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Announcement of methodological change to NICE Technology Appraisals in the NHS in England (Innovation Scorecard): Experimental Statistics

Background

The 'NICE Technology Appraisals in the NHS in England (Innovation Scorecard)' publication provides information relating to use of medicines which have been positively appraised through the National Institute for Health and Care Excellence (NICE) Technology Appraisals (TAs) process. The publication brings together data from a number of sources and allows comparisons between organisations and the England average. The data is presented in five parts.

NHS organisations differ widely in the populations they serve and so data which does not take this into account can be misleading. To allow for fair comparisons between organisations, the data are standardised. Each part of the publication uses a different method of standardisation, as appropriate for the data.

Following feedback from users, it has been decided to change the standardisation methodology for part 3, which presents data on medicine purchases by and sales to NHS hospital Trusts.

Changes

Summary: Hospital trusts vary significantly in the size of the populations they treat and the services they provide. For example some treat only children and others only provide services related to cancer or other specific conditions. The catchment population for a hospital is influenced by the condition being treated, so local population figures cannot be used for standardisation.

Previous Method: Publications up until 13 December 2013 standardise the data in part 3 using the number of finished consultant episodes (FCE) bed days, taken from the Hospital Episode Statistics (HES) data. HES FCE bed days are calculated using the episode finish date minus the episode start date. Therefore episodes starting and finishing on the same day will have zero bed days, and therefore will not be included. Some Trusts have a significant number of non-overnight patients (for example chemotherapy treatment) and their medicine use per bed day could look high compared to Trusts seeing a low proportion of non-overnight patients.

Data are presented in mgs or units per 100,000 FCE bed days.



New Method: Publications from the 5 March 2014 will standardise the data in part 3 using, from HES, the number of FCE bed days plus the number of FCE day-cases, where day-cases are defined as: number of day-cases identified using the patient classification field *plus* the number of zero duration non-day-case episodes where the hospital spell comprises only one episode. (These are technically day cases but have not been coded as such. This only includes spells of one episode as multi-episode spells may have other non-zero duration episodes which will already be included in the bed days data).

There is no official name for this measure in HES, however to make it easier to read, this publication refers to this measure as 'FCE days of hospital care'.

Data are presented in mgs or units per 100,000 FCE days of hospital care.

Benefit: The new methodology better reflects the total number of days a patient has contact with each NHS hospital Trust, and therefore allows a fairer comparison of medicine use between Trusts.

Impact: For all Trusts medicine use per 100,000 FCE day of hospital care will be lower than medicine use per 100,000 FCE bed day.

The impact of this methodology change varies by Trust. For April to September 2013, at England level, the total for FCE days of hospital care was 24,774,482, compared to FCE bed days of 20,711,801. At England level, the new measure is 20 per cent greater than the previous measure.

The most affected Trust is Moorfields Eye Hospital NHS Foundation Trust where the new measure is 2186 per cent greater than the previous measure - for April to September 2013, FCE days of hospital care were 15,219 compared to FCE bed days of 676. The next most affected Trust is Sheffield Children's NHS Foundation Trust where the new measure is 45 per cent greater than the previous measure - for April to September 2013, FCE days of hospital care were 30,915 compared to FCE bed days of 21,332.

Issues: Although this new methodology allows a fairer comparison of medicine use between Trusts, there is no adjustment for the variety of services provided by each Trust. In order to improve this methodology we welcome feedback through the feedback process provided alongside this publication. Please complete the feedback form at:

<http://www.hscic.gov.uk/pubs/nicetechapprsep13>

Further Information

Please contact the HSCIC on 845 00 6016 or email enquiries@hscic.gov.uk.