

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

CLINICAL COMMISSIONING GROUP OUTCOMES INDICATOR SET (CCG OIS) INDICATOR DEVELOPMENT PROGRAMME

Consultation report on potential CCG OIS indicator(s)

CCG OIS indicator area: Caesarean section

Consultation period: 03/02/2014 – 03/03/2014

Potential output: Recommendations for NICE menu

Introduction

The following report provides a summary of the responses received from the recent consultation on potential new indicators for the 2015/16 Clinical Commissioning Group Outcomes Indicator Set (CCG OIS). The Committee is asked to consider the results of consultation alongside testing reports produced by the Health and Social Care Information Centre.

Indicator(s) included in the consultation

ID	Indicators	Domain	Overarching/ Improvement area	Evidence source
IND-26	The proportion of pregnant women who have had 1 or more previous caesarean sections who have a documented discussion (covering risks and benefits) of the option to plan a vaginal birth by 12 weeks 6 days	5	Improving the safety of maternity services	NICE quality standard 32 Caesarean Section (2013)
IND-27	The proportion of pregnant women having a planned caesarean section and not needing an earlier delivery because of maternal or fetal indication who have the procedure carried out at or after 39 weeks 0 days	5	Improving the safety of maternity services	NICE quality standard 32 Caesarean Section (2013)
IND-28	Rates of complications in women who have had a caesarean section	5	Improving the safety of maternity services	NICE quality standard 32 Caesarean Section (2013)

Summary of consultation responses

IND-26: The proportion of pregnant women who have had 1 or more previous caesarean sections who have a documented discussion (covering risks and benefits) of the option to plan a vaginal birth by 12 weeks 6 days.

One stakeholder felt this was the most relevant indicator for supporting women in their decision to have a vaginal birth after previous c-section. NHS England felt that this indicator may be appropriate for another domain but did not think this was a suitable patient safety measure for domain 5.

A CCG considered 12 weeks 6 days too early in pregnancy to plan a vaginal birth and therefore felt this was unlikely to be a useful measure and it was commented that this would be more appropriate as brief discussion during the booking appointment. Another CCG felt that IND-27 and IND-28 would be better markers of safety and quality.

IND-27: The proportion of pregnant women having a planned caesarean section and not needing an earlier delivery because of maternal or fetal indication who have the procedure carried out at or after 39 weeks 0 days.

Two CCGs noted the potential value of this indicator and supported its inclusion in the CCG OIS. NHS England commented that given this indicator is about planning procedures so births take place at the most appropriate point in time, this could be considered a measure of effectiveness instead of patient safety.

One CCG had limited support for all these indicators for caesarean section but commented that IND-27 would be their preferred option.

IND-28: Rates of complications in women who have had a caesarean section

One CCG queried if complications unrelated to a caesarean section would count in the indicator and highlighted that there may be instances where complications were the primary reason for deciding to deliver by caesarean section. Another stakeholder agreed that further definition is required for this indicator in terms of defining 'complications' and the measurement period being calculated. It was noted that this is a possible outcome indicator and could also act as an indicator for information.

It was suggested that consideration given to having separate measures for planned vaginal and planned caesarean birth options.

NHS England commented that all treatment carries risks and benefits and felt that just because some complications may result from patient safety incidents this does not make them patient safety indicators.

Consultation comments

ID	Stakeholder organisation	Comment
IND-26	NHS Stockport CCG	Support its inclusion but IND 27 and 28 better markers of safety/ quality
IND-26	Kirklees Public Health Intelligence	This appears to be the indicator most relevant to the rationale
IND-26	NHS England	Whilst the indicator itself may be appropriate in another domain, it is not considered appropriate as a patient safety measure.
IND-26	NHS Bristol CCG	We note the indicator and its potential value, and have no further comments at this stage.
IND-26	Outcomes Based Healthcare Ltd	Summary: Process, not an outcome. Comments as per IND-1. May be an important (quality) process, but not an outcome.
IND-26	Somerset CCG	<p>The proportion of pregnant women who have had 1 or more previous caesarean sections who have a documented discussion covering risks and benefits of the option to plan a vaginal birth by 12 weeks 6 days</p> <p>Which indicators have the greatest potential to contribute against the domain objectives and improvement areas of the NHS Outcomes Framework?</p> <p>Seems very early and at this stage unlikely to be that useful. If occurring during booking appointment, then likely to be only a quick mention for meeting the target's sake rather than useful to pregnant woman.</p> <p>Caesarean section: Rates of complications in women who have had a caesarean section</p> <p>What (if any) are the potential barriers to implementing the indicators?</p> <p>Would you count the complication if it were unrelated to the fact it was caesarean? What if the complication was what caused the caesarean? Should separate out planned vaginal and planned caesarean birth options.</p>
IND-27	NHS Stockport CCG	Support its inclusion (see IND26)
IND-27	Kirklees Public Health Intelligence	Unclear how this is an indicator of women being supported in their decision to have a vaginal birth after previous c-section?
IND-27	NHS England	The rationale is partly about vaginal births as per the above indicator rather than timely caesarean sections.

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		Given that the indicator is about planning procedures so that births occur at the most appropriate point in time, this is not considered to be a patient safety measure. Rather it is an effectiveness issue.
IND-27	NHS Heywood, Middleton and Rochdale CCG	This would be the preferred indicator from the 4, however, there is only limited support for these indicators.
IND-27	NHS Bristol CCG	We note the indicator and its potential value, and have no further comments at this stage.
IND-27	Outcomes Based Healthcare Ltd	Summary: Process, not an outcome. Comments as per IND-1. May be a (quality) process but not an outcome.
IND-28	NHS Stockport CCG	Support its inclusion (see IND26)
IND-28	Kirklees Public Health Intelligence	Ditto IND27
IND-28	NHS England	The rationale is as given for sections at 39 weeks rather than relating to complications. All treatment has risks and benefits, and just because some complications may result from patient safety incidents does not make the indicator a safety indicator.
IND-28	NHS Bristol CCG	We note the indicator and its potential value, and have no further comments at this stage.
IND-28	Outcomes Based Healthcare Ltd	Summary: Possible outcome, needs defining The rationale does appear to not match the outcome indicator. The term ‘complications’ requires definition before it can be considered an outcome. The measurement period requires defining.
General	NHS England	Care over burden of measurement for potential indicators not already being routinely measured
General	National LGB&T Partnership	A lack of patient sexual orientation and gender identity monitoring across the healthcare system means that the needs of lesbian, gay, bisexual and trans (LGB&T) people will not be recognised within this indicator, resulting in adverse impact on these protected characteristics groups. LGB&T people experience a range of health inequalities compared to the general population (see the Public Health Outcomes Framework LGB&T Companion Document for a presentation of the evidence: www.lgf.org.uk/phof) and if their needs are not recognised in resources such as the CCG OIS, there is a risk that they will not be acknowledged in service design and delivery, leading to continued inequalities. A continued lack of monitoring affects the ability of CCGs and others in the healthcare system to understand populations and direct interventions and services effectively. NICE should work where it can to influence leaders in the healthcare system to implement comprehensive and consistent patient sexual orientation and gender identity monitoring. CCGs should also be encouraged to take account of local need (presented in documents such as the JSNA) and not focus solely on these indicators at a broad level. Otherwise there is a risk of locally pertinent issues being ignored, such as LGB&T health.
General	The Lesbian and Gay Foundation	A lack of patient sexual orientation and gender identity monitoring across the healthcare system means that the needs of lesbian, gay, bisexual and trans (LGB&T) people will not be recognised within this indicator, resulting in adverse

		<p>impact on these protected characteristics groups. LGB&T people experience a range of health inequalities compared to the general population (see the Public Health Outcomes Framework LGB&T Companion Document for a presentation of the evidence: www.lgf.org.uk/phof) and if their needs are not recognised in resources such as the CCG OIS, there is a risk that they will not be acknowledged in service design and delivery, leading to continued inequalities. A continued lack of monitoring affects the ability of CCGs and others in the healthcare system to understand populations and direct interventions and services effectively. NICE should work where it can to influence leaders in the healthcare system to implement comprehensive and consistent patient sexual orientation and gender identity monitoring. CCGs should also be encouraged to take account of local need (presented in documents such as the JSNA) and not focus solely on these indicators at a broad level. Otherwise there is a risk of locally pertinent issues being ignored, such as LGB&T health.</p>
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