

Hull PCT Health Outcome and Expenditure Comparison for Chronic Obstructive Pulmonary Disease 2008/2009

Key findings

- Spend on all respiratory system programmes in Hull for 2008/2009 is significantly higher than the England average, requiring further investigation. Hull ranks 1st for spend out of 16 PCTs in the Industrial Hinterlands cluster.
- For 2006-2008 Hull has worse outcome for bronchitis, emphysema and COPD mortality compared to England, outside one standard deviation of the England average, which may require further investigation. Hull ranks 14th for outcome out of 16 PCTs in the Industrial Hinterlands cluster.
- Spend has increased by £22 per head in Hull on all respiratory programmes compared to the previous year, with a increase of 2 deaths per 100,000 from bronchitis, emphysema and COPD.

Introduction

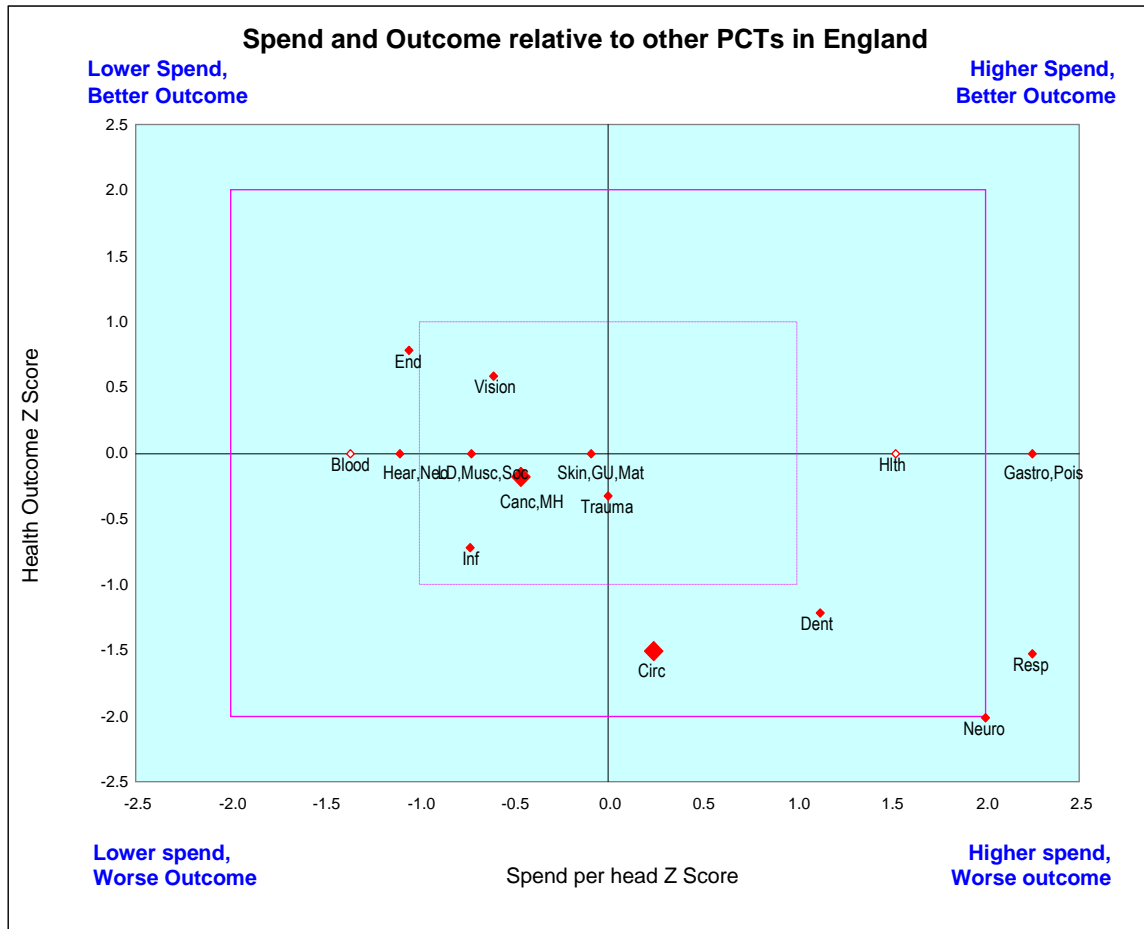
Programme budgeting is a well-established technique for assessing investment in health programmes rather than services. The purpose of this report is to provide an overall view of Hull PCT health outcome and expenditure for COPD, highlighted as a key priority goal for World Class Commissioning.

The Health Outcome and Expenditure Comparison Tool supplied by Yorkshire and Humber Public Health Observatory and Department of Health highlights better/worse outcomes for spend across individual programmes relative to the England average, and The Office for National Statistics (ONS) Industrial Hinterlands cluster rank for 2008/2009. The comparison tool displays two quadrant charts, which select an individual outcome against overall spend on a programme. When comparing outcomes for Hull to England, it is likely that the prevalence of risk factors and mortality will be higher due to increased deprivation in Hull relative to England.

The outcome defined in the World Class Commissioning Strategy for COPD is 'number of people diagnosed and registered in primary care with COPD'. Figures 1 and 2 display programme spend per head for 2008/2009 on all respiratory programmes in Hull, against bronchitis, emphysema and COPD mortality under 75, directly aged-standardised rate, per 100,000 European Standard population, 2006-2008.

National Quadrant

Figure 1



- ◇ No outcome indicators readily available
- ◆ Outcome indicators available

Programme Area Abbreviations

| | | | | | |
|------------------------------------|------|-------------------|--------|---------------------|-------|
| Infectious Diseases | Inf | Hearing | Hear | Disorders of Blood | Blood |
| Cancers & Tumours | Canc | Circulation | Circ | Maternity | Mat |
| Respiratory System | Resp | Mental Health | MH | Neonates | Neo |
| Endocrine, Nutritional & Metabolic | End | Dental | Dent | Neurological | Neuro |
| Genito Urinary System | GU | GI System | Gastro | Healthy Individuals | Hlth |
| Learning Disabilities | LD | Musculoskeletal | Musc | Social Care Needs | Soc |
| Adverse effects & poisoning | Pois | Trauma & Injuries | Trauma | | |

The quadrant chart categorises each programme into 4 quadrants in terms of expenditure and outcome relative to the England average. Each dot represents a programme budget category. The three largest spending programmes nationally (Mental Health, Circulatory Diseases and Cancer) are represented by larger dots. A z score is given to each programme measuring the distance of a value from the mean (average) in units of standard deviations. A programme outside the solid pink +/- 2 z scores box indicates that the data is significantly different from the England average. Approximately 5% of outcomes and expenditures will be outside this box.

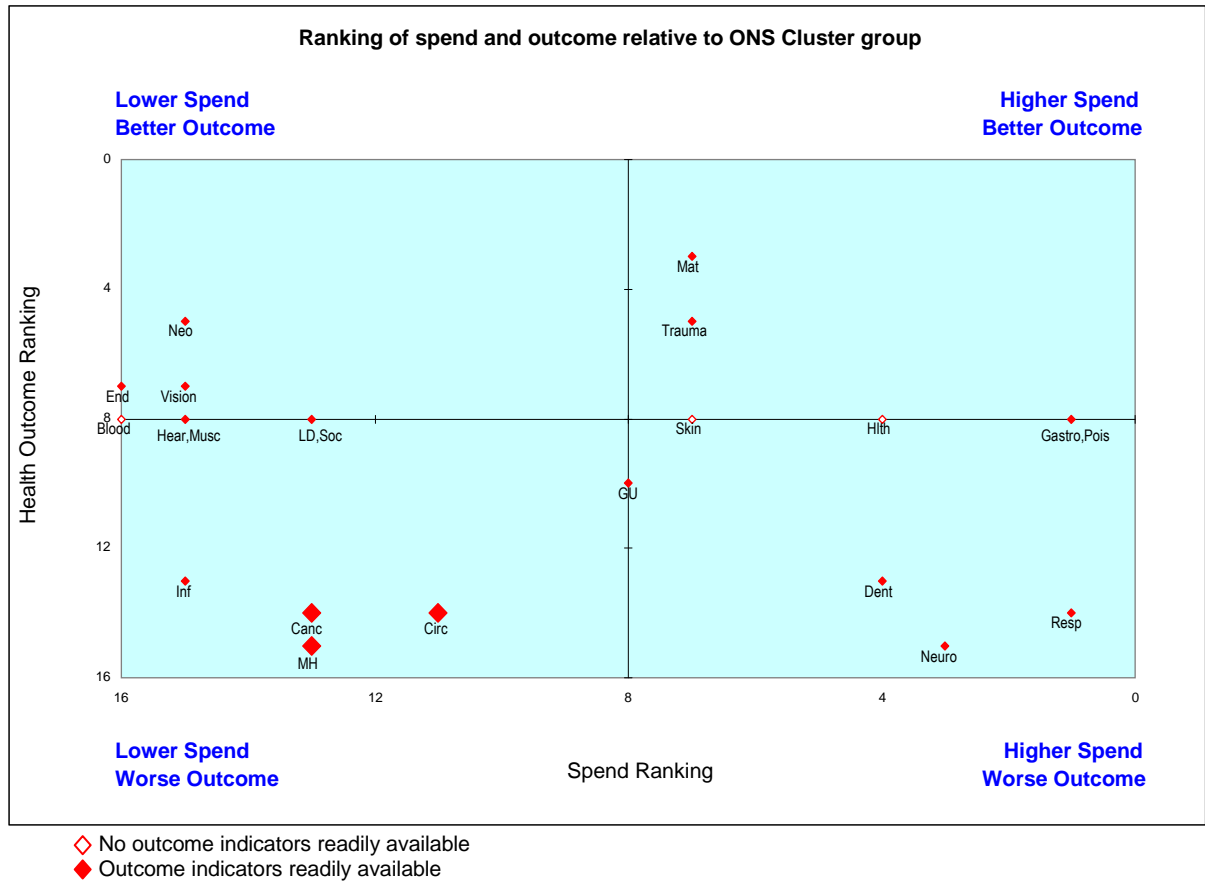
If the programme lies to the left or right of the box, the programme is significantly different on spend and if it lies outside the top or bottom of the box the programme is significantly different on outcome. Programmes outside the box at the corners are significantly different from the England average for both spend and outcome. Programmes outside the dotted pink +/- 1 z score box, may require further investigation. Approximately 30% of outcomes and expenditure will be outside this box.

Figure 1 indicates higher spend in Hull on all respiratory system programmes compared to England. Programme spend per head for 2008/2009 was £115 compared to the England average £78. Spend lies outside two standard deviations of the England average, indicating that programme spend is significantly higher than the England average, requiring further investigation.

Figure 1 indicates worse outcome in Hull on bronchitis, emphysema and COPD mortality compared to England. For 2006-2008 mortality from bronchitis, emphysema and COPD in Hull was 21 per 100,000 (under 75), compared to the England average 12 per 100,000 (under 75). The outcome is outside one standard deviation of the England average, which may require further investigation.

ONS Cluster Quadrant

Figure 2



Programme Area Abbreviations

| | | | | | |
|------------------------------------|------|-------------------|--------|---------------------|-------|
| Infectious Diseases | Inf | Hearing | Hear | Disorders of Blood | Blood |
| Cancers & Tumours | Canc | Circulation | Circ | Maternity | Mat |
| Respiratory System | Resp | Mental Health | MH | Neonates | Neo |
| Endocrine, Nutritional & Metabolic | End | Dental | Dent | Neurological | Neuro |
| Genito Urinary System | GU | GI System | Gastro | Healthy Individuals | Hlth |
| Learning Disabilities | LD | Musculoskeletal | Musc | Social Care Needs | Soc |
| Adverse effects & poisoning | Pois | Trauma & Injuries | Trauma | | |

The ONS cluster quadrant categorises each programme into 4 quadrants in terms of expenditure and outcome relative to the ONS cluster group Industrial Hinterlands. Rather than producing z scores previously used in the national comparison quadrant, the spend and health outcomes are ranked, with 1 meaning highest spend or best health outcome. Clusters are used to group PCTs together according to key characteristics common to the population in that grouping. ONS derive these groupings, known as clusters, from census data. Hull has been grouped in the Industrial Hinterlands cluster, however it is most unlike all the other PCTs within this cluster.

Figure 2 indicates respiratory system programmes in Hull are ranked 1st for spend out of 16 PCTs in the Industrial Hinterlands cluster. Hull's spend per head for 2008/2009 was £115 compared to the cluster average £93. Hull's COPD programme spend per head for 2008/2009 was £37.

Figure 2 indicates bronchitis, emphysema and COPD programmes in Hull are ranked 14th for outcome out of 16 PCTs in the Industrial Hinterlands cluster. For 2006-2008 mortality from bronchitis, emphysema and COPD in Hull was 21 per 100,000 (under 75) compared to the cluster average 18 per 100,000 (under 75).

Previous year

Hull's programme spend per head for 2007/2008 on all respiratory programmes was £93, compared to £115 for 2008/2009, an increase of £22. Spend is outside two standard deviations for both years and ranked 1st for both years out of 16 PCTs in the Industrial Hinterlands cluster. Hull COPD programme spend per head for 2007/2008 was £18 compared to £37 for 2008/2009, an increase of £19.

For 2005-2007 mortality from bronchitis, emphysema and COPD for Hull was 19 per 100,000 (under 75) compared to 21 per 100,000 (under 75) for 2008/2009, an increase of 2 deaths per 100,000. Both years are outside one standard deviation of the England average, ranking 12th in 2007/2008 and 14th in 2008/2009 for outcome out of 16 PCTs in the Industrial Hinterlands cluster.

Data Sources and Definitions for 2008/2009

| PB category | Health Outcome Indicator | Data Source |
|--------------------------------------|---|---|
| Infectious Diseases | Mortality from infectious and parasitic diseases. Directly Standardised Rate (DSR) per 100,000 European Standard Population. 2006 - 2008. All ages. Persons | National Centre for Health Outcomes Development (NCHOD) |
| Cancers and Tumours | % of women aged 53 - 70 screened for breast cancer, 2008-2009 | Healthcare commission |
| Endocrine, Nutritional and Metabolic | % of diabetic patients whose last HbA1c was 7.5 or less 2008-2009 | Quality and Outcomes Framework, Information Centre |
| Mental Health | % of patients on enhanced CPA receiving follow up (face to face or telephone) within 7 days of discharge 2007/2008 | Healthcare commission |
| Neurological | Mortality from epilepsy: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006-2008 persons | National Centre for Health Outcomes Development (NCHOD) |
| Vision | Total sight tests per 10,000 population, 2008-2009 | The Information Centre for Health and Social Care, Primary Care |
| Circulatory System | Mortality from coronary heart disease: Under 75s, directly age-standardised rates (DSR) per 100,000 European Standard population, 2006 - 2008 | National Centre for Health Outcomes Development (NCHOD) |
| Circulatory System | Mortality from stroke: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006 - 2008 | National Centre for Health Outcomes Development (NCHOD) |
| Respiratory system | Mortality from bronchitis and emphysema and COPD: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006-2008 | National Centre for Health Outcomes Development (NCHOD) |

| PB category | Health Outcome Indicator | Data Source |
|------------------------|---|---|
| Dental Problems | Decayed missing and filled teeth 5 year olds 2007-2008 | BASCD |
| Trauma and injuries | Mortality from accidents: Directly age-standardised rates (DSR) per 100,000 European Standard population, 2006-2008 | National Centre for Health Outcomes Development (NCHOD) |
| Genitourinary | Deaths within 30 days admission, all genito urinary admissions excluding day cases, standardised rates, all ages FY 2007/2008 | National Centre for Health Outcomes Development (NCHOD) |
| Maternity | % low birth weight births (live and still) <2500gms, 2008 | National Centre for Health Outcomes Development (NCHOD) |
| Conditions of neonates | Neonatal infant mortality per 1,000 births (infants aged less than 28 days), 2006-2008 | National Centre for Health Outcomes Development (NCHOD) |