

Birmingham East and North Primary Care Trust

Monthly Performance Report to July Board 2008

July 2008
Monthly Performance Targets




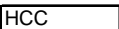
Targets	No.	TARGET	08/09 EOY plan	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Director Lead	Commentary Lead
	1	MRSA infections (health economy-cumulative)	54	5	8					DWu	
HCC	2	CDiff infections (PCT target - cumulative)	514	40	83					DWu	
HCC	3	% of admitted patients seen within 18 weeks (snapshot)	90.00%	84.38%	85.43%					AD	JB 2.1
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	91.57%	93.13%					AD	JB
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	98.27%	98.82%					AD	JB
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	74.30%	72.10%					AD	CN 2.2
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	99.50%	99.50%					AD	CN
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	98.00%	96.40%	97.30%					AD	CN 2.3
HCC	9	Total time in A&E: 4 hours or less (cumulative)	95.00%	98.40%	98.72%	98.47%				JT	RP
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0	0	0					AD	JB
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	100.00%						AD	JB
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	100.00%						AD	JB
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	98.21%						AD	JB
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	211	293					JT	RP
	15	Diagnostics waiting over 6 weeks (snapshot)	0	5	1					JT	RP 2.4
	16	Inpatients waiting over 11 weeks (snapshot)	0	94	101					JT	RP 2.6
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	98.11%	99.48%					AD	DWa 2.7
HCC	18	GUM % seen within 48 hours (snapshot)	95.00%	77.29%	81.79%					AD	DWa 2.8
HCC	19	Smoking 4 week quitters (cumulative)	3641	150						NB	PB 2.9
HCC	21	Number of drug misusers in treatment	5560							AD	DWa
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	63.66%	62.57%					AD	JB 2.10
	24	Number of 1st attendances following GP referral (cumulative)	64438	5390	11270					JT	RP
	25	Number of 1st attendances following all referrals (cumulative)	138959	11359						JT	RP
	26	Elective daycases and inpatients (cumulative)	32779	4810	7645					JT	RP 2.11
	27	Booked daycases and inpatients (cumulative)	18378	1613	3109					JT	RP 2.12
	28	Non elective FFCEs (cumulative)	40467	3488	6969					JT	RP 2.13
	29	15 key tests activity (cumulative)	100221	8656	16526					JT	RP 2.5
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%							NB	SK
	31	% of practices offering extended opening hours (snapshot)	50.00%	4.88%	20.73%	26.83%				JT	DM

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

Lead Key			
AD	Andy Donald	JT	Jonathan Tringham
CN	Caroline Nolan	NB	Nicola Benghe
DM	Donna McArthur	PB	Pauline Beale
DWu	Doug Wulff	RP	Robert Pickup
DWa	David Walker	SK	Saj Kahrod
JB	Jenny Belza		

July 2008 - Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Director Lead	Commentary Lead
HCC	32	% GP appointments within 48 hours (snapshot)	100.00%							JT	DM
HCC	33	% PCP appointments within 48 hours (snapshot)	100.00%							JT	DM
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%							AD	CN
HCC	35	Delayed transfers of care % (snapshot)	3.20%							AD	SM
HCC	36	Chlamydia screening (cumulative)	17.00%							AD	DWa
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%							NB	SK
	38	Number of emergency bed days (cumulative)	170,013							AD	CN
	39	Convenience and booking: patients awareness of choice (snapshot)	50.00%							AD	JB
	40	Convenience and booking: patient confirmation of choice (snapshot)	90.00%							AD	JB
HCC	41	HCC Standards Achievement (snapshot)	100.00%							LP	RM
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%							NB	LL
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%							NB	LL
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%							NB	LL
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%							NB	LL
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%							NB	LL
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%							NB	LL
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	90.00%							NB	LL
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%							NB	LL
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%							NB	JS
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%							NB	JS
	52	Rate of admissions for ACS conditions (snapshot)	1,560.00							AD	CR
HCC	53	CAMHS - arrangements to ensure 24 hour cover: level 1-4 (snapshot)	3			3				AD	WS
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3			3				AD	WS
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4			4				AD	WS
HCC	56	Full range of CAMHS early intervention services (snapshot)	3			4				AD	WS
HCC	57	Proportion of people who spend at least 90% of their time on a stroke unit (snapshot)	70.00%							AD	GW
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%							AD	GW
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%							AD	WS

KEY	
	=national Vital Signs target
	=national Vital Signs target with local flexibility
	=local Vital Signs target
	=Healthcare Commission target

LEAD			
AD	Andy Donald	JT	Jonathan Tringham
CN	Caroline Nolan	LL	Lynne Laine
CR	Corrine Ralph	LP	Louise Pritchard
DM	Donna McArthur	NB	Nicola Benge
DWa	David Walker	RM	Rosey Monaghan
GW	Glen Warren	SK	Saj Kahrod
JB	Jenny Belza	SM	Shirley Mallon
JS	Jewant Singh	WS	Waheed Saleem

Birmingham East and North PCT July 2008 Performance Report

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.

This is the first time that this new scorecard has been used in the PCT Board report. Performance scores against target will be marked 'green' if the score is achieved or exceeded. Performance scores against target will be marked 'red' if the level of performance planned is not achieved. There is no 'amber' score. The overall performance against each target is summarised in the scorecard. If a target is not achieved in month or as a continuing concern, it will be marked red. The final column of the scorecard indicates that there is a narrative and graphic representation which allows greater insight into the issue and what corrective action is being taken. This is completed by the relevant lead and the responsible director is also identified.

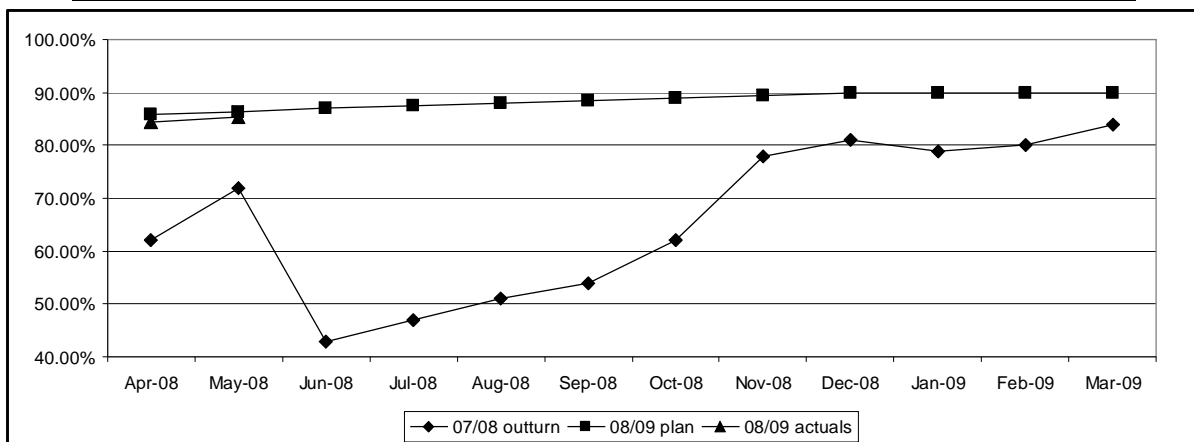
It should be noted that some columns have not been completed. This is because data is not available to the PCT in time for reporting. Some data sets are available within days of month end, whilst others take weeks. The Board can be assured that the data supplied on these reports are validated data and are entered onto the report as soon they become available.

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.

2.0 New areas of concern & serious ongoing concern

2.1 % of admitted patients seen within 18 weeks

No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
3	% of admitted patients seen within 18 weeks	90.00%	84.38%	85.43%	AD

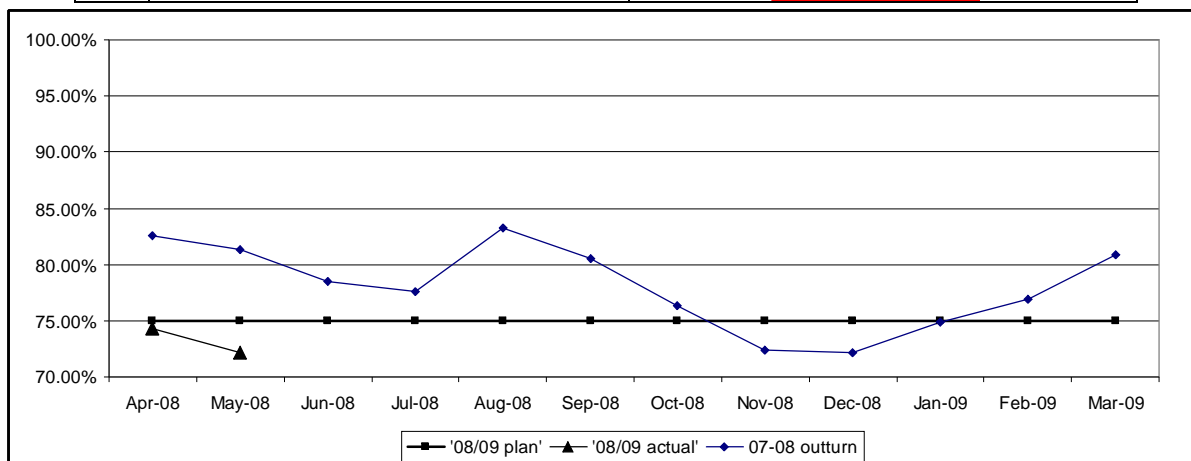


There are reported variations across specialities with Orthopaedics facing specific challenges. To ensure compliance, the PCT is currently awaiting a detailed action plan from Heart of England Foundation Trust by speciality. Data completeness is being addressed and the current patient backlog is being validated. HoEFT is currently undertaking a DH pilot for communicating to patients around 18-

weeks. Patient information is being produced to reduce patient DNA rates and increase the number of patients understanding of the 18-week journey.

2.2 Ambulance: Cat A 8 min target %

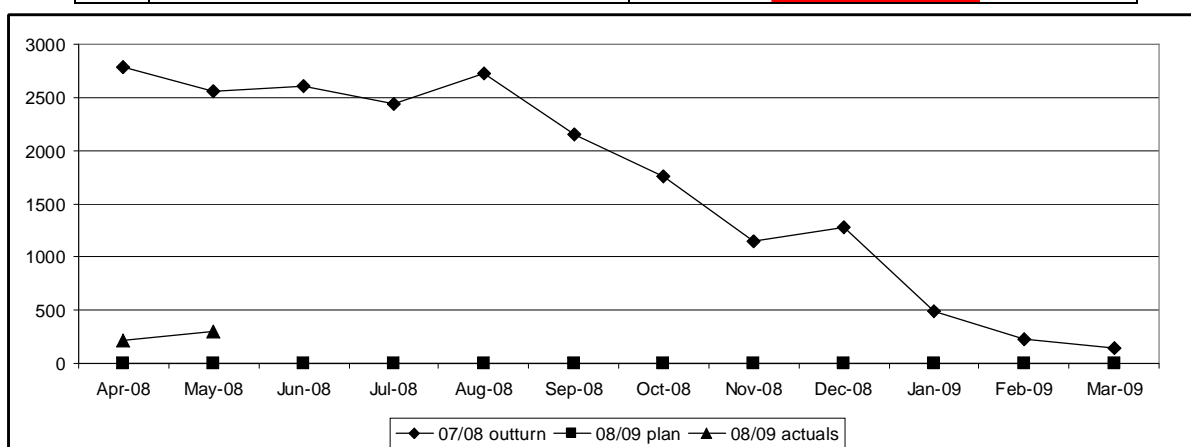
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
6	Ambulance: Cat A 8 min target %	75.00%	74.30%	72.10%	AD



A target of 75% was set for all category A calls to be responded to within 8 minutes. WMAS has achieved their target across the region achieving 79.1%. West Midlands Ambulance Service report that the target was missed by 0.7% in April and 2.9% in May in the BEN PCT area. This has been reportedly due to changes in resource allocation across localities associated with the merger of the service. WMAS recognise that they have an imbalance in some areas of rapid response staff operating close enough to reach category A patients within the 8 minute target. WMAS have assured commissioners they are going to rectify this through movement of resources.

2.3 Outpatients waiting longer than 5 weeks

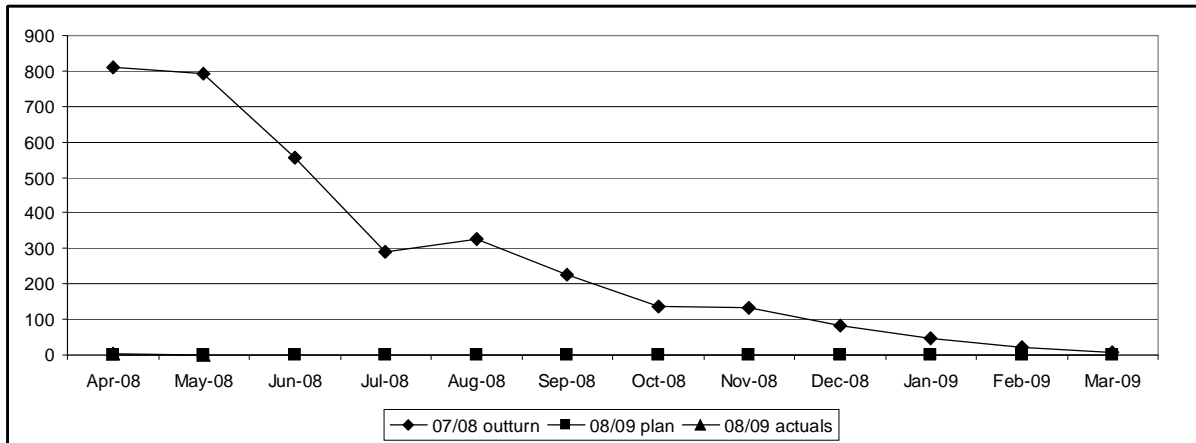
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
14	Outpatients waiting longer than 5 weeks	0	211	293	JT



The number of people waiting for outpatient appointments increased during May. Heart of England has been asked for action plans by speciality for areas with the greatest challenges setting out how referral to treatment times will be met.

2.4 Diagnostics waiting over 6 weeks

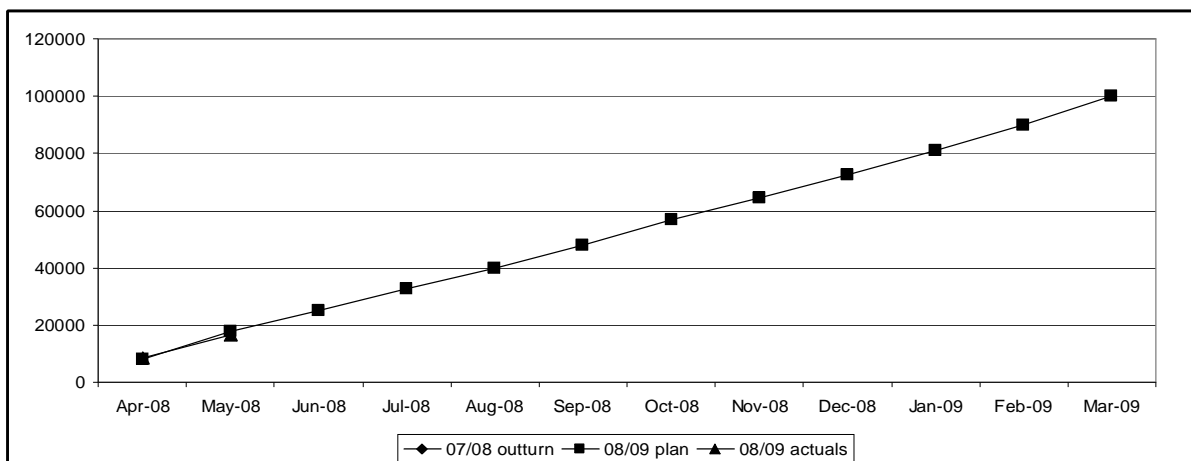
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
15	Diagnostics waiting over 6 weeks	0	5	1	JT



May data continues to show waiting times and the volume of patients waiting falling with only one patient waiting over 6 weeks at Sandwell and West Birmingham. HoEFT has been asked for the latest validation position with an action plan for achieving and sustaining an acceptable level of activity.

2.4 15 key tests activity

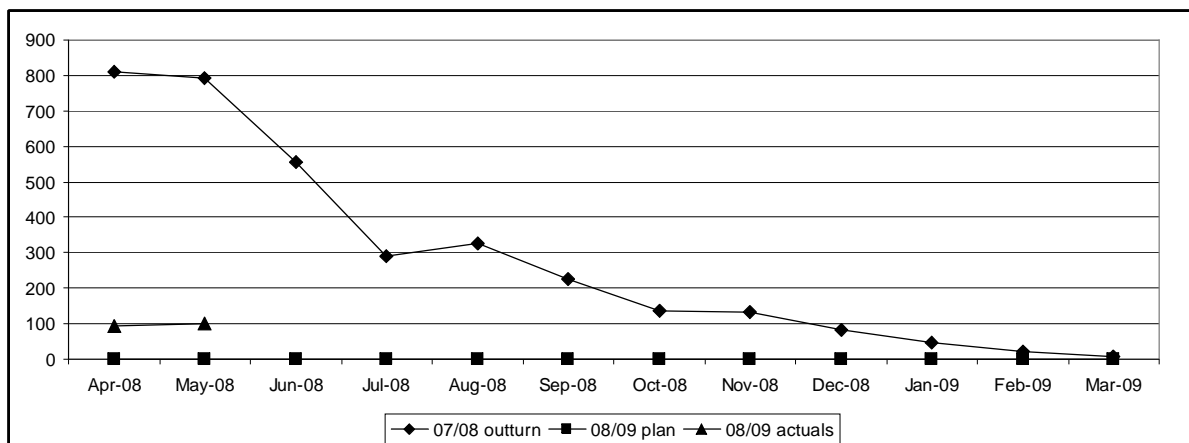
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
29	15 key tests activity	100221	8656	16526	JT



The data for May shows that waiting times and the volume of patients waiting for all of the 15 key diagnostic tests continues to fall. Audiology waiting times have continued to fall and a new patient pathway is being developed to be piloted in the community. The provision of community diagnostic facilities is also being explored. The non-admitted backlog has also been increased with around 25% of patients seen in outpatients joining the admitted pathways.

2.6 Inpatients waiting over 11 weeks

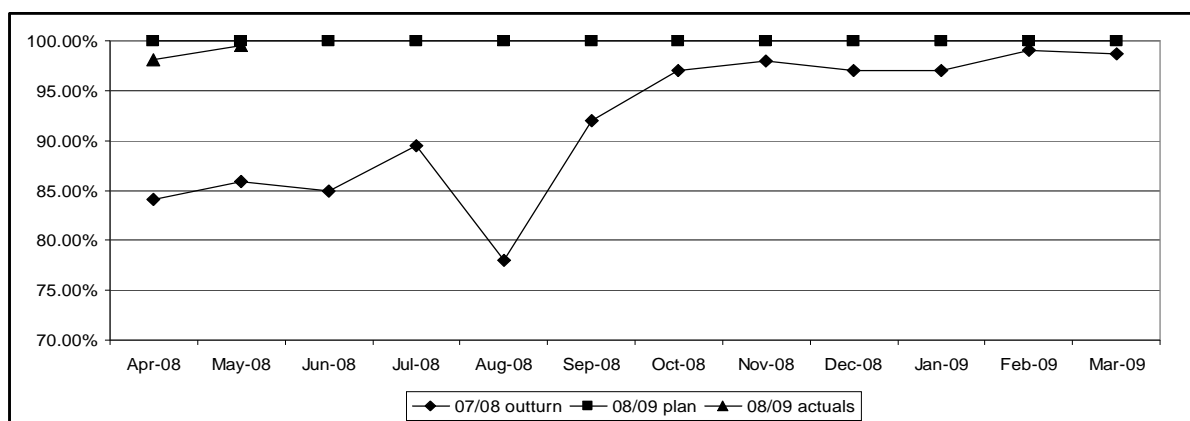
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
16	Inpatients waiting over 11 weeks	0	94	101	JT



The number of patients waiting over 11 weeks dropped in April but increased slightly during May. As with the Outpatient waiting times, action plans have been requested by speciality for those areas with the greatest challenge meeting the referral to treatment times.

2.7 GUM % offered an appointment within 48 hours

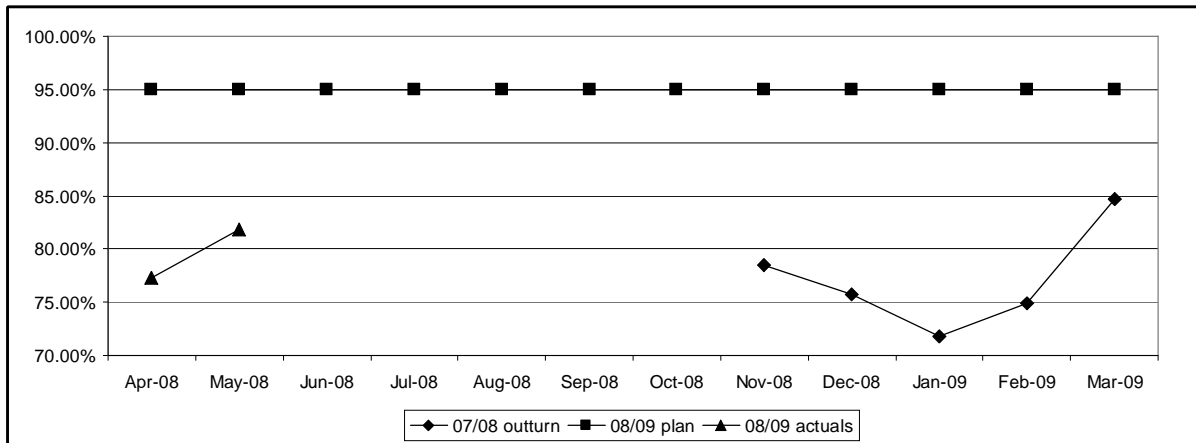
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
17	GUM % offered an appointment within 48 hrs	100.00%	98.11%	99.48%	AD



As reported last month, discussions were ongoing with providers and action plans submitted to increase the numbers offered an appointment; this has been apparent in May where the indicator has increased somewhat. There has been much speculation about whether the Department of Health will define a breach tolerance for the 'offered' element and the DH continues to study the recent performance and make an announcement in due course.

2.8 GUM % seen within 48 hours

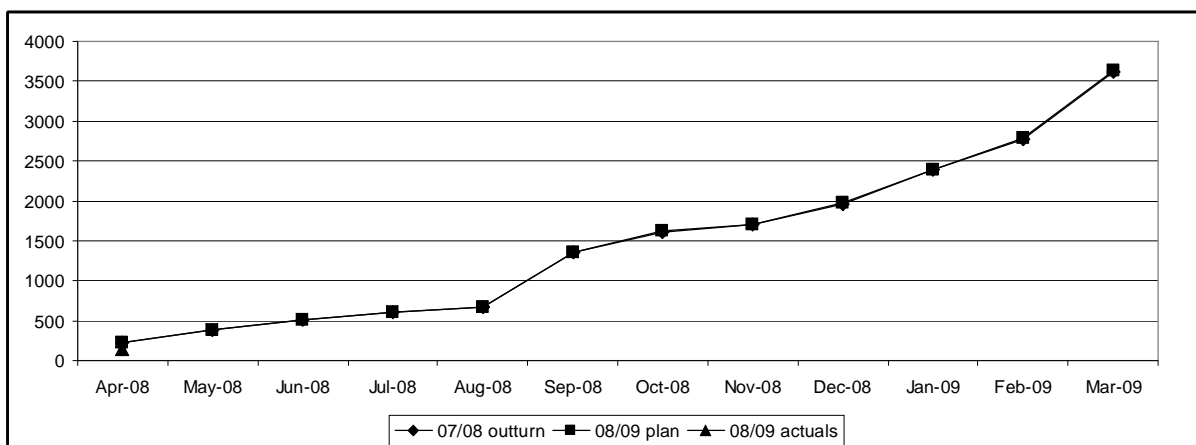
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
18	GUM % seen within 48 hrs	95.00%	77.29%	81.79%	AD



As reported last month, discussions were ongoing with providers and action plans submitted to increase the numbers seen for an appointment; this has been apparent in May where the indicator has increased somewhat. There has been much speculation about whether the Department of Health will relax the expectations on the 'seen' element of the target in the near future and the DH continues to study the recent performance and make an announcement in due course.

2.9 Smoking 4 week quitters

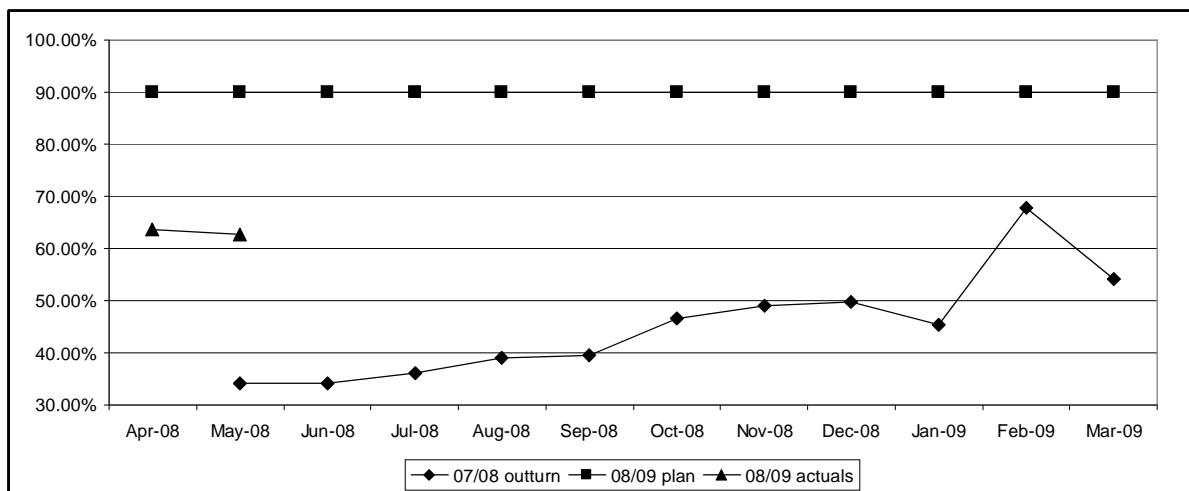
No:	Target	Plan @ Mar 2008	Apr 08	Lead
19	Smoking 4 week quitters	3641	150	NB



The Stop Smoking Team is constantly working with the GP Surgeries and Pharmacists who are contracted to carry out a Stop Smoking Service with the PCT. The PCT have contracts with 40-50 Pharmacies and around 65 GP practices to carry out this service and routinely chase up data to increase the 4-week quitter rate.

2.10 Convenience and booking: PCT booking rates

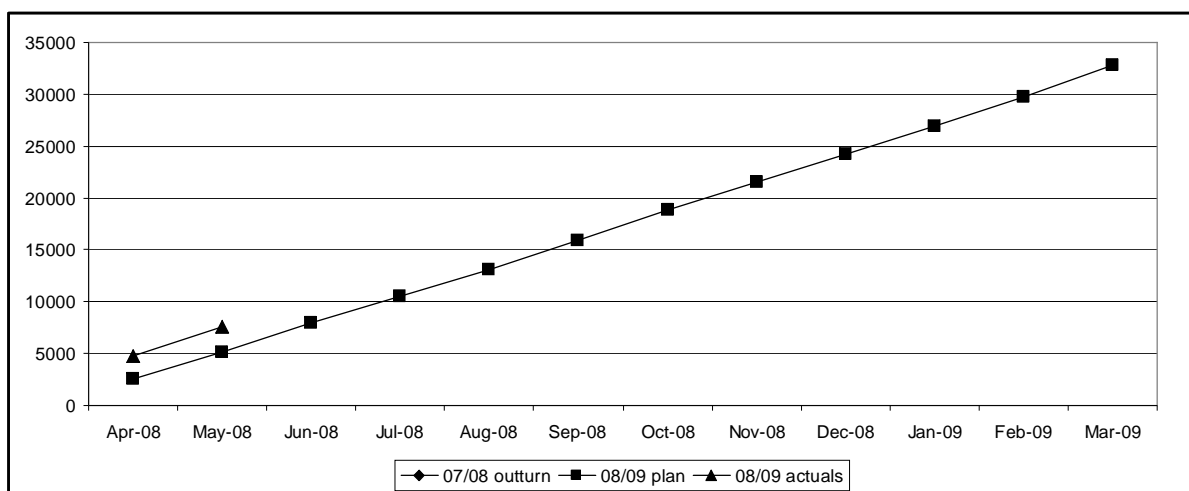
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
22	Convenience and booking: PCT booking rates	90.00%	63.66%	62.57%	AD



The target for Convenience and Booking is set at 90% of referrals which have a booked appointment. Between April and May there has been a drop of 1%. The Choose and Book team continue to visit all GP practices to assess their requirements to facilitate bookings and are dealing with any issue that may arise. The Choose and Book lead has been attending all of the locality board meetings to discuss the progress, issues and support arrangements that are available to the practices. A major publicity campaign for patients is also being planned to raise awareness of the Choose and Booking scheme. This will involve poster ad campaigns on buses, bus shelters and billboards across the PCT area.

2.11 Elective daycases and inpatients (JT)

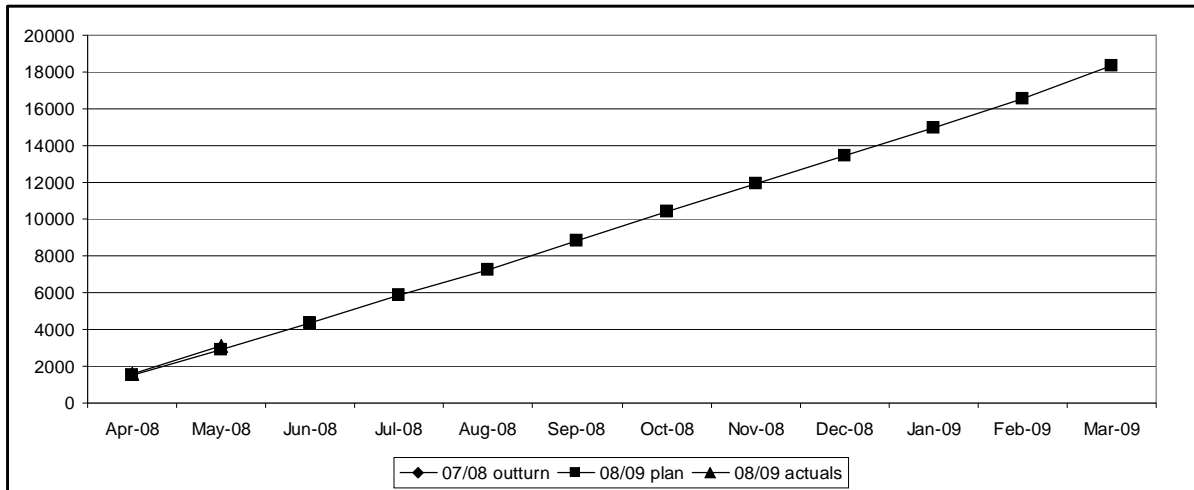
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
26	Elective daycases and inpatients	32779	4810	7645	JT



Due to a change in Director lead, it has not been possible to arrange for commentary for the above target.

2.12 Booked daycases and inpatients (JT)

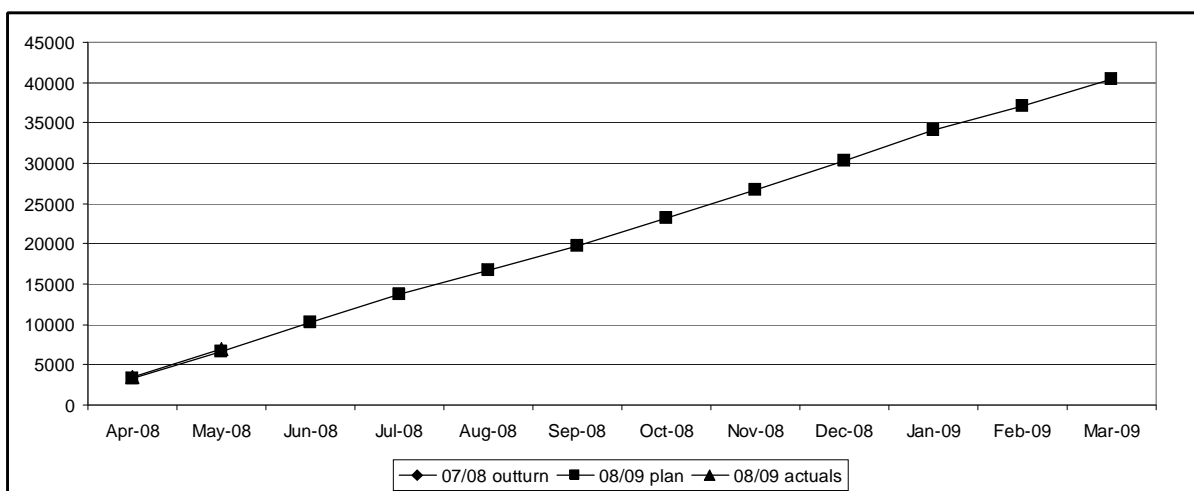
No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
27	Booked daycases and inpatients	18378	1613	3109	JT



Due to a change in Director lead, it has not been possible to arrange for commentary for the above target.

2.13 Non elective FFCEs (JT)

No:	Target	Plan @ Mar 2008	Apr 08	May 08	Lead
28	Non elective FFCEs	40467	3488	6969	JT



Due to a change in Director lead, it has not been possible to arrange for commentary for the above target.