

## Hull PCT Health Outcome and Expenditure Comparison for Diabetes 2008/2009

### **Key findings**

- Endocrine, nutritional and metabolic programmes in Hull have lower spend compared to England, outside one standard deviation of the England average. Hull ranks 16<sup>th</sup> for spend out of 16 PCTs in the Industrial Hinterlands cluster.
- Hull has a higher proportion of diabetic patients whose last HbA1c was 7.5 or less compared to the England average, but not significantly higher. Hull ranks 7<sup>th</sup> for outcome out of 16 PCTs in the Industrial Hinterlands cluster.
- Spend on endocrine, nutritional and metabolic programmes in Hull has remained the same over the previous two years, whilst the percentage of diabetic patients whose last HbA1c was 7.5 or less has increased by 1% in absolute terms.

### **Introduction**

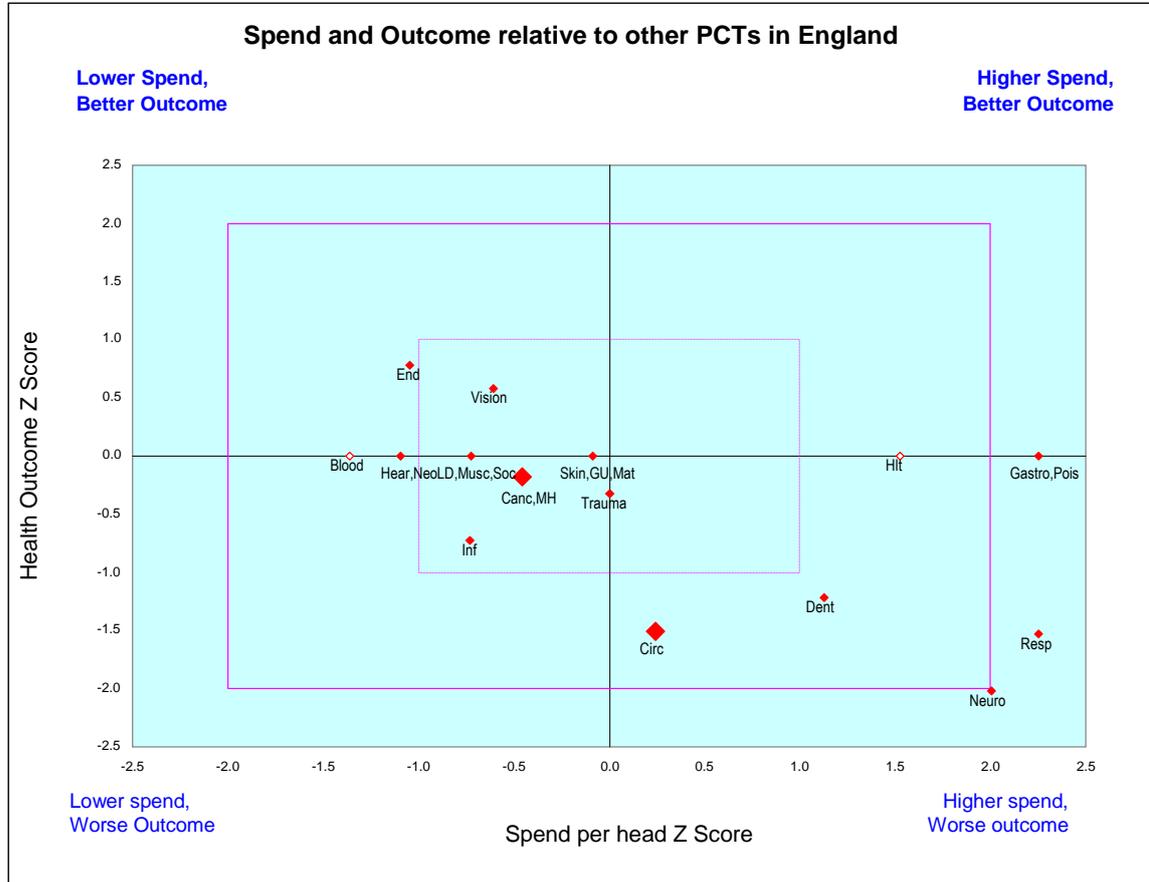
Programme budgeting is a well-established technique for assessing investment in health programmes rather than services. The purpose of this report is to provide an overall view of Hull PCT health outcome and expenditure for diabetes, highlighted as a key priority goal for World Class Commissioning.

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 diabetes is 'Patients on the diabetes register whose last measured HbA1c was under 7'. Figures 1 and 2 display Hull's programme spend per head for 2008/2009 on all endocrine, nutritional and metabolic programmes against percentage of patients in whom last measured HbA1c is 7.5 or less for 2008/2009. For 2009/2010, the patient registers examines HbA1c under 7, so the updated World Class Commissioning Strategy reflects this, but the programme budget information relates to 2008/2009 so uses the old measure.

# National Quadrant Chart

Figure 1



## 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.

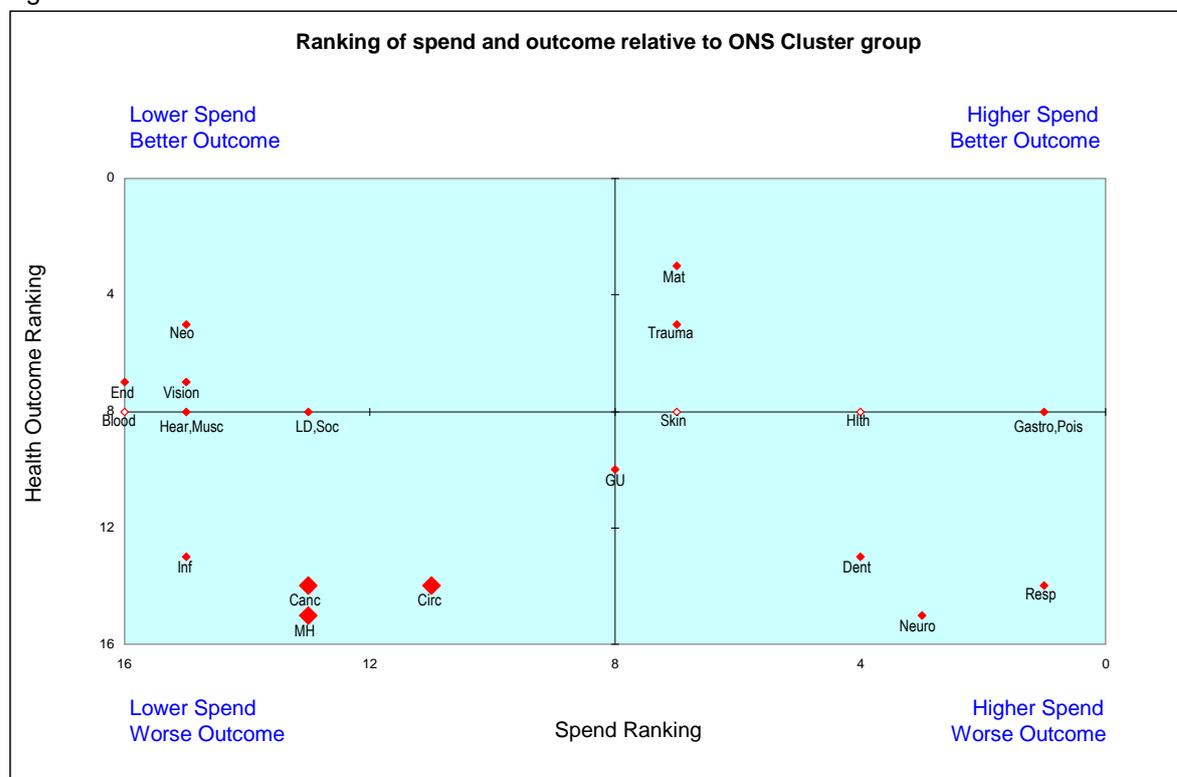
If the programme lies to the left or right of the box, the programme is significantly different on spend and if it lies outside the top or bottom of the box the programme is significantly different on outcome. Programmes outside the box at the corners are significantly different from the England average 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 lower spend in Hull for endocrine, nutritional and metabolic programmes compared to England. Programme spend per head for 2008/2009 was £37 compared to the England average £43. Spend is outside one standard deviation of the England average, which may require further investigation. Hull's programme spend per head for 2008/2009 on diabetes is £17.

Figure 1 indicates better outcome in Hull for blood sugar levels of diabetic patients compared to England. For 2008/2009 the percentage of diabetic patients whose last HbA1c was 7.5 or less in Hull was 69% compared to the England average 66%. Outcome lies within one standard deviation of the England average indicating no significant difference.

## ONS Cluster Quadrant Chart

Figure 2



- ◊ No outcome indicators readily available
- ◆ Outcome indicators readily 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 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 endocrine, nutritional and metabolic programmes in Hull are ranked 16<sup>th</sup> for spend out of 16 PCTs in the Industrial Hinterlands cluster. Hull's spend per head for 2008/2009 was £37 compared to the cluster average £47.

Figure 2 indicates diabetes programmes in Hull are ranked 7<sup>th</sup> for outcome out of 16 PCTs in the Industrial Hinterlands cluster. For 2008/2009 the percentage of diabetic patients whose last HbA1c was 7.5 or less in Hull was 69% compared to the cluster average 69%.

### **Previous year**

Hull's programme spend per head on all endocrine, nutritional and metabolic programmes has remained unchanged for two years. Spend is within one standard deviation of the England average for 2007/2008 but outside one standard deviation for 2008/2009. For 2007/2008 Hull ranked 12<sup>th</sup> for spend out of 16 PCTs in the Industrial Hinterlands cluster, compared to 16<sup>th</sup> in 2008/2009. Programme spend per head on diabetes programmes in Hull has remained unchanged at £17 for two years.

For 2007/2008 the percentage of Hull diabetic patients whose last HbA1c was 7.5 or less was 68% compared to 69% for 2008/2009, an increase of 1%. Outcome is within one standard deviation of the England average for 2007/2008 but outside for 2008/2009. Hull ranks 12<sup>th</sup> for diabetes outcome in 2007/2008, compared to 7<sup>th</sup> in 2008/2009.

### 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)

<b>PB category</b>	<b>Health Outcome Indicator</b>	<b>Data Source</b>
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)