



understanding the
clinical indicators
2005

Purpose of this short guide

This is a short guide to the 2005 Clinical Indicators report. It summarises – for both the public and health service staff – the key points from the full report.

What are indicators?

An indicator is a measure that provides information about a specific aspect of health or healthcare at a particular time.

An example of an indicator is the survival rate of people following emergency admission to hospital with a heart attack.

Why are indicators published?

When used carefully and correctly, indicators provide information that can help the health service in Scotland improve the quality of care it provides for patients.

We expect NHSScotland to use these indicators to examine its performance and, where necessary, to take appropriate action to improve the delivery and outcomes of patient care. More detailed information about how indicators should and should not be used is included in the full report.

Indicators are also published as part of making the NHS accountable to the public. They provide information about a variety of health topics in an open and transparent manner.

Scotland-wide indicators have now been published for more than a decade.

What topics are covered?

Each year, the report covers a wide range of important Scottish health issues. The topics included in the 2005 report are:

- chronic obstructive pulmonary disease
- heart failure
- alcohol problems
- multiple emergency admissions of older people
- bowel cancer
- prostate cancer

This guide contains a summary for each topic, including the key national findings. More detailed information, including that for individual NHSScotland organisations and regions of the country, is included in the full report.

The full reports are available from the website of the Clinical Indicators Support Team:

www.show.scot.nhs.uk/indicators

A few established indicators, included in previous reports, are also updated every six months on this website.

Chronic obstructive pulmonary disease

Background

Chronic obstructive pulmonary disease (COPD) is the term used to describe lung disease where the airways become narrowed (obstructed) due to chronic bronchitis, emphysema or both.

COPD is most commonly caused by smoking, and accounts for more time off work than any other illness. Symptoms include a chronic cough, breathlessness on exertion, wheeze, excess sputum (phlegm), and recurrent chest infections.

Although COPD is disabling and can sometimes lead to death, it can be controlled and its progression slowed through lifestyle changes and pharmacological therapies (eg oxygen).

Key findings

Overall, the rate of death from COPD was relatively stable over the last ten years – although an increase was seen in women aged 75 years and over. Throughout this time, the rate of death was notably highest for men aged 75 years and over.

The rate of emergency admission to hospital for COPD rose between 1994 and 2004, from 48 to 67 per 10,000 population.

Rates of death, emergency admission to hospital, and consultation with the general practice team were all highest for areas of social deprivation.

Heart failure

Background

Heart failure is a condition in which the heart is unable to adequately deliver blood, and therefore oxygen, to the body. Symptoms include breathlessness, fatigue, and fluid retention.

Heart failure has become increasingly common. Although it is disabling and can result in death, it can be treated effectively if diagnosed early.

The Scottish Intercollegiate Guidelines Network is currently updating its guideline, first published in 1999, on the diagnosis and treatment of heart failure.

Key findings

In Scotland, the rate of death from heart failure was notably highest for people aged 75 years and over. For this age group, the rate of death peaked in 1996-7 and has since declined by about 50%.

The rate of emergency admission to hospital for heart failure has also decreased in recent years. However, this rate was influenced by social deprivation – the rate for areas of greatest social deprivation was more than double that for areas of least social deprivation (47 vs 21 per 10,000 population, respectively).

In line with guidelines, the prescribing of drugs (ACE inhibitors and beta-blockers) recommended for the treatment of heart failure or its common causes (coronary heart disease, high blood pressure) increased between 1995 and 2004.

Alcohol problems

Background

Excessive alcohol consumption has serious health, social and economic consequences.

There is a spectrum of alcohol-related problems, arising from different patterns of alcohol consumption.

Health problems associated with excessive drinking include acute intoxication, liver disease, inflammation of the pancreas (chronic pancreatitis), and a widening of veins in the gullet than can lead to dangerous bleeding (oesophageal varices).

Key findings

Men were more likely than women to be admitted to hospital for acute intoxication. The emergency admission rate for men increased between 1996 and 2004, rising from 40 to 57 per 10,000 population.

During this time, increases were also seen in the rates of emergency admission to hospital for alcoholic liver disease, chronic liver disease, chronic pancreatitis, and oesophageal varices.

For all these conditions associated with excessive alcohol consumption, rates of emergency admission to hospital were highest for areas of social deprivation.

Multiple emergency admissions of older people

Background

When a person is admitted to hospital as an emergency two or more times in a single year, this is termed a multiple emergency admission.

High numbers of multiple emergency admissions of older people highlight the need to provide co-ordinated and integrated patient centred care.

Community health partnerships are currently being phased in to provide better integrated care involving community- and hospital-based health services and social care services.

Rising emergency admissions are a major source of pressure on NHS resources, such as the availability of hospital beds.

Key findings

The rate of multiple emergency admissions among people aged 65 years and over increased steadily between 1994 and 2004. It increased by 26%, from 354 to 447 per 10,000 population.

Among those aged 65 years and over, multiple emergency admissions increased as people became older – as did the length of time then spent in hospital.

Multiple emergency admissions rose from 346 per 10,000 population for areas of least deprivation, to 567 per 10,000 population for areas of greatest social deprivation.

Bowel (or colorectal) cancer

Background

Bowel cancer (also known as colorectal cancer) is the third most diagnosed cancer in Scotland.

If bowel cancer is diagnosed and treated early, the likelihood of curing the cancer is increased.

However, the diagnosis of bowel cancer is often delayed. In the early stages there are commonly no symptoms. Symptoms that occur later (eg change in bowel habit and rectal bleeding) are also found in other less serious conditions and are not always reported.

It is recommended that, beginning in 2007, people aged 50-74 years be screened for bowel cancer every 2 years. There are also published guidelines for the management of bowel cancer, and standards to improve the quality of care provided for patients.

Key findings

The incidence rate for bowel cancer in Scotland between 1998 and 2000 was 54 per 100,000 population.

For these patients, the relative survival at 3 years after diagnosis was 58%.

Historically, Scotland had a higher incidence and lower survival rate for bowel cancer than most other Western European countries.

Prostate cancer

Background

The prostate is a small gland at the base of the bladder in men. In Scotland, prostate cancer is the second most diagnosed cancer in men.

The vast majority of cases of prostate cancer occur in men over the age of 60. However the causes of prostate cancer are not well understood.

A blood test (known as the PSA test) can be used to screen men for prostate cancer. However this test has limitations and, at present, there is a lack of good evidence to suggest that screening increases survival.

Key findings

Between 1998 and 2000, the incidence rate for prostate cancer in Scotland was 72 per 100,000 population.

For these patients, the relative survival at 3 years after diagnosis was 79%.

Historically, the incidence rate of prostate cancer in Scotland was moderate compared with other countries. Survival from prostate cancer was less favourable in Scotland compared with many European countries.

Where do the data come from?

When a person visits their GP or attends hospital, selected details about their health and healthcare are routinely recorded. This information is needed to care for the person properly. Such information is also valuable for improving healthcare for everybody, eg it helps NHSScotland check that services are run efficiently, and to plan services for the future.

Personal health information is kept in the individual's medical case record folder, or on computer. When a person attends hospital, some of this information is recorded in a national database – and this is a key source of information used to produce the indicators.

How is personal information protected?

The confidentiality and security of all personal information are regarded with utmost importance by NHSScotland. Measures are taken to protect patient confidentiality, eg all staff working in the NHS are bound by a strict code of confidentiality. In addition the Data Protection Act gives a person important rights about how their personal information is used.

Further details – including guidance for patients and carers on these rights and how NHSScotland uses personal health information – can be found at the Health Rights Information Scotland website:

www.scotconsumer.org.uk/hris

About NHS QIS

NHS Quality Improvement Scotland was established to help improve the quality of healthcare in Scotland.

It does this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

Further information

The Clinical Outcomes Group oversees the publication of indicators. The Chairman of this group is Dr Dorothy Moir (Director of Public Health, NHS Lanarkshire).

For further information about the 2005 Clinical Indicators report, please contact:

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