# Formula for distributing NHS revenues based on small area use of hospital beds - results of a study commissioned from the University of York by the National Health Service Executive

Centre for Health Economics, University of York - Measuring quality of care with routine data: avoiding confusion between performance indicators and health outcomes



Description: -

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The BMJ team is based mainly in London, although we also have editors elsewhere in Europe and in the US. Eight out of the 10 areas with the highest crude admission rates are in the top 10 ranked by age and sex standardised rates, whereas only four out of the top 10 by age and sex standardised rates remain in the top 10 when allowance is made for morbidity, socioeconomic factors, and secondary care factors.

#### 1990s

The addition of other needs variables SMR, population turnover and proportion male and supply variables did not add substantially to the final adjusted R-squared statistic 0.

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Additional measures, such as deprivation, may better identify differential service need. In particular, young people are more likely to present with problematic cannabis use than adult clients, which may be associated with different predictors. Variables which were significant predictors of the over-18s group were not significant in the under-18s IMD Income, IMD Environment, proportion male, proportion GP prescribing and distance to nearest service.

Our research papers are a means of making current research material widely available. The study period was 1988—1991 calendar years inclusive for the fatalities: and was the financial year from 1 April 1991—31 March 1992 for injury resulting in hospital admission.

### A formula for distributing NHS revenues based on small area use of hospital beds

Congenital anomalies and proximity to landfill sites. The percentage of each practice's admissions to different local hospitals added significantly to the explanation of variation, while the general practice characteristics considered added very little.

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