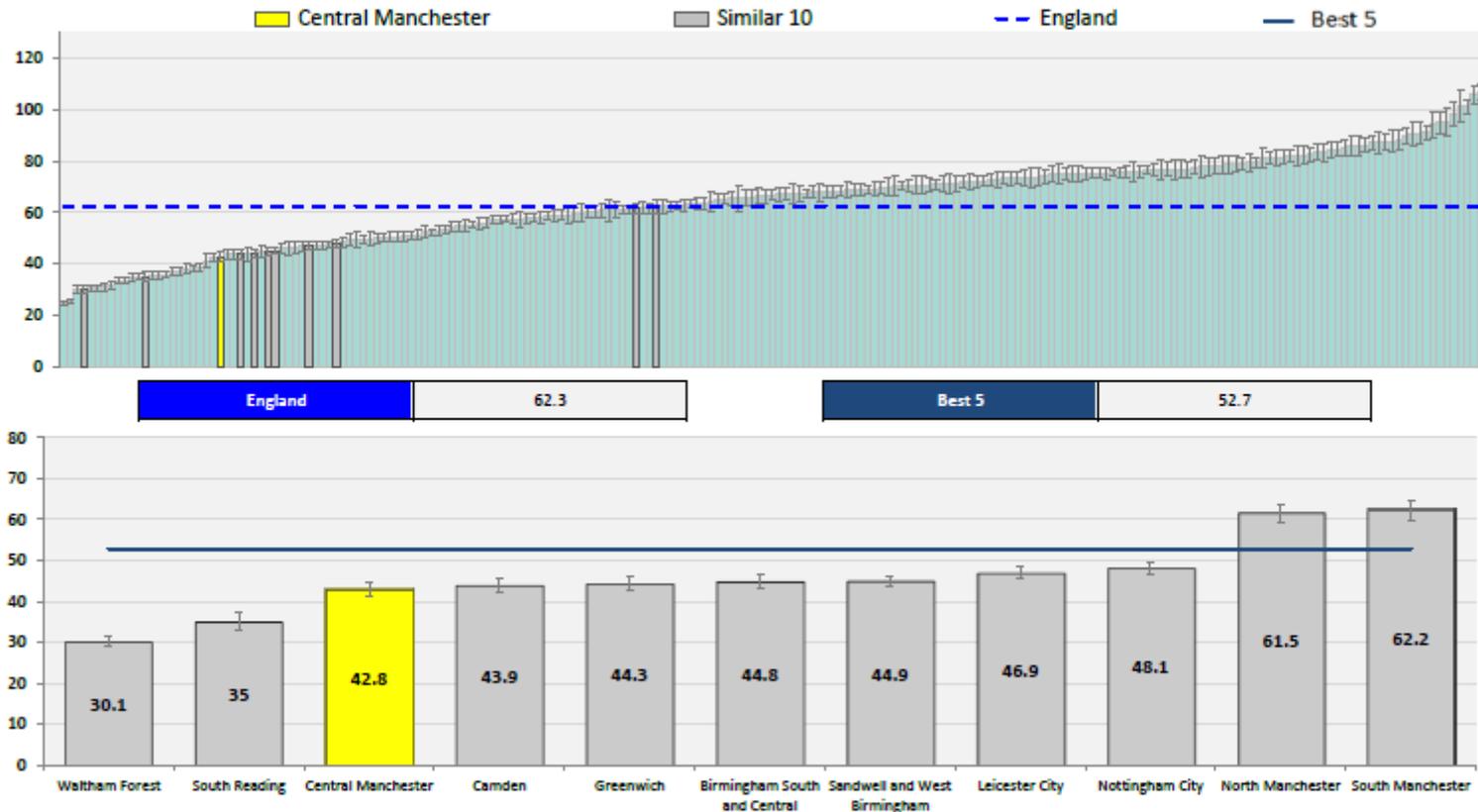
Source: Quality and Outcomes Framework, The Health and Social Care Information Centre

Year: 2014/15

Reported to estimated prevalence of COPD (%)

709 Pats.   50

Central Manchester   Similar 10   England   Best 5

| England | 62.3 | Best 5 | 52.7 |

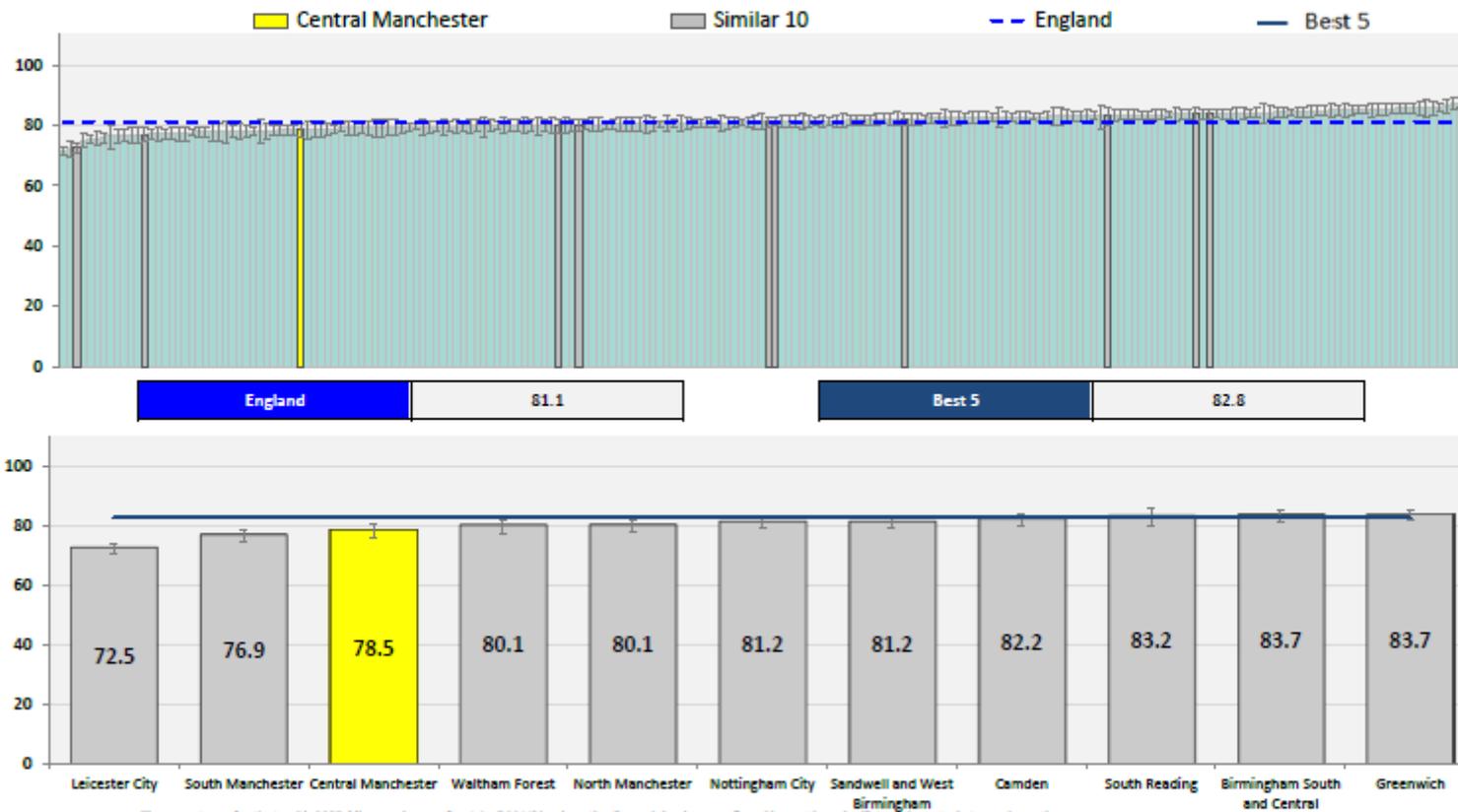| Waltham Forest	South Reading	Central Manchester	Camden	Greenwich	Birmingham South and Central	Sandwell and West Birmingham	Leicester City	Nottingham City	North Manchester	South Manchester
30.1	35	42.8	43.9	44.3	44.8	44.9	46.9	48.1	61.5	62.2

Definition: Chronic Obstructive Pulmonary Disease (COPD) (%) Reported to estimated prevalence: Disease Register and Population

Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre, INHALE (Interactive Health Atlas for Lung conditions in England), Public Health England

Year: 2014/15 (2011)

COPD patients where diagnosis confirmed by spirometry (%) | 51 Pats. | 55

Legend: Central Manchester | Similar 10 | England | Best 5

| England | 81.1 |
| Best 5 | 82.8 |

Bottom chart values:

Leicester City	South Manchester	Central Manchester	Waltham Forest	North Manchester	Nottingham City	Sandwell and West Birmingham	Camden	South Reading	Birmingham South and Central	Greenwich
72.5	76.9	78.5	80.1	80.1	81.2	81.2	82.2	83.2	83.7	83.7

Definition: The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months
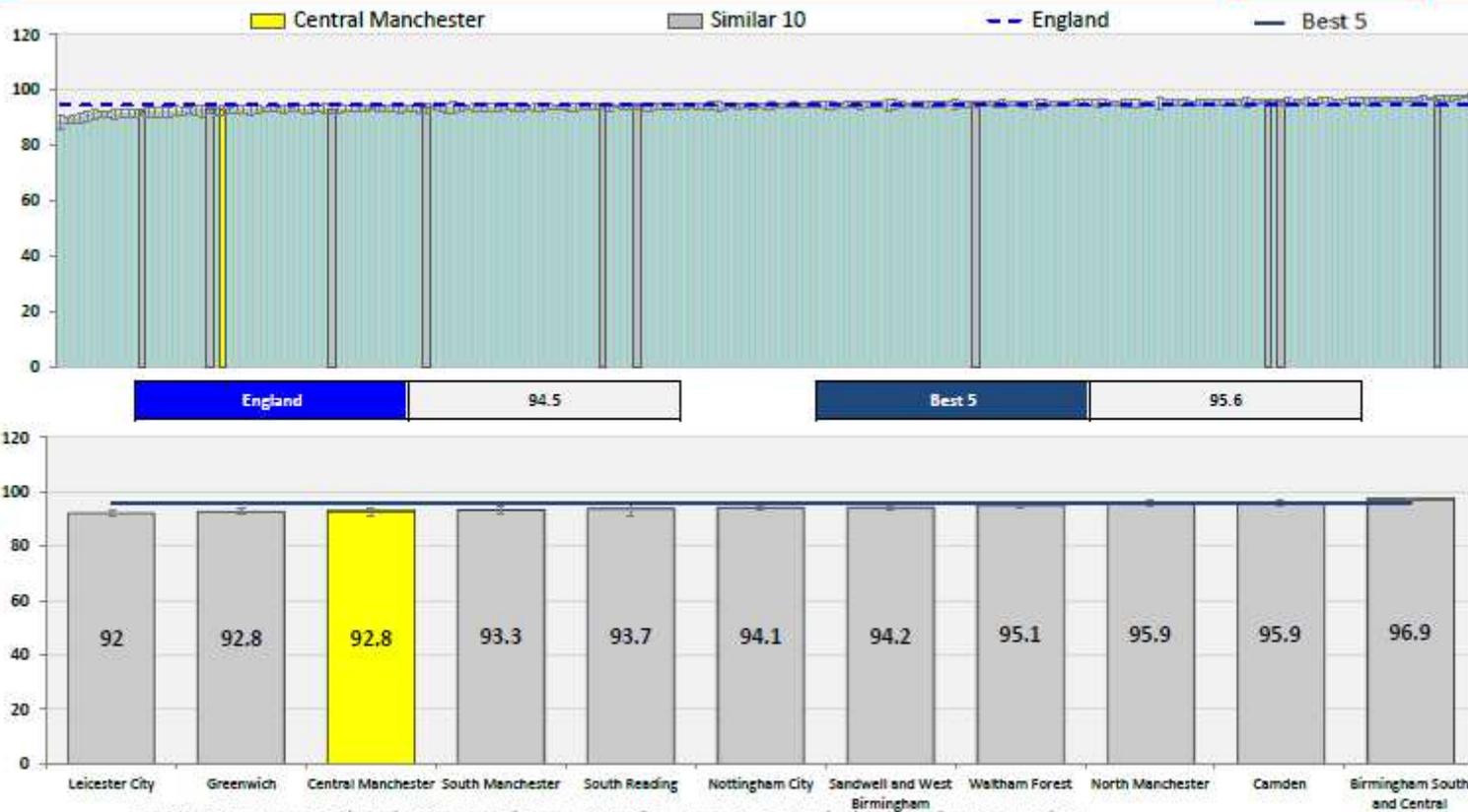
Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients with dyspnoea grade ≥3 with record of O2 sat value (%)

34 Pats.   56

Central Manchester   Similar 10   — — England   — Best 5

England	94.5
Best 5	95.6

Leicester City	Greenwich	Central Manchester	South Manchester	South Reading	Nottingham City	Sandwell and West Birmingham	Waltham Forest	North Manchester	Camden	Birmingham South and Central
92	92.8	92.8	93.3	93.7	94.1	94.2	95.1	95.9	95.9	96.9

Definition: COPD003: The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months
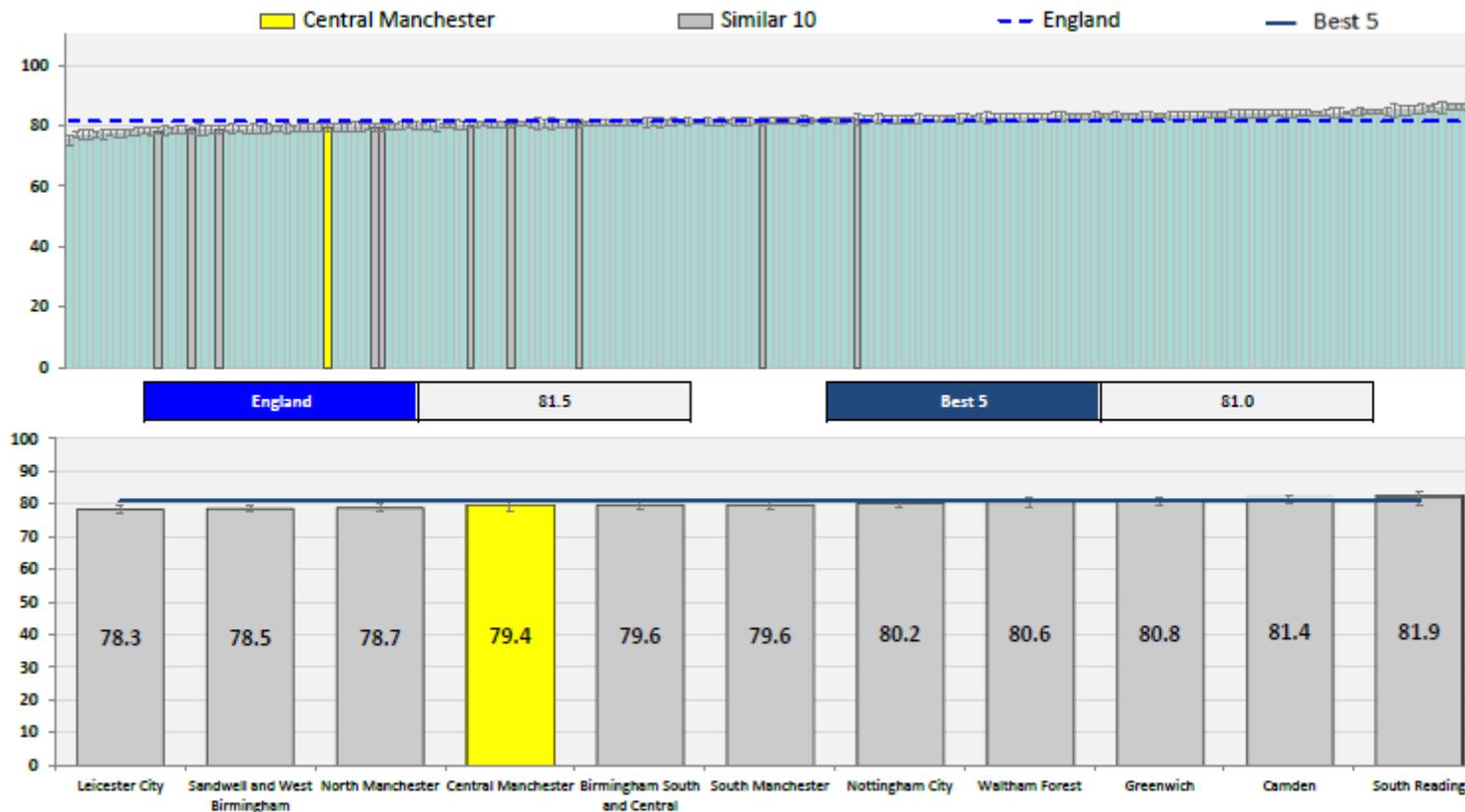
Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients who have had flu immunisation (%)

48 Pats.   57

Legend: Central Manchester | Similar 10 | England | Best 5

| England | 81.5 | | Best 5 | 81.0 |

Leicester City	Sandwell and West Birmingham	North Manchester	Central Manchester	Birmingham South and Central	South Manchester	Nottingham City	Waltham Forest	Greenwich	Camden	South Reading
78.3	78.5	78.7	79.4	79.6	79.6	80.2	80.6	80.8	81.4	81.9

Definition: COPD007: The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March
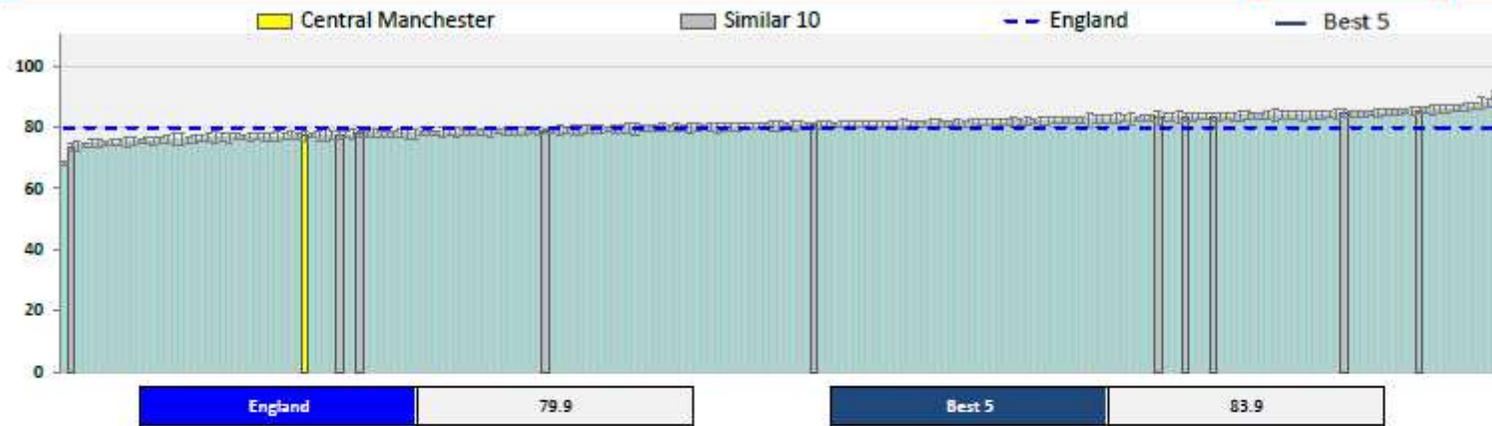Source: Quality and Outcomes Framework
Year: 2014/15

COPD patients who have had a review and breathlessness assessment (%)
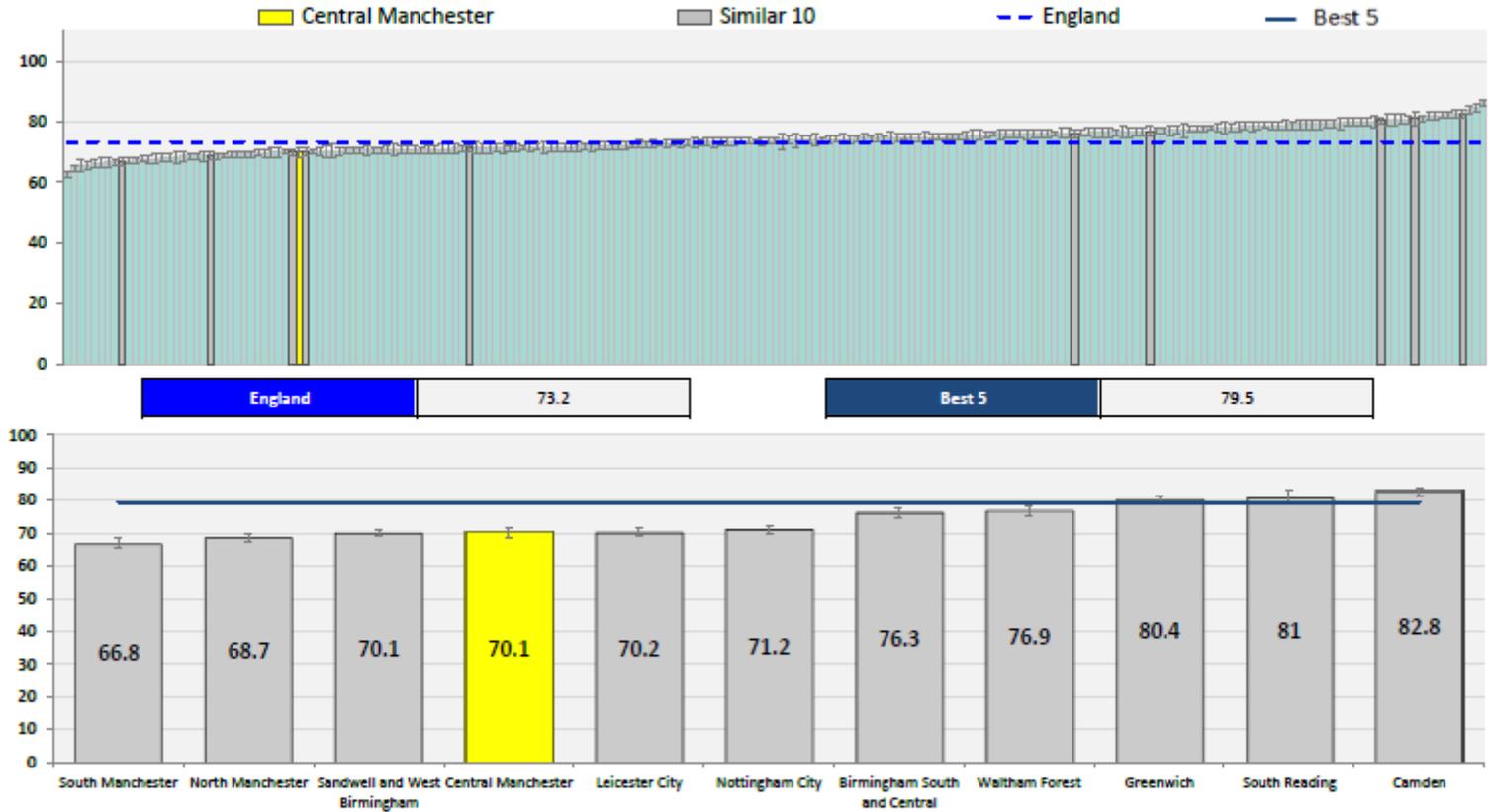
204 Pats.   58

Central Manchester | Similar 10 | – – England | — Best 5

England   79.9   Best 5   83.9

South Manchester	Central Manchester	Leicester City	North Manchester	Sandwell and West Birmingham	Nottingham City	South Reading	Greenwich	Waltham Forest	Camden	Birmingham South and Central
73.6	77.3	77.5	77.7	78.8	80.5	83	83.3	83.4	84.4	85.5

Definition: The percentage of patients who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score in the preceding 12 months.
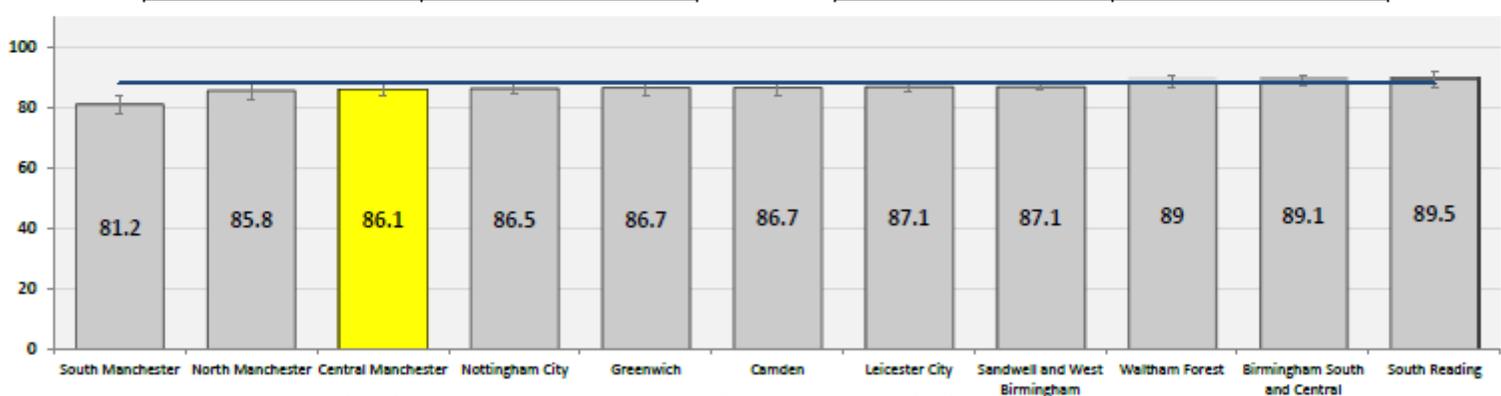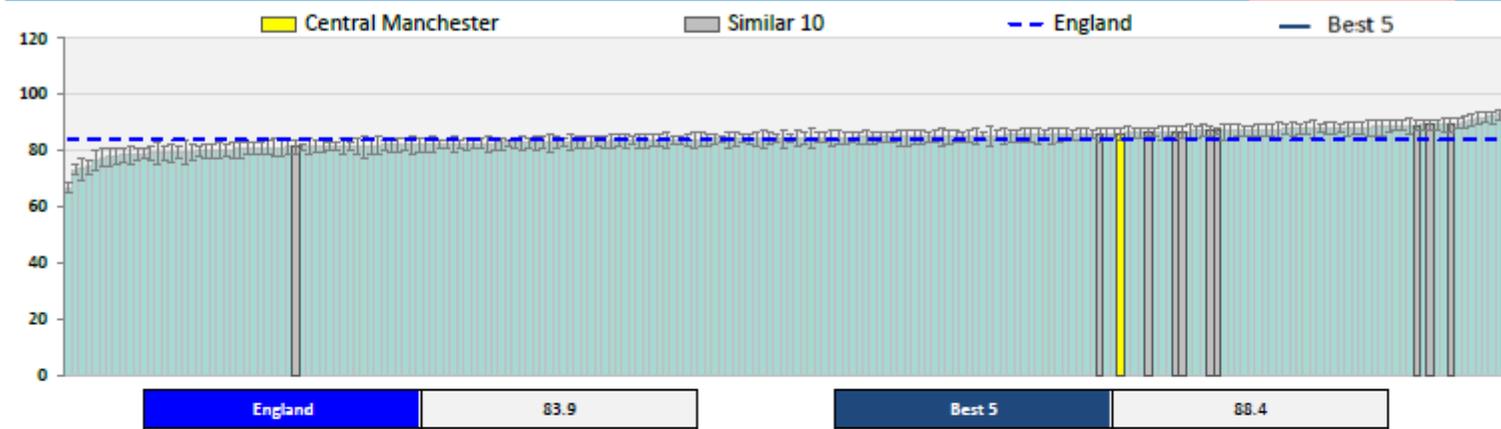
Source: Quality and Outcomes Framework

Year: 2014/15

COPD patients with a record of FeV1 in the preceding 12 months (%) — 285 Pats. — 50

Central Manchester | Similar 10 | England | Best 5

England 73.2   Best 5 79.5

South Manchester	North Manchester	Sandwell and West Birmingham	Central Manchester	Leicester City	Nottingham City	Birmingham South and Central	Waltham Forest	Greenwich	South Reading	Camden
66.8	68.7	70.1	70.1	70.2	71.2	76.3	76.9	80.4	81	82.8

Definition: % of COPD patients with a record of FeV1 in the preceding 12 months
Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre
Year: 2014/15

Asthma patients, 14-19, where smoking status is recorded (%)

23 Pats.

63

Legend: Central Manchester | Similar 10 | England | Best 5

| England | 83.9 |
| Best 5 | 88.4 |

South Manchester	North Manchester	Central Manchester	Nottingham City	Greenwich	Camden	Leicester City	Sandwell and West Birmingham	Waltham Forest	Birmingham South and Central	South Reading
81.2	85.8	86.1	86.5	86.7	86.7	87.1	87.1	89	89.1	89.5

Definition: AST004: The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months
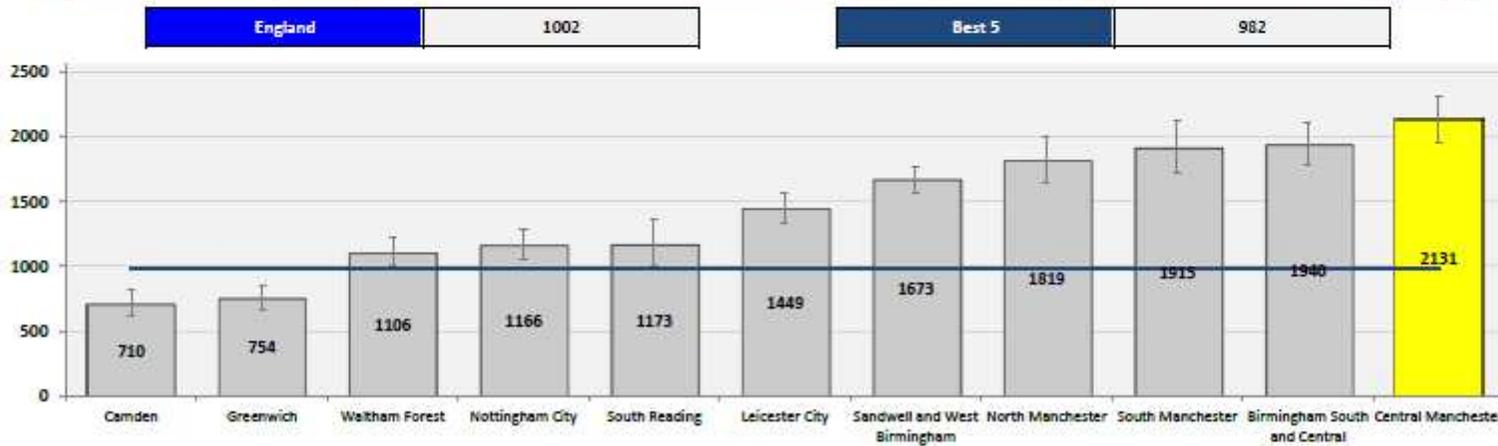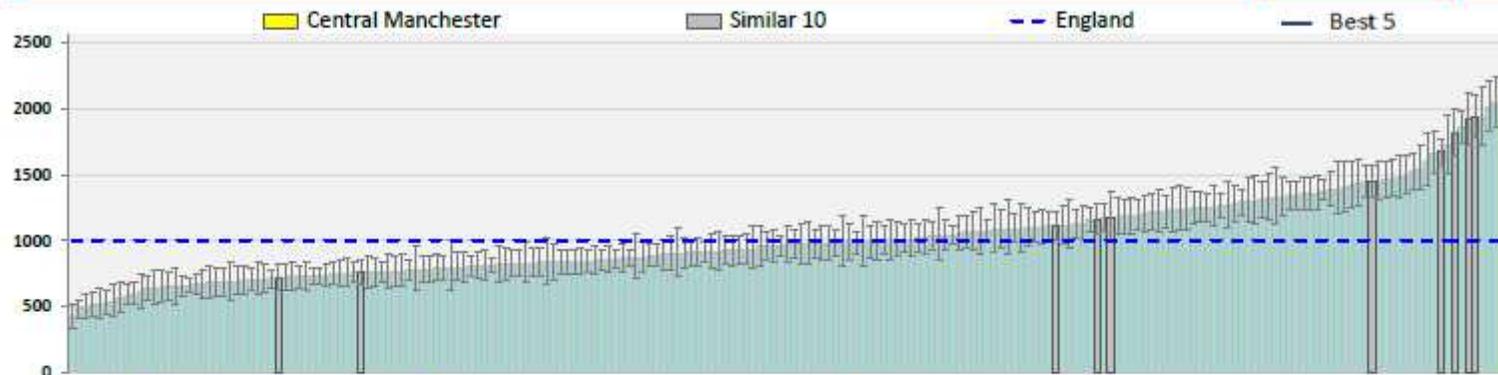
Source: Quality and Outcomes Framework

Year: 2014/15
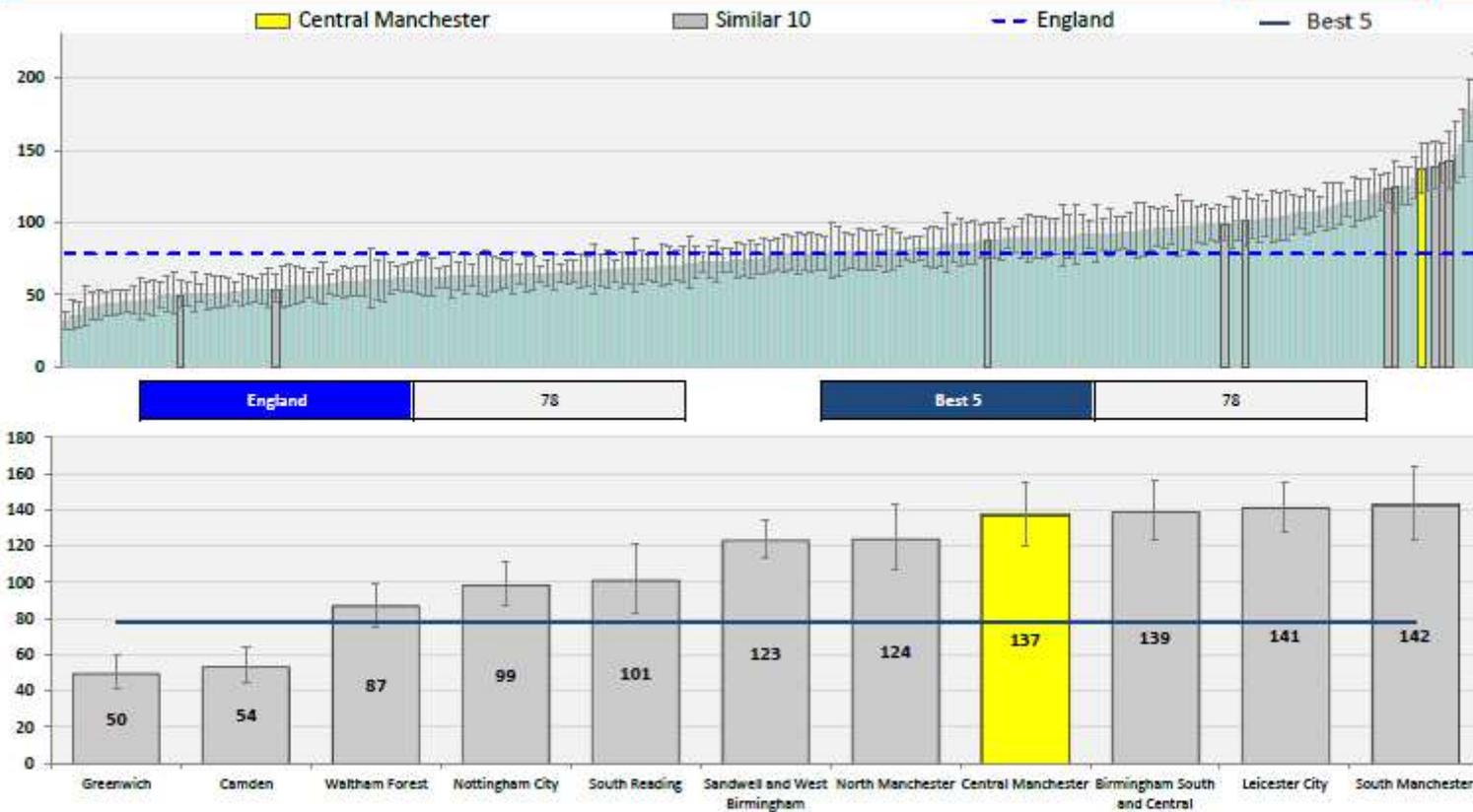
Asthma - Non-elective spend (£ per 1,000 pop)

| | £242k | 67 |

Central Manchester — ☐ Similar 10 — – – England — — Best 5

| England | 1002 | | Best 5 | 982 |

Camden	Greenwich	Waltham Forest	Nottingham City	South Reading	Leicester City	Sandwell and West Birmingham	North Manchester	South Manchester	Birmingham South and Central	Central Manchester
710	754	1106	1166	1173	1449	1673	1819	1915	1940	2131

Asthma – Emergency admissions by adults (per 100,000 pop.)

101 Adms.   52

Central Manchester   Similar 10   – – England   — Best 5

England   78   Best 5   78

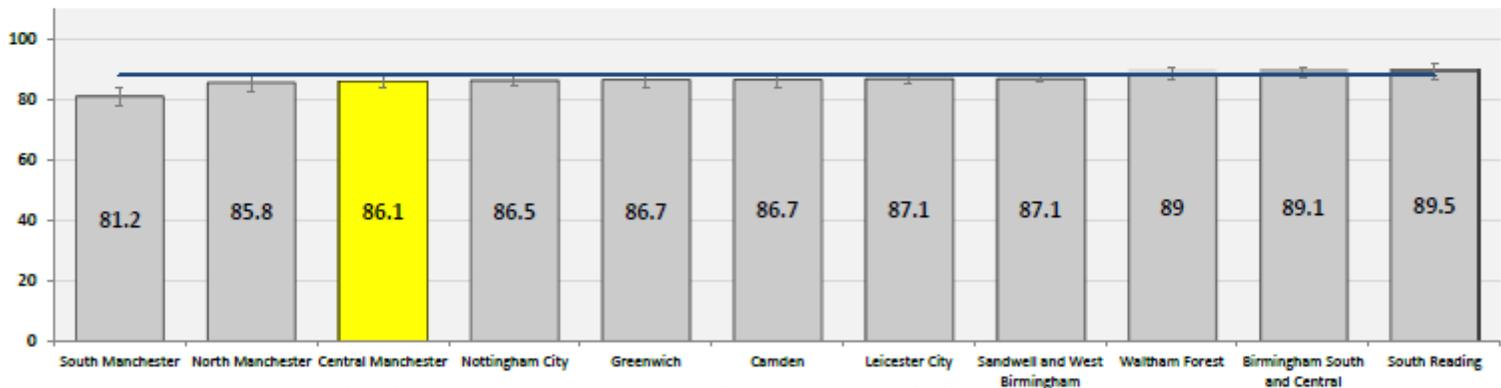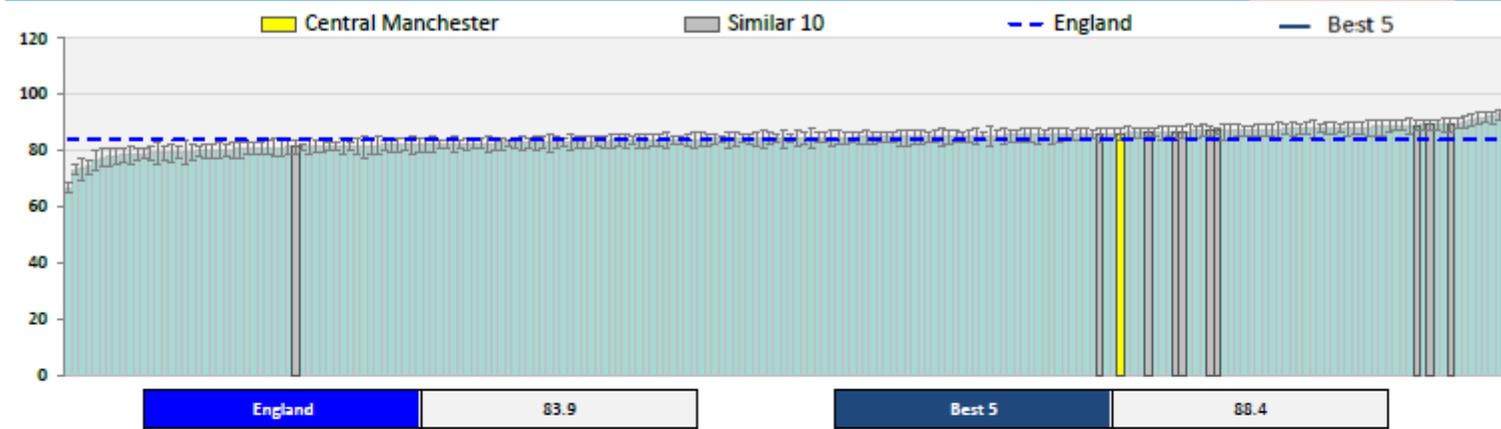|										
50	54	87	99	101	123	124	137	139	141	142
Greenwich	Camden	Waltham Forest	Nottingham City	South Reading	Sandwell and West Birmingham	North Manchester	Central Manchester	Birmingham South and Central	Leicester City	South Manchester

Definition: Asthma – Number of emergency admissions by adults per 100,000 population
Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
Year: 2014/15

Asthma patients, 14-19, where smoking status is recorded (%)

Legend: Central Manchester   Similar 10   – – England   — Best 5

England	83.9

Best 5	88.4

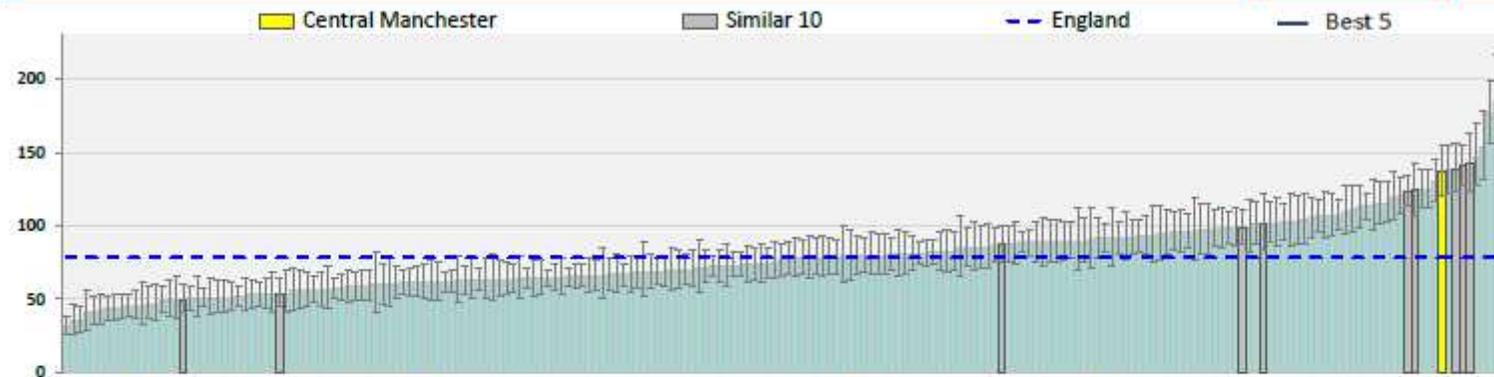| South Manchester	North Manchester	Central Manchester	Nottingham City	Greenwich	Camden	Leicester City	Sandwell and West Birmingham	Waltham Forest	Birmingham South and Central	South Reading
81.2	85.8	86.1	86.5	86.7	86.7	87.1	87.1	89	89.1	89.5

Definition: AST004: The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months

Source: Quality and Outcomes Framework

Year: 2014/15

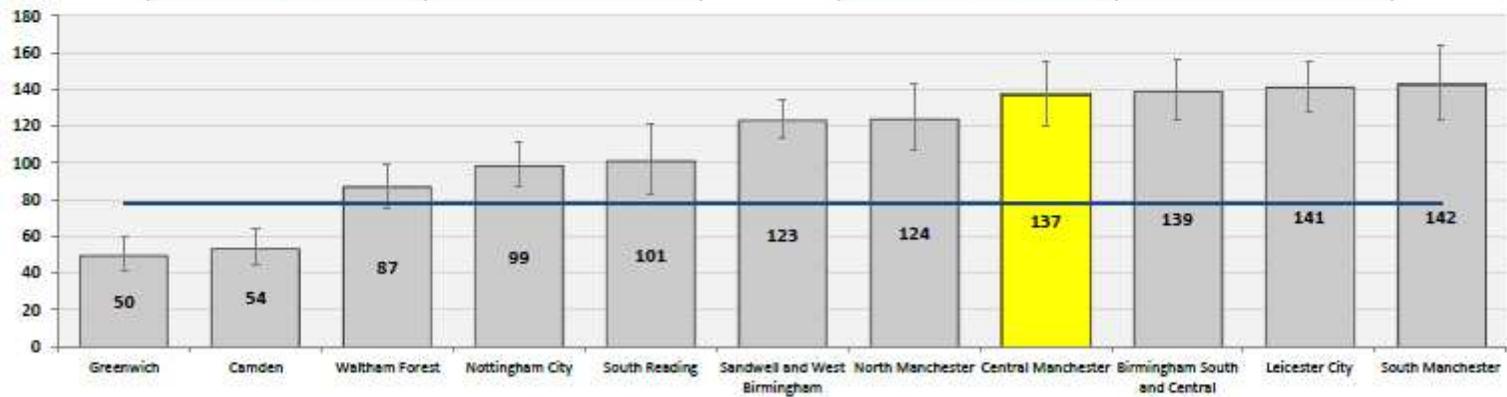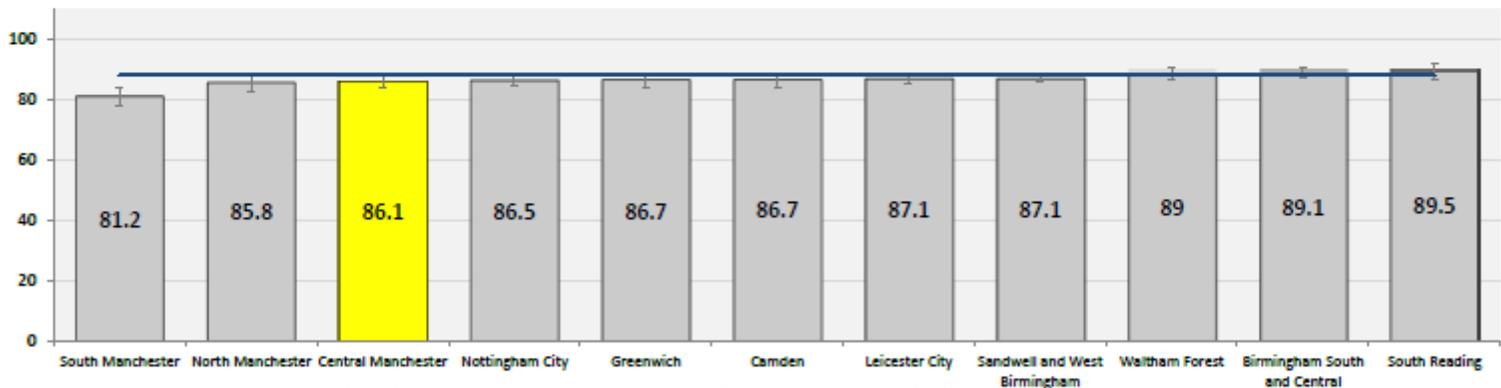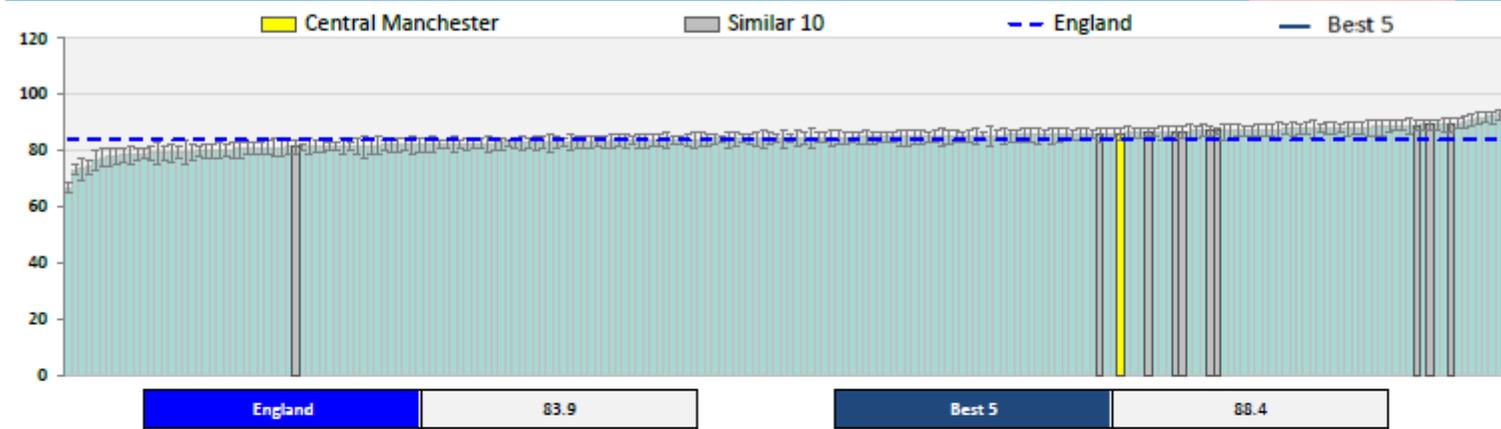# Asthma – Emergency admissions by adults (per 100,000 pop.)

101 Adms.   52

Legend: ☐ Central Manchester   ☐ Similar 10   - - England   — Best 5

England | 78   Best 5 | 78

Greenwich	Camden	Waltham Forest	Nottingham City	South Reading	Sandwell and West Birmingham	North Manchester	Central Manchester	Birmingham South and Central	Leicester City	South Manchester
50	54	87	99	101	123	124	137	139	141	142

Definition: Asthma – Number of emergency admissions by adults per 100,000 population

Source: Temporary National Repository – Hospital Admissions Databases, SUS SEM (Secondary User Services Extract Mart)
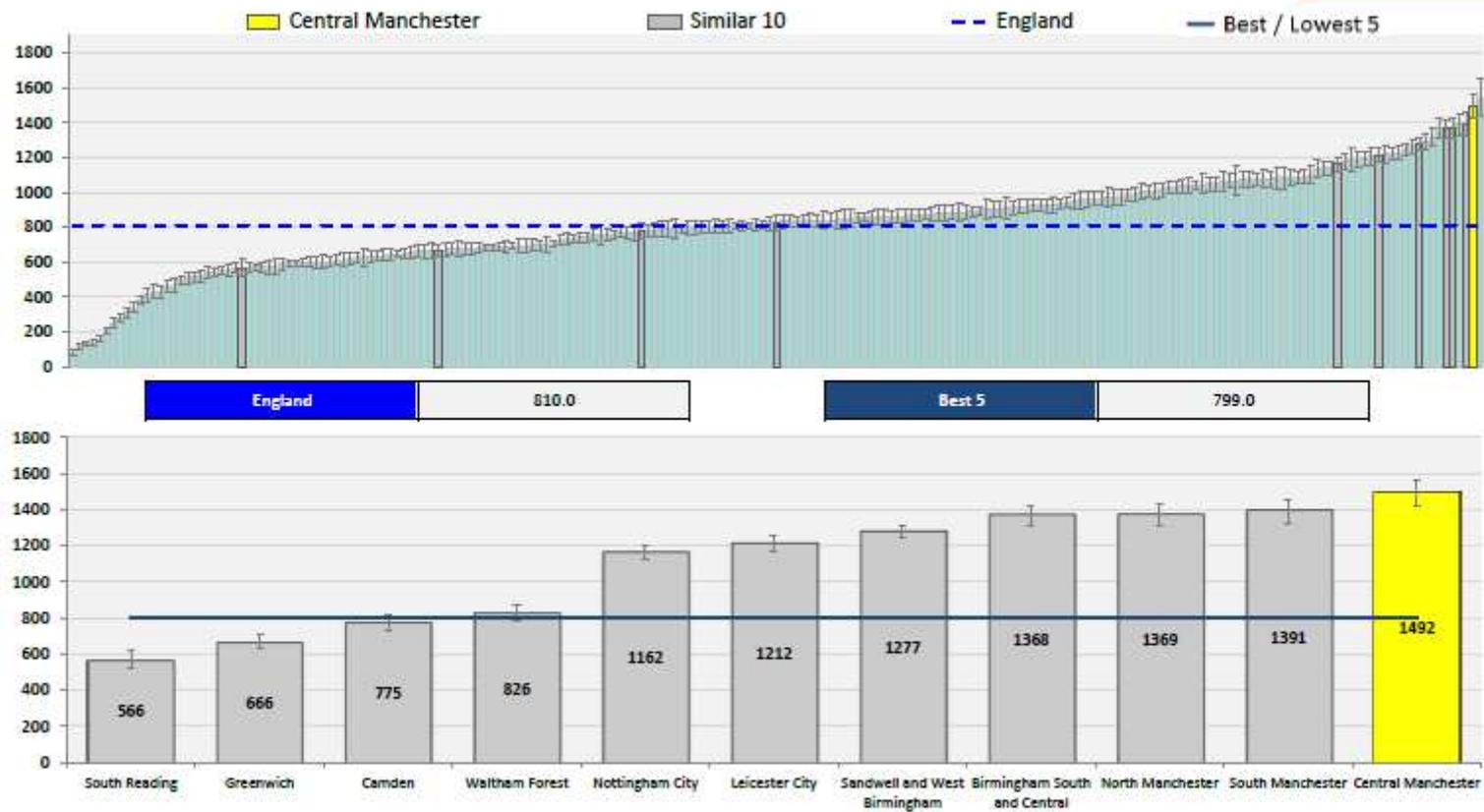
Year: 2014/15

Asthma patients, 14-19, where smoking status is recorded (%)

23 Pats.   63

Central Manchester | Similar 10 | — — England | —— Best 5

| England | 83.9 |
| Best 5 | 88.4 |

South Manchester	North Manchester	Central Manchester	Nottingham City	Greenwich	Camden	Leicester City	Sandwell and West Birmingham	Waltham Forest	Birmingham South and Central	South Reading
81.2	85.8	86.1	86.5	86.7	86.7	87.1	87.1	89	89.1	89.5

Definition: AST004: The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months

Source: Quality and Outcomes Framework

Year: 2014/15

Unplanned hospitalisation for chronic ambulatory care sensitive conditions

1547 Adm.

Legend: Central Manchester | Similar 10 | England | Best / Lowest 5

England — 810.0

Best 5 — 799.0

Chart values (bottom bars):
- South Reading: 566
- Greenwich: 666
- Camden: 775
- Waltham Forest: 826
- Nottingham City: 1162
- Leicester City: 1212
- Sandwell and West Birmingham: 1277
- Birmingham South and Central: 1368
- North Manchester: 1369
- South Manchester: 1391
- Central Manchester: 1492

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions
Source: NHS Digital
Year: 2015/16 (Provisional)

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Intermediate Care (Step up/Step down)