

WORLD CLASS COMMISSIONING ASSURANCE METRICS

This paper summarises the recent activity to select World Class Commissioning Assurance metrics for BEN PCT. The process takes into account the fact that the government priorities will remain in strong focus during the assurance process. Therefore, while they remain a de facto priority, the following metrics will not be put forward specifically for WCC assurance:

- MRSA
- Clostridium Difficile
- Patient Access
- 18 Weeks

In addition, the following 2 metrics are mandated at the national level for the WCC assurance process:

- Health Inequalities
- Life Expectancy

The metrics below were short listed after an initial review of the Department of Health PowerPoint data:

- 1 Infant mortality
- 3 Low Birth weight under 2500gms
- 4 Under 18 conception rate
- 5 Infants breastfeeding
- 6 Smoking in Pregnancy
- 9 proportion of children who complete MMR immunisation by 2nd birthday (VSB10)
- 10 Proportion of children who complete MMR immunisation (1st and 2nd dose) by their 5th birthday (VSB10)
- 11 Proportion of children who complete DTP immunisation by their 5th birthday (VSB10)
- 16 Smoking quitters (VSB05)
- 21 Cancer mortality rate (VSB03)
- 22 Proportion of women aged 53-64 offered screening for breast cancer (VSA09)
- 32 Stroke death within 30 days
- 33 Percentage of stroke admissions given a brain scan within 24 hours (VSA14)
- 35 Delayed transfer of care (VSC10)
- 38 Clostridium difficile infection rate (VSA03)
- 46 CVD mortality (VSB02)

Further discussions identified the following subset:

- 4 Under 18 conceptions- this is a shared Local Area Agreement target. Under 18 conceptions in BENPCT are high, and would be appropriate to work on with the strategic partners.
- 10 Proportion of children who complete MMR immunisation by 2nd birthday (VSB10). Promoting the health of children and protecting infectious disease transmission has the widespread effect of developing herd immunity.
- 16 Smoking quitters (VSB05). There is a high prevalence of smokers in the certain parts of the PCT area. Quitting smoking is the most effective way of reducing future development of chronic diseases including CVD, respiratory disease and CHD. It would significantly help reduce health inequalities.

- 38 Clostridium Difficile infection rate (VSA03). Clostridium Difficile is currently under national scrutiny to a high level. Much of the work to reduce Clostridium Difficile infection can be carried out in community services. The health economy –wide action plan recently developed, would be tested to achieve a positive outcome.
- 33 Percentage of stroke admissions given a brain scan within 24 hours (VSA14). Only 38% of patients admitted with suspected stroke receive a scan within 24 hours confirming diagnosis. . This would be a simple measure which links to death within 30 days, which is a LAA target.
- 35 Delayed transfer of care. This is an LAA target as well as a vital sign. It also aligns well with the end of life strategy and the intermediate care strategy. It would be a good opportunity to look at commissioning services and increased investment.

Meetings between the Directors of Health Improvement nominated the following as candidate metrics for WCC:

- 1 Infant mortality
- 5 Infants breastfed at 6-8 weeks
- 16 Smoking Quitters
- 22 Breast screening
- 51 CHD controlled cholesterol

The Directors of Commissioning also met and proposed the following metrics:

- 27 & 28 18 weeks (RTT admitted & non-admitted pathways)
- 35 Delayed discharge
- 53 Palliative care prevalence

Taking all of the above into account, further analysis was undertaken to look at how the WCC metrics aligned with the Trust's stated strategic goals and core purpose. The results of this are outlined in the table below, including a summary of reason for selection.

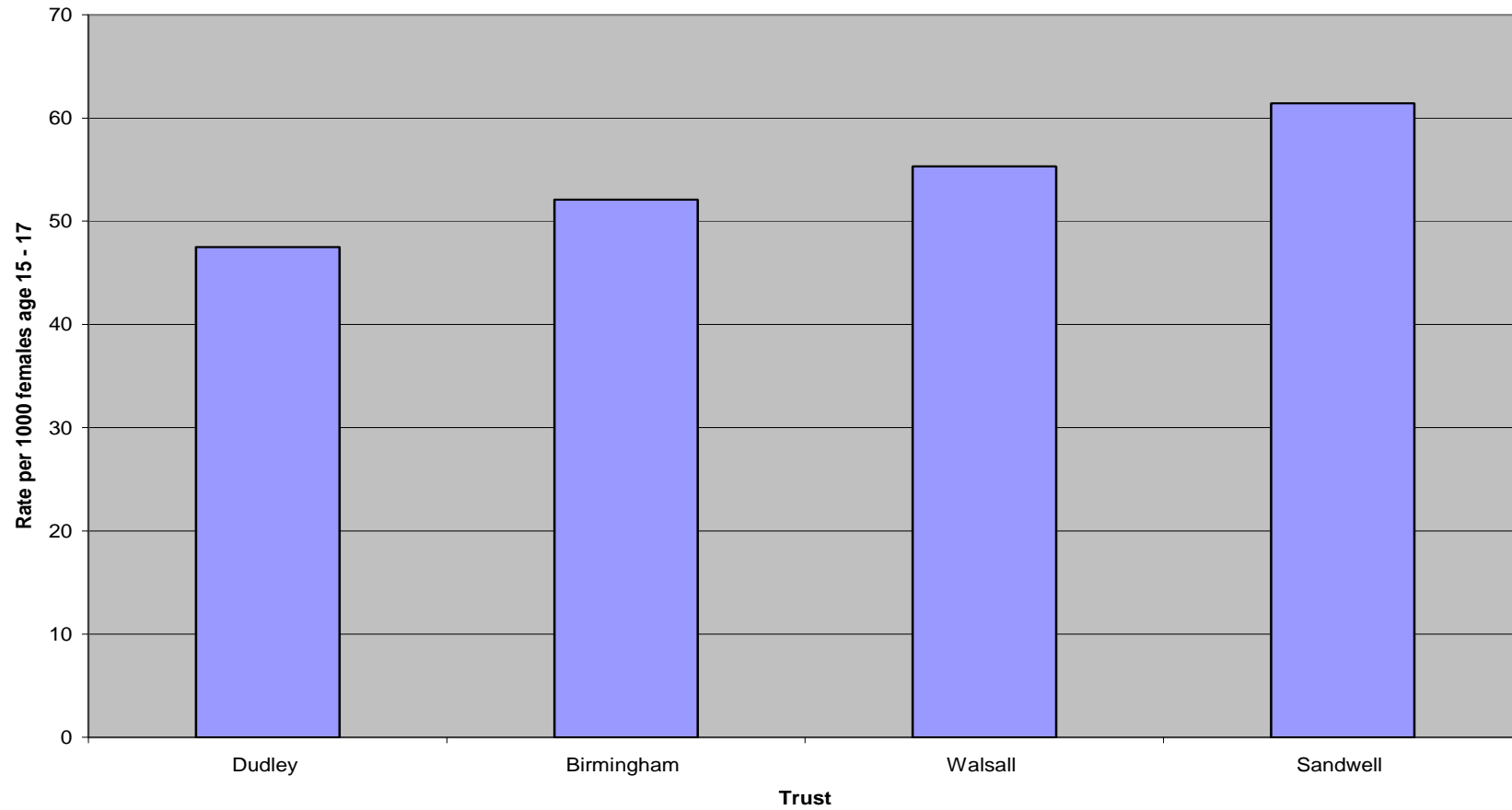
Figure 1: Proposed Metrics

Metric	Metric definition	Vital Sign Ref	BEN Core Purpose / Goals				Alignmt With BEN Goals	Rationale
			Empl. / Partner of	No Waiting	10 More Years	Empowered Community		
- Health inequalities	Average IMD (Deprivation index) score	TBC	H1	H1	H1	H1	CRITICAL	Mandatory
- Life expectancy	Life expectancy at time of birth, years	TBC	H1	H1	H1	H1	CRITICAL	Mandatory
4 Under 18 conception rate	Teenage conception rate per 1000 females, aged 15 to 17	VSB08	H1	M1	H1	H1	HIGH	This is a shared Local Area Agreement target. Under 18 conceptions in BENPCT (Birmingham) are high 52.1 in 2003-5 compared to SHA average of 39.5 for same period. Also has improved less than average in the same timeframe (-0.1 vs. -0.6 for SHA). This metric would also demonstrate the Trust's capabilities in working with partners.
5 Infants breastfed	Percentage of infants breastfed at 6-8 weeks	VSB11	H3	H3	H2	H2	HIGH	A review of the most recent available data confirms that there is an opportunity for BEN to make a significant improvement in this key area of child health. Confirmed that the Health Visitor would record this information in the Child Health System during a visit at 6-8 weeks. Confirmed also that this practice has been in place for at least 10 years, and therefore data is readily available .
16 Smoking quitters	Rate per 100,000 population aged 16 and over	VSB05	H1	H3	H1	H1	CRITICAL	BEN at 1160.39 compared to average of 969.99 for other 7 centres with industry-B demography. Smoking cessation is also a partnership priority under LAA. There is a high prevalence of smokers in some localities, and therefore a big opportunity to leverage the PRIME Programme to demonstrate world class partnering.
33 Percentage of stroke admissions given a brain scan within 24 hours	Percentage of stroke admissions given a brain scan within 24 hours	VSA14	H3	H1	H1	H2	HIGH	Only 38% of patients admitted with suspected stroke receive a scan within 24 hours confirming diagnosis. This would be a simple measure which links to death within 30 days (which is a LAA target)

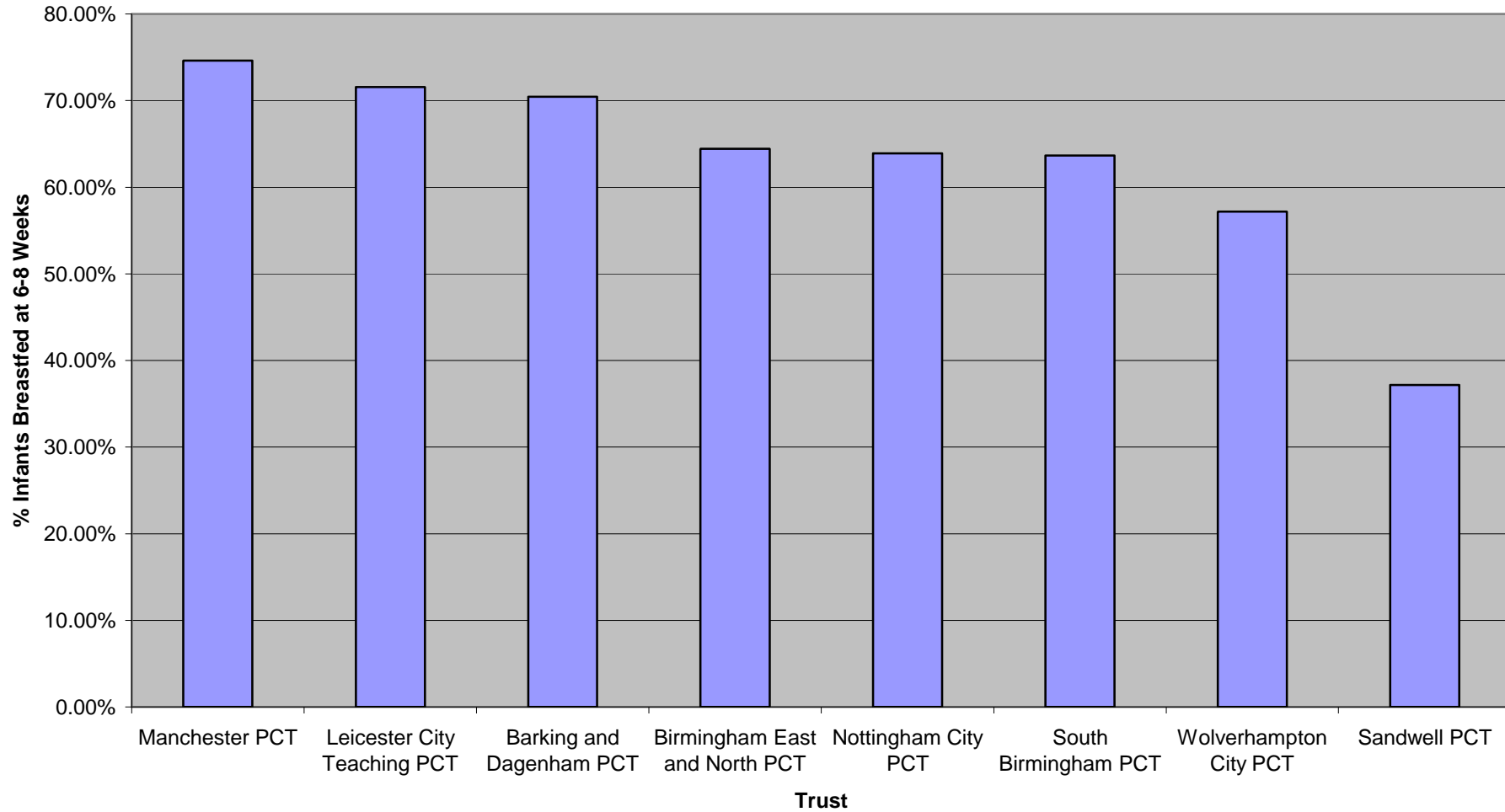
	Metric	Metric definition	Vital Sign Ref	BEN Core Purpose / Goals				Alignmt With BEN Goals	Rationale
				Empl. / Partner of	No Waiting	10 More Years	Empowered Community		
35	Delayed transfer of care	Percentage of cases delayed of delayed transfer of care per 100,000 population (age 18 and over)	VSC10	H1	H1	H3	M2	HIGH	This is an LAA target as well as a vital sign. It also aligns well with the end of life strategy and the intermediate care strategy. It would be a good opportunity to look at commissioning services and increased investment.
47	CHD Management in Primary Care	QOF Indicators		H1	H2	H1	H2	CRITICAL	CHD Mortality rate in BEN is well above the national average. This metric will provide the Trust with a means of bringing greater focus on the proactive management of high risk people in the primary care environment
54	Percentage of all deaths that occur at home	Percentage of all deaths that occur at home as reported by Primary Care Organisation	VSC15	H1	H2	M1	H1	HIGH	This metric is pivotal to the personalisation of care and promotion of patient choice. Over 60% of people when polled express a desire to choose their place of death, and despite good level of EOL services the rating is low in BEN are. This will allow BEN to demonstrate world class partnership credentials by working with BCC, SB, HoB to offer EOL choices that free up capacity in the system
55	Patient reported satisfaction with GP Access	Number asked who were satisfied with access to GP	VSA06	H2	H1	H2	H1	CRITICAL	This metric reflect the Trust's prioritisation of patient access and will provide an opportunity to demonstrate world class performance at one of the the key points of access to primary care

Appendix 1 – Benchmark Graphs

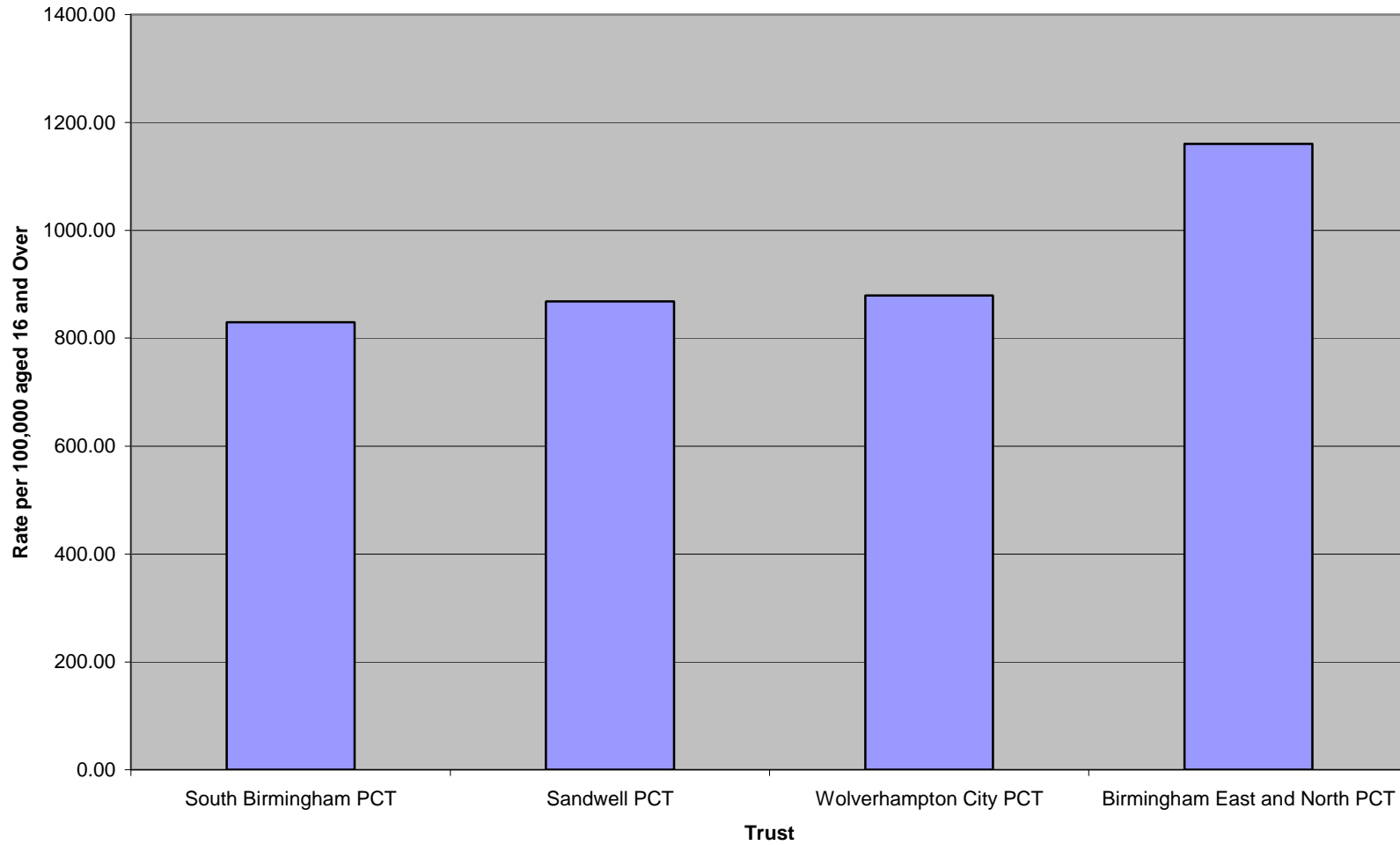
Teenage Pregnancy



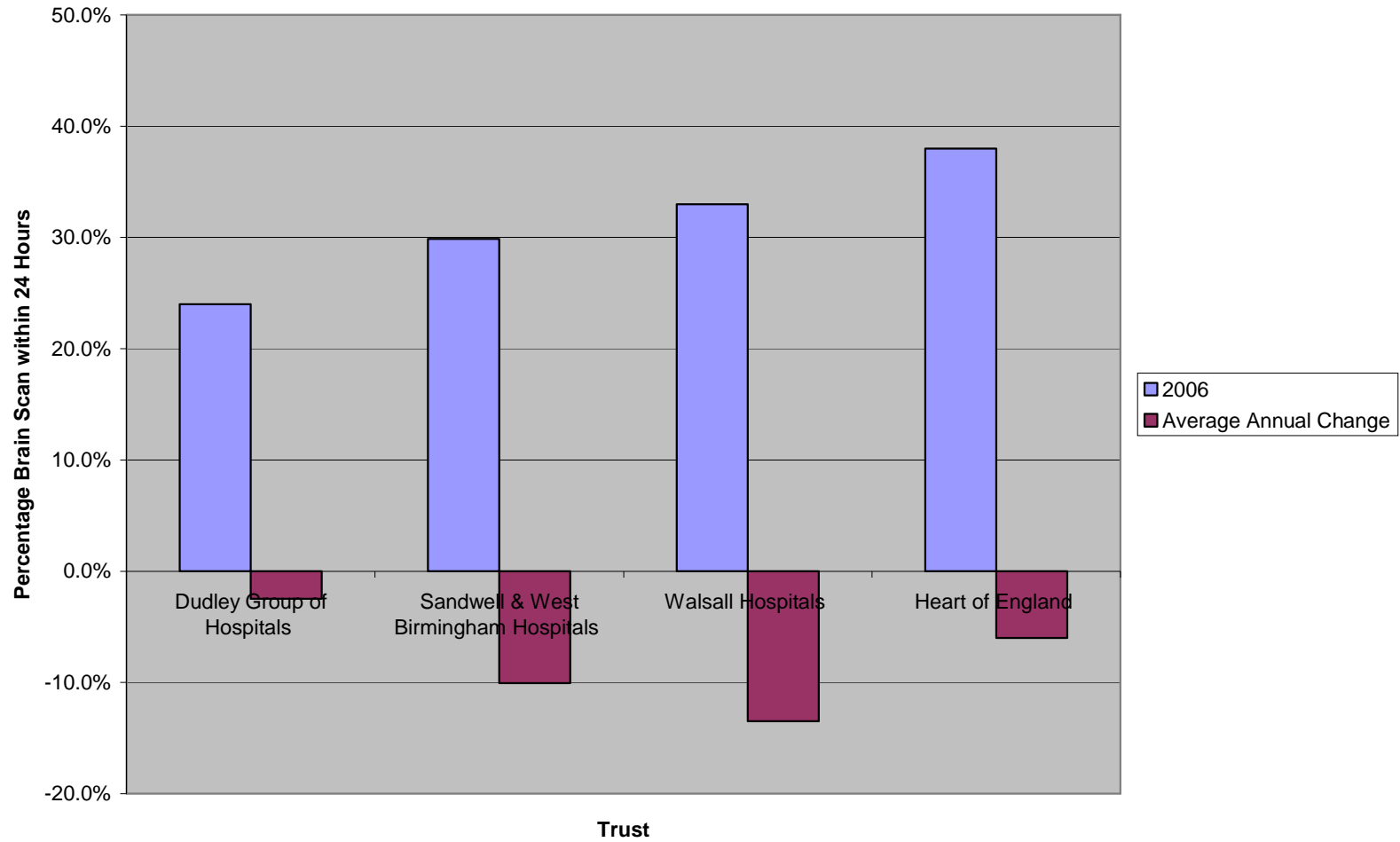
Breast Feeding at 6-8 Weeks



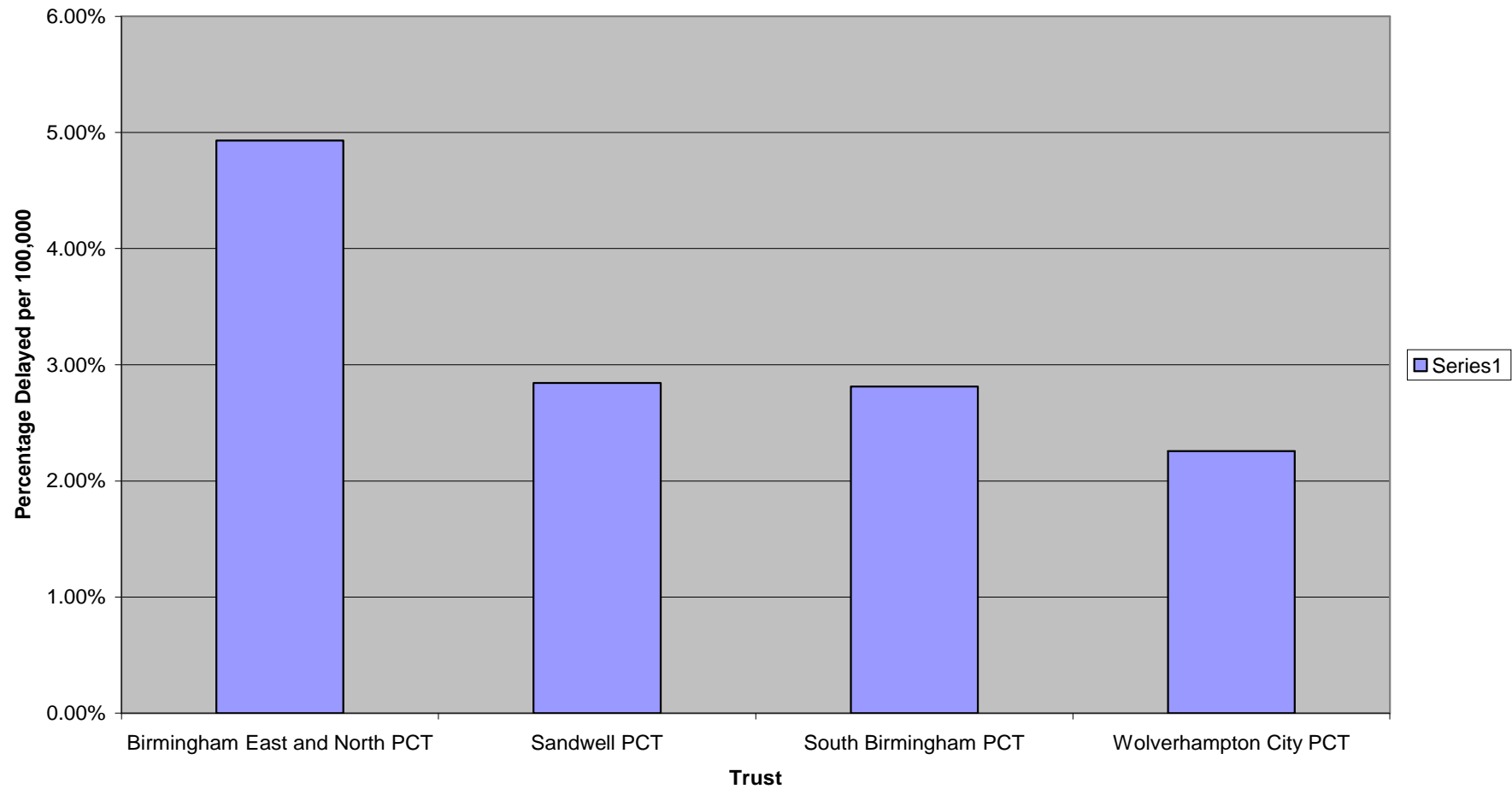
Smoking Quitters



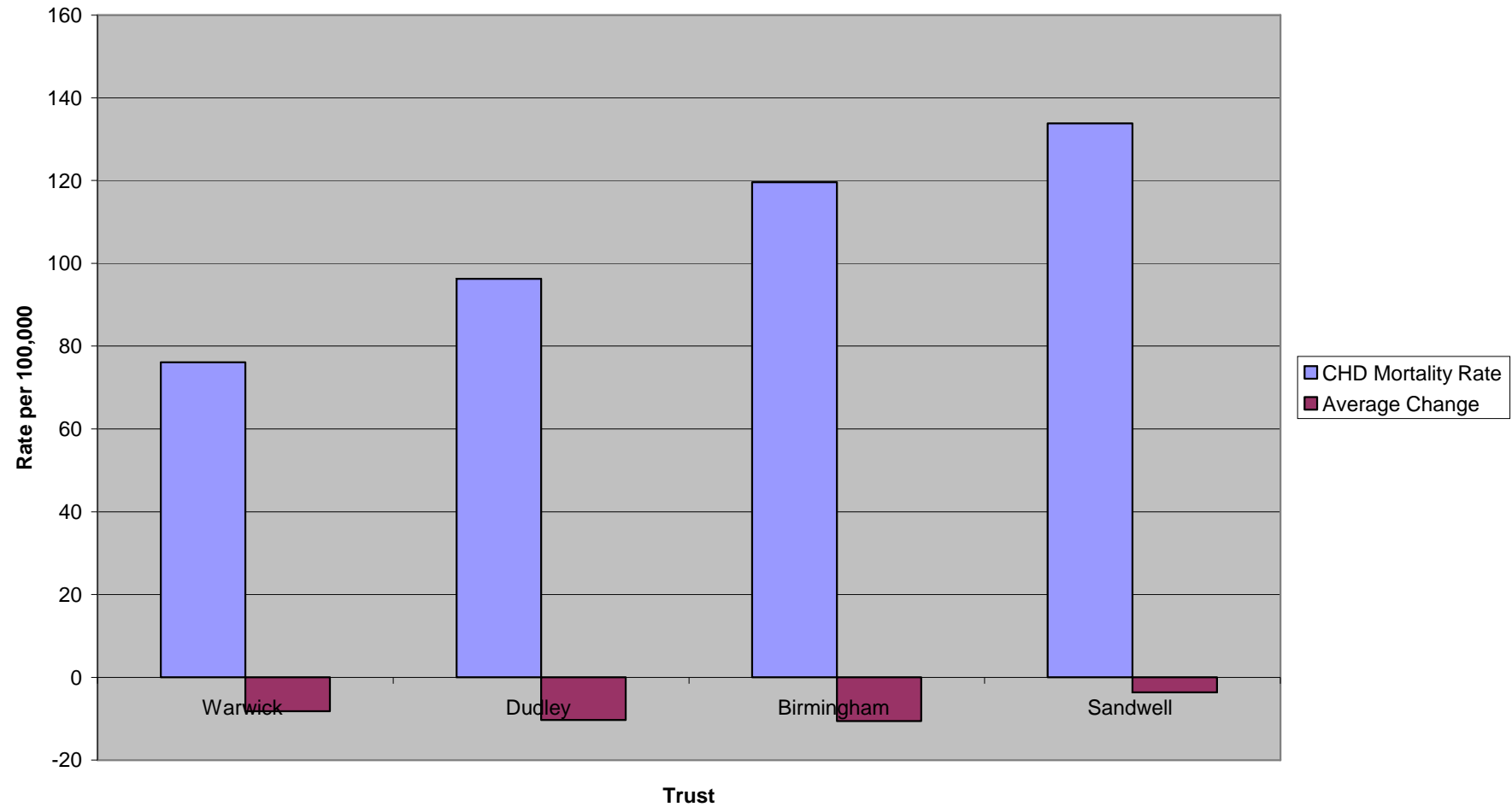
Stroke



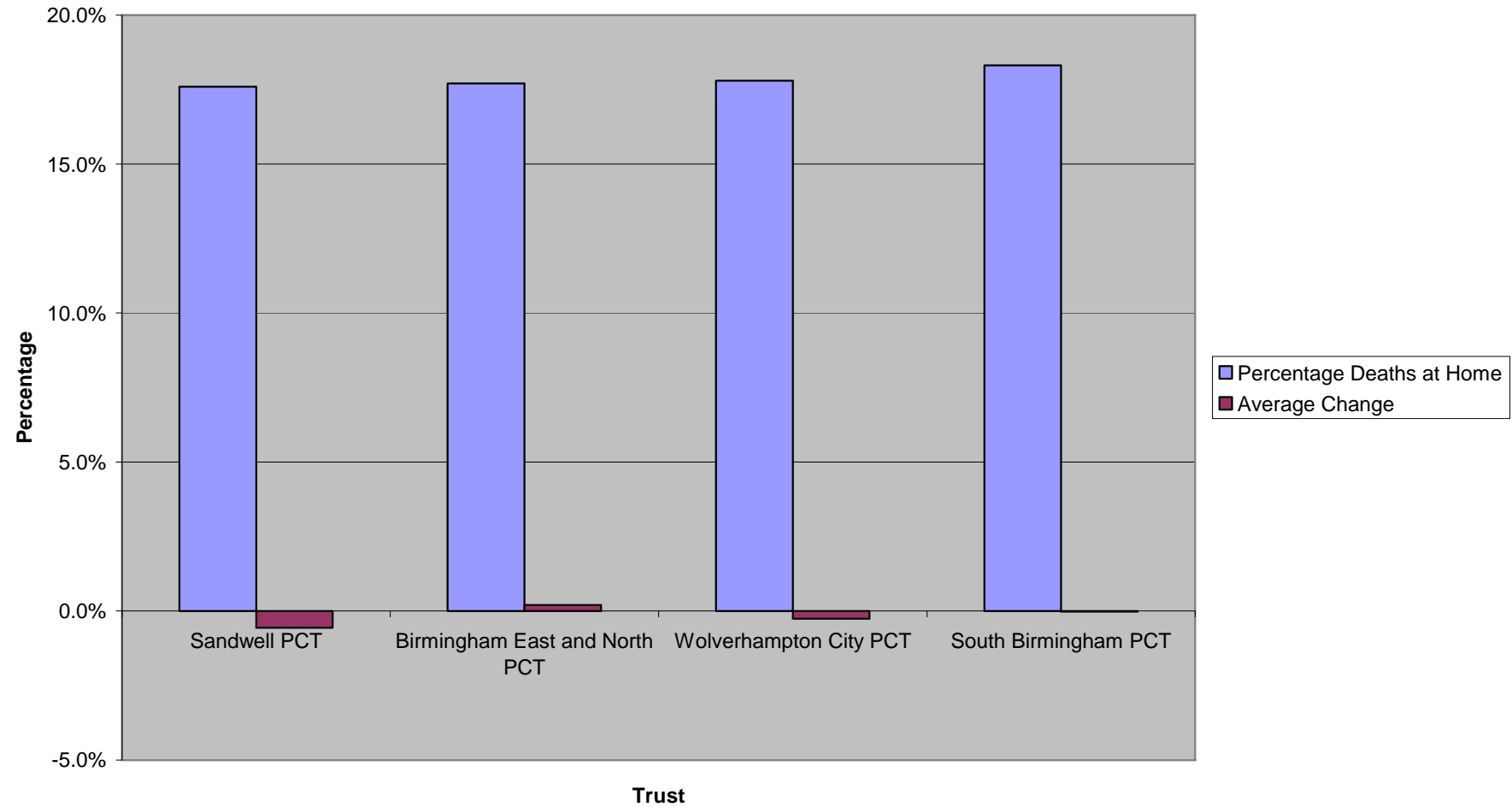
Delayed Transfer of Care



CHD Mortality



Reported Deaths at Home



Appendix 2 – Benchmark Data Tables

Breast Feeding		2006-07
Manchester PCT		74.62%
Leicester City Teaching PCT		71.56%
Barking and Dagenham PCT		70.45%
→ Birmingham East and North PCT		64.44%
Nottingham City PCT		63.91%
South Birmingham PCT		63.68%
Wolverhampton City PCT		57.20%
Sandwell PCT		37.20%

Smoking Quitters		2006-07
South Birmingham PCT		829.42
Sandwell PCT		868.07
Wolverhampton City PCT		879.09
→ Birmingham East and North PCT		1160.39

CHD Mortality	2004-06	Average national change
Warwick	76.1	-8.2
Dudley	96.32	-10.3
→ Birmingham	119.57	-10.6
Sandwell	133.86	-3.6

Teenage Pregnancies		2003-05
Dudley		47.5
→ Birmingham		52.1
Walsall		55.3
Sandwell		61.4

Stroke	2006	Average Annual Change
→ Heart of England	38.0%	-6.0%
Walsall Hospitals	33.0%	-13.5%
Sandwell & West Birmingham Hospitals	29.9%	-10.1%
Dudley Group of Hospitals	24.0%	-2.5%

Delayed Transfer of Care		2006-07
Wolverhampton City PCT		2.25%
South Birmingham PCT		2.81%
Sandwell PCT		2.84%
→ Birmingham East and North PCT		4.93%

Deaths at Home		2006	Av Change
South Birmingham PCT		18.3%	0.0%
Wolverhampton City PCT		17.8%	-0.3%
→ Birmingham East and North PCT		17.7%	0.2%
Sandwell PCT		17.6%	-0.6%