



Health & Social Care
Information Centre

FOCUS ON...

the health and care of older people

June 2014



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relating to health and social care.**

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Contents

FOCUS ON...

health and care
of older people

Introduction	4
Summary	5
Key questions	6
Background: an ageing society	7
An ageing society	8
Background: ethnicity of the older population	10
Background: geographic variation	11
Are older people living longer, healthier lives?	13
What disabilities and illnesses do older people have?	23
Which services do older people use?	32
What are the resources used to care for older people?	40
What are the common causes of death in older people?	47
Definitions and footnotes	51
Data sources	52

Introduction

This publication provides a compilation of information on older people living in England to give a broad picture of their health, care and wellbeing.

- It will be of use to readers wanting a better understanding of older people's use of health and social care and an introduction to the data sources that are available for further analysis.
- Many sources of information are available nationally to provide a rich understanding on aspects of health and care of older people.
- More information on each data source is provided at the end of the document.
- The figures reported here are for England overall. Variation exists locally.

Summary

Key facts

- The population aged over 65 is increasing.
- Based on data from 2010 to 2012, remaining life expectancy at 65 is 18 years for men and 21 years for women.
- In 2011 there were 274,000 newly diagnosed cancers, 63 per cent of which were diagnosed in people aged 65 or over.
- There is wide variation in rates of access to hospital services across the different age groups.
- People aged 65 or over make up one in six (17 per cent) of the population and this group uses more than one sixth of some health and social care resources.
- The proportion of deaths attributable to different causes varies between older and younger people.

Key questions

This report uses data from a variety of sources to examine the following questions:

- Are older people living longer, healthier lives?
- What disabilities and illnesses do older people have?
- What services do older people use?
- What are the resources used to care for older people?
- What are the common causes of death in older people?

Background: an ageing society

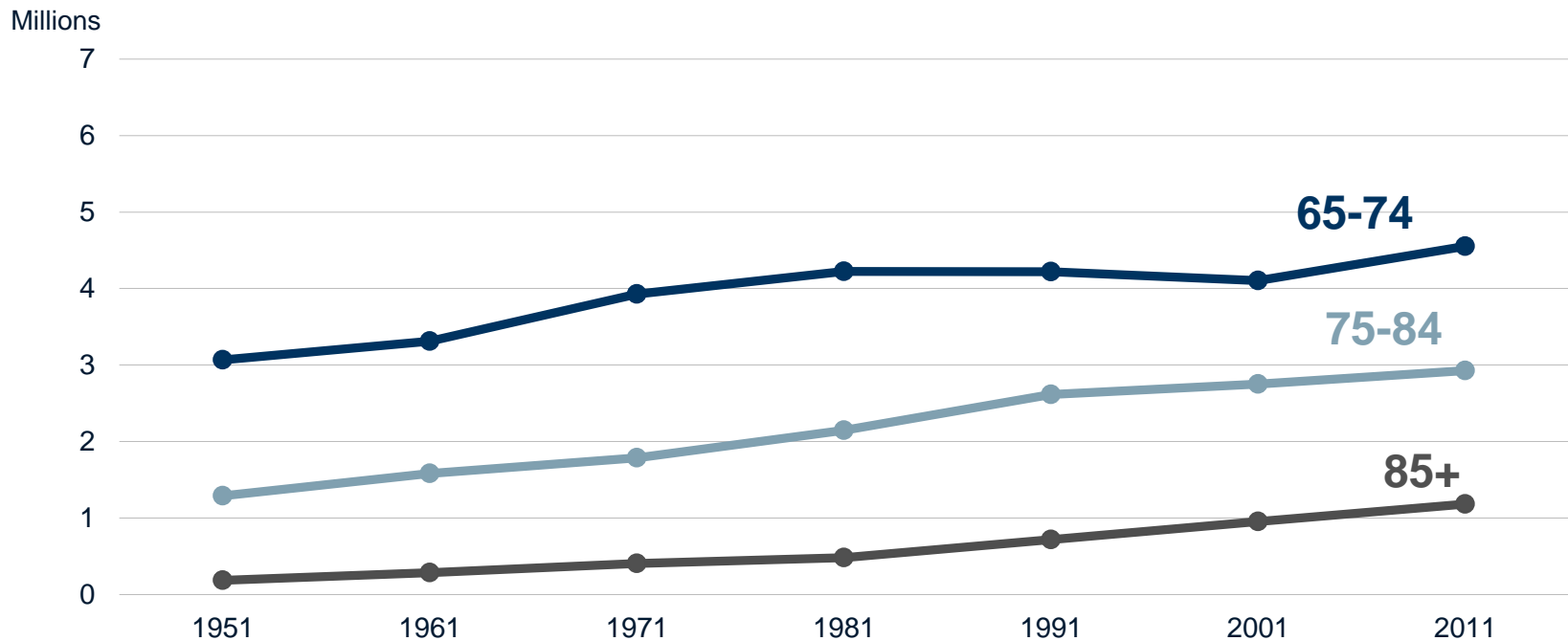
The proportion of older people in England is growing. Total population of people aged 65 or over has increased from 4.5M in 1951 to 8.7M in 2011 and is forecast to increase to 16.6M in 2051.

- In 1951 one in nine people (11 per cent) were aged 65 or older, one in 220 (less than one per cent) were 85 or older.
In 2011 one in six people (16 per cent) were aged 65 or older, one in 45 (two per cent) 85 or older.
- Non-white ethnic groups make up 17 per cent of 0 to 64 year olds, five per cent of those aged 65 to 74, five per cent of those aged 75 to 84 and two per cent of those aged 85 and over.
- There is wide regional variation in the proportion of older people living in each local authority. People aged 65 or over make up 6 per cent of the population of Tower Hamlets and 25 per cent of the population of Dorset.

An ageing society

There has been a rise in the population of all older age groups. In 1951 one in nine people (11 per cent) were aged 65 or older and by 2011 this had increased to one in six people (16 per cent).

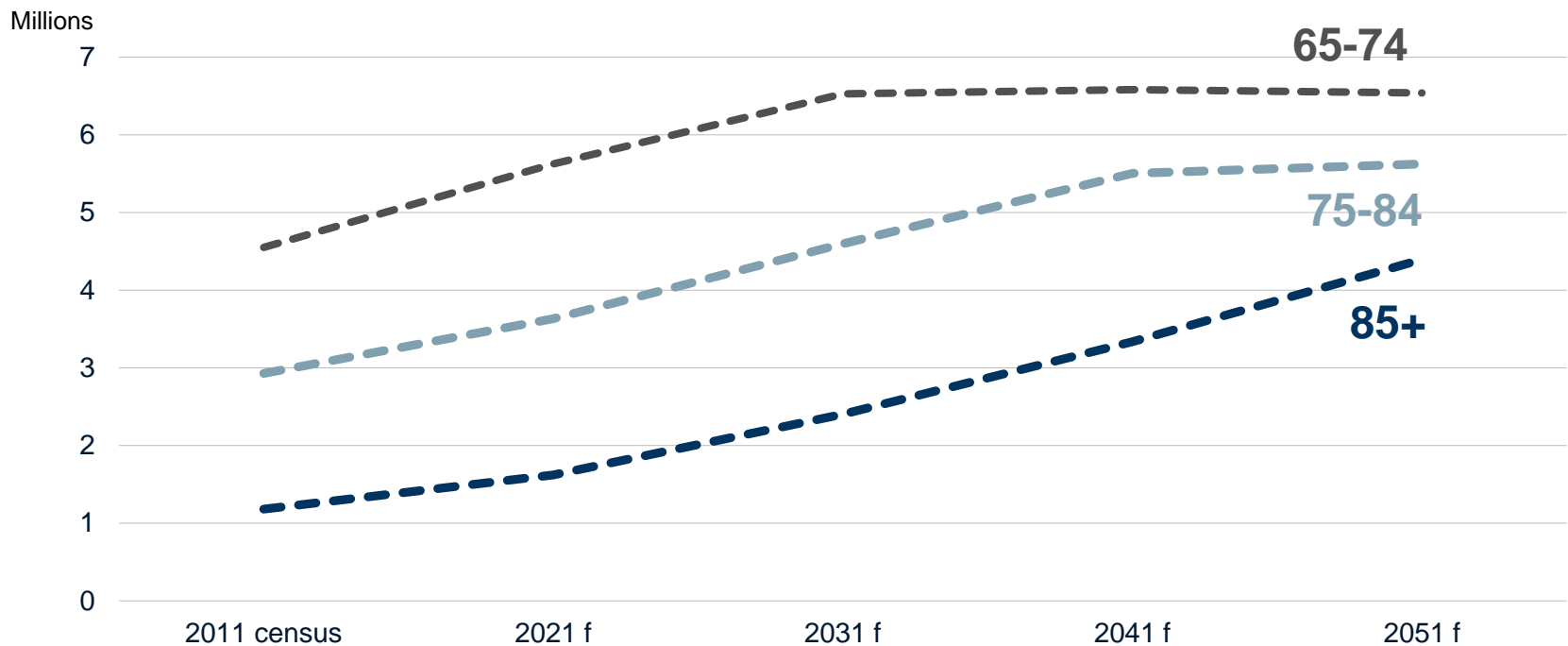
Size of older population at each census year from 1951 - 2011



An ageing society

Growth is forecast in all older age groups. By 2051, as many as one in four people (25 per cent) will be aged 65 or over and one in 15 people (7 per cent) aged 85 or over.

Population projection forecast 2011 - 2051



f – forecast

Source: Office for National Statistics 2012-based National Population Projections by single year of age and sex (principal projection type) (www.ons.gov.uk) © Crown copyright 2013

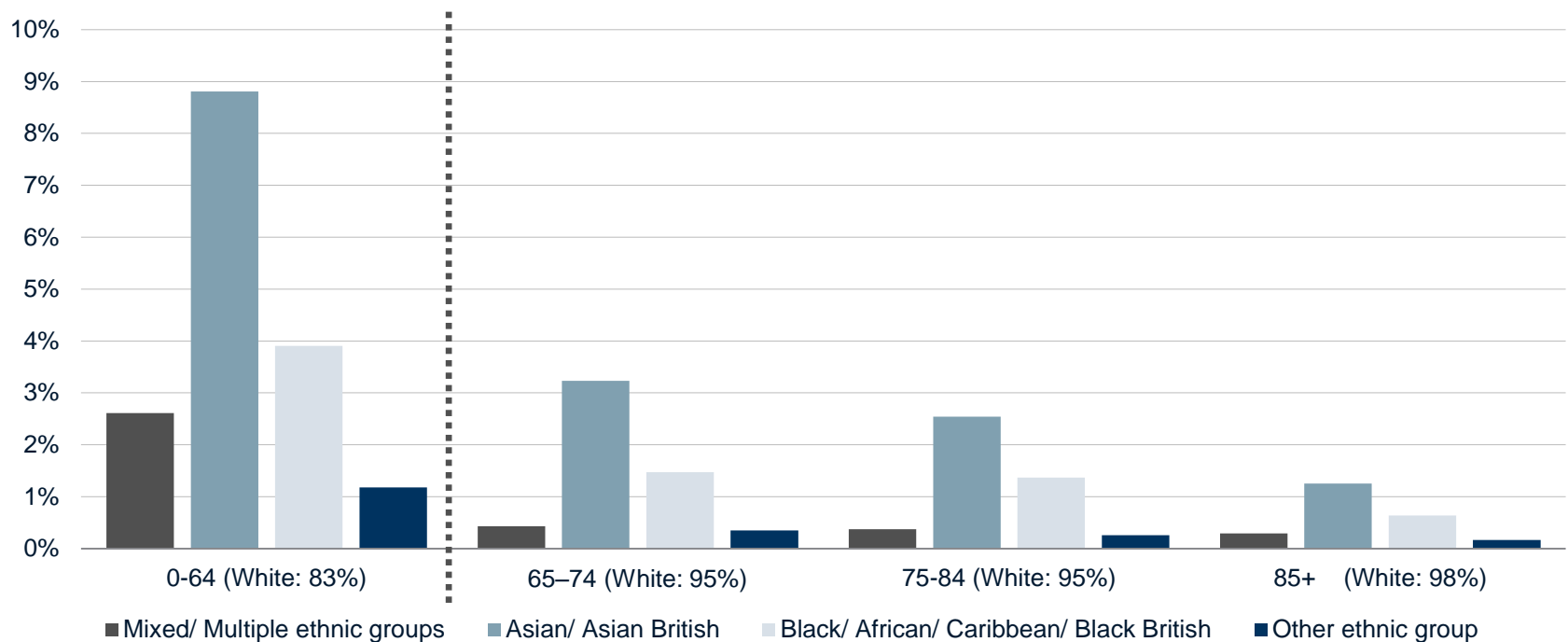
Background: ethnicity of the older population

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The proportion of non-white ethnic populations are smaller in older age groups than in those aged 0 to 64.

Proportion of 2011 Census population by age and ethnicity



2011 Census populations

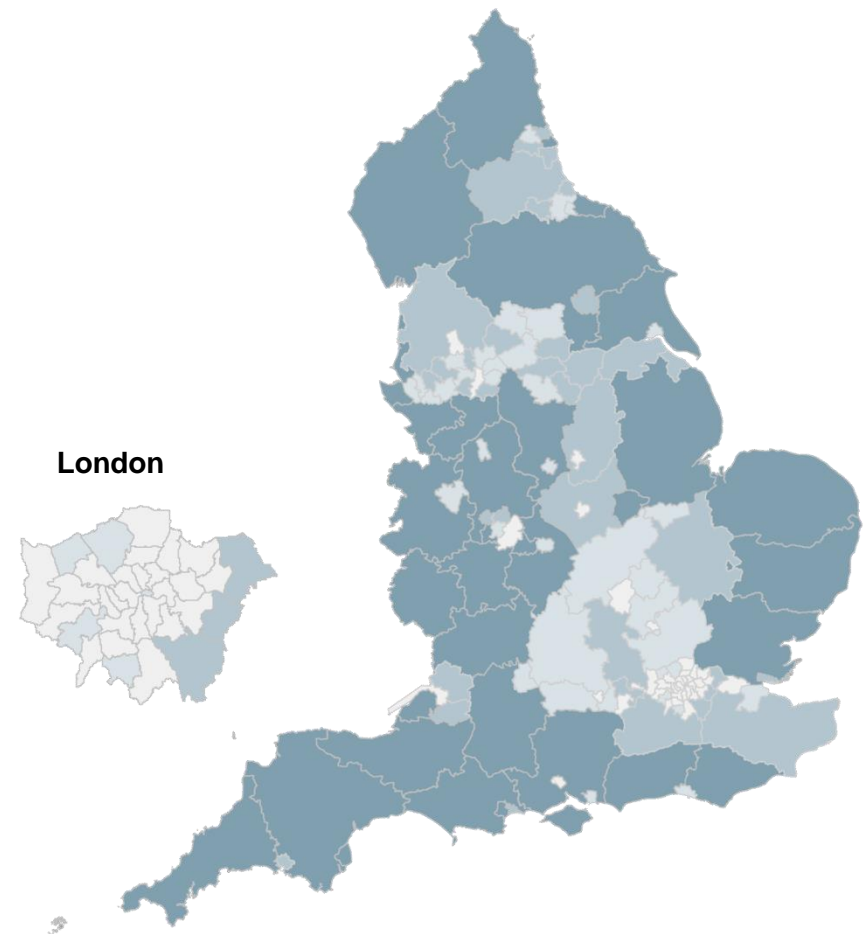
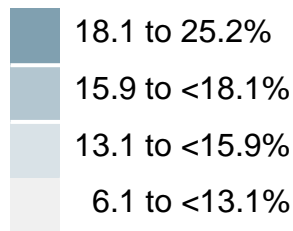
Source: Office for National Statistics (www.ons.gov.uk) © Crown copyright 2013

Background: geographic variation

The proportion of older people living in England varies across local authorities.

In 2011, local authorities with the highest proportion of older people were Dorset, Isle of Wight and Torbay where one in four people (between 24 and 25 per cent) were aged 65 or over.

Those with the lowest proportion were Tower Hamlets, Newham and Hackney where less than one in 14 people (between 6 and 7 per cent) were aged 65 or over.



Key questions

**Are older people
living longer,
healthier lives?**

Are older people living longer, healthier lives?

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Life expectancy and health problems

- Based on data from 2010 to 2012, remaining life expectancy at 65 is 18 years for men and 21 years for women.
- Based on data from 1980 to 1982 remaining life expectancy at 65 was 13 years for men and 17 years for women.
- At age 65 years, disability free life expectancy* is between 2008 and 2010 was 10 years for men and 11 years for women.
- The proportion of Health Survey for England 2012 respondents reporting no health problems was higher in men than in women across all age groups, other than in those aged 85 or over where there was no difference.

* Disability free life expectancy is the proportion of your life you can expect to remain free of limiting long-standing illness or disability.

Are older people living longer, healthier lives?

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Obesity

In 2012:

- Average Body Mass Index (BMI) was at its highest amongst individuals aged between 45 and 74.
- More than 70 per cent of people in age groups from 45 years were overweight or obese.
- The percentage of adults who are current smokers is lower in older people.

Are older people living longer, healthier lives?

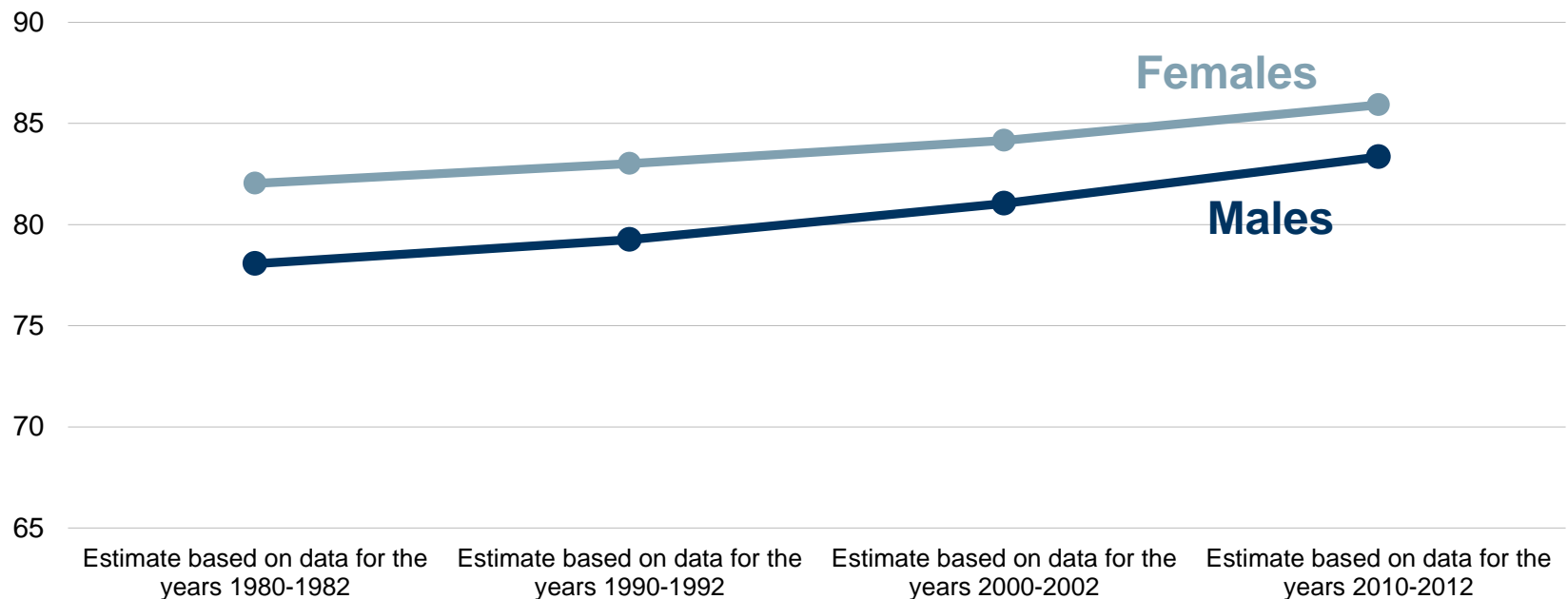
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Life expectancy upon reaching the age of 65 has increased for both sexes over the last 30 years.

It is 18 years for men and 21 years for women (data 2010-2012).

Changes in life expectancy (estimates based on data for years shown)



National Life Tables, England, 1980-82 to 2010-2012

Source: Office for National Statistics (www.ons.gov.uk) © Crown copyright 2013

Are older people living longer, healthier lives?

Disability Free Life Expectancy (DFLE)

- Disability free life expectancy (DFLE) is the proportion of your life you can expect to remain free of limiting long-standing illness or disability
- DFLE at age 65 was estimated to be 10 years for men and 11 years for women in England 2008-10.
- For men aged 65, DFLE ranges from 6 years in some local authorities (e.g. Newham, Knowsley and Hartlepool) to over 13 years in others (e.g. Kensington and Chelsea, Oxfordshire and Merton).
- For women aged 65 DFLE ranges from 7 years in some local authorities (e.g. Knowsley, County Durham and Newham) to 15 years in others (e.g. West Berkshire, Bracknell Forest and Surrey).

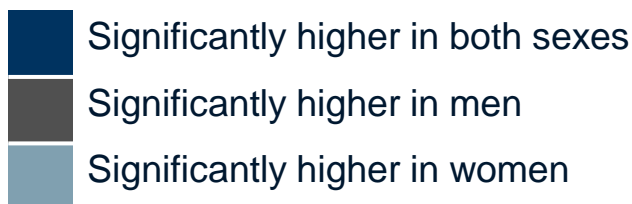
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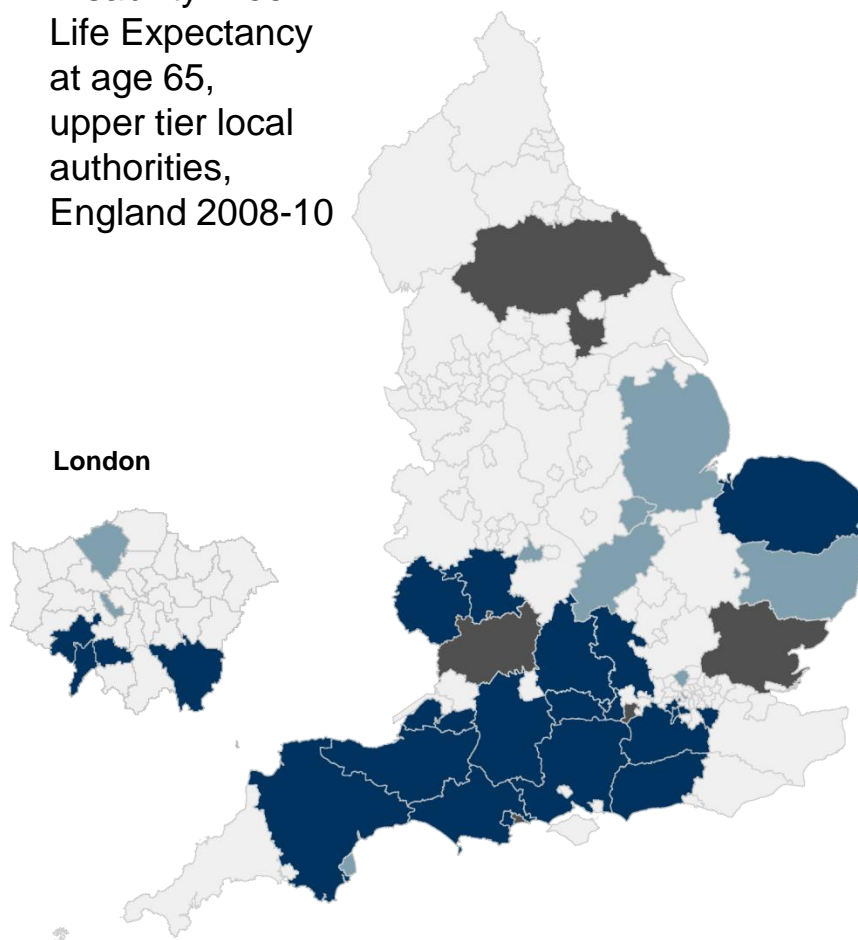
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Disability Free Life Expectancy (DFLE) varies across England.

The map shows where DFLE is significantly higher than the England average.



Disability Free Life Expectancy at age 65, upper tier local authorities, England 2008-10



Map: Ordnance Survey Licence Number 100044406, © Crown Copyright and database right, 2014.

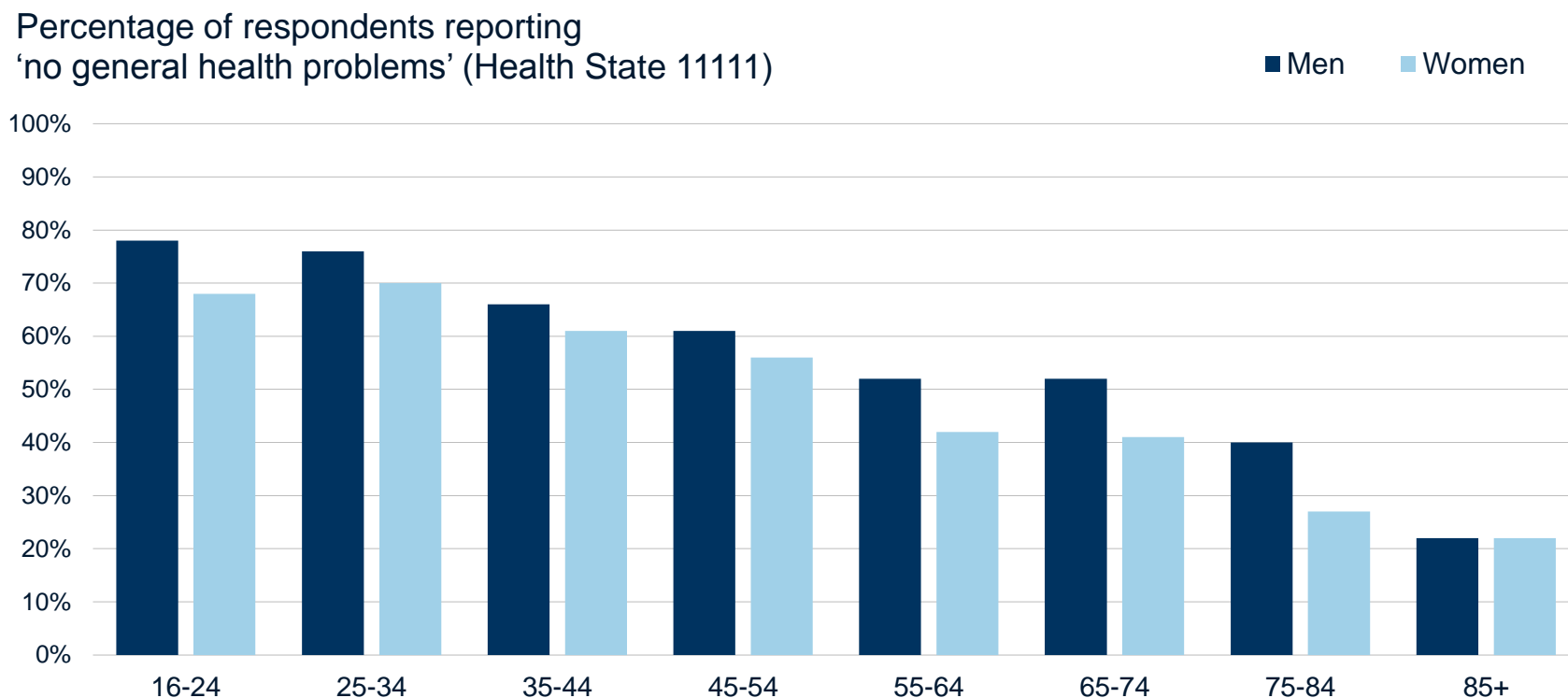
Source: Office of National Statistics Disability-Free Life Expectancy (DFLE) and Life Expectancy (LE) at age 65 by Upper Tier Local Authority, England 2008-10 (www.ons.gov.uk) © Crown copyright 2013

Are older people living longer, healthier lives?

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The Health Survey for England 2012 showed a higher proportion of men than women reported 'no general health problems' in all age groups - other than those aged 85 or over.



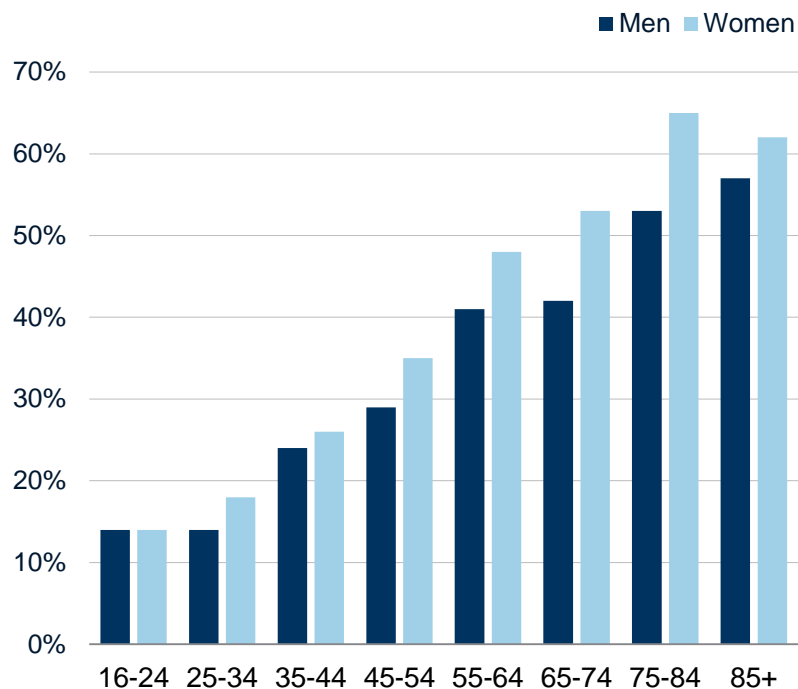
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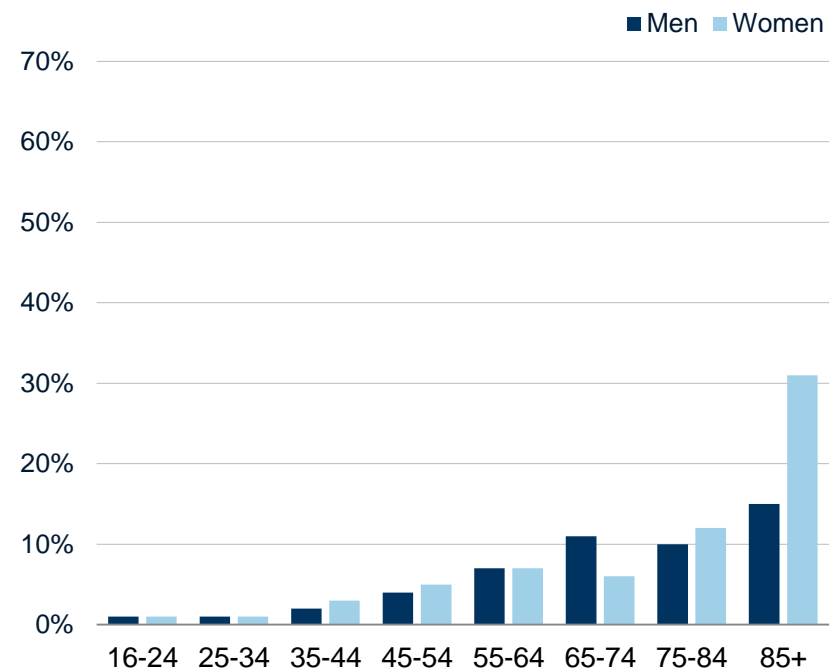
health and care of older people

The proportion of people who reported moderate or severe pain increased to a higher level than those who reported problems with self care.

Moderate or severe pain or discomfort



Moderate or severe problems with self care



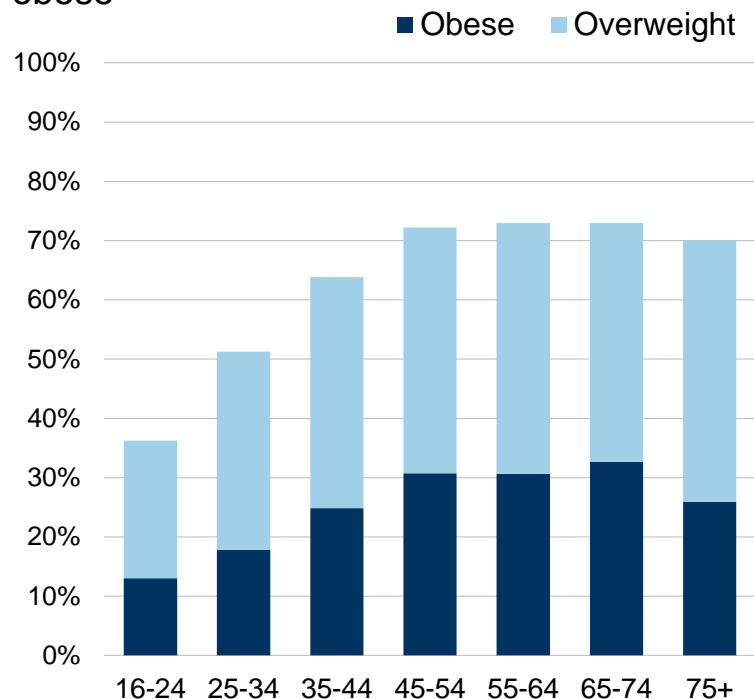
Are older people living longer, healthier lives?

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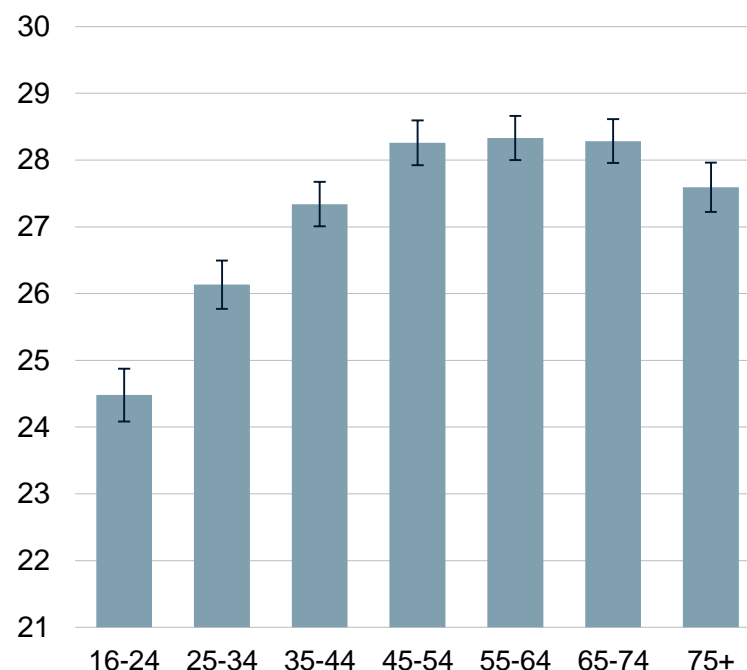
health and care
of older people

More than 70 per cent of people in age groups from 45 years were overweight or obese. Average Body Mass Index (BMI) was at its highest amongst individuals aged between 45 and 74.

Percentage of adults overweight or obese



Average body mass index in adults



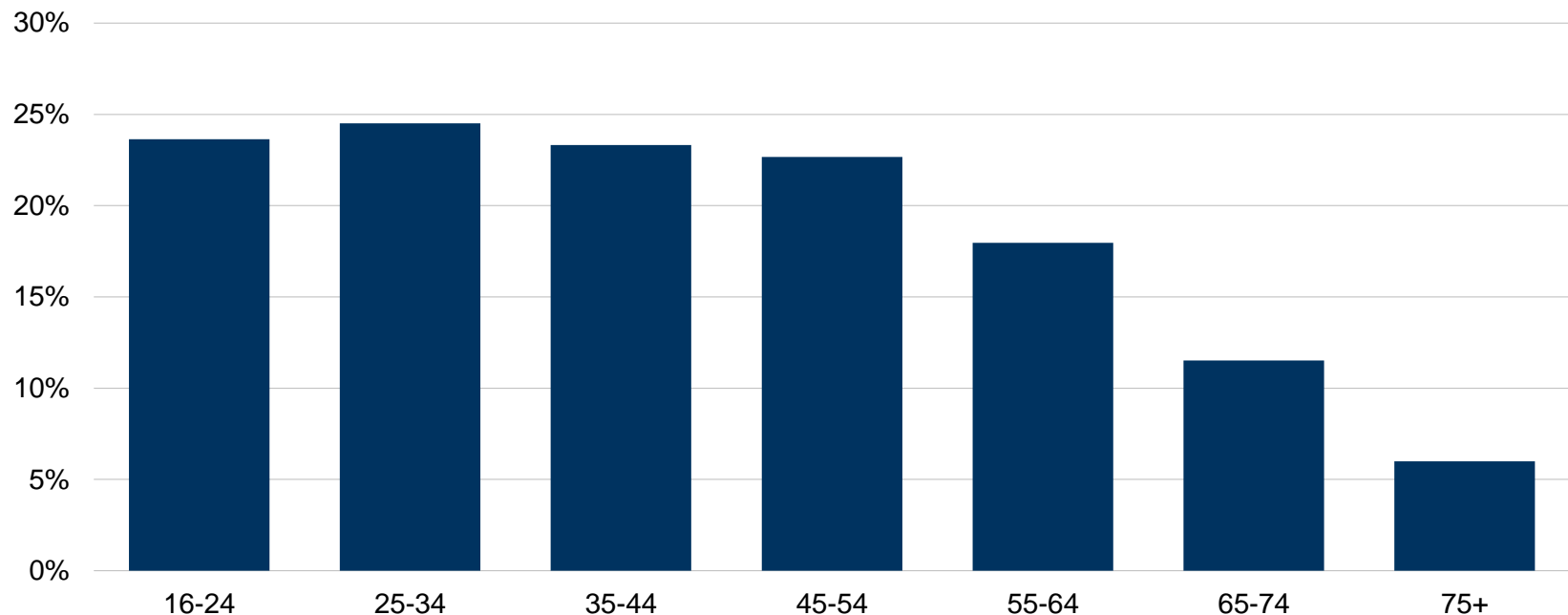
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The proportion of adults who are current smokers is lower in older people. One in four people (23 to 25 per cent) aged 16 to 54 smoke compared to one in 17 people (six per cent) aged 75 or over.

Percentage of adults who are current smokers 2012



Source: HSCIC Health Survey for England - 2012. Adult trend tables
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Key questions

What disabilities and illnesses do older people have?

What disabilities and illnesses do older people have?

- Between 2003 and 2012 doctor diagnosed diabetes prevalence increased by five percentage points in those aged 75 or over and four percentage points in those aged 65 to 74.
- Quality and Outcomes Framework (QOF) 2012/13 recorded 319,000 dementia cases from 8,020 practices with a list size of 56.0 million giving an overall prevalence of diagnosed dementia of one in 176 registered patients (0.57 per cent).

In 2011:

- One in five people (21 per cent) aged 75 or over had experienced Ischemic Heart Disease.
- One in nine people (11 per cent) aged 75 or over have had a stroke.
- In 2011 there were 274,000 newly diagnosed cancers:
 - 63 per cent of these cancers were diagnosed in people aged 65 or over
 - 11 per cent of these cancers were diagnosed in people aged 85 or over.

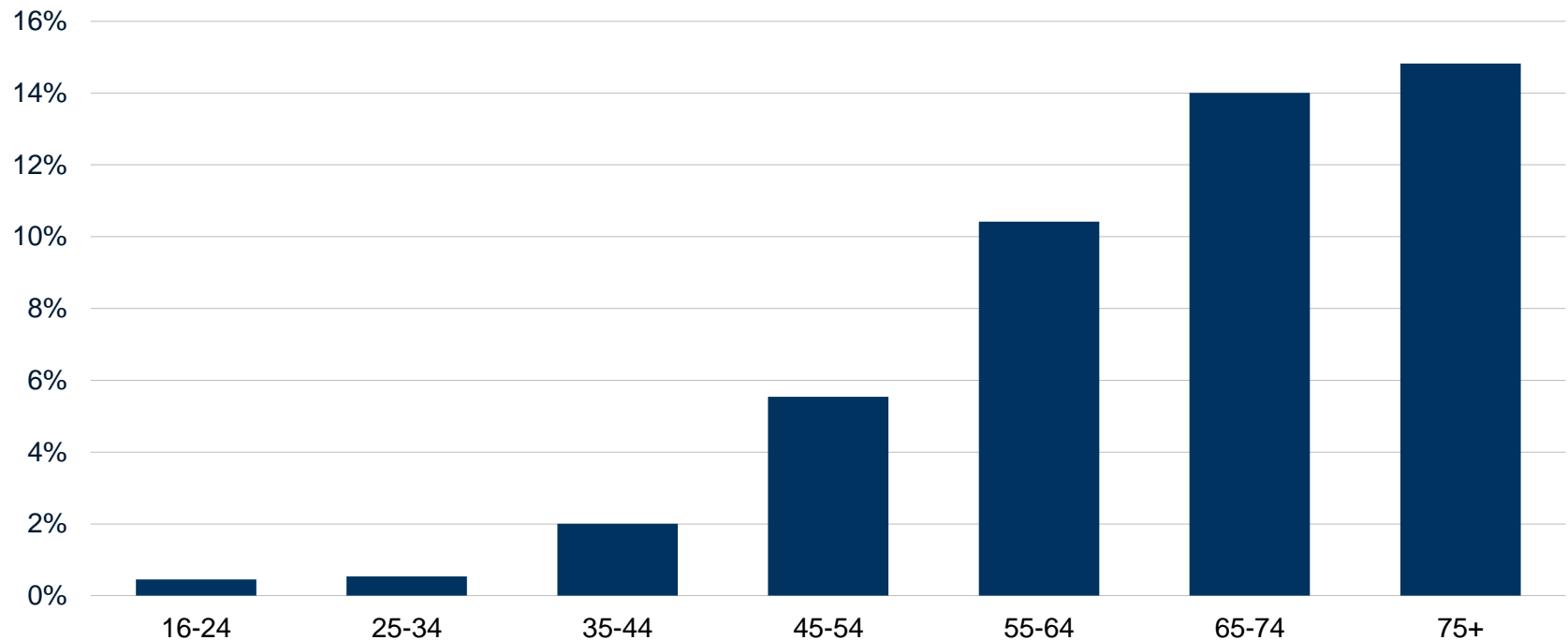
What disabilities and illnesses do older people have?

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In 2012, one in seven people (14 to 15 per cent) aged 65 or over had been diagnosed with diabetes by their doctor compared to one in 50 people (2 per cent) aged 35 to 44.

Prevalence of diabetes by age, 2012



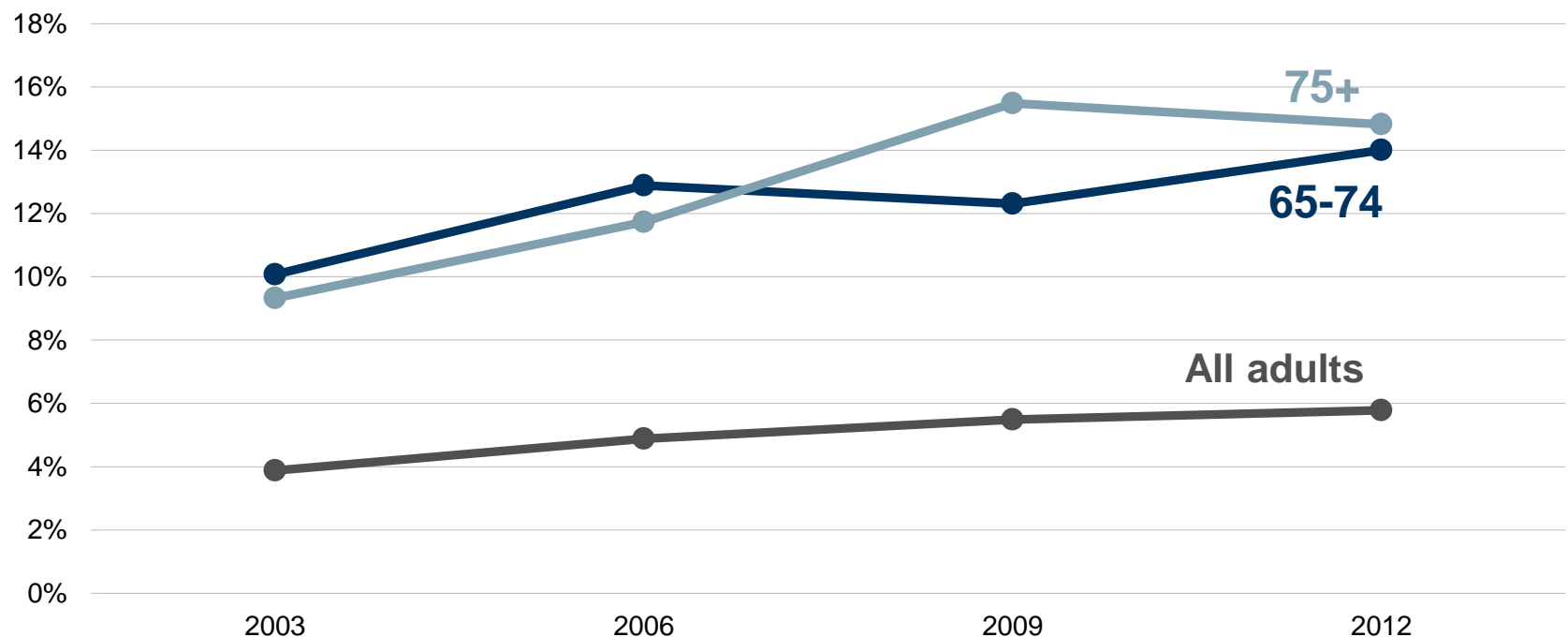
What disabilities and illnesses do older people have?

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Between 2003 and 2012, doctor diagnosed diabetes prevalence increased by five percentage points in those aged 75 or over and four percentage points in those aged 65 to 74.

Prevalence of diabetes, by survey year, age and sex



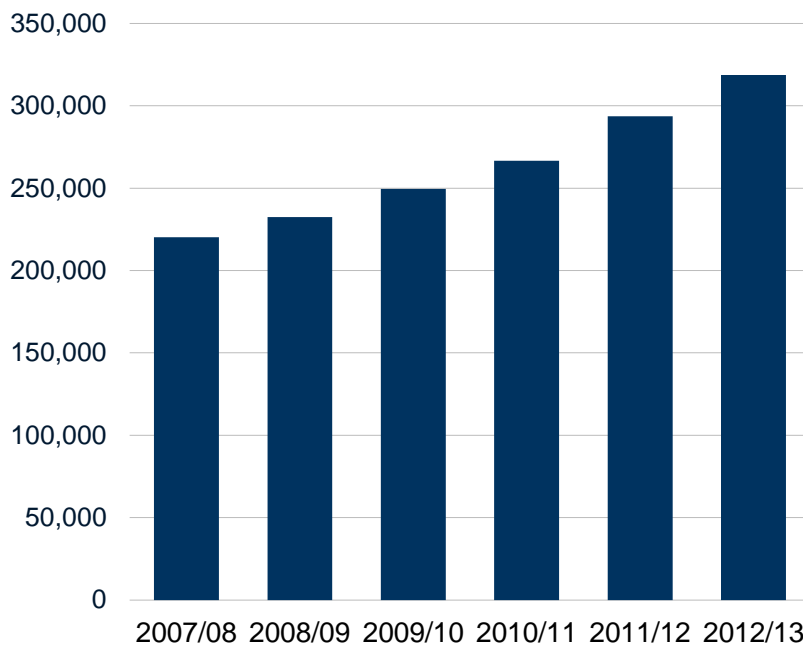
What disabilities and illnesses do older people have?

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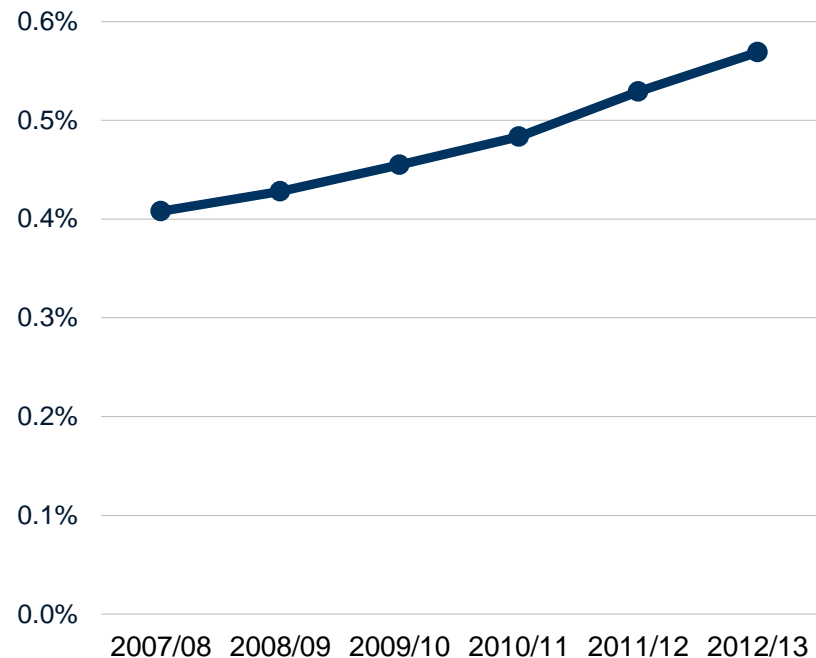
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Quality and Outcomes Framework (QOF) 2012/13 recorded the prevalence of diagnosed dementia in all ages as 0.57 per cent of registered patients (319,000 dementia cases in 8,020 practices).

The number of patients on clinical registers diagnosed with dementia in England



Prevalence of diagnosed dementia in England



This prevalence measure is lower than other available estimates of prevalence. The QOF rate represents only those with diagnosed dementia on a GP practice register. Data source: QMAS database – 2006/07 to 2012/13
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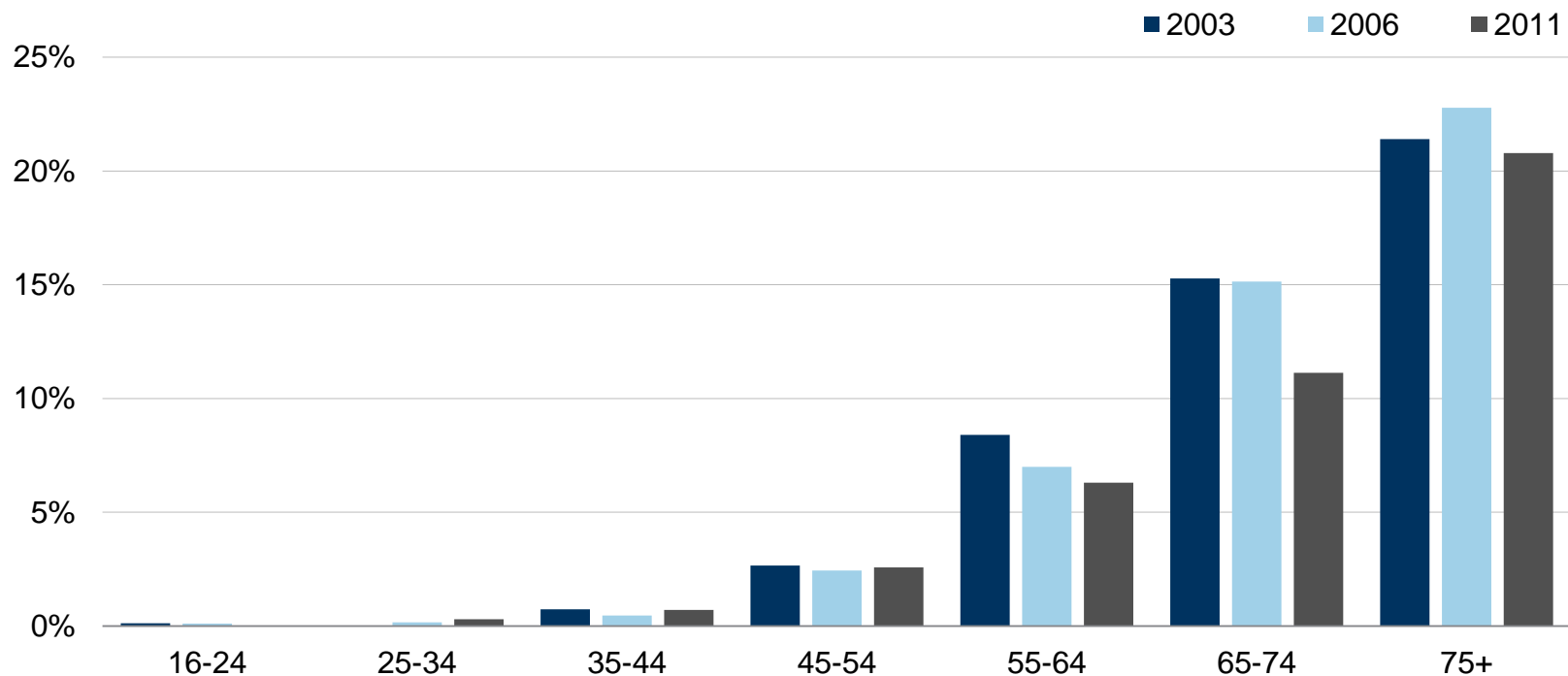
What disabilities and illnesses do older people have?

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In 2011, one in five people (21 per cent) aged 75 or over had experienced Ischemic Heart Disease, for those aged 65 to 74 this proportion has fallen significantly between 2006 and 2011.

Proportion of people who have experienced Ischemic Heart Disease



Source: HSCIC Health Survey for England - 2012. Adult trend tables
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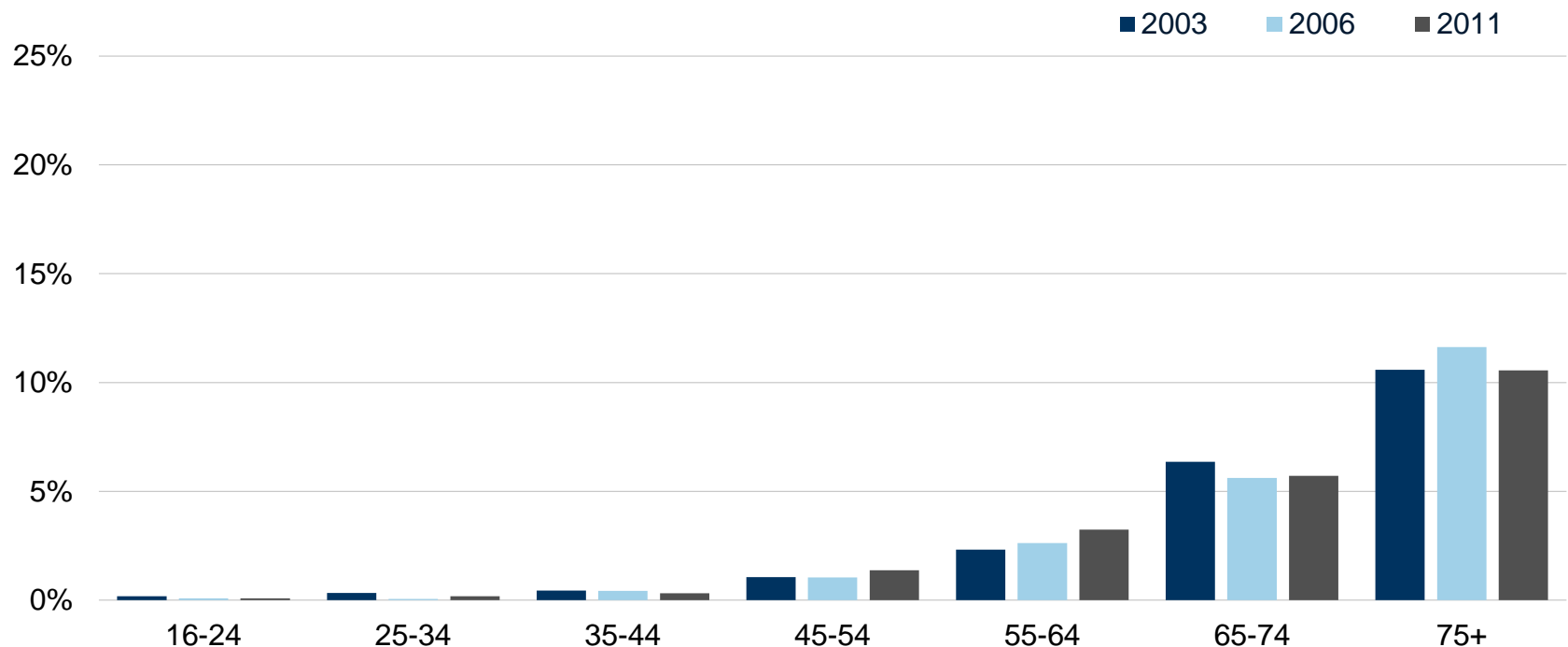
What disabilities and illnesses do older people have?

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In 2011, one in nine people (11 per cent) aged 75 or over have had a stroke.

Proportion of people who have experienced a stroke



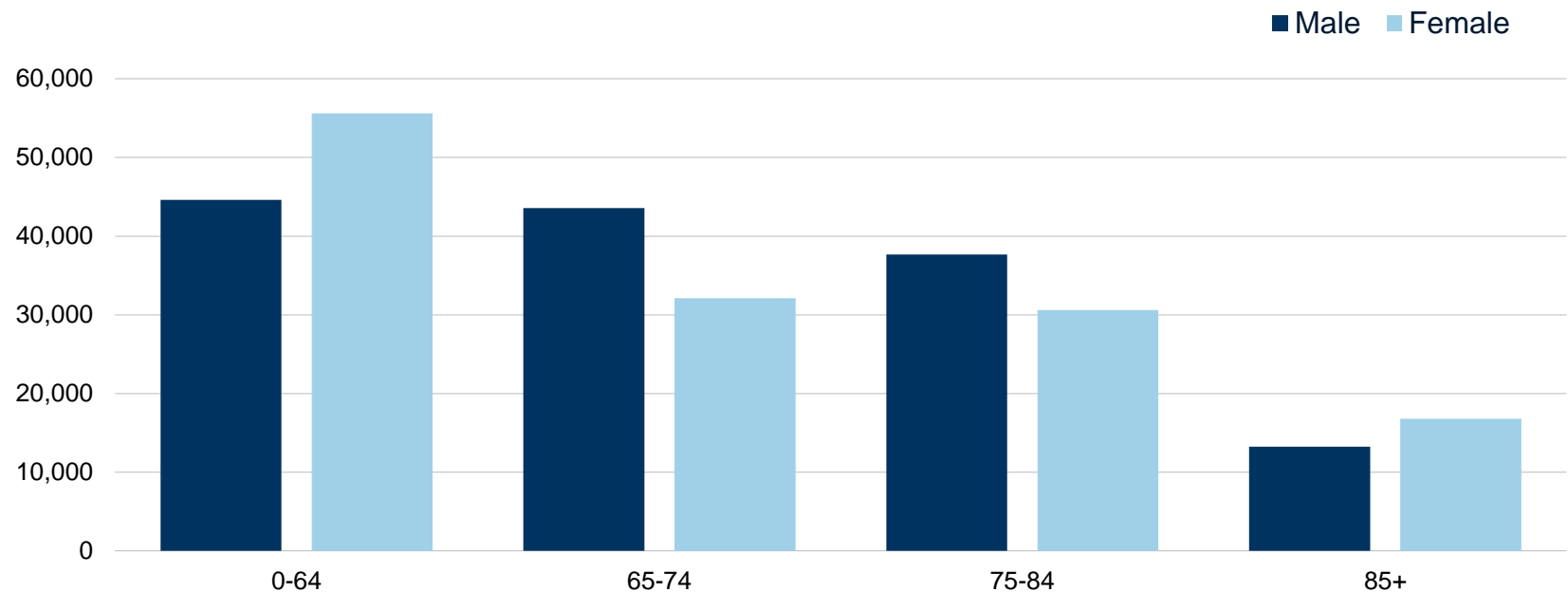
What disabilities and illnesses do older people have?

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In 2011, there were 274,000 newly diagnosed cancers. Of these, 63 per cent were diagnosed in people aged 65 or over and 11 per cent were diagnosed in people aged 85 or over.

Count of newly diagnosed cancers by age and sex, England 2011



The figures for numbers and rates of 'all cancers' in this release refer to all malignant neoplasms (ICD-10 C00–C97), excluding non-melanoma skin cancer (ICD-10 C44). Non-melanoma skin cancer (nmSC) is very common, but the policies and practices for the recording of nmSC have varied among the cancer registries, and over time. As the available figures are known to be under-estimates and unreliable for comparison purposes, they have been excluded from the figures for 'all cancers'. Source: Office for National Statistics, Cancer Registration Statistics, England, 2011; 2011 Census Population (www.ons.gov.uk) © Crown copyright 2013

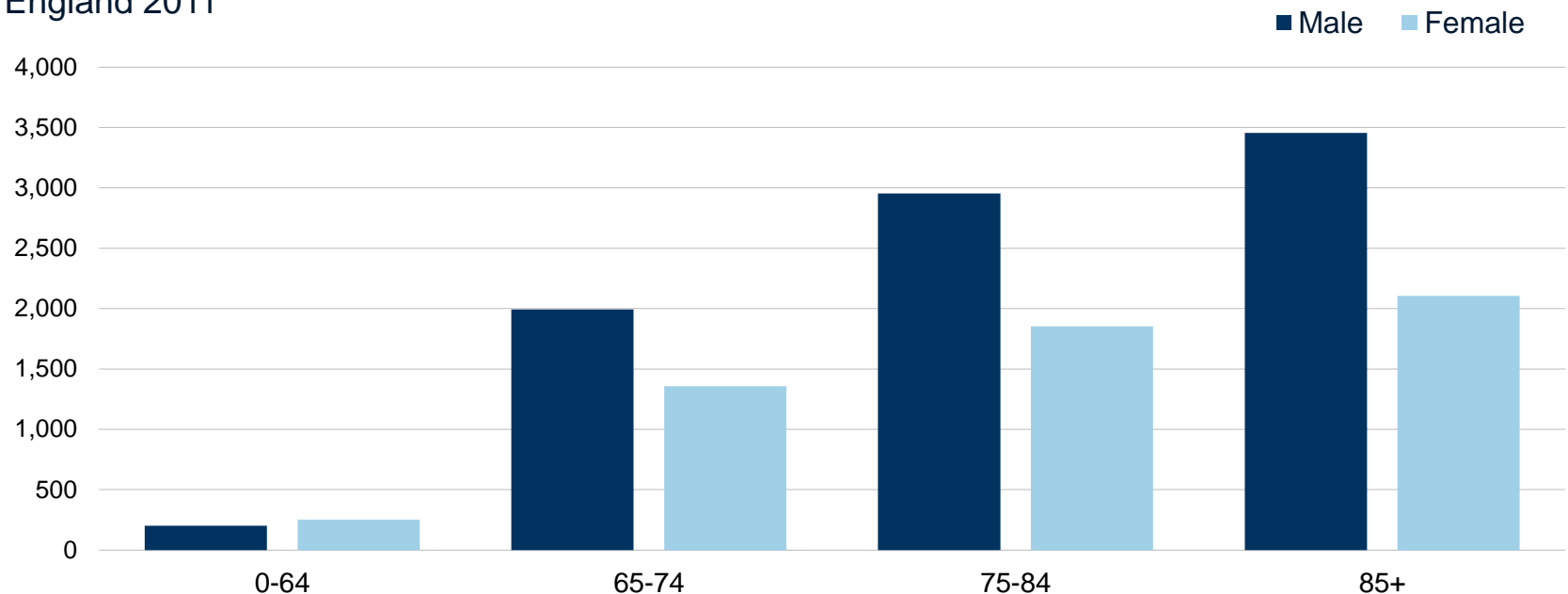
What disabilities and illnesses do older people have?

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In 2011 the number of cancers diagnosed per head of population increased with age for both sexes. For those aged 85 or over, this ratio was 3,455 per 100,000 men and 2,106 per 100,000 women.

Incidence of newly diagnosed cancer rate per 100,000 population by age and sex, England 2011



The figures for numbers and rates of 'all cancers' in this release refer to all malignant neoplasms (ICD-10 C00–C97), excluding non-melanoma skin cancer (ICD-10 C44). Non-melanoma skin cancer (nmisc) is very common, but the policies and practices for the recording of nmisc have varied among the cancer registries, and over time. As the available figures are known to be under-estimates and unreliable for comparison purposes, they have been excluded from the figures for 'all cancers'.

Source: Office for National Statistics, Cancer Registration Statistics, England, 2011; 2011 Census Population (www.ons.gov.uk) © Crown copyright 2013

Key questions

**What services do
older people use?**

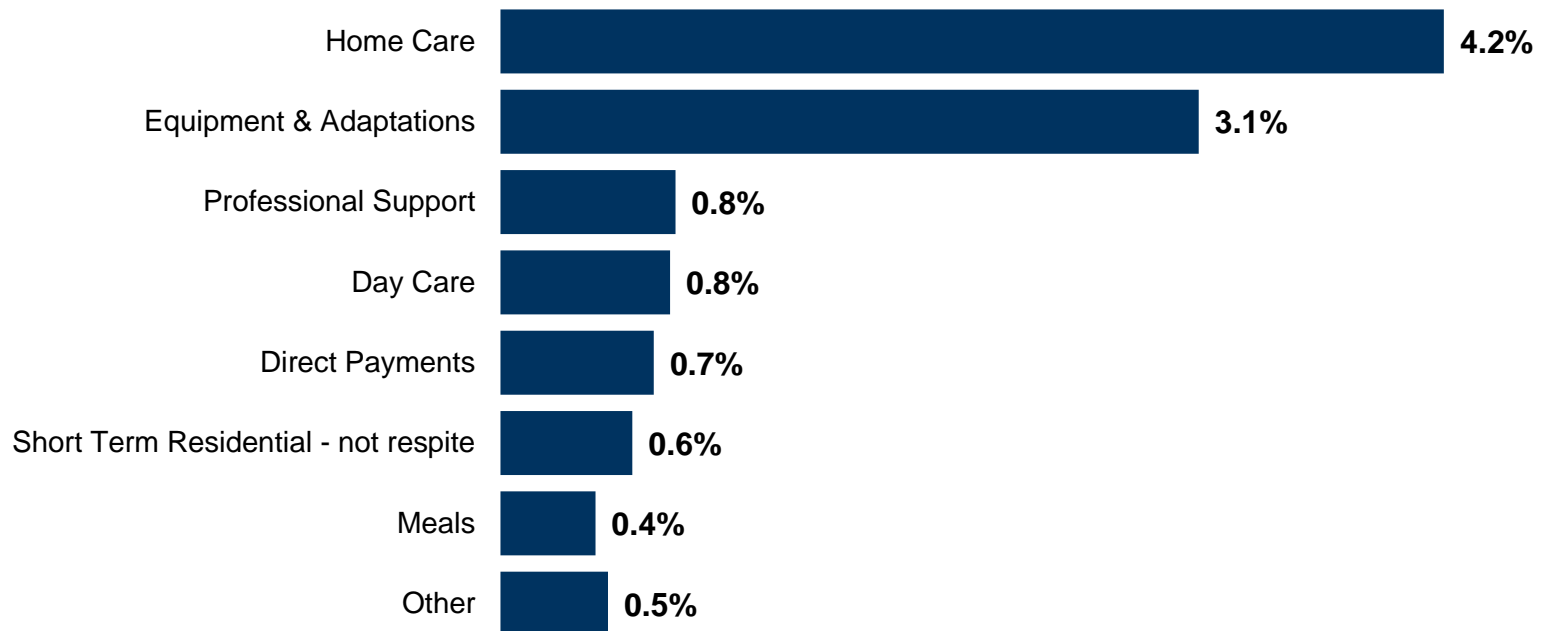
Which services do older people use?

- Home care is the community based service most accessed by older people, followed by equipment and adaptations.
- Over the last ten years there has been a fall in the rates of older people permanently admitted to residential care and nursing care.
- In 2012/13, older people were more likely to access adult secondary mental health services, this was one in six (16 per cent) aged 85 or over compared to one in 43 (2 per cent) aged 0 to 64.
- There is wide variation in rates of access to hospital services across the different age groups.
- Hospital admissions for people aged 85 or over were more than twice as likely to be emergency admissions (65 per cent) than for those aged 0 to 64 (32 per cent).

Which services do older people use?

Home care is the community based service most accessed by older people, followed by equipment and adaptations.

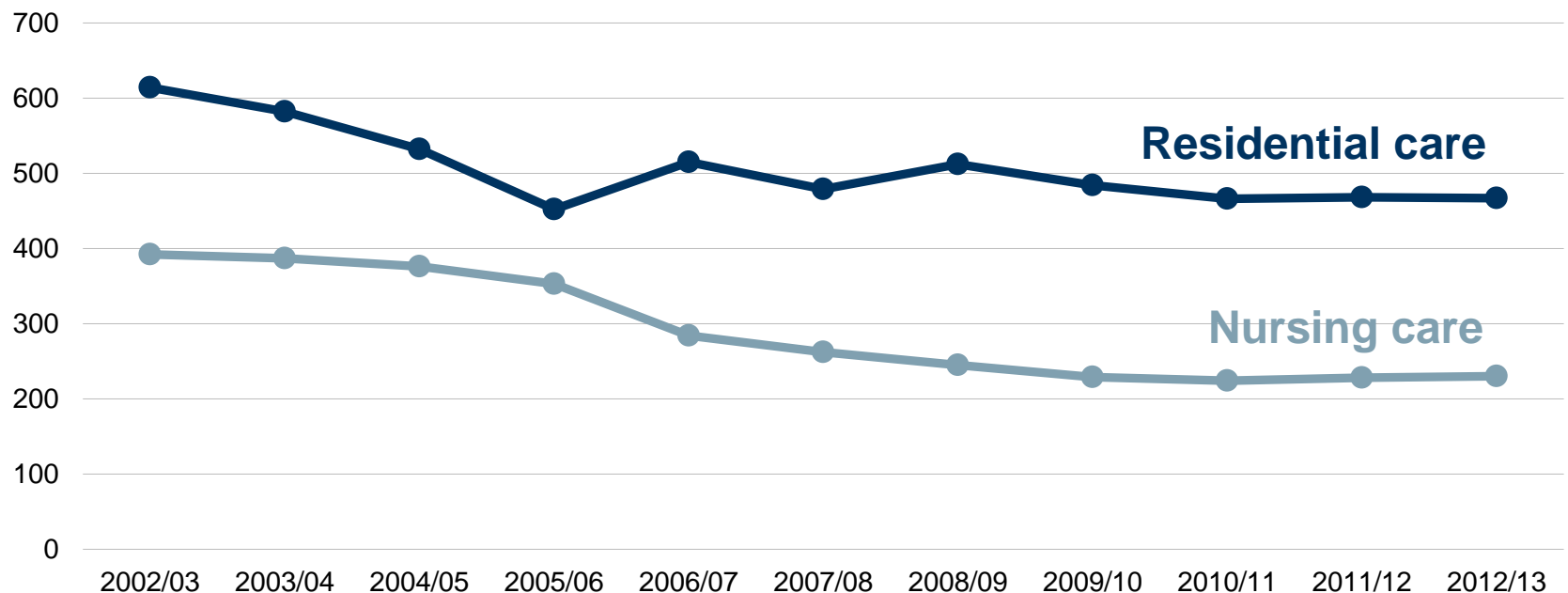
Percentage of people aged 65 or over receiving local authority funded community based services, by component of service 2012/13



Which services do older people use?

Over the last ten years there has been a fall in the rates of older people permanently admitted to residential care and nursing care.

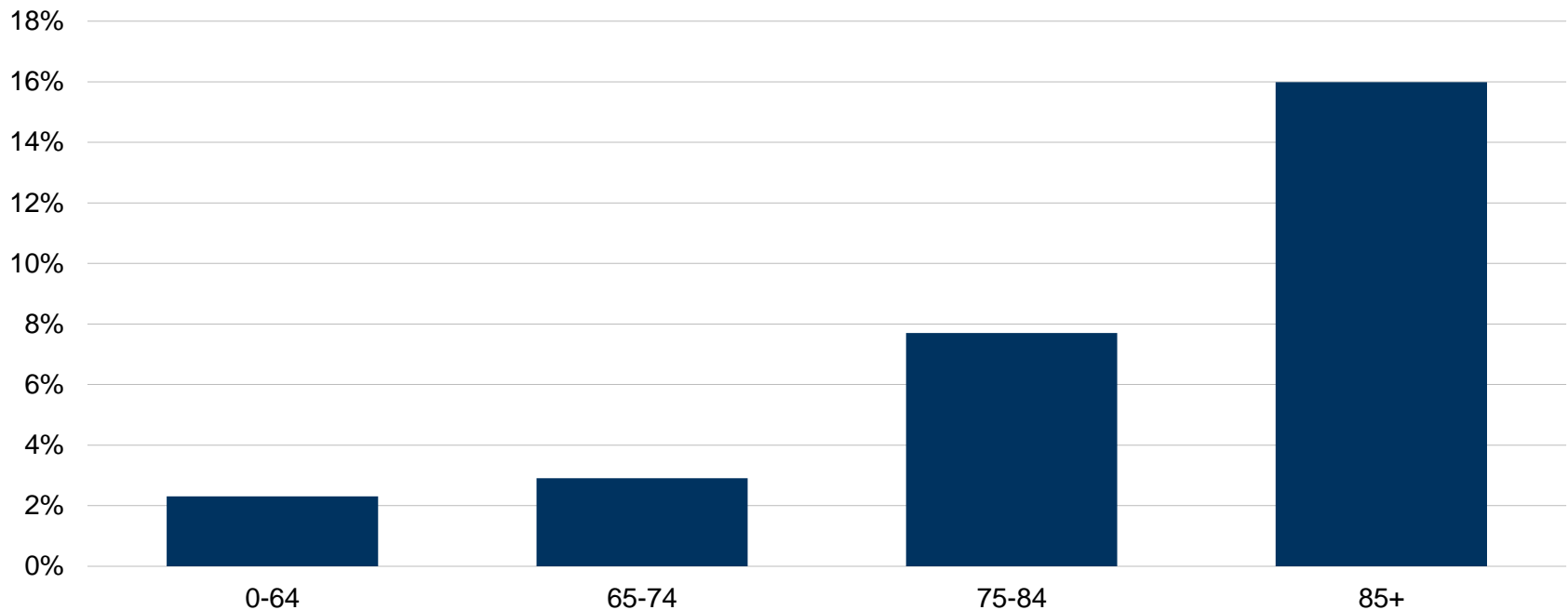
Number of permanent admissions to registered accommodation per 100,000 population, by type of care, aged 65 or over, England.



Which services do older people use?

In 2012/13, older people were more likely to access adult secondary mental health services, this was one in six (16 per cent) aged 85 or over compared to one in 43 (2 per cent) aged 0 to 64.

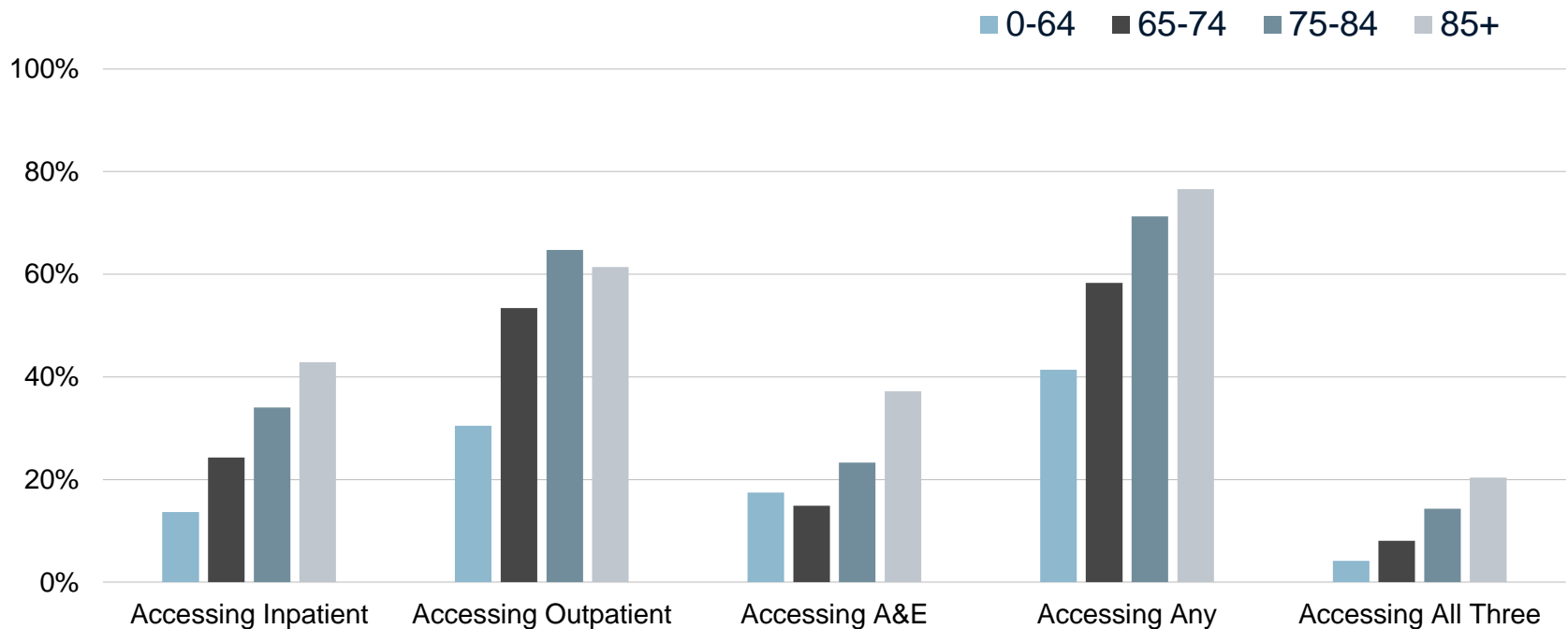
Proportion of population in contact with adult and older adult secondary mental health services, England 2012/13



Which services do older people use?

There is wide variation in rates of access to hospital services across the different age groups.

Percentage of population accessing a hospital service by age and type of service



Which services do older people use?

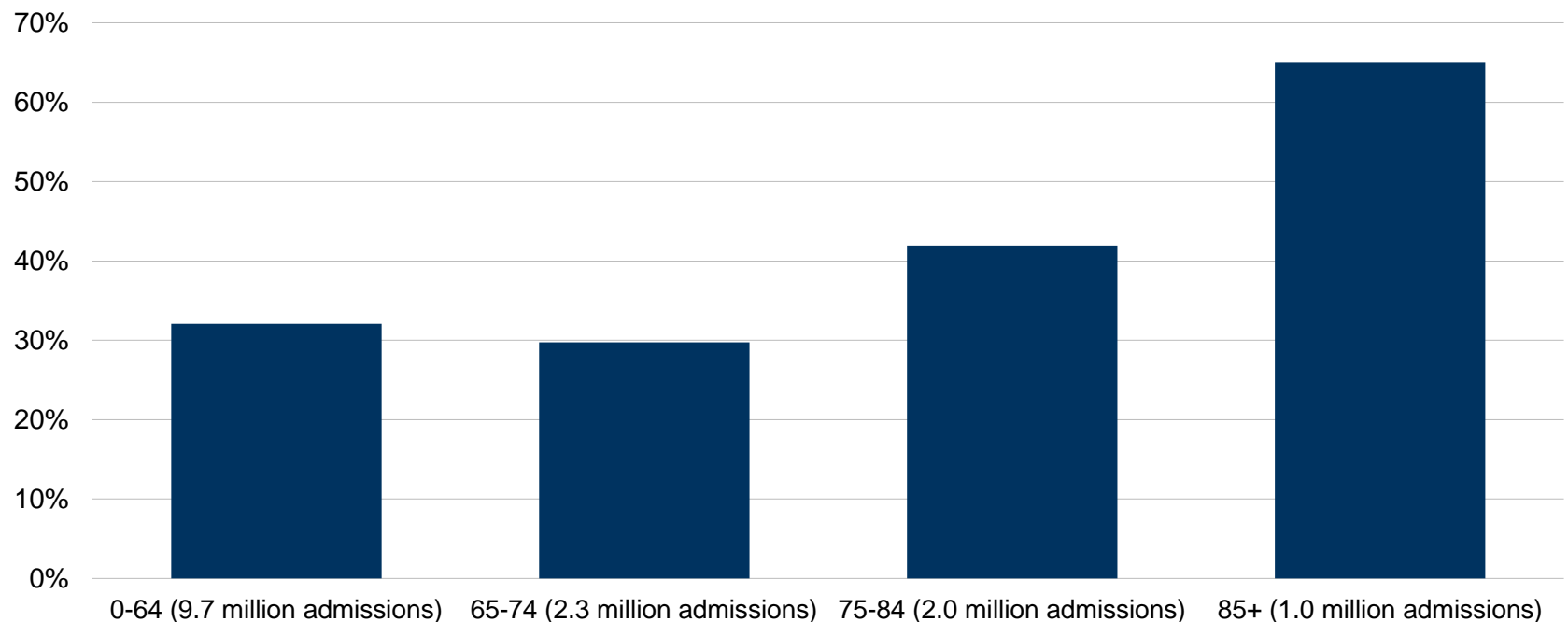
There is wide variation in rates of access to hospital services across the different age groups.

- Eight in ten (77 per cent) people aged 85 or over accessed at least one of Inpatient, Outpatient, or Accident and Emergency services in 2012/13.
- Four in ten (41 per cent) people aged under 65 accessed at least one of these services.
- Two in ten (20 per cent) people aged 85 or above accessed all three services in 2012/13.
- One in 24 (4 per cent) people aged under 65 accessed all three services.

Which services do older people use?

Hospital admissions for people aged 85 or over were more than twice as likely to be emergency admissions (65 per cent) than for those aged 0 to 64 (32 per cent).

Percentage of inpatient admissions which were emergency admissions, England 2012/13



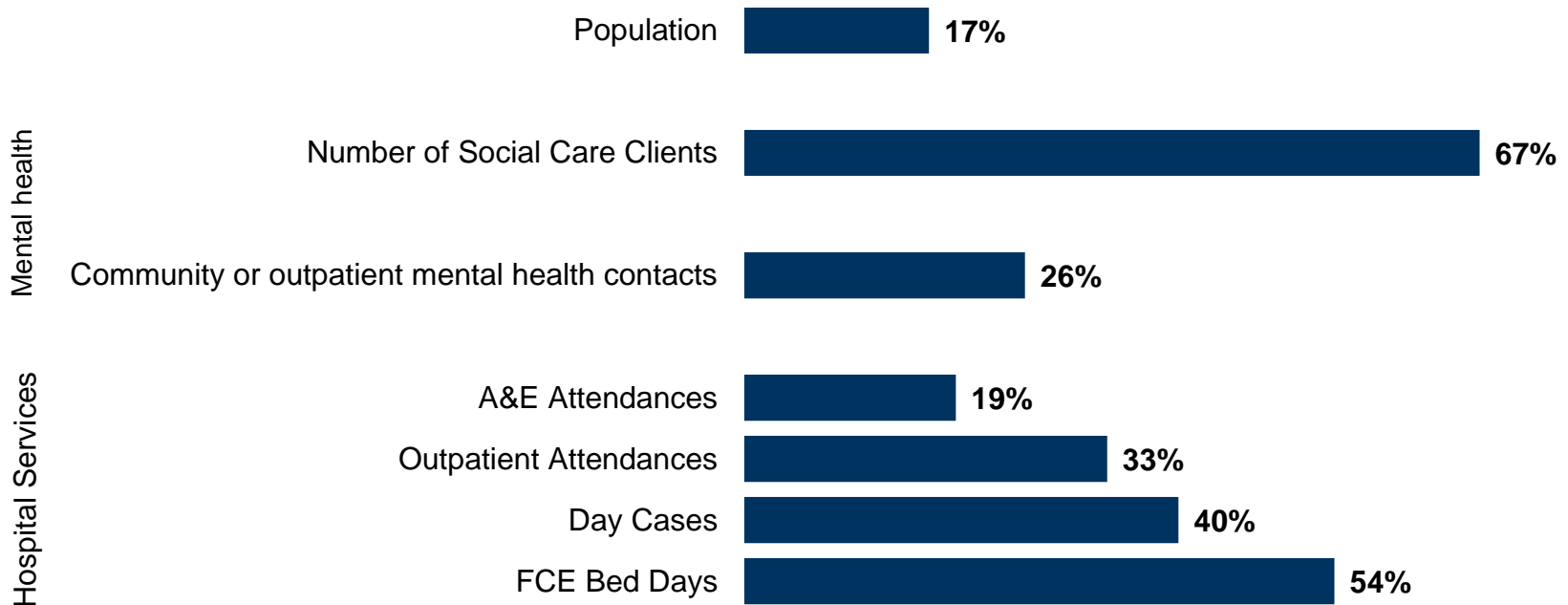
Key questions

**What are the
resources used to
care for older people?**

What are the resources used to care for older people?

In 2012 people aged 65 or over made up one in six (17 per cent) of the population and this group used more than one sixth of some health and social care resources.

Proportion of activity for people aged 65 and over



What are the resources used to care for older people?

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In 2012 people aged 65 or over made up one in six (17 per cent) of the population and this group used more than one sixth of some health and social care resources.

- Two in three (67 per cent) social care clients are 65 or over.
- One in four (26 per cent) mental health community or outpatient contacts are people aged 65 or over.
- One in five (19 per cent) A&E attendances are for patients aged 65 or over.
- One in three (33 per cent) outpatient attendances are for patients aged 65 or over
- Two in five (40 per cent) inpatient day cases are for patients aged 65 or over.
- One in two (54 per cent) inpatient bed days are for patients aged 65 or over.

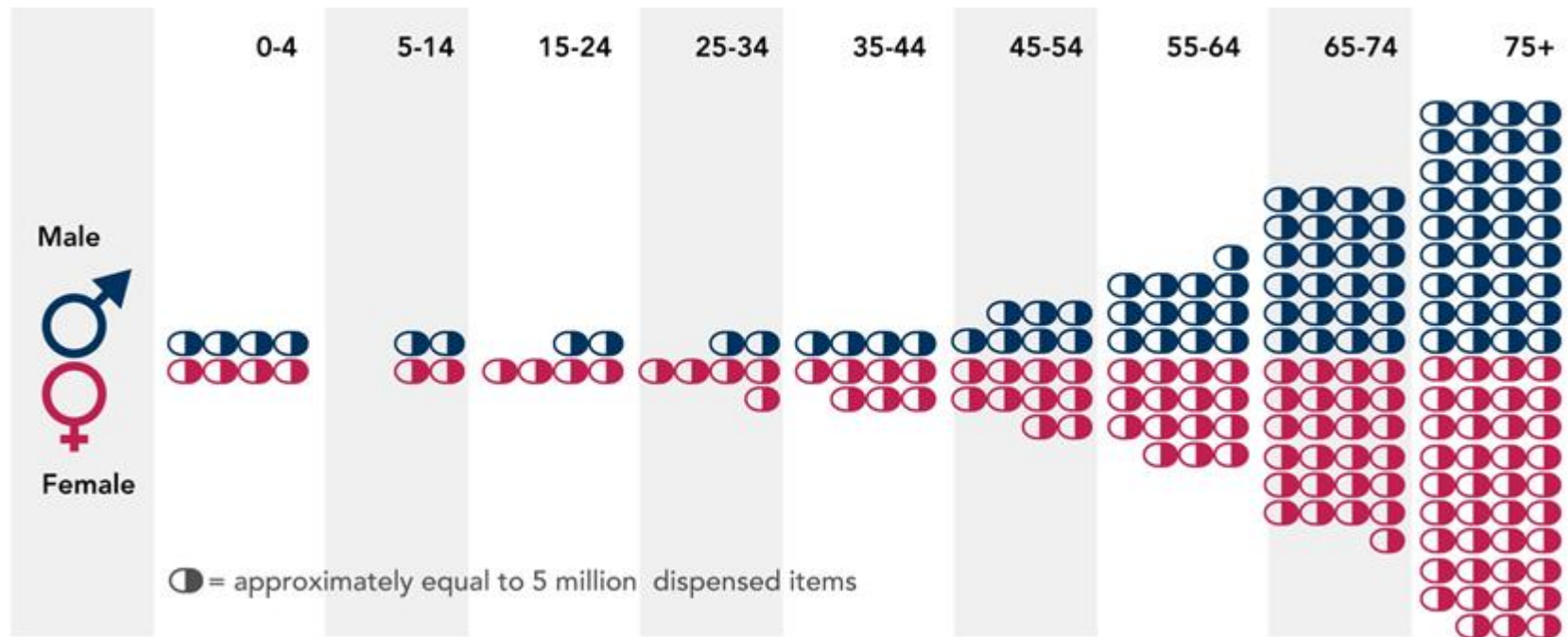
What are the resources used to care for older people?

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In 2013, one billion items were dispensed in the community. It is estimated 600 million of these items were for people aged 65 or over.

Prescribing - England 2013



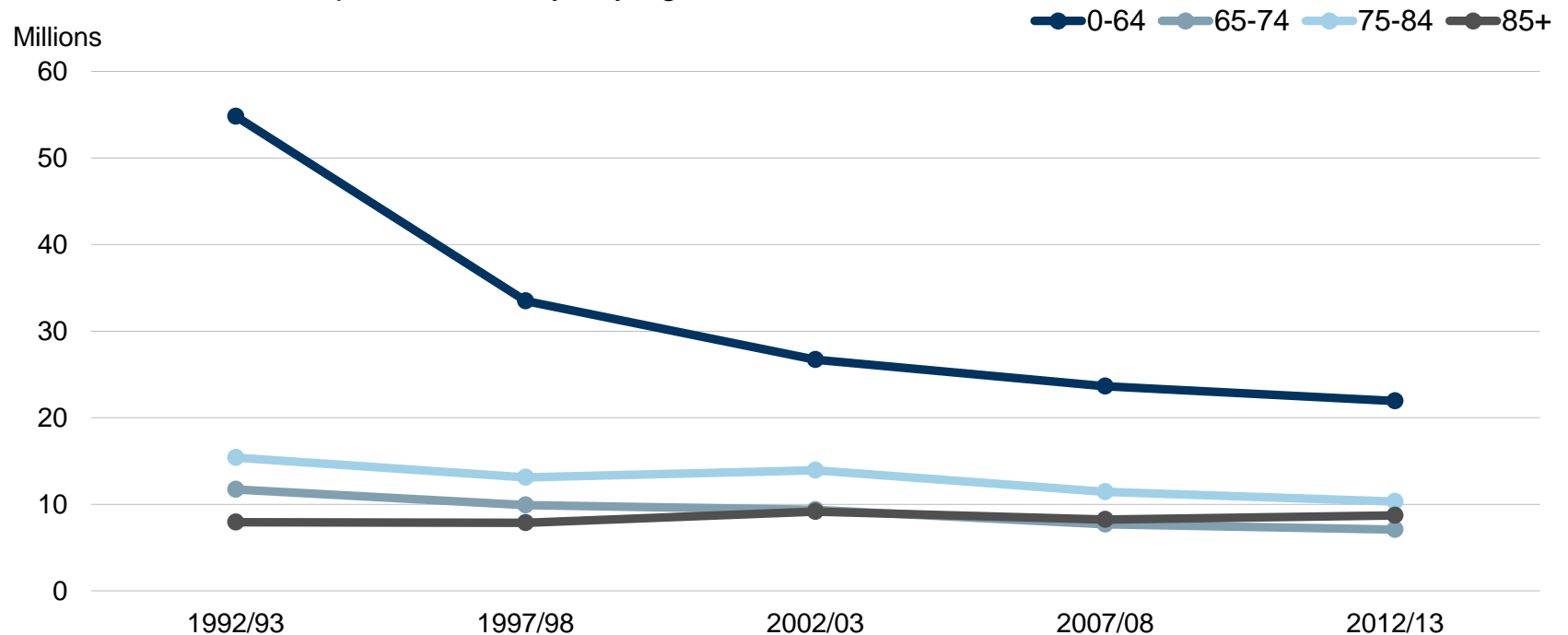
What are the resources used to care for older people?

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Over the last 20 years, the total number of bed days has decreased in every age group apart from those aged 85 or over, where the number has increased by a tenth.

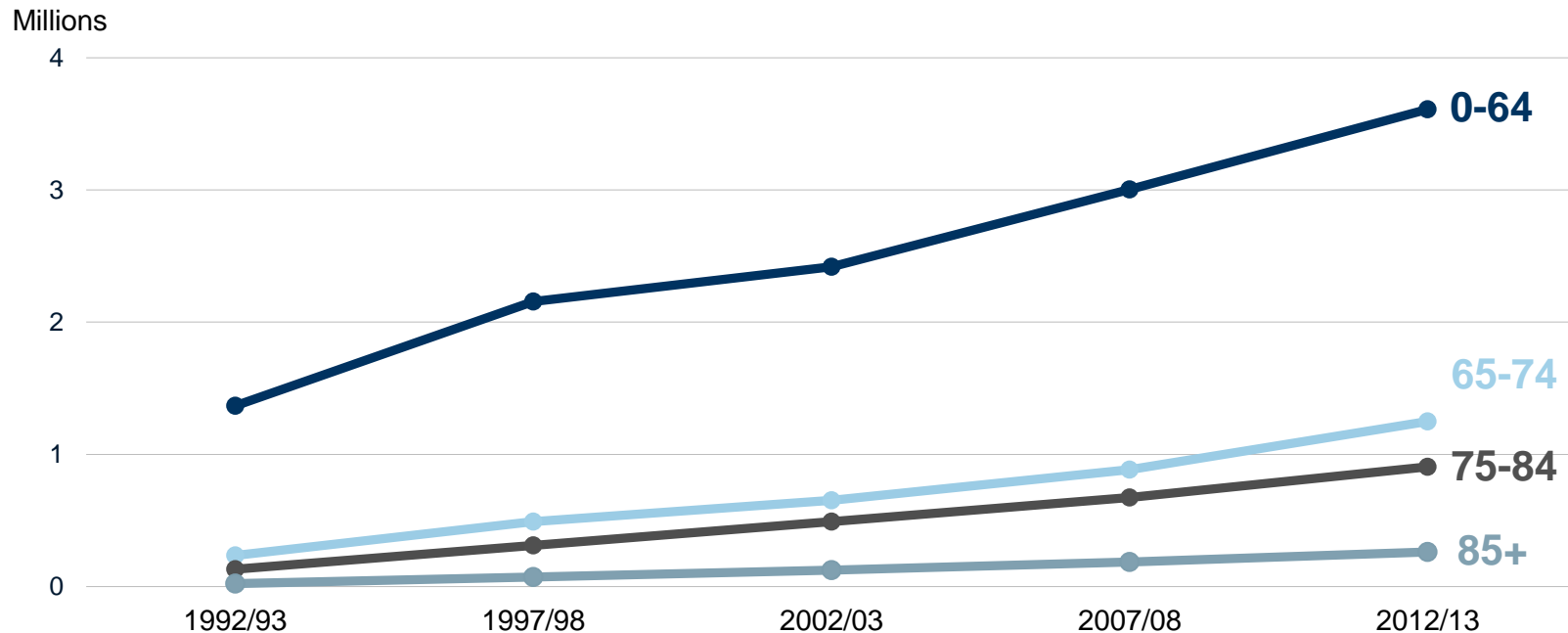
Hospital Services – Changes in the use of bed days
Finished consultant episode bed days by age 1992/93 to 2012/13



What are the resources used to care for older people?

Over the last 20 years, the total number of day cases has increased in every age group. The biggest rate of change was in those aged 85 or over, which has risen tenfold.

Hospital Services – Changes in the use of day cases
Inpatient day cases by age 1992/93 to 2012/13



What are the resources used to care for older people?

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Over the past 20 years, consultants working in Geriatric Medicine have almost doubled (93 per cent increase)

Year	Full Time Equivalents	
	Consultant	Other Grades
1993	549	1447
2003	849	1700
2013	1058	2466

Other grades Includes Associate Specialist, Specialty Doctor and Staff Grade, Registrar Group, Senior House Officer, Foundation Year 2, House Officer and Foundation Year 1, Other Doctors in Training, Hospital Practitioner/ Clinical Assistant and Other Staff

Source: HSCIC Medical and Dental Workforce Census

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What are the resources used to care for older people?

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Over the past 20 years, consultants working in Old Age Psychiatry have more than quadrupled (365 per cent increase)

Year	Full Time Equivalents	
	Consultant	Other Grades
1993	129	128
2003	382	528
2013	600	602

Other grades Includes Associate Specialist, Specialty Doctor and Staff Grade, Registrar Group, Senior House Officer, Foundation Year 2, House Officer and Foundation Year 1, Other Doctors in Training, Hospital Practitioner/ Clinical Assistant and Other Staff

Source: HSCIC Medical and Dental Workforce Census

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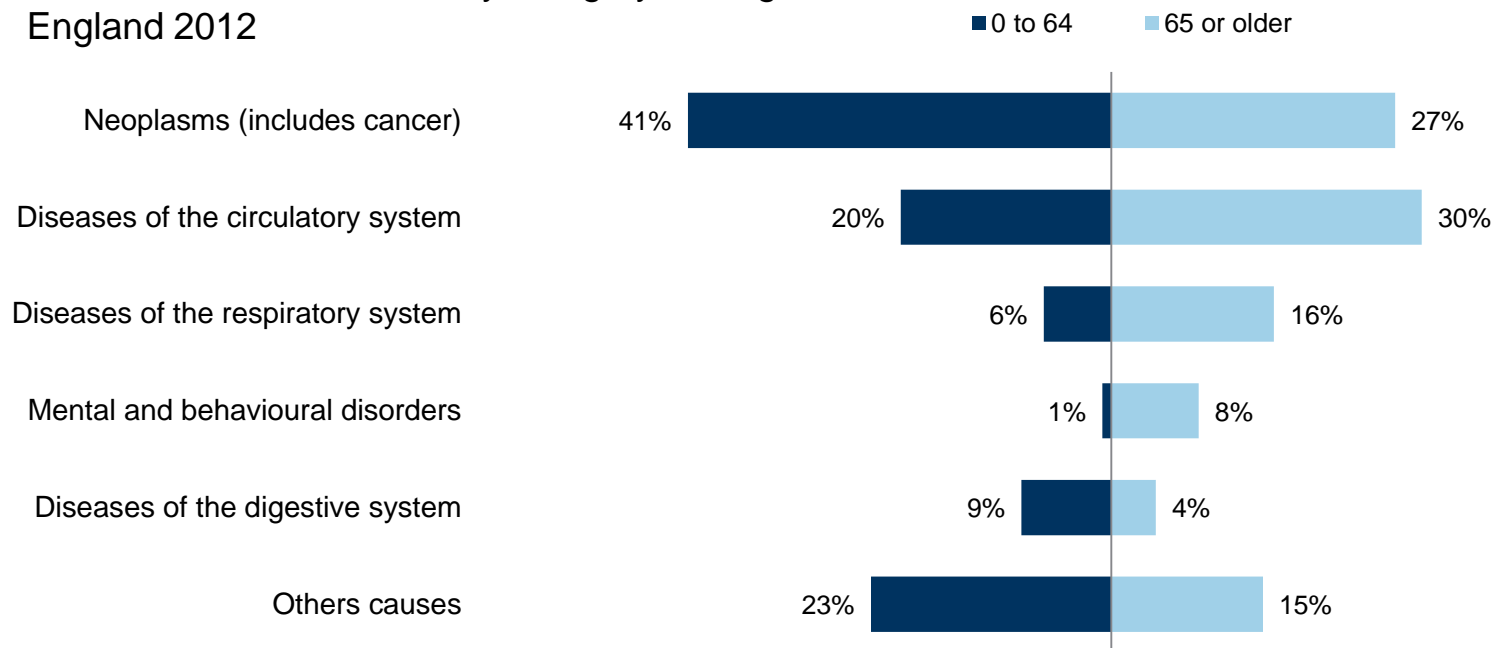
Key questions

What are the common causes of death in older people?

What are the common causes of death in older people?

The proportion of deaths attributable to different causes varies between older and younger people.

Common causes of death by category and age, England 2012



What are the common causes of death in older people?

The proportion of deaths attributable to different causes varies between older and younger people.

- There were 71,000 deaths in people aged 0 to 64 and 393,000 deaths in people aged 65 or older in England in 2012.
- Three in ten (30 per cent) deaths in older people were caused by diseases of the circulatory system, a higher proportion than in younger people where this was two in ten (20 per cent).
- One in six (16 per cent) deaths in older people were caused by diseases of the respiratory system, a higher proportion than in younger people where this was one in 15 (six per cent).

Key questions

Definitions and Footnotes

Definitions and footnotes

Rounding

- Figures greater than one billion have been rounded to the nearest hundred million.
- Figures greater than one million have been rounded to the nearest hundred thousand.
- Figures greater than ten thousand have been rounded to the nearest thousand.
- Percentages are given to the nearest per cent unless less than one per cent.

Calculating Disability-free life expectancy

The data used in calculating the prevalence of self-reported limiting long-standing illness or disability was obtained from the Annual Population Survey (APS) and aggregated over a three year period (2008–10) to achieve sufficiently large sample sizes to enable meaningful statistical comparison. The prevalence of limiting long-standing illness or disability among males and females resident in private households in England was compared across regions and lower tier LADs which include Unitary Authorities, London boroughs, metropolitan districts and non-metropolitan districts in England, but excludes the City of London and Isles of Scilly. DFLE was then calculated using the Sullivan method which combines prevalence data with mortality and mid-year population estimates over the same period and geographical scales to calculate estimates of LE and DFLE at age 16 and at age 65 by sex (Jagger, 1996). Estimates for males and females at birth cannot be calculated from the APS as survey questions are only asked of those aged 16 years and older.

www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/2007-2009/stb-disability-free-life-expectancy.html#tab-Methods

The DFLE estimate is significantly different to the England estimate as judged by means of a Z-test to 95% confidence level.

Body mass index

Body mass index (BMI) is widely used as a simple and reliable way of finding out if you are overweight or obese. BMI measures whether you're a healthy weight for your height.

For most adults, having a BMI of 18.5 to 24.9 means you are considered to be a healthy weight. A person with a BMI of 25 to 29.9 is considered to be overweight, and someone with a BMI over 30 is considered to be obese. However, while BMI is a useful measurement for most people, it is not accurate for everyone.

95 per cent confidence intervals have been added to the estimates of average BMI.

Data sources (1 of 4)

Office for National Statistics (ONS)

The Office for National Statistics (ONS) is the UK's national statistical institute and the largest producer of official statistics in the UK. It is the only government department with the production of statistics as its main role. ONS is independent of ministers and instead reports through the UK Statistics Authority to Parliament and the devolved administrations of Scotland, Wales and Northern Ireland.

ONS is the executive office of the UK Statistics Authority and although they are separate, they are still closely related. The Statistics and Registration Service Act 2007 sets the Statistics Authority the objective of promoting and safeguarding the production and publication of official statistics which serve the public good. This includes, but is not exclusive to, the needs of government.

As the executive office of the Statistics Authority our main responsibilities are:

- The collection, compilation, analysis and dissemination of a range of key economic, social and demographic statistics about the UK
- The provision of statistical leadership and methodological advice for the benefit of UK official statistics
- Representation of the UK internationally as the national statistical institute

These responsibilities span more than 650 different statistical releases a year which rely on a broad range of methods and systems. All outputs are produced in line with the 'Code of Practice for Official Statistics' and relevant quality standards. This is carried out to align with the Statistics Authority's responsibility to promote and safeguard official statistics.

Data from the ONS used in this publication includes:

[Nomis](#) Census 1951-2011 Census populations

[Table 1: 2012-based Subnational Population Projections for Regions in England](#)

[United Kingdom, National Life Tables, 1980-82 to 2010-12](#)

[Disability-Free Life Expectancy \(DFLE\) and Life Expectancy \(LE\) at birth by Upper Tier Local Authority, England: 2006-08, 2007-09 and 2008-10](#)

[Cancer Registration Statistics, England, 2011](#)

[ONS 2012 mid year population estimates](#)

Data sources (2 of 4)

Prescribing Units 2013

Traditionally, prescribing has been measured using the number of items prescribed and the cost of these drugs. This is used to compare drug utilisation between NHS organisations and practices, and to look at historic trends. Data on the patient list size for each practice is also available and allows three ratios of prescribing to be commonly used:

- items per patient
- cost per patient
- cost per item

Additional measures of volume (rather than the number of items) and patient denominators (weighted to take account of the differing needs of patients) have been developed. These are used in reports and information systems produced by NHS Prescription Services.

These measures can be used to develop indicators and comparators that help organisations to monitor prescribing and compare themselves with other organisations.

Prescription Cost Analysis, England 2013

Prescription Cost Analysis (PCA) provides details of the number of items and the net ingredient cost of all prescriptions dispensed in the community in England. The drugs dispensed are listed by British National Formulary (BNF) therapeutic class.

Health Survey for England

The Health Survey for England provides an annual snapshot of the health of the nation and tracks changes over time. The 2012 survey is the twenty second edition.

All editions of the survey have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also included children aged 2-15 and since 2001, infants aged under 2. Interviews were held in 5,219 households with 8,291 adults aged 16 and over, and 2,043 children aged 0-15. 5,470 adults and 1,203 children had a nurse visit.

In some years, the core sample has been augmented by an additional boosted sample from specific population subgroups, such as minority ethnic groups, older people or children; there was no boost in 2012.

Data sources (3 of 4)

Hospital Episode Statistics (HES)

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. This data is collected during a patient's time at hospital and is submitted to allow hospitals to be paid for the care they deliver. HES data is designed to enable secondary use, that is use for non-clinical purposes, of this administrative data.

It is a records-based system that covers all NHS trusts in England, including acute hospitals, primary care trusts and mental health trusts. HES information is stored as a large collection of separate records - one for each period of care - in a secure data warehouse.

We apply a strict statistical disclosure control in accordance with the HES protocol, to all published HES data. This suppresses small numbers to stop people identifying themselves and others, to ensure that patient confidentiality is maintained.

QOF - Quality Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management, but resourcing and then rewarding good practice.

To report the latest annual QOF points, The Health and Social Care Information Centre (HSCIC) has developed this online database to allow patients and public easy access to this useful data that indicates how well their surgery is doing. The HSCIC is working to make information more relevant and accessible to the public, regulators, health and social care professionals and policy makers, leading to improvements in knowledge and efficiency.

NHS Hospital and Community Health Service (HCHS) Workforce Statistics

A detailed view of the NHS Medical and dental workforce including consultants, registrars and other doctors in training.

Data for medical and dental staff are an annual snapshot of the number of doctors within hospital and community health services (HCHS) of the NHS. It excludes General Practitioners, GP practice staff and high street dentists.

The detailed results contain further data tables for September 2012 for England by age, gender, specialty and grade and selected data by Strategic Health Authority area and individual organisation.

Data sources (4 of 4)

HSCIC Social Care RAP 2012/13 ASC-CAR 2012/13

Referrals, Assessments and Packages of Care return (RAP) and the Adult Social Care Combined Activity return (ASC-CAR) report on the social care activity of Councils with Adult Social Services Responsibilities (CASSRs) in England. They contain information taken from council administrative systems used to record the process of assessing eligibility to state-funded social care and providing services where people are eligible.

Mental Health Minimum Dataset (MHMDS) 2012/13

This annual report relates to data extracted from Mental Health Minimum Data Set (MHMDS) for activity undertaken within the financial year 2012-13.

The publication for 2012-13 was produced from a single file compiled by the Health and Social Care Information Centre (HSCIC) from the quarterly submissions (2012-13 data). This uses a new, centrally derived, unique Spell ID to link patient spells across these quarters.

EuroQol Group

Established in 1987, the EuroQol Group first met to test the feasibility of jointly developing a standardized non disease specific instrument for describing and valuing health-related quality of life.

The Group comprises a network of international, multilingual, multidisciplinary researchers, originally from seven centres in England, Finland, the Netherlands, Norway and Sweden.

The process of shared development, local experimentation and lively discussion resulted in EQ-5D, a measure generating a single index value for health status with considerable potential for use in health care evaluation.

EQ-5D was initially developed simultaneously in Dutch, English, Finnish, Norwegian and Swedish. It is now widely used in many countries around the world and has been translated into most major languages with the Group closely monitoring the process.

FOCUS ON...

the health and care of older people

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