

NHS Continuing Healthcare Activity

Supporting information

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Information and technology
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The publication will be relevant to CCGs, patients, the public and other stakeholders with an interest in the provision of NHS CHC in England.

Introduction

'NHS Continuing Healthcare' (NHS CHC) 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 Care¹. 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 a range of settings including a care home or a person's own home.

To be eligible for NHS CHC, an individual must have been assessed as having a "primary health need". Whether or not someone has a primary health need is assessed by looking at all their care needs and relating them to the four key indicators of; nature, intensity, complexity and unpredictability.

Clinical Commissioning Groups (CCGs) are responsible for decision making in relation to eligibility for NHS CHC.

Types of NHS CHC

There are two types of NHS CHC:

Standard NHS CHC (non Fast Track)

NHS CHC that is assessed via the standard NHS CHC assessment route i.e. a checklist¹ and / or full Decision Support Tool¹ carried out. Standard NHS CHC is based on current needs and does not include claims for Previously Unassessed Periods of Care (PUPoCs).

Fast Track

NHS CHC that is assessed via the fast track assessment route. The Fast Track tool is used where an appropriate clinician considers that a person should be fast tracked for NHS CHC because that person has a rapidly deteriorating condition and the condition may be entering a terminal phase. The person may need NHS CHC funding to enable their needs to be urgently met (e.g. to provide appropriate end of life support to be put in place either in their own home or in a care setting). Given the nature of the needs, the time from receipt of the completed Fast Track Pathway Tool to the package being implemented should preferably not exceed 48 hours.

The NHS Digital publication series "NHS Continuing Healthcare Activity Statistics for England" contains numbers newly eligible for NHS CHC in quarter, and numbers eligible for NHS CHC at the end of the quarter. These are collected and presented at CCG level on a quarterly basis.

Prior to Quarter 3 2016-17, these counts were presented as totals including both standard NHS CHC and fast track. These counts for standard and fast track NHS CHC are now presented separately, in addition to the totals.

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

In collecting these data, and publishing this report, NHS Digital has worked with stakeholders at the Department of Health and NHS England to ensure that these data are presented in the appropriate context and can be interpreted accurately by a range of users.

Counts included in the dataset

Number of individuals newly eligible for all NHS CHC during the quarter

This is a unique count of individuals agreed newly eligible for NHS CHC during the reporting quarter.

This includes both Fast Track and Standard NHS CHC (non Fast Track) cases.

Where an individual becomes newly eligible during the reporting quarter, and subsequently becomes ineligible during the same reporting quarter, the individual will still be included in this count.

Number of individuals newly eligible for Standard NHS CHC (non Fast Track) during the quarter

This is a unique count of individuals agreed newly eligible for Standard NHS CHC (non Fast Track) during the reporting quarter

Where an individual becomes newly eligible during the reporting quarter, and subsequently becomes ineligible during the same reporting quarter, the individual will still be included in this count.

Number of individuals newly eligible for Fast Track NHS CHC during the quarter

This is a unique count of individuals agreed newly eligible for Fast Track during the reporting quarter.

Where an individual becomes newly eligible during the reporting quarter, and subsequently becomes ineligible during the same reporting quarter, the individual will still be included in this count.

Number of individuals eligible for all NHS CHC as at the end of the reporting quarter (“snapshot activity”)

This is a unique count of individuals eligible for NHS CHC on the last day of the reporting quarter.

This includes both Fast Track and Standard NHS CHC (non Fast Track) cases.

Number of individuals eligible for Standard NHS CHC (non Fast Track) as at the end of the reporting quarter (“snapshot activity”)

This is a unique count of individuals eligible for Standard NHS CHC (non Fast Track) on the last day of the reporting quarter (“snapshot activity”)

Number of individuals eligible for Fast Track NHS CHC as at the end of the reporting quarter (“snapshot activity”)

This is a unique count of individuals eligible for Fast Track on the last day of the reporting quarter (“snapshot activity”)

Which individuals are included in the dataset?

The data set includes information on individuals who have been agreed eligible for both Fast Track and Standard NHS CHC (non Fast Track). This includes those deemed still eligible under the former Strategic Health Authorities’ eligibility criteria.

Individuals who are eligible for either full or part NHS funding through other NHS funding streams which are not NHS CHC as per the above definition are not included.

Individuals who receive temporary 100% funding pending the completion of the NHS CHC eligibility decision are not included.

When are individuals included in the counts?

Individuals are counted according to the date on which an eligibility decision is made, not the date the funding starts.

Population data

For the majority of individuals NHS CHC is based on the practice an individual belongs to, and NHS CHC funding is only applicable to adults aged 18 and over. Therefore, the population figures are based on the number of individuals aged 18 and over registered at open and active GP practices in each CCG. These data are sourced from the National Health Applications Infrastructure Services (NHAIS) database (also known as the ‘Exeter’ database).

NHAIS captures a snapshot of the number of individuals registered at each GP practice on the first day of each month; the population data in the NHS CHC activity statistics publications are therefore based on extracts on the first day of the reporting quarter (e.g. for quarter 3, which finishes on 31 December, population data are based on the number of individuals registered at GP practices as at 1 October).

Some out of area cases may be funded by the originating CCG but change to the GP practice of the CCG area where they are moved to. This means that some cases may form part of one CCG’s activity but be included in a different CCG’s registered GP population. This tends to apply to care home placements rather than domiciliary packages. The number of cases to which this scenario applies is unknown but the impact on overall figures is likely to be small. However this is a factor that needs to be taken into consideration when viewing the data, especially if a given CCG has a lot of out of area placements set up in this way compared to other CCGs.

A small number of practice figures are not allocated to a specific CCG therefore these still come under the England total but do not appear at CCG or sub-region level. Therefore the sum of all CCG or sub-region populations will not reconcile to the England total.

Calculation of rates per 50,000 population

The NHS CHC measures of activity are also expressed as a rate per 50,000 population; this contributes to consistent monitoring of the application of the National Framework.

Rates are calculated as follows:

$$\frac{\text{Number of individuals newly eligible during the quarter}}{\text{Population aged 18 and over}} \times 50,000$$

$$\frac{\text{Number of individuals eligible as at the end of the reporting quarter ("snapshot activity")}}{\text{Population aged 18 and over}} \times 50,000$$

Change to patient list size extract date

Prior to 2016/17 Quarter 3, patient list sizes as at the first day of the reporting quarter were used, as outlined above.

However, from 2016/17 Quarter 3 onwards, patient list sizes as on the first day immediately after the reporting period end are used (e.g. where a reporting quarter ends on 31 December, the patient list size as at 1 January is used). Users should take account of this change when interpreting figures based on patient list sizes, as the period of time between the 2016/17 Quarter 2 patient list size extract and the 2016/17 Quarter 3 patient list size extract is 6 months in length.

Data quality statement

NHS CHC Activity data are collected from CCGs by NHS England through quarterly reporting which has Burden Advice and Assessment Service (BAAS) approval. These data are then passed to NHS Digital for publication in the series 'NHS Continuing Healthcare Activity Statistics for England'.

Relevance

The publication will be relevant to CCGs, patients, the public and other stakeholders with an interest in the provision of NHS CHC in England.

It is essential to note that there may be variations between CCGs, Regional Teams and Regions when compared against each other. This could be due to a wide variety of reasons including (but not limited to) the age distribution of the local population, variations between geographical areas in terms of their levels of health needs, and the availability of other local services (for example step down beds, intermediate care, rehabilitation services, and other CCG community services). With regards to Fast Track there is a wide variety between CCGs

in terms of end of life (EOL) services that may or may not be available which may impact levels of Fast Track NHS CHC. Examples of possible EOL services include hospice beds, hospice at home services, night sitting services, and out of hours provision of specialist palliative care. These factors therefore need to be taken into consideration when viewing these data and care should be taken when attempting to draw simple comparisons.

The population methodology contributes to variation between CCGs. This is because there are no weightings included in the GP Populations that allow for demographical differences in the composition and health needs of each population, they are simply a count. While this population base may not be perfect for NHS CHC purposes; it is the closest available fit for this cohort.

Accuracy and reliability

These data are collected from CCGs, based on data extracted from local systems.

Numbers of individuals per 50,000 of the 18 and over population are rounded to one decimal place for consistency and readability, though data in the accompanying annexes are given to a greater degree of precision.

Links in this publication have been checked and are correct as at the date of publication.

Timeliness and punctuality

These data are published quarterly, three and a half months after the end of the relevant reporting period.

This publication is classed as Official Statistics and the publication date was pre-announced. There was no gap between the planned and actual publication date.

Accessibility and clarity

This publication provides data and information in written and tabular formats to aid understanding of NHS CHC. A spreadsheet accompanies the written report containing all the data provided from 2016-17 at CCG level. Data for the current financial year are also provided in a .csv file. All data are available via the NHS Digital website at sub-national level.

Coherence and comparability

For the period 2009 - 2013, PCT based datasets were released by the Department of Health². Data are now collected from CCGs, and due to the estimations involved in mapping PCT based data to CCGs, comparisons between the two may be misleading. Time series data for the period 2013-14 to 2015-16 are available in the 2015-16 Quarter 4 publication³; changes to the distribution of CCGs at sub-regional level mean that a new workbook has been created for data from 2016-17 onwards.

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

³ <http://content.digital.nhs.uk/catalogue/PUB20890>

Trade-offs between output quality components

These data undergo a number of quality assurance checks including comparisons to data provided for previous quarters. Queries arising from the validation checks are raised with the CCGs who provided the data. CCGs are then able to resubmit data or provide NHS England with further explanation of the figures before the data are sent to NHS Digital. These data are published as soon after collection as possible whilst still maintaining enough time for completion of these data validation and quality assurance procedures.

Assessment of user needs and perceptions

There is regular communication with and feedback from key stakeholders for this report. Comments can be received through various media; email: enquiries@nhsdigital.nhs.uk ; phone: 0300 303 5678; and we have a web feedback form to go alongside every publication to assess users' needs and whether this report meets them. A web form for this publication is available at <http://digital.nhs.uk/pubs/conthealactq31617>.

Cost, performance and respondent burden

These data are collected by NHS England from CCGs. This is a Burden Advice and Assessment Service (BAAS)⁴ approved manual collection from CCG local systems. CCG systems do enable some automated extractions of the required data.

Confidentiality, transparency and security

This publication is subject to a standard NHS Digital risk assessment prior to issue. These data are aggregate numbers of individuals presented at CCG level, so no disclosure control is required.

The data contained in this publication are Official Statistics. The code of practice is adhered to: <https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/>

Please see links below to the relevant NHS Digital policies.

Statistical Governance Policy:

http://content.digital.nhs.uk/media/1350/Publications-Calendar-Statistical-Governance-Policy/pdf/Statistical_Governance_Policy.pdf

Freedom of Information:

<http://content.digital.nhs.uk/foi>

For further information about NHS CHC:

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care
November 2012 (Revised)

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

⁴ <http://digital.nhs.uk/baas>

Uses and usage of these data

CCGs have a legal responsibility to provide care to those with a primary health need meeting the eligibility criteria set out in the National Framework for NHS CHC¹. This publication informs the DH, NHS England and CCGs, and allows them to monitor that access to assessment, care provision and support is consistent.

These data are used to monitor the application of the National Framework and inform policy developments in this area. These data also allow commissioning organisations to benchmark their activity with others, and ensure that implementation of the National Framework is consistent and correct.

List of annexes

Each release of NHS CHC activity statistics includes the following components:

Annex 1 – report tables and subnational data (.xlsx file)

Notes and definitions

Table 1.1: Number of individuals who became newly eligible for NHS CHC (Standard NHS CHC and Fast Track) during the reporting quarter, by CCG

Table 1.2: Number of individuals who became newly eligible for Standard CHC (non Fast Track) during the reporting quarter, by CCG

Table 1.3: Number of individuals who became newly eligible for Fast Track during the reporting quarter, by CCG

Table 2.1: Number of individuals eligible for NHS CHC (Standard NHS CHC and Fast Track) as at the end of the reporting quarter, by CCG

Table 2.2: Number of individuals eligible for Standard CHC (non Fast Track) as at the end of the reporting quarter, by CCG

Table 2.3: Number of individuals eligible for Fast Track as at the end of the reporting quarter, by CCG

Table 3.1: Number of individuals aged 18 and over registered at GP practices, by CCG

Annex 2 – raw data (.csv file)

Annex 2 contains the raw data by CCG for the current financial year.

Contact details for queries

Should you have a query relating to the activity statistics contained in this publication series, please contact NHS Digital using the following email address: enquiries@nhsdigital.nhs.uk

For queries regarding the data collection, please contact NHS England using the following contact details: <https://www.england.nhs.uk/contact-us/>