

Birmingham East and North Primary Care Trust

Monthly Performance Report to March 2009 Board

March 2009 Monthly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	DOT	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Director Lead	Commentary Lead	
	1	MRSA infections (health economy-cumulative)	54	↑	5	8	15	17	19	22	25	25	32	36			Doug Wulff	Karen Deeny	
HCC	2	CDiff infections (PCT target - cumulative)	514	↑	40	83	116	153	175	201	222	238	267	284			Doug Wulff	Karen Deeny	
HCC	3	% of admitted patients seen within 18 weeks adjusted (snapshot)	90.00%	↑	85.76%	87.01%	86.19%	87.93%	89.12%	90.42%	90.96%	89.99%	91.34%	92.32%			Andrew Donald	Jenny Belza	
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	↑	91.60%	93.57%	93.60%	93.06%	93.64%	94.62%	94.93%	95.39%	95.23%	95.51%			Andrew Donald	Jenny Belza	
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	↓	98.27%	98.82%	99.13%	99.33%	98.87%	99.03%	100.00%	98.64%	100.00%	99.77%			Andrew Donald	Jenny Belza	
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	↑	74.30%	72.10%	72.70%	73.20%	72.20%	73.10%	70.10%	65.60%	58.40%	72.90%			Andrew Donald	Caroline Nolan	2.1
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	↑	99.50%	99.50%	99.80%	99.90%	99.50%	99.60%	98.60%	98.20%	97.70%	99.20%			Andrew Donald	Caroline Nolan	
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	↑	96.40%	97.30%	95.60%	96.40%	96.20%	94.40%	93.50%	91.60%	88.00%	95.30%			Andrew Donald	Caroline Nolan	
HCC	9	Total time in A&E: 4 hours or less (in month)	98.00%	↓	98.50%	99.07%	98.11%	98.20%	97.51%	97.54%	97.62%	97.54%	95.78%	95.59%			Jonathan Tringham	Caroline Nolan	2.2
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0.00%	↔	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				Andrew Donald	Jenny Belza	
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	↑	100.00%	100.00%	100.00%	100.00%	99.96%	99.97%	99.97%	99.97%	99.97%				Andrew Donald	Jenny Belza	
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	↓	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.82%				Andrew Donald	Jenny Belza	
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	↓	98.21%	99.22%	99.47%	99.59%	99.66%	99.71%	99.50%	99.56%	99.41%				Andrew Donald	Jenny Belza	
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	↑	211	293	315	335	363	401	369	341	449				Jonathan Tringham	Jenny Belza	
HCC	14a	Percentage of outpatients waiting longer than 13 weeks (snapshot)	0.00%	↓	0.00%	0.02%	0.08%	0.15%	0.11%	0.02%	0.05%	0.01%	0.13%				Jonathan Tringham	Jenny Belza	
	15	Diagnostics waiting over 6 weeks (snapshot)	0	↓	5	1	0	2	6	1	1	1					Jonathan Tringham	Jenny Belza	
	16	Inpatients waiting over 11 weeks (snapshot)	0	↓	94	101	90	80	152	130	129	111	113				Jonathan Tringham	Jenny Belza	
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	↔	98.11%	99.49%	99.23%	98.05%	99.69%	100.00%	100.00%	99.85%	100.00%	100.00%			Andrew Donald	David Walker	
HCC	19	Smoking 4 week quitters (cumulative)	3,641	↑	150	249	455	673	884	1,036	1,201	1,496	1,758				Nicola Bengé	Catherine Tomaney	2.3
HCC	21	Number of drug misusers in treatment	5,600	↑	6,109	6,105	6,150	6,210	6,216	6,241							Andrew Donald	David Walker	
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	↑	63.66%	62.57%	65.29%	43.85%	46.01%	48.36%	50.05%	41.86%	45.53%				Andrew Donald	Jenny Belza	2.4
	23a	GP referrals (cumulative)	64,434	↑	4,223	8,033	11,881	18,438	23,893	29,477	35,237	41,259	46,051				Andrew Donald	Jenny Belza	
	23b	Other referrals (cumulative)	111,461	↑	10,532	20,868	30,679	38,758	45,210	52,817	60,933	67,845	74,344				Andrew Donald	Jenny Belza	
	24	Number of 1st attendances following GP referral (cumulative)	64438	↑	5,390	10,369	15,558	21,001	25,608	30,975	36,598	42,096	47,525				Jonathan Tringham	Rob Pickup	
	25	Number of 1st attendances following all referrals (cumulative)	138959	↑	11,359	21,721	32,687	44,568	54,199	65,527	77,127	88,292	98,845				Jonathan Tringham	Rob Pickup	
	26	Elective daycases and inpatients (cumulative)	32779	↑	4,810	7,645	10,595	13,690	16,236	19,226	22,249	25,100	27,668				Jonathan Tringham	Rob Pickup	2.5
	27	Planned daycases and inpatients (cumulative)	18378	↑	1,613	3,109	4,751	6,460	8,025	9,699	11,520	13,107	14,624				Jonathan Tringham	Rob Pickup	2.6
	28	Non elective FCEs (cumulative)	40467	↓	3,488	6,969	10,307	13,783	17,008	20,508	24,067	27,661	31,539				Jonathan Tringham	Rob Pickup	2.7
	29	15 key tests activity (cumulative)	100221	↑	8,656	16,526	23,672	30,813	37,327	44,263	51,756	58,714	65,252	73,065			Jonathan Tringham	Rob Pickup	2.8
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%	↑	34.66%	40.69%	46.18%	50.12%	53.25%	56.51%	59.69%	61.81%	63.10%	64.68%			Nicola Bengé	Saj Kahrod	
	31	% of practices offering extended opening hours (snapshot)	50.00%	↑	4.88%	20.73%	26.83%	31.71%	39.02%	47.56%	57.32%	62.20%	63.41%	67.07%	68.29%		Jonathan Tringham	Donna MacArthur	

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

March 2009 Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	DOT	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Director Lead	Commentary Lead	
HCC	32a	% GP appointments within 48 hours 3rd appointment (snapshot)	100.00%	↓			96.93%			96.98%			96.22%				Jonathan Tringham	Donna MacArthur	2.9
HCC	32b	% PCP appointments within 24 hours 3rd appointment (snapshot)	100.00%	↔			100.00%			100.00%			100.00%				Jonathan Tringham	Donna MacArthur	
HCC	33	% patients able to book more than 2 days in advance	100.00%	↓			96.84%			96.47%			94.19%				Jonathan Tringham	Donna MacArthur	2.10
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%	↓			100.00%			94.40%							Andrew Donald	Adrian Reedman	
HCC	35	Delayed transfers of care per 100,000 population aged 18+	9.09	↑			14.81			22.22			14.81				Andrew Donald	Shirley Mallon & Pam Whitehead	
HCC	36	Chlamydia screening (cumulative)	17.00%	↑			1.60%			3.30%			7.80%				Andrew Donald	David Walker	2.11
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%	↔			100.00%			100.00%			100.00%				Nicola Bengé	Saj Kahrod	
	38	Number of emergency bed days (cumulative)	170,013	↓			62,854			124,819							Andrew Donald	Richard Mendelsohn	
	39	Convenience, booking: patients awareness of choice (snapshot)	50.00%	↓		50.00%		49.00%		47.00%							Andrew Donald	Jenny Belza	
	40	Convenience, booking: patient able to go to chosen provider (snapshot)	90.00%	↑		66.00%		69.00%		71.00%							Andrew Donald	Jenny Belza	
HCC	41	HCC Standards Achievement (snapshot)	100.00%	↑			92.86%			92.86%			100.00%				Louise Pritchard	Rosey Monaghan	
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%	↓			89.60%			88.00%							Nicola Bengé	Yvonne Green	
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%	↑			89.20%			95.40%							Nicola Bengé	Yvonne Green	
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%	↑			84.30%			85.80%							Nicola Bengé	Yvonne Green	
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%	↓			90.00%			89.70%							Nicola Bengé	Yvonne Green	
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%	↑			80.40%			81.00%							Nicola Bengé	Yvonne Green	
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%	↓			77.50%			75.30%							Nicola Bengé	Yvonne Green	
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	51.00%														Nicola Bengé	Yvonne Green	
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%														Nicola Bengé	Yvonne Green	
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%	↓			61.22%			74.00%			72.94%				Nicola Bengé	Jewant Singh	
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%	↓			27.16%			25.81%			23.31%				Nicola Bengé	Jewant Singh	
	52	Rate of admissions for ACS conditions (snapshot)	1,560.00				1,879.06										Andrew Donald		
HCC	53	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	3	↔			3			3			3				Andrew Donald	Dawn Jenner	
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3	↔			3			3			3				Andrew Donald	Dawn Jenner	
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4	↓			4			4			3				Andrew Donald	Dawn Jenner	
HCC	56	Full range of CAMHS early intervention services (snapshot)	3	↔			3			3			3				Andrew Donald	Dawn Jenner	
HCC	57	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	70.00%	↑			23.23%			35.21%			41.91%				Andrew Donald	Melanie Young	
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%				Not available			Not available			Not available				Andrew Donald	Melanie Young	
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%				Not available			Not available			Not available				Andrew Donald		
	60	Rate of hospital admissions for alcohol related harm per 100,000 population	1,458.00														Andrew Donald	David Walker	

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

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. However, at the Integrated Governance & Performance Committee an even more up to date version will be screened using the PCT performance reporting tool, Performance Accelerator.

2.0 New areas of concern & serious ongoing concern

2.1 Ambulance : Cat A 8 minute target	Green	>=75.00%	Amber	70-74%	Red	<70.00%																																																				
<p>The target for all Ambulance Category A calls achieving their 8 minute response time has not been met since April 2008. Performance in January 2009 however has improved significantly. West Midlands Ambulance Service have tackled the under performance through redeployment and increasing the number of staff and ambulance cars available in the area and the appointment of a second Hospital Ambulance Liaison Officer (HALO) covering Good Hope Hospital. WMAS are confident that they will reach the performance target by March 2009.</p> <p>Commissioners have worked with WMAS and Heart of England Foundation Trust to support improvement and have implemented an action plan following the SHA Turnaround review.</p> <p>In January the number of incidents returned to within 0.5% of the contract planned number, total number of incidents was 4743.</p> <p>Category C calls suitable for primary care input have been diverted to NHS Direct and the out of hours providers, this should result in more rapid response times for CAT A calls.</p>		Oct 08	Nov 08	Dec 08	Jan 09	Lead																																																				
	Actual	70.10%	65.60%	58.40%	72.90%	AD																																																				
	Plan	75.00%	75.00%	75.00%	75.00%																																																					
<table border="1"> <caption>Performance Trends for Cat A 8 minute target</caption> <thead> <tr> <th>Month</th> <th>'08/09 plan'</th> <th>'08/09 actual'</th> <th>'07-08 outturn'</th> </tr> </thead> <tbody> <tr><td>Apr-08</td><td>75.00%</td><td>74.50%</td><td>83.00%</td></tr> <tr><td>May-08</td><td>75.00%</td><td>72.50%</td><td>81.50%</td></tr> <tr><td>Jun-08</td><td>75.00%</td><td>73.00%</td><td>78.50%</td></tr> <tr><td>Jul-08</td><td>75.00%</td><td>73.50%</td><td>77.50%</td></tr> <tr><td>Aug-08</td><td>75.00%</td><td>72.50%</td><td>83.50%</td></tr> <tr><td>Sep-08</td><td>75.00%</td><td>73.50%</td><td>81.00%</td></tr> <tr><td>Oct-08</td><td>75.00%</td><td>70.00%</td><td>75.50%</td></tr> <tr><td>Nov-08</td><td>75.00%</td><td>65.60%</td><td>72.50%</td></tr> <tr><td>Dec-08</td><td>75.00%</td><td>58.40%</td><td>72.50%</td></tr> <tr><td>Jan-09</td><td>75.00%</td><td>72.90%</td><td>75.00%</td></tr> <tr><td>Feb-09</td><td>75.00%</td><td>75.00%</td><td>77.50%</td></tr> <tr><td>Mar-09</td><td>75.00%</td><td>75.00%</td><td>81.50%</td></tr> </tbody> </table>							Month	'08/09 plan'	'08/09 actual'	'07-08 outturn'	Apr-08	75.00%	74.50%	83.00%	May-08	75.00%	72.50%	81.50%	Jun-08	75.00%	73.00%	78.50%	Jul-08	75.00%	73.50%	77.50%	Aug-08	75.00%	72.50%	83.50%	Sep-08	75.00%	73.50%	81.00%	Oct-08	75.00%	70.00%	75.50%	Nov-08	75.00%	65.60%	72.50%	Dec-08	75.00%	58.40%	72.50%	Jan-09	75.00%	72.90%	75.00%	Feb-09	75.00%	75.00%	77.50%	Mar-09	75.00%	75.00%	81.50%
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2.2 Total time in A&E : 4 hours or less (in month)	Green	>=98.00% of plan	Amber	97% of plan	Red	<96% of plan																										
<p>Performance for the total time spent in A&E being 4 hours or less has dropped again in January 2009 to 95.59% with difficulties being experienced at the Heartlands and Good Hope sites. HoEFT have a detailed action plan in place to improve performance and is actively engaging with the PCT to tackle discharge delays that contribute to A&E delays.</p> <p>Performance at Good Hope Hospital in particular has deteriorated. One element of the action plan is the opening of a Medical Assessment Unit (MAU) at Good Hope Hospital, which opened in mid January 2009. early indicators show that it is starting to have an impact into February performance improving the flow through A&E.</p> <p>The PCT Provider Service presence at A&E has also been increased to ensure all patients that can be managed in Primary Care are discharged from A&E.</p>																																
		Oct 08	Nov 08	Dec 08	Jan 09	Lead																										
	Actual	97.62%	97.54%	95.78%	95.59%	JT																										
	Plan	98.00%	98.00%	98.00%	98.00%																											
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2.3 Smoking 4 week quitters	Green	100.00% of plan	Amber	90-99% of plan	Red	<90.00% of plan																										
<p>Performance against the target for four week quitters continues to ride below the trajectory and lower numbers than expected have accessed the drop-in clinics.</p> <p>Extra promotional activities have been initiated to help increase access rates including visits to local Mosques in high smoking prevalence areas. 'Lost to follow up' clients have been contacted to ascertain their four week quit status and Valentine cards have been sent to clients who have previously used the service inviting them to the drop-in clinics. A health bus will be visiting key locations across the PCT providing Carbon Monoxide readings and GP four week quit performance has been monitored with locality leads visiting underperforming GP's.</p>																																
		Sep 08	Oct 08	Nov 08	Dec 08	Lead																										
	Actual	1036	1201	1496	1758	NB																										
	Plan	1380	1610	1840	2070																											
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Jan-09	2000																															
Feb-09	2500																															
Mar-09	3000																															

2.4 Convenience and booking : PCT booking rates	Green	>=90.00%	Amber	80-89%	Red	>=79.00%
<p>Performance has improved following a sharp drop in November 2008 with delays in the introduction of the direct booking system at HoEFT being a significant factor. A performance notice has been issued to HoEFT and the trust has produced a new timetable for the implementation of the Direct Booking Service with a revised go live date of late Spring 2009.</p> <p>This should greatly improve the performance of the booking rates.</p>						
		Sep 08	Oct 08	Nov 08	Dec 08	Lead
	Actual	48.36%	50.05%	41.86%	45.53%	NB
	Plan	90.00%	90.00%	90.00%	90.00%	

Month	07/08 outturn	08/09 plan	08/09 actuals
Apr-08		90.00%	65.00%
May-08	35.00%	90.00%	63.00%
Jun-08	35.00%	90.00%	66.00%
Jul-08	38.00%	90.00%	45.00%
Aug-08	40.00%	90.00%	47.00%
Sep-08	40.00%	90.00%	49.00%
Oct-08	48.36%	90.00%	50.05%
Nov-08	49.00%	90.00%	41.86%
Dec-08	50.00%	90.00%	45.53%
Jan-09		90.00%	46.00%
Feb-09		90.00%	68.00%
Mar-09		90.00%	55.00%

2.5 Elective day cases and inpatients	Green	Not yet set	Amber	Not yet set	Red	Not yet set
<p>Planned elective rates have been higher than trajectory all year as a joint result of increased GP referrals and pressure to hit 18 weeks.</p> <p>The level of planned elective work has dropped in November. The level of planned elective day cases is less than 2% of target for the month which represents a close proximity to the target.</p>						
		Sep 08	Oct 08	Nov 08	Dec 08	Lead
	Actual	19226	22249	25100	27668	JT
	Plan	15911	18859	21597	24281	

Month	07/08 outturn	08/09 plan	08/09 actuals
Apr-08			4500
May-08	5000	6000	8000
Jun-08	8000	8000	10000
Jul-08	10000	10000	14000
Aug-08	13000	13000	16000
Sep-08	15911	15911	19226
Oct-08	18859	18859	22249
Nov-08	21597	21597	25100
Dec-08	24281	24281	27668
Jan-09			28000
Feb-09			30000
Mar-09			33000

2.6 Planned day cases and inpatients	Green	Not yet set	Amber	Not yet set	Red	Not yet set																																																				
Planned elective 'ordinary admissions' have increased over the last quarter, although these have stayed stable across this period. The higher trajectory has been due to increased GP referrals and pressure to hit 18 weeks.		Sep 08	Oct 08	Nov 08	Dec 08	Lead																																																				
	Actual	9699	11520	13107	14624	JT																																																				
	Plan	8796	10426	11947	13468																																																					
<table border="1"> <caption>Planned day cases and inpatients (Estimated from chart)</caption> <thead> <tr> <th>Month</th> <th>07/08 outturn</th> <th>08/09 plan</th> <th>08/09 actuals</th> </tr> </thead> <tbody> <tr><td>Apr-08</td><td>1500</td><td>1500</td><td>1500</td></tr> <tr><td>May-08</td><td>2500</td><td>2500</td><td>2500</td></tr> <tr><td>Jun-08</td><td>3500</td><td>3500</td><td>3500</td></tr> <tr><td>Jul-08</td><td>4500</td><td>4500</td><td>4500</td></tr> <tr><td>Aug-08</td><td>5500</td><td>5500</td><td>5500</td></tr> <tr><td>Sep-08</td><td>6500</td><td>6500</td><td>6500</td></tr> <tr><td>Oct-08</td><td>7500</td><td>7500</td><td>7500</td></tr> <tr><td>Nov-08</td><td>8500</td><td>8500</td><td>8500</td></tr> <tr><td>Dec-08</td><td>9500</td><td>9500</td><td>9500</td></tr> <tr><td>Jan-09</td><td>10500</td><td>10500</td><td>10500</td></tr> <tr><td>Feb-09</td><td>11500</td><td>11500</td><td>11500</td></tr> <tr><td>Mar-09</td><td>12500</td><td>12500</td><td>12500</td></tr> </tbody> </table>							Month	07/08 outturn	08/09 plan	08/09 actuals	Apr-08	1500	1500	1500	May-08	2500	2500	2500	Jun-08	3500	3500	3500	Jul-08	4500	4500	4500	Aug-08	5500	5500	5500	Sep-08	6500	6500	6500	Oct-08	7500	7500	7500	Nov-08	8500	8500	8500	Dec-08	9500	9500	9500	Jan-09	10500	10500	10500	Feb-09	11500	11500	11500	Mar-09	12500	12500	12500
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2.7 Non elective FFCEs	Green	Not yet set	Amber	Not yet set	Red	Not yet set																																																				
Non-elective admissions have remained relatively constant over the year and nationally this has seen an increase compared to the previous year. Through discussions regarding 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 ACM to prevent admissions and A&E diversions through the new insight module		Sep 08	Oct 08	Nov 08	Dec 08	Lead																																																				
	Actual	20508	24067	27661	31539	JT																																																				
	Plan	19744	23139	26691	30360																																																					
<table border="1"> <caption>Non elective FFCEs (Estimated from chart)</caption> <thead> <tr> <th>Month</th> <th>07/08 outturn</th> <th>08/09 plan</th> <th>08/09 actuals</th> </tr> </thead> <tbody> <tr><td>Apr-08</td><td>3000</td><td>3000</td><td>3000</td></tr> <tr><td>May-08</td><td>5000</td><td>5000</td><td>5000</td></tr> <tr><td>Jun-08</td><td>7000</td><td>7000</td><td>7000</td></tr> <tr><td>Jul-08</td><td>9000</td><td>9000</td><td>9000</td></tr> <tr><td>Aug-08</td><td>11000</td><td>11000</td><td>11000</td></tr> <tr><td>Sep-08</td><td>13000</td><td>13000</td><td>13000</td></tr> <tr><td>Oct-08</td><td>15000</td><td>15000</td><td>15000</td></tr> <tr><td>Nov-08</td><td>17000</td><td>17000</td><td>17000</td></tr> <tr><td>Dec-08</td><td>19000</td><td>19000</td><td>19000</td></tr> <tr><td>Jan-09</td><td>21000</td><td>21000</td><td>21000</td></tr> <tr><td>Feb-09</td><td>23000</td><td>23000</td><td>23000</td></tr> <tr><td>Mar-09</td><td>25000</td><td>25000</td><td>25000</td></tr> </tbody> </table>							Month	07/08 outturn	08/09 plan	08/09 actuals	Apr-08	3000	3000	3000	May-08	5000	5000	5000	Jun-08	7000	7000	7000	Jul-08	9000	9000	9000	Aug-08	11000	11000	11000	Sep-08	13000	13000	13000	Oct-08	15000	15000	15000	Nov-08	17000	17000	17000	Dec-08	19000	19000	19000	Jan-09	21000	21000	21000	Feb-09	23000	23000	23000	Mar-09	25000	25000	25000
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Jan-09	21000	21000	21000																																																							
Feb-09	23000	23000	23000																																																							
Mar-09	25000	25000	25000																																																							

2.8 15 key tests activity	Green	Not yet set	Amber	Not yet set	Red	Not yet set																																																				
There has been an under performance of the 15 key diagnostic tests throughout the year. This target was to ensure that diagnostic tests were not a blockage for the achievement of 18 weeks. To date the number of diagnostic tests has not provided a barrier to 18 weeks and the capacity remains to do this work.		Sep 08	Oct 08	Nov 08	Dec 08	Lead																																																				
	Actual	44263	51756	58714	65252	JT																																																				
	Plan	48024	56805	64521	72648																																																					
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Mar-09	96000	96000	92000																																																							

2.9 % GP appointments within 48 hours (3rd appointment)	Green	Not yet set	Amber	Not yet set	Red	Not yet set															
Performance for the target of patients being able to book an appointment with a GP within 48 hours has decreased slightly and continues to remain below target. A small working group has been established to address Primary Care access issues. Data from a range of sources is being collated such as the patient survey to get a comprehensive picture of current performance. The primary care team will be working with PCT colleagues and practices to raise performance against these measures and will be considering how we can further improve accessibility through local contractual arrangements		Q1	Q2	Q3	Q4	Lead															
	Actual	96.93%	96.98%	96.22%		AD															
	Plan	100.00%	100.00%	100.00%	100.00%																
<table border="1"> <caption>% GP appointments within 48 hours Data</caption> <thead> <tr> <th>Quarter</th> <th>08/09 plan</th> <th>08/09 actuals</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>100.00%</td><td>96.93%</td></tr> <tr><td>Q2</td><td>100.00%</td><td>96.98%</td></tr> <tr><td>Q3</td><td>100.00%</td><td>96.22%</td></tr> <tr><td>Q4</td><td>100.00%</td><td></td></tr> </tbody> </table>							Quarter	08/09 plan	08/09 actuals	Q1	100.00%	96.93%	Q2	100.00%	96.98%	Q3	100.00%	96.22%	Q4	100.00%	
Quarter	08/09 plan	08/09 actuals																			
Q1	100.00%	96.93%																			
Q2	100.00%	96.98%																			
Q3	100.00%	96.22%																			
Q4	100.00%																				

2.10 % patients able to book more than 2 days in advance	Green	Not yet set	Amber	Not yet set	Red	Not yet set
<p>Performance against patients being able to book an appointment with their GP practice more than 2 days in advance continues to drop and remains below target.</p> <p>A small working group has been established to address Primary Care access issues. Data from a range of sources is being collated such as the patient survey, to get a comprehensive picture of current performance. The primary care team will be working with PCT colleagues and practices to raise performance against these measures and will be considering how we can further improve accessibility through local contractual arrangements</p>						
		Q1	Q2	Q3	Q4	Lead
	Actual	96.84%	96.47%	94.19%		AD
	Plan	100.00%	100.00%	100.00%	100.00%	

Quarter	07/08 outturn	08/09 plan	08/09 actuals
Q1	96.84%	100.00%	96.84%
Q2	96.47%	100.00%	96.47%
Q3	94.19%	100.00%	94.19%
Q4		100.00%	

2.11 Chlamydia screening	Green	Not yet set	Amber	Not yet set	Red	Not yet set
<p>The Chlamydia screening service is commissioned through Heart of Birmingham PCTs provider arm and have been asked for rectification and action plan against the agreed trajectory. The current focus is on the quick wins such as local universities and colleges, which are predominantly in the South side of the city where the 17% target has been exceeded with South PCT at 19.2%. The provider is working with Primary Care to increase the local screens and has been instructed to concentrate its work in the BEN, HoB and Solihull PCT areas.</p> <p>BEN PCT does not have a large cohort of target population in one location such as further education establishments and the PCT is currently at 7.80% of the 17% target. GPs in BEN are not engaged or testing significant numbers of the target population even with the local incentive of £7.50 per screen. Even more worrying is the view of the LMC chair who is complaining that £7.50 is not a large enough payment for GPs to ask the target group for a urine sample</p>						
		Q1	Q2	Q3	Q4	Lead
	Actual	1.60%	3.30%	7.80%		AD
	Plan	4.00%	8.00%	12.00%	17.00%	

Quarter	07/08 outturn	08/09 plan	08/09 actuals
Q1	1.60%	4.00%	1.60%
Q2	3.30%	8.00%	3.30%
Q3	7.80%	12.00%	7.80%
Q4		17.00%	

3.0 Inability or delay in receiving indicator data

3.1 Rate of hospital admissions for alcohol related harm per 100,000 population

Due to the complexity of the reporting tool to be used for the submissions of rates of hospital admissions for alcohol related harm, the PCT is currently unable to assess its performance against this target. The target is Birmingham wide and Heart of Birmingham PCT is working on the feasibility of being able to produce data for alcohol related admissions. It is envisaged that this will now be reported as a year-end target.