

TO: West Gloucestershire Primary Care Trust Board

FROM: Nicki Millin, Assistant Director (Performance)

DATE: 13th July 2006

SUBJECT: PERFORMANCE REPORT

1.0 PURPOSE:

To provide the Board with activity and key performance information for West Gloucestershire PCT in section one and a self assessment of performance against the Health Care Commission standards in section two.

2.0 INTRODUCTION

This Board report has now been altered to provide the Board with a range of information

- Performance against the 6 key priorities identified within *The NHS in England: the operating framework for 2006/07*
- Key performance areas for West Gloucestershire in respect of emergency and urgent care and hospital capacity
- Practice level performance information

SECTION ONE – PERFORMANCE INFORMATION

3.0 SUMMARY OF KEY ISSUES AND TRAFFIC LIGHT SUMMARY

3.1 Great Western Ambulance Service NHS Trust did not meet its Category A calls target in June 2006.

3.2 Achievement of the 62 day cancer target continues to improve but we do not fully meet the 95% target.

Traffic light summary

Target	Traffic light	Page reference
SIX KEY PRIORITY AREAS		
Cancer one month diagnosis to treatment	√	2
Cancer two months referral to treatment	x	2
18 week maximum wait times		4
MRSA	X	4
Patient Choice and Booking	√	5
Access to GUM/ sexual health clinics	√	6
Smoking cessation	√	6

OTHER KEY PERFORMANCE AREAS		
GWAS Ambulance Category A calls (8 mins)	-	7
GWAS Ambulance Category A calls (19 mins)	-	7
GWAS Ambulance Category B calls (19 mins)	x	7
Thrombolysis – 60 minute call to needle time	X	8
Accident and Emergency 4 hour waits	√	8
Delayed transfers of care	-	9

Key

Green	√	On plan or better than plan
Amber	-	Nearly on plan
Red	x	Worse than plan

4.0 CANCER WAITING TIMES

The NHS Cancer Plan sets the ultimate goal that by December 2005 no patient shall wait longer than one month (31 days) from diagnosis of cancer to the beginning of treatment, or more than two months (62 days) from Urgent GP referral for suspected cancer to the beginning of treatment except for good clinical reasons.

	March	April	Plan	Variance
One month diagnosis to treatment (31 day)	98.9%	99%	98%	+ 1%
Two months referral to treatment (62 day)	93%	91%	95%	- 4 %

4.1 Commentary

It is now very unlikely that GHNHSFT will achieve and sustain the 95% target for 62 days which was anticipated for May even though initial indications are that the Trust will achieve 94% for May.

In April, GHNHSFT achieved 91% for the 62 day target and are estimating 94% for May and 90% June. This anticipated downward trend is due to the following issues :-

- Patients who have been going through complex diagnostic pathways were finally treated and subsequently breached
- Practical data transfer issues between Hereford and Worcester and GHNHSFT
- Late tertiary referrals to the Oncology Centre from Hereford and Worcester
- Capacity issues in the Oncology Centre (which have been resolved)
- Long and slow pathways for urology and lung patients at Worcester
- Breaches will continue to occur as the backlog of Worcester patients are treated over the next several month

- Pathway time lines have not been agreed for lung patients at Gloucestershire Royal Hospital (GRH), lower GI patients at Cheltenham General Hospital (CGH) and across both sites for Urology patients

4.2 Actions

GHNHSFT are putting in place a range of actions which will improve their performance over the next few months.

- Review the data transfer process between Hereford and Worcester and GHNHSFT and any patients being referred over 31 days into GHNHSFT are to be highlighted, analysed and reasons identified for their delay with the managers and clinicians at Hereford and Worcester to see if there are any patterns or obvious pathway issues to be addressed.
- DOH Intensive Support Team is working with Worcester to help improve their urology and lung pathways.
- National Clinical Lead for Urology to be invited to meet with urologists, Cancer Nurse Specialists and managers from CGH and GRH to discuss urology service and how to improve/smooth the urology pathway time lines for patients (July/August). Changes to pathways to be agreed, implemented and monitored.
- National Clinical Lead for Lower GI to be invited to meet with Lower GI Clinicians and managers at CGH to review pathway and establish why patients are breaching. Lessons to be learnt from Lower GI pathway at GRH which is proving to be more efficient (July/August). Changes to pathways to improve time lines to be agreed, implemented and monitored.
- National Clinical Lead for Lung to be invited to meet with clinicians at GRH to review lung pathway and identify areas for improvement (July/August). Changes to pathways time lines to be agreed, implemented and monitored.

It is now unlikely with the above action plan that GHNHSFT will achieve the 95% target and sustain it before Quarter Three (Oct-Dec 2006) of this financial year.

5.0 ACCESS (WAITING TIMES)

The NHS Plan set out the ultimate goal that by December 2005, the maximum wait time for inpatient treatment will be 6 months and outpatient treatment 3 months.

By December 2008 no patient should wait longer than 18 weeks from referral to treatment.

5.1 Current Wait times targets (6 months and 13 weeks)

- There have not been any breaches to the current wait times targets.

5.2 December 2008 18 week referral to treatment target

The wait times at the end of May are shown in Appendix 1. There has not been any significant change to wait times from the end of March position (which was the agreed baseline position). The agreement with GHNHSFT is maintain waiting times at around the average. In the longer term the work of the Planned Care and Contracting Integrated Service Improvement Planning group will contribute to moving towards the 18 weeks targets (reduction in activity).

5.3 Choice of scan programme

From April 2006, patients waiting longer than 16 weeks for diagnostic imaging tests (including MRI, CT, Ultrasound and DEXA scans) will be offered the choice of having their scan at another provider within 20 weeks. The choice of the scan programme is not a national target, but is to support delivery of the 18 week referral to treatment pathway.

Choice of scan is not mandatory for NHS Foundation Trusts, however GHNHSFT are signed up to the principles of reducing wait times, working within available finances. Wait times for scans are now being monitored and are reported in Appendix 1.

5.4 Current Welsh Provider waiters

The PCT continues to have patients waiting in excess of NHS (for England) wait times targets with Welsh Providers. These patients are routinely offered the choice of another provider, but have chosen to remain with these providers. Current numbers are

- 1 over 6 month waits
- 11 over 17 week wait

6.00 MRSA/ HOSPITAL ACQUIRED INFECTION

The national target for all Acute Trusts is to reduce the number of MRSA infections from the Trust baseline figure of 2003/04 by 60% by March 2008.

Gloucestershire Hospitals NHS Trust MRSA levels.

QUARTER	NUMBER OF CASES
Apr – June 05	16
July – Sept 05	10
Oct – Dec 05	18
Jan – Mar 06	17

6.1 Commentary

There has been an increase in the level of MRSA infections within GHNHSFT within 2005/06 (61 cases) in comparison to 2004/05 (53 cases). There has not been any one area where this increase has occurred which makes it more difficult to put a recovery plan in place. GHNHSFT and PCT representatives met recently to discuss GHNHSFTs position in respect of MRSA infections. The Trust are currently developing a surveillance tool which will enable them to carry out some in depth analysis of MRSA cases and determine if there

are any trends which can be addressed. The Trust has agreed that they will implement the Saving Lives Initiative recognising that this is a key element for the delivery of the target. Quarterly monitoring of progress will take place at the GHNHSFT contract Quality monitoring board.

7.0 CHOOSE AND BOOK

By December 2005 patients to be offered a choice of four or five hospitals for elective referrals for consultant led outpatient appointments at the time that they are referred by their GP or Primary Care Professional. The patient should also be offered a choice of time and date for their booked appointment.

90% of GP referrals to be made via the choose and book software by 31st March 2007

7.1 Commentary

The target is for GP practices to use the Choose and Book software for all patients they refer to secondary care for an outpatient referral. The following provides information on the number of practices who are registered to use the system and a breakdown of the number of referrals made using the software (note this does not represent the number of patients who have chosen a specific hospital). As at the 25th June, 27 practices are using the Choose & Book software.

The following table shows the number of bookings made through the Choose and Book system against the agreed profile for 2006/07.

Month	Actual No. of bookings	Planned No. of bookings	Actual % of Referral	Planned % of Referral
April	160	100	5.7%	3.5%
May	444	400	16.76%	15.1%
June	694	760	22.88%	25.1%

In the period 1st June to 30th June 7 patients went out of county

- 1 to Hereford Hospitals NHS Trust
- 1 to Birmingham Womens Healthcare NHS Trust
- 2 to Oxford Radcliffe NHS Trust
- 1 to University Hospital Birmingham NHS Foundation Trust
- 1 to United Bristol Healthcare NHS Trust
- 1 to Royal United Hospital Bath NHS Trust

8.0 SEXUAL HEALTH / GUM CLINICS

To deliver the 2006/07 LDP trajectories so that by 2008 everyone referred to a GUM clinic should be able to have an appointment within 48 hours.

8.1 Commentary

There is currently no national system for continuous monitoring of waiting times, and therefore a national Health Protection Agency audit is completed on a quarterly basis as

the method for measuring progress towards access targets. The May results are in the table below.

PCT	Number of attendees seen with 48 hours	Total numbers of attendees	Number not seen within 48 hours offered an appointment	% seen within 48 hours	% attendees offered an appointment within 48 hours
C & T	33	48	0	69%	69%
C & V	13	25	1	52%	56%
W Glos	42	55	0	76%	76%
AGW	313	478	16	65%	69%
England	9050	16628	308	54%	64%

The waiting time for GUM appointments is decreasing as the table below shows. The countywide LDP trajectory for reaching the target 100% GUM appointments offered within 48 hours is 50% by the end of 2006/7, which was exceeded by the end of 2005/6 (58%), with a further improvement in May as reported above.

Percentage patients seen within 48 hours at a GUM clinic

PCT	May 05	August 05	November 05	February 06	May 06
C & T	51%	63%	65%	69%	69%
C & V	53%	64%	61%	76%	52%
W Glos	58%	48%	48%	76%	76%
AGW	42%	42%	43%	56%	65%
England	45%	48%	49%	51%	54%

8.2 Actions

A Gloucestershire information system for sexual health services is currently being implemented. This will enable monthly monitoring of clinic wait times once established and data quality assured. It is hoped that this will be operational from September.

9.0 SMOKING CESSATION

To deliver the LDP trajectories that makes the most progress in reducing health inequalities by 10% by 2010. The initial focus will be on smoking cessation.

As previously reported to the Board the PCT met its 3 year target for 2003/04 to 2005/06 with 3443 people quitting smoking against a target of 3355. The LDP for 2006/07 requires West Gloucestershire PCT to assist 1187 people to give up smoking.

10.0 AMBULANCE SERVICES

Category A Calls (8 minutes) – This indicator measures performance in response of immediately life threatening, or category A calls. 75% should be met within 8 minutes

Category A Calls (19 minutes) – Ambulance Trusts are expected to respond to 95% of category A calls within a maximum of 19 minutes in rural areas.

Category B Calls – Ambulance Trusts are expected to respond to at least 95% of Category B calls within 19 minutes within rural areas.

Doctors Urgent calls – the ambulance must arrive at hospital within 15 minutes of the agreed time.

This report outlines Great Western Ambulance Service (GWAS) overall performance which PCTs will be monitored against and provides the Gloucestershire and West Gloucestershire positions to ensure the Board are informed of local progress towards targets and plans to improve response times.

Great Western Ambulance Service (GWAS) Performance

	June 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	72.1%	74.6%	75%	-0.4%	-
Cat A (19 mins)	92.6%	94.2%	95%	-0.8%	-
Cat B (19 mins)	84.5%	87.3%	95%	-7.7%	x
GP Urgents	90.0%	91.0%	95%	-4.0%	x

Great Western Ambulance Service (GWAS) – Gloucestershire sector Performance

	June 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	67.71%	69.35%	75%	-5.65%	x
Cat A (19 mins)	90.52%	91.30%	95%	-3.70%	x
Cat B (19 mins)	88.34%	88.59%	95%	-6.41%	x
GP Urgents	81.22%	81.19%	95%	-13.81%	x

Great Western Ambulance Service Performance against West Gloucestershire PCT responsible population

	June 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	72.83%	72.46%	75%	-2.54%	x
Cat A (19 mins)	95.24%	95.32%	95%	0.32%	√
Cat B (19 mins)	92.23%	92.27%	95%	-2.73%	x
GP Urgents	83.96%	82.38%	95%	-12.62%	x

10.1 Commentary

Great Western Ambulance Trust performance has dipped during June and now they are slightly below the Category A response times for both 8 and 19 minutes. Gloucestershire performance has remained fairly static across the first Quarter of this year.

10.2 Actions

As previously reported to the Board the Ambulance Trust now has Emergency Care Practitioners (ECPs) in place. Activity relating to the ECPs who provide a see and treat service (responding to calls and assessing patients, providing on site treatment or advice) is being recorded and analysed to determine impact on patient pathways. Each response is reviewed by the Medical Director who determines whether the traditional response would have resulted in A&E attendance or a non-elective admission.

	APRIL	MAY	JUNE
A&E attendance avoidance	30	48	41
Non-elective admission avoidance	11	14	12

11.0 THROMBOLYSIS – 60 MINUTE CALL TO NEEDLE TIME

Deliver a 10% increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.

	Door to needle 30 minutes			Call to needle 60 minutes		
	2004/05	2005/06	Q1 06	2004/05	2005/06	Q1 06
English National Average	84%	83%	nk	54%	58%	nk
CGH	88%	90%	100%	32%	34%	63%
GRH	91%	98%	100%	23%	35%	43%

Data source – MINAP Public Health Report

Please note Q1 data is un-validated at the time of this report and therefore may change

Note the numbers of patients are small which can lead to a significant variation in performance.

11.1 Commentary

There has been a continual improvement in this indicator over the last two years. The Medical Director of the Great Western Ambulance Trust is taking this forward as a key priority and is beginning by looking at the different implementation plans across the Gloucestershire Avon and Wiltshire areas and is planning to use the best practice to implement systems consistently.

12.0 ACCIDENT AND EMERGENCY

A & E 4 hours – The NHS target requires that at least 98% of patients spend 4 hours or less in any type of A & E from arrival to admission or discharge from January 2005 onwards.

	Apr 06	May 06	Jun 06	Qtr1	Plan	Variance	Traffic light
Seen in A & E in 4 hours	98.0%	98.2%	98.3%	98.2%	98.0%	0.2%	√

12.1 Commentary

GHNHSFT continues to meet the four hour A&E target.

13.0 DELAYED TRANSFERS OF CARE

Delayed Transfers of Care to reduce to a minimal level by 2006.

13.1 Commentary

The number of delayed transfers of care as at the 29th June 2006 is 16, of which 5 have already been discharged. These are broken down as follows:

- 1 patient is in the assessment process
- 3 patients are waiting for NHS funded care, of these 2 have already been discharged
- 6 patients are waiting for a residential or nursing home and of these 2 have been discharged, 1 has just been offered on placement and 3 are looking for homes.
- 1 patient is waiting for a care package at home
- 5 patients are exercising choice, of these 1 has been discharged, and the remaining 4 patients' families are currently in the process of looking for a home.

14.0 PRACTICE LEVEL DATA

At a recent Board and PEC Development Session practice level data for Consultant led Outpatients, elective and non-elective admissions was presented and discussed. This provided practice activity and cost for 2004/05 and 2005/06, comparing the two years and provided a rate per 1,000 patients. This information is attached at appendix 2.

14.1 Practice Incentive Scheme 2005/06

This scheme was a precursor to full practice based commissioning and gave local practices the opportunity to benefit patients and contribute to the joint effort to achieve financial balance in the PCT. The scheme focused on acute hospital emergency admissions and new outpatient attendances.

A baseline was set which was taken from the projected end of year position based on information up to the 30th September 2006. Practices were given targets along with a sliding scale which they could aim to achieve. The tables below show the end of year position for practices against this baseline.

PRACTICE	Non Electives Non Elective Spells				Outpatients					
	1	2	3	5	8	9	10	12		
	Maximum you can spend by the end of March 06 to qualify for the FULL incentive payment	Actual Spend at the end of March 06	Variance from maximum spend for Full payment (minus = under spend) (column 2 minus column 1)	Maximum of what you can spend to achieve part incentive payment	Maximum you can spend by the end of March 06 to qualify for the FULL incentive payment	Actual Spend at the end of March 06	Variance from maximum spend for Full payment (minus = under spend) (column 9 minus column 8)	Maximum of what you can spend to achieve part incentive payment		
BANCROFT LIVINGSTON/BROOKE - Pavillion	£1,674,936	£1,618,409	£56,527	G	£1,805,924	£101,633	£109,779	£8,146	R	£107,545
BARROW PM - Kingsholm	£1,035,216	£1,071,999	£36,784	A	£1,125,815	£57,490	£62,604	£5,113	R	£60,577
BENNETT - Lydney	£836,396	£805,684	£30,712	G	£1,198,562	£84,356	£83,756	£600	G	£89,016
CHAMPION CJ - Cheltenham Road	£1,121,138	£1,119,268	£1,869	G	£1,198,562	£85,226	£85,495	£269	A	£90,540
COCKS - Newent	£1,311,425	£1,253,925	£57,499	G	£1,394,301	£91,386	£80,169	£11,217	G	£96,089
DOCHERTY - Staunton	£708,187	£700,945	£7,242	G	£752,224	£57,628	£60,071	£2,443	A	£61,155
DODWELL PJ - Longlevens	£818,004	£769,406	£48,598	G	£873,396	£48,312	£49,955	£1,643	A	£51,066
FALKUS GKJ - London Road	£1,118,308	£1,131,913	£13,605	A	£1,208,826	£55,449	£56,127	£678	A	£58,518
FELLOWS - Severnbank	£531,584	£563,498	£31,914	A	£588,095	£39,209	£36,187	£3,022	G	£41,724
GIBBS - Blakeney	£344,701	£407,078	£62,376	R	£372,822	£27,527	£29,432	£1,905	R	£29,001
HARBOTTLE TG - Brockworth	£1,211,988	£1,262,853	£50,865	A	£1,347,658	£76,139	£75,005	£1,134	G	£79,900
JONES - Yorkley	£943,059	£931,981	£11,077	G	£1,009,320	£68,775	£72,788	£4,013	A	£73,281
LUSH PSL - Bartongate	£1,450,891	£1,459,362	£8,471	A	£1,586,106	£83,311	£79,443	£3,868	G	£87,642
MARTIN (G&ST) - Barnwood Road	£952,294	£888,002	£64,292	G	£1,006,405	£59,886	£60,224	£338	R	£42,085
MCDOWELL NA - Park Health Centre	£1,276,608	£1,295,458	£18,850	A	£1,395,327	£75,275	£70,204	£5,071	G	£78,649
MILLER (G&ST) - College Yard	£681,077	£681,001	£76	G	£741,572	£39,759	£34,161	£5,598	G	£42,085
MOODIE TJ - Hadwen	£1,674,997	£1,797,138	£122,141	A	£1,826,414	£113,535	£114,916	£1,381	A	£121,119
NICOL A - Wheatway	£200,850	£220,349	£19,499	R	£214,193	£13,128	£0	£13,128	G	£14,188
PATERSON RJ - Rosebank	£2,425,672	£2,339,018	£86,654	G	£2,577,784	£138,711	£139,856	£1,145	A	£146,324
MACKAY RH - Churchdown	£1,581,197	£1,616,848	£35,651	A	£1,698,357	£106,185	£112,621	£6,436	R	£112,207
SAMUEL-GIBBON AG - Saintbridge	£1,341,214	£1,260,860	£80,354	G	£1,434,239	£73,104	£74,042	£938	A	£77,490
SIVA N - Quedgeley	£457,351	£453,865	£3,486	G	£490,986	£27,053	£26,155	£898	G	£29,354
STEINHARDT SI - Hucclecote	£1,320,337	£1,373,927	£53,590	A	£1,425,599	£83,436	£82,227	£1,209	G	£87,577
TRINITY (PEARCE)	£290,726	£338,212	£47,486	R	£331,608	£23,178	£20,436	£2,742	G	£24,127
WATKINS RM - Heathville Road	£1,851,228	£1,876,580	£25,352	A	£2,022,676	£112,185	£103,776	£8,409	G	£118,035
WILKINSON - Coleford	£1,232,420	£1,144,022	£88,397	G	£1,317,423	£79,040	£75,723	£3,317	G	£83,853
TOTAL	28,391,801	28,381,602	-10,199		£30,944,193	1,820,918	1,795,152	-25,767		£1,903,147

SECTION TWO - HEALTHCARE COMMISSION REPORT

15.0 NATIONAL TARGETS

The assessment of performance against national targets is a component of the quality element of the Healthcare Commission 2005/06 annual health check and covers two sets of targets published by the Department of Health in National Standards, Local Action: Health Care and Standards and Planning Framework 2005/06 – 2007/08. The targets have been divided into two sections

- **existing national targets** – these are defined as those which assess whether levels of service set through the 2003 – 2006 planning round are being maintained and are considered to be the basics of what organisations should be doing.
- **new national targets** – these are defined as those that are considered to cover what Trusts need to be doing to demonstrate that they are developing and sustaining improvement.

The data which supports the assessment of performance against target has been released by the Healthcare Commission within this last month for ratification. The PCT have raised some queries with the Commission and are in the process of discussing outcomes and the impact on PCT performance.

Appendix 3 details each indicator and the PCT performance against the targets set. Performance on the whole meets the targets that have been set. This next section highlights those areas where the PCT will not meet the agreed standards.

15.1 Existing National Targets

Within those areas where targets have not been met some are well known to the Board from previous performance reports. They are

- Ambulance Targets – Category A and B
- Thrombolysis – 60 minute call to needle time
- Cancer two month (62 day) GP urgent referral to treatment.

In addition to these there are two other areas where performance is below expected levels

- Commissioning of crisis resolution/home treatment services. As the Board are aware there was a delay in commissioning these services. Nationally the PCT had been set a target to see 400 patients; because of the delay in commencing the service 289 patients were seen in 2005/06. This service is now fully functioning so is not an ongoing issue for the Board to consider.
- Practice Based registers for CHD and Diabetes. This data had not been collected previously, so the plan was based upon a sample return from 3 practices and it was therefore difficult to determine its level of accuracy.

15.2 New National Targets

With the new targets the thresholds against which the PCT will be assessed have not been released, therefore for this PCT self assessment we have compared data to the England average where available to obtain a benchmark position on our performance. There are also some indicators within this section (mainly in relation to practice registers) where there has not been any baseline data, and the date for delivery of national target is not clear. The HCC is still determining how to assess PCT performance against these and will not be releasing this guidance until October.

There is one area where the PCT will not have met a target and that is the use of community matrons. Nationally there was an expectation that we would have 4 community matrons, but because the model we used for long term conditions was to embed the practice within our District Nursing Service we were unable to count staff as community matron. This means we will not have met the national target. In comparison against the number of high intensity users (those expected to be on a community matron caseload) double the planned number of patients were seen by our services, which evidences the fact that the case management model was targeting the expected cohorts of patients.

16.0 HEALTHCARE COMMISSION IMPROVEMENT REVIEWS

There have been two Healthcare Commission improvement reviews in which the PCT have been involved that are being reported this year; substance misuse and tobacco control. Results are currently going through a process to allow for ratification of data, then information will become publicly available and league tables will be published together with a national report.

16.1 Substance Misuse

The HCC and National Treatment Agency (NTA) conducted the annual improvement review of drug treatment. For 2005/06 care planning and community prescribing was reviewed. The NTA regional team will incorporate the findings of the improvement reviews into the Drug and Alcohol Team (DAT) partnership reviews and plans.

The review was underpinned by the following -

- A national audit of service users.
- A national audit of prescribing completed by service providers.
- Analysis of NHS prescribing data.
- The National Drug Treatment Monitoring Service (NTDMS) data set.
- Bespoke data collection on themes from service providers and commissioners.

The total score was aggregated from 11 criteria scores based on domains within Standards for Better Health. These scores were then rated on a 1 to 4 scale of weak (1), fair (2), good (3) and excellent (4).

Gloucestershire Drug and Alcohol Team (DAT) and West Gloucestershire PCT were rated excellent (4) which is defined as performance that goes well beyond minimum requirements and the reasonable expectations of patients and the public; a leader in this aspect of performance. This placed the county in the top 3% of DATs. HCC ratings for DATs nationally in the 2005/06 improvement review are as follows:

	WEAK	FAIR	GOOD	EXCELLENT
Number & DATs	2	116	26	5
% & overall DATs	1%	78%	17%	3%

* Source Health Care Commission

16.2 Tobacco Control

The HCC conducted the Improvement Review of PCT Tobacco Control.

The aim of the review was to assess PCT performance against the following:-

- Delivers effective smoking cessation services (whether provided or commissioned by the PCT)
- Reduces exposure to tobacco smoke
- Manages an effective local tobacco control programme

The review was underpinned by the following:-

- Prescribing of nicotine replacement therapy and bupropion
- Accessing smoking cessation services
- Smoking quit rates
- Smoking prevalence
- Bespoke data collected from PCTs

The total score was aggregated from 6 criteria based on domains within Standards for Better Health.

West Gloucestershire PCT was rated good (3), which is defined as performance that goes beyond minimum requirements and the reasonable expectations for patients and the public. 11.5% of PCTs received a rating of fair; 54% received a rating of good and 34.5% were rated as excellent

17.0 RECOMMENDATIONS

Board members are asked to note the contents of this report and the actions that are being taken to maintain and improve performance.

APPENDIX 1 - SUPPORTING DATA

Non Elective Admissions into GHNHSFT for the period May 05/6 & 06/07

Method of Admission	Total Spells		Variance
	05/06	06/07	
Accident & Emergency, Dental Casualty Dept	684	712	4.1%
Emergency - GP	603	536	-11.1%
Emergency - OP Clinic	40	60	50.0%
Emergency - Other	62	70	12.9%
Maternity	461	446	-3.3%
Transferred from other Health Care Provider	13	13	0.0%
Total	1863	1837	-1.4%

Gloucestershire PCT wait times with Gloucestershire Hospitals NHS Trust – April 2006.

The wait times as of the end of March 2006, average and maximum waits with Gloucestershire Hospitals NHS Foundation Trust (GHT) are reported below.

Specialty (Code)	Average (Max) Outpatient** Wait In Days	Average (Max) Inpatient Wait In Days	Average (Max) Day-case Wait In Days
<i>Target wait (2007)</i>	77	140	140
General Surgery	31(91)	55(175)	57(182)
Urology	28(91)	60(182)	59(168)
T&O	32(91)	74(182)	63(175)
ENT	29(84)	72(182)	63(175)
Ophthalmology (non cataracts)	28(91)	70(175)	62(175)
Cataracts	as above	46(91)	45(91)
Oral Surgery	37(91)	66(175)	68(175)
Plastic Surgery	-	-	40(112)
General Medicine	23(91)	-	-
Cardiology	29(84)	68(119)	46(175)
Gynaecology	28(84)	56(175)	52(168)
Dermatology	34(91)	-	-
Other	31(91)	-	35(70)

Specialties in which the 2007 wait times target would be achieved if current wait performance was maintained are identified in bold.

West Gloucestershire Diagnostic wait times for all providers – May 2006.

Service	Number of Patients waiting by the band				
	0 - 13 weeks	13 - 20 weeks	20 - 26 weeks	26 + weeks	Total
MRI	305	44	1	0	350
CT	178	0	0	0	178
Non-obstetric ultrasound	345	1	0	0	346
Barium Enema	20	0	0	0	20
DEXA Scan	74	0	0	0	74
Pure Tone Audiology	303	9	0	1	313
Echo cardiology	74	1	1	0	76
Neurophysiology	39	17	1	0	57
Sleep Studies	55	2	0	0	57
Urodynamics	38	0	0	0	38
Colonoscopy	48	1	0	2	51
Flexi sigmoidoscopy	67	2	0	0	69
Cystoscopy	61	15	0	0	76
Gastroscopy	114	1	0	0	115
Total	1721	93	3	3	1820

Appendix 2 PRACTICE LEVEL DATA

West Gloucestershire PCT Practice registered populations March 2004 and 2005

Practice	Mar-04	Mar-05	Difference
BANCROFT LIVINGSTON/BROOKE - Pavillion Family Doctors	11,926	12,113	187
BARROW PM - Kingsholm Surgery	4,770	4,864	94
BEE - Newnham Surgery	3,328	3,367	39
BENNETT - Lydney Practice	7,165	7,180	15
CHAMPION CJ - Cheltenham Road Surgery	8,311	8,403	92
COATES - Brunston & Lydbrook	5,785	5,817	32
COCKS - Newent Doctors Practice	10,083	10,090	7
DOCHERTY - Staunton & Corse Surgery	6,356	6,412	56
DODWELL PJ - Longlevens Surgery	6,152	6,212	60
FALKUS GkJ - London Road Medical Practice	6,619	6,615	-4
FELLOWS - Severnbank Surgery	3,878	3,887	9
GADSBY - Dockham Road Surgery	6,272	6,192	-80
GIBBS - Blakeney Surgery	3,217	3,214	-3
GOOD - Drybrook Surgery	4,405	4,389	-16
HARBOTTLE TG - Brockworth Surgery	8,189	8,167	-22
JONES - Yorkley Health Centre	6,993	7,003	10
LUSH PSL - Bartongate Surgery	8,187	8,343	156
MACKAY RH - Churchdown Surgery	12,990	13,040	50
MARTIN (G&ST) (DR) - Barnwood Road Surgery	6,391	6,322	-69
MCDOWALL NA - Park Health Centre	7,412	7,600	188
MILLER (G&ST) (HJ) - College Yard & Highnam	4,138	4,200	62
MOODIE TJ - Hadwen Medical Practice	13,695	13,789	94
NICOL A - Wheatway Surgery	2,396	2,381	-15
PATERSON RJ - Rosebank Surgery	16,945	17,283	338
RODGETT - Mitcheldean Surgery	5,549	5,597	48
SAMUEL-GIBBON AG - Saintbridge Surgery	7,924	8,102	178
SIVA N - Quedgeley Medical Centre	3,571	3,490	-81
STEINHARDT SI - Hucclecote Surgery	8,843	8,909	66
TRINITY SURGERY (PEARCE) - Trinity Surgery	1,554	1,712	158
WALLINGTON - Forest Healthcare	7,611	7,640	29
WATKINS RM - Heathville Road Surgery	10,430	10,444	14
WILKINSON - Coleford Health Centre	7,377	7,344	-33
Total	228,462	230,121	1,659

Consultant led outpatient activity comparing 2004 05 with 2005 06

Practice	Name	Activity						Cost					
		Actual			Rate per 1000			Actual			Rate per 1000		
		2004-5	2005-6	Difference	2004-5	2005-6	Difference	2004-5	2005-6	Difference	2004-5	2005-6	Difference
L84034	BANCROFT LIVINGSTON/BROOKE - Pavillion Family Doctors	7,707	7,637	-70	646	630	-16	£728,813	£738,332	£9,519	£61,111	£60,954	-£158
L84081	BARROW PM - Kingsholm Surgery	3,794	3,760	-34	795	773	-22	£370,607	£358,258	-£12,349	£77,695	£73,655	-£4,040
L84615	BEE - Newnham Surgery	2,080	2,148	68	625	638	13	£201,090	£203,935	£2,845	£60,424	£60,569	£145
L84011	BENNETT - Lydney Practice	4,414	4,709	295	616	656	40	£422,413	£458,155	£35,742	£58,955	£63,810	£4,855
L84002	CHAMPION CJ - Cheltenham Road Surgery	5,977	5,909	-68	719	703	-16	£549,582	£552,334	£2,752	£66,127	£65,731	-£396
L84071	COATES - Brunston & Lydbrook	4,157	3,901	-256	719	671	-48	£402,299	£378,714	-£23,585	£69,542	£65,105	-£4,437
L84037	COCKS - Newent Doctors Practice	6,310	6,274	-36	626	622	-4	£594,368	£595,607	£1,239	£58,948	£59,029	£82
L84006	DOCHERTY - Staunton & Corse Surgery	4,241	4,370	129	667	682	14	£400,520	£421,389	£20,869	£63,014	£65,719	£2,704
L84067	DODWELL PJ - Longlevens Surgery	3,990	4,091	101	649	659	10	£361,655	£371,635	£9,980	£58,787	£59,825	£1,039
L84042	FALKUS GKJ - London Road Medical Practice	4,158	4,404	246	628	666	38	£378,482	£407,408	£28,926	£57,181	£61,589	£4,407
L84085	FELLOWS - Severnbank Surgery	2,588	2,713	125	667	698	31	£241,646	£249,806	£8,160	£62,312	£64,267	£1,955
L84046	GADSBY - Dockham Road Surgery	3,792	3,712	-80	605	599	-5	£356,749	£352,009	-£4,740	£56,880	£56,849	-£31
L84029	GIBBS - Blakeney Surgery	1,910	1,864	-46	594	580	-14	£178,541	£178,283	-£258	£55,499	£55,471	-£28
L84024	GOOD - Drybrook Surgery	2,775	2,635	-140	630	600	-30	£263,878	£250,325	-£13,553	£59,904	£57,035	-£2,870
L84084	HARBOTTLE TG - Brockworth Surgery	5,352	5,882	530	654	720	67	£502,839	£551,417	£48,578	£61,404	£67,518	£6,113
L84021	JONES - Yorkley Health Centre	4,619	4,726	107	661	675	14	£443,790	£461,879	£18,089	£63,462	£65,954	£2,492
L84001	LUSH PSL - Bartongate Surgery	5,549	6,033	484	678	723	45	£530,223	£575,963	£45,740	£64,764	£69,035	£4,271
L84047	MACKAY RH - Churchdown Surgery	8,378	8,897	519	645	682	37	£773,577	£840,718	£67,141	£59,552	£64,472	£4,921
L84057	MARTIN (G&ST) (DR) - Barnwood Road Surgery	4,546	4,772	226	711	755	44	£419,233	£439,431	£20,198	£65,597	£69,508	£3,911
L84052	MCDOWALL NA - Park Health Centre	4,860	5,132	272	656	675	20	£462,542	£494,872	£32,330	£62,404	£65,115	£2,710
L84606	MILLER (G&ST) (HJ) - College Yard & Highnam	2,707	2,701	-6	654	643	-11	£248,494	£250,019	£1,525	£60,052	£59,528	-£523
L84009	MOODIE TJ - Hadwen Medical Practice	9,076	8,818	-258	663	639	-23	£857,451	£851,188	-£6,263	£62,611	£61,729	-£881
L84607	NICOL A - Wheatway Surgery	1,341			560	0	-560	£126,013			£52,593	£0	-£52,593
L84050	PATERSON RJ - Rosebank Surgery	10,430	10,891	461	616	630	15	£1,005,468	£1,057,981	£52,513	£59,337	£61,215	£1,878
L84045	RODGETT - Mitcheldean Surgery	3,358	3,507	149	605	627	21	£321,782	£336,965	£15,183	£57,989	£60,205	£2,215
L84013	SAMUEL-GIBBON AG - Saintbridge Surgery	5,488	5,628	140	693	695	2	£513,249	£531,095	£17,846	£64,771	£65,551	£780
L84617	SIVA N - Quedgeley Medical Centre	2,488	2,275	-213	697	652	-45	£245,920	£218,368	-£27,552	£68,866	£62,570	-£6,296
L84014	STEINHARDT SI - Hucclecote Surgery	6,525	6,862	337	738	770	32	£583,720	£618,269	£34,549	£66,009	£69,398	£3,389
L84621	TRINITY SURGERY (PEARCE) - Trinity Surgery	1,266	1,288	22	815	752	-62	£127,736	£129,442	£1,706	£82,198	£75,609	-£6,590
L84028	WALLINGTON - Forest Healthcare	5,030	5,042	12	661	660	-1	£491,313	£486,384	-£4,929	£64,553	£63,663	-£890
L84026	WATKINS RM - Heathville Road Surgery	7,817	8,139	322	749	779	30	£727,988	£772,182	£44,194	£69,798	£73,935	£4,138
L84069	WILKINSON - Coleford Health Centre	5,492	5,338	-154	744	727	-18	£508,252	£501,830	-£6,422	£68,897	£68,332	-£565
Total	West Gloucestershire PCT	153,728	156,740	3012	673	681	8	£14,495,937	£14,901,417	£405,480	£63,450	£64,755	£1,305

Rate per 1,000 determined using registered practice populations

Note. Dr Nicols retired in March 2006 but the data for his activity last year has become corrupted and has been attributed to the practices where the patients have now registered.

Elective activity comparing 2004 05 with 2005 06

Name	Activity						Cost					
	Actual			Rate per 1000			Actual			Rate per 1000		
	2004-5	2005-6	Difference	2004-5	2005-6	Difference	2004-5	2005-6	Difference	2004-5	2005-6	Difference
BANCROFT LIVINGSTON/BROOKE - Pavillion Family Doctors	979	933	-46	82	77	-5	£1,043,696	£989,978	-£53,718	£86,163	£81,729	-£4,435
BARROW PM - Kingsholm Surgery	530	507	-23	111	104	-7	£496,933	£510,900	£13,967	£102,166	£105,037	£2,872
BEE - Newnham Surgery	265	307	42	80	91	12	£288,600	£312,267	£23,667	£85,714	£92,743	£7,029
BENNETT - Lydney Practice	578	635	57	81	88	8	£654,715	£712,871	£58,156	£91,186	£99,286	£8,100
CHAMPION CJ - Cheltenham Road Surgery	821	900	79	99	107	8	£872,560	£929,943	£57,383	£103,839	£110,668	£6,829
COATES - Brunston & Lydbrook	479	467	-12	83	80	-3	£530,234	£603,811	£73,577	£91,152	£103,801	£12,649
COCKS - Newent Doctors Practice	829	736	-93	82	73	-9	£867,634	£858,183	-£9,451	£85,989	£85,053	-£937
DOCHERTY - Staunton & Corse Surgery	509	506	-3	80	79	-1	£554,527	£533,361	-£21,166	£86,483	£83,182	-£3,301
DODWELL PJ - Longlevens Surgery	577	509	-68	94	82	-12	£551,830	£547,517	-£4,313	£88,833	£88,139	-£694
FALKUS GKJ - London Road Medical Practice	564	592	28	85	89	4	£561,862	£662,456	£100,594	£84,938	£100,145	£15,207
FELLOWS - Severnbank Surgery	345	354	9	89	91	2	£387,983	£419,195	£31,212	£99,816	£107,845	£8,030
GADSBY - Dockham Road Surgery	493	485	-8	79	78	0	£509,264	£491,084	-£18,180	£82,245	£79,309	-£2,936
GIBBS - Blakeney Surgery	259	257	-2	81	80	-1	£291,052	£252,740	-£38,312	£90,558	£78,637	-£11,920
GOOD - Drybrook Surgery	339	351	12	77	80	3	£368,147	£397,513	£29,366	£83,879	£90,570	£6,691
HARBOTTLE TG - Brockworth Surgery	711	732	21	87	90	3	£816,690	£758,855	-£57,835	£99,999	£92,917	-£7,082
JONES - Yorkley Health Centre	592	635	43	85	91	6	£644,564	£644,081	-£483	£92,041	£91,972	-£69
LUSH PSL - Bartongate Surgery	612	685	73	75	82	7	£654,678	£727,328	£72,650	£78,470	£87,178	£8,708
MACKAY RH - Churchdown Surgery	1080	1174	94	83	90	7	£1,112,872	£1,243,957	£131,085	£85,343	£95,395	£10,053
MARTIN (G&ST) (DR) - Barnwood Road Surgery	616	602	-14	96	95	-1	£652,052	£688,974	£36,922	£103,140	£108,980	£5,840
MCDOWALL NA - Park Health Centre	686	697	11	93	92	-1	£701,622	£727,525	£25,903	£92,319	£95,727	£3,408
MILLER (G&ST) (HJ) - College Yard & Highnam	333	304	-29	80	72	-8	£341,982	£346,178	£4,196	£81,424	£82,423	£999
MOODIE TJ - Hadwen Medical Practice	1136	1170	34	83	85	2	£1,168,768	£1,161,405	-£7,363	£84,761	£84,227	-£534
NICOL A - Wheatway Surgery	198	177	-21	83	74	-8	£219,965	£210,356	-£9,609	£92,383	£88,348	-£4,036
PATERSON RJ - Rosebank Surgery	1326	1443	117	78	83	5	£1,385,048	£1,508,325	£123,277	£80,139	£87,272	£7,133
RODGETT - Mitcheldean Surgery	455	429	-26	82	77	-5	£468,506	£480,439	£11,933	£83,707	£85,839	£2,132
SAMUEL-GIBBON AG - Saintbridge Surgery	681	727	46	86	90	4	£684,509	£754,854	£70,345	£84,486	£93,169	£8,682
SIVA N - Quedgeley Medical Centre	331	311	-20	93	89	-4	£319,871	£310,468	-£9,403	£91,654	£88,959	-£2,694
STEINHARDT SI - Hucclecote Surgery	861	855	-6	97	96	-1	£918,447	£954,440	£35,993	£103,092	£107,132	£4,040
TRINITY SURGERY (PEARCE) - Trinity Surgery	183	179	-4	118	105	-13	£191,447	£213,496	£22,049	£111,827	£124,706	£12,879
WALLINGTON - Forest Healthcare	617	628	11	81	82	1	£657,958	£737,750	£79,792	£86,120	£96,564	£10,444
WATKINS RM - Heathville Road Surgery	930	1145	215	89	110	20	£1,051,752	£1,180,928	£129,176	£100,704	£113,072	£12,368
WILKINSON - Coleford Health Centre	708	675	-33	96	92	-4	£830,116	£796,858	-£33,258	£113,033	£108,505	-£4,529
West Gloucestershire PCT	19,777	20,201	424	87	88	1	£20,922,684	£21,759,752	£837,068	£91,581	£94,558	£2,977

Rate per 1,000 determined using registered practice populations

Non- Elective activity comparing 2004 05 with 2005 06

Practice	Name	Activity						Cost					
		Actual			Rate per 1000			Actual			Rate per 1000		
		2004-5	2005-6	Difference	2004-5	2005-6	Difference	2004-5	2005-6	Difference	2004-5	2005-6	Difference
L84034	BANCROFT LIVINGSTON/BROOKE - Pavillion Family Doctors	1068	1147	79	90	95	5	£1,541,646	£1,598,380	£56,734	£129,268	£131,956	£2,688
L84081	BARROW PM - Kingsholm Surgery	634	652	18	133	134	1	£940,185	£1,059,724	£119,539	£197,104	£217,871	£20,767
L84615	BEE - Newnham Surgery	256	291	35	77	86	10	£491,881	£476,890	£14,991	£147,801	£141,637	£6,164
L84011	BENNETT - Lydney Practice	541	544	3	76	76	0	£795,986	£795,298	£688	£111,094	£110,766	£328
L84002	CHAMPION CJ - Cheltenham Road Surgery	678	691	13	82	82	1	£1,041,521	£1,105,686	£64,165	£125,318	£131,582	£6,264
L84071	COATES - Brunston & Lydbrook	515	556	41	89	96	7	£795,368	£847,202	£51,835	£137,488	£145,642	£8,155
L84037	COCKS - Newent Doctors Practice	667	717	50	66	71	5	£1,114,868	£1,239,393	£124,525	£110,569	£122,834	£12,265
L84006	DOCHERTY - Staunton & Corse Surgery	388	420	32	61	66	4	£592,396	£693,225	£100,829	£93,203	£108,114	£14,911
L84067	DODWELL PJ - Longlevens Surgery	439	473	34	71	76	5	£745,136	£759,683	£14,548	£121,121	£122,293	£1,172
L84042	FALKUS GKJ - London Road Medical Practice	601	682	81	91	103	12	£941,702	£1,119,642	£177,939	£142,273	£169,258	£26,985
L84085	FELLOWS - Severnbank Surgery	330	336	6	85	86	1	£588,101	£555,855	£32,246	£151,651	£143,004	£8,647
L84046	GADSBY - Dockham Road Surgery	567	593	26	90	96	5	£860,717	£924,785	£64,068	£137,232	£149,352	£12,120
L84029	GIBBS - Blakeney Surgery	216	234	18	67	73	6	£379,271	£402,150	£22,879	£117,896	£125,125	£7,229
L84024	GOOD - Drybrook Surgery	337	344	7	77	78	2	£565,261	£537,159	£28,101	£128,322	£122,388	£5,935
L84084	HARBOTTLE TG - Brockworth Surgery	724	844	120	88	103	15	£1,407,902	£1,244,494	£163,408	£171,926	£152,381	£19,545
L84021	JONES - Yorkley Health Centre	611	656	45	87	94	6	£894,210	£920,363	£26,153	£127,872	£131,424	£3,552
L84001	LUSH PSL - Bartongate Surgery	961	1081	120	117	130	12	£1,403,175	£1,441,060	£37,885	£171,391	£172,727	£1,336
L84047	MACKAY RH - Churchdown Surgery	1025	1051	26	79	81	2	£1,579,635	£1,596,282	£16,647	£121,604	£122,414	£810
L84057	MARTIN (G&ST) (DR) - Barnwood Road Surgery	458	550	92	72	87	15	£730,470	£878,512	£148,041	£114,297	£138,961	£24,664
L84052	MCDOWALL NA - Park Health Centre	877	921	44	118	121	3	£1,231,994	£1,279,373	£47,378	£166,216	£168,339	£2,122
L84606	MILLER (G&ST) (HJ) - College Yard & Highnam	347	398	51	84	95	11	£627,783	£672,798	£45,015	£151,712	£160,190	£8,478
L84009	MOODIE TJ - Hadwen Medical Practice	1275	1273	-2	93	92	-1	£1,774,070	£1,773,984	£86	£129,541	£128,652	£889
L84607	NICOL A - Wheatway Surgery	131	149	18	55	63	8	£179,494	£218,010	£38,516	£74,914	£91,562	£16,649
L84050	PATERSON RJ - Rosebank Surgery	1578	1679	101	93	97	4	£2,046,234	£2,312,330	£266,096	£120,757	£133,792	£13,035
L84045	RODGETT - Mitcheldean Surgery	392	445	53	71	80	9	£661,143	£770,343	£109,200	£119,146	£137,635	£18,489
L84013	SAMUEL-GIBBON AG - Saintbridge Surgery	786	887	101	99	109	10	£1,092,842	£1,246,657	£153,815	£137,915	£153,870	£15,955
L84617	SIVA N - Quedgeley Medical Centre	379	340	-39	106	97	-9	£452,463	£447,950	£4,514	£126,705	£128,352	£1,647
L84014	STEINHARDT SI - Hucclecote Surgery	750	793	43	85	89	4	£1,234,283	£1,357,835	£123,552	£139,577	£152,412	£12,834
L84621	TRINITY SURGERY (PEARCE) - Trinity Surgery	284	293	9	183	171	-12	£424,247	£332,675	£91,572	£273,003	£194,320	£78,683
L84028	WALLINGTON - Forest Healthcare	669	688	19	88	90	2	£919,890	£962,013	£42,123	£120,863	£125,918	£5,055
L84026	WATKINS RM - Heathville Road Surgery	1238	1257	19	119	120	2	£1,779,182	£1,853,376	£74,194	£170,583	£177,458	£6,875
L84069	WILKINSON - Coleford Health Centre	607	671	64	82	91	9	£995,933	£1,131,010	£135,078	£135,005	£154,005	£19,000
Total	West Gloucestershire PCT	20,782	21,916	1134	91	95	4	£31,493,653	£33,286,186	£1,792,532	£137,851	£144,646	£6,796

Rate per 1,000 determined using registered practice populations

APPENDIX 3 HEALTHCARE COMMISSION PERFORMANCE INDICATOR DATA.

Existing National targets applicable to Primary Care Trusts

	National target	Performance Indicator	PCT commentary on performance	PCT performance	Target
1	800,000 smokers from all groups successfully quitting at the 4-week stage by 2006	Four week smoking quitters	Target met. Achieved higher than planned.	111.18%	100%
2	A minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by March 2006, and 100% by 2007	Diabetic retinopathy screening	This target measured those who actually had a scan, rather than the numbers offered, which the PCT had achieved. This is currently being queried with the HCC.	55.55%	
3	Achieve a maximum wait of six months for inpatients by December 2005	Number of inpatients waiting longer than the standard	Target met.	0.007%	< = 0.10%
4	Achieve a maximum wait of three months for an outpatient appointment by December 2005	Number of outpatients waiting longer than the standard	Target met.	0.003%	< = 0.10%
5	Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005	All cancers: two month GP urgent referral to treatment	Although target was December, the expectation is to achieve by May 2006.	89.110%	95%
6	All ambulance trusts to respond to 75% of category A calls within 8 minutes	Category A calls meeting eight minute target	Recognized as a significant problem in year. The Ambulance Trust were performance managed by the SHA but were unable to meet required levels of performance.	68.97	> = 75%
7	All ambulance trusts to respond to 95% of category A calls within 14 minutes (urban) or 19 minutes (rural)	Category A calls meeting 14/19 minute target		93.26	> = 95%
8	All ambulance trusts to respond to 95% of category B calls within 14 minutes (urban) or 19 minutes (rural)	Category B calls meeting national 14/19 minute target		89.74	> = 95%
9	Delayed transfers of care to reduce to a minimal level of 2006	Delayed transfers of care	05/06 performance was 1.8% against a national average 2%.	1.90%	2.16% Eng ave
10	Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help	Thrombolysis – 60 minute call to needle time	GHT performance figure – not yet available at PCT level, but is indicative of expected performance.	19.832%	68% +
11	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005	All cancers: one month diagnosis (decision to treat) to treatment	Target met.	99.58%	98%
12	Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose a hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four or five different health care providers for planned hospital care, paid for by the NHS.	Convenience and choice – PCT booking	<ul style="list-style-type: none"> % Referrals using choose and book Jan to March % Elective admissions (new decision) fully or partially % bookings for elective admission where patient fully or partially booked. Op booking from Apr – Dec vs Mar 04 target 	1.37% 99.86% 100% 87.77%	nk

	National target	Performance Indicator	PCT commentary on performance	PCT performance	Target
			<ul style="list-style-type: none"> Op booking from Jan – Mar vs Dec 05 target 	99.674%	
		Convenience and choice – PCT facilities in place to support choice	<ul style="list-style-type: none"> People who need additional help making choices are supported locally. PCT has commissioned at least 4 providers for all specialties. GPs within the PCT have access to the Directory of services. % of GP practices that will provide a choice of at least 4 providers. 	YES YES YES 93.94%	YES YES YES 100%
13	Guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours.	Access to a GP	Targets met	100%	100%
		Access to a primary care professional		100%	100%
14	Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005, and a comprehensive Child and Adolescent Mental Health service by 2006.	Child and adolescent mental health services: Commissioning increased services	Target met	14.64%	10%
		Commissioning of crisis resolution/home treatment services	Delay to service commencing so target number of patients not taken into caseloads. (289 patients against target of 400)	-38.49%	0
15	In primary care, update practice-based registers so that patients with coronary heart disease and diabetes continue to receive appropriate advice and treatment in line with national service framework standards and, by March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of coronary heart disease, particularly those with hypertension, diabetes and a BMI greater than 30.	CHD Number of people on the register who were called for review in last 12 months. Diabetes Number of people with diabetes who were called for review in last 12 months.	Plan was based on a sample from 3 practices.	81.31% 92.34%	100% 100%
16	Maintain a two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals	All cancers: two week wait	Target met	100%	100%
17	Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge	Total time in A&E: four hours or less	Target met	98.47%	98%
18	Three month maximum wait for revascularisation by March 2005	Patients waiting longer than three months for revascularisation	Target met	0%	0%

New National targets applicable to Primary Care Trusts

	National target	Performance Indicator	PCT commentary on performance	PCT performance	Target	
1	Achieve year on year reductions in Methicillin Resistant Staphylococcus Aureus (MRSA) levels, expanding to cover other health care associated infections as data from mandatory surveillance becomes available	Infection control	Target met. Based on questionnaire of PCT involvement in infection control processes.	YES	YES	
2	Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by supporting them to live in their own home by 1% annually in 2007 and 2008, and increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.	Community equipment	Measure of the percentage of equipment ordered, that is delivered within 7 days.	98.93%	NK	
3	Increase the participation of problem drug users in drug treatment programmes by 100% by 2008 (from a 1998 baseline); and increase year on year the proportion of users successfully sustaining or completing treatment programmes.	Drug misusers sustained in treatment	This indicator will not be used because of inconsistency of data nationally.	86.9%	NK	
		Number of drug misusers in treatment	Target met	101.26%	100%	
4	Reduce health inequalities by 10% by 2010 (from a 1997-1999 baseline) as measured by infant mortality and life expectancy birth.	Data quality on ethnic group		69.047%	NK	
		Infant mortality; Breastfeeding initiation rates		-0.09%	NK	
		Infant mortality; smoking during pregnancy		-6.223%	NK	
5	Reducing adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less.	Patients with CHD, diabetes, stroke, COPD or asthma who smoke, offered smoking cessation advice	Cannot compare to National average, data not available.	CHD Stroke Diabetes COPD Asthma	97.19% 90.55% 96.44% 95.75% 88.20%	NK
		Smoking status among the population aged 15 to 75			-6.95%	
6	Reducing the under-18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health	Access to genito-urinary medicine (GUM) clinics	Indicates that performance is 28% higher than plan	28.29%	0	
		Access to termination of pregnancy services	% of abortions within 9 weeks gestation	70%	NK	
		Teenage conception rates	% reduction in conception rates between 1998 and 2004.	-17.68%	NK	
7	Secure sustained national improvements in NHS patient experience by 2008, ensuring that individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys. The experience of black and minority	Experience of patients	Information not yet available	NK	NK	

	National target	Performance Indicator	PCT commentary on performance	PCT performance	Target
	ethnic groups will be specifically monitored as part of these surveys.				
8	Substantially reduce mortality rates by 2010 from suicide and undetermined injury by at least 20%.	CPA – 7 day follow up	Target met	2.16%	NK
		Commissioning of assertive outreach services	PCT performed above expected levels	16.23%	0
9	Substantially reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.	Breast cancer screening for women aged 50 to 70 years		79.946%	NK
		Cancer – implementation of NICE improving outcomes guidance (IOGs)	Target met	3	3/3
10	Substantially reduce mortality rates by 2010 from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.	Cancer mortality rate	Target levels not known	6.29%	NK
		Blood pressure		13.59%	NK
		Cardiovascular disease mortality		-4.316%	NK
		Cholesterol levels		19.877%	NK
		Diabetes: management of blood sugar		57.67%	NK
		Practice-based registers		0	0
11	Tackle the underlying determinants of ill health and health inequalities by halting the year on year rise in obesity among children under 11 by 2010 (from the 2002/2004 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.	GP recording of body mass index (BMI) status	Target was based upon an extrapolation of a sample from 3 practices, however actual is below this.	28.54%	33%
12	To ensure that by 2008 nobody waits more than 18 weeks from GP referral to hospital treatment	Data quality on waiting times for MRI and CT scans	Considers number of returns from PCTs	3 + 0	NK
		Waiting times for MRI and CT scans	% of total waiters over 26 weeks	0.0%	NK
13	To improve health outcomes for people with long term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the expected 2003/2004 baseline) through improved care in primary care and community settings for people with long term conditions	Community matrons	Did not meet target, a different model used for long term conditions.	0	4
		Emergency bed days	Increase in number of beddays between 03/04 and 04/05	-0.273%	NK
		Number of very high intensity users	High level of performance is a result of case management. 620 against a plan of 320.	93.75%	0