Department of Health

NHS Performance Indicators

Response on behalf of the Community Practitioners' and Health Visitors' Association

The following comments and suggestions were returned in response to a consultation with the membership of key committees in the association

Specific comments include the following suggestions:

Coronary Health Disease

These comments also apply to the Public Health and Inequalities section

- 1011 Physical activity levels

Physical activity is only one area to consider in relation to prevention, equally important are diet and smoking. It is also important to consider these factors in relation to different age groups, particularly school children when habits are established. For example all school children should have access to an approved health promotion programme which includes these issues. Also access to physical activity opportunities. These can include safe places to cycle, skate board etc. Children need to be tempted away from computers and televisions but alternatives must be provided to achieve health gain. Good habits need to be laid down in childhood and adolescence.

Provision of fruit and vegetables in school diets has also been shown to be helpful and could be measured as could the presence of an evidence based health promotion programme and exercise opportunities for all children in schools. School nurses could take an active role in supporting provision of these services.

Measuring physical activity in an older population is more difficult but equally important. Surgeries could be encouraged to prescribe more exercise particularly swimming and uptake could be an indicator. There is overlap here with the aims for the healthy living centres. It would be helpful if there were national evidence based standards or guidelines for prevention to adhere to.

Suggested indicators:

- *Proportion of schools providing fresh fruit snacks*
- *Proportion of schools achieving a health schools award*
- *Proportion of schools where children have at least 2 sessions of physical exercise in the curriculum each week*
- *Proportion of schools providing an evidence based health promotion programme*
- *Number of GPs prescribing exercise*

Useful reference: Primary Prevention of Cardiovascular Disease Clinical Evidence, Issue 5 P.63- BMJ Publishing

- 1071 Cardiac rehabilitation

No indication of effectiveness of rehab process as opposed to provision/attendance – ie research indicating that females, some social groups and ethnic minorities are not well catered for in current rehabilitation strategies.

Cancer

Whilst the prevention of cancer is not an area where we have a great deal of expertise it is our understanding that there is an increasing literature available which could be used to set indicators for prevention such as screening for familial cancers.

- 2036 Effective delivery – laboratory turnaround time for results

Sensitivity and specificity (false positives and false negatives) rates are central to an effective screening programme and should be made explicit in the indicator.

Mental Health

There appears to be a lack of focus on mental health promotion and holistic approaches for the management of mental health problems. There is also a very medical focus with little on the delivery of mental health care by nursing, health visiting and voluntary services.

The first Health Improvement target should focus on promoting the mental health of young children by access to parenting advice/classes and pre school education. By supporting parents at this critical time you are in turn supporting the future psycho/social health of their children. This is critical to support the development of confidence in these children which can protect them from the development of later mental health problems. The indicator could be:

- *Number of parents given details of local parenting classes and pre-school education or (better)*

- *Access to parenting classes for all parents of pre-school children and parents of teenagers*

The second year of a first child's life is the best time for attendance with young children . These figures could be collected by the health visiting service as part of their annual caseload profile. School nurses could take responsibility for ensuring provision of support for parents of teenagers. Such an indicator would promote the provisions of such classes which are currently 'patchy' in their availability. Such a holistic and cross departmental approach to health care is necessary to promote mental health in the population.

Equally important is the early detection of potential mental health problems in the mother and support to avoid postnatal depression. Antenatal depression is now widely

recognised in the research literature but its detection has not been a clinical priority. Indicators are needed such as:

- *Proportion of antenatal mothers offered counselling for unresolved mental health issues following midwife booking*
- *Proportion of mothers receiving an antenatal mental health assessment by the health visitor*
- *Availability of referral guidelines and services for mothers with postnatal depression, these must include trained health visitors to offer counselling*
- *Number of mothers offered additional support for postnatal depression*

All are expected to be made a priority in the yet to be published DoH Mental Health Strategy for Women. Further details from Albert Persaud, Wellington House.

The teenage years are also a critical time for the development of mental health problems. Teenage mental health can be protected by the provision of counselling services in schools and the community. The school nurse service is ideally placed to ensure such provision so another indicator should be:

- *Provision of a counselling service in every secondary school (or available to every secondary school pupil)*
- *Provision of education on managing relationships in every secondary school*

Such indicators stands to benefit huge numbers and could in turn benefit the mental health of that child's own children in time. Although it is a health indicator health's responsibility is to ensure that such services are available not necessarily to provide them. Such areas are also likely to be covered in the children's NSF. Provision of secondary services for children with mild to severe mental health problems is often poor and also needs monitoring with indicators such as:

- *Proportion of children waiting more than a month for access to a secondary mental health service* (currently it can be over a year!)
- *Proportion of parents satisfied with the CAMHS provided for their child*

Domestic violence and its implications for health is at last receiving more attention. We suggest an indicator:

- *Proportion of reported victims of domestic violence receiving counselling*

Minority groups, such as asylum seekers, living in the UK are known to often have difficulty in accessing health care. This can be particularly true for mental health where they have significant needs and should be recognised with an indicator such as:

- *Provision of a register to monitor use of mental health services by minority groups*

3052-3054 – It is unclear whether these indicators refer to carers as a single individual, this would neglect the impact of mental ill health on other family members such as children. There should be emphasis on the whole family not just the individual carer. For example there may be one primary carer or a number of carers contributing to the care of the person with mental health problems. Some of these may be children.

In Primary Care many distressed patients do not want to take drugs or be referred to psychiatric services but choose counselling where a service is available. They should have this choice which can in turn relieve secondary services. Suggested indicator:

- *Availability of counselling service accessible to every GP practice*

3062 – Teenagers frequently attempt suicide and self harm and are an important group of people who deserve special attention. We suggest:

- *Proportion of teenagers attempting suicide*
- *Proportion of teenagers self harming*
- *Proportion of teenagers attempting suicide or self harming receiving psychiatric assessment within 24 hours*

These figures are available from A&E departments

3065 - This is useful but needs to include health visitors when children are involved. They are not normally informed where a parent is on an enhanced CPA which is unfortunate where there are children at risk.

Diabetes

4002- Suggest that socio-economic group is also included here – could be that people from certain ethnic groups are also more likely to be from lower socio-economic groups and it may be there are factors associated with this which predispose to diabetes.

Older People

There is no mention of support from voluntary groups or discussion of preventative strategies such as dietary advice, provision of a home check service to prevent accidents, physical activity, social opportunities.

5011 – This is unclear. Most health visitors no-longer have work with the elderly population as part of their job description although many do where the population is sparse. Staff nurses are being taken on in increasing numbers in District Nurse teams to provide a preventative service. Staffing levels should be reflect the provision required, in particular be linked to poverty level indicators and the demographic character of each area.

Health Inequalities and Public Health

This section is of particular interest to our members. We would suggest that some of

these targets need to be more specific. For example:

Poverty

- *Proportion of children living in poverty*

Accidents

For example serious injury from accidents might specify *level of head injuries* as programmes such as that lead by Reading Neurological Unit have been able to bring about a reduction by promoting the wearing of cycle helmets. There is also a need to specify age groups to allow targeting. *Fractured hips* are an issue for the elderly, *cycle accidents resulting in head injuries for teenagers and falls for younger children. House fires* are also a preventable cause of morbidity.

A&E attendance figures for children can and should be collected by health visitors as part of their profile. They give a graphic demonstration of the link between inequality and accidents in childhood

- *Number children aged 0-5 attending A&E (by social class where possible)*
- *Number of children 5-16 attending A&E (by social class where possible)*

These figures can be collected centrally by the A&E department and also locally by the health visitors to give a community profile

Breast Feeding

6010. Incidence is more important than prevalence of Breast Feeding for measuring inequalities and as an important Public Health target and should be stated as:

- *Number of women commencing breast feeding*
- *Number of women continuing breast feeding to 4 months*

Smoking

- *Proportion of children living in households where adults smoke at birth of child*
- *When the child is 8 months old*

This is important in relation to passive smoking and respiratory disease in young children and could be measured for the under 5s by health visitors, indeed it already is but the information is rarely collated and used proactively. Responses are more likely to be local.

Midwives collect data about mothers smoking at time of booking and there is information about smoking status on the post natal discharge form.

Teenage Pregnancy

There is a role here for education services, school nurses, family planning nurses and community midwives. It is not unusual for some girls to have 2 or more children by the time they are 18. It would also be helpful to have

- *a measure of teenage pregnancy by age cohort eg 12-14, 15-16, 17-18*
- *and ethnic groups*

8004 – This should be available at Trust and PCT level. It is often heavily subsidised by charities and the voluntary sector.

NHS Estates Management

Could there be an indicator for staff satisfaction with cleanliness of their workplace?

Childhood

It is important to remember that the majority of children will not be part of a Sure Start programme. Their needs are the same as those fortunate enough to be in a programme. Once again primary, secondary and tertiary prevention needs to be considered and there is overlap with earlier sections. New parents seek frequent reassurance and need access to services over 24 hours and at weekends. This availability could be checked via the user survey.

With the publication of the new 'Health for All Children' report later this year there will be recommendations for changes in pre-school developmental screening. It will be important to know whether this results in late diagnosis of developmental delay or reduced referrals to community paediatricians suggesting needy children are being missed. The authors of this report may wish to suggest indicators to check this (Chair, David Hall, President RCPaeds)

- *Numbers of children being admitted onto child protection registers*

Would provide a measure of mental health and deprivation and a need for targeted services at locality level. This information is kept by health as well as social services

In view of the decline in dentists offering an NHS service, it would be helpful to know:

- *The proportion of children registered with a dentist*

10012 – This is important as it often relates to rates of breast feeding as well as poor hygiene and deprivation.

10015 – is this figure of 48 hours in line with the national guidelines? OAE is not reliable under 24 hours, and with postnatal discharge being between 6 and 24 hours this is virtually impossible unless there is considerable investment to perform ABR

Maternity

We suggest:

- *Proportion of mothers/couples involved in care planning*

Access

Only GP provision identified and appears to be medical/illness/responsive orientated. Are the number of health visitors/community midwives/district nurses/practice nurses not relevant?

Sexual Health

Should this include a figure for infertility?

Workforce

Could this include something on ethnic minority discrimination?

17010 - Exit interviews for all staff – more important would be some measure of whether the information was acted on.

17014 – Harassment by patients is rarely reported by many staff as there is little confidence that it will be acted on 17013 – Levels of confidence would be difficult to assess as this would require constant questioning.

Controls Assurance

19001 – self assessment is not sufficient here, there should be stakeholder involvement. Human resources can frequently be all right theoretically but never quite trickle down into action. The only involvement staff may have in influencing the process is if they find their situation untenable and they can then share this via an exit interview. Many highly trained staff leave as a result.

The CPHVA believe this is a particularly important area to get right if problems of recruitment and retention are to be dealt with.

Information management and technology

Electronic communication is especially important to community nurses who work in isolation. It would therefore be useful if 24004 could be more specific so that access for specific clinical groups is known. This should be applicable at every level as until such access is made available it is detrimental to the provision of efficient services.