

# Birmingham East and North Primary Care Trust

## Monthly Performance Report to December Board 2008

December 2008  
Monthly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	DOT	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Director Lead	Commentary Lead
	1	MRSA infections (health economy-cumulative)	54	↔	15	17	19	22	25		DWu	KD
HCC	2	CDiff infections (PCT target - cumulative)	514	↑	116	153	175	201	222		DWu	KD
HCC	3a	% of admitted patients seen within 18 weeks adjusted (snapshot)	90.00%	↑	86.19%	87.93%	89.12%	90.42%	90.96%		AD	JB
HCC	4	% of non admitted patients seen within 18 weeks (snapshot)	95.00%	↑	93.60%	93.06%	93.64%	94.62%	94.93%		AD	JB
HCC	5	% of audiology patients treated within 18 weeks (snapshot)	95.00%	↑	99.13%	99.33%	98.87%	99.03%	100.00%		AD	JB
HCC	6	Ambulance: Cat A 8 min target % (snapshot)	75.00%	↓	72.70%	73.20%	72.20%	73.10%	70.10%		AD	CN <b>2.1</b>
HCC	7	Ambulance: Cat A 19 min target % (snapshot)	95.00%	↓	99.80%	99.90%	99.50%	99.60%	98.60%		AD	CN
HCC	8	Ambulance: Cat B 19 min target % (snapshot)	95.00%	↓	95.60%	96.40%	96.20%	94.40%	93.50%		AD	CN <b>2.2</b>
HCC	9	Total time in A&E: 4 hours or less (in month)	98.00%	↑	98.10%	98.24%	97.55%	97.56%			JT	CN
	10	Patients waiting longer than 3 months for revascularisation (snapshot)	0.00%	↔	0.00%	0.00%	0.00%	0.00%			AD	JB
HCC	11	% cancer patients seen within 2 week target (cumulative)	97.00%	↑	100.00%	100.00%	99.96%	99.97%			AD	JB
HCC	12	% cancer patients seen within 1 month target (cumulative)	95.00%	↔	100.00%	100.00%	100.00%	100.00%			AD	JB
HCC	13	% cancer patients seen within 2 month target (cumulative)	92.00%	↑	99.47%	99.59%	99.66%	99.71%			AD	JB
HCC	14a	Percentage of outpatients waiting longer than 13 weeks (snapshot)	0.00%	↑	0.08%	0.15%	0.11%	0.02%			JT	JB
	15	Diagnostics waiting over 6 weeks (snapshot)	0	↔	0	2	6	1	1		JT	JB
	16	Inpatients waiting over 11 weeks (snapshot)	0	↑	90	80	152	130			JT	JB
HCC	16a	Percentage of inpatients waiting longer than 26 weeks (snapshot)	0.00%	↔	0.00%	0.00%	0.00%	0.00%			JT	JB
HCC	19	Smoking 4 week quitters (cumulative)	3641	↑	455	673	884	1036			NB	PB <b>2.3</b>
HCC	21	Number of drug misusers in treatment	5,600	↑	6,180	6,237					AD	DWa
	22	Convenience and booking: PCT booking rates (snapshot)	90.00%	↑	65.29%	43.85%	46.01%	48.36%			AD	JB <b>2.4</b>
	24	Number of 1st attendances following GP referral (cumulative)	64438	↓	17379	23883	29375	35808			JT	RP <b>2.5</b>
	25	Number of 1st attendances following all referrals (cumulative)	138959	↓	36698	50437	61478	75148			JT	RP <b>2.6</b>
	26	Elective daycases and inpatients (cumulative)	32779	↓	10595	13690	16236	19226			JT	RP <b>2.7</b>
	27	Planned daycases and inpatients (cumulative)	18378	↓	4751	6460	8025	9699			JT	RP <b>2.8</b>
	28	Non elective FFCEs (cumulative)	40467	↓	10307	13783	17008	20508			JT	RP <b>2.9</b>
	29	15 key tests activity (cumulative)	100221	↑	23672	30813	37327	44263	51756		JT	RP <b>2.10</b>
	30	% of people with current HbA1c <= 7.5 (snapshot)	65.00%	↑							NB	SK
	31	% of practices offering extended opening hours (snapshot)	50.00%	↑	26.83%	31.71%	39.02%	47.56%	57.32%	62.20%	JT	DM

KEY	
<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	=national Vital Signs target
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	=national Vital Signs target with local flexibility
<span style="background-color: #fff2cc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	=local Vital Signs target
<span style="background-color: #f4cccc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	HCC

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

December 2008  
Quarterly Performance Targets

Targets	No.	TARGET	08/09 EOY plan	DOT	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Director Lead	Commentary Lead
	32	% GP appointments within 48 hours (snapshot)	100.00%				97.00%				JT	DM
	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%					
HCC	35	Delayed transfers of care per 100,000 population aged 18+	9.09	↓			13.15			14.94	AD	SM/PW
HCC	36	Chlamydia screening (cumulative)	17.00%	↑			1.60%			3.30%	AD	Dwa <b>2.11</b>
HCC	37	% offered diabetic retinopathy screening (snapshot)	100.00%	↔			100.00%			100.00%	NB	SK
	38	Number of emergency bed days (cumulative)	170,013				70,855				AD	CN
	39	Convenience and booking: patients awareness of choice (snapshot)	50.00%			50.00%					AD	JB
	40	Convenience and booking: patient confirmation of choice (snapshot)	90.00%			66.00%					AD	JB
HCC	41	HCC Standards Achievement (snapshot)	100.00%	↔			92.86%			92.86%	LP	RM
HCC	42	% 1 year olds immunised for DTaP/IPV/Hib (cumulative)	88.00%				89.60%				NB	YG
HCC	43	% 2 year olds immunised for PCV (cumulative)	88.00%				89.20%				NB	YG
HCC	44	% 2 year olds immunised for Hib/MenC (cumulative)	88.00%				84.30%				NB	YG
HCC	45	% 2 year olds immunised for MMR (cumulative)	88.00%				90.00%				NB	YG
HCC	46	% 5 year olds immunised for DTaP/IPV (cumulative)	88.00%				95.40%				NB	YG
HCC	47	% 5 year olds immunised for MMR (cumulative)	92.00%				91.80%				NB	YG
HCC	48	% 12-13 yr old girls immunised for HPV (cumulative)	51.00%								NB	YG
HCC	49	% 13-18 yr olds immunised with booster DTaP (cumulative)	82.00%								NB	YG
HCC	50	% breastfeeding status at 6-8 weeks (snapshot)	85.00%	↑			61.00%			74.00%	NB	JS
HCC	51	Prevalence of breastfeeding (snapshot)	34.90%	↓			27.00%			25.80%	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			3	AD	WS
HCC	54	Full range of CAMHS services for learning disabilities: level 1-4 (snapshot)	3	↔			3			3	AD	WS
HCC	55	Access for CAMHS for 16-17 year olds: level 1-4 (snapshot)	4	↔			4			4	AD	WS
HCC	56	Full range of CAMHS early intervention services (snapshot)	3	↔			3			3	AD	WS
HCC	57	Proportion of stroke patients who spend at least 90% of their time on a stroke unit (snapshot)	70.00%	↑			23.00%			35.00%	AD	GW
HCC	58	Proportion of people who have a TIA who are scanned and treated within 24 hours (snapshot)	26.00%				Not available			Not available	AD	GW
HCC	59	Percentage of women assessed by 12 weeks of pregnancy (snapshot)	72.00%				Not available			Not available	AD	WS
	60	Rate of hospital admissions for alcohol related harm per 100,000 population	1,458.00								AD	DWa

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	LP	Louise Pritchard
CR	Corrine Ralph	NB	Nicola Bengie
DM	Donna McArthur	RM	Rosey Monaghan
DWa	David Walker	SK	Saj Kahrod
GW	Glen Warren	SM/PW	Shirley Mallon & Pam Whitehead
JB	Jenny Belza	WS	Waheed Saleem
JS	Jewant Singh	YG	Yvonne Green

# Birmingham East and North PCT December 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.

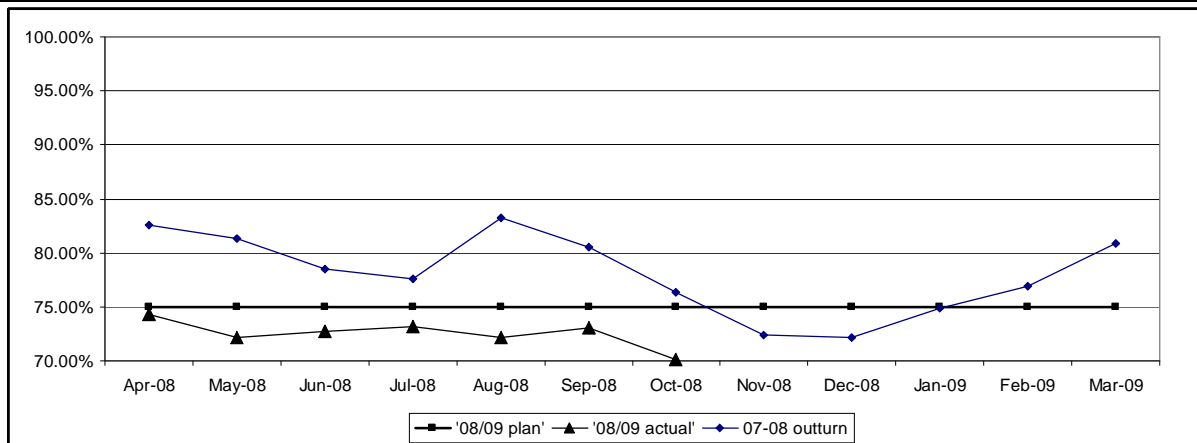
The Board is asked to note that the 'amber' category of reporting has been returned to the scorecard upon their request. Amber indicates that the target has not been met but it is not far away from the target. The owner (leads) for each of the targets has been asked by the performance team to set the 'amber' threshold for each indicator. Where the 'direction of travel arrow' indicates that a target marked amber is worse than the previous month but does not indicate a trend. An explanatory text will be included in the body of the report as will any indicators marked as red or an amber indicator has been in place for 3 months or more.

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 lag time between end of a period and validation of the data can be considerable and out of the control of the PCT.

## 2.0 New areas of concern & serious ongoing concern

### 2.1 Ambulance : Cat A 8 minute target (Green >75%, Amber 70-74%, Red <70%)

No:	Target	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Lead
6	Ambulance : Cat A 8 minute target %	72.10%	72.70%	73.20%	72.20%	73.10%	70.10%	AD
	Plan each month	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	



Performance of WMA in the BEN PCT areas continues to deteriorate. The target for all Category A calls reached in eight minutes is set at 75.00% and has been a challenge to achieve in Birmingham East and North since April 2008.

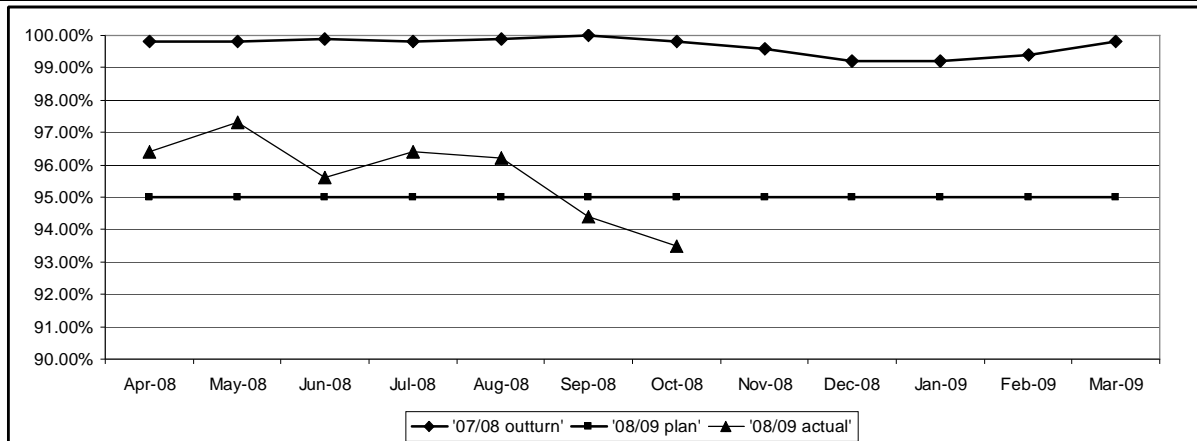
West Midlands Ambulance Trust submitted an action plan in October 2008 to the PCT's Emergency Care Network on how they were planning to improve through:

- Redeployment of staff and ambulance cars
- Working with Heart of England FT (HEFT) and the PCT on agreeing an appropriate divert policy and by improving turnaround at HEFT.

Commissioners are also working with WMAS and HEFT to support improvement and to ensure the action plan following the SHA Turnaround review is implemented.

## 2.2 Ambulance : Cat B 19 minute target Green (Green >95%, Amber 90-94%, Red <90%)

No:	Target	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Lead
8	Ambulance : Cat B 19 minute target %	97.30%	95.60%	96.40%	96.20%	94.40%	93.50%	AD
	Plan each month	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	



The target for all Category B calls reached in 19 minutes is set at 95.00% and has been achieved until September when performance deteriorated in Birmingham East and North.

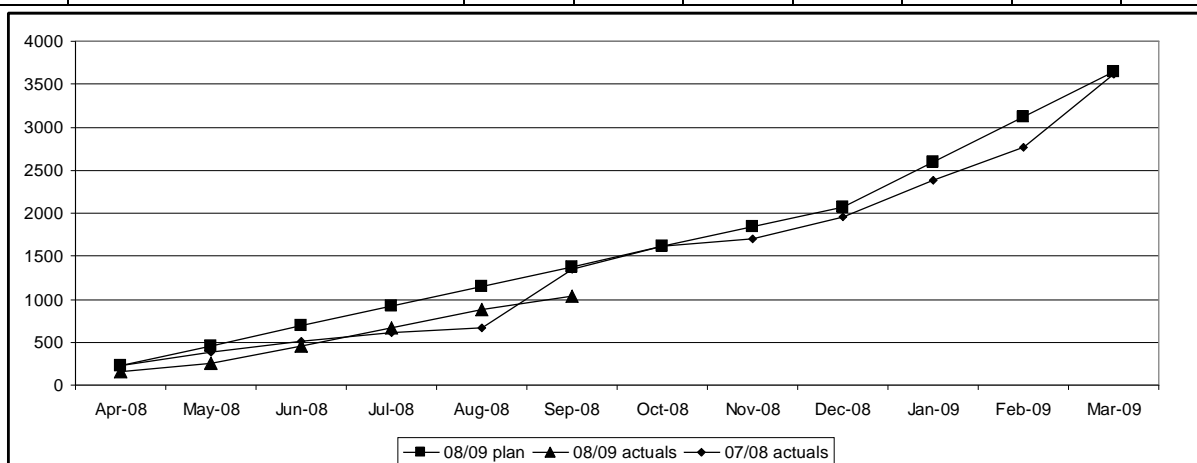
West Midlands Ambulance Trust submitted an action plan in October 2008 to the PCT's Emergency Care Network on how they were planning to improve through:

- Redeployment of staff and ambulance cars
- Working with HEFT and the PCT on agreeing an appropriate divert policy and by improving turnaround at HEFT.

Commissioners are also working with WMAS and HEFT to support improvement and to ensure the action plan following the SHA Turnaround review is implemented.

## 2.3 Smoking four week quitters (Green >90%, Amber 70-89%, Red <69% to target)

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
19	Smoking four week quitters	150	249	455	673	884	1036	NB
	Plan each month	230	460	690	920	1150	1380	

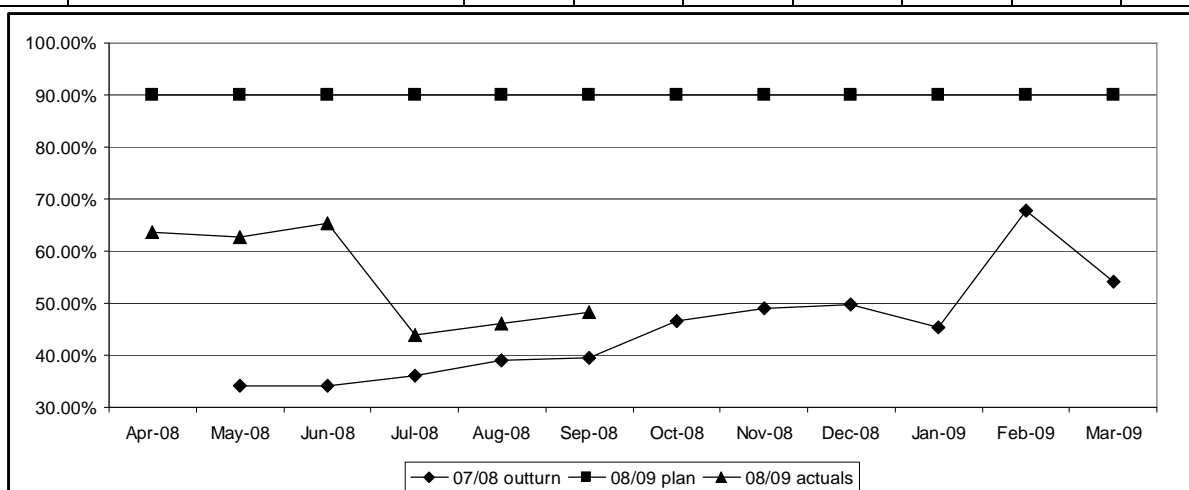


An update to the trajectory was made by the PCT to the smoking four-week quitters in November from one of seasonal to that of a straight-line trajectory. The rationale behind this was that the PCT should not be lulled into a false sense of security that the year end target would be achieved as the required activity was previously back-loaded. The new trajectory spreads the activity and will help maintain the focus on sustained progress to meet the target by the end of the financial year. At September 08, the PCT are just under 800 short of the target and a number of measures are in place to improve performance.

- A planned focus on practices who have not signed up to the LES (Local Enhanced Service); LSSS staff to undertake the new DH Smoking Cessation in Primary Care (SCIP) training during December and January 2009 on 'very brief interventions' which have been proven to increase the number of referrals with the use of a practice champion.
- A band 5 support worker who currently works for Birmingham University with South Asian smokers to have their contract extended to continue this work and extend links into the BME population and to support the Stop Smoking Service team.
- New Year Initiatives – Ten drop in sessions have been planned from the 2<sup>nd</sup> January 2009 for duration of twelve weeks.
- NRT by post scheme has been extended to all ringing people ringing the Call to Quit service as an option to quit via telephone support if the traditional services are not suitable. This is in addition to the current pathway for relapsed smokers identified by Pharmacy follow-up calls.
- Birmingham in conjunction with the DH is piloting a service to improve referrals to the Stop Smoking Service from the NHS Helpline. Currently the SSS receive a list of current smokers but in future the aim will be to direct the client to the Call to Quit 'call back' service for immediate response.
- Hosting of the Call to Quit call centre is to be transferred to Birmingham PCTs from December 2008; it is anticipated that this will improve the client experience and follow-up.

#### 2.4 Convenience and booking: PCT booking rates (Green >90%, Amber 80-89%, Red <79%)

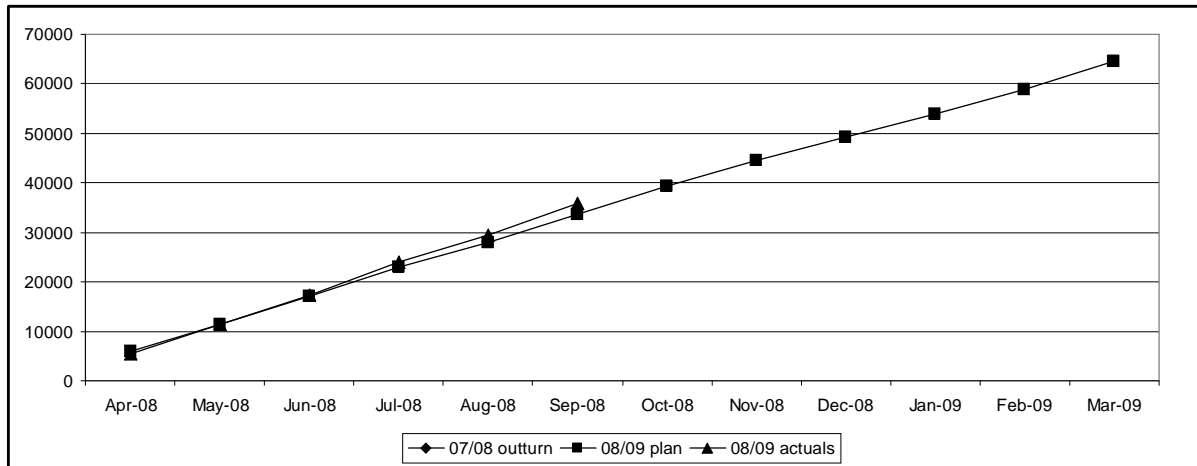
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
22	Convenience and booking : PCT booking rates	63.66%	62.57%	65.29%	43.85%	46.01%	48.36%	AD
	Plan each month	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	



Performance remains well below the 90.00% target at 48.36%. The 'Choose and Book' team continue to visit all practices to assess requirements to facilitate bookings and to deal with issues and promote direct booking. The 'Choose and Book' lead is also attending the locality boards to discuss progress, issues and support arrangements.

## 2.5 Number of 1<sup>st</sup> attendances following GP referral (RAG score not yet set)

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
24	Number of 1 <sup>st</sup> attendances following GP referral	5390	11270	17379	23883	29375	35808	JT
	Plan each month	6000	11466	17002	22998	28069	33600	

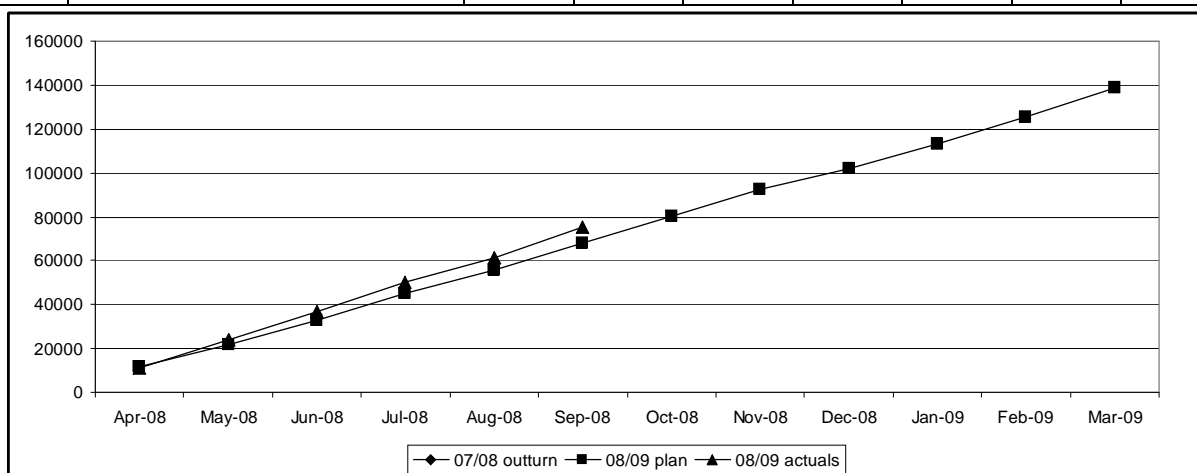


The number of attendance continues to rise above plan. This is linked with the increased number of GP referrals, which is linked to the number of 1<sup>st</sup> attendances.

Discussions have taken place to address the over performance at HEFT both through the PCT and with GP colleagues. After initial discussions by Clinical Directors and Locality Directors with GP 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.

## 2.6 Number of 1<sup>st</sup> attendances following all referrals (RAG score not yet set)

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
25	Number of 1 <sup>st</sup> attendances following all referrals	11359	24001	36698	50437	61478	75148	JT
	Plan each month	11805	21533	32828	45208	55993	67863	

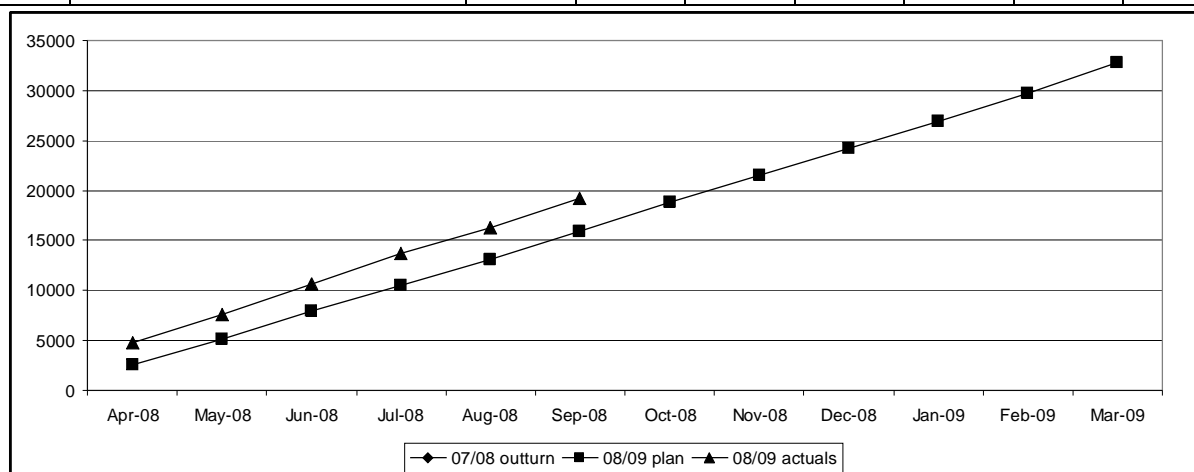


The number of 1<sup>st</sup> attendances following all referrals continues to over perform at a consistent level since May 2008. This increased level of attendances is around 10% of the plan.

Discussions have taken place to address the over performance at HEFT both through the PCT and with GP colleagues. As a result there has been a re-emphasis on reducing emergency admissions through the ACMs and making sure that they have the capability to be able to take on new caseloads.

## 2.7 Elective day cases and inpatients (RAG score not yet set)

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
26	Elective day cases and inpatients	4810	7645	10595	13690	16236	19226	JT
	Plan each month	2527	5183	7925	10559	13045	15911	



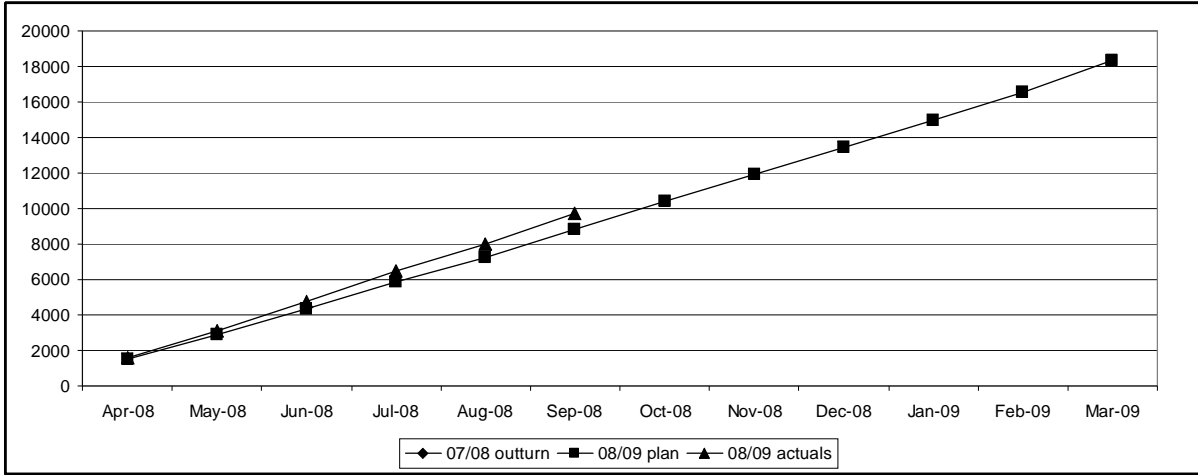
Analysis of HEFTs month six data shows the following specialities as the top five areas of over performance.

Speciality Code	Speciality Name	Activity over performance
110	Orthopaedics	432
301	Gastroenterology	392
101	Urology	345
420	Paediatrics	210
103	Breast surgery	180

The level of monthly over performance has decreased from the start of the year and for September 2008 was 4% over plan. There is some suggestion that there is an inevitable 18 week effect not only in front loading activity but also in potentially changing patients' aspirations about seeking treatment.

## 2.8 Planned day cases and inpatients (RAG score not yet set)

No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
27	Planned day cases and inpatients	1613	3109	4751	6460	8025	9699	JT
	Plan each month	1509	2876	4321	5843	7246	8796	

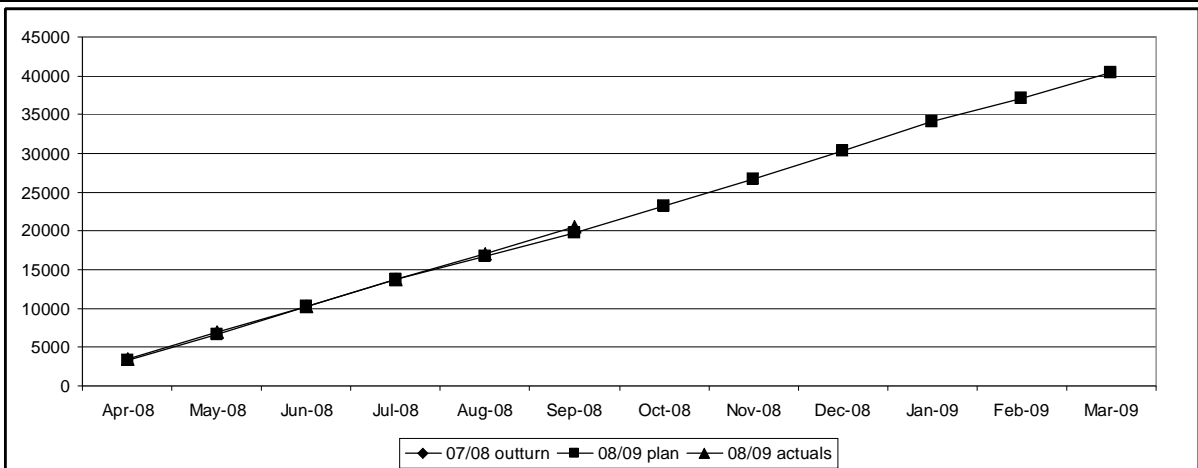


The over performance of booked and planned patients has been stable at a rate of 10% over performance for the last four months.

There is some suggestion that there is an inevitable 18 week effect not only in front loading activity but also in potentially changing patients' aspirations about seeking treatment.

## 2.9 Non elective FFCEs (RAG score not yet set)

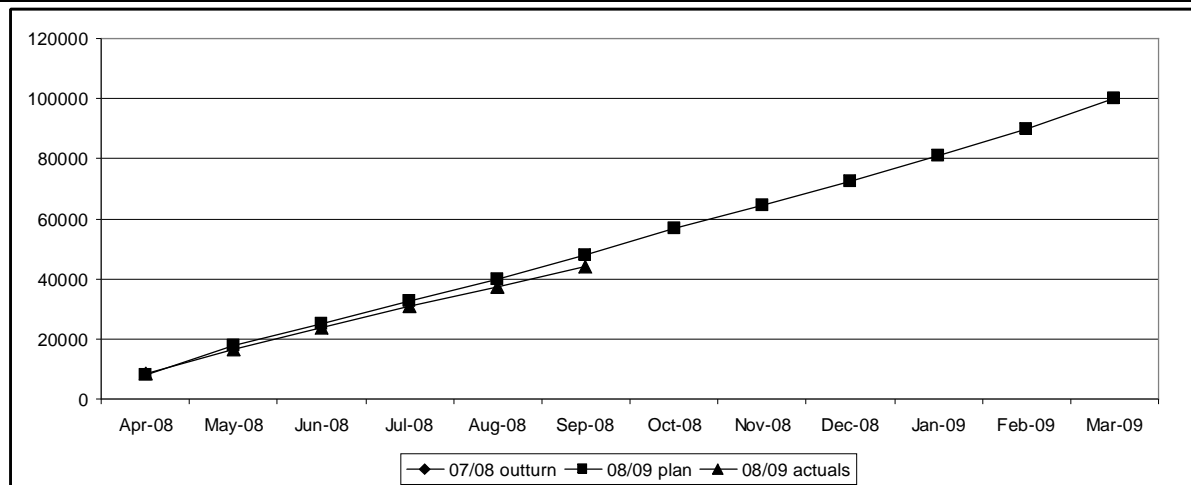
No:	Target	Apr 08	May 08	Jun 08	July 08	Aug 08	Sep 08	Lead
28	Non elective FFCEs	3488	6969	10307	13783	17008	20508	JT
	Plan each month	3298	6704	10267	13668	16757	19744	



Through the discussions on the over performance at HEFT, plans are being put in place to help reduce the non-elective admissions through a revised End of Life delivery plan, using Assertive Case Managers to prevent admissions and A&E diversions through the new Insight module.

## 2.10 15 key diagnostic tests activity (RAG score not yet set)

No:	Target	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Lead
29	15 key tests activity	16526	23672	30813	37327	44263	51756	JT
	Plan each month	17902	25000	32804	39654	48024	56805	



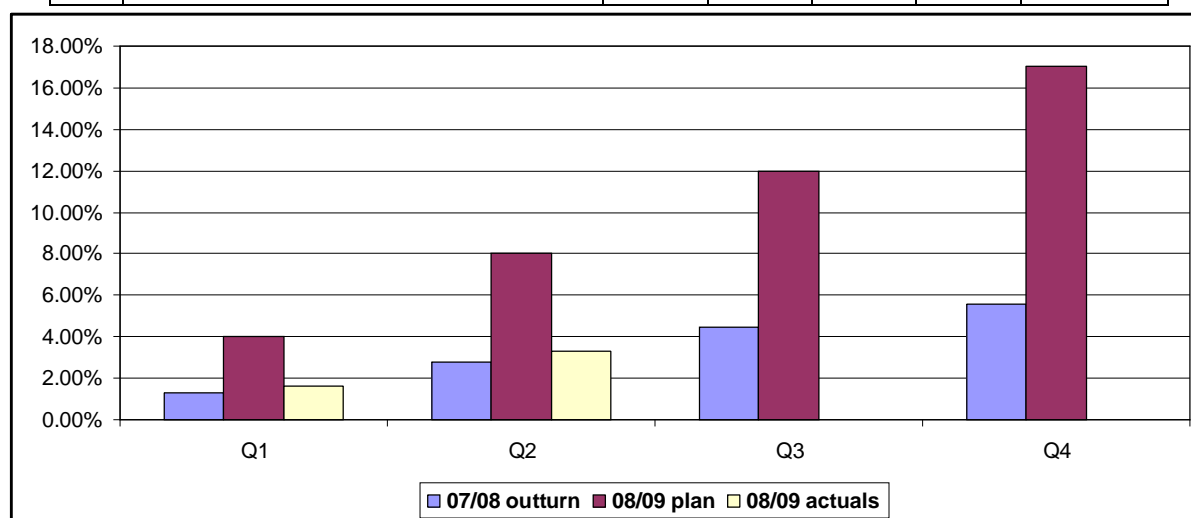
The 15 key test activity continues to under performance and the level of under performance has increased to 10%.

Cardiology – ECG shows over-performance of 991 units. This represents over-performance at a rate of around 15%.

MRI – month six shows over performance of 391 units; this represents over-performance of around 50% against planned activity levels.

## 2.11 Chlamydia screening (RAG score not yet set)

No:	Target	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Lead
36	Chlamydia screening	1.60%	3.30%			AD
	Plan each quarter	4.00%	8.00%	12.00%	17.00%	



A slight rise in the number of Chlamydia screens between Q1 and Q2 has been noted. A number of additional actions have been taken to increase the number of screens across the PCT, these 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.

For Q3 all screens undertaken across the PCT in primary care will be taken into account and added to the totals and is hoped that this will improve performance.