

CCG Outcome Indicator Set

Indicator 1.20

Mortality from breast cancer in females

Domain 1

Preventing people from dying prematurely

Indicator quality statement

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Contents

Introduction	3
Relevance	4
Accuracy and Reliability	5
Timeliness and Punctuality	6
Accessibility and Clarity	6
Coherence and Comparability	7
Trade-offs between Output Quality Components	8
Assessment of User Needs and Perceptions	9
Performance, Cost and Respondent Burden	9
Confidentiality, Transparency and Security	9

Introduction

Context for the indicator quality statement.

This indicator quality statement accompanies the Official Statistics release of the Clinical Commissioning Group (CCG) Indicator 1.20 – Mortality from breast cancer in females.

Additional information can be found on the NHS Digital website:
<http://www.digital.nhs.uk>.

The following data source has been used to construct this indicator:

- Primary Care Mortality Database (PCMD):
<https://digital.nhs.uk/data-and-information/data-tools-and-services/tools-for-accessing-data/primary-care-mortality-database>
- Registered patient counts (National Health Application & Infrastructure Services (NHAIS); commonly known as 'Exeter' System):
<https://digital.nhs.uk/services/systems-and-service-delivery>
- Office for National Statistics (ONS) population estimates (for England population counts used in the standardisation model):
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

This indicator requires careful interpretation and should not be viewed in isolation, but instead be considered alongside information from other indicators and alternative sources such as patient feedback, staff surveys and similar material. When evaluated together, these will help to provide a holistic view of CCG outcomes and provide a more complete overview of the impact of the CCGs' processes on outcomes.

This indicator has been assured through the Indicator Assurance Service which is managed by the NHS Digital on behalf of the wider Health and Social Care system. Under the regulations within the Health and Social Care Act, a national database of quality assured indicators has been established. Indicators registered in the database must have been firstly appraised under the assurance process.

The full indicator methodology is set out in the accompanying Specification document.

Relevance

The degree to which the statistical product meets user needs in both coverage and content

The intended audience for the indicator is CCGs, the Department of Health, Provider Managers, Commissioning Managers, Clinicians, Patients and the Public.

This indicator forms part of Domain 1 - Preventing people from dying prematurely

Breast cancer is the most common cancer in women in England. New cases diagnosed in women each year have increased from under 30,000 in 1993 to more than 41,000 in 2010. During the same period, the number of deaths from breast cancer in women has fallen from 12,500 to just over 9,600. There is a trend of increasing incidence because of lifestyle factors and improved detection, and decreasing mortality because of earlier detection and improvements in the quality and availability of effective treatments.

To remain in line with the Office of National Statistics, deaths from breast cancer in men are not included in this indicator. Breast cancer in men and women is a very different disease, with around 60 male deaths each year in England. Due to the anatomical differences in men and women leading to the differences in presentation of disease, breast cancer in men is routinely separated from analysis of breast cancer as a whole. In addition, with over 200 CCGs, there are insufficient cases to robustly measure breast cancer mortality for men.

The desirable outcomes of this domain, specifically the prevention of premature deaths, are supported not only by the provision of health care, but also by public health and social care initiatives. Other contributory factors outside of the control of the NHS, such as socio-economic factors also affect Domain 1 outcomes.

How actionable is the indicator?

It is expected that CCGs will be able to impact on breast cancer mortality in a number of ways. For example, they could encourage women to attend breast screening when invited and commission appropriate treatment services. However, it could be several years before any effect is noticed, particularly given the existing general downward trend in breast cancer mortality.

Accuracy and Reliability

How well the information is recorded and transmitted, and, where applicable, the proximity between and estimate and the unknown true value.

Data quality for both the numerator (PCMD) and denominator (NHAIS (Exeter) Systems) is considered to be good.

- PCMD is an online database which was developed by the NHS Digital in partnership with the ONS to make mortality data available to the NHS. The database is updated monthly and holds mortality data from April 2002. As NHS related information about the deceased, including their registered GP and GP practice, is a key feature of the dataset, the creation of PCMD includes full validation of NHS numbers.

More information about the PCMD can be found at: <https://digital.nhs.uk/data-and-information/data-tools-and-services/tools-for-accessing-data/primary-care-mortality-database>

More information on death registration can be found at: <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/classifications/international-standard-classifications/icd-10-for-mortality/death-certification-and-registration/index.html>

and ONS mortality statistics can be found at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths>

- GP female patient counts at GP level by single year of age from the NHAIS (Exeter) Systems. NHAIS recognise 3 values for gender; male, female and indeterminate. There are approximately 50 indeterminates nationally and it is standard for these to be considered as female. More information about the NHAIS can be found at:

<https://digital.nhs.uk/services/systems-and-service-delivery>

- ONS population estimates for the England population count: <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/method-quality/specific/population-and-migration/pop-ests/index.html>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

Data is provided by sex and single year of age and aggregated into quinary age bands. The assignment of a CCG to a patient will be based on GP practice code where possible and if not, then on the patient's home postcode.

The indicator is a rate per 100,000 registered patients directly standardised by age and female using the England population (from the most recent ONS mid-year population estimates) for the population standard (<http://www.ons.gov.uk/ons/rel/subnational-health2/european-standard-population/effect-on-uk-official-statistics/sty-revision-of-esp.html>).

It is published with 95% confidence intervals calculated using Dobson's and Byar's method, as specified in 'Commonly used public health statistics and their confidence intervals' (Public Health England (formerly APHO), March 2008).

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.

Although PCMD is updated monthly, mortality statistics are normally published annually for a calendar year.

NHAIS (Exeter) Systems registered patient counts are extracted on 1 April.

These indicators are official statistics and the publication date was pre-announced. There was no gap between the planned and actual publication date.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information.

Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The indicators which support commissioning are available in the public domain from the NHS Digital website: <http://www.digital.nhs.uk>. The publication includes the indicator data, the specification document and the indicator quality statement.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar.

Comparability is the degree to which data can be compared over time and domain.

The number of CCGs reported on has changed within the time series because some CCGs have merged. Data reported on prior to the merge will include the old CCGs whereas data reported on after the merge will include the new merged CCG.

NHS Gateshead CCG (00F), NHS Newcastle North and East CCG (00G) and NHS Newcastle West CCG (00H) merged to form NHS Newcastle Gateshead CCG (13T) in the 2015 data onwards.

NHS Central Manchester CCG (00W), NHS North Manchester CCG (01M), NHS South Manchester CCG (01N) merged to form NHS Manchester CCG (14L) in 2016 data onwards.

Changes to ONS cause of death coding affect data in 2011 and 2014; comparisons of data across these years should be treated with caution, please see the Trade-offs between Output Quality Components section below.

The rates presented in this indicator are not comparable to existing breast cancer mortality rates. This is because the indicator uses the registered CCG population for the denominator and ONS mid-year England population estimates for the respective calendar years in the standardisation model. The indicator also only includes people who can be attributed to a valid CCG.

Further information on the use of more recent standard populations in relation to cancer rates can be found at: <http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/rpt-2013-esp-cancer-rates.pdf>

Other information on breast cancer is available from the cancer e-atlas on the NCIN website (http://www.ncin.org.uk/cancer_information_tools/eatlas/) which provides data by NHS health boundaries. NCIN are working to produce the latest cancer incidence, mortality and survival data by CCG resident population.

This indicator was constructed following consultation with clinical and cancer data experts.

Trade-offs between Output Quality Components

Trade-offs are the extent to which different aspects of quality are balanced against each other.

1. This indicator requires careful interpretation and should not be used in isolation. It should be taken in conjunction with other indicators and information from other sources (patient feedback, staff surveys and other such material) that together form a holistic view of CCG outcomes and a fuller overview of how CCG processes are impacting on outcomes.
2. Direct comparison with previous year's mortality, prior to 2011, is not advisable. Further details can be found at: <http://www.ons.gov.uk/ons/rel/subnational-health3/results-of-the-icd-10-v2010-bridge-coding-study--england-and-wales--2009/2009/index.html>
3. On 8 August 2014, the ONS published 'Impact of the Implementation of IRIS Software for ICD-10 Cause of Death Coding on Mortality Statistics, England and Wales': http://www.ons.gov.uk/ons/dcp171778_373602.pdf This report details the impact of the change of coding brought about by the introduction of new coding software ICD-10 v2013 (IRIS) on the underlying causes of death condition groups or chapters. The changes detailed in the ONS reports are likely to have an effect across all of the Mortality indicators in the CCG OIS, namely:
 - 1.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare
 - 1.2 Under 75 mortality from cardiovascular disease
 - 1.6 Under 75 mortality from respiratory disease
 - 1.7 Under 75 mortality from liver disease
 - 1.9 Under 75 mortality from cancer
 - 1.20 Mortality from breast cancer in females.
4. Standardisation is by age and does not encompass any other factors that could potentially influence the rate.
5. Differences in casemix (beyond that accounted for by standardisation), comorbidities and other potential risk factors also contribute to the variation. Not all cancers can be staged at diagnosis or it may be undesirable to do so.
6. There may be variation in the prevalence of particular conditions due to differing levels of deprivation, for other geo-demographic reasons or between patients of different ethnic heritages.
7. There may be local variation in data quality, particularly in terms of coding and the identification of the underlying cause of death.
8. Some factors causing or exacerbating cardiovascular disease are outside the control and influence of the NHS and CCGs. These can vary by region, and may include environmental factors such as air quality, occupational hazards, socio-economic factors and deprivation.

Recommended improvements for future development

At present, there are no plans for any further disaggregations of the data.

Assessment of User Needs and Perceptions**The processes for finding out about users and uses, and their views on the statistical products.**

Comments can be made through various media, including NHS Digital general enquiries by email enquiries@nhsdigital.nhs.uk or by telephone 0300 303 5678.

As well as initially assuring the quality and methodology of this indicator, the NHS Digital's Indicator Assurance Process will be used on an on-going basis to review any new indicators. User needs and feedback will be taken into consideration during this assurance process.

Performance, Cost and Respondent Burden**The effectiveness, efficiency and economy of the statistical output.**

This indicator makes use of an existing data collection, so there are no additional data collection cost implications or burden.

Confidentiality, Transparency and Security**The procedures and policy used to ensure sound confidentiality, security and transparent practices.**

This publication is subject to a standard NHS Digital risk assessment prior to issue. Disclosure control is implemented where judged necessary. ONS guidance on disclosure control, which is implemented where necessary, can be found at: <http://www.ons.gov.uk/methodology/methodologytopicsandstatisticalconcepts/disclosurecontrol/guidanceforbirthanddeathsstatistics>

Detailed methodology specification documents and other supporting material are available on the NHS Digital website.

The UK Statistics Authority's Code of Practice for Statistics is followed regarding security and release of information prior to publication: <https://www.statisticsauthority.gov.uk/code-of-practice/the-code/>