



Version 1

Announcement of methodological change to CCG Outcomes Indicator Set mortality from breast cancer in females indicator

As of September 2015, the directly standardised rate (DSR) calculation for pooled years (2009-2011, 2010-2012, 2011-2013 and 2012-2014) has been updated.

We have updated the way in which we calculate the DSR for pooled years to improve the accuracy by maintaining granularity.

Revised method

The revised method takes the average life expectancy by age and gender group for the specific year and multiplies it by the observed number of deaths for the same age and gender group in that year to create a total years of life lost figure for a single year. These single year totals for years of life lost are divided by the **sum of the subject population for each individual year by age and gender group**. These figures are multiplied by the standard population for each individual year by age and gender group.

This figure is then summed to create a figure for pooled years before continuing the calculation by dividing by the pooled sum of the standard population.

Previous method

The previous method took the average life expectancy by age and gender group for a specific year and multiplied it by the observed number of deaths in that year by the same age and gender group to create a total years of life lost figure for a single year. These single year totals for years of life lost were then summed to form a total for pooled years, before being divided by the **sum of the subject population at pooled years** and then multiplied by the standard population at pooled years by age and gender group. Finally, this figure was divided by the sum of the standard population at pooled years to derive the DSR.

The directly standardised rate (DSR) for pooled years has changed due to the capture of more detailed information within the single years.

This change aligns with the recent methodological change to the calculation of pooled years for indicator 1.1 “Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare”, which was supported by the HSCIC Methodology Review Group on 28 May 2015.