





Spend and Outcome Factsheet 2008/09 Barking and Dagenham PCT

Introduction

Programme Budgeting is a well-established technique for assessing investment in health programmes rather than services. All PCTs in England have submitted a programme budget return since 2003/4.

The Department of Health commissioned the Association of Public Health Observatories (APHO) to produce a factsheet for each PCT in England, led by Yorkshire and Humber PHO. This factsheet presents an overview of spend and outcomes for Barking and Dagenham PCT. The factsheet presents:

- A diagram that categorises each programme into 4 quadrants in terms of spend and outcome to allow easy identification of those areas that require priority attention by the PCT.
- A spine chart that shows variation in spend and outcomes compared to similar PCTs, the SHA and England, and allows instant visual identification of significant differences for the highest spend programmes.
- A bar chart which shows spend by programme compared with PCTs in the same ONS cluster.

Key Facts

- Barking and Dagenham PCT's highest spend areas, excluding programme 23 (Other), are £175 per head per year on Mental Health, £112 on Circulation and £105 on Healthy Individuals.
- Barking and Dagenham PCT has no outlier outcomes, but in the area(s): Vision, Hearing, Skin, Trauma & Injuries, Healthy Individuals, the PCT has outlier(s) on spend.

PCTs can use the Department of Health's programme budgeting spreadsheet to explore spend further by programme and sub programme.

NHS users can use the programme budgeting atlases to explore the relationship between spend and outcome within a programme.

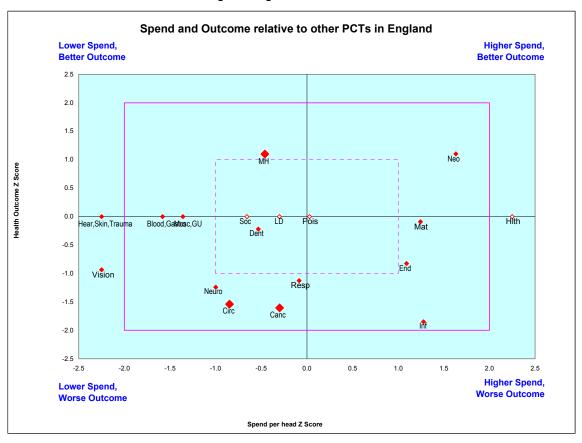
This factsheet and a Spend and Outcome Tool can be found on the YHPHO website.

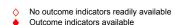






Barking and Dagenham PCT 2008/09





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 pink +/- 2 z scores box, indicates that the data is significantly different from the England average. If the programme lies to the left or right of the box, the programme is significantly different on spend, and if it lies outside the top or bottom of the box, the programme is significantly different on outcome. Programmes outside the box at the corners are significantly different from the England average for both spend and outcome. You should explore further the reasons for any significant differences.

Programmes lying outside the dotted pink +/- 1 z score box may 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 indicates that the value is statistically significantly different from the mean (at the 95% confidence level).





Barking and Dagenham PCT Centres with Industry



	Lower spend Worse outcome -3 -2	z score **	*	Higher spend Better outcome 2 3	PCT 07/08	PCT	2008/09 ONS Cluster	values SHA	England	Notes
Overall										
Overall spend per weighted head of population	0	· ·			£1,240	£1,390	£1,529	£1,524	£1,531	
All age all cause mortality		∞ —			674	662	678	561	582	2
Deprivation		∞—			34	34	33	26	22	1
Cancers and Tumours										
Cancer spend per weighted head of population		(£84	£89	£90	£82	£95	
Mortality from all cancers, DSR*, under 75 years		→			137	140	127	110	114	2
% cancer patients receiving treatment within 2 months		\circ			96%	93%	97%	98%	97%	3
Mental Health										
Mental Health spend per weighted head of population		-	$\overline{}$		£185	£175	£191	£239	£191	
% CPA* follow-up within seven days			_0_	_	99%	99%	94%	93%	93%	3
Mortality from suicide and undetermined injury, DSR*	-	\rightarrow			5.4	7.1	8.6	7.3	7.8	2
Neurological Disease										
Neurological spend per weighted head of population	_	<u> </u>			£45	£55	£72	£57	£68	
Mortality from epilepsy, DSR*, under 75 years		\circ		- i	2.0	2.3	1.7	1.4	1.5	2
Circulation										
Circulation spend per weighted head of population		-0	\		£121	£112	£142	£109	£130	
Mortality from circulatory diseases, DSR*, under 75 years					108	105	100	79	75	2
Patients with CHD whose last blood pressure < 150/90	_			•	90%	91%	89%	89%	90%	4
Respiratory Disease										
Respiratory spend per weighted head of population			\	++	£68	£77	£86	£66	£78	
Mortality from Bronchitis, Emphysema & COPD*, DSR*, u75		O			22	18	18	12	12	2
Gastrointestinal Disease										
Gastrointestinal spend per weighted head of population	0				£56	£62	£77	£69	£78	
Musculoskeletal system										
Musculoskeletal spend per weighted head of population		—	-	1 1	£40	£56	£75	£62	£80	
Genitourinary system										
Genitourinary spend per weighted head of population	-C	\	- 1		£23	£60	£76	£76	£74	
Genitourinary deaths within 30 days of admissions, ISR*	•	••••	_	: :	2635	2571	2686	2288	2609	2
% CRF* with hypertension on ACE*/ARB* therapy		-		O-	86%	91%	88%	90%	87%	4
Maternity										
Maternity spend per weighted head of population		→	0		£72	£77	£67	£69	£60	
% Low birth weights		—	- 1		8.2%	7.6%	9.1%	7.9%	7.5%	2
Other										
Primary Care GMS*/PMS* spend per weighted head of populat	ion		:		£166	£151	£141	£140	£145	
Miscellaneous spend per weighted head of population		$-\infty$			£98	£59	£67	£103	£82	
	-3 -2	-1	1	2 3		· ·		L. C.		
	Lower spend Vorse outcome	England mea	n	Higher spend Better outcome						

** z scores

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 of -2 or 2 or more indicates that the value is statistically significantly different to the mean (at the 95% confidence level).

- ${}^{\star}\!\mathsf{ACE}$ Angiotensin converting enzyme inhibitor
- *ARB Angiotensin receptor blocker
- *COPD Chronic Obstructive Pulmonary Disease
- *CPA Care Programme Approach
- *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

Notes

- 1. Population weighted average Index of Multiple Deprivation (IMD) score, 2007

- 2. NCHOD 2005/07 data
 3. Healthcare Commission 2007/08
 4. Quality and Outcome Framework 2007/08

SHA range PCT value \circ ONS Cluster value ONS Cluster range

ONS Cluster

Clusters are used to group PCTs 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.

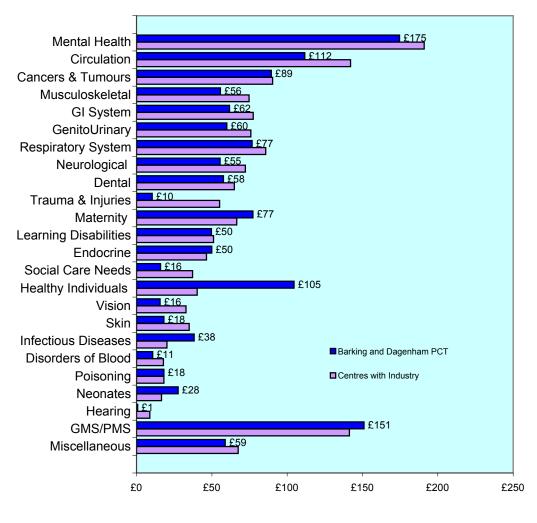




Barking and Dagenham PCT Centres with Industry

Spend compared to ONS Cluster

2008/09



Spend per head

This chart shows spend per head of population for your PCT and comparative 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 significant then it may give a less accurate picture of spend on each programme, and PCTs may wish to take steps to reduce the amount of Miscellaneous spend in their programme budget return.