NHS
Quality Improvement Scotland

Understanding the

2004 Health Indicators Report - A Focus on Children

Purpose of this short guide

This is a short guide to the 2004 *Health Indicators Report*. It summarises the key points from the full report, for both the public and health service staff.

What are indicators?

An indicator is a measure that provides information about a specific aspect of health or healthcare at a particular time.

An example of an indicator is the rate of survival of people who are admitted to hospital as an emergency with a heart attack.

Why are indicators published?

When used carefully and correctly, indicators provide information that helps the health service in Scotland to improve the quality of care it provides for patients.

The health service should use these indicators to look at its performance and, where necessary, take appropriate action. The full report contains more detailed information about how indicators should and should not be used.

Publishing indicators is also one way of making the NHS accountable to the public. This is because they provide information about a variety of health topics in an open and transparent manner.

Scotland-wide indicators have been published since 1993.

What topics are covered in the report?

Each year, the indicators report covers a wide range of health issues. The 2004 report focuses on the health of children, and there is also some information on the health of mothers. There are indicators on:

- stillbirth and death within the first weeks of life
- teenage pregnancy
- depression and anxiety after giving birth
- obesity in children
- young people admitted to hospital for diabetes
- children admitted to hospital for asthma
- unintentional injury in children
- prescribing antibiotics for children
- prescribing for attention deficit hyperactivity disorder

This guide offers a summary for each topic, including the key national findings. More detailed information, such as for specific regions of the country, is included in the full report.

The full indicator reports, together with four established indicators that are updated regularly, are available from the website of the Clinical Indicators Support Team:

www.show.scot.nhs.uk/indicators

Stillbirth and death within the first weeks of life

Background

Stillbirth is defined as a birth, after the 24th week of pregnancy, where the baby does not breathe or show any other sign of life. Neonatal death is a death within the first 4 weeks after birth.

Stillbirths and neonatal deaths are often caused by genetic or environmental influences rather than the quality of healthcare provided.

To look at the influence of healthcare on stillbirth and neonatal death, a measure - proposed by the International Federation of Gynaecology and Obstetrics - can be used. This is known as the FIGO rate of stillbirth and neonatal death.

Key findings

The FIGO rate of stillbirth and neonatal death was highest for mothers from areas of social deprivation.

The rate for mothers from areas of least social deprivation was 3.4 deaths per 1,000 births. The rate for mothers from areas of greatest social deprivation was 5.3 deaths per 1,000 births.

Teenage pregnancy

Background

Teenage pregnancy can lead to ill health, social deprivation, isolation and emotional problems, for both mother and child.

The level of teenage pregnancy is higher in Scotland than in many other western European countries.

A national target was set to reduce the pregnancy rate among 13-15 year old girls, from 8.9 pregnancies per 1,000 population in 1995 to 6.9 per 1,000 population in 2010.

Key findings

Nationally, the rate of pregnancy among 13-15 year old girls fell between 1995 and 2003, from 8.9 to 7.4 per 1,000 population.

Teenage girls from areas of social deprivation were most likely to become pregnant. The pregnancy rate for girls from areas of greatest social deprivation was more than three times higher than the rate for girls from areas of least social deprivation.

The outcome of pregnancy was also linked to social deprivation. Girls from areas of greatest social deprivation were most likely to continue with the pregnancy through to delivery.

Depression and anxiety after giving birth

Background

The months after childbirth can be demanding for mothers, both emotionally and physically. Depression and anxiety are common.

The Scottish Intercollegiate Guidelines Network (SIGN) has published a guideline on the management of postnatal depression.

However, the number of women who experience depression or anxiety as a result of giving birth is not known precisely.

Key findings

Women who had recently given birth were more likely to experience depression or anxiety (27% of mothers) than those women who had not given birth (19%).

This difference became less apparent as age increased. For women aged 35-44 years, there were similar levels of depression/anxiety in those who had, and those who had not, recently given birth (around 20%).

Women from areas of social deprivation were most likely to experience depression or anxiety, regardless of whether or not they had recently given birth.

Obesity in children

Background

There is continued concern over the levels of obesity among Scottish children. Being obese during childhood can lead to physical and mental health problems in later life.

The 2003 indicators report highlighted that, in recent years, the percentage of Scottish children estimated to be obese was higher than expected.

Key findings

Between the late 1960s and early 1990s, the percentage of Scottish primary and secondary school children who were obese was generally higher than would currently be expected.

Rates of obesity among 13-15 year olds increased markedly between the late 1970s and early 1990s.

Between 1993 and 2002, the percentage of 4-6 and 13-15 year olds who were overweight (including those who were obese and severely obese) increased. By the school year ending June 2002, 30% of 13-15 year olds were estimated to be overweight - this was double the expected number.

Young people admitted to hospital for diabetes

Background

There has been a significant increase in the number of Scottish children with diabetes. People with diabetes have a greater risk of heart disease, stroke, blindness, kidney failure and nerve damage.

Earlier this year, NHS Quality Improvement Scotland published a review of services provided for people with diabetes.

Diabetes is a condition for which a high quality of care can be provided in the community. This could be expected to reduce the number of admissions to hospital.

Key findings

For young people aged 10-19 years, the rate of emergency hospital admission for diabetes rose between 1993 and 2003. It increased from 7.8 to 9.6 per 10,000 population.

The rate generally rose as the level of social deprivation increased.

Children admitted to hospital for asthma

Background

Asthma causes wheezing, coughing and shortness of breath. In the UK, one in eight children has asthma.

A British guideline for the management of asthma has been developed jointly by SIGN and the British Thoracic Society.

Asthma is also a condition for which a high quality of care can be provided in the community. Emergency admission to hospital for asthma is potentially avoidable.

Key findings

For children aged 0–14 years, the rate of emergency hospital admission for asthma reduced by half between 1993 and 2003. It fell from 49.2 to 22.3 per 10,000 population.

Children from areas of social deprivation were most likely to be admitted to hospital for asthma. The admission rate for children from areas of least social deprivation was 19.0 per 10,000 population, rising to 25.3 per 10,000 population for the areas of greatest social deprivation.

Unintentional injury in children

Background

Unintentional injuries, such as falls, poisoning, road traffic accidents, drowning and choking, are common in children. However injuries are often predictable, and many can be prevented.

Unintentional injury is a continuing concern in Scotland. It is a common cause of emergency hospital admission and death among children.

Key findings

The rate of death among children as a result of unintentional injury remained fairly constant in recent years, with the exception of a notable rise in 1998. This rate was higher for boys than for girls.

The rate of emergency hospital admission among children as a result of unintentional injury decreased in recent years. This rate was also higher for boys than for girls.

Children from areas of social deprivation were most likely to be admitted to hospital as a result of unintentional injury. This was both for injuries that occurred in the home and for road traffic accidents.

Overall, children aged 1-4 years were most likely to be admitted to hospital as a result of unintentional injury.

Prescribing antibiotics for children

Background

Antibiotics are highly effective for treating bacterial infections. However, they can sometimes be prescribed inappropriately (eg for viral infections), and this can have harmful consequences.

In 1998, two UK government bodies recommended a more appropriate use of antibiotics.

In addition, sweetened medicines may cause dental decay in children, and sugar-free versions of the most common antibiotics are now available.

SIGN recommends the prescribing of sugar-free medicines whenever possible.

Key findings

The rate of prescribing antibiotics for children fell between 1996 and 2000 (from 1,226 to 810 prescriptions per 1,000 population), and then remained fairly constant.

The proportion of antibiotics prescribed for children that were sugar-free increased steadily, from 29% in 1996 to 51% in 2003.

Prescribing for attention deficit hyperactivity disorder

Background

The symptoms of attention deficit hyperactivity disorder (ADHD) include difficulty in concentrating, hyperactivity and impulsiveness. ADHD affects about 5% of school-aged children and impacts on many aspects of a child's development.

SIGN recommends that treatment for ADHD involves various approaches: social, psychological, educational, behavioural and drug treatment. These can be used alone, but in combination the amount of medication required is less, and the wider problems caused by the disorder for both child and family can be addressed.

Methylphenidate (eg Ritalin®) is the medicine used most frequently for the treatment of ADHD.

Key findings

In Scotland, the rate of prescribing methylphenidate increased notably between 1996 and 2003, from 69 to 603 prescriptions per 10,000 population aged 6-14 years.

It is unclear if this increase is below or above the expected level, as an appropriate rate of prescribing methylphenidate has not yet been established. However, these data offer useful information about how this important treatment is provided for children throughout Scotland.

NHS Quality Improvement Scotland will fund a national audit, based on the SIGN guideline, of the care and treatment provided throughout Scotland for children with ADHD.

Where do the data come from?

When a person visits their GP or attends hospital, selected details about their health and healthcare are routinely recorded. This information is needed to care for the person properly. Such information is also valuable for improving healthcare for everybody. It helps NHSScotland check that services are run efficiently, and plan services for the future.

Personal health information is kept in the individual's medical case record folder, or on computer. When a person attends hospital, some of this information is recorded in a national database. This is a key source of information used to produce the indicators.

How is personal information protected?

NHSScotland gives high priority to protecting the confidentiality and security of all personal information. All staff working in the NHS are bound by a strict code of confidentiality. In addition, the Data Protection Act gives a person important rights about how their personal information is used.

Further details, including a guide for patients and carers on these rights and how NHSScotland uses personal health information, can be found at the following website:

www.show.scot.nhs.uk/confidentiality

Notes

NHS Quality Improvement Scotland was established to help improve the quality of healthcare in Scotland.

It does this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

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Further information

The Clinical Outcomes Group oversees the publication of indicators. The Chairman of this group is Dr Dorothy Moir (Director of Public Health, NHS Lanarkshire).

For further information about the 2004 indicators report, please contact:

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