

<b>Appraisal of quality of indicator for provisional CCG OIS</b>	
<b>Indicator ref.:</b> IND-16	<b>Indicator title:</b> Low birth weight.
<u>Key considerations for the NICE Committee</u>	<ul style="list-style-type: none"> <li>The construction of this indicator is based on the Public Health Outcomes Framework indicator 2.01 – “Low birth weight of term babies”, using the Office of National Statistics (ONS) birth and weight data.</li> <li>There are sufficient volumes of activity to enable monitoring at CCG level.</li> <li><b>Summary: the HSCIC view is that this indicator is feasible.</b></li> </ul>
<u>Rationale</u>	Birth weight is a strong indicator for both maternal health and chances of survival, growth, long-term health and psychosocial development in new born babies.
<u>What is measured</u>	<p><b>Source of data</b> Office of National Statistics.</p> <p><b>Denominator</b> The number of live births at term (greater than 36 weeks) with recorded birth weight.</p> <p><b>Numerator</b> Of the denominator, the number with low birth weight (less than 2500g).</p>
<u>Suitability of indicator for purpose</u>	<p><b>Data Quality dimensions:</b></p> <p><b>Completeness</b> ONS' birth statistics are based on actual registrations provided by the General Register Office (GRO). These data represent the legal record, making it the best and most complete data source. These data are then supplemented by linking the birth registration to the birth notification in order to obtain birth weight data.</p> <p>As part of the birth registration process, before data are submitted through the Registration Online System, the registrar asks the informant to verify that all data entered are accurate. The registrar is then able to correct any errors. There are some validation checks built into the registration system to help the registrar with this process. Information supplied at birth registration is generally believed to be correct since wilfully supplying false information may render the informant liable to prosecution for perjury.</p> <p>Births Metadata, <a href="http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/births-metadata.pdf">http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/births-metadata.pdf</a>, provides detailed information on the registration, collection and quality of births data in England and Wales.</p> <p><b>Accuracy</b> When birth registrations are received by ONS, a number of checks are carried out on records to ensure that they are valid. Checks are more frequent on those records with extreme values for key variables (such as age of mother and age of father) as these have a greater impact on published tables. For example, when looking at multiple births, checks are carried out to ensure that the number of triplets is divisible by three and that there is one maternity recorded for each set of triplets. Any birth records which appear questionable are raised with the GRO on a monthly basis for further investigation.</p>

	<p><b>Timeliness</b></p> <p>In order to provide timely data to users, key headline figures are provided quarterly as provisional data. These data are then finalised once the annual data are published. Provisional quarterly data for the first three quarters of the data year are published five months after the end of the data quarter. The fourth quarter is published as final data seven months after the end of the data year, with all provisional quarters being updated.</p> <p><b>Accessibility</b></p> <p>ONS' recommended format for accessible content is a combination of HTML webpages for narrative, charts and graphs, with data being provided in usable formats such as CSV and Excel. The ONS website also offers users the option to download the narrative in PDF format. In some instances other software may be used, or may be available on request.</p> <p>Special extracts and tabulations of births and deaths data for England and Wales are available to order (subject to legal frameworks, disclosure control, resources and agreements of costs, where appropriate). CCG level data is available from ONS on request.</p> <p><b>Relevance</b></p> <p>Birth registration is a legal requirement under the Births and Deaths Registration Act 1836. The registration of births occurring in England and Wales is a service carried out by the Local Registration Service in partnership with the General Register Office. Information collected at birth registration is recorded on a Registration Online system by Registrars. Most of the information is normally supplied by the parent(s). For live births, details of the birth weight are passed to ONS from the birth notification.</p> <p>This indicator reflects the provision of high quality care; CCGs could use this to assess the quality of services they commission.</p>
<p><u>How data are aggregated</u></p>	<p>The indicator will be reported as a percentage, disaggregated by Clinical Commissioning Group.</p> <p>Confidence intervals will be calculated using the Wilson Score method, as specified in 'Commonly used public health statistics and their confidence intervals' (Association of Public Health Observatories, March 2008).</p>
<p><u>Risk adjustment</u></p>	<p>It is not recommended to standardise or risk adjust this indicator.</p>
<p><u>Scientific validity</u></p>	<p>ONS have confirmed that CCG level data can be provided for this indicator. The data would be aggregated to CCG using the Lower Super Output Area (LSOA) of the mother's home post code i.e. the resident population, as opposed to the usual convention of using the registered population, based on GP Practice.</p> <p>There were 17,855 live births at term with a low birth weight recorded during 2011 in England. The sample data used in this report shows 2011 Local Authority level figures published in the Public Health Outcomes Framework indicator 2.01.</p> <p>There may be local variation in data quality, particularly diagnostic and procedure coding.</p>
<p><u>Interpretation</u></p>	<p>A low percentage of babies born with low birth weight is desirable.</p>
<p><u>Equality assessment</u></p>	<p>The proposed indicator may show some geographic variation, although this may be due to a number of reasons including social factors such as deprivation and/or ethnicity. Further examination of the underlying data may show other variations which may need to be taken</p>

	into account when developing the indicator.																																																																													
<u>Use, follow-up investigation and action</u>	<p>The data could be analysed by the equality dimensions to investigate if there are specific issues within certain groups. HSCIC will assess the options for this analysis as part of further development and checking for data quality issues. CCGs could also undertake local analysis.</p>																																																																													
<u>Feedback from HSCIC consultation</u>	<table border="1" data-bbox="376 568 1326 1283"> <thead> <tr> <th>Question</th> <th>N</th> <th colspan="5">Response (%)</th> </tr> </thead> <tbody> <tr> <td>Organisation</td> <td>7</td> <td colspan="5">National Screening Committee (14.3%), Department of Health (42.9%), Clinical Commissioning Group (42.9%)</td> </tr> <tr> <td></td> <td></td> <th>Strongly Agree</th> <th>Agree</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know</th> </tr> <tr> <td>Well defined</td> <td>6</td> <td>33.3%</td> <td>66.7%</td> <td>0.0%</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>Well-constructed</td> <td>6</td> <td>33.3%</td> <td>66.7%</td> <td>0.0%</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td></td> <td></td> <th>Yes, significant issues</th> <th>Yes, minor issues</th> <th>No Issues</th> <th colspan="2">Don't Know</th> </tr> <tr> <td>Data Quality issues</td> <td>6</td> <td>0.0%</td> <td>33.3%</td> <td>66.7%</td> <td colspan="2">0.0%</td> </tr> <tr> <td></td> <td></td> <th>Highly likely</th> <th>Quite likely</th> <th>Quite unlikely</th> <th>Highly unlikely</th> <th>Don't know</th> </tr> <tr> <td>Likely service improvements</td> <td>6</td> <td>0.0%</td> <td>50.0%</td> <td>0.0%</td> <td>0.0%</td> <td>50.0%</td> </tr> <tr> <td>Results group dependant</td> <td>5</td> <td>20.0%</td> <td>60.0%</td> <td>0.0%</td> <td>0.0%</td> <td>20.0%</td> </tr> <tr> <td>Likely perverse incentives</td> <td>6</td> <td>0.0%</td> <td>0.0%</td> <td>50.0%</td> <td>33.3%</td> <td>16.7%</td> </tr> </tbody> </table> <p data-bbox="320 1335 1358 1391"><u>If you think that it is unlikely that service changes can be implemented as a result of the reporting generated by this indicator please explain why</u></p> <ul data-bbox="368 1402 1390 1503" style="list-style-type: none"> <li>• How would collecting this data reduce low birth weight babies?</li> <li>• This will be an opportunity to do some research as well as apply interventions that we know work (not many).</li> </ul> <p data-bbox="320 1559 1326 1615"><u>If you would expect to see different results for particular groups please describe what differences you would expect to see and for which groups</u></p> <ul data-bbox="368 1626 1198 1727" style="list-style-type: none"> <li>• It's a problem which afflicts young, poorer, deprived women more.</li> <li>• Likely to be differences by ethnicity and deprivation level.</li> <li>• Low birth weights can be linked to deprivation.</li> </ul> <p data-bbox="320 1783 1390 1839"><u>Do you have any other views or general feedback that you would like to provide about this indicator?</u></p> <ul data-bbox="368 1850 1417 2056" style="list-style-type: none"> <li>• I'm concerned about the availability of data sets for these new indicators. We have had the CCGOIS in place for a year now but still most of the data sets are either unavailable or have a long time lag. This causes anxiety in the system if it is thought we are being measured against something but cannot monitor it as there is no data set to support it. Please don't select any indicators unless data is readily available to monitor them.</li> </ul>	Question	N	Response (%)					Organisation	7	National Screening Committee (14.3%), Department of Health (42.9%), Clinical Commissioning Group (42.9%)							Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Well defined	6	33.3%	66.7%	0.0%	0.0%	0.0%	Well-constructed	6	33.3%	66.7%	0.0%	0.0%	0.0%			Yes, significant issues	Yes, minor issues	No Issues	Don't Know		Data Quality issues	6	0.0%	33.3%	66.7%	0.0%				Highly likely	Quite likely	Quite unlikely	Highly unlikely	Don't know	Likely service improvements	6	0.0%	50.0%	0.0%	0.0%	50.0%	Results group dependant	5	20.0%	60.0%	0.0%	0.0%	20.0%	Likely perverse incentives	6	0.0%	0.0%	50.0%	33.3%	16.7%
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- The second part of the rationale is not relevant for this indicator.

**Sample data** - This sample data shows 2011 Local Authority level figures published in the Public Health Outcomes Framework indicator 2.01, <http://www.phoutcomes.info/search/low%20birth%20weight>.

Local Authority (1-10)	Denominator	Numerator	%
Broadland	1,067	11	1.03%
Richmondshire	515	6	1.17%
Bromsgrove	835	11	1.32%
South Northamptonshire	821	11	1.34%
Stafford	1,192	16	1.34%
Wealden	1,209	17	1.41%
Chiltern	843	12	1.42%
Surrey Heath	889	13	1.46%
Waverley	1,227	18	1.47%
Arun	1,457	22	1.51%

Local Authority (317-326)	Denominator	Numerator	%
Oadby and Wigston	551	23	4.17%
Redbridge	4,205	179	4.26%
Blackburn with Darwen	2,147	92	4.29%
Brent	4,775	207	4.34%
Harrow	3,139	138	4.40%
Newham	5,394	238	4.41%
Leicester	4,852	221	4.55%
Birmingham	15,776	729	4.62%
Oldham	2,957	137	4.63%
Luton	3,227	171	5.30%