

Birmingham East and North Primary Care Trust

Monthly Performance Report

June 2008

June-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
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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)	Q4 (YTD)	100%	94.0%	↑	JT	
	2	Access to a PCP (not including walk-in centres)	Q4 (YTD)	100%	82.0%	↓	JT	* 2.1
	3	Ambulance: Category A calls meeting 8 minute target	Mar-08	75%	80.9%	↑	AD	
	4	Ambulance: Category A calls meeting 19 minute target	Mar-08	95%	99.8%	↑	AD	
	5	Ambulance: Category B calls meeting 19 minute target	Mar-08	95%	95.8%	↑	AD	
	6	Thrombolysis – 60 minutes call to needle time	Q4	68%	100.0%	↑	NB	
	7	Patients waiting longer than three months for revascularisation*	Mar 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	Mar 08 (YTD)	0	1	↓	AD	
	10	Cancer waiting times - 1 month	Mar 08 (YTD)	0	1	↓	AD	
	11	Cancer waiting times - 2 months	Mar 08 (YTD)	0	4	↔	AD	
	12	Number of outpatients waiting longer than the standard	Mar-08	0 (ytd)	139	↓	JT	
	13	Waiting times for all diagnostic tests	Mar-08	0	3	↑	AD	
	14	Number of inpatients waiting longer than the standard	Mar-08	0(ytd)	66	↑	JT	
	15	Delayed transfers of care	Q4 (YTD)	3.5%	3.20%	↓	RC/TN	
	16	Access to genito-urinary medicine (GUM) clinics	Mar 08 (YTD)	95% (seen) 100% (offered)	85% (seen) 99% (offered)	↑	AD	
	17	Access to reproductive health services	Q3 (YTD)	15%	3.48%	↑	AD	*2.2
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	Q4 (YTD)	80%	100.00%	↑	NB	
	19	Four week smoking quitters	Feb 08(YTD)	3,576	2,772	↑	NB	
	20	Practice Based Registers – Patients called for review	Mar-08	81%	95.90%	↑	NB	
	21	Blood Pressure	Mar-08	81%	88.10%	↑	NB	
	22	Cholesterol Levels	Mar-08	73%	83.2%	↑	NB	
	23	Practice-based registers	Mar-08	62	62	↑	NB	
	24	Smoking status aged 15-75 years	Q4 (YTD)	86%	70%	↑	NB	
	25	Emergency Bed Days	Q4 (YTD)	259,131	250,725	↑	AD	
	26	GP recording of BMI status	Q4 (YTD)	54%	37%	↔	NB	
	27	Infant mortality: breastfeeding initiation rates	Q4 (YTD)	60.0%	60.5%	↑	NB	
	28	Infant mortality: smoking during pregnancy	Q4 (YTD)	12.9%	15.1%	↓	NB	
	29	Drug misusers sustained in treatment	Mar 08 (YTD)	85%	84%	↑	AD	
	30	Number of drug misusers in treatment	Mar 08 (YTD)	7000	6545	↑	AD	*2.3
31	Number of very high intensity users	Q4	2,481	3000	↑	RC/TN		
Our communities will be the most involved informed and empowered in the country	32	MRSA infections (acute trusts)	Mar 08 (YTD)	96 (ytd)	92	↑	DW	
	33	CDiff Infections (acute trusts)	Mar 08 (YTD)	960 (ytd)	947	↑	DW	
	34	Convenience and choice: PCT booking	Mar 08 (YTD)	90%	54%	↓	AD	
	35	Convenience and choice: facilities to support choice	Sep-07	80%/80%	41%/24%	↑	AD	
	36	Community Equipment	Apr-08 (ytd)	100%	98.0%	↑	RC/TN	
	37	Community Matrons	Q4	23	23.00	↔	RC/TN	
	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)	Q4 (YTD)	100%	89.0%	↔	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	Q4	100%	93%	↔	ALL	
	42	Commissioning of crisis resolution/home treatment services	Q4 (YTD)	945 (EOY)	894	↑	AD	
	43	Commissioning of Early Intervention Services for Psychosis	Q4 (YTD)	71 (EOY)	74	↑	AD	
	44	CPA 7-day follow-up	Q4 (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 June 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 which are new to this month, or are of serious ongoing concern, these are discussed in more detail in the main body of the report. All areas reported on will be identified on the performance score card with an asterisk.

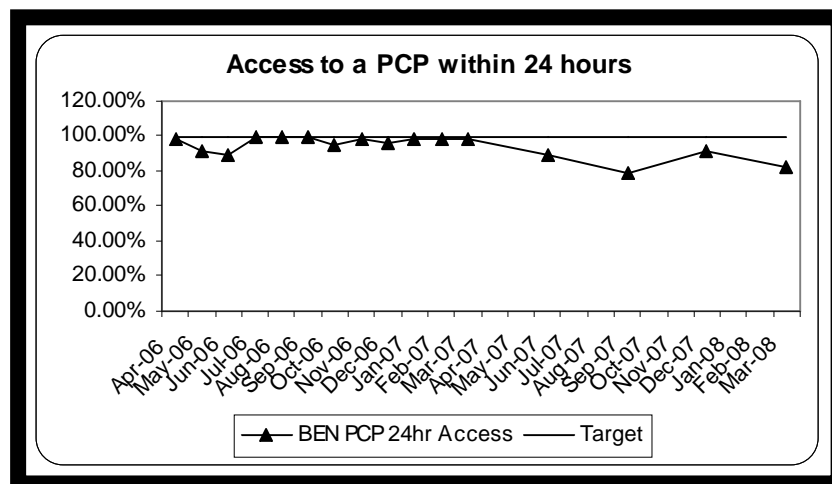
Data used to compile this report is as up-to-date as possible at the time of writing and it should be noted that some data is captured on a quarterly basis and have received all targets bar one for Quarter 4; Access to reproductive health services remains at Quarter 3.

2.0 New areas of concern & serious ongoing concern

2.1 Access to a PCP (not including walk-in centres)

The indicator for Access to a PCP is set at a 100% target and involves a quarterly PCAS (Primary Care Access Survey) poll of all GP Practices to ascertain whether they can provide an appointment with a Primary Care Professional within 24 hours. During quarter four the PCT has dropped 10% to 82%.

No:	Target	Reporting Period	Plan @ March 08	Actual	DOT	Lead
2	Access to a PCP (not including walk-in centres)	Q4 (YTD)	100%	82.0%	↓	AD

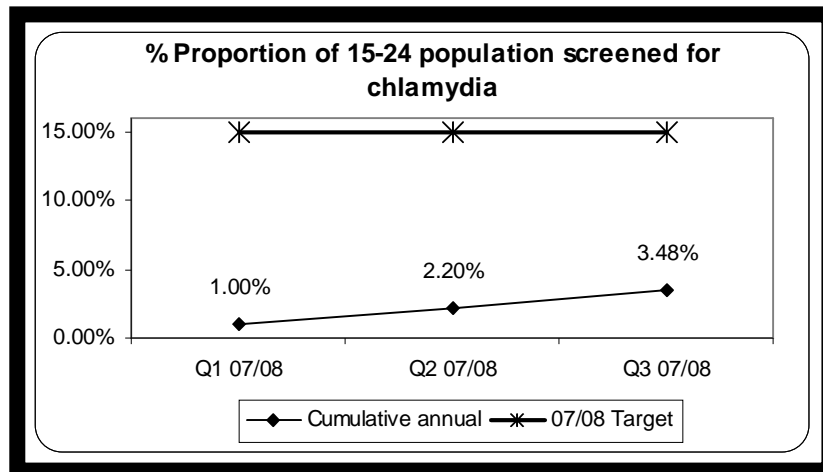


The resources directorate will be reviewing the last years data and will be contacting those practices' that consistently under-perform for this target and to look at ways in which they can improve the service they provide.

2.2 Access to reproductive health services

Currently Quarter 4 results for Chlamydia screening has been delayed and still stands at the Q3 position of 3.48% out of a 15% target.

No:	Target	Reporting Period	Plan @ March 08	Actual	DOT	Lead
17	Access to reproductive health services	Q3 (YTD)	15%	3.48%	↑	AD

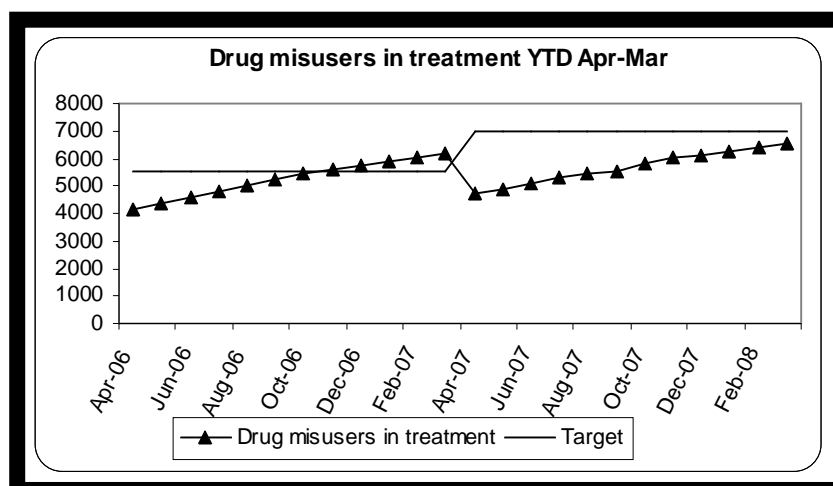


The Sexual Health and HIV strategy document has been completed and will be submitted to the PEC in June ready for consultation during July and August 2008. As discussed in previous Performance Reports, the PCT was barred from using Chlamydia screening tests carried out by organisations such as GP surgeries and therefore unable to include around 10,000 screenings towards the 15% target. The Department of Health however have relented and for 2008/09 all screens undertaken in Primary Care can be counted against the 17% target set for this financial year.

2.3 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 stands at 6545 with projected end of year outcome currently 94%.

No:	Target	Reporting Period	Plan @ March 08	Actual	DOT	Lead
30	Number of drug misusers in treatment	Mar 08 (YTD)	7000	6545	↑	AD



The Community Drug Teams have increased capacity by reviewing the way they treat stable patients by moving them into GP shared care arrangements. This allows the teams to concentrate on the newly referred chaotic patients. Where there are insufficient GPs to take on the shared care arrangements the DAT is looking at locality treatment centres. Despite the number of measures taken to improve the uptake the numbers in treatment has not been met. Further work over the next financial year will endeavour to meet the set target.

3.0 New Performance Scorecard

A new performance scorecard is being developed to encompass the existing targets and the new vital signs targets. One noticeable change to the scorecard will be the disappearance of the Direction of Travel (DOT) column which is no longer required due to the inclusion of a six month view which will show the trend over time. One final change to the scorecard is the decision to separate the monthly targets from the quarterly or bi-monthly targets which allow the scorecard to flow much better. As the number of targets which the PCT are required to monitor has grown, so has the scorecard and it is envisaged that this will lead to a 2 page document.

The graphs and charts which accompany the Performance Report have also been enhanced and revamped to give a better view of the target.

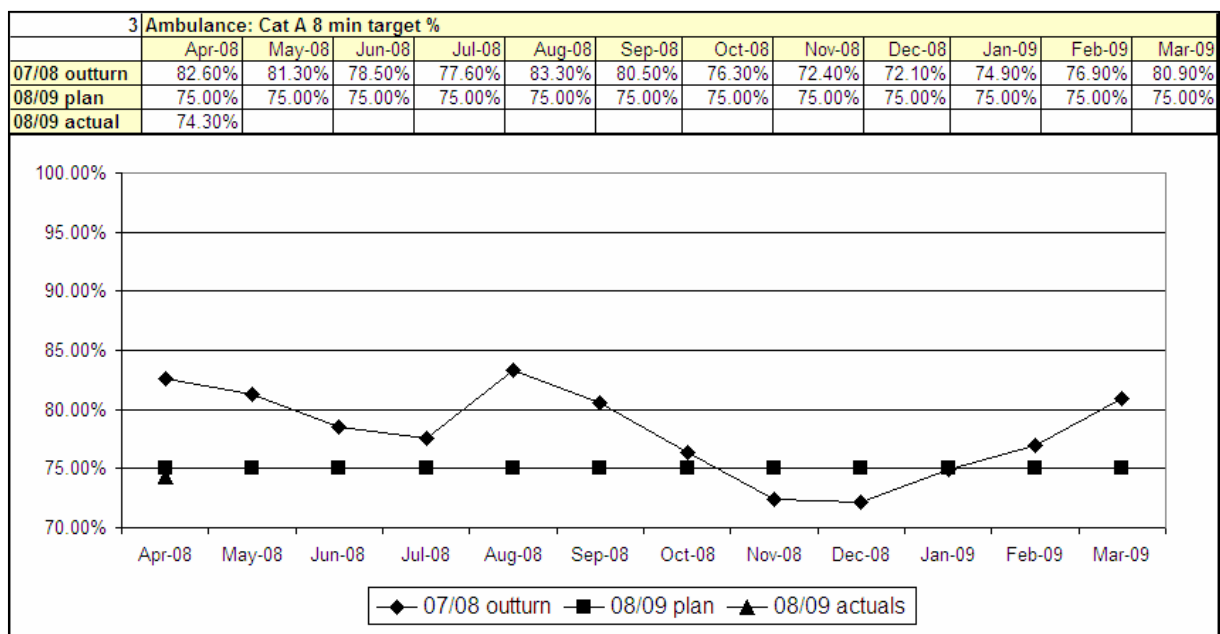
3.1 New Performance Scorecard (Monthly)

Targets	No.	TARGET	08/09 EOY plan	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Lead	Commentary
	3	Ambulance: Cat A 8 min target %	75.00%	74.30%						AD	
	4	Ambulance: Cat A 19 min target %	95.00%	99.50%						AD	
	5	Ambulance: Cat B 19 min target %	95.00%	96.40%						AD	
	7	Patients waiting longer than 3 months for revascularisation	0							AD	
	8	Total time in A&E: 4 hours or less	98.00%	98.45%							
	9	Cumulative % cancer patients seen within 2 week target	100.00%							NB	
	10	Cumulative % cancer patients seen within 1 month target	100.00%							NB	
	11	Cumulative % cancer patients seen within 2 month target	100.00%							NB	
	12	Outpatients waiting longer than 5 weeks	0							AD	
HCC & VS	13	Diagnostics waiting over 6 weeks	0	5						AD	
	14	Inpatients waiting over 11 weeks	0							AD	
	16	GUM % offered an appointment within 48 hours	100.00%	98.11%						AD	
	17	GUM % seen within 48 hours	95.00%	77.29%						AD	
HCC & VS	20	Smoking 4 week quitters	3641							NB	
	21	Patients called for diabetic review	0.00%							NB	
	22	Patients with BP 150/90 or less	0.00%							NB	
	23	Patients with cholesterol 5 mmol/l or less	0.00%							NB	
HCC & VS	29	% of drug misusers sustained in treatment	85.00%							AD	
HCC & VS	30	Number of drug misusers in treatment	0							AD	
	32	MRSA infections (health economy)	0							DW	
HCC & VS	33	CDiff infections (PCT target)	659	40						DW	
	34	Convenience and booking: PCT booking rates	90.00%							AD	
	37	% of community equipment issued within 7 days	100.00%	98.02%						TN/RC	
VS	45	% of admitted patients seen within 18 weeks	90.00%	85.81%						AD	
VS	46	% of non admitted patients seen within 18 weeks	95.00%	90.93%						AD	
VS	47	% of audiology patients treated within 18 weeks	95.00%							AD	
VS	48	Number of 1st attendances following GP referral	64438							AD	
VS	49	Number of 1st attendances following all referrals	138959							AD	
VS	50	Elective daycases and inpatients	51157							AD	
VS	51	Booked daycases and inpatients	18378							AD	
VS	52	Non elective FFCEs	40467							AD	
VS	53	15 key tests activity	100221	8656						AD	
VS	65	% of people with current HbA1c <= 7.5	60.30%							NB	
VS	66	% of practices offering extended opening hours	50.00%	4.88%	20.73%					NB	

3.2 New Performance Scorecard (Quarterly/Bi-monthly)

Targets	No.	TARGET	08/09 EOY plan	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Lead	Commentary
	1	% GP appointments within 48 hours	100.00%							JT	
	2	% PCP appointments within 48 hours	100.00%							JT	
	6	Thrombolysis - 60 min call to needle time	68.00%							AD	
VS	15	Delayed transfers of care	3.20%							TN/RC	
	18	Chlamydia screening	17.00%							AD	
	19	% of diabetic retinopathy screening	100.00%							NB	
	24	% of patients with a current smoking status	70.00%							NB	
VS	25	Number of emergency bed days to date	170013.00							AD	
	26	% of patients with a current BMI status	70.00%							NB	
	27	% of mothers initiating breastfeeding	60.00%							NB	
	28	% of mothers smoking at time of delivery	12.90%							NB	
	31	Number of very high intensity users	2481							AD	
VS	35	Convenience and booking: patients awareness of choice	80.00%							AD	
VS	36	Convenience and booking: patient confirmation of choice	80.00%							AD	
	38	Number of community matrons	23.00							TN/RC	
	39	% of complaints resolved within 25 days	100.00%							DS	
	40	HCC Standards Achievement	100.00%							LP	
	41	Crisis resolution/ home treatment services	0.00%							AD	
	42	Early intervention services for psychosis	0.00%							AD	
	43	CPA 7 day follow up	100.00%							AD	
	44	Older people's mental health: assessment	compliant							AD	
VS	54	% 1 year olds immunised for DTaP/IPV/Hib	88.00%							NB	
VS	55	% 2 year olds immunised for PCV	88.00%							NB	
VS	56	% 2 year olds immunised for Hib/MenC	88.00%							NB	
VS	57	% 2 year olds immunised for MMR	88.00%							NB	
VS	58	% 5 year olds immunised for DTaP/IPV	82.00%							NB	
VS	59	% 5 year olds immunised for MMR	92.00%							NB	
VS	60	% 12-13 yr old girls immunised for HPV	90.00%							NB	
VS	61	% 13-18 yr olds immunised with booster DTaP	82.00%							NB	
VS	62	% breastfeeding status at 6-8 weeks	85.00%							NB	
VS	63	Prevalence of breastfeeding	34.90%							NB	
VS	64	Rate of admissions for ACS conditions	390							AD	

3.3 Performance Report Graphs/Charts (Monthly)



3.4 Performance Report Graphs/Charts (Quarterly/Bi-monthly)

1% GP appointments within 48 hours				
	Q1	Q2	Q3	Q4
07/08 outturn	92.00%	94.90%	93.00%	94.00%
08/09 plan	100.00%	100.00%	100.00%	100.00%
08/09 actual				

