

Birmingham East and North Primary Care Trust

Monthly Performance Report to September Board 2008

September 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	15	17			DWu	KD
HCC	2	CDiff infections (PCT target - cumulative)	514	40	83	116	153			DWu	KD
HCC	3	% of admitted patients seen within 18 weeks (snapshot)	90.00%	86.25%	88.14%	86.29%	87.83%			AD	JB 2.1
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	91.58%	93.57%	93.60%	92.81%			AD	JB
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	98.27%	98.82%	99.13%	99.30%			AD	JB
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	74.30%	72.10%	72.70%	73.20%			AD	CN 2.2
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	99.50%	99.50%	99.80%	99.90%			AD	CN
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	96.40%	97.30%	95.60%	96.40%			AD	CN
HCC	9	Total time in A&E: 4 hours or less (cumulative)	95.00%	98.40%	98.72%	98.47%	98.38%			JT	RP
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0	0	0	0	0			AD	JB
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	100.00%	100.00%	100.00%				AD	JB
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	100.00%	100.00%	100.00%				AD	JB
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	98.21%	99.22%	99.47%				AD	JB
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	211	293	315	335			JT	RP 2.3
	15	Diagnostics waiting over 6 weeks (snapshot)	0	5	1	0	2			JT	RP
	16	Inpatients waiting over 11 weeks (snapshot)	0	94	101	90	80			JT	RP 2.4
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	98.11%	99.48%	99.23%	98.05%			AD	DWa 2.5
HCC	18	GUM % seen within 48 hours (snapshot)	95.00%	77.29%	81.79%	81.29%	85.26%			AD	Dwa 2.6
HCC	19	Smoking 4 week quitters (cumulative)	3641	150	249	455				NB	PB 2.7
HCC	21	Number of drug misusers in treatment	5560							AD	Dwa 3.1
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	63.66%	62.57%	65.29%				AD	JB 2.8
	23	% of community equipment issued within 7 days (snapshot)	95.00%	98.02%	94.60%	98.10%	96.10%			TN/RC	CB
	24	Number of 1st attendances following GP referral (cumulative)	64438	5390	11270	17379				JT	RP 2.9
	25	Number of 1st attendances following all referrals (cumulative)	138959	11359	24001	36698				JT	RP 2.10
	26	Elective daycases and inpatients (cumulative)	32779	4810	7645	10595				JT	RP 2.11
	27	Booked daycases and inpatients (cumulative)	18378	1613	3109	4751				JT	RP 2.12
	28	Non elective FFCEs (cumulative)	40467	3488	6969	10307				JT	RP 2.13
	29	15 key tests activity (cumulative)	100221	8656	16526	23672				JT	RP 2.14
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%							NB	SK 3.2
	31	% of practices offering extended opening hours (snapshot)	50.00%	4.88%	20.73%	26.83%	31.71%	39.02%		JT	DM

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

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

September 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%			97.00%				JT	DM 2.15
HCC	33	% PCP appointments within 48 hours (snapshot)	100.00%			76.00%				JT	DM 2.16
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%							AD	CN
HCC	35	Delayed transfers of care % (snapshot)	3.20%			3.60%				AD	SM/PW 2.17
HCC	36	Chlamydia screening (cumulative)	17.00%							AD	DWa
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%			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%			92.86%				LP	RM 2.18
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)	51.00%							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%			61.00%				NB	JS 2.19
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%			27.00%				NB	JS 2.20
	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			3				AD	WS
HCC	57	Proportion of people who spend at least 90% of their time on a stroke unit (snapshot)	70.00%			23.00%				AD	GW 2.21
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%							AD	GW 3.3
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%							AD	WS 3.4

KEY			
	=national Vital Signs target		HCC = Healthcare Commission target
	=national Vital Signs target with local flexibility		= WCC Metric
	=local Vital Signs 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 Bengie
DWa	David Walker	RM	Rosey Monaghan
GW	Glen Warren	SK	Saj Kahrod
JB	Jenny Belza	SM/PW	Shirley Mallon & Pam Whitehead
JS	Jewant Singh	WS	Waheed Saleem

Birmingham East and North PCT September 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.

Performance scores against target will be marked 'green' if the score is achieved or exceeded; '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.

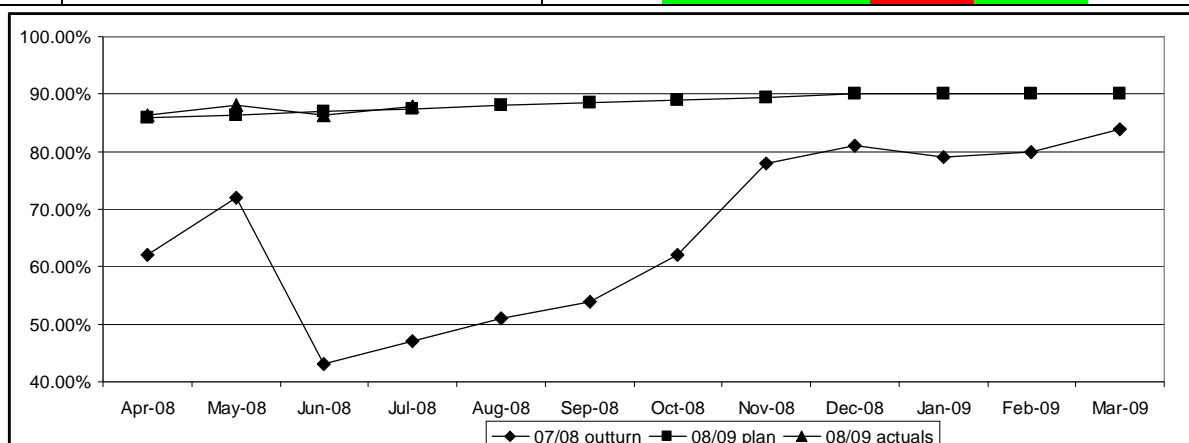
It should be noted that some columns have not been completed. This is because data is not available to the PCT in time for reporting. Some data sets are available within days of month end, whilst others take weeks. The Board can be assured that the data supplied on these reports are validated data and 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 2009	Apr 08	May 08	Jun 08	Jul 08	Lead
3	% of admitted patients seen within 18 weeks	90.00%	86.25%	88.14%	86.29%	87.83%	AD

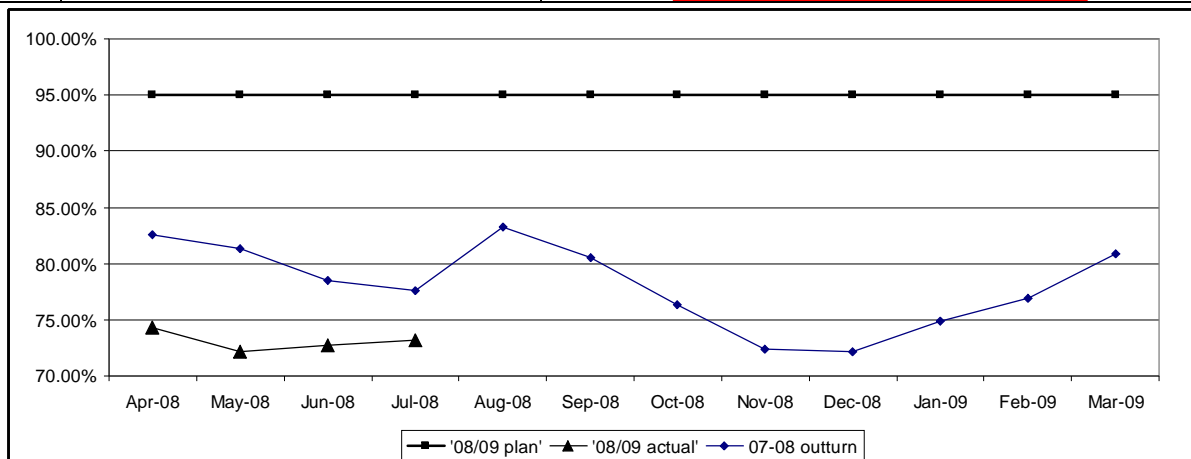


Heart of England Foundation Trust currently have a programme of work being carried out to achieve the target for admitted patients seen within 18 weeks. Variations across specialities have been identified. The most challenging speciality is orthopaedics. Ongoing work at HoEFT in relation to 'Referral to Treatment' has been made in particular an Amnesty Day which will ensure that all patients are seen on or after the 6th October to achieve the 18 week goal. As reported in July's Performance Report, action

plans are in place as well as a communication strategy to endeavour to reduce the DNA rates and to increase the patients understanding of 18 weeks.

2.2 Ambulance: Cat A 8 min target %

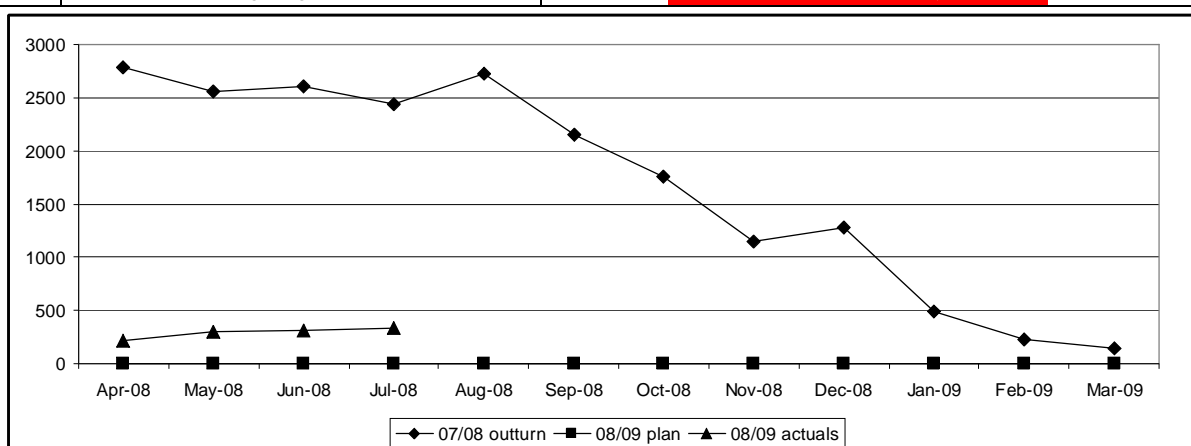
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Jul 08	Lead
6	Ambulance: Cat A 8 min target %	75.00%	74.30%	72.10%	72.70%	73.20%	AD



As reported in the July Performance Report, West Midlands Ambulance Service has been underperforming in the PCT since April 2008. This is reportedly because of the recent merger of the regions ambulance trusts into one organisation and the changes of resource allocation, which resulted from the merger. An imbalance in some areas of rapid response staff not operating close enough to reach CAT A patients within target time has been identified. WMAS now report that two additional fast response vehicles recently redeployed to the BEN PCT area should improve the response times with a positive impact being noticed from August 2008 onwards. The PCT is working with HEFT, and the WMAS to redirect patients to other appropriate health care facilities and improve handover at A&E.

2.3 Outpatients waiting longer than 5 weeks

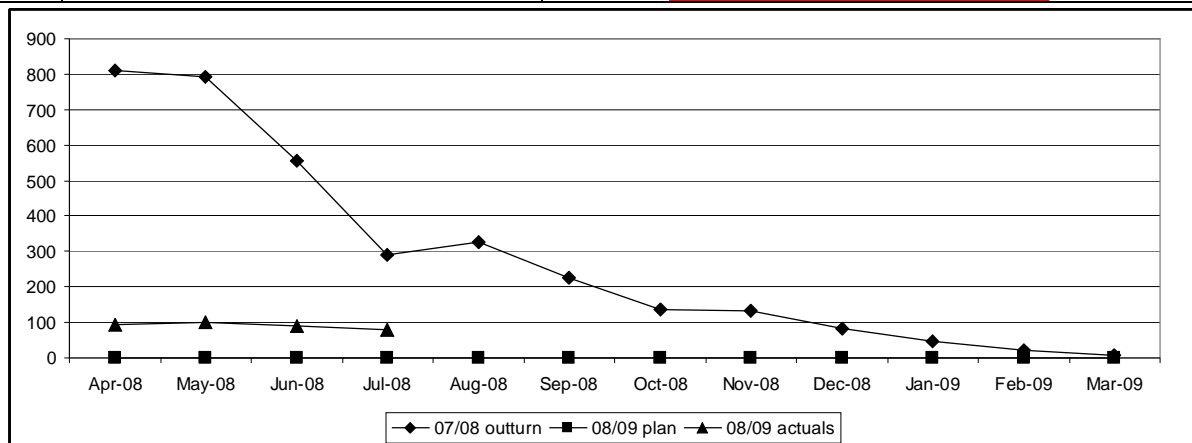
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Jul 08	Lead
14	Outpatients waiting longer than 5 weeks	0	211	293	315	335	JT



The number of patients waiting over five weeks has increased slightly. HoEFT have been asked for action plans by speciality for those areas with the greatest challenges setting out how referral to treatment times will be met. HoEFT have confirmed that the non-admitted pathway target will be achieved.

2.4 Inpatients waiting over 11 weeks

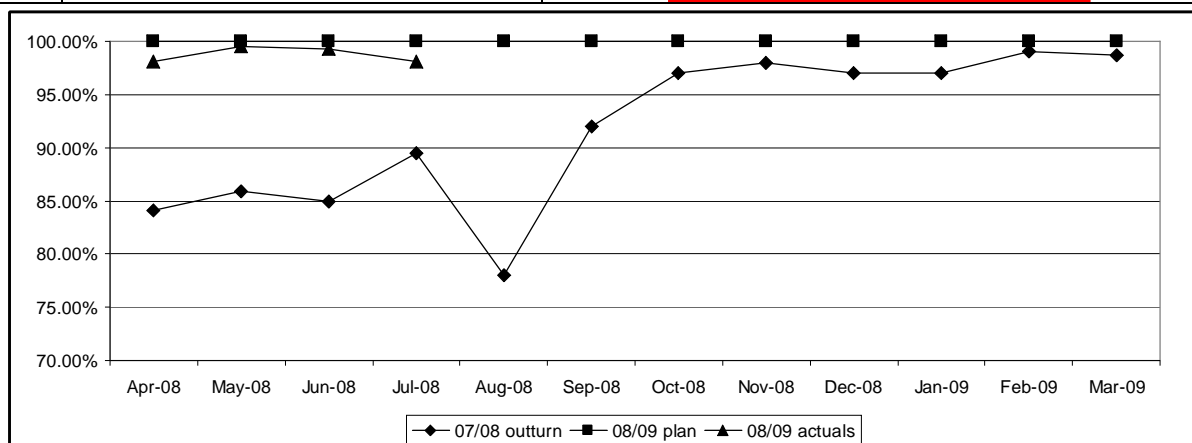
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Jul 08	Lead
16	Inpatients waiting over 11 weeks	0	94	101	90	80	JT



The number of inpatients waiting over eleven weeks has decreased slightly. HoEFT has been asked for action plans by speciality for those areas with the greatest challenges setting out how referral to treatment times will be met.

2.5 GUM : Percentage offered an appointment within 48 hours

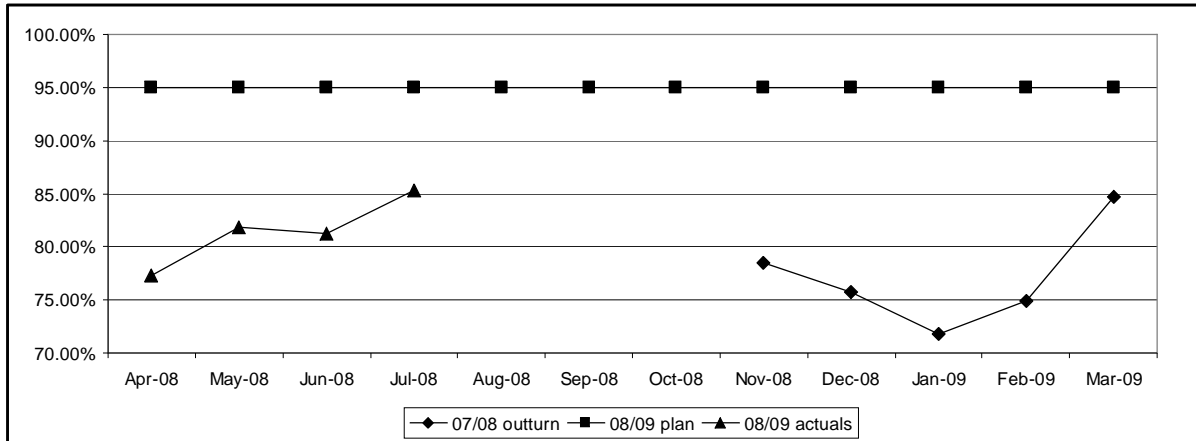
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Jul 08	Lead
17	GUM : Percentage offered an appointment within 48 hrs	100.00%	98.11%	99.48%	99.23%	98.05%	AD



A technical problem with the data collection system is currently not allowing users to enter all data for patients offered an appointment. Therefore, it is not possible for PCT's to demonstrate that they are achieving 100%, and achieving the target. This is a national problem and on the 21st August 2008, a meeting was arranged with the DOH and the data system engineers are working on a solution.

2.6 GUM : Percentage seen within 48 hours

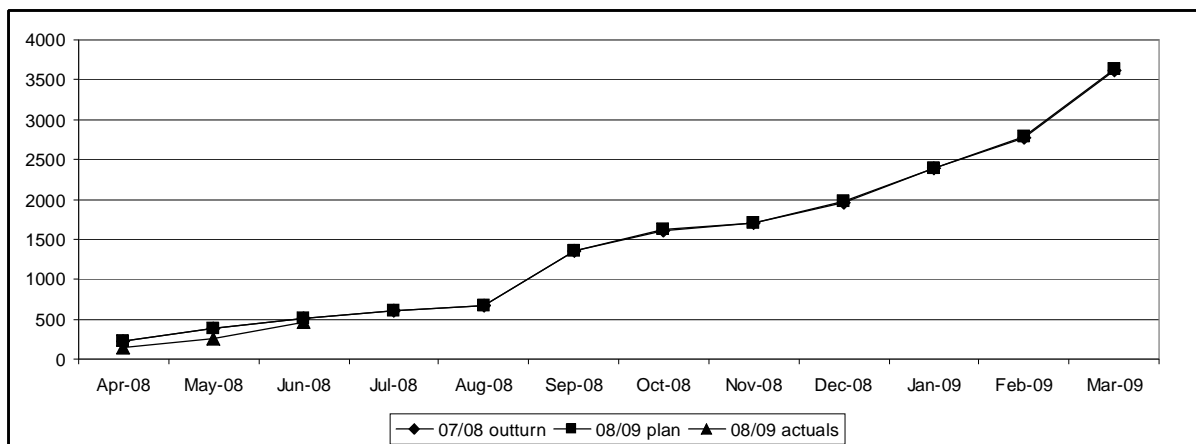
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Jul 08	Lead
18	GUM : Percentage seen within 48 hrs	95.00%	77.29 %	81.79 %	81.29 %	85.26 %	AD



As reported in previous performance reports, discussions are still ongoing with providers and action plans submitted to increase the numbers seen for an appointment. There is still ongoing speculation that 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 on local monitoring agreements.

2.7 Smoking 4 week quitters

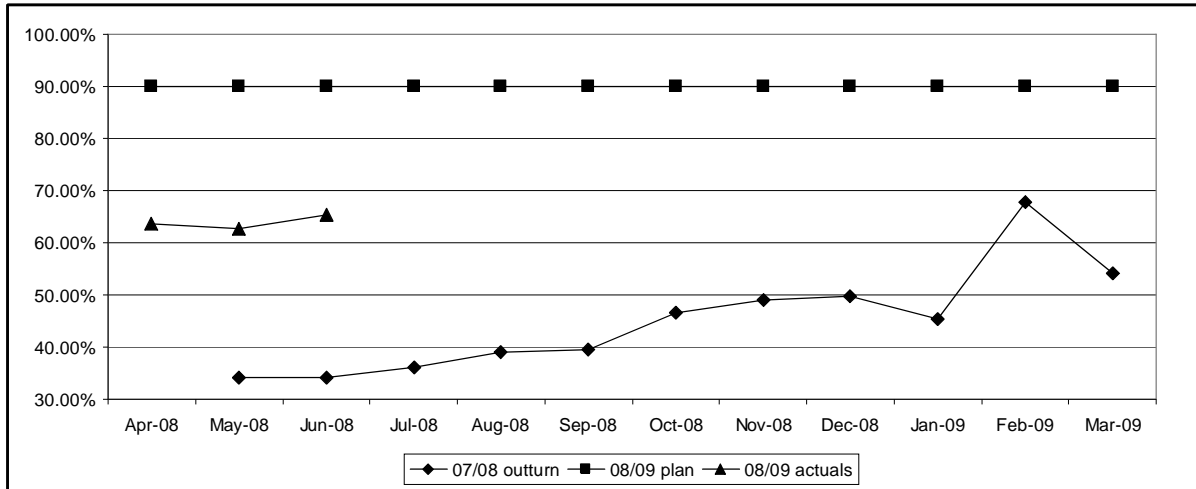
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
19	Smoking 4 week quitters	3641	150	249	455	NB



No Commentary submitted

2.8 Convenience and booking: PCT booking rates

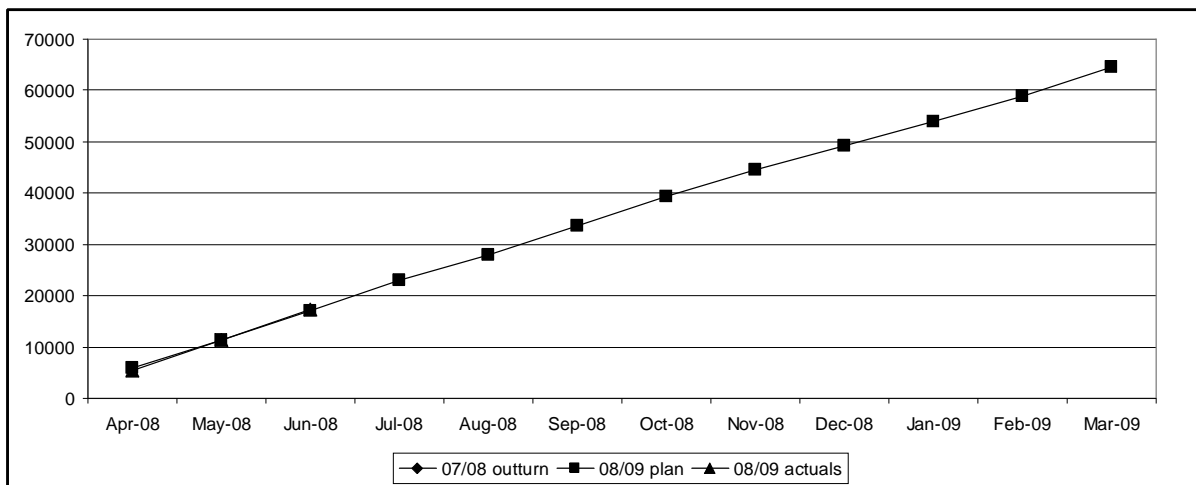
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
22	Convenience and booking: PCT booking rates	90.00%	63.66%	62.57%	65.29%	AD



No Commentary submitted

2.9 Number of 1st attendances following GP referral

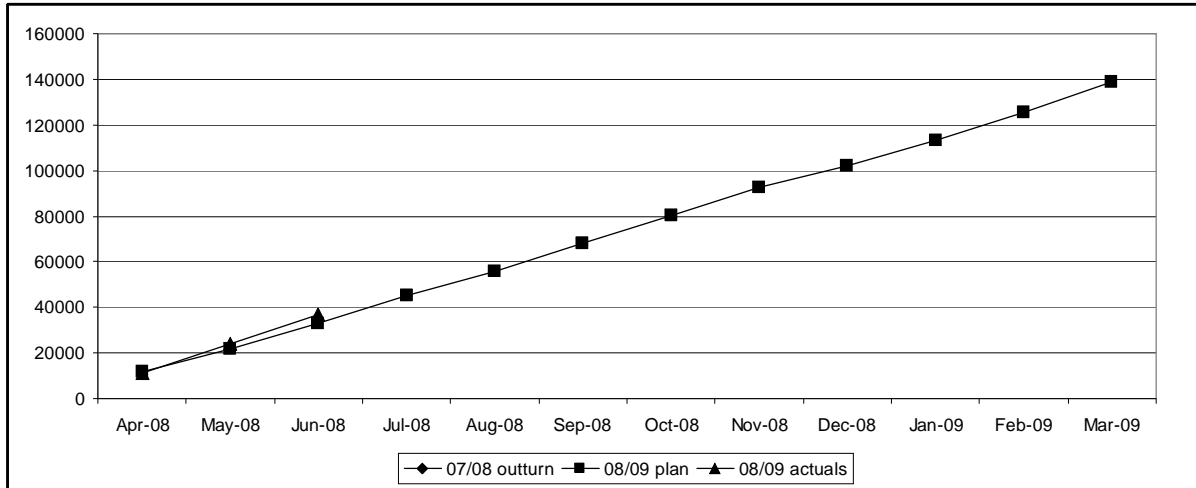
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
22	Number of 1 st attendances following GP referral	64438	5390	11270	17379	JT



The total number of referrals has increased over the first three months of the year; this has resulted in an increase in the number of attendances as first outpatients. This shows attendances as being 8% over plan to date which is in line with the increase in GP referrals.

2.10 Number of 1st attendances following all referrals

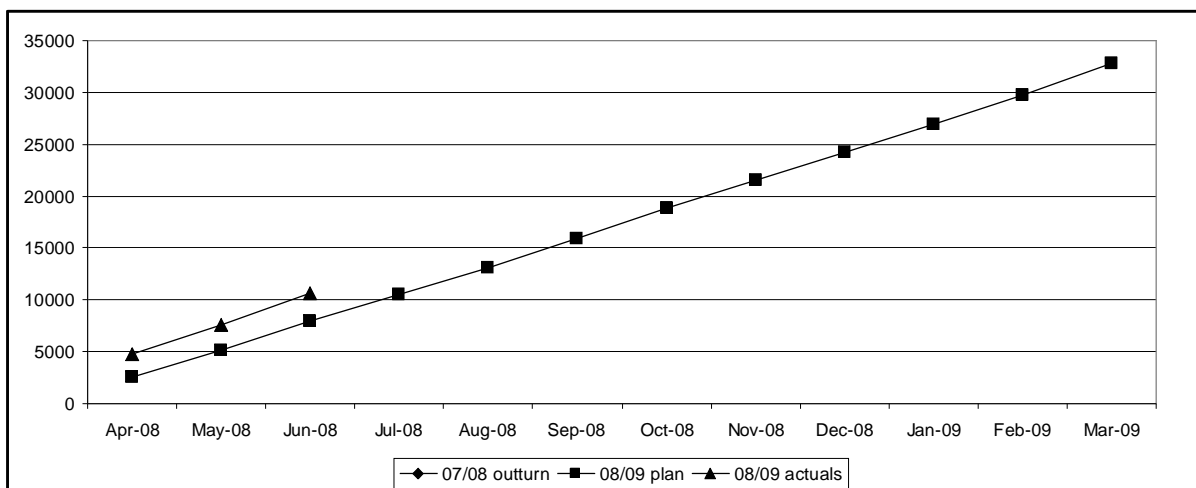
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
24	Number of 1 st attendances following all referrals	64438	5390	11270	17379	JT



As with the number of 1st attendances following GP referral, the total number of referrals has also increased over the first three months of the year; this has resulted in an increase in the number of attendances as first outpatients. This has shown a 6% rise over plan to date which is in line with the increase in GP referrals.

2.11 Elective daycases and inpatients (JT)

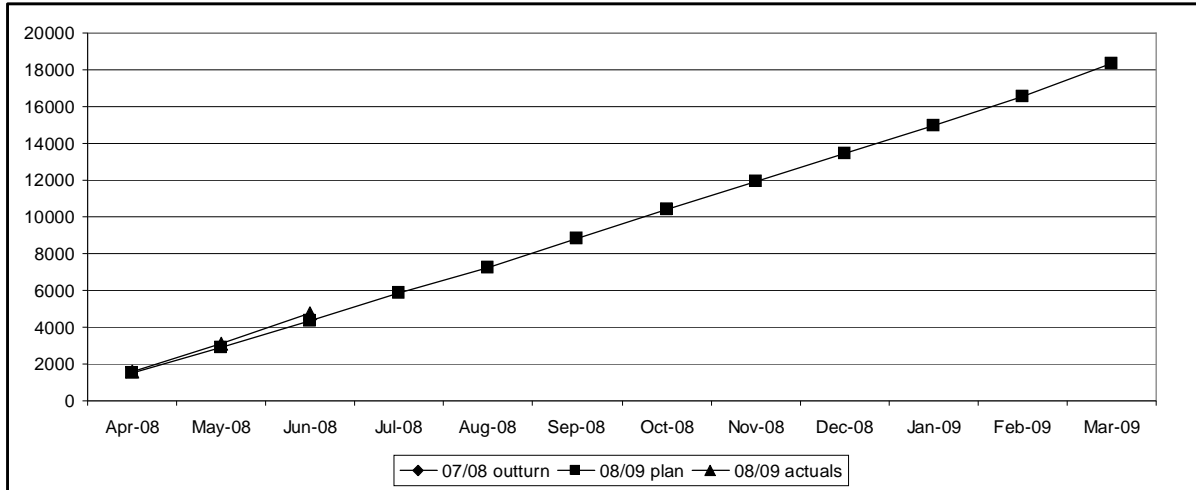
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
26	Elective daycases and inpatients	32779	4810	7645	10595	JT



HoEFT data shows an over-performance of 971 as at June 2008. Orthopaedics, Gastroenterology and Urology account for the significant contributors which are responsible for 531 cases. Work is in progress to uncover the reasons behind this.

2.12 Booked daycases and inpatients (JT)

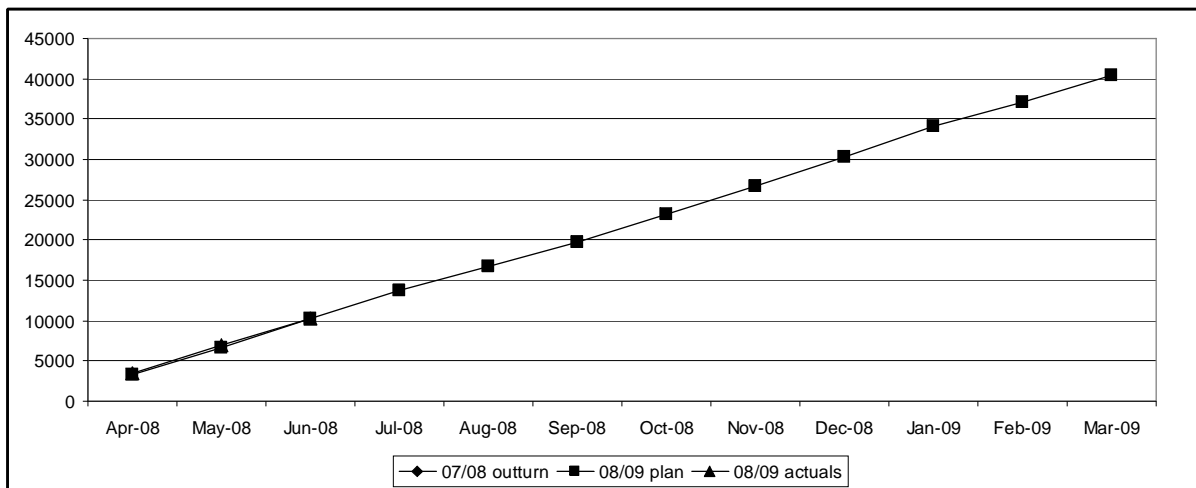
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
27	Booked daycases and inpatients	18378	1613	3109	4751	JT



No Commentary recieved

2.13 Non elective FFCEs (JT)

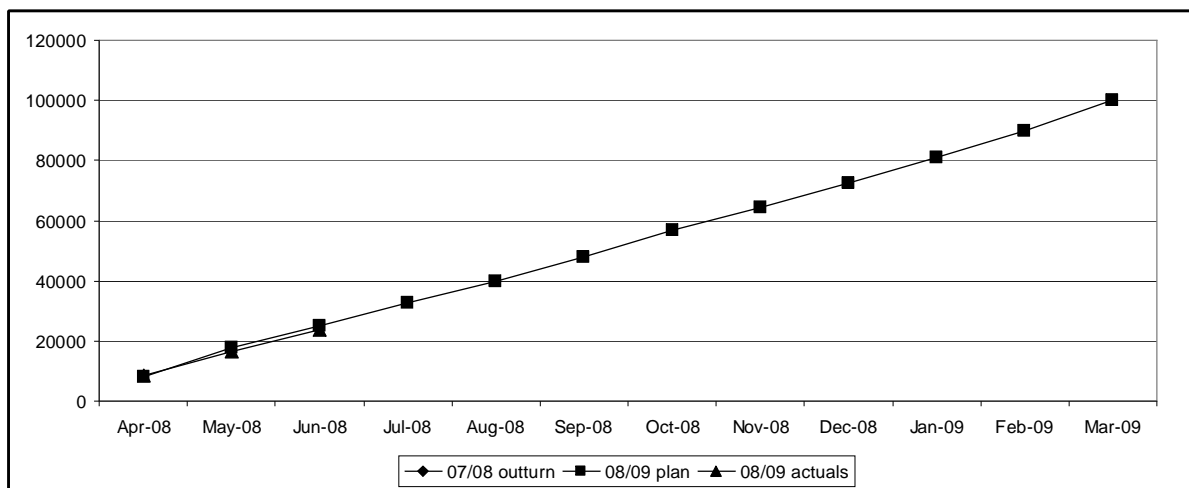
No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
28	Non elective FFCEs	40467	3488	6969	10307	JT



***No Commentary recieved**

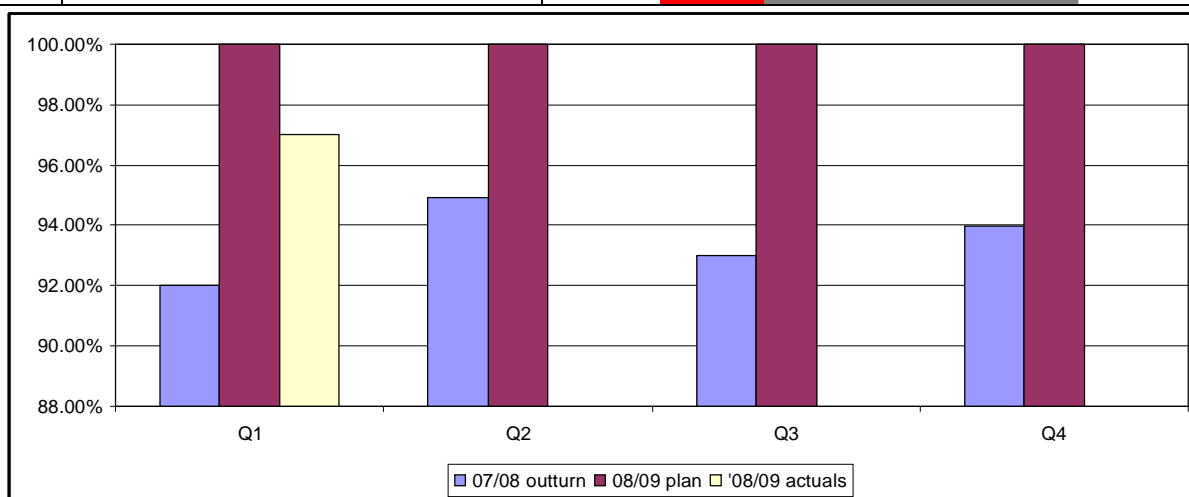
2.14 15 key tests activity

No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
29	15 key tests activity	100221	8656	16526	23672	JT



2.15 Percentage of GP appointments within 48 hours

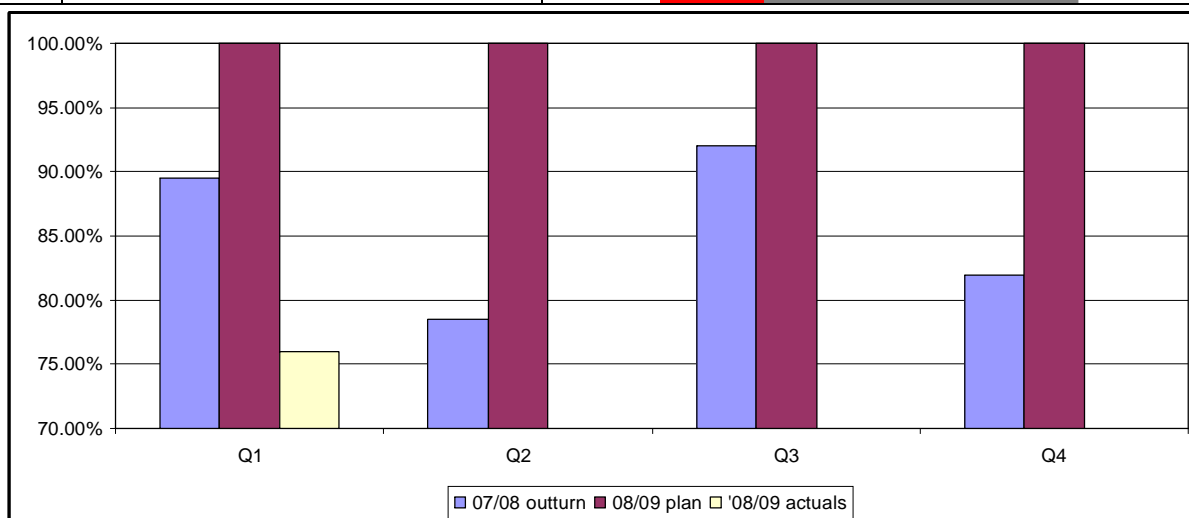
No:	Target	Plan @ Mar 2009	Q1 03/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
32	Percentage of GP appointments within 48 hours	100%	97.00%				AD



The percentage of GP practices offering appointments to patients within 48 hours has increased slightly in quarter one by 3% to 97.00%. The Resources Directorate will be reviewing the previous 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

2.16 Percentage of Primary Care Practitioner appointments within 48 hours

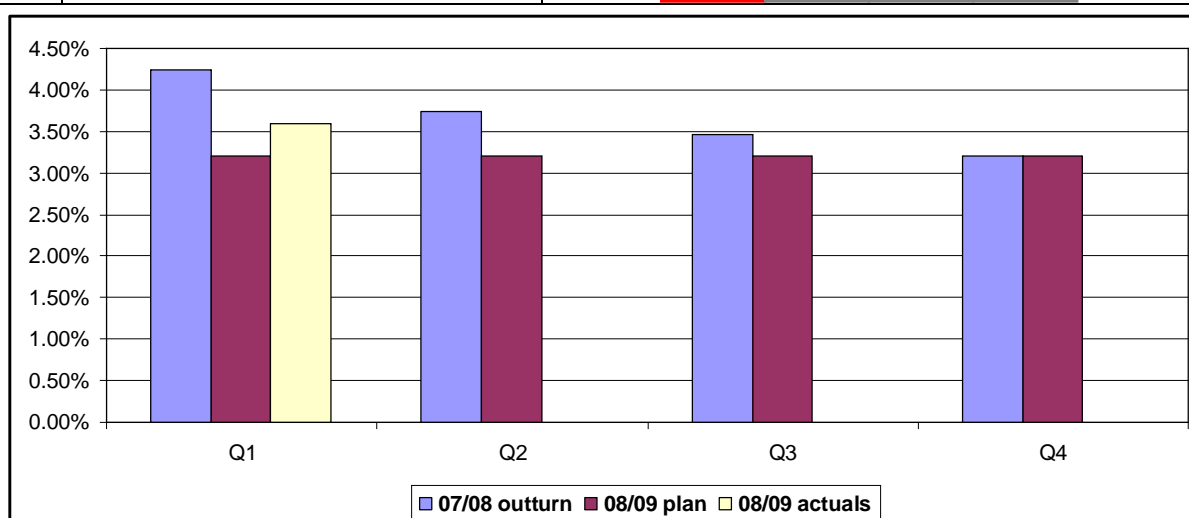
No:	Target	Plan @ Mar 2009	Q1 03/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
33	Percentage of PCP appointments within 48 hours	100%	76.00%				AD



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 one the PCT has dropped a further 6% to 76%. As with the GP appointments, the Resources Directorate are reviewing the previous 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

2.17 Percentage Delayed transfers of care

No:	Target	Plan @ Mar 2009	Q1 03/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
35	Percentage Delayed transfers of care	3.20%	3.60%				AD



The Commissioning team continue to have monthly meetings with the Adults and Communities and Heart of England Foundation Trust to track the progress with regard to discharges from HoEFT and to implement remedial action where required.

The numbers of delayed transfers of care rose sharply in July 2008 from 37 to 54, 5 more than the agreed maximum number threshold of 49; this is the point at which fines are levied against the local authority. The majority of the delays are people who are waiting for local authority funding for community care packages. This figure includes 10 people of working age with a physical disability who have a high dependency and require a costly community care package that the local authority says it cannot fund at the moment. The same problem has been noted at two other acute hospitals.

Adult and Communities have asked that these individuals be urgently re-assessed for Continuing Health Care funding and the Complex Care Team is making the appropriate arrangements.

The Department of Health Reimbursement Grant that funded services to keep the number of delays below the threshold ended in March 2008. The PCT has agreed with the local authority and HoEFT to share the costs of these services.

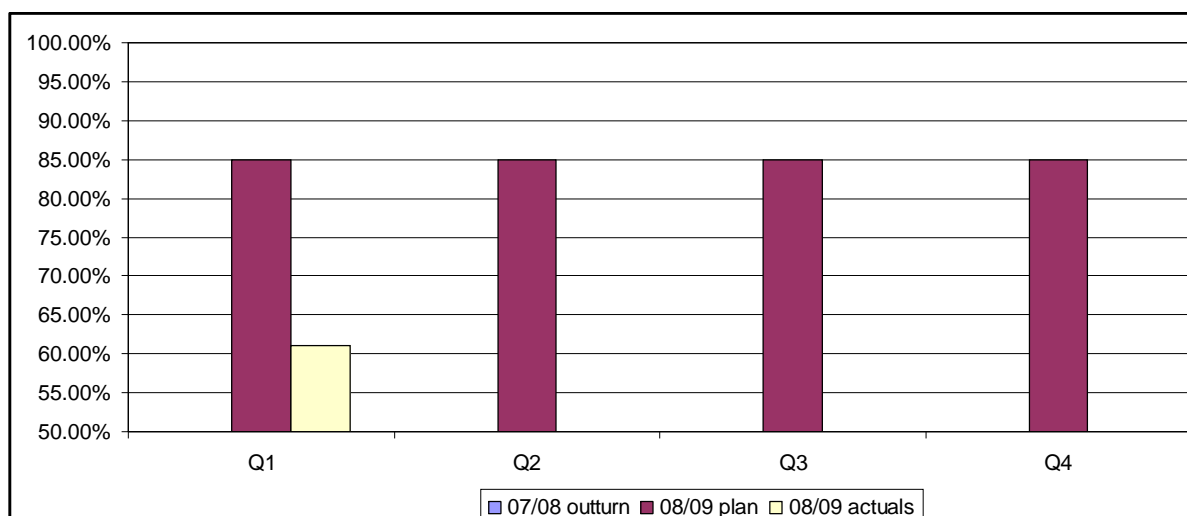
2.18 Healthcare Commission Standards Achievement

No:	Target	Plan @ Mar 2009	Q1 03/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
41	Healthcare Commission Standards Achievement	100.00%	92.86%				LP

As reported in the May Performance Report, the PCT declared itself compliant against thirty-nine of the forty-two Healthcare Commission Standards, declaring insufficient assurance against one standard and non-compliant against a further two. In quarter one of 2008/2009 the PCT continues to be compliant against the thirty-nine standards with the PCT now declaring insufficient assurance against the remaining three standards. The PCT has set itself a deadline for compliance against the three standards, which it has insufficient assurance against for the end of the financial year.

2.19 Percentage of breastfeeding status at 6-8 weeks

No:	Target	Plan @ Mar 2009	Q1 03/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
50	Percentage of breastfeeding status at 6-8 weeks	85.00%	61.00%				NB



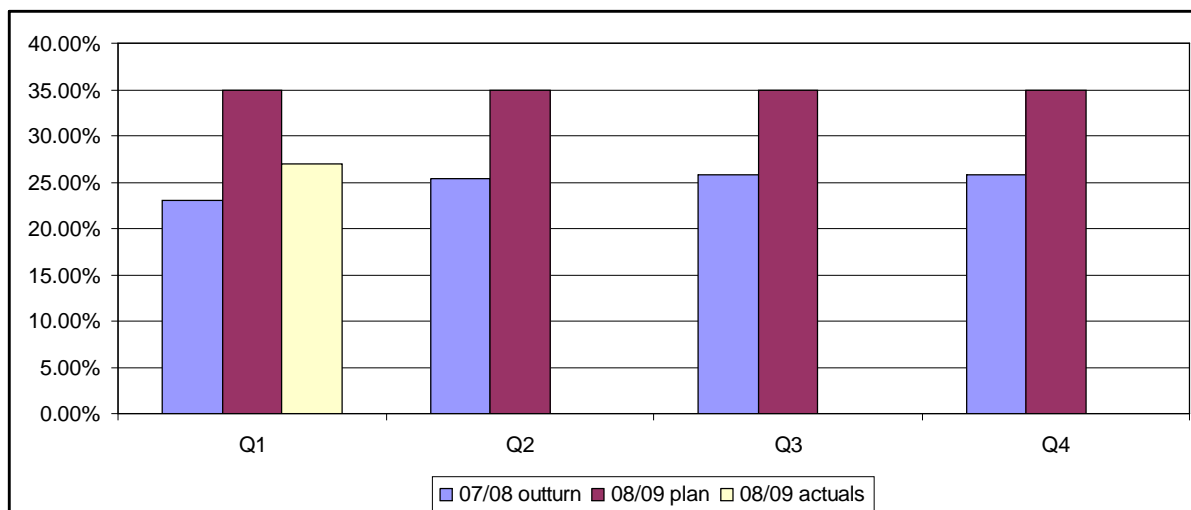
* No data for 2007/2008 (new target)

The Infant Feeding Co-ordinator is working with Health Visitors and Managers to re-iterate the new six-week Vital Sign Target. League tables have been published highlighting the poorer performing teams and has been circulated to all Health Visitors and Managers; a 'top tips' guide for collection of the data is

being developed in conjunction with the better performing teams. Health Visitor clerks have also been instructed to chase up missing method of feeding data from the six-week DER (Developmental Exam Record) and PCT Infant Feeding Audit forms and enter any missing data to the Child Health System. It is hoped will improve the uptake for this target.

2.20 Prevalence of breastfeeding

No:	Target	Plan @ Mar 2009	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
51	Prevalence of breastfeeding	34.90%	27.00%				NB

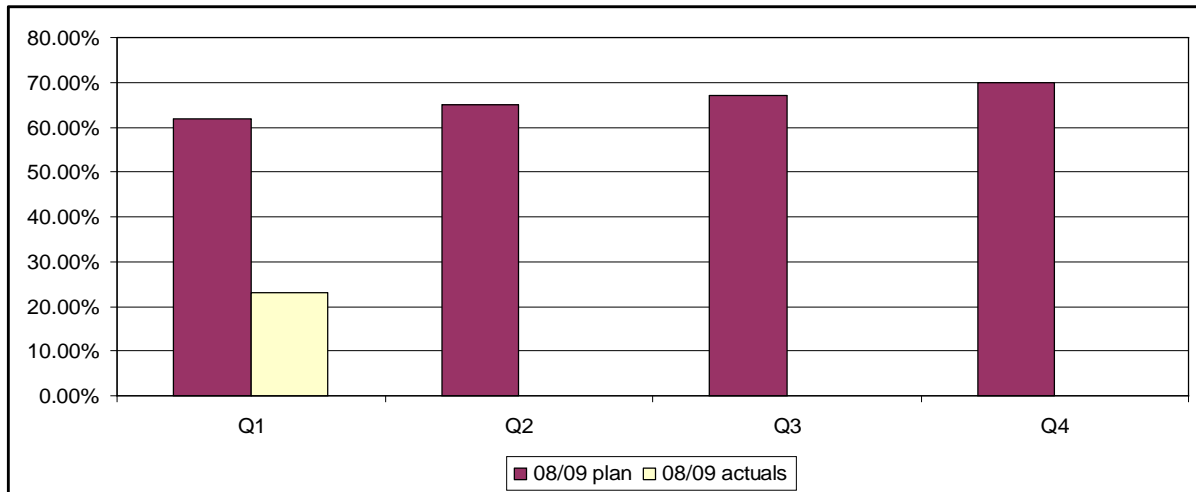


The Infant Feeding Co-ordinator continues to work with the Acute Trusts to improve their initiation rates and breastfeeding support in the early postnatal period. Capacity with Health Visiting teams continue to be an issue impacting on the support offered to breastfeeding mothers in the first 6-8 weeks postnatal. Breastfeeding Peer Supporters are active within antenatal clinics and Children's Centres in pilot areas, however, there have been capacity issues locally in terms of co-ordination of home visiting support for breastfeeding. The National NHS Breastfeeding Helpline telephone number is also being promoted to antenatal and breastfeeding mothers.

Breastfeeding awareness and management training is available and mandatory to key PCT staff. The PCT recently hosted an Action Planning Visit by UNICEF Baby Friendly Initiative (BFI) with a view to working towards full accreditation of the BFI Best Practice Standards.

2.21 Proportion of people who spend at least 90% of their time on a stroke unit

No:	Target	Plan @ Mar 2009	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
51	Proportion of people who spend at least 90% of their time on a stroke unit	70.00	23.00%				AD



* No data for 2007/2008 (new target)

The target for the proportion of people who spend at least 90% of their time on a stroke unit is set at 75%. Quarter 1 has seen a disappointing start to this new target and is largely down to beds being used by non-Stroke patients. The PCT has established a Stroke Improvement Project Board and is working with the Pan Birmingham Cardiac & Stroke Network. A sub-group of the Project Board is responsible for the achievement of Vital Signs and is tasked with improving this target. It is also felt that the baseline data is incorrect and is to be collected and analysed again. A service improvement programme will be developed based on the outcomes of the baseline work and will work with all stakeholders to find solutions to existing issues within delivery systems.

3.0 Inability or delay in receiving indicator data

3.1 Number of drug misusers in treatment

No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
21	Number of drug misusers in treatment	5560				AD

There has been a delay in the release of the 1st quarter results from the National Treatment Agency; therefore, no data is available between April and June 2008. It is hope this will be rectified for the 2nd Quarter.

3.2 Percentage of people with current HbA1c less than or equal to 7.5mmol/L

No:	Target	Plan @ Mar 2009	Apr 08	May 08	Jun 08	Lead
30	Percentage of people with current HbA1c less than or equal to 7.5mmol/L	65.00%				NB

Data for the above target is reported via the QMAS website. Due to annual maintenance, the system, as was the case last year, will not be available until around November 2008, therefore the HbA1c figures will not be available until Q3 at the earliest.

3.3 Proportion of people who have a TIA who are scanned and treated within 24 hours

No:	Target	Plan @ Mar 2009	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
58	Proportion of people who have a TIA who are scanned and treated within 24 hours	26.00%					AD

Due to the inability of the hospital systems to record the necessary data it is not possible to report on the above target. The only solution would be to make a manual audit of patients' medical records, which has been deemed impractical. A methodology for collecting this information is under discussion with HEFT.

3.4 Percentage of women assessed by 12 weeks of pregnancy

No:	Target	Plan @ Mar 2009	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
59	Percentage of women assessed by 12 weeks of pregnancy	72.00%					AD

The Peri-natal Institute is currently working with the Acute Trusts on a dataset to be able to gather the necessary data. More information will be made available shortly.

Information Governance Update – September 2008

The results below have been previously reported; following on from a meeting of the Information Governance Steering Group on the 1st August, it has been agreed that those areas that remain amber will be targeted to ensure that by 31st March 2009 they will be at a minimum of 70% and thereby be green on the traffic light system.

Initiative	Results (based on requirements version 5) 2007/08
Information Governance Management	76% (GREEN)
Confidentiality and Data Protection Assurance	74% (GREEN)
Information Security Assurance	76% (GREEN)
Clinical Information Assurance	66% (AMBER)
Secondary Use Assurance	47% (AMBER)
Corporate Information Assurance	66% (AMBER)

Version 6 of the Information Governance Toolkit (IGT) is now out and it has been agreed that the Information Governance Manager will report back to the Information Governance Steering Group during October regarding any changes and the effects this may have.

Considerable work has been undertaken for the GP's Toolkit (Version 4). New guidelines from Connecting for Health issued under the Statement of Compliance (SoC) for the GP's IGT has for the first time required all GP's to complete certain lines of the GP IGT, and to complete those lines to a particular level. 33 GP practices that are on the IM&T DES scheme achieved the first deadline of 31st March and therefore considered compliant.

This has left 50 GP surgeries to visit during the 1st April – 31st October period, to help them comply with the SoC. At present it is estimated that each surgery needs to be visited between 5 and 7 times in order to gain the SoC. 43 of the 50 practices have been visited at least once with a total of 133 visits having taken place, by 28th August. 5 practices of the 50 have now reached the SoC required level. The SoC applies to both IM&T DES and none IM&T DES practices.

Although this is a very tough deadline, we are aiming to have compliance by the majority of the 50 by the deadline, although preferable all. It is understand from previous experience that those practices that do not reach compliance will be required to form an action plan to ensure compliance is reached, probably by 31st March 2009, although this date has not been confirmed.

At present there is an audit taking place that includes parts of the information governance agenda, although findings are not available yet.