



Public Health
England



Spend and outcome factsheet 2011/12
NHS Walsall CCG



Introduction

Programme budgeting is a well-established technique for assessing investment in health programmes rather than services. All Primary Care Trusts (PCT) in England have submitted a programme budget return since 2003/4. All CCG financial figures are based on the above PCT returns.

NHS England has commissioned PHE Knowledge and Intelligence Team (Northern and Yorkshire) to produce a factsheet for each Clinical Commissioning Group (CCG) in England. This factsheet presents an overview of spend and outcomes for NHS Walsall CCG. The factsheet presents:

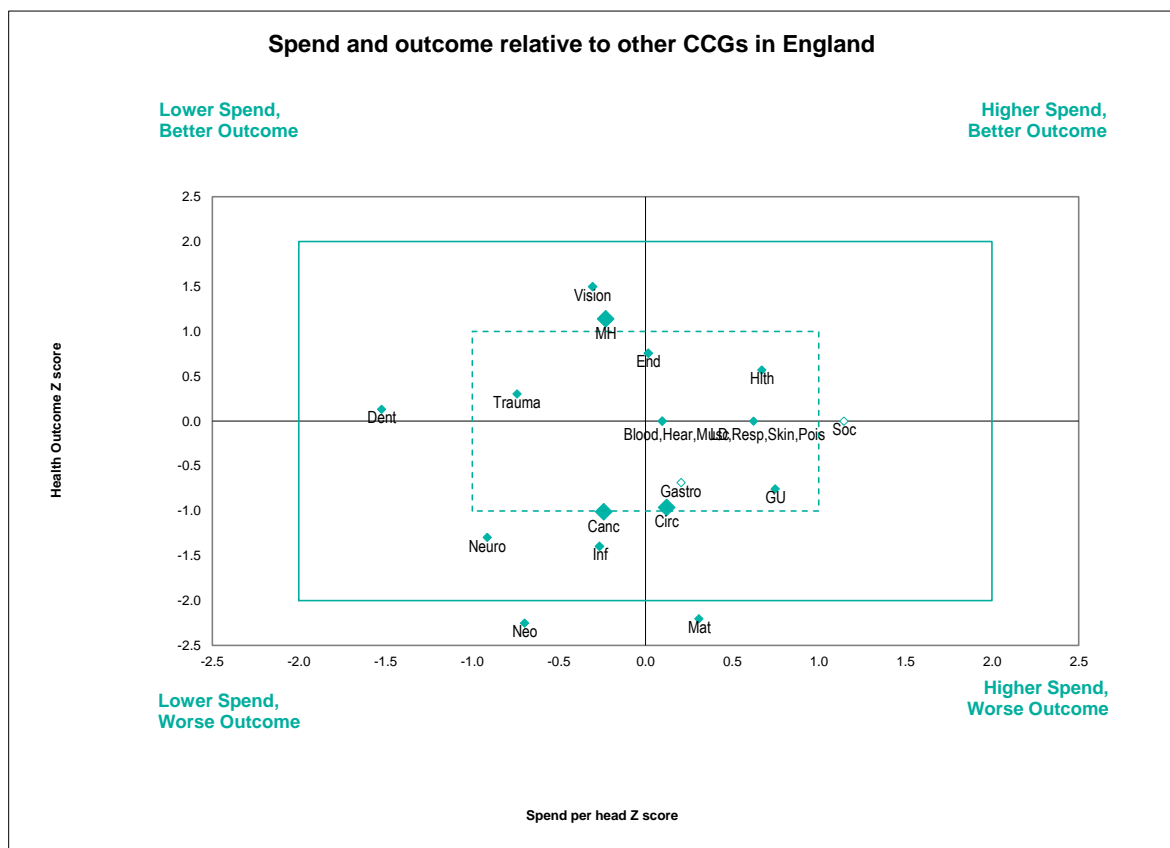
- A diagram that categorises each programme into four quadrants in terms of spend and outcome to allow easy identification of those areas that require priority attention by the CCG.
- A spine chart that shows variation in spend and outcomes compared to similar CCGs, the Strategic Health Authority (SHA) and England, and allows instant visual identification of programmes which may benefit from further review.
- A bar chart which shows spend by programme compared with CCGs in the same Office of National Statistics (ONS) cluster.

Key facts

- NHS Walsall CCG's highest spend areas, excluding programme 23 (Other), are £199 per head per year on Mental Health, £134 on Circulation and £114 on Social Care Needs.
- NHS Walsall CCG has no outlier areas of spend, but in the area(s): Maternity , Neonates, the CCG has outlier(s) on outcomes.

[CCGs can use the Department of Health's programme budgeting spreadsheet to explore spend further by programme and sub programme.](#)

[This factsheet and a Spend and Outcome Tool can be found on the PHE KIT \(N&Y\) website.](#)



- ◇ No outcome indicators readily available
- ◆ Outcome indicators 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		

Interpreting the chart:

Each dot represents a programme budget category. The three largest spending programmes nationally (Mental Health, Circulatory Diseases and Cancer) are represented by larger dots.

The outcome measures on the chart have been chosen because they are reasonably representative of the programme as a whole. This means that for some programmes no outcome data is available.

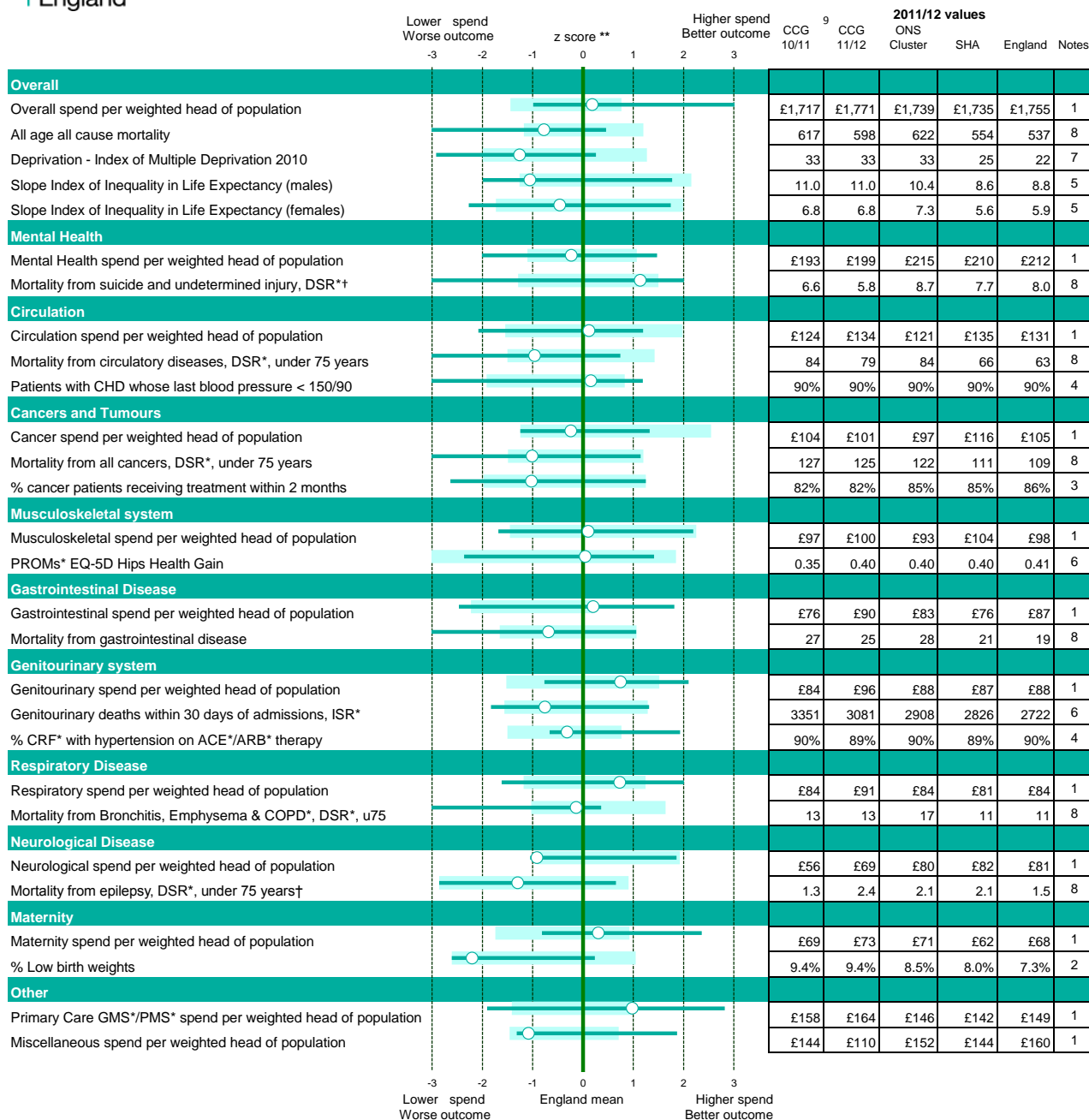
The source data for the outcome measures shown on the chart can be found in the Spend and Outcome Tool.

A programme lying outside the solid +/- 2 z scores box, may indicate the need to investigate further. If the programme lies to the left or right of the box, the spend may need reviewing, and if it lies outside the top or bottom of the box, the outcome may need reviewing. Programmes outside the box at the corners may need a review of both spend and outcome.

Programmes lying outside the dotted/thin +/- 1 z score box may also warrant further exploration.

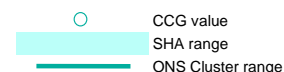
Z score:

A z score essentially measures the distance of a value from the mean (average) in units of standard deviations. A positive z score indicates that the value is above the mean, whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further.



** z scores

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Notes

- Department of Health 2011/12 ‡
- NCHOD 2009 - 2011 data ‡
- Healthcare Commission 2009/10 ‡
- Quality and Outcomes Framework 2011/12
- SHA and Cluster values are PCT averages
- HSCIC 2009 - 2010 data ‡
- Population weighted average of LLSOA IMD 2010
- PHE KIT (N&Y) 2009 - 2011 data
- Significant changes were introduced to the programme budgeting data collection methodology in 2010/11. Expenditure in 2010/11 should not be directly compared to expenditure in 2009/10. CCG mortality DSRs have been calculated using a methodology which assigns a geography to a CCG. These rates are subject to change either through further refinement of the methodology used or through changes to the CCG configuration. The metadata is available from PHE KIT (N&Y).
- ‡ CCG values based on PCT values

ONS Cluster

Clusters are used to group local authorities (LA) together according to key characteristics common to the population in that grouping. The Office of National Statistics derive these groupings, known as clusters, from census data. CCG values have been derived from LA values.

† Rates based on small numbers.

*ACE - Angiotensin converting enzyme inhibitor

*ARB - Angiotensin receptor blocker

*COPD - Chronic Obstructive Pulmonary Disease

*CRF - Chronic Renal Failure

*DSR - Directly Standardised Rate per 100,000

*GMS - General Medical Services contract

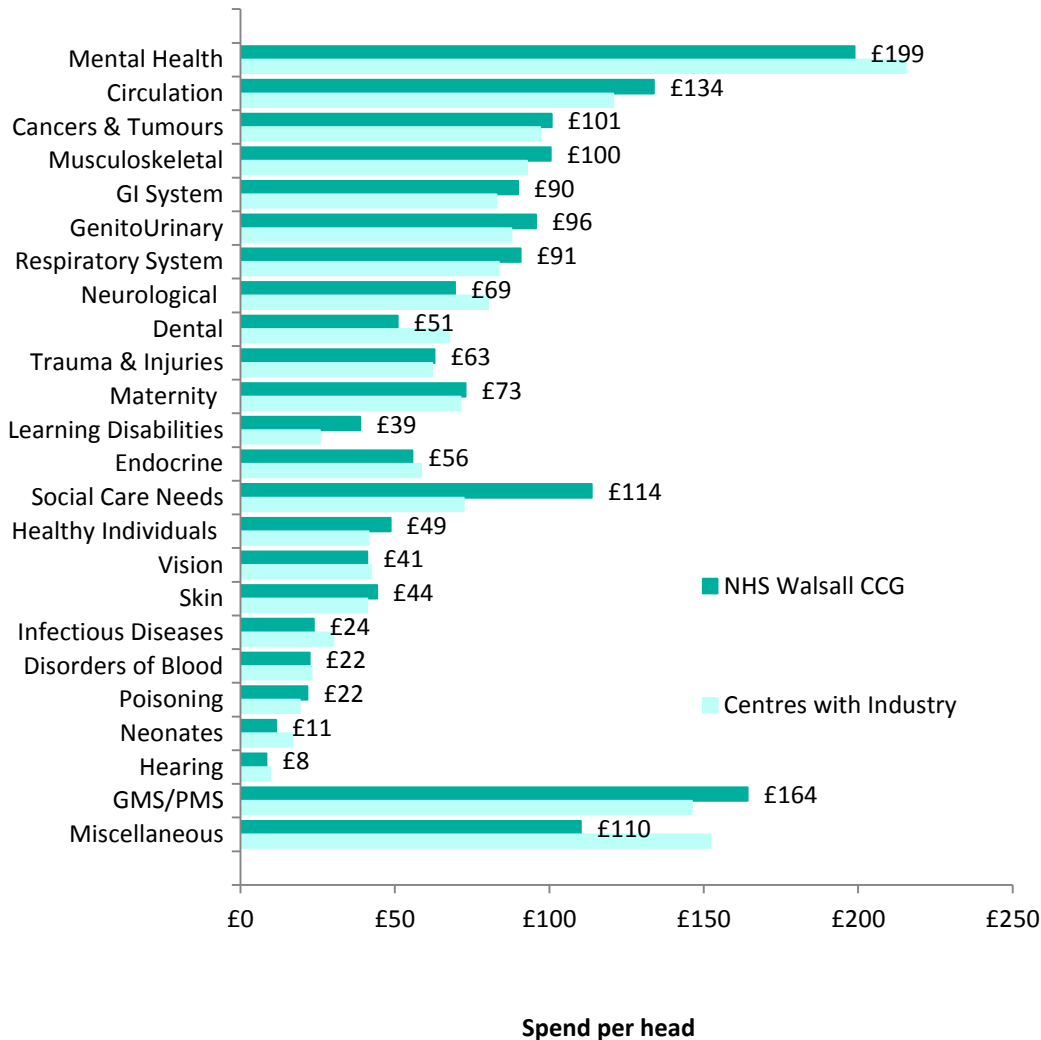
*ISR - Indirectly Standardised Rate per 100,000

*PMS - Patient Medical Services contract

*PROMs - Patient Reported Outcome Measures



Spend compared to ONS Cluster



This chart shows spend per head of population for your CCG and ONS cluster.

It also shows GMS/PMS spend on Primary Care (23a), and Miscellaneous spend (23x). Currently Primary Care prescribing is apportioned across programme areas but the spend on primary care staffing is not apportioned. If Miscellaneous spend is large then it may give a less accurate picture of spend on each programme, and CCGs may wish to take steps to reduce the amount of Miscellaneous spend in their programme budget return.