



Announcement of methodological change

NHS Continuing Healthcare (NHS CHC) Population methodology

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Introduction

In November 2013, the Health and Social Care Information Centre (HSCIC) Prescribing and Primary Care team began publishing data from the NHS Continuing Healthcare (NHS CHC) return, collected from Clinical Commissioning Groups (CCGs) by the HSCIC collection team.

This publication comprises of two fields:

- The number of people eligible for NHS CHC as at the end of the quarter
- The number of people newly eligible for NHS CHC within the quarter

These two fields for each CCG were then shown per 50,000 weighted population.

This paper sets out the change that will take place with the population statistics used.

‘NHS Continuing Healthcare’ is a package of care (outside hospital) arranged and funded solely by the NHS where the individual has been found to have a ‘primary health need’ as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

NHS CHC can be provided in range of settings including a care home, hospice or a person’s own home.

The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care¹ was introduced in England in 2007. Data are collected quarterly by the HSCIC. Previously these datasets were released by the Department of Health², but since April 2013 the HSCIC has taken responsibility for the release of these data as official statistics, initially as ‘experimental statistics’.

Background

Following the NHS restructure in 2013-14 and transition to new Clinical Commissioning Groups (CCGs), there was a need to identify a new population set to supersede historical populations, which were split by Primary Care Trust (PCT) instead of CCG. Several population methodologies used at the time in various publications across the health and social care environment were investigated for their suitability.

For the financial year 2013-14 a decision was made to use a draft version of the NHS England CCG allocations weighting methodology.

<http://www.england.nhs.uk/2013/08/15/rev-all-wrkshp/>

These are based on the weighted capitation formula and distribute resources which take into account the relative general needs of each area.

The target shares of the available resources are based on CCGs share of the England population (the capitation), adjusted (or weighted) for their populations' healthcare needs

¹ <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

² <https://www.gov.uk/government/publications/nhs-continuing-healthcare>

relative to other CCGs. The intent of this is to attempt to show better comparability for CCGs.

The NHS England allocations weighted populations take into account various measures across primary, acute and prescribing areas e.g. General, Acute and Mental Health need, prescribing need, and market forces, some of which are not relevant to NHS CHC.

Whereas this was sufficient at the time, in the absence of a better alternative, and in order to be able to release the publications; this is not an ideal methodology to use for the following reasons:

- Draft version of allocations only – ended up not being used officially
- A number of the weightings used are not specifically relevant to NHS CHC activity such as maternity and market forces factors and therefore do not best represent the relevant demographic for NHS CHC eligibility.
- Furthermore the weighted populations include all age groups whereas NHS CHC is only provided to adults aged 18 and over. It is not possible to strip out under 18's from the population set as it stands and this is therefore an additional issue with the weighted populations meaning they do not best represent the applicable demographic for NHS CHC.
- Apt to change in year, especially during the first few years of the major NHS changes
- Not consistent year on year, as changes to meet the allocation need of CCGs
- Meant to be used for a different purpose – allocation of funding to CCGs

However, these were sufficient for our publishing purposes until something more relevant was found.

In March 2014, NHS England published their new, non-draft CCG allocations. These had changed considerably from the draft allocations, for example including a provision for the standard mortality ratio <75.

This meant that population figures for the financial year 2014/15, would become irrelevant for NHS CHC and a new methodology was needed.

Several months of investigation turned up possible methodologies that were then discussed between HSCIC and stakeholders and a new method was decided.

The September publication was delayed for these operational reasons.

The new method

The new method no longer weights by population need; however it has been agreed that this is preferential to using a method which weights by several factors but includes weightings irrelevant to NHS CHC and therefore may misrepresent the relevant demographic for NHS CHC.

This new method simply allows more focus on the group to which NHS CHC is applicable, people aged 18 years and over.

We will be using GP practice populations aged 18 plus. As it is still based on GP practice populations and NHS CHC is based on the practice patients belong to, this is a relevant data set to use.

Also, unlike the allocations weighted populations which tend to be produce annually, or thereabouts, HSCIC receive this data on a quarterly basis so the latest figures can be used each quarter for a more accurate publication.

Furthermore the method is long standing and consistent and therefore more appropriate for trend analysis unlike the weighted populations which are subject to change if the weighted capitation formula is revised.

Although the population data will no longer be weighted, we have for the first time been able to identify a methodology for omitting under 18s from the population set and only focussing on those who are applicable for NHS CHC - adults aged 18 and over. It is felt that this, along with the other advantages outlined above, is preferable to using a data set which is weighted (but with some weightings not relevant to NHS CHC) and includes all ages instead of 18 plus only.

The calculations used will be:

$$\frac{\text{Number of patients Newly Eligible}}{\text{Population}} \times 50000$$

$$\frac{\text{Number of patients Currently Eligible}}{\text{Population}} \times 50000$$

However, as this method does not take any weighting into account, this has substantial effects on the data that need explanation.

Effects on the data

The population of patients aged 18 or more are obviously smaller than normal weighted populations. There is approximately a 20% decrease in the population used. This means there is an increase in the numbers per 50,000 population, as we are now dividing the numbers eligible for NHS CHC with a smaller population set.

There is an increased effect on the variation between CCGs. This is because there are no weightings added to the GP Populations that allow for demographical differences in the composition and health needs of each population, they are simply a count. This is still preferable to using the weighted versions which, although provide a generalised indication of need for the purposes of financial allocation, are not so suitable for use with NHS CHC data as they include weightings which are not specifically relevant to this area of funded care.

Therefore the variation has widened considerably between smallest and greatest figures, comparisons between old and new figures are shown below.

It is essential to note that there may be variations between CCGs, Area Team and Regions when compared against each other. This could be due to a wide variety of reasons including (but not limited to) the age dispersion within the local population, the availability of other community services, and variations between geographical areas in terms of their

levels of health needs. These factors therefore need to be taken into consideration when viewing the data and care should be taken when attempting to draw simple comparisons.

Examples

All examples below have been calculated using figures received/available for quarter 4 2013-14

England Table

England Level	Population
Old Methodology England population	55,799,454
New methodology England population 18+	44,758,916
Percentage Difference	19.8%

CCG Newly Eligible Table using a figure of 81 Newly Eligible patients for one CCG

CCG Level	Population	Per 50,000 Population
Old Methodology CCG population	208,986	19.4
New methodology CCG population 18 +	165,096	24.5
Percentage Difference	21.0%	26.3%

CCG Currently Eligible Table using a figure of 517 Currently Eligible patients

CCG Level	Population	Per 50,000 Population
Old Methodology CCG population	451,309	57.3
New methodology CCG population 18+	377,898	68.4
Percentage Difference	16.3%	19.4%

Whereas this new population base may not be perfect for NHS CHC purposes, it is the closest fit for this cohort.

We have re-published the 2013-14 figures to provide an accurate time-series spanning the last 18 months. This will be available at <http://www.hscic.gov.uk/pubs/conthealact1415> (link not live until the 16th December 2014 at 9.30am).