

Birmingham East and North
Primary Care Trust
Monthly Performance Report
March 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)	Q3 (YTD)	100%	93.0%	↓	JT	
	2	Access to a PCP (not including walk-in centres)	Q3 (YTD)	100%	92.0%	↑	JT	
	3	Ambulance: Category A calls meeting 8 minute target	Jan-08	75%	74.9%	↑	AD	
	4	Ambulance: Category A calls meeting 19 minute target	Jan-08	95%	99.2%	↔	AD	
	5	Ambulance: Category B calls meeting 19 minute target	Jan-08	95%	94.1%	↑	AD	
	6	Thrombolysis – 60 minutes call to needle time	Q3 (YTD)	68%	78.0%	↓	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	Jan 08 (YTD)	98%	98.5%	↔	JT	
	9	Cancer waiting times – 2 weeks	Dec 07 (YTD)	0	1	↔		
	10	Cancer waiting times - 1 month	Dec 07 (YTD)	0	0	↔		
	11	Cancer waiting times - 2 months	Dec 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	Dec-07	447(ytd)	81	↑	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	Q3 (YTD)	15%	3.48%	↑	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	Dec 07(YTD)	3,576	1,962	↑	NB	*
	20	Practice Based Registers – Patients called for review	Jan-08	81%	93.51%	↑	NB	
	21	Blood Pressure	Jan-08	81%	85.70%	↑	NB	
	22	Cholesterol Levels	Jan-08	68%	79.4%	↑	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	Sep-07	80%/80%	41%/24%	↑	AD	*
	36	Community Equipment	Jan-08	100%	99.2%	↑	LP	
	37	Community Matrons	Q3	23	23.00	↔	LP	
	38	Percentage of population served by practices achieving 80% or more QOF points (LAA)	Jan-08	95%	92.00%	↓	JT	Clinical points only
	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	100% with exclusions	
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 March 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).

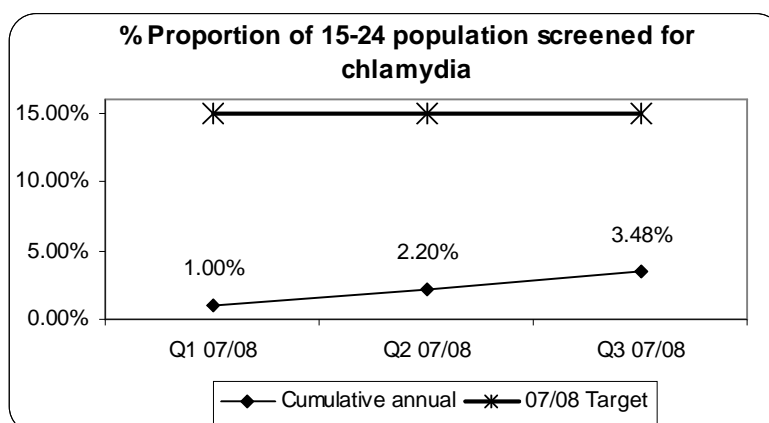
Data used to compile this report is as up-to-date as possible at the time of writing and it should be noted that some data is captured on a quarterly basis and although in February we have received a great deal of the Quarter 3 data, some is still unavailable and the actual therefore remains as Quarter 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 Access to Reproductive Health Services

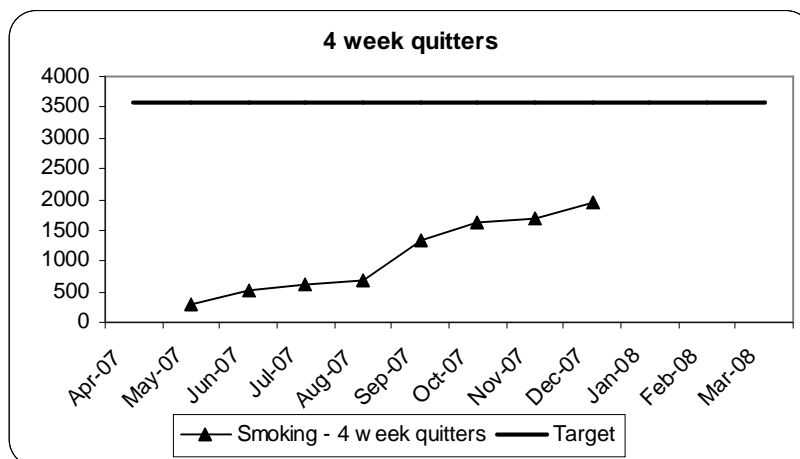
Quarter 3 performance has now been received and a slight improvement has been noted but as discussed previously, the forecast for year end is that the PCT will not achieve this target at the end of March 2008.



The target is currently red for the Chlamydia screens undertaken in 15% of the 16-24 year old population of the PCT. The Terence Higgins Trust has been commissioned to undertake additional Chlamydia screens up to the end of March however it is not anticipated that this will deliver the required 15%. The latest HPA figures forecast we will be at 4.3% for year end.

2.2 Four week smoking quitters

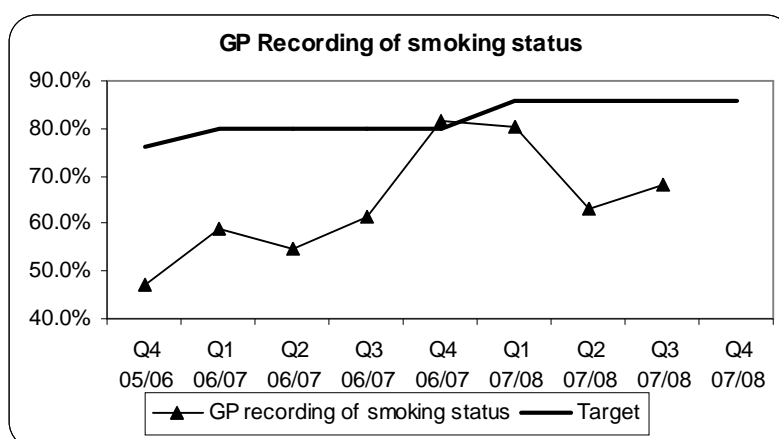
Under-performance is based on the equal distribution of the target over the four quarters. Previous data showed that the highest amount of activity occurs during Quarter 4, however data has shown a 40% drop in access in comparison to last years data. Similar trends have been experienced across the region.



The service has contingency plans (covering around 10-15% of the target) which are currently being implemented. These include engaging more with the GP's and Pharmacists' and the establishing of two new contracts with Tesco & the Co-op.

2.3 Smoking Status aged 15-75 years of age

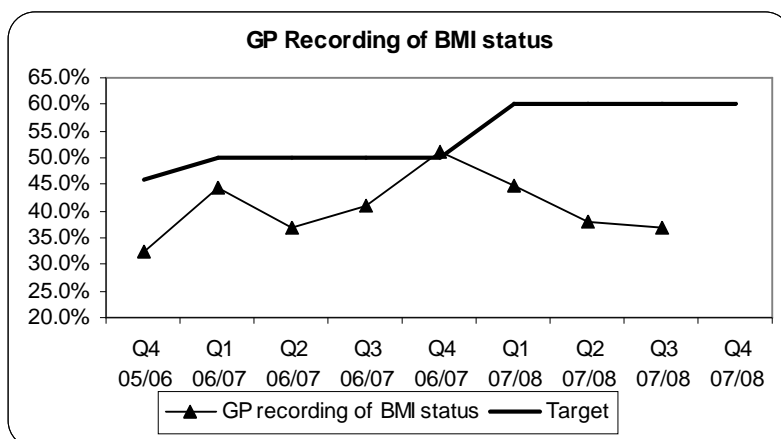
This target is for the smoking status of patients aged 15 to 75 years of age to be recorded and has been set at 80%. A slight increase has been achieved in quarter 3 bringing the PCT to 68%.



The Locality teams are contacting practices as a priority to encourage them to gather smoking status data in conjunction with the target for BMI. "About you" cards are being rolled out to patients to help gather data which includes height & weight and smoking status.

2.4 GP Recording of BMI Status

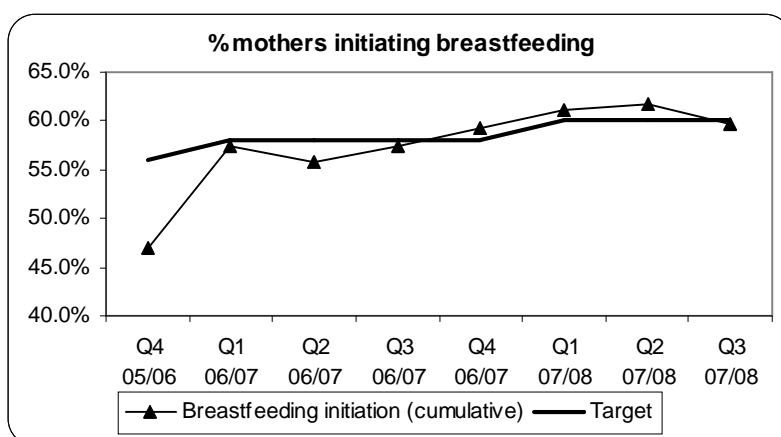
Similarly, this target is for 54% of patients aged 16 and over on a GP register to have their BMI recorded in the last 15 months.



At present, Quarter 3 is reporting 37% against the 54% target, 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.

2.5 Infant mortality: Breastfeeding initiation rates

After a steady increase in the number of mothers initiating breastfeeding, rates have dropped to 59.6% just below the 60% target.

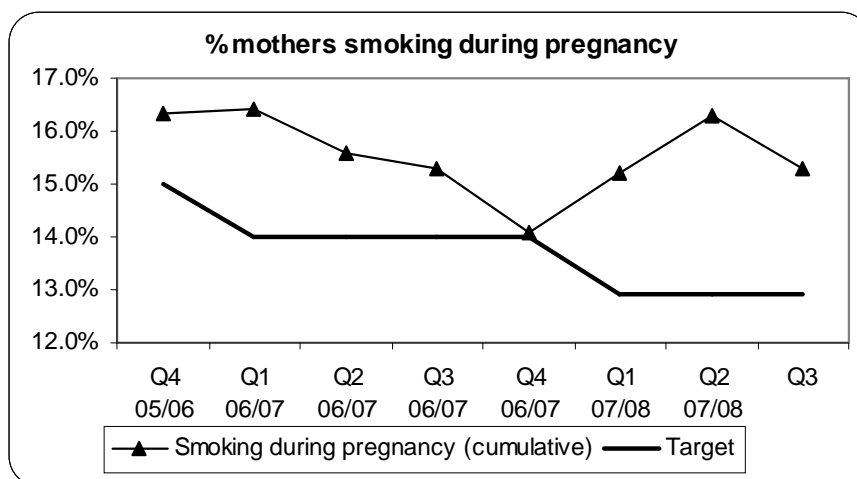


A problem arose during Quarter 3 where a new Ward Data Input clerk was entering incorrect data for breastfeeding initiation, however, Sue Dennet, Consultant Midwife at HEFT was assured that this had been corrected by the time that Q3 data was reported. Jewant Singh, Infant Feeding Co-ordinator met with the HEFT Breastfeeding Co-ordinators and asked them to look into each birth to verify the data. The correction does not now appear to have happened in time for the submission of the LDPR for Quarter 3. The Peri-natal Operating Group meets on the 20th March

2008 and Val Jones, Director of Nursing and Clinical Development has asked Sue Dennet to provide feedback on the low initiation rates.

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.



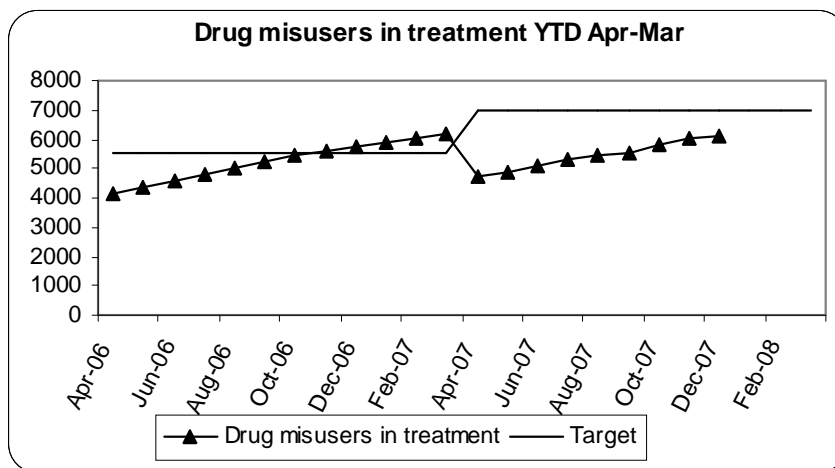
This is due to an unrealistic baseline being set in the first instance and due to the data collection issues discussed in earlier months having happened and the number of mother's now required *not* to be smoking is more than we know is realistic for the remainder of the year. The number of births per month is fairly consistent and to achieve an accumulative 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.

Through the Health and Wellbeing Partnership (BHWP) the PCT are considering a City wide approach to re-designing smoking in pregnancy services, the principle of which will be to identify women who smoke as early as possible in their pregnancy. They will then be offered a variety of choices of service to help them stop smoking.

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.

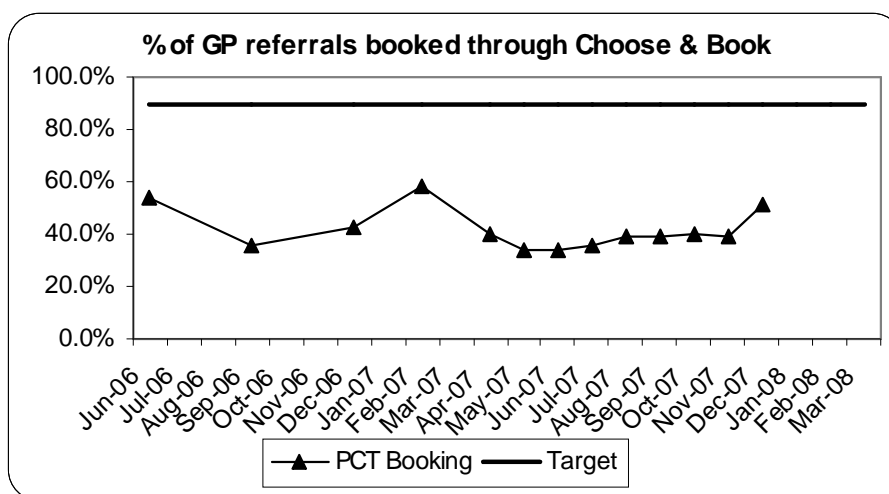
In December, the number of drug misusers in treatment has increased to 6130 heading towards the target of 7000, however the Director of Commissioning and Redesign is forecasting 97% achievement at year end (6790)



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 GP's 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. Work has been undertaken with Pharmacists participating in the needle exchange scheme in the hope of increasing numbers in treatment.

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 (*The Ultragenda Direct Booking System has been delayed and may not commence now until May*).

The service level agreement for the Choose and Book Directly Enhanced Service (DES) runs out in February, a proposal for a LES has been developed rewarding practices for **booking only** with payment being on a sliding scale from 60% through to 100% of bookings.

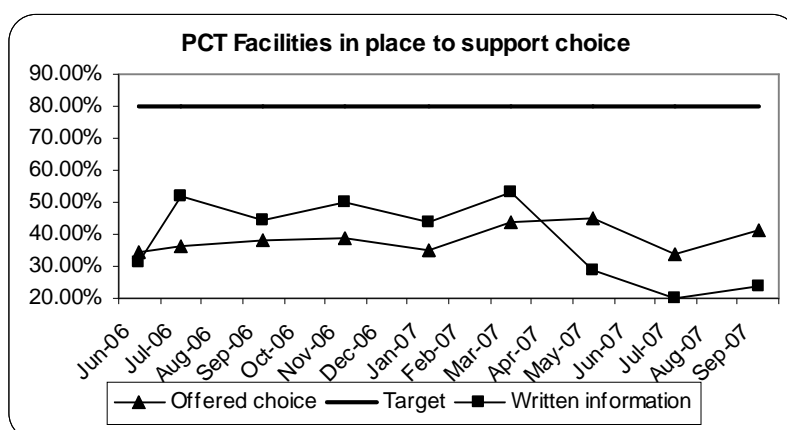
Despite all this remedial action, it is forecasted that this target will not be achieved by the end of March 2008, with a likely performance of around 50% versus the 90% target. The choose and book team continue to visit all GP practices assessing their needs and dealing with any issues the practice's may have.

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. A PCT Choose and Book website is also in development.

It is hoped that funding will be made available to implement a major publicity campaign. The communication and publicity plan is in development with a target date of April 2008 to commence the campaign.



It is forecast that the PCT will not achieve these 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 PCT's.

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 is being reported here as there is concern that this target will not be achieved by the end of March 2008 unless remedial action is taken immediately. The 83% figure excludes/includes letters for which complainants have accepted a delay.

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 has been 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.