

Birmingham East and North Primary Care Trust

Monthly Performance Report to January 2009 Board

January 2009
Monthly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Director Lead	Commentary Lead	
	1	MRSA infections (health economy-cumulative)	54	17	19	22	25	25		DWu	KD	
HCC	2	CDiff infections (PCT target - cumulative)	514	153	175	201	222	238		DWu	KD	
HCC	3a	% of admitted patients seen within 18 weeks adjusted (snapshot)	90.00%	87.93%	89.12%	90.42%	90.96%	89.99%		AD	JB	
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	93.06%	93.64%	94.62%	94.93%	95.39%		AD	JB	
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	99.33%	98.87%	99.03%	100.00%	98.64%		AD	JB	
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	73.20%	72.20%	73.10%	70.10%	65.60%	58.40%	AD	CN	2.1
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	99.90%	99.50%	99.60%	98.60%	98.20%	97.70%	AD	CN	
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	96.40%	96.20%	94.40%	93.50%	91.60%	88.00%	AD	CN	2.2
HCC	9	Total time in A&E: 4 hours or less (in month)	98.00%	98.20%	97.51%	97.54%	97.62%	97.54%		JT	CN	2.3
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0.00%	0.00%	0.00%	0.00%	0.00%			AD	JB	
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	100.00%	99.96%	99.97%	99.97%	99.97%		AD	JB	
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%		AD	JB	
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	99.59%	99.66%	99.71%	99.50%	99.56%		AD	JB	
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	335	363	401	369	341		JT	JB	2.4
HCC	14a	Percentage of outpatients waiting longer than 13 weeks (snapshot)	0.00%	0.15%	0.11%	0.02%	0.05%			JT	JB	
	15	Diagnostics waiting over 6 weeks (snapshot)	0	2	6	1	1	1		JT	JB	
	16	Inpatients waiting over 11 weeks (snapshot)	0	80	152	130	129	111		JT	JB	2.5
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	98.05%	99.69%	100.00%	100.00%	99.85%		JT	JB	
HCC	19	Smoking 4 week quitters (cumulative)	3,641	673	884	1,036	1,201			NB	PB	2.6
HCC	21	Number of drug misusers in treatment	5,600	6,210	6,216					AD	DWa	
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	43.85%	46.01%	48.36%	50.05%	41.86%		AD	JB	2.7
	23a	GP referrals (cumulative)	64,434	18,438	23,893	29,477	35,237	41,259		AD	JB	
	23b	Other referrals (cumulative)	111,461	38,758	45,210	52,817	60,933	67,845		AD	JB	
	24	Number of 1st attendances following GP referral (cumulative)	64438	21,001	25,608	30,975	36,598	42,096		JT	RP	
	25	Number of 1st attendances following all referrals (cumulative)	138959	44,568	54,199	65,527	77,127	88,292		JT	RP	
	26	Elective daycases and inpatients (cumulative)	32779	13,690	16,236	19,226	22,249	25,100		JT	RP	2.8
	27	Planned daycases and inpatients (cumulative)	18378	6,460	8,025	9,699	11,520	13,107		JT	RP	2.9
	28	Non elective FFCEs (cumulative)	40467	13,783	17,008	20,508	24,067	27,661		JT	RP	2.10
	29	15 key tests activity (cumulative)	100221	30,813	37,327	44,263	51,756	58,714		JT	RP	2.11
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%	49.72%	52.86%	55.96%	59.33%	61.56%	62.90%	NB	SK	
	31	% of practices offering extended opening hours (snapshot)	50.00%	31.71%	39.02%	47.56%	57.32%	62.20%	63.41%	JT	DM	

KEY	
	=national Vital Signs target
	=national Vital Signs target with local flexibility
	=local Vital Signs target
	HCC

Lead Key	
AD	Andy Donald
CB	Chris Brothwood
CN	Caroline Nolan
DM	Donna McArthur
DWa	David Walker
DWu	Doug Wulff
JB	Jenny Belza
JT	JT
KD	KD
NB	NB
PB	PB
RP	RP
SK	SK

January 2009
Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Director Lead	Commentary Lead
HCC	32	% GP appointments within 48 hours 3rd appointment (snapshot)	100.00%			97.00%			97.00%	JT	DM
HCC	33	% PCP appointments within 24 hours 3rd appointment (snapshot)	100.00%			76.00%			63.00%	JT	DM
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%			100.00%			94.40%		
HCC	35	Delayed transfers of care per 100,000 population aged 18+	9.09			13.15			14.94	AD	SM/PW
HCC	36	Chlamydia screening (cumulative)	17.00%			1.60%			3.30%	AD	DWa
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%			100.00%			100.00%	NB	SK
	38	Number of emergency bed days (cumulative)	170,013			70,855				AD	CN
	39	Convenience, booking: patients awareness of choice (snapshot)	50.00%		50.00%		49.00%			AD	JB
	40	Convenience, booking: patient able to go to chosen provider (snapshot)	90.00%		66.00%		69.00%		69.00%	AD	JB
HCC	41	HCC Standards Achievement (snapshot)	100.00%			92.86%			92.86%	LP	RM
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%			89.60%			88.00%	NB	YG
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%			89.20%			95.40%	NB	YG
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%			84.30%			85.80%	NB	YG
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%			90.00%			89.70%	NB	YG
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%			80.40%			81.00%	NB	YG
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%			77.50%			75.30%	NB	YG
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	51.00%							NB	YG
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%							NB	YG
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%			61.00%			74.00%	NB	JS
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%			27.00%			25.80%	NB	JS
	52	Rate of admissions for ACS conditions (snapshot)	1,560.00			1,712.98				AD	CR
HCC	53	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	3			3			3	AD	WS
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3			3			3	AD	WS
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4			4			4	AD	WS
HCC	56	Full range of CAMHS early intervention services (snapshot)	3			3			3	AD	WS
HCC	57	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	70.00%			23.00%			35.00%	AD	GW
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%			Not available			Not available	AD	GW
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%			Not available			Not available	AD	WS
	60	Rate of hospital admissions for alcohol related harm per 100,000 population	1,458.00							AD	DWa

KEY			
	=national Vital Signs target		HCC =Healthcare Commission target
	=national Vital Signs target with local flexibility		= WCC Metric
	=local Vital Signs target		

LEAD			
AD	Andy Donald	JT	Jonathan Tringham
CN	Caroline Nolan	LP	Louise Pritchard
CR	Corrine Ralph	NB	Nicola Bengé
DM	Donna McArthur	RM	Rosey Monaghan
DWa	David Walker	SK	Saj Kahrod
GW	Glen Warren	SM/PW	Shirley Mallon & Pam Whitehead
JB	Jenny Belza	WS	Waheed Saleem
JS	Jewant Singh	YG	Yvonne Green

BIRMINGHAM EAST AND NORTH PCT JANUARY 2009 PERFORMANCE REPORT

1.0 Introduction

This report documents the performance of Birmingham East and North PCT against targets aligned with the PCT's Strategic Objectives. These targets are drawn from a set of national and local indicators. Some are mandatory and others are selected for their relevance to the health of the PCT's population.

The Board is asked to note that 'amber' indicates that the target has not been met but it is not far away from the target. An explanatory text will be included in the body of the report as will any indicators marked as red or an amber indicator has been in place for 3 months or more.

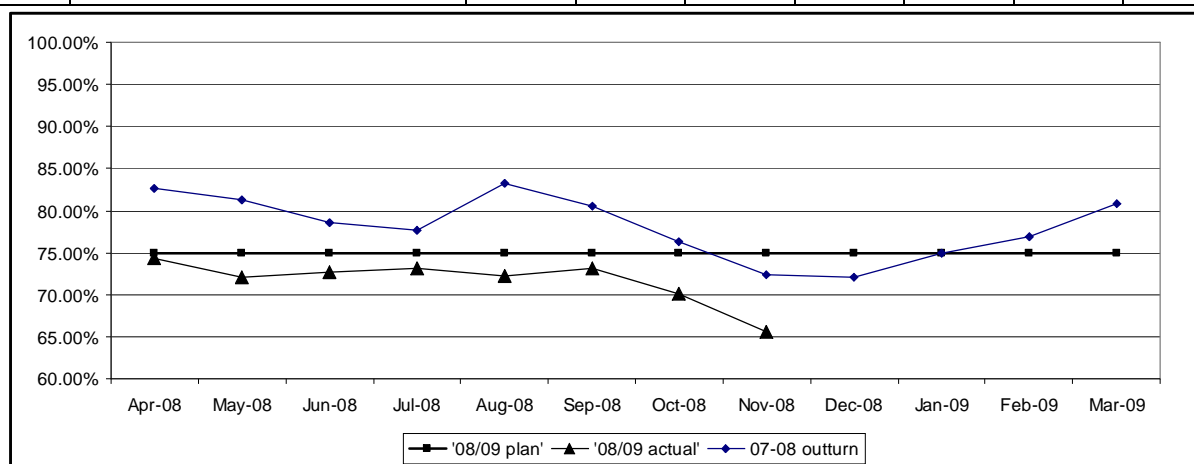
Commentary for each target has been uploaded to the Performance Accelerator for the first time in December 2008 and published here in the Performance Report. It is hoped that once this has been tried and tested over a period of a few months, that it can be viewed in real-time at the Integrated Governance Committee and the Trust Board.

Data used to compile this report is as up-to-date as possible at the time of writing and it should be noted that some data is captured on a quarterly basis and lag time between end of a period and validation of the data can be considerable and out of the control of the PCT.

2.0 New areas of concern & serious ongoing concern

2.1 Ambulance : Cat A 8 minute target Green $\geq 75\%$ Amber 70-74% Red $< 70\%$

No:	Target	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
6	Ambulance : Cat A 8 minute target %	72.70%	73.20%	72.20%	73.10%	70.10%	65.60%	AD
	Plan each month	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	



This target has not been achieved since April 2008 and performance is continuing to deteriorate in the BEN area.

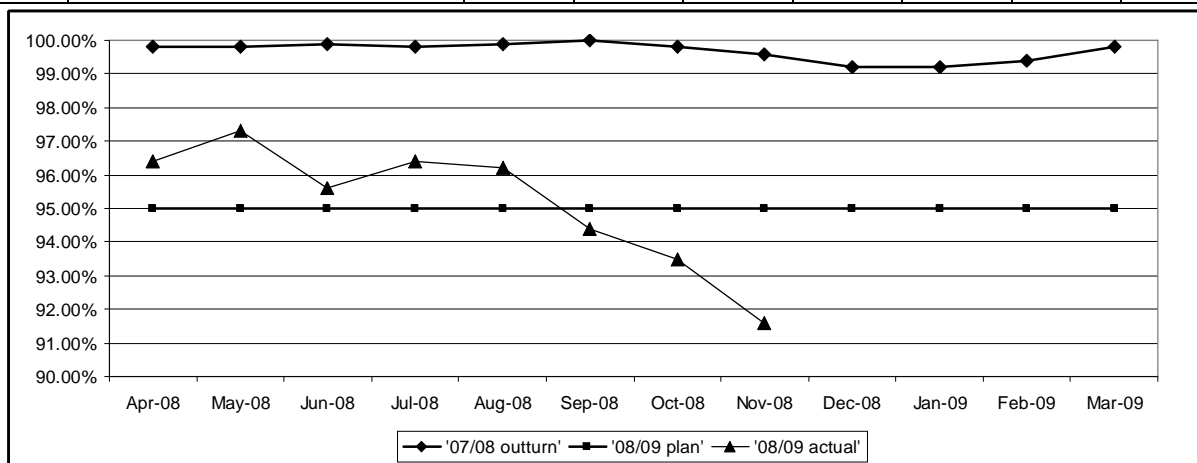
In November, the number of incidents the ambulance service responded to was 5.06% higher than planned with the total number of incidents being 4743. Since this dip in performance all CAT C calls suitable for primary care input have been diverted to Badger 'out of hours' provider, this should result in more rapid response times for CAT A calls. However, BADGER CAT C calls activity has decreased significantly in January 2009. This is being investigated with WMAS. West Midlands Ambulance Service submitted an action plan in October 2008 to BEN PCT Emergency Care Network on how they were planning to improve performance; this includes:

- Redeployment of staff and ambulance care
- Working with Heart of England Foundation Trust and the PCT on agreeing an appropriate divert policy
- Improving turnaround at HoEFT.
- Improving CAT C diverts to the Urgent Care Centre

Commissioners are also working with WMAS and HoEFT to support improvement and to ensure the action plan that comes out of the SHA Turnaround review is implemented.

2.2 Ambulance : Cat B 19 minute target Green >=95% Amber 93-94% Red <=92%

No:	Target	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
8	Ambulance : Cat A 8 minute target %	95.60%	96.40%	96.20%	94.40%	93.50%	91.60%	AD
	Plan each month	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	

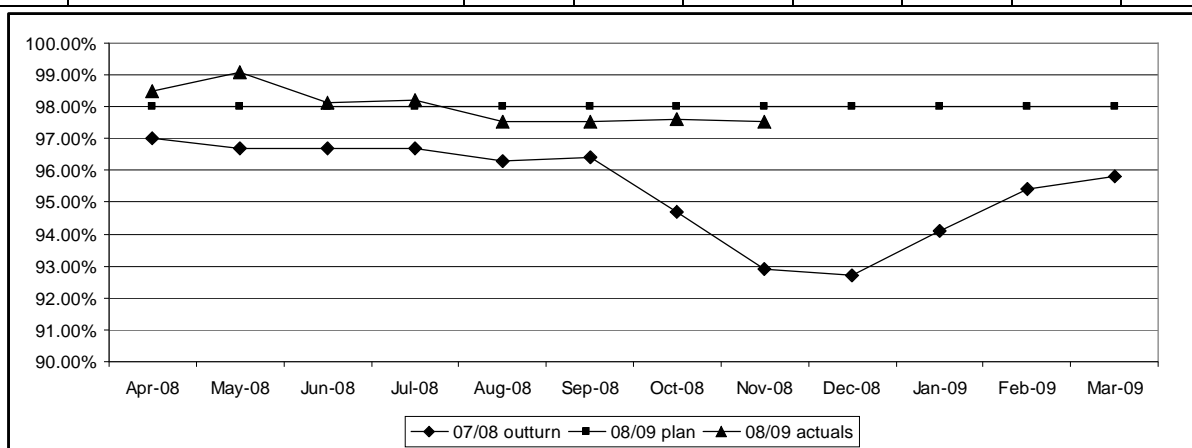


This is the third consecutive month this target has not been achieved with further deterioration this month.

All CAT C calls suitable for primary care input have been diverted to Badger 'out of hour's' provider, this should result in more rapid response times for CAT B calls. West Midlands Ambulance Service submitted an action plan in October 2008 to BEN PCT Emergency Care Network on how they were planning to improve performance. Commissioners are also working with WMAS and HoEFT to support improvement and to ensure the action plan that comes out of the SHA Turnaround review is implemented.

2.3 Total time in A&E: 4 hours or less Green $\geq 98.00\%$ Amber 97.00% Red $\leq 96.00\%$

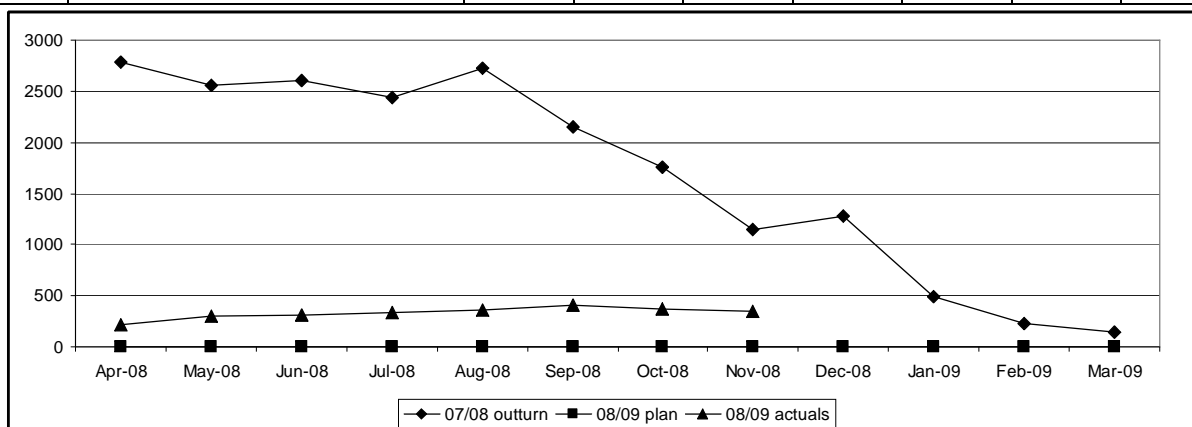
No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
9	Total time in A&E: 4 hours or less	98.11%	98.20%	97.51%	97.54%	97.62%	97.54%	JT
	Plan each month	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	



HEFTS have had difficulty meeting this target at its Good Hope and Heartlands Hospital sites. A detailed action plan is in place to improve performance and HoEFT is actively engaged with the PCT in tackling discharge delays that contribute to delays in A&E.

2.4 Outpatients waiting longer the 5 weeks Green 0 Amber 1-50 Red >50

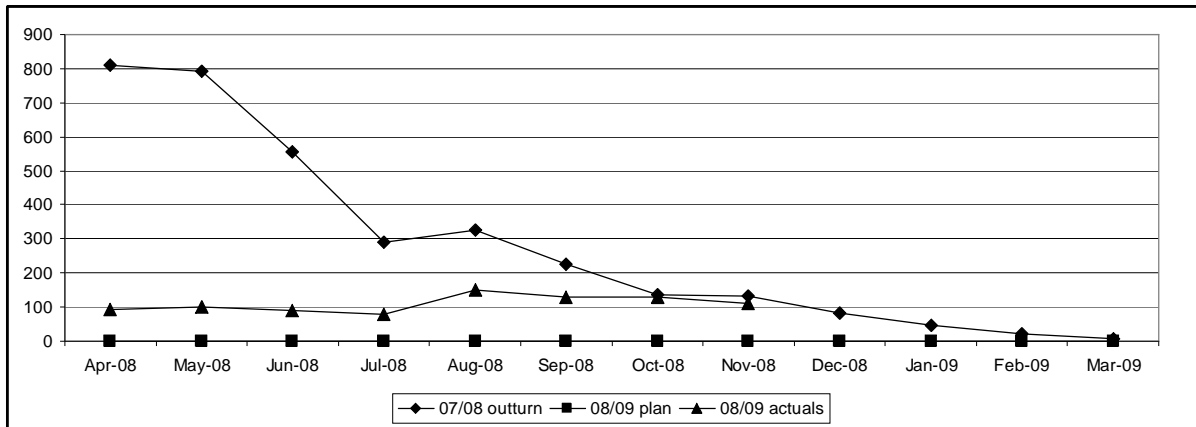
No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
14	Outpatients waiting longer than 5 weeks	315	335	363	401	369	341	JT
	Plan each month	0	0	0	0	0	0	



The number of patients waiting over 5 weeks has reduced since September 2008. Certain specialities continue to make this target challenging for example Trauma and Orthopaedics and Ophthalmology. A redesign of musculoskeletal services will see the launch in January 2009 of an Integrated Knee Service. Ophthalmology services will see additional capacity being commissioned in the independent sector. Dermatology and Urology pilot clinics will also be established in the community.

2.5 Inpatients waiting over 11 weeks Green 0 Amber 1-20 Red >20

No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
16	Inpatients waiting over 11 weeks	90	80	152	130	129	111	JT
	Plan each month	0	0	0	0	0	0	

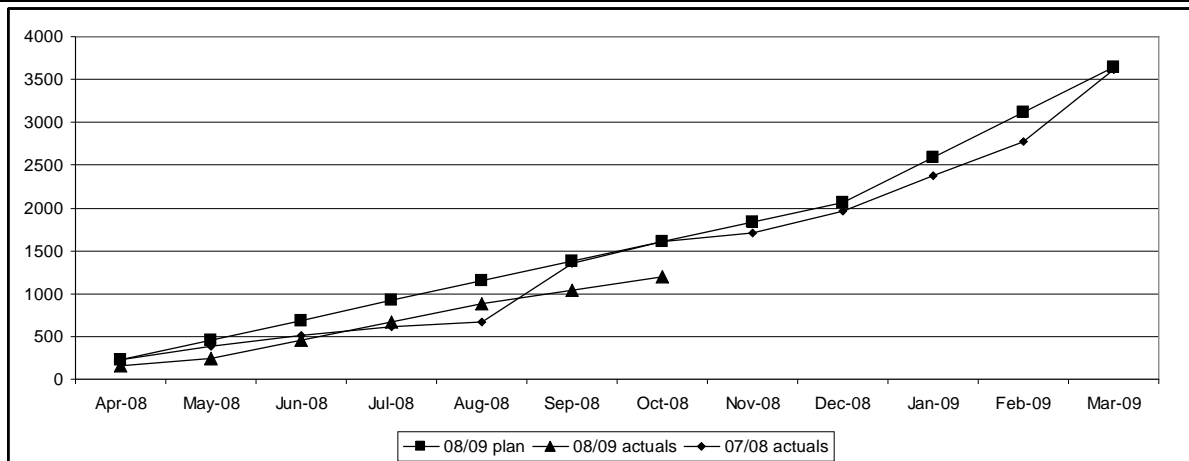


The number of patients waiting over 11 weeks has reduced since September 2008. Certain specialities continue to make this target challenging such as Trauma and Orthopaedics and Ophthalmology. Heart of England Foundation Trust is commissioning additional capacity from the private sector and has a new mobile theatre based on the Solihull Hospital site, where weekend theatres will be operating for day cases from January 2009.

2.6 Smoking four week quitters

Green >90% (towards target) Amber 70-89% (towards target) Red <70% (towards target)

No:	Target	May 08	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Lead
19	Smoking four week quitters	249	455	673	884	1036	1201	NB
	Plan each month	460	690	920	1150	1380	1610	



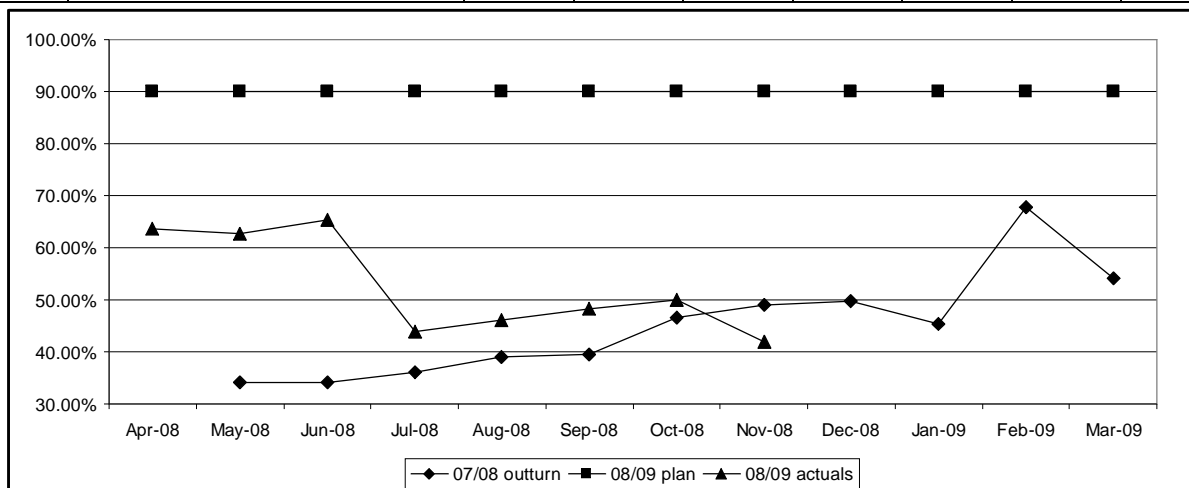
Performance against this target continues to deteriorate and is now showing a widening of the trajectory and the actual.

'Dr Foster Intelligence' have been commissioned to develop social marketing strategies to increase access to services in the New Year. Nine drop in clinics have been set up for the New Year each running for a minimum of 12 weeks. Local Stop Smoking Services staff have undertaken the new DH Smoking Cessation in primary Care training. Implementation of this is due to take place in February 2009. The South Asian outreach worker contract has been extended to support the stop smoking service in engaging with the South Asian and other BME populations.

2.7 Convenience and booking : PCT booking rates

Green >90% Amber 89-80% Red <79%

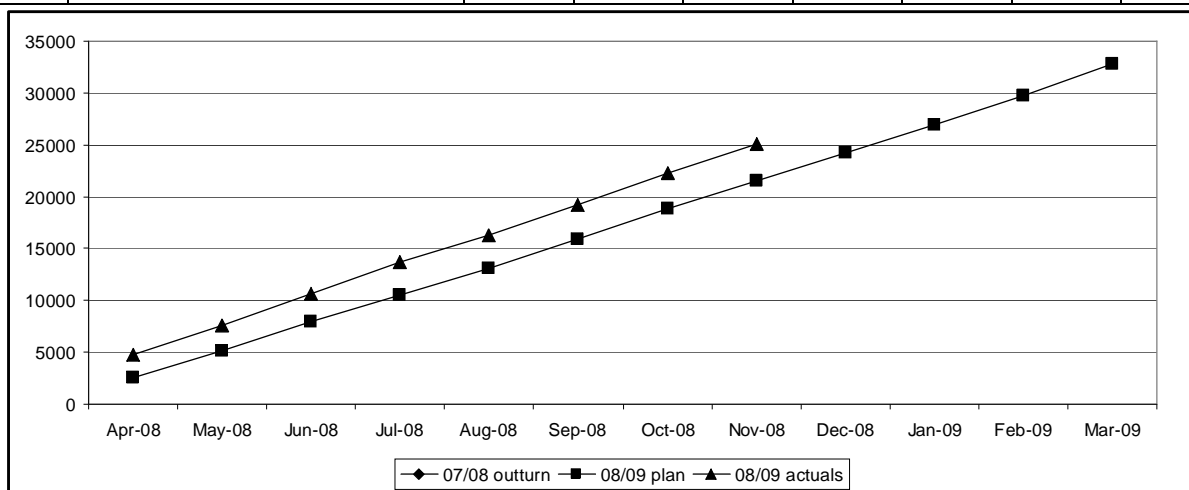
No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
22	Convenience and booking : PCT booking rates	65.29%	43.85%	46.01%	48.36%	50.05%	41.86%	AD
	Plan each month	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	



Performance remains well below the 90.00% target at 41.86%. The 'Choose and Book' team continue to visit all practices to assess requirements to facilitate bookings and to deal with issues and promote direct booking. The 'Choose and Book' lead is also attending the locality boards to discuss progress, issues and support arrangements.

2.8 Elective day cases and inpatients (RAG score not yet set)

No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
26	Elective day cases and inpatients	10595	13690	16236	19226	22249	25100	JT
	Plan each month	7925	10559	13045	15911	18859	21597	



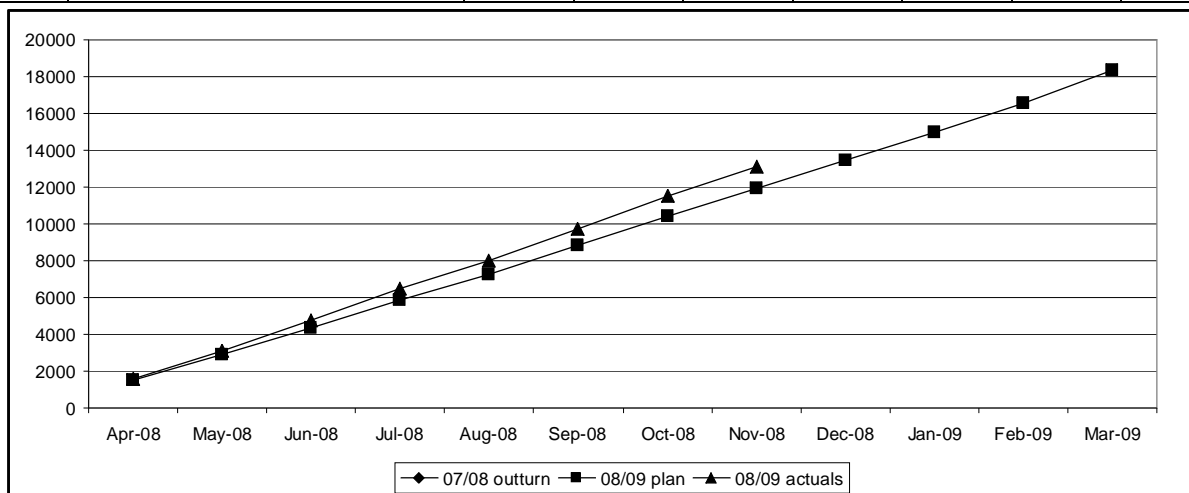
Analysis of HEFTs month seven data shows the following specialities as the top five areas of over performance.

Speciality Code	Speciality Name	Activity over performance
110	Orthopaedics	506
301	Gastroenterology	426
101	Urology	411
420	Paediatrics	275
103	Breast surgery	228

The level of monthly over performance has decreased from the start of the year and for October 2008 was 3% over plan. The over performance between August and October was also 3% over plan. There is some suggestion that there is an inevitable 18-week effect not only in front loading activity but also in potentially changing patients' aspirations about seeking treatment.

2.9 Planned day cases and inpatients (RAG score not yet set)

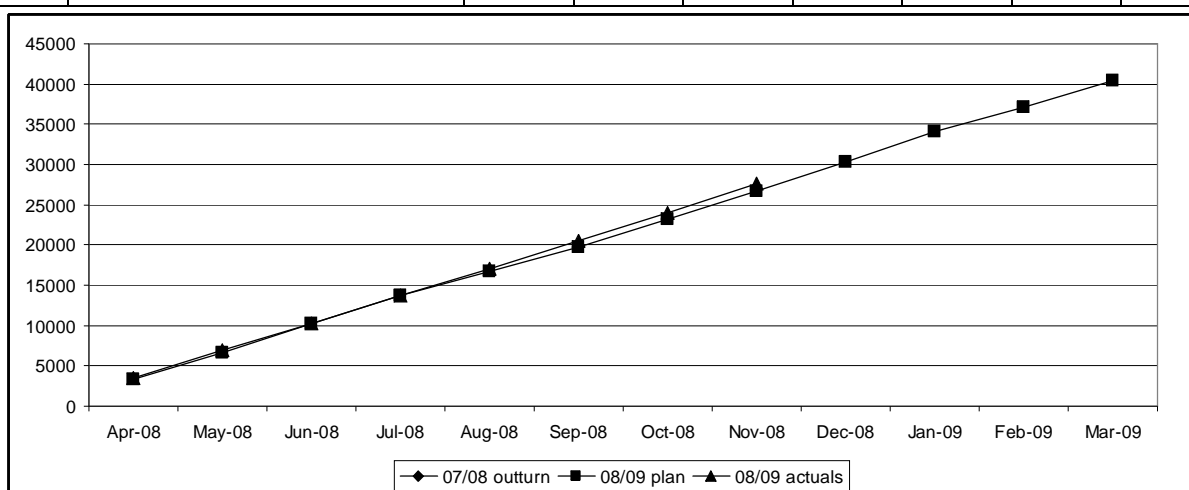
No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
27	Planned day cases and inpatients	4751	6460	8025	9699	11520	13107	JT
	Plan each month	4321	5843	7246	8796	10426	11947	



The over performance of booked and planned patients has been stable at a rate of 10% over performance for the last five months. There is some suggestion that there is an inevitable 18 week effect not only in front loading activity but also in potentially changing patients' aspirations about seeking treatment.

2.10 on elective FFCEs (RAG score not yet set)

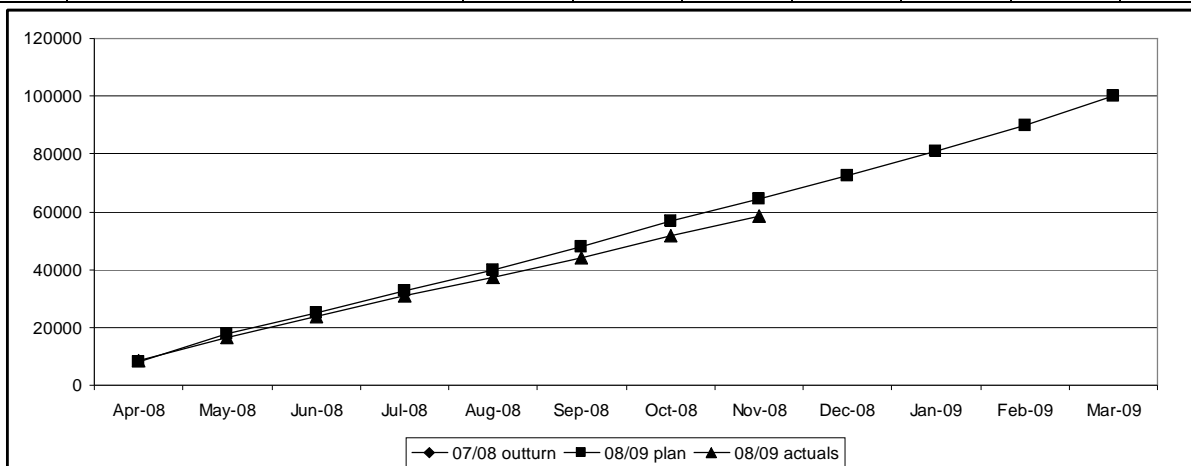
No:	Target	Jun 08	July 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
28	Non elective FFCEs	10307	13783	17008	20508	24067	27661	JT
	Plan each month	10267	13668	16757	19744	23139	26691	



Through the discussions on the over performance at HEFT, plans are being put in place to help reduce the non-elective admissions through a revised End of Life delivery plan, using Assertive Case Managers to prevent admissions and A&E diversions through the new Insight module.

2.11 15 key diagnostic tests activity (RAG score not yet set)

No:	Target	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Lead
29	15 key tests activity	23672	30813	37327	44263	51756	58714	JT
	Plan each month	25000	32804	39654	48024	56805	64521	



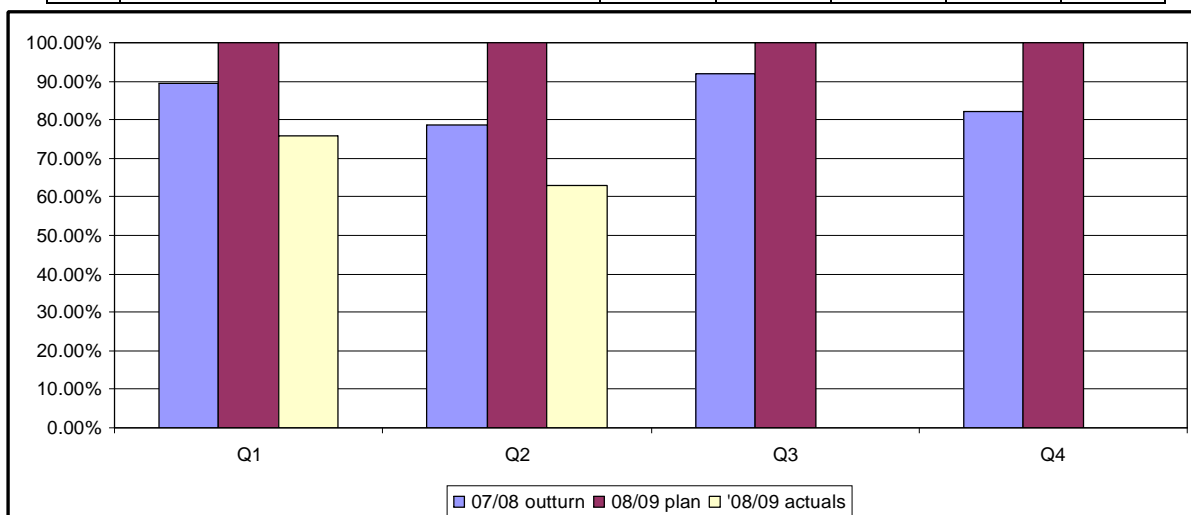
The 15 key test activity continues to under perform and the level of under performance has been maintained at 10%.

Cardiology – ECG shows over-performance of 137 units. This represents over-performance at a rate of around 13%.

MRI – month seven shows over performance of 443 units; this represents over-performance of around 60% against planned activity levels.

2.12 % PCP appointments within 24 hours Green 100% Amber 99-95% Red <95%

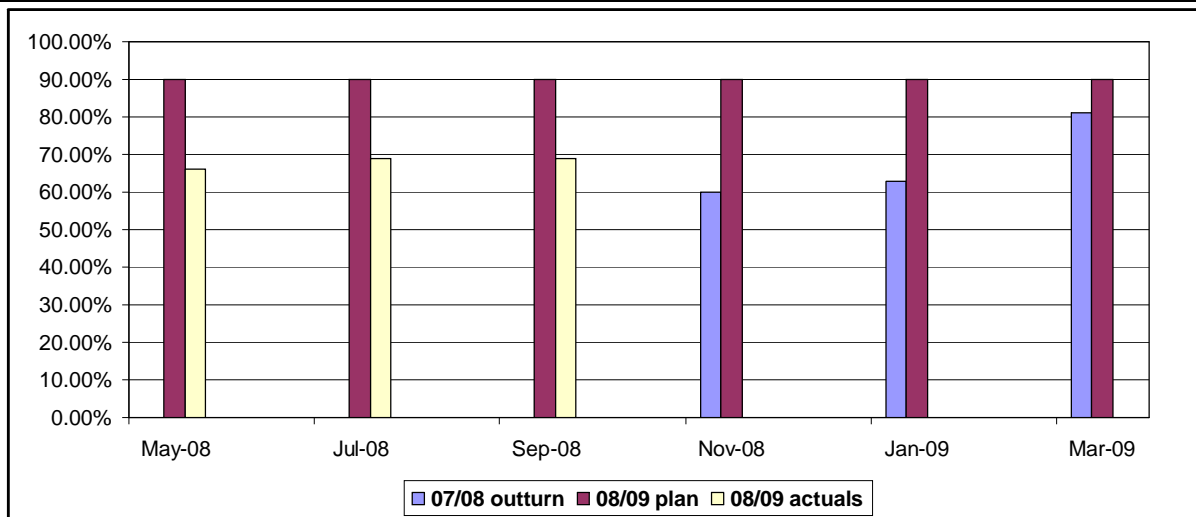
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
33	% PCP appointments within 24 hours (3 rd appointment)	76.00%	63.00%			JT
	Plan each quarter	100.00%	100.00%	100.00%	100.00%	



Performance for % of PCP appointments within 24 hours remains well below trajectory. A small working group has been established to address primary care access issues. Data from a range of sources is being collated (e.g. patient survey etc) to get a comprehensive picture of current performance. The primary care team will be working with PCT colleagues and practices to raise performance against this measure and will be considering how we can further improve accessibility through local contractual arrangements .

2.13 Convenience, booking – patient able to go to chosen provider. Green 90% Amber 89-70% Red <=69%

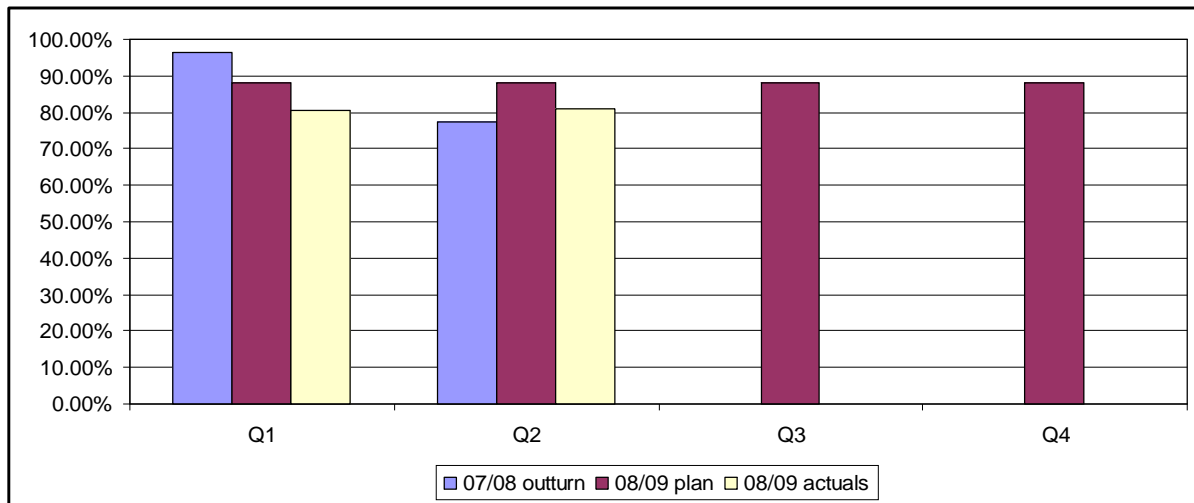
No:	Target	May 08	Jul 08	Sep 08	Nov 08	Jan 09	Mar 09	Lead
40	Convenience, booking – patient able to go to chosen provider	66.00%	69.00%	69.00%				AD
	Plan each month	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	



September 2008 remains stable after a slight increase on July's Performance. A major publicity campaign was carried out last summer with adverts on buses and bus stops, radio publicity and information leaflets posted to all residents. A poll performed following the campaign showed that there had been some increase in awareness amongst the local population. Further publicity is planned over the next few months targeting shoppers at supermarkets across the PCT.

2.14 % 5 year olds immunised for DTaP/IPV Green 88% Amber 87-85% Red <=84%

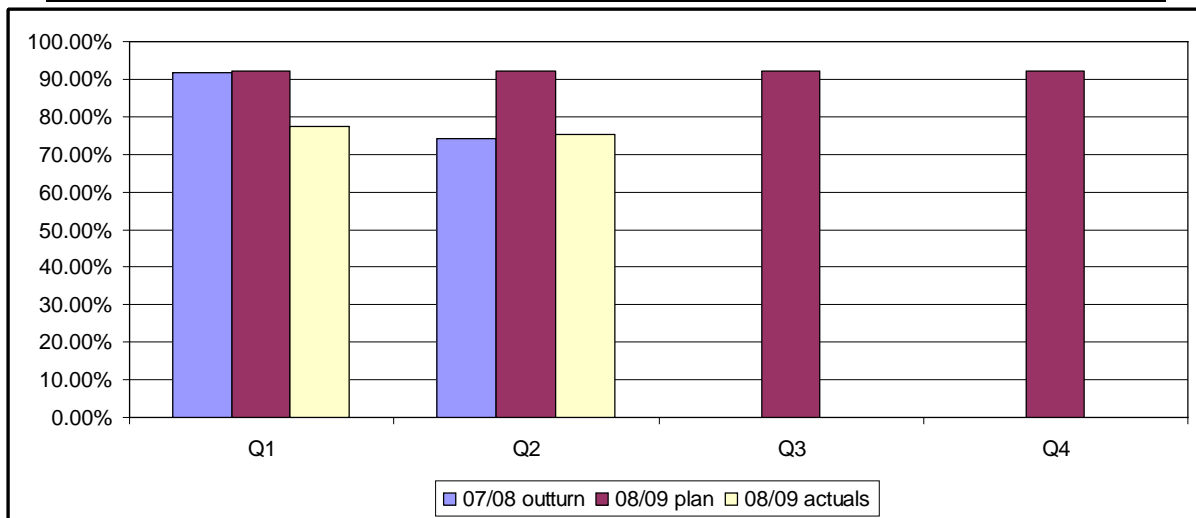
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
46	% 5 year olds immunised for DTaP/IPV	80.40%	81.00%			NB
	Plan each quarter	88.00%	88.00%	88.00%	88.00%	



Immunisation rates have improved this quarter for PCV and Hib/Men C with a slight variance for DTaP/IPV/Hib and MMR 1. Immunisation rates remain low for DTaP/IPV school entry booster. The PCT continues to focus on improving data collection, timely returns, working with GP practices and the Child Health Department, this with continued performance monitoring, it is hoped that this will improve performance.

2.15 % 5 year olds immunised for MMR2 Green 92.00% Amber 91-88% Red <=87%

No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
47	% 5 year olds immunised for MMR2	77.50%	75.30%			NB
	Plan each quarter	92.00%	92.00%	92.00%	92.00%	



Immunisation rates have improved this quarter for PCV and Hib/Men C with a slight variance for DTaP/IPV/Hib and MMR 1. The PCT continues to focus on improving data collection and timely returns, working with GP practices and the Child Health Department. For MMR the PCT has implemented the National MMR Catch-Up Programme via a GP LES, This should improve the performance for this target. The PCT are continuing to identify and offer domiciliary immunisations for our hard to reach clients. Immunisation rates remain low for MMR2 for five year olds. It is hoped that the MMR Catch-Up Programme and the data collection exercises with continued performance monitoring will improve these.