

Birmingham East and North Primary Care Trust

MONTHLY PERFORMANCE – OCTOBER 2008

October 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	19		DWu	KD
HCC	2	CDiff infections (PCT target - cumulative)	514	40	83	116	153	175		DWu	KD
HCC	3	% of admitted patients seen within 18 weeks (snapshot)	90.00%	86.25%	88.14%	86.29%	87.83%	87.87%		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%	93.64%		AD	JB
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	98.27%	98.82%	99.13%	99.30%	98.87%		AD	JB
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	74.30%	72.10%	72.70%	73.20%	72.20%		AD	CN 2.2
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	99.50%	99.50%	99.80%	99.90%	99.50%		AD	CN
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	96.40%	97.30%	95.60%	96.40%	96.20%		AD	CN
HCC	9	Total time in A&E: 4 hours or less (cumulative)	95.00%	98.40%	98.72%	98.47%	98.38%	98.19%		JT	CN
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0	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%	100.00%	99.96%		AD	JB
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	100.00%	100.00%	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%	99.59%	99.66%		AD	JB
	14	Outpatients waiting longer than 5 weeks (snapshot)	0	211	293	315	335	363		JT	JB
	15	Diagnostics waiting over 6 weeks (snapshot)	0	5	1	0	2	6		JT	JB 2.3
	16	Inpatients waiting over 11 weeks (snapshot)	0	94	101	90	80	152		JT	JB
HCC	17	GUM % offered an appointment within 48 hours (snapshot)	100.00%	98.11%	99.48%	99.23%	98.05%	99.69%		AD	DWa 2.4
HCC	19	Smoking 4 week quitters (cumulative)	3641	150	249	455	673			NB	PB
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%	65.29%	43.85%	46.01%		AD	JB 2.5
	24	Number of 1st attendances following GP referral (cumulative)	64438	5390	11270	17379	23883	29375		JT	RP 2.6
	25	Number of 1st attendances following all referrals (cumulative)	138959	11359	24001	36698	50437	61478		JT	RP 2.7
	26	Elective daycases and inpatients (cumulative)	32779	4810	7645	10595	13690	16236		JT	RP 2.8
	27	Planned daycases and inpatients (cumulative)	18378	1613	3109	4751	6460	8025		JT	RP 2.9
	28	Non elective FFCEs (cumulative)	40467	3488	6969	10307	13783	17008		JT	RP 2.10
	29	15 key tests activity (cumulative)	100221	8656	16526	23672	30813	37327		JT	RP 2.11
	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%	31.71%	39.02%	47.56%	JT	DM

KEY

=national Vital Signs target
 =national Vital Signs target with local flexibility
 =local Vital Signs target






HCC =Healthcare Commission target
 = WCC Metric

Lead Key

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

October 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
HCC	33	% PCP appointments within 48 hours (snapshot)	100.00%			76.00%				JT	DM
HCC	34	Thrombolysis - 60 min call to needle time (cumulative)	68.00%			100.00%				AD	CN
HCC	35	Delayed transfers of care % (snapshot)	3.20%			3.60%				AD	SM/PW
HCC	36	Chlamydia screening (cumulative)	17.00%			1.60%				AD	Dwa 2.12
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%			100.00%				NB	SK
	38	Number of emergency bed days (cumulative)	170,013			70,855				AD	CN 2.13
	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
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
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%			27.00%				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			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
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		=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 Benghe
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 October 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.

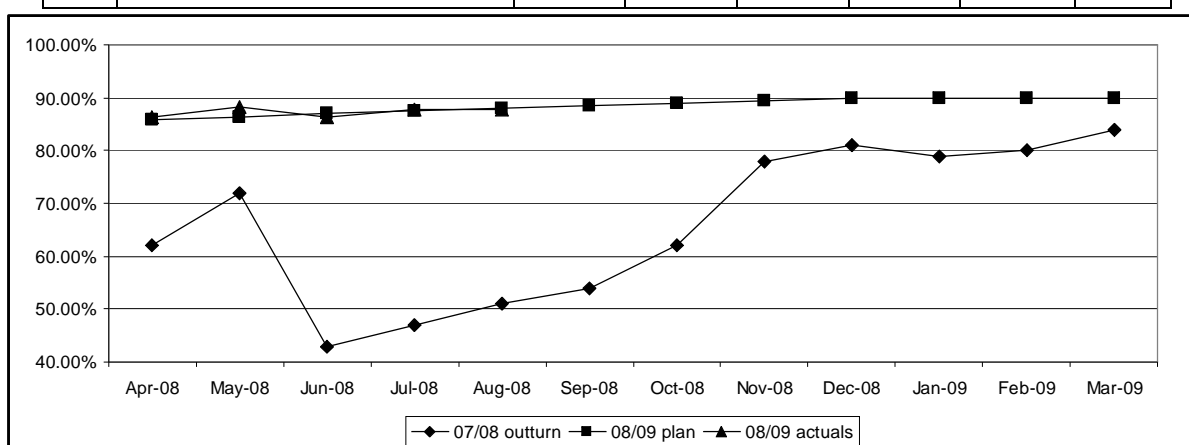
It should be noted that some columns have not been completed. This is because data is not available to the PCT in time for reporting. Some data sets are available within days of month end, whilst others take weeks. The Board can be assured that the data supplied on these reports are validated data and 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 Exception Reports on Targets not meeting plan

2.1 Percentage of admitted patients treated within 18 weeks

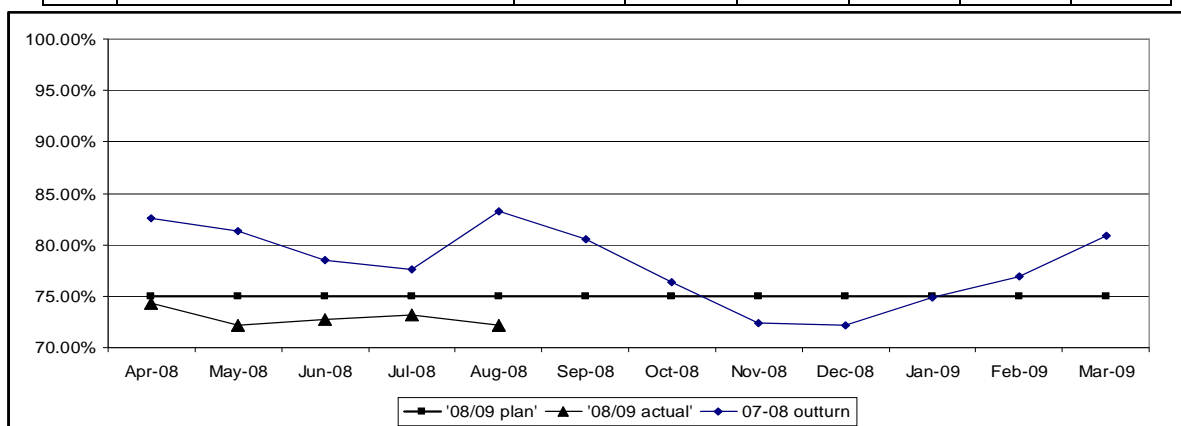
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Lead
3	Percentage of admitted patients seen within 18 weeks	86.25%	88.14%	86.29%	87.83%	87.87%	AD
	Plan each month	85.85%	86.38%	86.99%	87.40%	88.02%	



Performance improved in July and August although slightly below plan. Trauma & Orthopaedics continues to be the most challenged speciality for admitted patients (75.26 %), despite an improvement on the previous month's position. Action plans are in place to ensure delivery by December 2008 and performance management continues through the 18 Week and Diagnostic Health Economy Project Board.

2.2 Ambulance : % of Category calls within 8 minutes

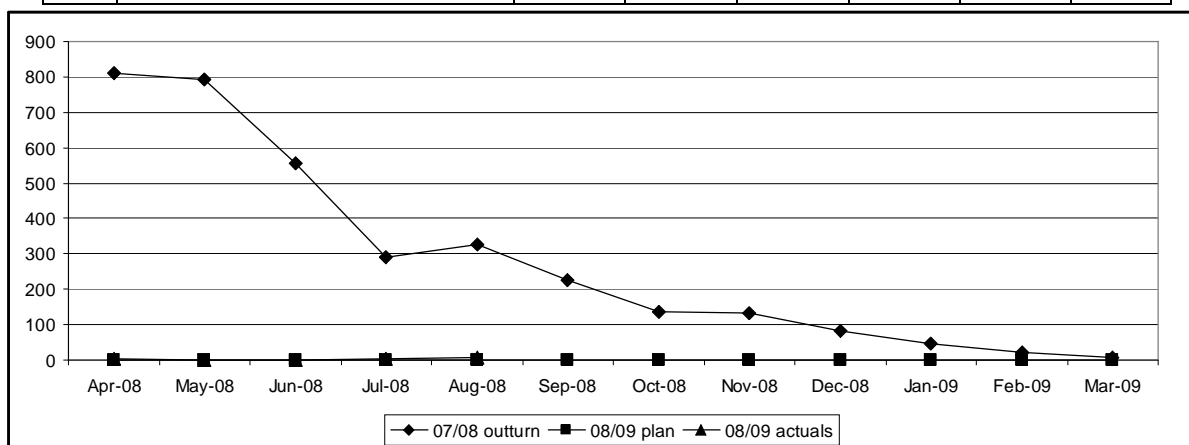
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Lead
6	Ambulance : Cat A 8 minute target %	74.30%	72.10%	72.70%	73.20%	72.20%	AD
	Plan each month	75.00%	75.00%	75.00%	75.00%	75.00%	



Performance of the Category A 8 minute target continues to hover below the 75% target with the latest actual being 72.20%. West Midlands Ambulance Service continues to work with all health partners to ensure the appropriate level of care and performance is delivered and improved upon. As reported last month, two response cars were introduced from the 31st August 2008 in the Walmley and Olton areas with rotas being revised across the service to stagger start times to enable flexibility and accommodate new clinical models for service delivery. Work is ongoing to standardise hospital handover policies to reduce ambulance delays at A&E departments and to identify the impact of re-directs between the HoEFT sites on WMAS resources and performance. Contractually, WMAS are meeting the 75% target across the West Midlands. Action plans have been requested from WMAS to improve performance in the BEN PCT area.

2.3 Diagnostics- % of people waiting over 6 weeks

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Lead
15	Diagnostics waiting over 6 weeks	5	1	0	2	6	AD
	Plan each month	0	0	0	0	0	

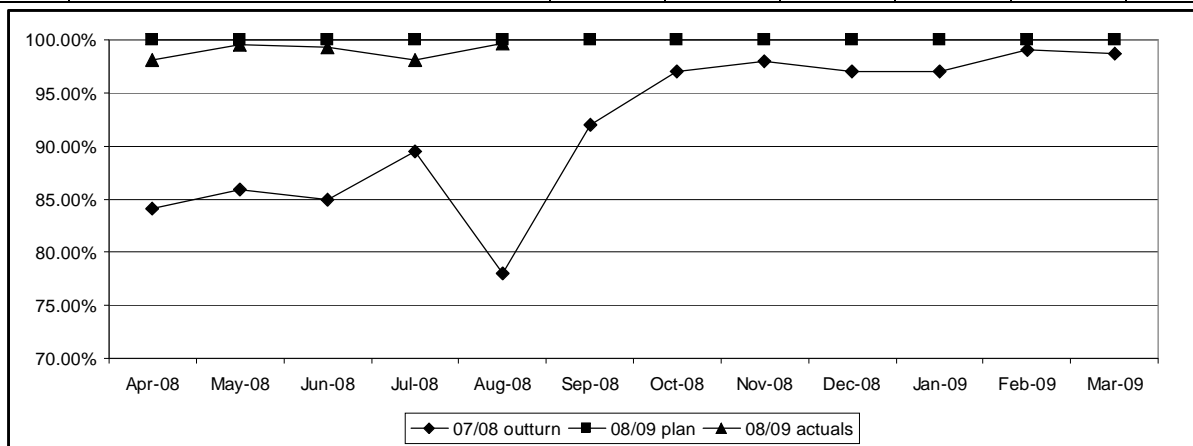


Diagnostic waiting times of over six weeks continues to increase even though the number are small. In the case of Sandwell and West Birmingham Hospitals who had two breaches in Audiology where one was seen at 6-7 weeks and the other at 7-8 weeks, the first case was due to equipment failure and the

second due to staffing level (sickness and annual leave). A further two breaches at 6-7 weeks were at HoEFT and were due to patient choice.

2.4 GUM % offered an appointment within 48 hours

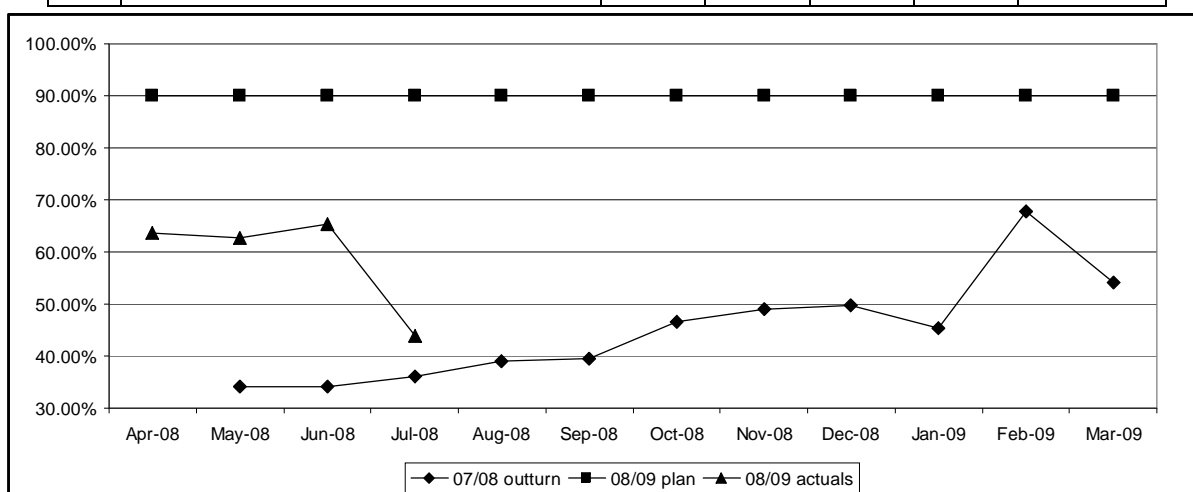
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Lead
17	GUM % offered an appointment within 48 hours	98.11%	99.48%	99.23	98.05	99.83%	AD
	Plan each month	100.00%	100.00%	100.00%	100.00%	100.00%	



There is an IT system problem at Whitall Street GUM Clinic which is our main provider. This is a national problem with the particular system. The system is gradually being upgraded. Essentially, the system cannot report 100% for this target. However, Heart of Birmingham PCT have carried out an audit of 'appointments offered within 48hours', and have confirmed that we have met the 100% required. Work continues to ensure that people are offered an appointment within 48 hours of contacting the provider..

2.5 Convenience and Booking: % PCT booking rates

No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
22	Convenience and Booking : PCT booking rates	63.66%	62.57%	65.29%	43.85%	AD
	Plan each month	90.00%	90.00%	90.00%	90.00%	

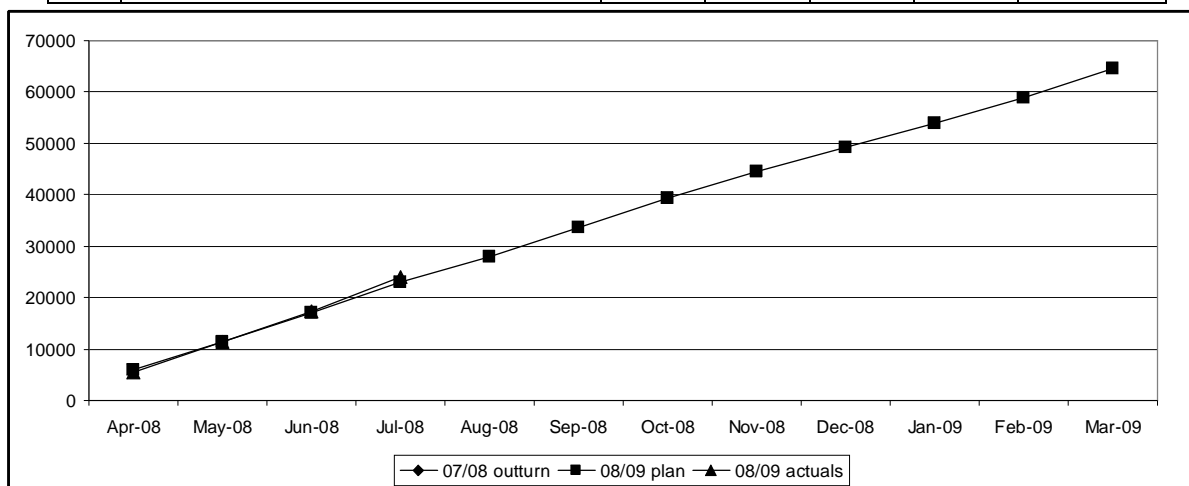


Performance between April to June has levelled off, however, in July this figure dropped by around 22%. This has been reportedly down to seasonal factors with the latest forecast for August 2008 showing it rising to around 56%.

The Choose and Book team continue to visit all practices in BEN to assess their requirements to facilitate bookings and to deal with any issues that may arise. The team are also attending locality board meetings to discuss progress, issues and support arrangements.

2.6 Number of 1st outpatient attendances following GP referral

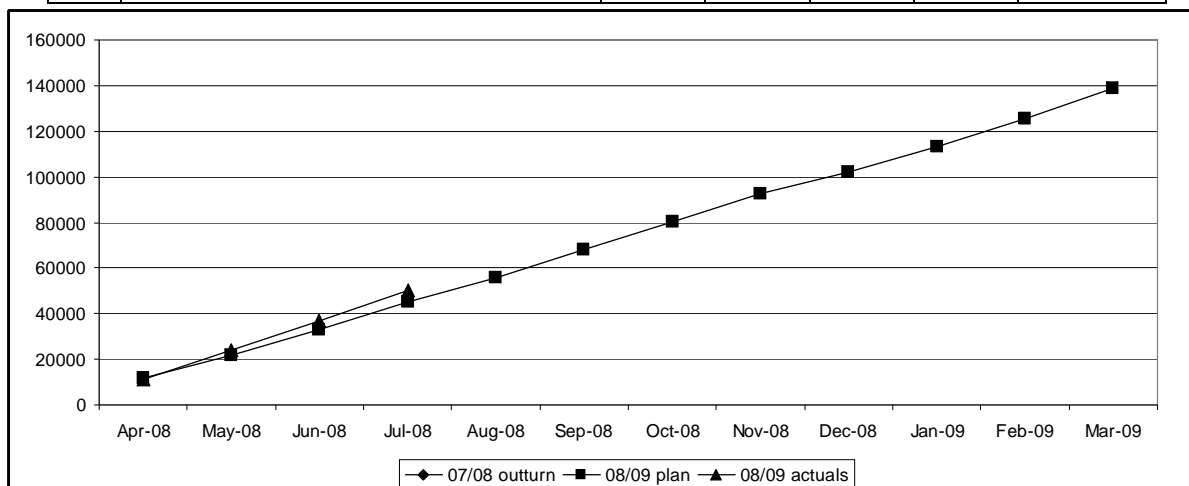
No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
24	Number of 1 st attendances following GP referrals	5390	11270	17379	23883	JT
	Plan each month	6000	11466	17002	22998	



The number of 1st attendances following a GP referral was 885 above its trajectory. Discussions have taken place to address the over performance at HoEFT both through the PCT and with GP colleagues. After initial discussions by Clinical Directors and Locality Directors with GPs as well as initial evidence from audits, it would appear that the increased referrals are clinically appropriate. Further analysis is taking place, which will continue to help validate this. An effort has been made to re-affirm the use of insight referrals and to help reduce admissions through this method via the locality teams.

2.7 Number of 1st outpatient attendances following all referrals

No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
25	Number of 1 st attendances following all referrals	11359	24001	36698	50437	JT
	Plan each month	11805	21533	32828	45208	

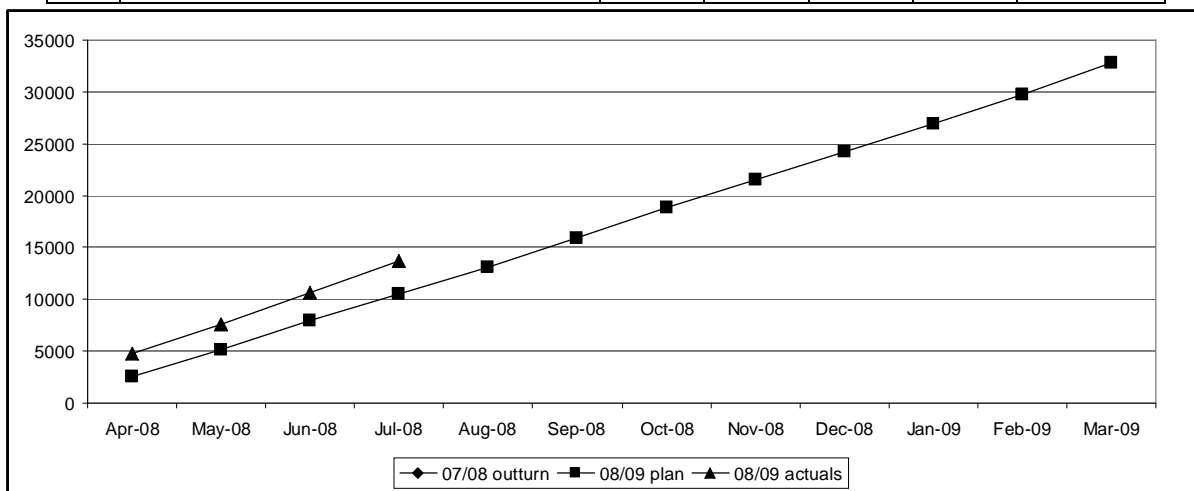


The number of 1st attendances following all types of referrals was 5229 above the trajectory. Discussions have taken place to address the over performance at HoEFT both through the PCT and

with GP colleagues. As a result there has been a re-emphasis on reducing emergency admissions through the use of Assertive Case Managers (ACMs) and making sure that they have the capacity & capability to be able to take on new case loads. GPs are being encouraged to use alternative services such as the Orthopaedic Triage Service.

2.8 Elective daycase and inpatient activity

No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
26	Elective daycases and inpatients	4810	7645	10595	13690	JT
	Plan each month	2527	5183	7925	10559	

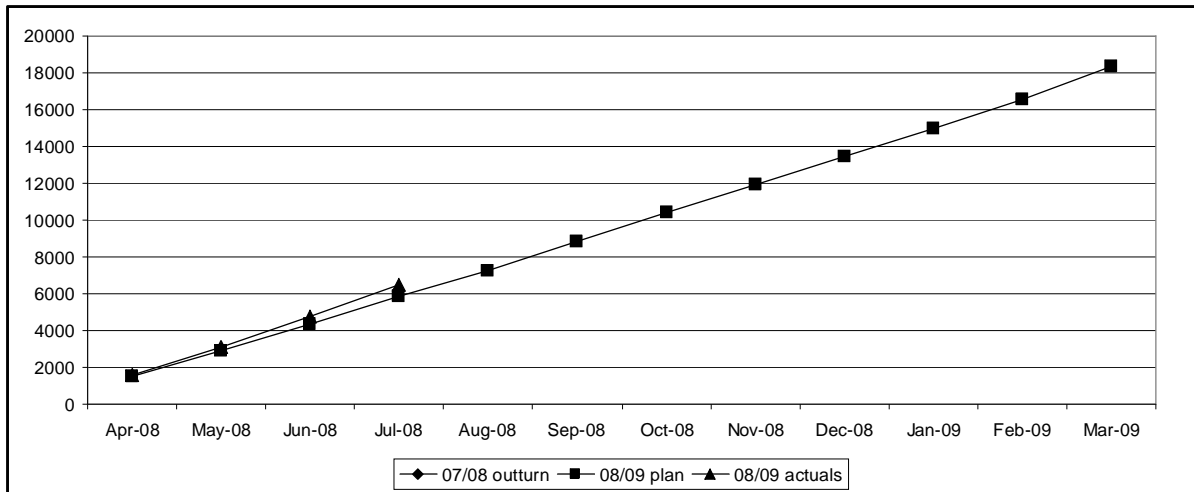


Analysis of HoEFT data again shows over performance with 3131 units as at July 2008. Significant contributors are the following specialities, which are responsible for 82% of these units of over performance. These specialities are:

Speciality	Activity over performance
Orthopaedics	312
Gastroenterology	225
Urology	180
Breast surgery	123
Thoracic Medicine	118
Gynaecology	90

2.9 Booked daycase and inpatient activity

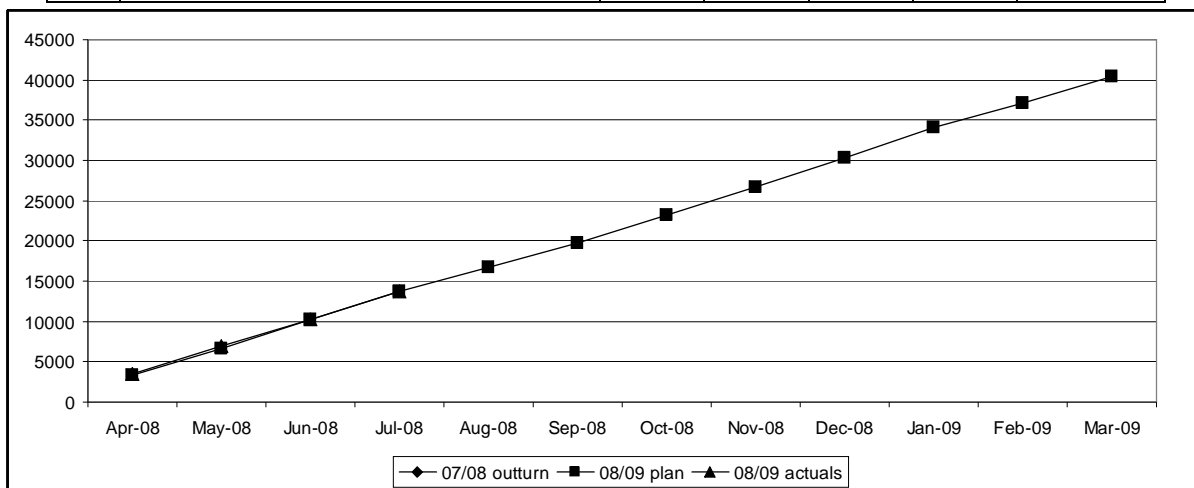
No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
27	Booked daycases and inpatients	1613	3109	4751	6460	JT
	Plan each month	1509	2876	4321	5843	



Booked daycase and inpatient activity continues to increase above planned trajectory by 617 constituting over performance. This is not fully understood and is being explored with HoEFT.

2.10 Non-elective FFCEs

No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
28	Non elective FFCEs	3488	6969	10307	13784	JT
	Plan each month	3298	6704	10267	13668	



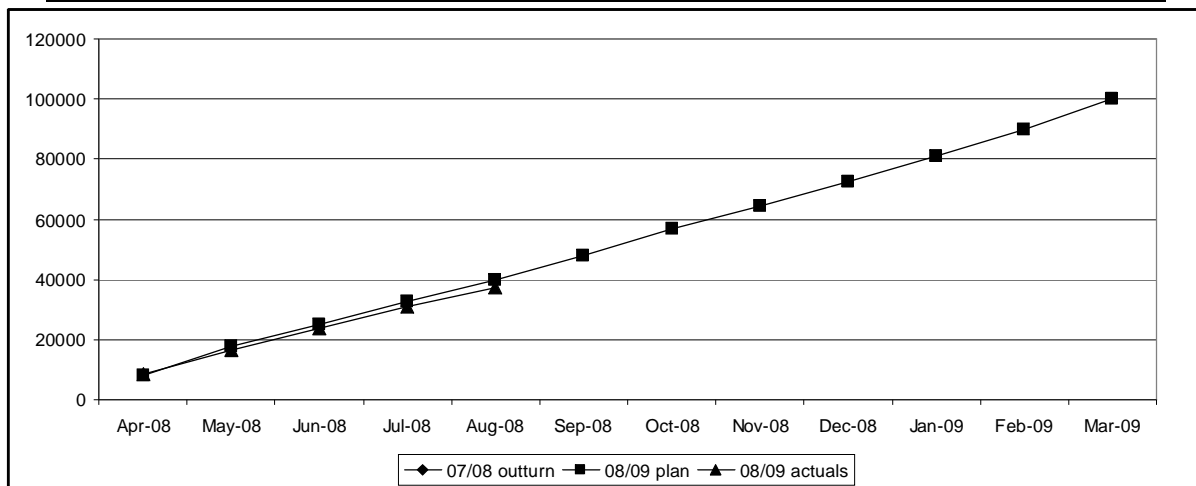
There continues to be over performance at HoEFT concerning Non-elective FFCEs. Significant variances are identified under the following specialities:

Speciality	Activity over performance
Accident & Emergency	135
Geriatric Medicine	510

After raising this with HoEFT during June, it has become apparent that the 140 admissions had been incorrectly coded as A&E activity. This is to be corrected during August. Again, discussions have taken place to address the over performance and through discussions on the over performance at HoEFT, plans are being put in place to help reduce the non electives admissions through a revised End of Life delivery plan, using ACM to prevent admissions and A&E diversions through the new insight module.

2.11 15 key tests diagnostic test activity

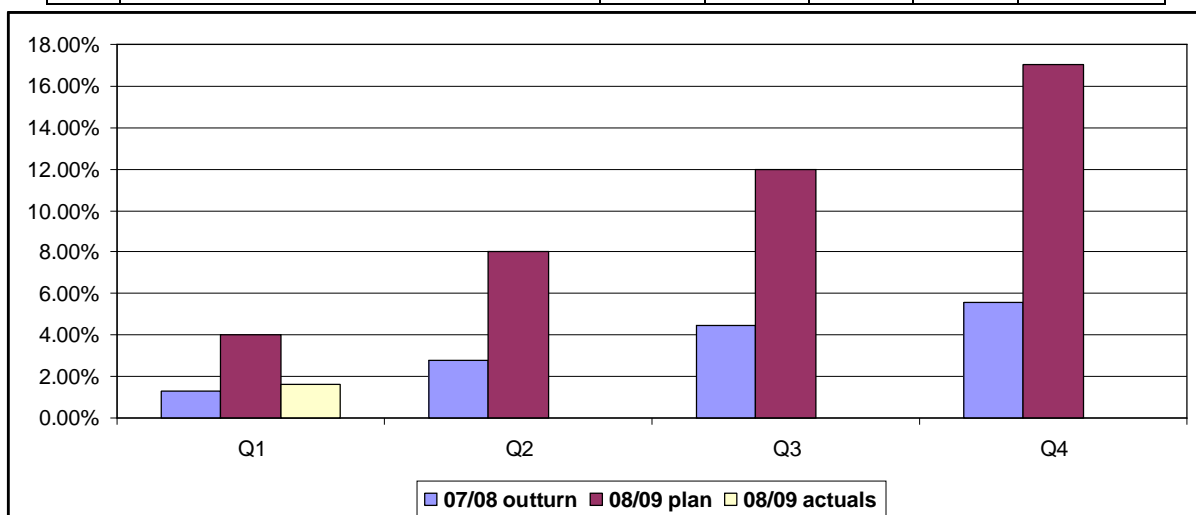
No:	Target	Apr 08	May 08	Jun 08	July 08	Lead
29	15 Key tests activity	8656	16526	23672	30813	JT
	Plan each month	8160	17902	25000	32804	



There was a reported over performance of ECGs by 108 units during July which represents an over performance of around 30%. MRIs have also been reported as over performance against plan by 305 units and increase of 114 units from the June figure. Again this represents an over performance of around 100% against the planned activity.

2.12 Chlamydia Screening

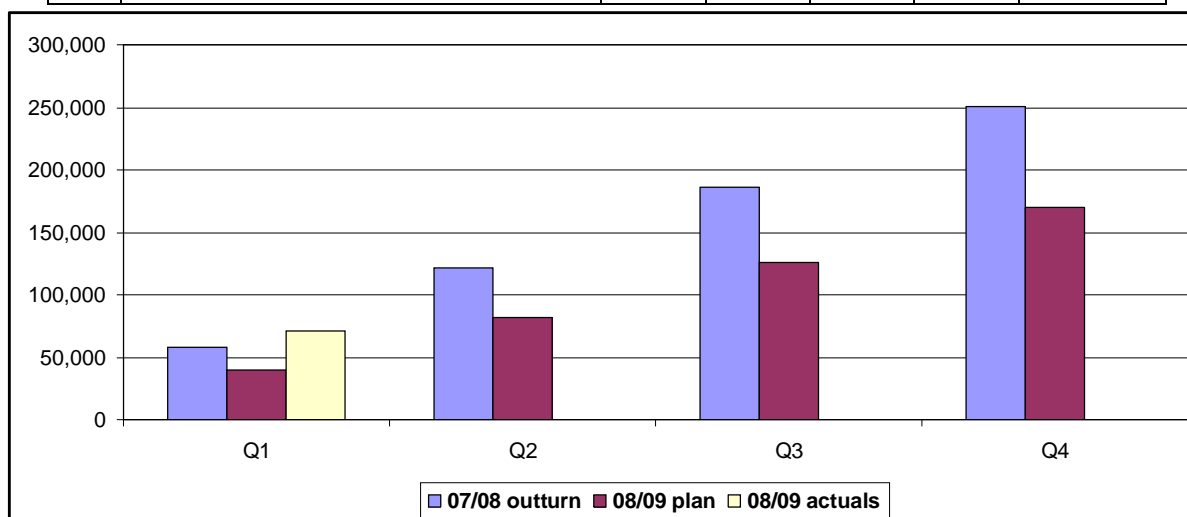
No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
36	Chlamydia Screening	1.60%				AD
	Plan each quarter	4.00%	8.00%	12.00%	17.00%	



Chlamydia screening is reported quarterly. The first quarter reporting shows that the PCT has only achieved a very small amount of activity, well below the trajectory. The PCT plan is part of a proportion of activity set across Birmingham. The Health Protection Agency are now collecting and collating the data, and there have been issues for data collection in primary care. The trajectory above is a straight line trajectory and does not reflect the expected activity in our PCT area. It is anticipated that the trajectory will be met by quarter 3. Actions taken include; incentivising GPs to carry out tests; development of a closer partnership with the teenage pregnancy workers, and associated publicity campaign; implementation of 'opt out' with Brook Advisory Service, Family Planning Services, Termination Services & BRASH at Boots in the city centre; a marketing campaign using local champions & nightclubs.

2.13 Number of emergency bed days

No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
38	Number of emergency bed days	70855				AD
	Plan each quarter	39583	82086	126049	170013	



The trajectory for the number of emergency bed days for Quarter One was set at 39583. The actual was well above this at 70855. HEFT has implemented an over-performance recovery plan and as part of this a number of actions are planned. GP's will now have access to their A&E data via the Insight Website from the 15th September 2008 and will be asked to review the attendance and focus on reviewing cases resulting in admissions and attendances that could have been managed differently. This could include referral to an ACM or other services such as intermediate care. A review is also underway with the ACM team to explore the potential of devolving some of their more stable caseload to the Birmingham Own Health case managers in order to free up capacity to take on new cases. A 3rd Community Intermediate Care team is now running and this has significantly increased the available capacity and should divert some emergency admissions. The End of Life (EoL) Services should also be able to help provide alternative support services such as the five support care beds and Hospice @ Home. In addition, the PCT will be looking at how to ensure that EoL patients are being identified and offered support early so that they do not drift into crises resulting in hospital admission.