Agenda Item 7 i

TO: West Gloucestershire Primary Care Trust Board

FROM: Nicki Millin, Assistant Director (Performance)

DATE: 20th April 2006

SUBJECT: PERFORMANCE REPORT

1.0 PURPOSE:

SECTION ONE
To provide the Board with activity and key performance information for the period April 05 to February 06.

SECTION TWO
To provide the Board with information on PCT performance against key Public Health Indicators

SECTION ONE

2.0 SUMMARY OF KEY ISSUES AND TRAFFIC LIGHT SUMMARY

2.1 Gloucestershire Ambulance Service NHS Trust did not meet its Category A calls target for 2005/06. The end of year performance figure was 68.97% against the Standard of 75%.

2.2 Achievement of the 31 day/62 day cancer targets is improving but not yet fully meeting the standards required from January 2006 onwards.

Traffic light summary

Target	Traffic light	Page reference
Inpatient < 6 months elective wl	√	2
Outpatients < 13 weeks wl	√	2
Cancer one month diagnosis to treatment	√	3
Cancer two months referral to treatment	x	3
Ambulance Category A calls (8 mins)	x	4
Ambulance Category A calls (19 mins)	x	4
Ambulance Category B calls (19 mins)	x	4
Accident and Emergency 4 hour waits	√	5

Delayed transfers of care	-	6
MRSA/ Hospital Acquired Infection	x	6
Choose and Book	√	7
Agenda for Change	√	7

Key

Green	√	Better than plan
Amber	-	Nearly on plan
Red	x	Worse than plan

3.0 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.

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

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

3.1 December 2008 18 week referral to treatment target

There is a national expectation that PCTs will move towards an interim wait times target of 11 weeks (77 days) for outpatients and 20 weeks (140 days) for inpatients by March 2007. The approach agreed in Gloucestershire is that progress towards the 18 week target (and the associated 2007 interim milestones) will need to be achieved, at least in 2006/7, through service redesign, improved waiting list management, tighter demand management and improved efficiency.

Future Board Reports will need to focus on wait times by specialty so that the Board is aware of where the risks to delivery of target by December 2008 lie. As a lead into this the wait times as of the end of February 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
General Surgery	41(78)	71(178)	73(182)
Urology	40(91)	60(166)	65(163)
T&O	44(91)	92(178)	84(176)
ENT	**38(77)**	76(176)	75(167)
Ophthalmology (non cataracts)	39(91)	75(169)	81(177)
Cataracts	as above	**63(122)**	**55(91)**
Oral Surgery	44(91)	71(161)	75(168)
Plastic Surgery	-	**91(91)**	**50(90)**
General Medicine	**36(63)**	-	-
Cardiology	**41(67)**	**43(64)**	58(142)
Gynaecology	**38(76)**	65(172)	63(165)
Dermatology	**37(75)**	-	-
Other	41(91)	-	-

(** Combines urgent and routine waits)

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

There are three elective specialties in which inpatient waiting time gains could be achieved through tighter waiting list management (as indicated by 2004/5 HES benchmarking data), General Surgery, Trauma and Orthopedics and ENT.

3.2 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

- 2 over 6 month waits
- 1 over 13 week wait
- 6 over 17 week waits

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.

	w/e 29 January	Plan	Variance	SHA average	Traffic light
One month diagnosis to treatment (31 day)	97.2%	98%	-0.8%	99%	✓
Two months referral to treatment (62 day)	87.2%	95%	-7.8%	94%	x

(based on a 4 week rolling average)

4.1 Commentary

GHNHSFT has improved its performance month on month against the 62 day target; however despite this improvement they will not deliver the 95% target by the end of March. GHNHSFT have plans in place which they are confident will deliver the 62 day wait times target from May (in reporting terms this will not show until mid June as there is a 6 week delay for validating data).

The Trust has analysed pathways for those patients that breached the 62 day waiting standard over a 3 month period. This highlighted that 50% of all breaches occurred within the speciality of Urology, and specifically patients with either a diagnosis of prostate or bladder cancer. Urological cancers represent approximately 16-17% of total cancers treated.

4.2 Actions

As previously reported to the Board the Trust are focussing on urology and implementing a new pathway including a 'one stop' clinic for diagnostics. This pathway was implemented on the 1st March. Additional nurse-led diagnostic capacity has also been put in place.

5.0 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.

Gloucestershire Ambulance Trust Performance

	Mar 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	69.45%	68.97%	75%	-6.03%	x
Cat A (19 mins)	93.53%	93.26%	95%	-1.74%	x
Cat B (19 mins)	87.45%	89.74%	95%	-5.26%	x
GP Urgents	81.06%	85.43%	95%	-9.57%	x

Gloucestershire Ambulance Trust Performance against West Gloucestershire PCT responsible population

	Mar 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	72.96%	73.30%	75%	-1.70%	-
Cat A (19 mins)	96.04%	95.41%	95%	0.41%	✓
Cat B (19 mins)	91.41%	93.82%	95%	-1.18%	-
GP Urgents	83.74%	85.52%	95%	-9.48%	x

5.1 Commentary

GASNHST did not meet its category A – 8 min target for 2005/06; they achieved an 8 minute response for 68.97% of calls against a required standard of 75%. Performance in March improved from 66.47% (February) to 69.45%. Call volumes continue to remain high, during March there were 1005 calls which represents the highest level of calls during this year and is an 11.91% increase on the number of calls received in March 2005. Between 2004/05 and 2005/06 there has been an increase of 15.5% in the volume of Category A calls.

In 2006/07 Great Western Ambulance NHS Trust (GWAT) performance will be nationally monitored for performance against standards, but we will still receive Gloucestershire information to report to the Board.

6.0 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.

	Q3	Jan 06	Feb 06	Mar 06	Q4	Plan	Variance	Traffic light
Seen in A & E in 4 hours	98.0%	98.1%	97.1%	98.7%	98.0%	98.0%	0.0%	-

6.1 Commentary

GHNHSFT has met the 4 hour A&E target for 2005/06. This target remains a challenging one, particularly as the Trust begins to reduce the extra beds opened to help manage 'winter pressures'.

7.0 DELAYED TRANSFERS OF CARE

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

7.1 Commentary

The number of delayed transfers of care as at the 6th April 2006 is 14, of which 2 have already been discharged and 1 has a planned discharge date. These are broken down as follows:

- 3 patients are currently being assessed.
- 3 patients are waiting for a specialist NHS funded placement, of these 2 have homes coming to assess them.
- 3 patients are waiting for placements at nursing/residential homes; of these 2 are waiting for an assessment from their home of choice.
- 5 patients are exercising choice, of these 2 have already been discharged and 1 has an agreed discharge date; of the remaining 2 one is waiting for a vacancy in their home of Choice and one is waiting for domiciliary care to be arranged.

8.00 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.

8.1 Commentary

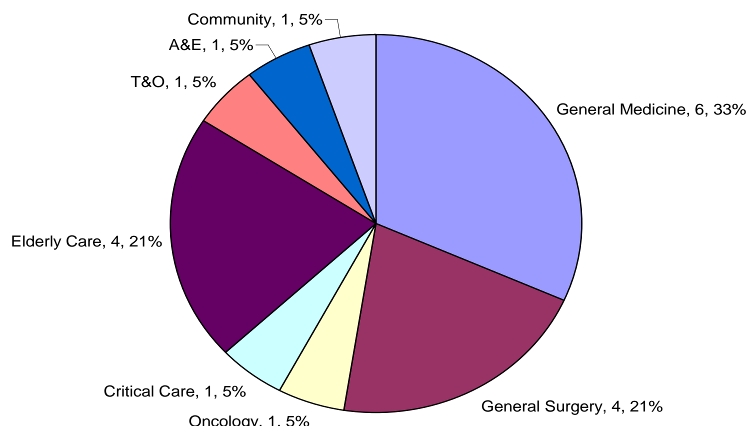
Q3 levels of MRSA are now available and show an increase on Q1 + 2.

Gloucestershire Health Community MRSA levels.

QUARTER	NUMBER OF CASES
Apr – June	16
July - Sept	10
Oct - Dec	18

Part of the increase seen in Q3 is felt to be as a result of improved screening processes. A breakdown of where incidences have occurred is provided below.

Number of MRSA bacteraemias by speciality
GHNHSFT Labs Oct - Dec 2005
(Data source: LAB/ICNet presented at HICC 28.03.06)



Legend indicates; name of speciality; number of bacteraemias; percentage of total number of bacteraemias.

The Trust is currently working on an improvement plan which will be shared with the Board at the next meeting.

9.0 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

9.1 Commentary

As at the 3rd April 15 practices are using the Choose & Book software (an additional 4 practices will come on line in the next week).

The following table shows the number of bookings made through the Choose and Book system.

Month	Number of bookings
January	15
February	22
March	71

During March 3 patients chose to go to Out of County providers.

Patient Numbers	Trust	Speciality
2	Hereford	Trauma & Orthopaedics
		Ophthalmology
1	UBHT	Ophthalmology

10.0 AGENDA FOR CHANGE

95% of Staff to be assimilated by Payroll for the 30th September 2005 and 100% by the 31st October 2005. *100% of Knowledge and Skills Frameworks (KSF) to be completed by the 31st December 2005.*

10.1 Agenda for Change banding reviews

To date the PCT has received requests to review 54 job descriptions (equates to 100 people, i.e. some job descriptions relate to more than one member of staff).

The first 12 job descriptions (equates to 30 people) have gone to a panel. Of these 9 job descriptions went up 1 band and 3 remained the same.

11.0 DENTISTRY

With the implementation of the dental contract from the 1st April 2006, dental activity is being commissioned from General Dental practices in Units of Dental Activity (UDA). The PCT UDA target for 2006/07 is 166,979. As at the 31st March the level of UDAs commissioned are 162,653 leaving a shortfall of 4,326. The detail of the contract is provided in a separate paper to the Board.

12.0 INFLUENZA UPDATE

12.1 Influenza immunisations

There was no specific target for immunisation take up in 2005/06. It was previously 70%.

Uptake for the 2005/06 seasonal influenza programme for the over 65s was higher than expected at 80%; this is an increase of 7% on the 2004/05 performance of 73%. A breakdown of performance by GP practice is shown below.

Practice	Total Over 65	Population Over 65	% Reached
Bailey - Pavilion	1557	1997	77.97
Barrow - Kingsholm	565	739	76.45
Bee - Newnham	609	664	91.72
McDowall - Rikenel	871	1099	79.25
Champion - Cheltenham Road	1264	1578	80.10
Coates - Brunston	638	1003	63.61
Cocks - Newent Health Centre	1402	1927	72.76
Docherty - Staunton	964	1246	77.37
Dodwell - Longlevens	973	1022	95.21
Falkus - London Road	1028	1191	86.31
Fellows - Severnbank	689	798	86.34
Gadsby - Cinderford Health C	1038	1244	83.44
Gibbs - Blakeney	481	555	86.67
Good - Drybrook	681	831	81.95
Harbottle - Brockworth	1202	1369	87.80
Jones - Yorkley	1073	1247	86.05
Lush - Bartongate	815	1059	76.96
Martin - Barnwood	977	1160	84.22
Martin - Mitcheldean	836	1213	68.92
Miller - College Yard	577	701	82.31
Bennett - Lydney	1122	1203	93.27
Moodie - Hadwen	1382	1681	82.21
Nicol - Abbeydale	298	329	90.58
Paterson - Rosebank	1637	1997	81.97
Pearce - Trinity	255	263	96.96
Rouse - Churchdown	1914	2304	83.07
Samuel-Gibbon - Saintbridge	804	1097	73.29
Siva - Quedgeley	243	277	87.73
Steinhardt - Hucclecote	1726	2031	84.98
Wallington - Forest Health Cer	823	1165	70.64
Watkins - Heathville Road	1449	1905	76.06
Wilkinson - Coleford Health Ce	1233	1588	77.64
West Glos PCT Total	**31126**	**38483**	**80.88**

12.2 Pandemic flu update

Good progress has been made across the county in further developing plans for Pandemic Flu. This work is being led and coordinated by Cheltenham & Tewkesbury PCT through a countywide group with active participation from West Gloucestershire. Draft guidance for primary care, 'Pandemic Influenza Guidance for general Practitioners and their teams: The Gloucestershire Response', is nearing completion and provides the framework and information for general practitioners and their teams to prepare for an influenza pandemic. This guidance is designed to be flexible so that our response can be adapted if a pandemic evolves along with local knowledge and intelligence. The intention is to provide a coherent and co-ordinated response for people living in Gloucestershire.

The response to an out break of pandemic influenza will be on an international basis; in order to mobilise resources and services quickly it is essential that an effective command and control structure is in place. Nationally the Department of Health is the lead Government Department with responsibility for contingency planning and providing leadership during a pandemic. Locally, all NHS organisations within Gloucestershire will fall under the established emergency planning command and control structure with support from the Gloucestershire Local Resilience Forum.

In the event of a pandemic being declared an Incident Control Centre will be established at Cheltenham and Tewkesbury PCT (Lead PCT) who will provide strategic leadership throughout the duration of the pandemic; the Incident Control Centre will be supported by the establishment of Incident Support Cells in West Gloucestershire PCT and Cotswold and Vale PCT.

The principles of our operational response are to:

- Establish a flexible and co-ordinated response throughout Gloucestershire
- Minimise the spread of the new virus
- Limit morbidity and mortality
- Provide treatment and care for a large number of ill people
- Reduce the impact on health and social care services
- Ensure essential services are maintained
- Provide consistent messages to our population

Following extensive negotiation and discussion all health organisations have agreed to establish a single model of primary care service delivery during a pandemic. The aim of the Gloucestershire operational response is to protect essential services, which will enable an appropriate level of service delivery whilst accommodating significant logistical and staffing issues to deal with.

Improving our preparedness is a continuous activity and the PCT Pandemic Flu Plan and the guidance for primary care will continue to be reviewed and updated, in particular to take into account new advice from national, regional and local organisations.

SECTION TWO – Pat Diskett, Assistant Director Public Health

This is the second performance report on public health matters.

13.0 TEENAGE UNDER 18 CONCEPTION RATES

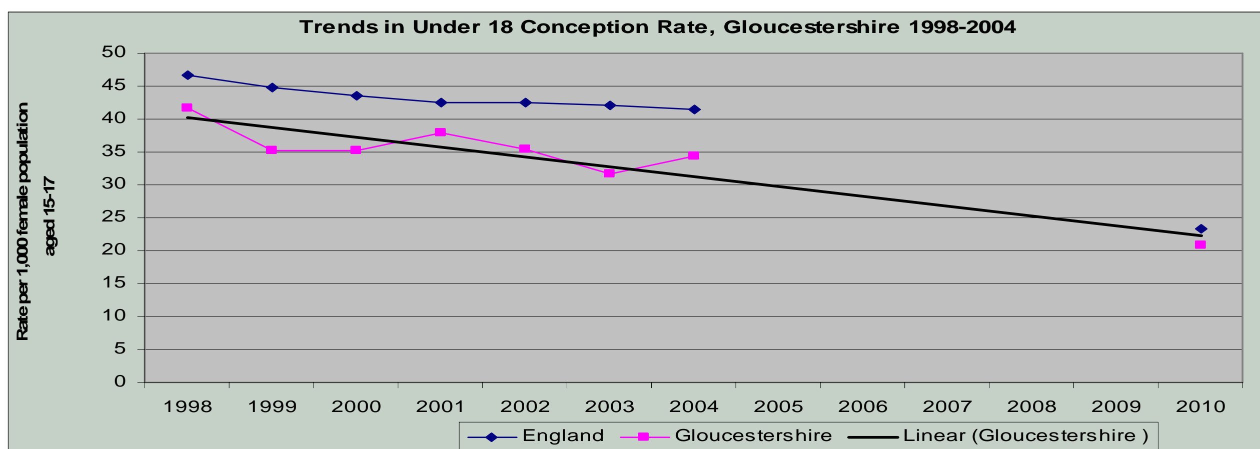
The National Teenage Pregnancy strategy is set out in the Social Exclusion Unit Report on Teenage Pregnancy, launched by the Prime Minister in 1999. One of the national targets is to:

- Halve the under 18 conception rate in England by 2010 (with an interim reduction of 15% by 2004 – which was included in the NHS Plan);

The data set relating to teenage pregnancy is analysed retrospectively by the National Teenage Pregnancy Unit. The data set has to be adjusted for live births and abortions and so is usually released 18 months after the year in question. Provisional data for 2004 for the county was released in February 2006. Under 18 conception data for 2004 for District Council areas will not be released until September 2006.

Both the 2010 target (a 50% reduction in teenage pregnancy) and the 2004 interim target (15% reduction) relate to the baseline set in 1998 of 41.8 conceptions per 1,000 females age 15 – 17. The under 18-conception rate for the county in 2004 was 34.3 conceptions per 1,000 females age 15 – 17. This represents a 17.7% reduction from the 1998 baseline and so the county is deemed to have achieved the interim target. In absolute

numbers, this means 35 births less in 2004 than the 1998 baseline.



However, the graph above shows that the rate of reduction was even better in 2003, thus 2004 data could be interpreted to show deterioration. It is too early to tell if this is merely a "blip" (because numbers are small) or the start of a more worrying trend. At the moment, overall, we appear to be on track to meet the 2010 target. The feedback from the Teenage Pregnancy Unit has been positive and we are one of the few areas to have been awarded Green status in view of our ability to meet the 2010 target.

14.0 SMOKING CESSATION

The county has already successfully met and exceeded the 3-year rolling target for 2003/04 - 2005/06 (measured by those smokers who successfully set a quit date and quit for 4 weeks) – see Table below showing progress towards targets. This is very good news for public health, primary care and secondary prevention as it is a major contribution to Coronary Heart Disease, Chronic Obstrutive Pulmonary Disease and cancer prevention. Data collection for Quarter 4 2005/06 is ongoing and will continue until 20th May 2006, thus performance will continue to improve further.

PCT	3 Year Target	Total amount of quitters to data (AS AT 10/03/06)	Amount still needed to achieve 3 year target
Cheltenham & Tewkesbury PCT	2304	2617	313 over target
Cotswold & Vale PCT	2622	2881	259 over target
West Gloucestershire PCT	3355	3443	88 over target
Total for County	8281	8941	660 over target

During the last 4-6 months, it has become a little more difficult to meet the target in the more affluent areas (e.g. Cotswold & Vale PCT), which suggests that we may have reached most of the "easier to reach" groups in the population. A recent evaluation of Gloucestershire Smoking Advisory Service (2005) confirmed that the service is very effective at recruiting "hard to reach" groups. However the quit rate for persons in deprived areas is lower than the quit rate for people in affluent areas. That is, people in deprived areas need to make more quit attempts before they succeed. It is more costly in

terms of time, effort and prescribing to help people in deprived areas to quit. This is a challenge the service will face in reaching the targets for the next two years.

Smoking Cessation Targets

	2006/07	2007/08
West Gloucestershire PCT	1187	1199
Cotswold & Vale PCT	926	934
Cheltenham & Tewkesbury PCT	814	821

15.0 INFANT MORTALITY: SMOKING DURING PREGNANCY

One of the main interventions to help improve infant mortality is to reduce smoking during pregnancy. Smoking during pregnancy is the best proxy for low birth weight babies and is much more prevalent amongst disadvantaged groups.

The PCT has an annual target to reduce the proportion of pregnant women who smoke by 1% percent year on year. The baseline was set in 2003/04, based on best estimates. West Gloucestershire PCT [WGlos] set a very generous baseline in recognition of the higher prevalence of smoking in pregnancy noted in areas of high deprivation. Cotswold and Vale PCT [C&V] took a similar approach. Cheltenham and Tewkesbury PCT [C&T] however experienced a "miscommunication" when setting their baseline and as a result has a target that is "unreachable". C&T has not been permitted to reset this baseline figure.

Targets for Smoking in Pregnancy: To achieve a 1% year on year reduction in the percentage of pregnant women who smoke

PCT/Year	2003/04	2004/05	2005/06
C&T	6%	5%	4%
C&V	23%	22%	21%
WGlos	24%	23%	22%

During the first year (2003/04), the county experienced difficulty with data collection thus the low prevalence of smoking recorded reflects poor data capture rather than a "real" picture. Data for WGlos thus showed that only 10.41% of women smoked in pregnancy whereas the "real" figure would have been over 20% generally - and higher in deprived areas (based on national estimates).

WGlos PCT Smoking in pregnancy FY 2003/04	Target 24%
Number of women known to be smokers at time of delivery	305
Number of women known not to be smokers at time of delivery	1003
Number of women with smoking status not known	1622
Number of Maternities	2930
% of mothers smoking during pregnancy	**10.41**

Improved reporting in 2004/05 revealed that 19.2% smoked in pregnancy (target 23%) although the smoking status of 280 women (9% of women) was not known.

WGlos PCT Smoking in Pregnancy FY 2004/05	Target 23%
Number of women known to be smokers at time of delivery	565
Number of women known not to be smokers at time of delivery	2065

Number of women with smoking status not known	280
Number of Maternities	2910
% of mothers smoking during pregnancy	**19.42**

Currently only data for the first Quarter of 2005/06 is available but shows that the PCT is well within the target (of 22%) and reporting has improved as only 7% are now recorded as smoking status unknown – although further improvements in reporting are clearly needed alongside better targeting of pregnant women in areas of deprivation.

1st quarter data only

WGlos PCT Smoking in pregnancy FY 2005/06 (Q1 figures only)	Target 22%
Number of women known to be smokers at time of delivery	118
Number of women known not to be smokers at time of delivery	539
Number of women with smoking status not known	51
Number of Maternities	708
% of mothers smoking during pregnancy	**16.67**

Although progress has been somewhat difficult to monitor, it appears that WGlos PCT is on track to meet this target. Other data (not included here) confirms that C&V PCT is also on track. However, due to an unrealistic baseline, C&T has an impossible target. It is not clear how this will affect future progress towards targets when PCTs (and? targets) merge.

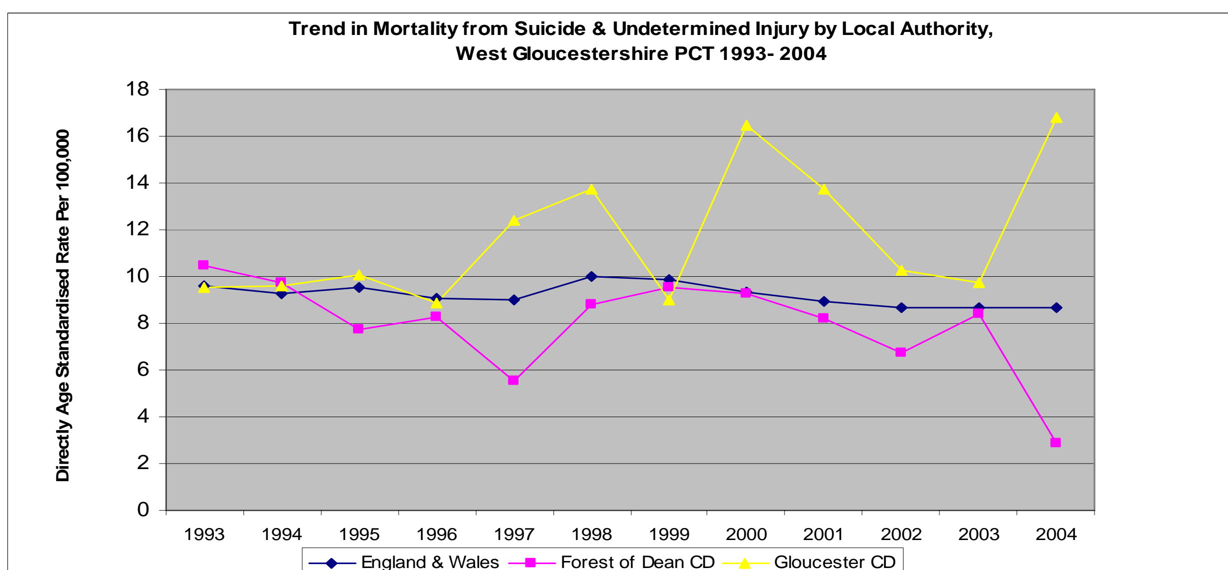
16.0 SUICIDE PREVENTION

The National Target is a 20% reduction in suicides and underdetermined injuries by the year 2010 from the baseline rate in 1995-1997. To measure this target we use the Directly Age-Standardised Mortality Rate per 100,000 European Population (all persons, all ages) extracted from the Compendium of Clinical and Health Indicators, April 2005 release – note that, like Teenage Pregnancy, there is a time lag before data becomes available thus we don't have up to date figures.

Table 1: Progress towards meeting target for reducing mortality from Suicide & Undetermined Injury in West Gloucestershire PCT

Indicator	**Target (DSR per 100,000)**	**1995-1997** Baseline	**2001-2002**	**2001-2003** (latest)		**Target** 2010
Mortality from Suicide & Undetermined Injury (all ages)	20% reduction by 2010	9.22	9.3	10.2		7.38

The PCT rate was worse than the national rate for the years in which data sets are available (2001-2002 and 2001-2003), although the number of deaths in the PCT are relatively small (even with 3 years pooled data we are looking at 69 deaths between 2001-2003). The small number of cases year on year makes the interpretation of the rates difficult, as an increase in a single year can cause the trend to fluctuate. Pooling 3 years data reduces the variability between rates while increasing the number of events. The figure below shows the recent trend.



NB: In 2004 there were 20 deaths in Gloucester and 3 deaths in the Forest of Dean from suicide & undetermined injury.

The PCT is currently projected to miss the 2010 target if the reduction in mortality continues at the rate that has occurred since the baseline.
A Countywide Suicide Audit has been completed and a Draft Countywide Mental Wellbeing and Suicide Prevention Strategy is under consideration (C&T PCT Lead).

17.0 ACCIDENT REDUCTION

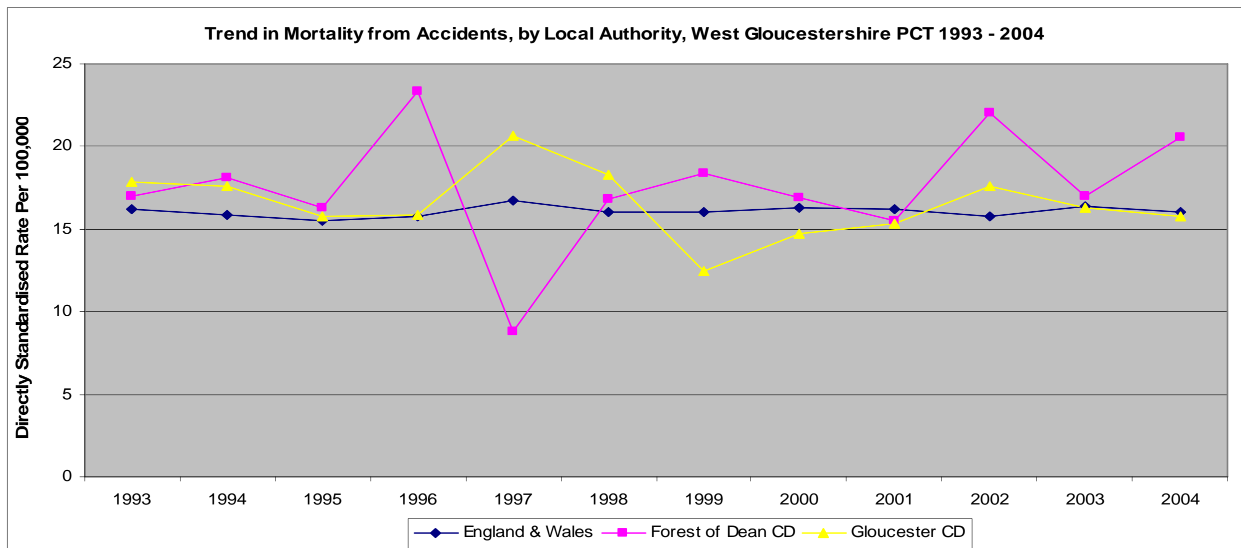
The National Target (Saving Lives: Our Healthier Nation Strategy), is a 20% reduction by 2010 from the baseline rate in 1995-1997, measured using the Directly Age-Standardised Mortality Rate per 100,000 European Population (all persons, all ages) through extracting data from the Compendium of Clinical & Health Indicators.

The rate for WGlos PCT exceeded the national rate for the years of data available (1999-2001, 2001-2002 and 2001-2003). The PCT is therefore projected to miss the 2010 target if the same trend continues.

Table 1: Progress towards meeting targets for reducing mortality in West Gloucestershire PCT

Indicator	**Target (DSR per 100,000)**	**Baseline** (1995-1997)	**1999-2001**	**2001-2002**	**2001-2003** (latest)	**Target** 2010
Mortality from Accidents (all ages)	20% reduction by 2010	16.02	16.7	18.91	17.95	12.82

The chart below shows the recent trend in accident mortality by local authority.



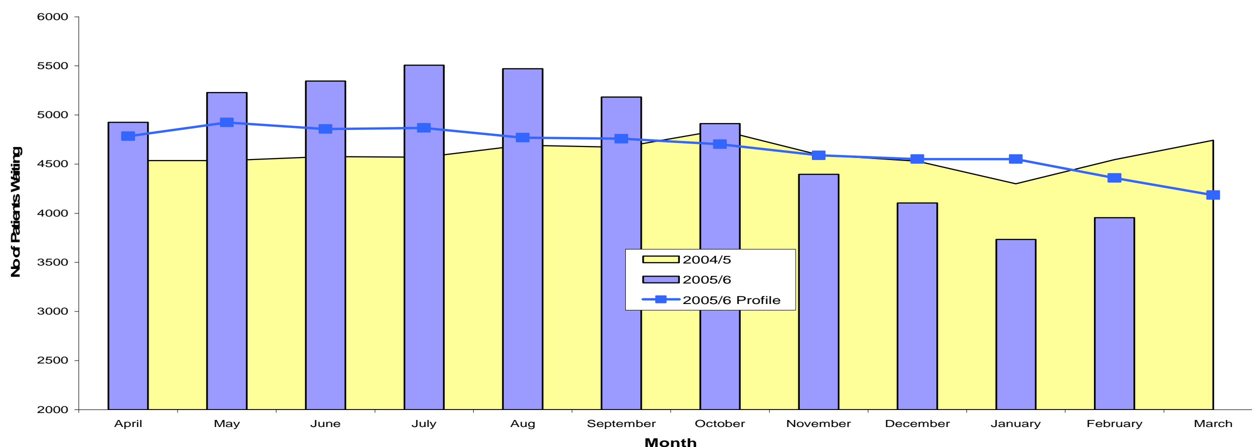
In the Forest of Dean, the mortality rate is consistently higher than the national average (except in 1997 and 2001). The Gloucester rates are similar to or above the national average. Small numbers of accidents are involved year on year (in 2004 = 17 in the Forest of Dean and 20 in Gloucester) and this makes the interpretation difficult as a slight increase over a single year can cause the trend to fluctuate.
The Anti-Social Behaviour [ASB] sub-group of the Forest of Dean Crime and Disorder Reduction Partnership [CDRP] is currently tackling this problem through a series of road safety initiatives. The PCT is a full member of the CDRP (as a legally required "Responsible Authority") and is pleased to report that the ASB sub-group has prioritised this problem.

18.0 RECOMMENDATIONS

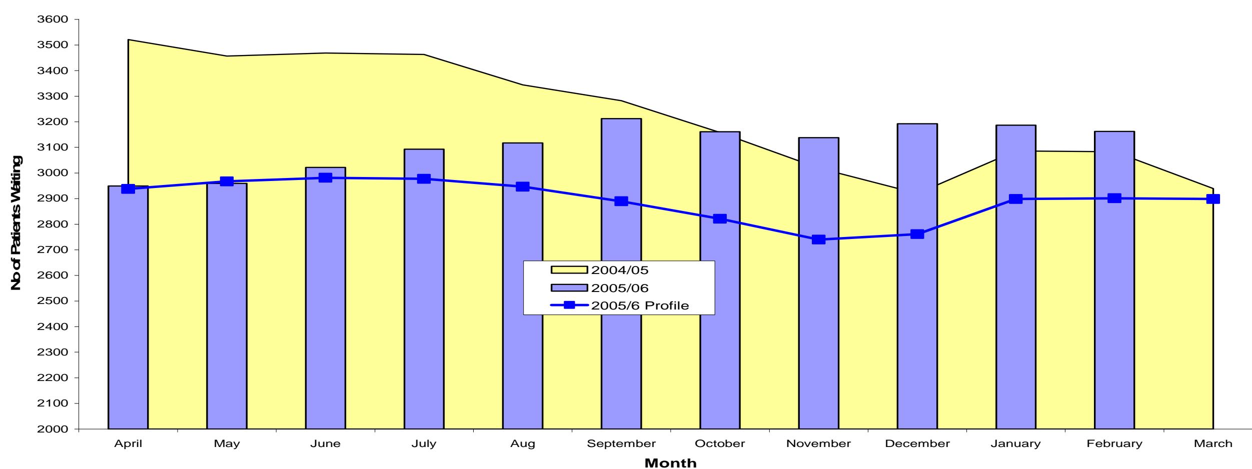
Board members are asked to note the contents of this report and the actions that are being taken to maintain and improve performance.

APPENDIX 1 - SUPPORTING DATA

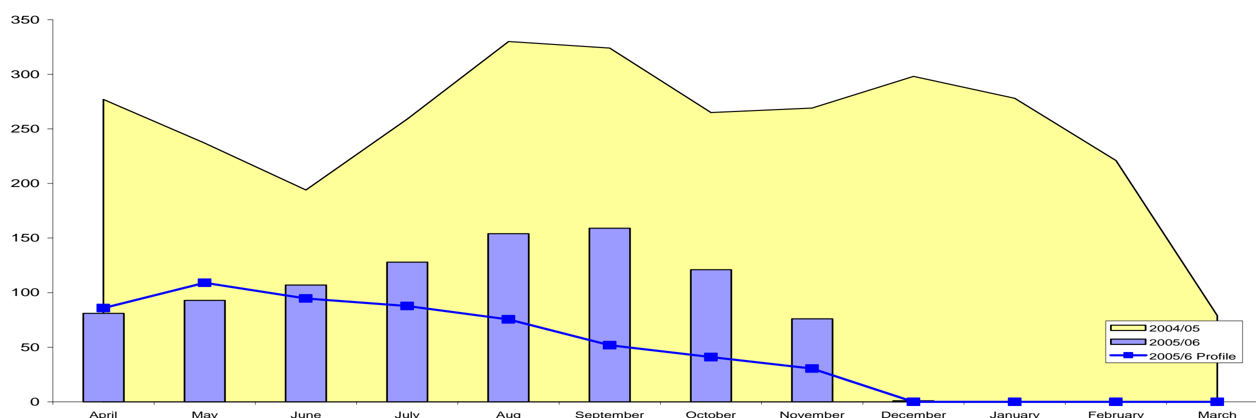
West Gloucestershire Outpatient Waiting List February 2006 position - All providers



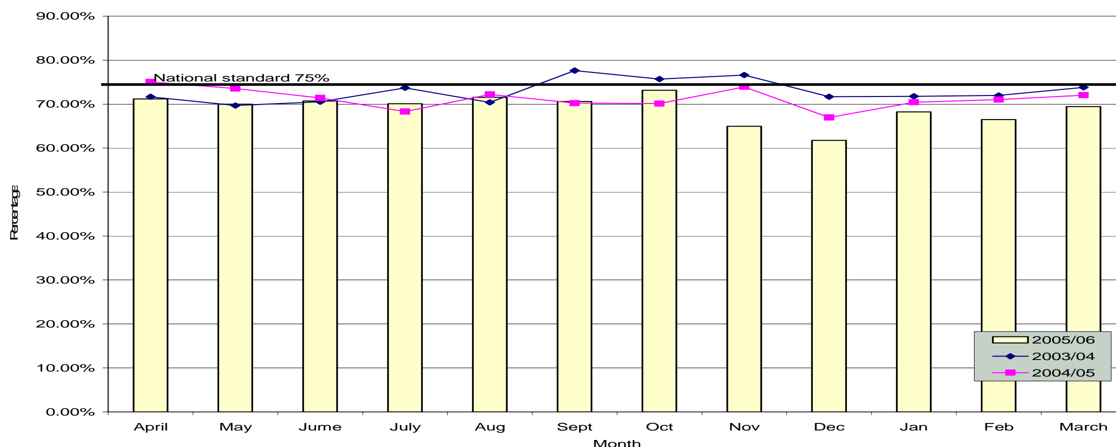
West Gloucestershire Inpatient Elective List Size February 2006 position– All Providers



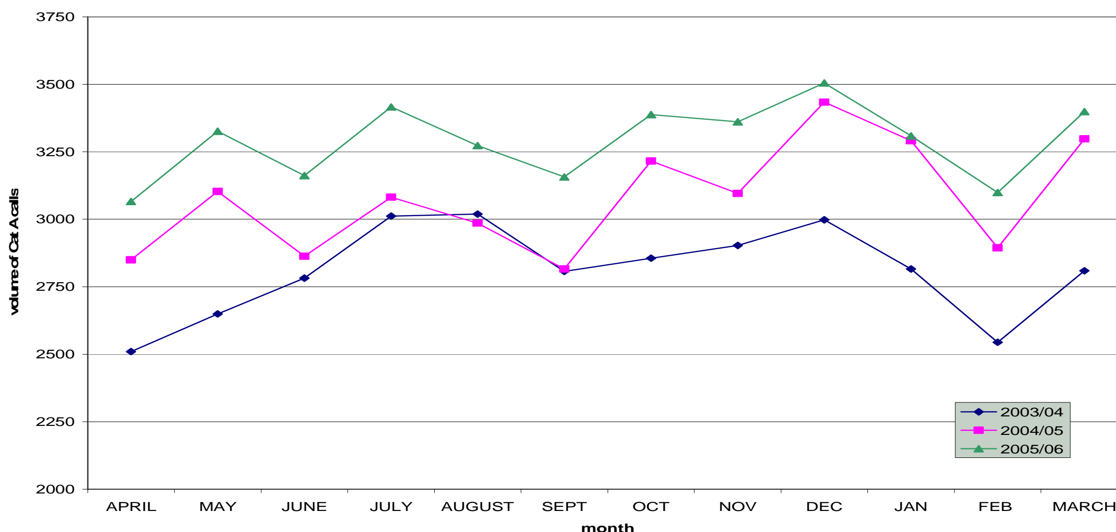
West Gloucestershire over 6 month waiters February 2006 position – All Providers



Gloucestershire Ambulance Service NHS Trust Category A performance 2003/4 to 2005/6.



GAST number of calls received in 2005/06 compared to 2004/05



Non Elective Admissions into GHNHSFT for the period Apr – Feb 04/5 to 05/6

Method of Admission	Total Spells		Variance
	04/05	05/06	
Accident & Emergency, Dental Casualty Dept	7003	7852	12.1%
Emergency - GP	5480	6197	13.1%
Emergency - OP Clinic	552	517	-6.3%
Emergency - Other	720	729	1.3%
Maternity	4935	4505	-8.7%
Transferred from other Health Care Provider	125	149	19.2%
Total	**18815**	**19949**	**6.0%**

The 6.0% variance shows the actual difference in non-elective spells between April to February 2004/5 and 2005/6. The method of admission shows where there have been changes between routes into the system.