

Birmingham East and North
Primary Care Trust
Monthly Performance Report
February 2008

LATEST

D.O.T. = Direction Of Travel. An arrow pointing upwards indicates improvement in achievement of target from previous report. Arrow pointing downwards indicates deterioration in achievement of target.

A horizontal arrow indicates no apparent systemic change

Achieved	Some Concerns but on track	Not achieved
----------	----------------------------	--------------

Highlighted targets match to national Operating Framework priority areas.

Strategic Objective	No.	Target	Reporting Period	BEN Plan @ Mar 08	BEN Actual	D.O.T.	Responsible Director	See Detailed Report
To be so responsive to the population we serve that no-one waits for the health care they need	1	Access to a GP (not including walk-in centres)	Q2 (YTD)	100%	94.9%	↑	JT	
	2	Access to a PCP (not including walk-in centres)	Q2 (YTD)	100%	78.5%	↓	JT	
	3	Ambulance: Category A calls meeting 8 minute target	Dec-07	75%	72.1%	↓	AD	*
	4	Ambulance: Category A calls meeting 19 minute target	Dec-07	95%	99.2%	↔	AD	
	5	Ambulance: Category B calls meeting 19 minute target	Dec-07	95%	92.7%	↓	AD	*
	6	Thrombolysis – 60 minutes call to needle time	Q2 (YTD)	68%	82.5%	↑	NB	
	7	Patients waiting longer than three months for revascularisation*	Dec 07 (YTD)	0	0	↔	NB	
	8	Total time in A&E: 4 hours or less	Nov 07 (YTD)	98%	98.5%	↓	JT	
	9	Cancer waiting times – 2 weeks	Nov 07 (YTD)	0	1	↔		
	10	Cancer waiting times - 1 month	Nov 07 (YTD)	0	0	↔		
	11	Cancer waiting times - 2 months	Nov 07 (YTD)	0	3	↔	AD	
	12	Number of outpatients waiting longer than the standard	Dec-07	658 (ytd)	1,282	↓	JT	
	13	Waiting times for all diagnostic tests	Nov-07	597(ytd)	133	↑	AD	
	14	Number of inpatients waiting longer than the standard	Dec-07	275(ytd)	292	↓	JT	
	15	Delayed transfers of care	Q3 (YTD)	3.5%	3.46%	↑	LP	
	16	Access to genito-urinary medicine (GUM) clinics	Dec 07 (YTD)	95% (seen) 100% (offered)	76% (seen) 97% (offered)	↑	AD	(seen up & off down)
	17	Access to reproductive health services	Q2 (YTD)	15%	2.20%	↑	AD	*
That the health and well being of our population will have improved so much that people will enjoy 10 more years of quality life, wherever they live	18	Diabetic Retinopathy screening	Q3 (YTD)	80%	108.00%	↑	NB	
	19	Four week smoking quitters	Nov 07(YTD)	3,576	1,704	↑	NB	
	20	Practice Based Registers – Patients called for review	Dec-07	81%	91.40%	↑	NB	
	21	Blood Pressure	Dec-07	81%	84.01%	↑	NB	
	22	Cholesterol Levels	Dec-07	68%	76.4%	↑	NB	
	23	Practice-based registers	Dec 07 (YTD)	62	53	↔	NB	
	24	Smoking status aged 15-75 years	Q3 (YTD)	86%	68%	↑	NB	*
	25	Emergency Bed Days	Q2 (YTD)	259,131	121,055	↑	AD	
	26	GP recording of BMI status	Q3 (YTD)	54%	37%	↓	NB	*
	27	Infant mortality: breastfeeding initiation rates	Q3 (YTD)	60.0%	59.6%	↓	NB	
	28	Infant mortality: smoking during pregnancy	Q3 (YTD)	12.9%	15.3%	↑	NB	*
	29	Drug misusers sustained in treatment	Dec 07 (YTD)	85%	83%	↑	AD	
	30	Number of drug misusers in treatment	Dec 07 (YTD)	7000	6130	↑	AD	*
	31	Number of very high intensity users	Q3	2,481	3785	↑	LP	
Our communities will be the most involved, informed and empowered in the country	32	MRSA infections (acute trusts)	Dec 07 (YTD)	72 (ytd)	76	↔	DW	
	33	CDiff Infections (acute trusts)	Dec 07 (YTD)	720 (ytd)	664	↑	DW	
	34	Convenience and choice: PCT booking	Dec-07	90%	51%	↑	AD	*
	35	Convenience and choice: facilities to support choice	Jul-07	80%/80%	34%/20%	↓	AD	*
	36	Community Equipment	Dec-07	100%	98.5%	↑	LP	
	37	Community Matrons	Q3	23	23.00	↑	LP	
	38	Percentage of population served by practices achieving 80% or more QOF points (LAA)	Q4	95%	97.51%	↔	JT	yearly collection
	39	Number of pts completing Expert Patient Programme per 10,000 adults with long term limiting illness (LAA)	Q4 06 07	5.8 (wmid average)	19.3	↑	NB	
	40	% Complaints resolved w'in 25 days (w/out exclusions)	Q3 (YTD)	100%	83.0%	↔	DW	*
That people regard us as the first choice organisation to work with and for	41	Healthcare Commission Core and Developmental Standards Achievement	Q3	100%	69%	↔	ALL	*
	42	Commissioning of crisis resolution/home treatment services	Q3 (YTD)	945 (EOY)	676	↑	AD	
	43	Commissioning of Early Intervention Services for Psychosis	Q3 (YTD)	71 (EOY)	49	↑	AD	
	44	CPA 7-day follow-up	Q3 (YTD)	100%	100.0%	↔	AD	
	45	Older People's Mental Health: assessment of needs and services	Q4	compliant	compliant	↔	AD	

Birmingham East and North PCT February 2008 Performance Report

1.0 Introduction

This report sets out the performance of Birmingham East and North PCT against targets allocated to its Strategic Objectives. These targets are drawn from a set of national and local indicators, identified for their relevance to the health of the PCT's population.

The overall performance of each target is summarised in the balanced scorecard and where there are areas of concern that are new this month, or are of serious ongoing concern, these are discussed in more detail in the main body of the report (indicated with * on the summary).

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 although in February we have received a great deal of the Quarter 3 data, some is still unavailable and the actual therefore remains as Quarter 2.

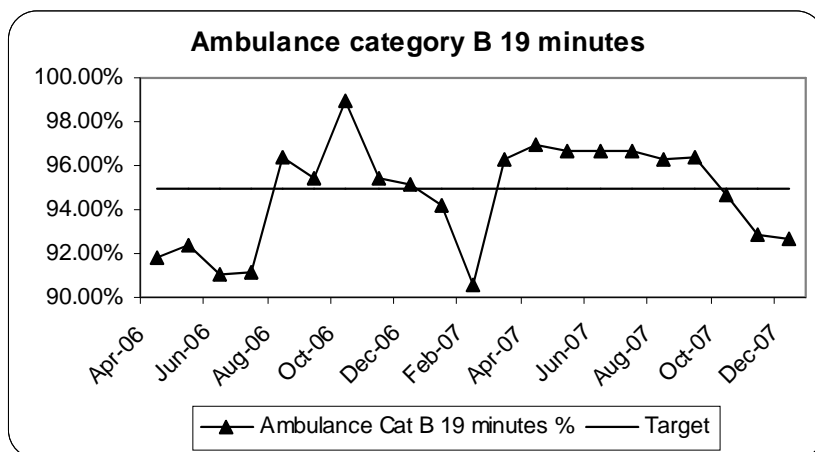
Where discussion has already taken place regarding a performance indicator reported on a quarterly basis, this is not rehearsed again as part of this report.

2.0 Areas of Concern

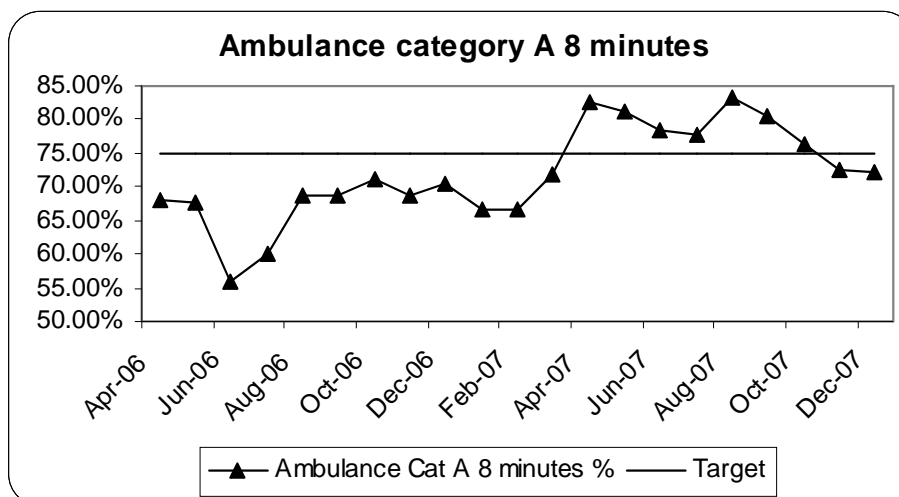
2.1 Ambulance : Category A Calls meeting 8 minute target and Category B Calls meeting 19 minutes

The target for West Midlands Ambulance Service is to respond to 95% of Category B calls within 19 minutes. Category B calls are defined as "urgent but not immediately life threatening".

Performance against this indicator started to dip in October 2007 and has dipped further in November and December to 92.7%.



Similarly, for the first time since April 2007, performance against responding to Category A calls within 8 minutes has dipped below the target for the past two months. The November 2007 performance is 72.4% against a target of 75% and the December performance is 72.1%.



At this stage both targets are amber and only for noting. However, this target tends to be linked to emergency pressures and winter-associated pressures within the system and usually directly correlates to ambulance turnaround time issues at A & E departments. This is not unique to BEN PCT and is currently the picture across a number of the PCTs in the region where Acute Trusts are struggling with achievement of the 4 hour target and ambulance turnaround times.

The ambulance service participates in weekly health economy wide teleconferences to discuss “winter pressures” and the PCT has recently met with other PCTs and the Chief Executive of WMAS to discuss contingency plans to the end of March.

A target for “Call Connect” will be applicable from April 2008 and the PCT will be measuring WMAS performance against this target from this point. Call Connect sets the start time for measuring ambulance response times. Previously, differing equipment and systems around the country meant that a like for like comparison between ambulance trusts was difficult because the clock start time was not clearly defined.

The new start time, known as Call Connect, determines that the call must be measured from the point that the BT operator connects the call to the Trust telephone equipment and finishes at the point that the ambulance resource indicate that they are in attendance at the incident. Previously the call start time would not have commenced until the control room had validated the location, telephone number and reason for response.

WMAS shadow performance against the Call Connect target is currently 72% overall compared to the target of 75%.

2.2 Access to Reproductive Health Services

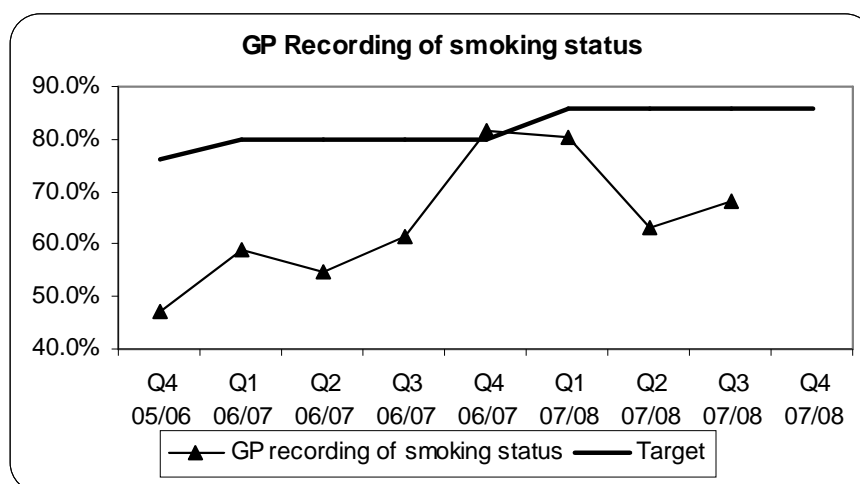
Unfortunately, this section is unchanged since the last report as the performance is collected on a quarterly basis and we are still waiting for Quarter 3 performance which was expected in late January. As discussed previously, the forecast for year end is that the PCT will not achieve this target at the end of March 2008.

This target is currently red for the number of Chlamydia screens undertaken in 15% of the 16 – 24 year old population of the PCT. Whilst the Terence Higgins Trust has been commissioned to undertake additional Chlamydia screens up to the end of March, it is anticipated that the number of screenings will increase significantly on the Quarter 2 level of 2.2%, however it is not anticipated that this will deliver the required 15%.

2.4 Smoking status aged 15-75 years

This is a data collection target requiring the PCT to measure the smoking status for 86% of its population in GP practices.

Performance in Quarter 3 has improved and increased from 63% to 68%. Based upon performance last year, when performance improved significantly in Quarter 4, and given that we are implementing a variety of initiatives between now and the end of the year, we remain optimistic that the same Quarter 4 jump in improvement will occur and that this target will be achieved at year end.



2.5 GP Recording of BMI Status

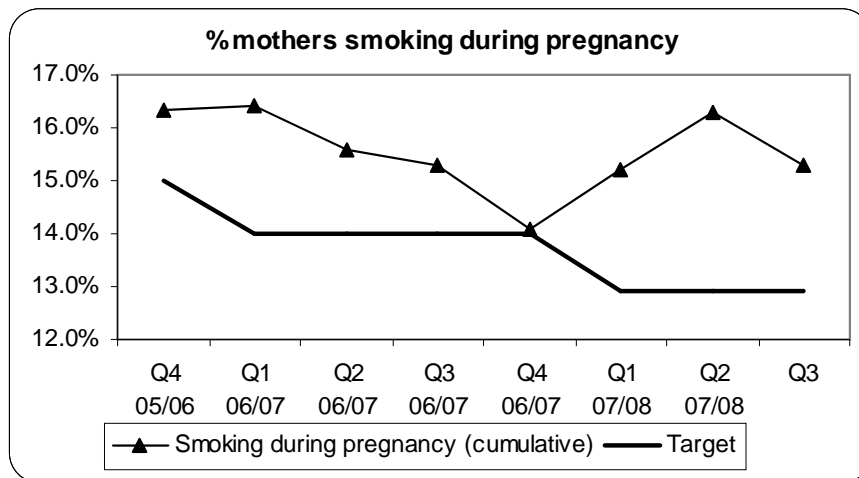
Similarly, this target is a data collection target requiring the PCT to ensure at least 54% of people over the age of 16 on a GP register have had their BMI recorded during the last 15 months.

At present, Quarter 3 is reporting 37% against a target of 54%, which is a reduction in performance of 1% compared to Quarter 2. Given that we are implementing a variety

of initiatives including amended “About You” cards and the over 40 male screening programme, we are hopeful of achieving this target. Recording against this target last year improved in Quarter 4 and we are hopeful that this will be the case again this year.

2.6 Infant mortality: smoking during pregnancy

This target measures the percentage of mothers known to be smokers at the time of delivery. The target is 12.9% and for Quarter 3, performance has improved slightly, reducing from 16.3% to 15.3%. However, there is doubt that the Trust will have the ability to achieve the target by the end of the year.

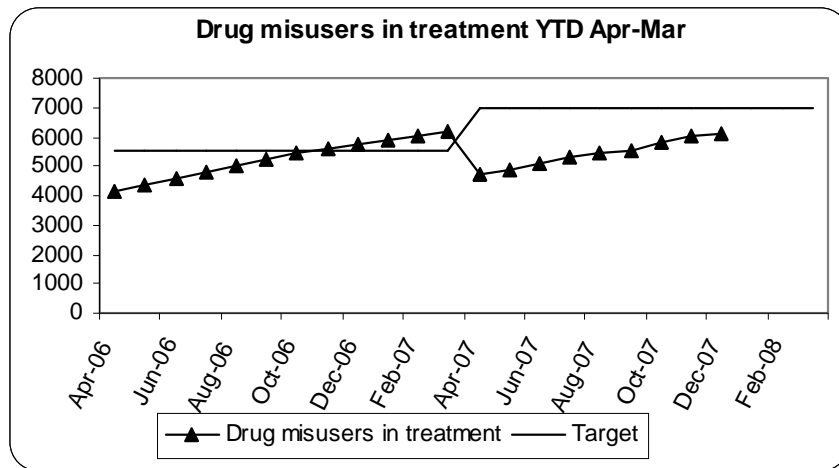


This is due to an unrealistic baseline being set in the first instance and due to the data collection issues discussed in earlier months having happened and the number of mothers now required *not* to be smoking is more than we know is realistic for the remainder of the year. The number of births per month is fairly consistent and to achieve a cumulative target at the end of March 2008 of 12.9%, no more than 61 women out of an approximate 1528 (4.9%) would have to be smokers in this final quarter. We know that this figure is unrealistic and therefore we forecast that we will not achieve this target.

2.7 Number of Drug Misusers in Treatment

The target is to have 7000 drug misusers in treatment at the Birmingham Drug Action Team (DAT) based at Birmingham and Solihull Mental Health Trust by the end of March 2008.

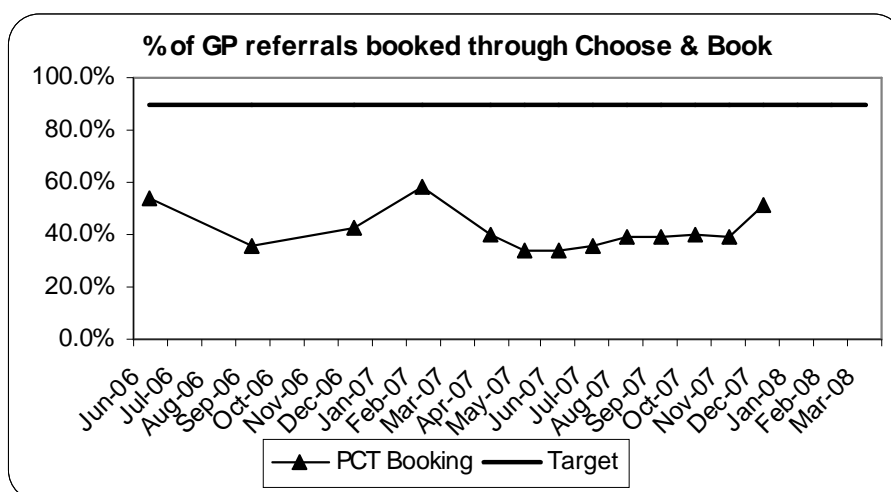
In December, the number of drug misusers in treatment has increased to 6130 heading towards the target of 7000, however the Director of Commissioning and Redesign is forecasting 97% achievement at year end (6790 no.)



There has been a 10% reduction in funding to the DAT in 2007/08 and this has impacted upon their ability to provide the service. Work has begun on increasing capacity in Community Drug Teams by shifting treatment of stable patients into GP shared care arrangements, thereby allowing capacity to deal with newly referred chaotic patients. In areas where there are not sufficient GPs to undertake shared care arrangements, the DAT is looking at locality treatment centres. Action plans have also been issued to all partners through the Joint Commissioning Group to support achievement of the target.

2.8 Convenience and Choice: PCT Booking

Performance in December is 51% which has improved from 39% in November. However, this target remains red as this is a long way from the target, which is 90% of referrals. This is a position reflected across the country. There are also issues with the denominator for this target in that it does not include referrals such as "2 week wait" referrals or Orthopaedic Triage referrals which account for a significant proportion of the PCT's referrals.



A full action plan has been devised including focus and support for low performing practices; a clinical review of the directory of services; a promotional campaign and

the development of direct booking services at HoEFT (due to commence in March with full roll out to all specialties by mid-June).

Additionally, the service level agreement for the Choose and Book Directly Enhanced Service (DES) has been sent out to practices to incentivise them for achievement against this target, with a sign-up of all but 3 practices. When the DES runs out in February, a proposal for a LES has been developed.

Despite all this remedial action, it is forecasted that this target will not be achieved by the end of March 2008, with a likely performance of around 50% versus the 90% target.

2.9 Facilities in place to support choice

This target and measure are unchanged since the January Performance Report as it is measured nationally on a bi-monthly basis by MORI on those patients who were referred by their GP.

Patients are asked about their experience of the Choose and Book system and patients currently appear to be largely satisfied with their choose and book experience, however respondents to the survey indicated that more information about it at the GP's surgery would be helpful. A new local patient information leaflet is therefore being developed which will be distributed to all practices across the PCT and which should bring the awareness of facilities in place to support choice and reverse the recent dip in performance against this target.

It is forecast that the PCT will not achieve this target. However, this is mirrored nationally due to issues with the way in which this target is measured, and the PCT may end the year comparing favourably with other PCTs.

2.10 Percentage of Complaints Resolved Within 25 Days

The Healthcare Commission requires the PCT to resolve all complaints received within 25 days. Those that we are unable to resolve in this time are required to give their express agreement to extend beyond this level.

The current percentage is 83% for Quarter 3 against a target of 100%. This has been flagged on this report for the first time this month as there is concern that this target will not be achieved by the end of March 2008 unless remedial action is taken now.

2.11 Achievement of Healthcare Commission Core and Developmental Standards

The PCT is obviously interested in maintaining the "Excellent" rating for Quality of Services awarded in October 2006. The position against this target has been reviewed for Quarter 3 and is the subject of a separate report to the February

Integrated Governance and Performance Committee. Overall, we are now compliant on a further three standards compared to Quarter 2. However we are still declaring non-compliance on twelve standards and insufficient evidence on one standard.

Improvements have been made since Quarter 2 in respect of the PCT having a comprehensive clinical governance programme in place for independent contractors. The Professional Services Directorate have been working hard to put a variety of measures in place described in previous reports. The issue in determining whether we feel confident to assess ourselves as 'compliant' against all of the core standards is one of being able to provide evidence that we are actually doing something with the information that we will have collected. For some areas, this will not be possible by the end of March 2008.

Therefore, at this stage, the forecast for year end is that we will be compliant on all but a couple of the standards.