


Birmingham East and North   
Primary Care Trust

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Monthly Performance Report

April 2008

April-08

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	Feb-08	75%	76.9%	↑	AD	
	4	Ambulance: Category A calls meeting 19 minute target	Feb-08	95%	99.4%	↔	AD	
	5	Ambulance: Category B calls meeting 19 minute target	Feb-08	95%	95.4%	↑	AD	
	6	Thrombolysis – 60 minutes call to needle time	Q3 (YTD)	68%	78.0%	↓	NB	
	7	Patients waiting longer than three months for revascularisation*	Feb 08 (YTD)	0	0	↔	NB	
	8	Total time in A&E: 4 hours or less	Mar 08 (YTD)	98%	98.5%	↔	JT	
	9	Cancer waiting times – 2 weeks	Jan 08 (YTD)	0	1	↔		
	10	Cancer waiting times - 1 month	Jan 08 (YTD)	0	0	↔		
	11	Cancer waiting times - 2 months	Jan 08 (YTD)	0	3	↔	AD	
	12	Number of outpatients waiting longer than the standard	Jan-08	222 (ytd)	227	↑	JT	
	13	Waiting times for all diagnostic tests	Feb-08	147(ytd)	22	↑	AD	
	14	Number of inpatients waiting longer than the standard	Feb-08	55(ytd)	166	↓	JT	
	15	Delayed transfers of care	Q3 (YTD)	3.5%	3.46%	↑	LP	
	16	Access to genito-urinary medicine (GUM) clinics	Feb 08 (YTD)	95% (seen) 100% (offered)	75% (seen) 99% (offered)	↑	AD	
	17	Access to reproductive health services	Q3 (YTD)	15%	3.48%	↑	AD	3.1 *
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	Jan 08(YTD)	3,576	2,384	↑	NB	3.2 *
	20	Practice Based Registers – Patients called for review	Feb-08	81%	95.03%	↑	NB	
	21	Blood Pressure	Feb-08	81%	86.93%	↑	NB	
	22	Cholesterol Levels	Feb-08	68%	81.8%	↑	NB	
	23	Practice-based registers	Jan-08	62	62	↑	NB	
	24	Smoking status aged 15-75 years	Q3 (YTD)	86%	68%	↑	NB	3.3 *
	25	Emergency Bed Days	Q2 (YTD)	259,131	121,055	↑	AD	
	26	GP recording of BMI status	Q3 (YTD)	54%	37%	↓	NB	3.4 *
	27	Infant mortality: breastfeeding initiation rates	Q3 (YTD)	60.0%	59.6%	↓	NB	3.5 *
	28	Infant mortality: smoking during pregnancy	Q3 (YTD)	12.9%	15.3%	↑	NB	3.6 *
	29	Drug misusers sustained in treatment	Feb 08 (YTD)	85%	83%	↔	AD	
	30	Number of drug misusers in treatment	Feb 08 (YTD)	7000	6382	↑	AD	2.1 *
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)	Feb 08 (YTD)	88 (ytd)	87	↓	DW	
	33	CDiff Infections (acute trusts)	Feb 08 (YTD)	880 (ytd)	863	↓	DW	
	34	Convenience and choice: PCT booking	Feb-08	90%	68%	↑	AD	2.2 *
	35	Convenience and choice: facilities to support choice	Sep-07	80%/80%	41%/24%	↑	AD	3.7 *
	36	Community Equipment	Feb-08	100%	94.9%	↓	LP	2.3 *
	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	
That people regard us as the first choice organisation to work with and for	41	Healthcare Commission Core and Developmental Standards Achievement	Q4	100%	90%	↔	ALL	2.4 *
	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 April 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.

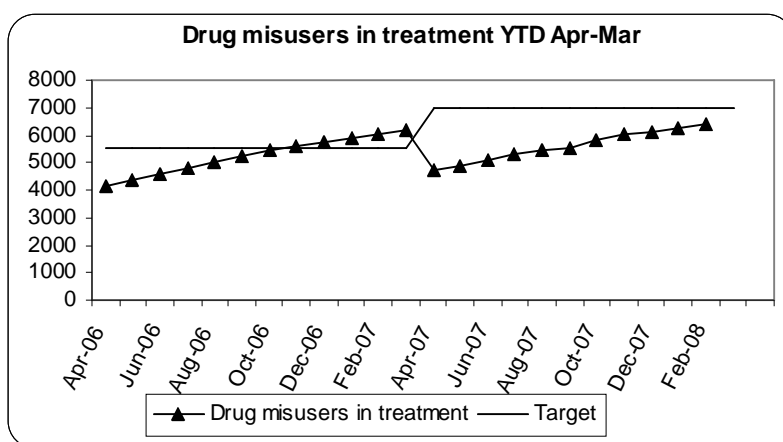
The overall performance of each target is summarised in the balanced scorecard and where there are areas of concern that are new this month, or are of serious ongoing concern, these are discussed in more detail in the main body of the report (indicated with \* on the summary).

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 we have received all of Quarter 3 data, Emergency Bed Days remains at Quarter 2.

## 2.0 New areas of concern & serious ongoing concern

### 2.1 Number of Drug Misusers in Treatment

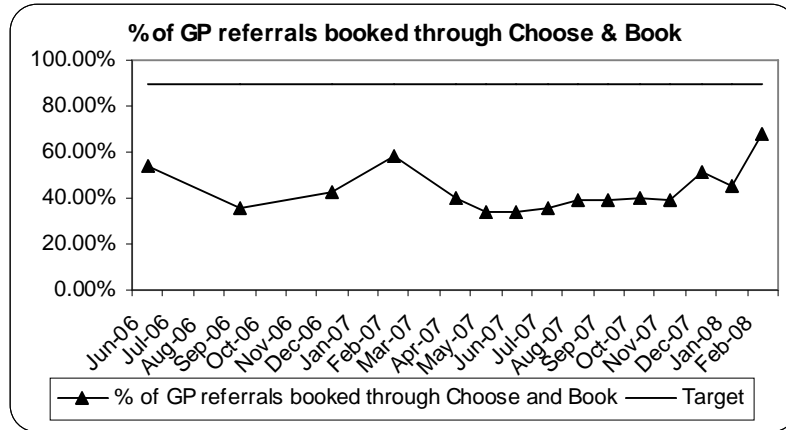
The target is to have 7000 drug misusers in treatment at the Birmingham Drug Action Team (DAT) based at Birmingham and Solihull Mental Health Trust by the end of March 2008. The figure at February stands at 6382 with projected end of year outcome currently 93%.



Work has begun on increasing capacity in the Community Drug Teams by transferring treatment stable patients into GP shared care arrangements, freeing up time to deal with newly referred patients. In areas where there are insufficient GPs to take on shared care arrangements the DAT is looking at locality treatment centres. Furthermore, action plans have been issued to all partners through Joint Commissioning Group to support achievement of the target. Work has been carried out with the Pharmacists who participate in the needle exchange scheme with a view to increasing numbers in treatment.

## 2.2 Convenience and Choice: PCT Booking

Performance dipped further from 51% in December, to 45% in January, before bouncing back to 68% in February, which is the highest point since Choose and Book began. Even so, the target of 90% of referrals being booked is a long way off and it is felt that the PCT will not achieve this by the end of March 2008. This is a position reflected across the country.



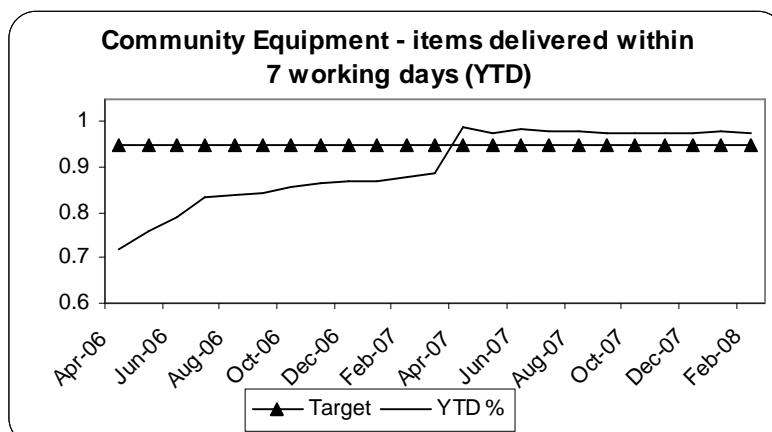
The DES runs out in February 2008 and will be replaced by a LES which has been sent to all practice with signed SLA's being returned no later than the 31<sup>st</sup> March 2008. Rewards will be for bookings only and a sliding scale of payments will be made for achieving 60% to 100% of bookings for eligible referrals. The Choose and Book team continue to visit all GP practices assessing their needs and dealing with any issues the practice's may have.

As mention in last months report, 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).

Note: Ultragenda allows hospitals to record inpatient and outpatient consultations as assist in planning of the operating rooms, imaging and other technical departments. It has multiple functions which include cross departmental searching and booking, order list and waiting lists as well as a wealth of letters and reports. It will also allow the Choose and Book system to link in allowing direct booking for patients whilst at GP Practices.

## 2.3 Community Equipment

The target is for 100% of equipment from the Equipment Loan Stores is delivered within 7 days and has done well over the financial year, however, February 2008 showed a drop to 94.9%.



The downturn in performance for this period has mainly hit the City Council where problems were encountered with suppliers during December and January. These problems have now been rectified with the expectation that the March figures will bring the PCT back into the green.

2.4 Achievement of Healthcare Commission Core and Developmental Standards

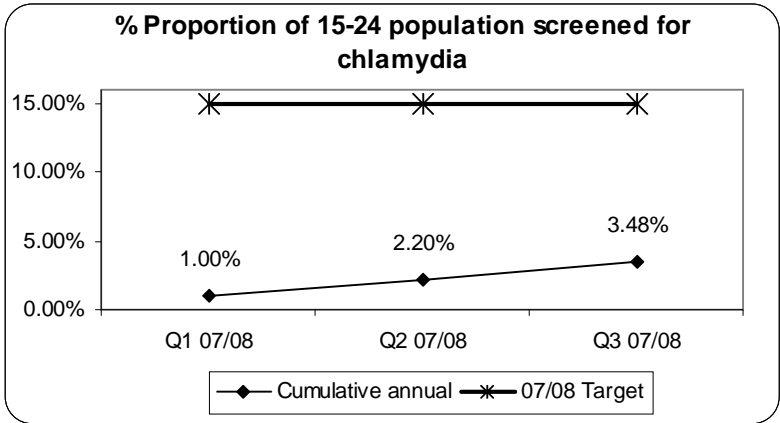
The PCT is keen to maintain the "Excellent" rating for Quality of Services awarded in October 2007. The position against this target has been reviewed for Quarter 4 and has been the subject of a separate report to this April Integrated Governance and Performance Committee. The PCT are now compliant on 38 standards compared, however have had to declare non-compliance on 2 standards and insufficient evidence on a further 2.

Improvements have been made since Quarter 3 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. (Please refer to the Core Standards Assurance Q4 2007/2008 report in Integrated Governance & Performance papers) However, we are confident this is an honest appraisal of our status at the end of Quarter 4.

3.0 Old areas of concern with no change this month

3.1 Access to Reproductive Health Services

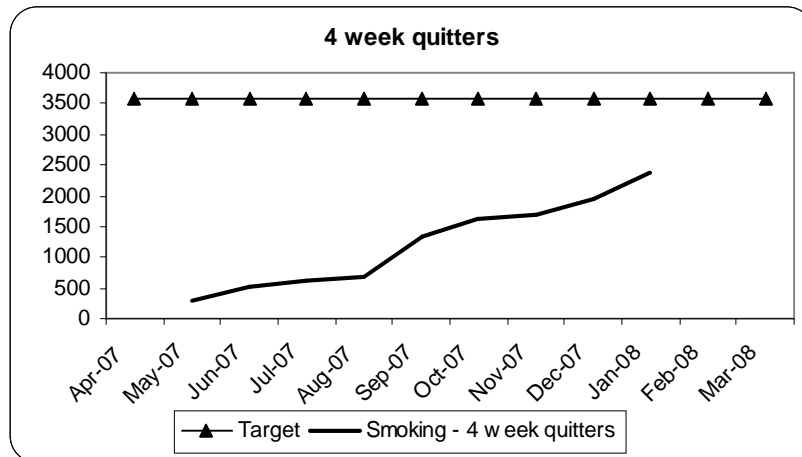
Quarter 3 showed a slight improvement but as discussed previously, the forecast for year end is that the PCT will not achieve this target at the end of March 2008.



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 the PCT will be at 4.3% for year end. There were 10,000 screens which had been carried out at GP practices for which the PCT were unable to submit due to there being no explicit patient consent, therefore being barred from using these counts. It is hopeful that this will be addressed for 2008/09 and NHS West Midlands have agreed to raise this target with the DoH. Despite the disappointing figures, Birmingham is still one of the best performing areas on this target nationally.

### 3.2 Four week smoking quitters

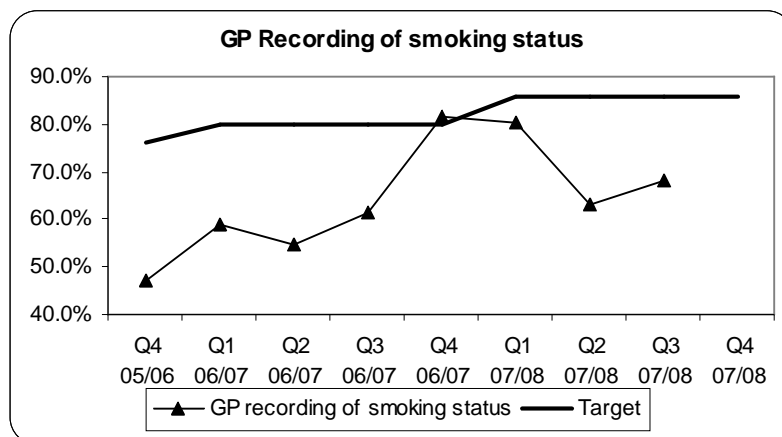
Under-performance is based on the equal distribution of the target over the four quarters. Previous data showed that the highest amount of activity occurs during Quarter 4, however data has shown a 40% drop in access in comparison to last years data. Similar trends have been experienced across the region. The Stop Smoking Service need to confirm 951 four week quitters to achieve the target of 3576 by the end of the financial year. An audit of the service has confirmed 700 quitters so far leaving a total of 250 to achieve the goal.



The team is contacting as many clients as possible to establish whether they have quit smoking and are contacting GP practices to ensure they have their data in on time. It is anticipated these actions will cover the shortfall in numbers.

### 3.3 Smoking Status aged 15-75 years of age

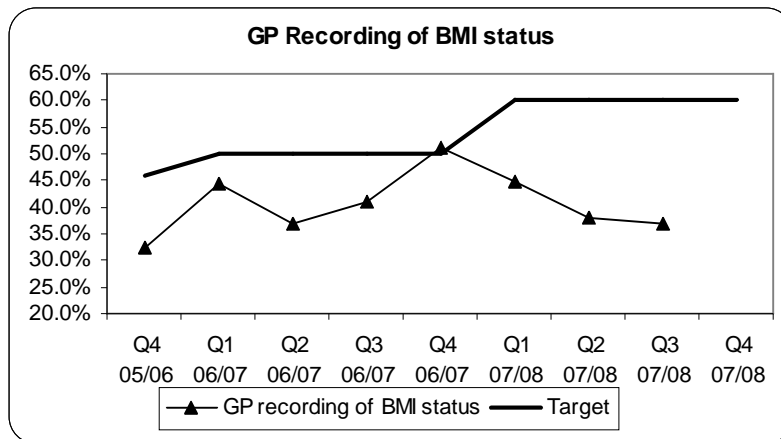
This target is for the smoking status of patients aged 15 to 75 years of age to be recorded and has been set at 80%. A slight increase has been achieved in quarter 3 bringing the PCT to 68%.



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. A Health Improvement Business Manager recently recruited will be tasked with improving this target.

### 3.4 GP Recording of BMI Status

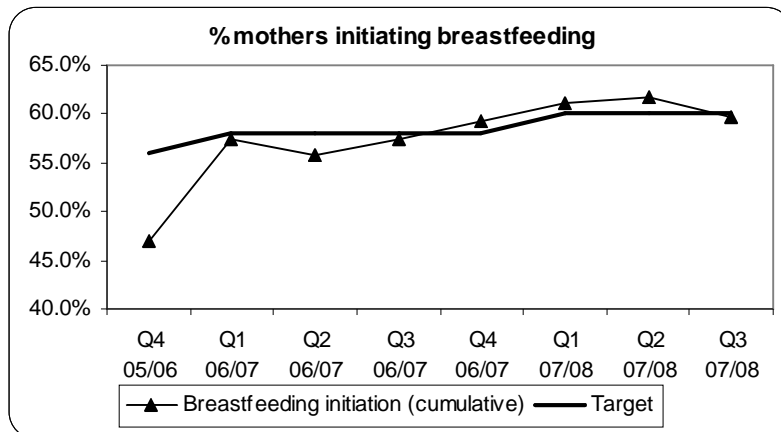
Similarly, this target is for 54% of patients aged 16 and over on a GP register to have their BMI recorded in the last 15 months.



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 the PCT are implementing a variety of initiatives including amended "About You" cards and the over 40 male screening programme, it is cautiously optimistic 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. Again the Health Improvement Business Manager will be responsible for improving this target.

### 3.5 Infant mortality: Breastfeeding initiation rates

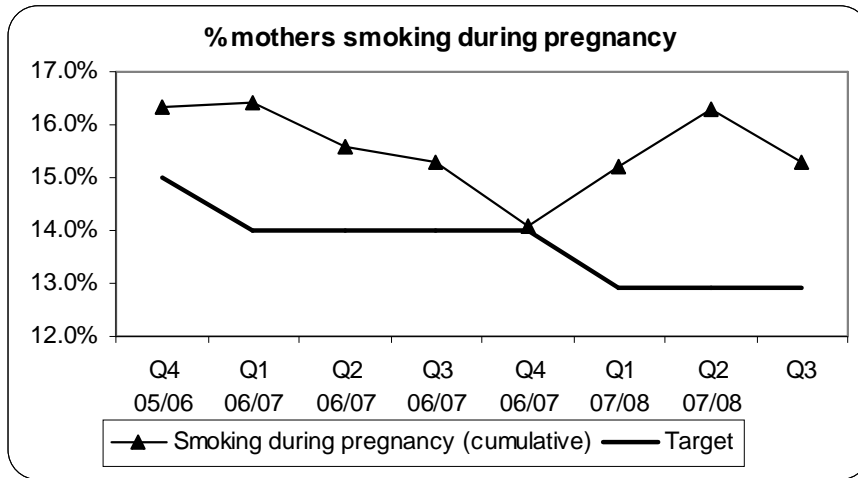
After a steady increase in the number of mothers initiating breastfeeding, rates have dropped to 59.6% just below the 60% target.



As reported in the March 2008 Performance Report, 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 and is expected in Quarter 4 returns. This should result in the achievement of this target at the end of Q4 data.

### 3.6 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.

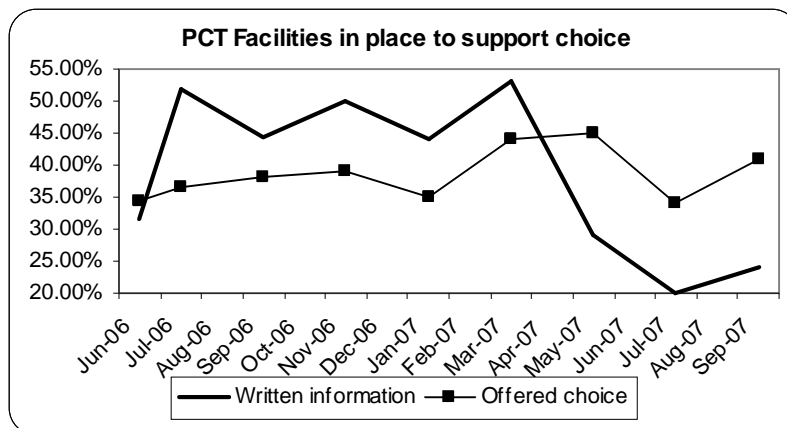


This is due to an unrealistic baseline being set in the first instance and due to the data collection issues discussed in earlier months having happened and the number of mother's now required not to be smoking is more than we know is realistic for the remainder of the year. The number of births per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

### 3.7 Facilities in place to support choice

A new local patient information leaflet has been amended and distributed to all practices across the PCT and 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. The PCT has also been put forward by the SHA to take part in a national publicity campaign about free choice which came into effect on the 1<sup>st</sup> April 2008.



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.