

TO: West Gloucestershire PCT Board

FROM: Nicki Millin Assistant Director Service Development and Performance Management

DATE: 14th July 2005

SUBJECT: PERFORMANCE REPORT

1.0 PURPOSE:

To provide the Board with activity and key performance information for the period April 2005 to May 2005.

2.0 SUMMARY OF KEY ISSUES

- 2.1 There were 2 patients waiting over 17 weeks for an outpatient appointment and 1 patient waiting over 9 months for inpatient treatment. These are all with Welsh providers and have been offered an alternative provider.
- 2.2 Gloucestershire Ambulance Services NHS Trust did not meet its Category A Calls target; cumulative performance at the end of May was 70.58% against the standard of 75%.
- 2.3 The PCT has met the primary care access target with all practices offering an appointment with a GP or Primary Care Professional within the agreed standard of 48 hours and 24 hours respectively.

3.0 PCT STAR RATINGS SELF ASSESSMENT

The PCT has completed a self assessment of its performance against the star ratings targets for 2004/05 see Appendix 1. Overall the PCT has performed well and scores are very close to performance in 2003/04.

Based on the relative ranking of the PCT within the SHA area, performance against the England average and comparison of the 03/04 and 04/05 performance, we would assess the PCT at two stars. Indicators that were difficult to assess are financial management, infant health and commissioning of new mental health services, relative performance on these could move the PCT to a three star position.

3.1 Key Targets

Within the key targets it is anticipated that the PCT will not achieve the indicator relating to financial management.

Assessments of the remaining key targets show that the PCT will achieve all other key indicators based on the Healthcare Commission criteria.

3.2 Balance Scorecard

The PCT is at risk of achieving low scores (1 is low, 5 is high) in the following indicators:

- **Ambulance Category A Calls – 8 minute target (1)**
Regular reporting has been provided to the PEC relating to performance against this target, as at March 2005 the Gloucestershire Ambulance NHS Trust performance was 71.35% against the national target of 75%. The Strategic Health Authority have been working with the Ambulance Trust to look at ways of improving performance in the future, progress against these plans is provided within the monthly performance report.
- **Commissioning of new mental health workers and crisis resolution services (2)**
Although the Care workers, graduate workers and triage workers are in place the crisis resolution element of the target has not been achieved. Only 30% of the number of patients planned to be seen by the service in 04/05 were achieved. This is due to a combination of difficulty in recruiting to the team in early stages, and then pressure on finances reducing available levels of investment to meet the PIG guidance for a Crisis Team.
- **Community Equipment (1 or 5 depending on ratification)**
Performance against this indicator has decreased slightly from the 2003/4 position, however current figures released in the Local Development Plan quarterly returns show the PCT ranked 3rd within the Strategic Health Authority area. Unfortunately there was a data error, which may change this position resulting in the PCT ranking last within the SHA area, this error has been queried with the Healthcare Commission and the SHA have written an email in support of this correction.
- **Immunisation: MMR (2)**
This assessment is based on the 03 04 ranking where the PCT had a similar level of performance against the England average. It was anticipated that the GMS contract would assist with higher levels of immunisation in 05 06. Further consideration to the immunisation strategy will now take place.
- **Thrombolysis 60 minutes call to needle time. (1)**
Performance against this indicator is below the anticipated levels, there has been a 6-month slippage in the roll-out of the Ambulance Service Thrombolysis Project, this has now been rectified and the training programme has been completed. The Ambulance Trust have also experience technical problems during the pilot study which has caused additional delay but feel confident that in 2005/6 performance will improve now that all training and transmission hardware/software is in place.

A meeting has been arranged to include representatives from the PCT, Ambulance Trust and Gloucestershire Hospitals NHS Foundation Trust to look specifically at data collection and monitoring against this target.

4.0 PAYMENT BY RESULTS 2005/6

In April 2004 the Payment by Results (PbR) financial regime was introduced for all contracts held with Foundation Trusts. The scope of PbR covered the majority of elective and non elective inpatient activity (which was monitored by Health Resource Group spells - HRGs) and all outpatient attendances, with the exception of a few specialties.

From April 2005 PbR was rolled out to all provider trusts and the Department of Health has taken a staged approach and therefore only elective activity is included for 2005/6 with shadow monitoring being adopted against non elective activity.

For Foundation Trusts the scope of PbR has been expanded further and now encompasses A&E attendances, the tariff for attendances has been broken down to include high cost, standard and minor injury unit charges, each category attracts a different tariff ranging from £35 to £93.

Minor changes have also been made to the charging and monitoring of inpatient activity and a charge is now applied to the HRG attached to the episode of care and in some circumstances, a charge for excess bed days (where the total length of stay is above the trim point i.e. national average), a tariff supplement for specialist activity and a reduced non-elective tariff for some short stay emergency admissions.

5.0 ACTIVITY LEVELS – GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Figs 1 through to **7** show the PCT's performance against the Gloucestershire Hospitals NHS Foundation Trust Contract.

Figs 1 and **2** show the non-elective (emergency or unplanned) and elective activity, which, at this stage, remains below the planned levels commissioned from GHT for elective activity, but shows a slight over performance for non-elective activity. It should be noted that the 2005/6 contract has not been formally agreed between the PCT and GHNHSFT and therefore all plan figures are provisional and are subject to change.

Fig 1 West Gloucestershire PCT – GHT Non Elective Activity cumulative as at May 05

Non Elective (HRG Spells) cumulative to date				
	Spells	Spells subject to Short Stay Tariff	Excess Beddays	Spells subject to Specialist Services Uplift
Actual	902	909	1,122	220
Plan	881	917	928	168
YTD Variance	21	-8	194	52
YTD % Variance	2%	-1%	21%	31%

Fig 1 West Gloucestershire PCT – GHT Elective Activity cumulative as at May 05

Elective (HRG Spells) culmulative to date			
	Spells	Excess Beddays	Spells subject to Specialist Services Uplift
Actual	1605	273	174
Plan	1657	411	194
YTD Variance	-52	-138	-20
YTD % Variance	-3%	-34%	-10%

Fig 3 and Fig 4 provides a financial summary of elective and non-elective activity.

Fig 3 GHT Financial Contract to May 2005 (Non-Elective Activity)

Non-Elective (£000)					
	Spells	Short Stay	Excess Bed days	Specialist Service top up	Total
Plan	2042	746	196	37	3022
Actual *	2195	714	227	63	3199
Variance	152	-32	31	26	177

* actual includes an estimate for uncoded episodes

Fig 4 GHT Financial Contract to May 2005 (Elective Activity)

Elective (£000)				
	Spells	Excess Bed days	Specialist Service top up	Total
Plan	1671	79	31	1781
Actual *	1632	57	35	1724
Variance	-39	-22	4	-57

* actual includes an estimate for uncoded episodes

Outpatients

Following the 2005/6 guidance for Payment by Results all attendances are now charged on an individual basis. A tariff has been set for each individual specialty and has two components, first (new) and follow-up attendances as well as a separate charge for adult and child attendances.

Fig 5 details the activity for all outpatient attendances for the period April to May 2005.

Fig 5 West Gloucestershire PCT – GHT Outpatient Attendances

Attendance Based		Adult Activity	Child Activity	Adult Activity	Child Activity	Total Actual Activity YTD
		First	First	Follow up	Follow up	
100	General Surgery			196	20	216
101	Urology Outpatients	329	22	486	7	844
103	Breast Surgery	164	2	347	2	515
104	Colorectal Surgery	297	10	365	4	676
106	Upper Gastrointestinal Surgery	178	3	193	5	379
107	Vascular Surgery	185	13	428	1	627
110	Trauma and Orthopaedics	1535	339	2253	369	4496
120	ENT	427	99	634	211	1371
130	Ophthalmology Outpatients	1062	146	2494	233	3935
140	Oral Surgery	230	35	502	34	801
143	Orthodontics	11	55	204	721	991
160	Plastic Surgery					
171	Paediatric Surgery		11		23	34
191	Pain Management	120		172		292
300	General Medicine	184		244	1	429
301	Gastroenterology Outpatients	247		314	2	563
302	Endocrinology	89		307		396
303	Clinical Haematology	43		396		439
320	Cardiology Outpatients	384	3	379		766
330	Dermatology Outpatients	405	48	697	45	1195
340	Thoracic Medicine	161		443		604
370	Medical Oncology	8		11		19
410	Rheumatology Outpatients	87	1	353	3	444
420	Paediatrics	3	508	17	997	1525
430	Geriatric Medicine					
501	Obstetrics using Bed or Delivery	512	4	458	2	976
502	Gynaecology Outpatients	411	1	441	2	855
800	Clinical Oncology	132		718		850
999	All Other					
TOTAL ATTENDANCE BASED		7204	1300	13052	2682	24238

Fig 6 provides a financial summary of outpatient activity.

Fig 6 GHT Financial Contract to May 2005 (Outpatients)

	Outpatients (£000)		
	Adult	Child	Total
Plan	1076	1383	1361
Actual	1036	1403	1330
Variance	-40	20	-31

5.1 Summary

The GHTNHSFT contract has not yet been finalised, therefore it is not possible to provide an overall position related to usage of the total contract. However the elements we are able to monitor, as detailed in this section, are currently showing an overspend of £89,000. This overspend is as a result of non-elective activity in the first two months of this financial year. Based on 2004/05 performance and the PCTs experience in the latter end of the year, a growth rate of 7.1% has been factored into the non-elective element of the contract. The demand management schemes identified by the PCT have been taken off this to reduce the rate to 1.2%. The existing demand management schemes have been profiled throughout the year, with the most significant scheme to commence in July with roll out and full impact from September. (Details of these schemes are provided within the Financial Recovery Plan update to the PEC).

The table below shows a breakdown of the contract within service areas.

Fig 7 GHT contract summary April to May 2005

Service Area	Under/Over spend (£K)
Elective inpatient	-57
Non Elective	177
Outpatients	-31
TOTAL	89

6.0 WAITING LIST

The PCT are currently in discussion with the Strategic Health Authority on waiting list profiles. The existing profiles are based on the LDP submissions to the DoH in 2002/03 and therefore no longer reflect waiting list sizes needed to enable us to sustain the existing wait times targets. The SHA have therefore agreed that the PCT can develop new local profiles which will be used by the SHA to monitor our performance. Once profiles have been agreed they will be added to future reports for the Board and PEC.

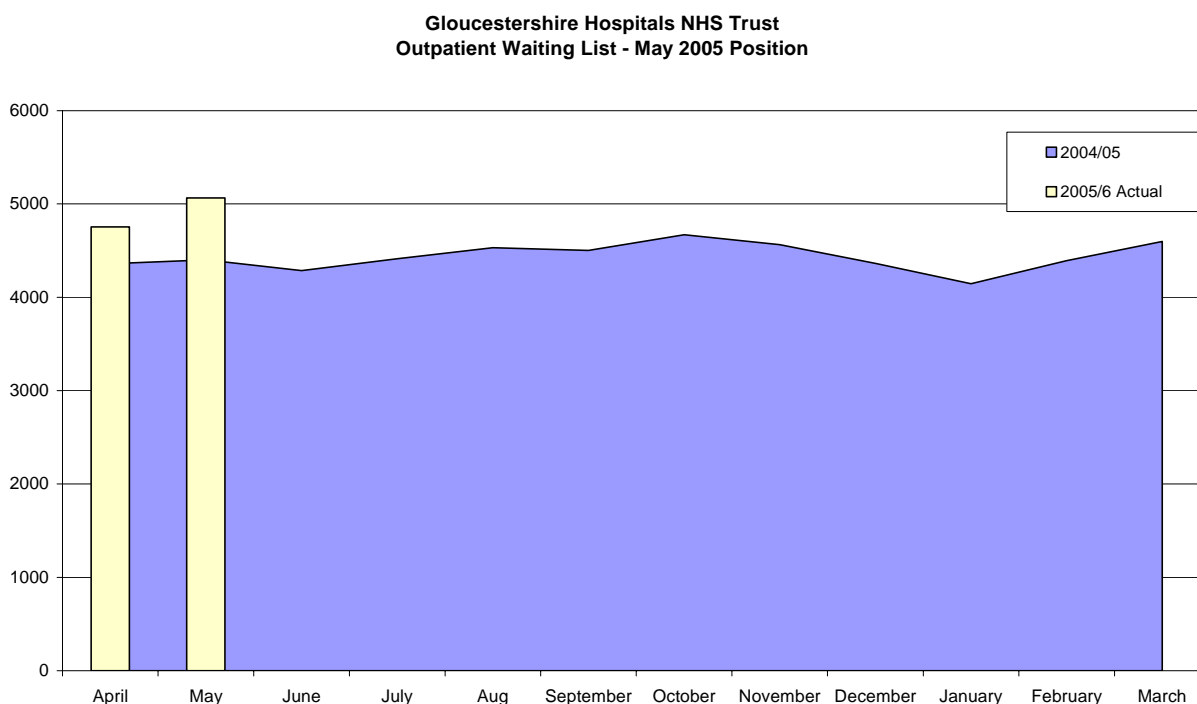
6.1 Outpatient Waiting List

National Standard 2005/06 - To maintain a maximum wait for an outpatient appointment of 3 months (13 weeks) by December 2005.

6.1.1 Gloucestershire Hospitals NHS Foundation Trust

Fig 8 shows the PCT position for outpatient waiting lists with Gloucestershire Hospitals NHS Foundation Trust. During the reporting period there were no reported breaches against the national target. As at 31st May 2005 there were no patients waiting in excess of 13 weeks.

Fig 8 West Gloucestershire Outpatient Waiting List Position– GHT



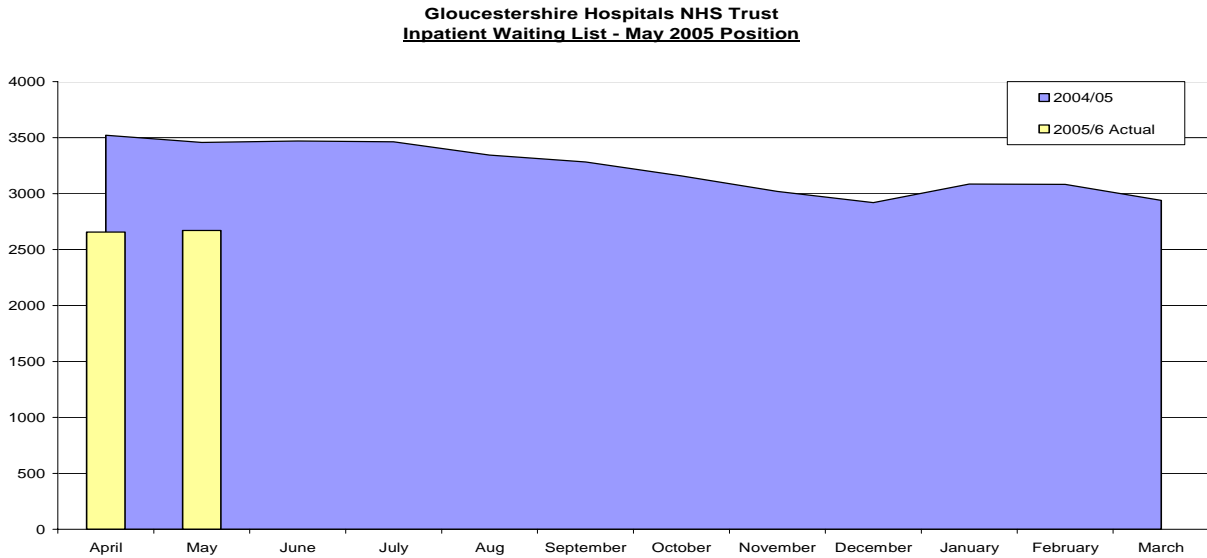
6.2 Elective Inpatient Waiting List

National Target 2005/06 –no over 6 month waiters by end of December 2005.

6.2.1 Gloucestershire Hospitals NHS Foundation Trust

The current number of patients waiting for inpatient treatment at Gloucestershire Hospitals NHS Trust is 2,670 which is below the agreed profile of 2,967. Of those waiting, 97.8% are experiencing a wait of 6 months or less. The numbers of patients who are waiting over 6 months for treatment has increased slightly from 53 in April, to 58 at the end of May. There are no patients waiting over 9 months.

Fig 9 West Gloucestershire Inpatient Elective List Size– GHT

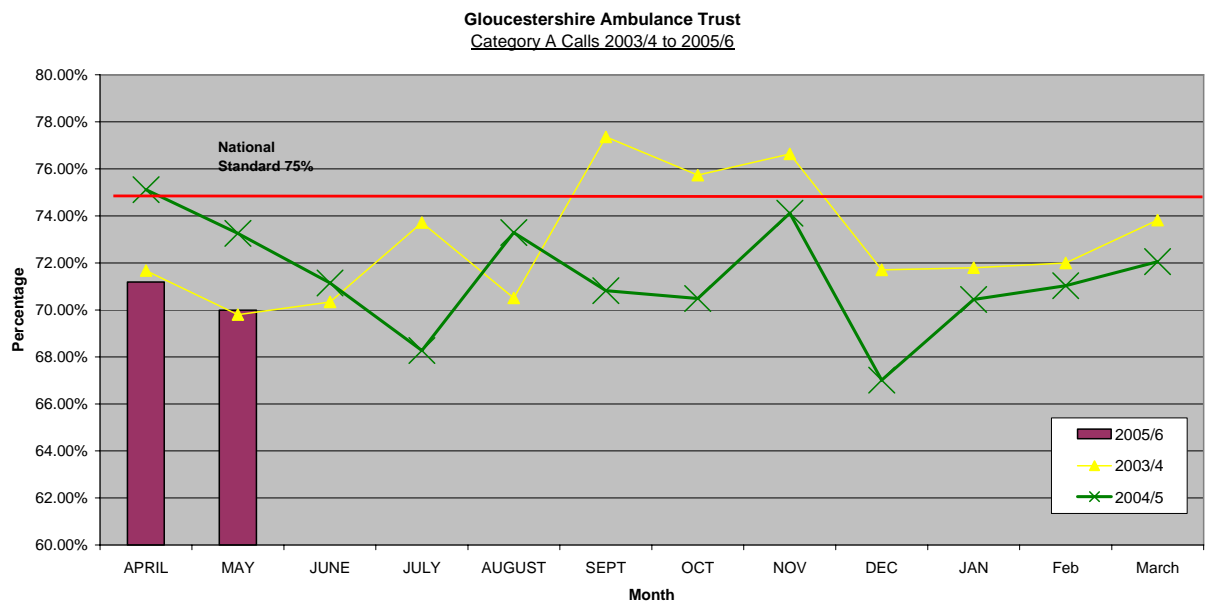


7.0 EMERGENCY PRESSURES

7.1 Ambulance Response to Category A Calls

Ambulance Trusts to meet the target to respond to 75% of Category A calls within 8 minutes.

Fig 10 Gloucestershire Ambulance Service NHS Trust Category A performance 2003/4 to 2005/6.



Gloucestershire Ambulance Trust continues to have monthly meetings with the Strategic Health Authority and are providing them with weekly progress reports. The Trust has provided the SHA with a new performance improvement plan which is effective from the end of May. The plan is divided into 3 areas of work, Short term

measures, designed to help improve performance on an interim basis; control room reconfiguration programme and medium term actions which relate to service redesign. The Trust has profiled its move to target as follows:-

June	71%
July	72.4%
August	72.9%
September	75.7%

Performance against target is within their overall improvement plan target with a position at the end of May of 70.58% for Category A (life threatening calls) 8 minute calls.

The Trust has a second Category A target to monitor and that is Category A (life threatening calls) 19 minutes. The definition for this is that a fully equipped and appropriately staffed ambulance must reach the patient within 19 minutes from the call in 95% of all occasions. The Trusts cumulative position against this target at the end of May was 96.46%.

Fig 11 Gloucestershire Ambulance Service NHS Trust Total number of Category A calls received for the period April to May 2005/06 compared to 2004/05

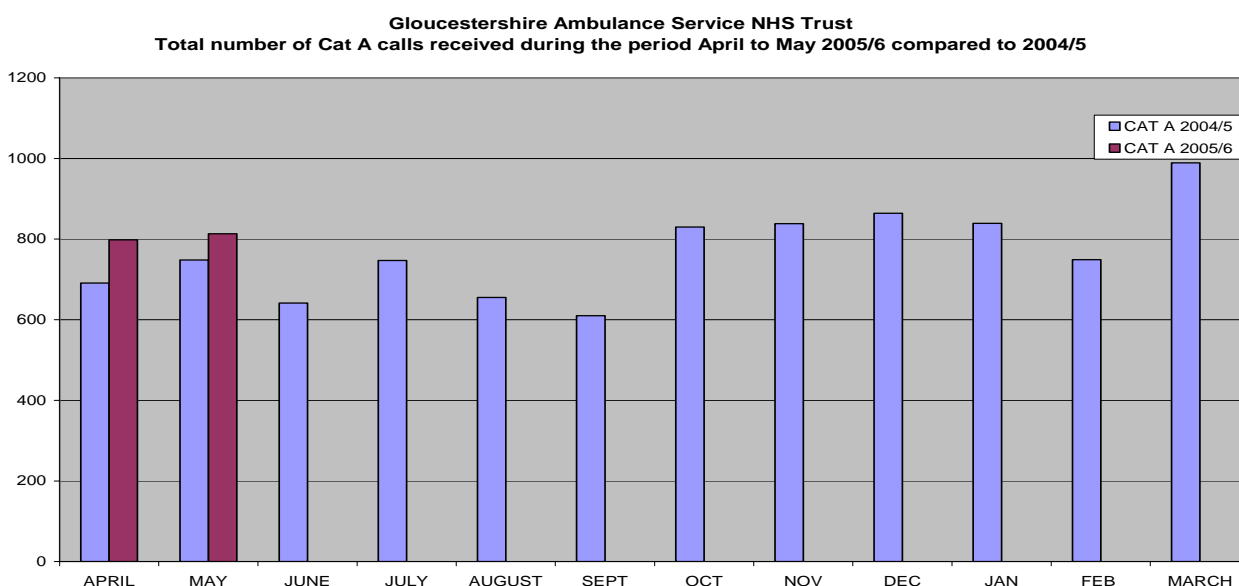


Fig 12 shows the total number of Category A calls received during April to May 2005/6 compared to 2004/5. The total Category A calls for this period have increased by 12.0%, this is in line with the overall increase in emergency calls received by the Trust (7.1%).

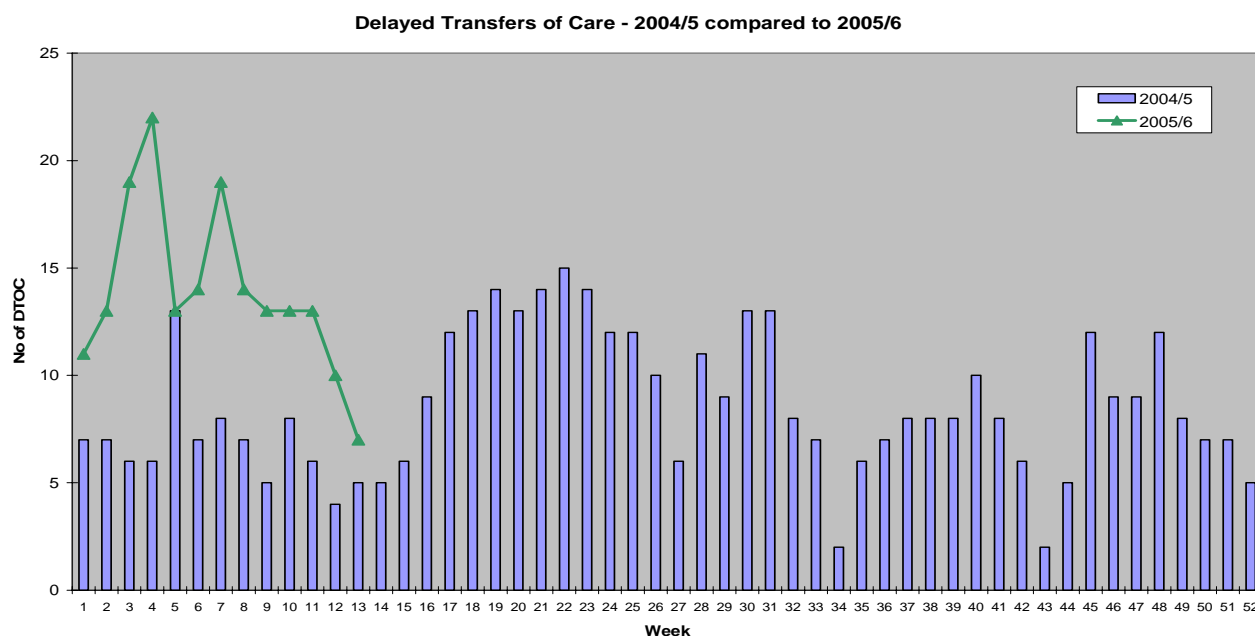
Performance against Category B calls (95% of all calls answered in 19 minutes) has remained fairly constant.

	January	February	March	April	May	Cumulative position 2005/6
Category B	93.77%	93.08%	91.79%	96.62%	96.31%	96.46%

8.0 DELAYED TRANSFERS OF CARE

Target - the number of acute delayed transfers of care attributable to West Gloucestershire PCT is zero.

Figure 13 Delayed transfers of care April 2004 to June 2005.



8.1 West Gloucestershire PCT Delayed Transfers of Care

Fig 13 shows the total number of delayed transfers of care in acute hospital beds for West Gloucestershire PCT patients for the period 1st April 2004 to 23rd June 2005.

The number of delayed transfers of care as at the 23rd June is 7, against a target of 0. These are broken down as follows: -

- 1 patient is waiting for complex CHC funded placement and has gone for a trial period.
- 1 patient was transferred to their nursing home of choice on Tuesday 28 June.
- 1 patient is funded by Surrey SSD, family are challenging CHC decision.
- 1 patient is considering alternatives for care home at this time.
- 1 patient went home with care package on Monday 27 June.
- 2 patients are exercising choice - both refused alternative placements whilst awaiting care package/Home of choice.

8.2 Gloucestershire Health Community Delayed Transfers of Care

Target 2004/5- The number of acute delayed transfers of care across the County should be zero

The total number of Gloucestershire residents who have had delayed transfers of care in acute hospital beds is 17 as at the 23rd June 2005, 14 within Gloucestershire Hospitals NHS Foundation Trust beds and 3 within Cotswold & Vale PCT beds.

9.0 PRIMARY CARE ACCESS

National Target: By January 2005, 100% of practices will be able to offer an appointment with a GP within 48 hours and an appointment with a Primary Care Professional within 24 hours.

The survey carried out in June 2005 shows that 100% of practices were able to offer an appointment within 48 hours for a GP and 100% of practices were able to offer an appointment within 24 hours for a Primary Care Professional (PCP). It should be noted that if a practice is not able to offer an appointment with a PCP within 24 hours but can offer an appointment with a GP, under national definitions, this is recorded as achievement against both targets.

10.0 RECOMMENDATIONS

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

Star ratings Self Assessment 2004/05

Appendix 1

Key Target	2003/04 position	2004/5 position	Attainment	SHA ranking	England average	Comments
Access to a GP	91.10%	100%	√	All	100%	
Access to a primary care professional (PCP)	95.57%	100%	√	All	100%	
Drug misuse: treatment	94.03%	101.198%	√	10	118.74%	All Gloucestershire PCTs ranked last in SHA, but targets were achieved.
Elective patients waiting longer than standard	0.00%	0.00%	√	Joint 1st	0.065%	4 other PCTs similarly ranked in SHA
Financial management		-3110	X	9		2004/5 position taken from month 12 FIMS
Four-week smoking quitters	149.78%		√	n/k		<i>Awaiting data 20/6/05, but plan of 1175 achieved with actual 1382.</i>
Outpatients waiting longer than the standard	0.00%	0.00%	√	Joint 1st	0.020%	No over 17 week breaches (one in month breach - excludes Welsh providers) 8 other PCTs similarly ranked in SHA
Total time in A&E: 4 hours or less	94.99%	Q1 – 3 97.442% Q4 98.521%	√	5 1	Q1 – 3 96.074% Q4 97.969%	Q1 – 3 ranking was 5 th in the SHA but the Q4 position was 1 st . National targets achieved in both sets of figures.
Total Score	8/9	7/8				

Key - √ = achieved X = significantly underachieved.

Balanced Scorecard	2003/04 position	2003/04 Attainment level	2004/5 position	Self assess Attainment Level (1-5)	SHA ranking score out of 12	England average	Comments
Ambulance Category A calls - 8 minute target	72.99%		71.23%	1	6	76.189%	Below the national standard and the England average
CAMHS	5	5	Achieved	5	1	n/k	PCT has completed the needs assessment and has shown a 39.039% growth in CAMHS expenditure against a 10% target
Cervical screening	82.57%	5	81.898%	5	3	80.666%	PCT performance is higher than the England average

Balanced Scorecard	2003/04 position	2003/04 Attainment level	2004/5 position	Self assess Attainment Level (1-5)	SHA ranking score out of 12	England average	Comments
Child protection	88.89%	3	94.737%	3	5	96.026%	Achieved last year with a similar % difference from England position
Commissioning Assertive Outreach Services	New	-	125.641%	5	3	100%	Above the England average
Commissioning of New Mental Health Workers and Crisis Resolution Services	New	-		2			Carer support workers, graduates and gateway staff all meet target allocation numbers. Crisis resolution treatment figures are only 30% of plan, which will effect scoring. No benchmark data available
Community equipment	98.62%	5	96.48%	5	2	87.809%	Performance is higher than England average. A query has been raised with the Healthcare Commission as the data was incorrectly submitted. The SHA have supported this correction and have emailed the Healthcare Commission directly.
Data Quality on Ethnic Group	New	-	91.057%	4		86.487%	Above the England average.
Death rates from cancer, ages under 75 (change in rate)	-6.13%	3	-7.685%	3	12	3.863%	In 2003/04 the PCT scored band 3 for these two indicators. 2004/05 performance is similar to this so we would expect similar scoring.
Death rates from circulatory diseases, ages under 75 (change in rate)	4.71%	3	5.975%	3	10	10.696%	
Delayed transfers of care	2.18%	3	1.819%	3	4	2.386%	PCT is below the England average which reflects good performance
Diabetic retinopathy screening	-	-	76.969%	3	10	89.816%	This indicator was raised as a query with the Healthcare Commission as the construction of the indicator did not appear to be mathematically sound. Within our SHA area the ranges of scores were 649.5% to 72.0%. The response from the Healthcare Commission was that their assessment would be based on the UK National Screening Committee minimum standard of 70% uptake for screening and the PPF target of 80% which relates to patients offered screening. The Healthcare Commission are working through the

Balanced Scorecard	2003/04 position	2003/04 Attainment level	2004/5 position	Self assess Attainment Level (1-5)	SHA ranking score out of 12	England average	Comments
							thresholds of achievement against this measure and until further clarity is provided it is difficult to predict the performance score.
Flu vaccinations	73.25%	5	73.046%	5	4	71.426%	Performance is above the England average.
Health equity audit	4	5	4	5	1	n/k	All areas categorised as 'green' and audit submitted to the SHA.
Immunisation: MMR	78.10%	2	78.112%	2	9	80.831%	Similar performance to 03 04 for the PCT and England average so would expect a similar score – Band 2
Infant health		2		3		Yes	Breastfeeding 95.24% accuracy and smoking in pregnancy 99.0% accuracy, this is a measure of data quality and we have no national benchmark for performance and therefore overall achievement cannot be ascertained.
Learning Disabilities: Identification in Primary Care and reducing Long-Term Residence	New	-	achieved	4	All PCTs achieved	n/k	The numbers of practices with systems in place to identify people with a learning disability has increased and the numbers in PCT commissioned beds are not significant. We do not feel this indicator is a risk.
NHS dentistry	Yes	4		3	n/k	n/k	Since October 2004, West Gloucestershire PCT has commissioned additional NHS treatment/ dental registration for approximately 36.000 patients through a variety of dental initiatives. So far this equates to an additional 13 WTE dentists plus additional NHS provision with local dentists.
PCT patient survey: access and waiting	71.532	3	68.667	3	6	70.003	Within the patient survey those areas associated to the performance indicators which were identified as below the average scores were; having to wait more than 2 days for a GP appointment (PCT score 25.3% compared to average of 20.0%), not told how long you would have to wait a GP (PCT score 43.1% compared to average of 42%).
PCT patient survey: better information, more choice	85.07	3	82.956	3	7	81.371	
PCT patient survey: building closer relationships	90.99	3	87.809	3	5	86.765	
PCT patient survey: clean, comfortable, friendly place to be	79.80	3	68.330	3	11	69.260	
PCT patient survey: safe, high-quality, coordinated care	77.52	3	82.318	3	5	80.691	

Balanced Scorecard	2003/04 position	2003/04 Attainment level	2004/5 position	Self assess Attainment Level (1-5)	SHA ranking score out of 12	England average	Comments
Risk Management	New	-	Level 1 A	3	1	Median 1A	As per median score so expectation to achieve this indicator
Sexual health	64%	4	61.0%	4	6	56.2%	Performance is above England average.
Six-month inpatient waits	90.72%	3	97.312%	4	2	94.955%	Performance is above England average.
Staff opinion survey: health, safety and incidents	2.91	3	2.593	3	2	2.578	Those indicators highlighted as amber have been queried with the Healthcare Commission as the scores are not in line with the results we have received from Pickers (the external audit company who undertook the survey). The 'Pickers' results shown the PCT above average in the majority of the areas associated with these indicators.
Staff opinion survey: human resource management	2.83	3	2.478	4	6	2.554	
Staff opinion survey: staff attitudes	3.52	3	3.507	3	8	3.565	
Teenage pregnancy	16.00%	4	24.079%	4	1	9.821%	This figure represents the % reduction in teenage pregnancies. The PCT is above the England average so we would expect to achieve this.
Thrombolysis 60 minutes call to needle time	New	-	-22.344%	1	12	Unknown	Performance against this indicator is below the anticipated levels, there has been a 6-month slippage in the roll-out of the Ambulance Service Thrombolysis Project, this has now been rectified and the training programme has been completed. The Ambulance Trust have also experience technical problems during the pilot study which has caused additional delay but feel confident that in 2005/6 performance will improve now that all training and transmission hardware/software is in place.
Workforce indicator		5	Green & 3.530%	5	5	n/k	Target has changed this year. Performance is that the IWL assessment is green and the sickness absence rate is 3.520 – no benchmark available.
Score relating to other 03 04 indicators		30					
Total score		115/165		110/160			
Score as a percentage		69.70%		68.75%			