

Announcement of methodological changes to the NHS Outcomes Framework (NHS OF) emergency readmissions indicators

Background

The emergency readmission indicators were last published in March 2019 after a break of several years and after methodologies were aligned across NHS OF, Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) and Compendium indicators.

The Emergency Readmissions Indicator Consultation (ERIC) group was established to review the indicators. The ERIC group is made up of representatives from the Department of Health and Social Care (DHSC), NHS England, Public Health England, Healthwatch, Nuffield Trust, hospital providers, Private Healthcare Information Network and NHS Digital.

As part of the review, several tactical improvements to the methodology have been recommended as well as some additional breakdowns of the data. A longer term, more fundamental review of the methodology will be progressed following publication of the first set of changes, and users will be kept informed as this work progresses. The purpose of this document is to announce the tactical improvements that will be implemented from the next NHS OF publication onwards. (Publications for CCG OIS in March 2020 and Compendium in April 2020 will also use this revised methodology.)

The review will continue and address other issues. If you are interested in taking part in the group, please email clinical.indicators@nhs.net with the subject "Emergency Readmissions Consultation".

Methodological changes

From the February 2020 publication onwards, the NHS OF emergency readmission indicator will include the following changes to the methodology. Full details of the updated methodology are available in the indicator specification document which is available to download from the NHS OF dataset page <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-3-helping-people-to-recover-from-episodes-of-ill-health-or-following-injury-nof/3b-emergency-readmissions-within-30-days-of-discharge-from-hospital>.

Multiple minor changes

The four minor changes to the methodology agreed with the ERIC Group are:

- Discharge date (DISDATE) – when selecting the discharge events, the method previously included a restriction that spells needed to have an admission date which fell within the reporting year. This excluded discharges where the admission occurred before the reporting year.

Analysis of the dataset showed that this definition reduced the number of discharge spells in the sample by 0.7%.

As part of the purpose of the indicator is to measure the quality of the discharge, this restriction has been lifted so that the indicator includes all discharges in the reporting year

- Method of discharge (DISMETH) –the method previously included discharges where the method of discharge (DISMETH) equalled 2 (“self-discharged or discharged by a relative or advocate”).

As one of the purposes of the indicator is to improve the quality of the discharge by the hospital it was agreed that this discharge method was not within the provider’s control and so they shouldn’t be measured against it. This change also brings the method in line with the approach taken by the Secondary Uses Service (SUS).

Analysis showed that this change reduced the number of spells in the sample by 188,000 or 0.8% of the total for 2018/19.

- TRETSPF – previously the indicator used MAINSPEF (defined as “the specialty under which the consultant is contracted”) to define the specialty of treatment.”

The Secondary Care team within NHS Digital recommended that the treatment function specialty, TRETSPF, (defined as “the specialised service within which the patient was treated” would be more appropriate to use.

The field is used within the indirect standardisation calculation to define whether the discharge is categorised as surgical or medical.

This field was also previously used in the definition of obstetrics where main specialty was in 501, 560 or 610 and excluded at most 322,572 continuous inpatient (CIP) spells in 2017/18. Using treatment specialty in this instance would have excluded 380,463 CIP spells in the same year.

- Relax admission filters – historically a readmission event was excluded from the dataset if it did not have a valid age or sex value.

The importance of the admission is that it happened and that it could be a readmission event. It is not relevant whether the record is complete. These fields are not used in any subsequent calculation such as the standardisation categories as these are derived from the preceding discharge event.

Therefore, the requirement for the admission to have a valid age and sex has been removed.

The impact of these changes is treated as a group in the analysis below.

Combined impact of minor methodological changes

The combined impact of the changes described above is very small. The following analysis is based on data for discharges in the period April 2013 to March 2018 for national and lower tier local authority breakdowns. Note the analysis was based on a comparison between previously published results and the current year’s publication (both using the Index of Multiple Deprivation (IMD) 2015).

- At a national level, the numerators and denominators decrease, on average, by 9,400 (1.2%) and 81,800 (1.3%) respectively. The indicator value increases, on average, by 0.02 or 0.16% of its value from 13.07 to 13.09. The year on year trends also match.
- At lower tier local authority level, the numerators and denominators decrease, on average, by 26 (1.1%) and 241 (1.3%) respectively. The indicator value increases, on average, by 0.04 or 0.34% of its value from 12.84 to 12.88. The year on year trends also match.

Using the latest version of the Index of Multiple Deprivation (IMD)

The emergency readmissions indicators do not make any adjustment for deprivation but do provide a breakdown by deprivation quintile, from 1 “most deprived” to 5 “least deprived”. The deprivation quintile is derived by linking HES data to the IMD dataset using the lower super output area 2011 (LSOA11) field. An updated version of these indices was published in late 2019 and has been used in place of the 2015 indices which were used in last year’s publication. Further information about the 2019 version of the IMD is available at

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Combined impact of IMD change

The impact was assessed including the minor methodological changes described above for both the 2015 and 2019 IMD breakdowns. A very small impact was observed with the indicator value decreasing, on average, by 0.004 or 0.03% of its value from 13.194 to 13.190. The year on year trends also follow the same pattern.

Timing

The first publication to be affected by this change will be the February 2020 release, which covers discharges in the period April 2013 – March 2019.

Further information

Questions and feedback on the publication are welcomed and should be sent to enquiries@nhsdigital.nhs.uk or alternatively call 0300 303 5678.