

Methodology for selecting example CCGs that perform poorly or well on Dr Foster commissioning indicators

CCGs with good performance on emergency care indicators

- Emergency admissions for ACS conditions have decreased between 2010/11 and 2012/13
- The decrease in emergency admissions for ACS conditions is not explained by a change in the size of the resident population
- Emergency admissions in total did not decrease faster between 2010/11 and 2012/13 than emergency admissions for ACS conditions

CCGs with poor performance on emergency care indicators

- Emergency admissions for ACS conditions have increased between 2010/11 and 2012/13
- The increase in emergency admissions for ACS conditions is not explained by a change in the size of the resident population
- Emergency admissions for ACS conditions increased more rapidly between 2010/11 and 2012/13 than total emergency admissions

CCGs with good performance on elective surgery indicators

- Any change in the volume of elective 'less effective' procedures between 2010/11 and 2012/13 is not greater than any increase in a group of effective procedures: hip replacement, knee replacement, cataract removal
- Any change in the volume of elective 'less effective' procedures between 2010/11 and 2012/13 does not exceed any increase in the size of the resident population over the same time period

CCGs with poor performance on elective surgery indicators

- Any change in the volume of elective 'less effective' procedures between 2010/11 and 2012/13 is greater than any increase, or smaller than any decrease, in a group of effective procedures: hip replacement, knee replacement, cataract removal
- Any change in the volume of elective 'less effective' procedures between 2010/11 and 2012/13 is not smaller than that which would be expected given any change in the size of the resident population over the same time period

Notes

ACS = ambulatory care sensitive condition.

ACS conditions are those for which effective management and treatment should prevent admission to hospital. For this analysis only admissions where the ACS condition was the primary reason for admission to hospital were included.

See

Appendix I: ACS conditions

Less effective procedures are taken from the Audit Commission Health Briefing: Reducing spending on low clinical value treatments: http://archive.audit-commission.gov.uk/auditcommission/sitecollectiondocuments/Downloads/20110414reducin_gexpenditure.pdf

- Back pain: injections and fusion
- Dilation and curettage for women under 40
- Grommets (surgery for glue ear)
- Jaw replacement
- Knee wash-outs
- Spinal cord stimulation
- Tonsillectomy
- Trigger finger

It is understood that these data cover a time period before the existence of CCGs. The unit of CCG is used to illustrate geographical variation in commissioning profiles and to provide the current commissioning bodies with information on the pattern of commissioning in their area over the past three years.

The significance of changes in the volume of admissions/procedures over time relative to other groups of activity, for example ACS admissions compared with emergency admissions, or to total population change was assessed using a chi-squared test at $p < 0.001$.

Population figures were taken from ONS.