Agenda Item 9 i

TO: West Gloucestershire Primary Care Trust Board

FROM: Nicki Millin, Assistant Director (Performance)

DATE: 16th March 2006

SUBJECT: **PERFORMANCE REPORT**

1.0 PURPOSE:

SECTION ONE
To provide the Board with activity and key performance information for the period April 2005 to January 2006.

SECTION TWO
To provide the Board with a report on older people's services.

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; cumulative performance for the county at the end of February was 68.92% 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	√	4

Delayed transfers of care	-	5
MRSA/ Hospital Acquired Infection	x	5
Choose and Book	√	6
Agenda for Change	√	6

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 Commentary and actions

Maintaining 6 month elective waits
The inpatient list size and the number of over 5 month waiters has remained fairly constant throughout February 2006. The PCT is monitoring performance to ensure the required numbers of patients are being removed from each speciality list to achieve the no over 6 month waits.

Maintaining 13 week outpatient waits
As previously reported the outpatient waiting list size for over 11 week waiters rose during January 2006. This position has improved during February with the numbers of over 11 week waits decreasing from 206 at the 29th January to 144 as at the 5th March. As with inpatients the PCT continues to monitor this position closely.

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 wait
- 2 over 13 week wait
- 7 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	Traffic light
One month diagnosis to treatment (31 day)	97%	98%	-1%	✓
Two months referral to treatment (62 day)	85%	95%	-10%	x

4.1 Commentary

The Department of Health Performance team for cancer waits carried out a review of GHNHSFT performance during February. Their assessment concluded that the Trust had made excellent progress on the 31 day target and were now in a sustainable position for continued delivery. They recognised that the Trust were now focusing on 62 day waits and had identified specific pathways. The team are due to make a follow up visit during March.

4.2 Actions

The following programmes of work are currently taking place.

- Urology pathway working towards a one-stop shop where a variety of tests are given during one appointment.
- Lower GI team reviewing their pathway looking to reduce steps required from referral to tests.
- Consultant to Consultant referrals and direct across to radiology and pathology for testing as part of the referral process.

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

	Feb 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	66.47%	68.92%	75%	-6.08%	x
Cat A (19 mins)	91.77%	92.33%	95%	-1.77%	x
Cat B (19 mins)	86.86%	89.95%	95%	-5.05%	x
GP Urgents	77.27%	85.81%	95%	-9.19%	x

Gloucestershire Ambulance Trust Performance against West Gloucestershire PCT responsible population

	Feb 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	71.83%	73.34%	75%	-1.66%	-
Cat A (19 mins)	93.02%	95.34%	95%	0.34%	✓
Cat B (19 mins)	92.39%	94.02%	95%	-0.98%	-
GP Urgents	77.26%	85.69%	95%	-9.31%	x

5.1 Commentary

Volumes of emergency calls continue to remain high, the Category A calls for this period have increased by 15.9% over the same period last year. There has been an overall increase in calls received by the Trust of 7.23%.

GASNHST have agreed a range of actions with the SHA to improve their current performance. This includes:

- Reviewing standby points in conjunction with colleagues from Wiltshire.
- Suspending training from 20th February for the remainder of the year to reduce the number of lost shifts that have resulted from implementation of agenda for change.
- Implementing changes to control room staff rotas from early March.

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	Q4 to date	Plan	Variance	Traffic light
Seen in A & E in 4 hours	98.0%	98.1%	97.1%	97.6%	98.0%	-0.4%	-

6.1 Commentary

Although the GHNHSFT achieved their level of performance during January 2006 this has dipped to 97.1% during February. The Trust has been under significant pressure during

February, with beds closed in the acute and community hospitals as a result of D&V increasing system pressures. DTOCs were high in February but have started to reduce.

In order to try and improve patient movement through the system the Trust has put in place extra medical cover and diagnostic testing at weekends to facilitate a smoother pathway and reduce length of stay.

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 2nd March 2006 is 11, of which 1 has a planned discharge date. These are broken down as follows: -

- 3 patients are waiting for a specialist NHS funded placement
- 4 patients are waiting for placements at nursing/residential homes; of these 1 has already been discharged, 2 are in the process of choosing homes and 1 is waiting for an assessment from their home of choice.
- 1 patient is waiting for a care package.
- 2 patients are exercising choice and have refused respite placements whilst waiting. Of these 1 is waiting for a privately funded care package and 1 waiting for a placement of choice. Senior staff are working with families to expedite discharge.
- 1 patient is waiting for housing.

At the last Board meeting it was requested that information be provided which shows the cost of DToCs to the PCT. One month's data was looked at to determine what the additional costs were for those patients remaining in a bed past the agreed ready for discharge point. There were 23 patients who were looked at, of these 8 had excess bedday costs and 14 had a rehab bedday cost. The extra cost to the PCT as a result of the delay in their discharge was 28k.

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

There has not been an update to the figures previously reported to the Board, which showed GHNHSFT position has remained constant in terms of MRSA cases reported.

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 6th March ten practices are using the Choose & Book software (two of these new within the last week). From the initiation of Choose and Book until the 6th March, 88 patients have contacted the countywide patient support service in order to make their booking. Of the 88 patients only 1 has chosen an Out of County provider – Oxford Radcliffe (ENT specialty).

From next month the Board will receive information which shows the referrals made through choose and book as a percentage of the total number of referrals made by GP's.

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 Commentary

As previously reported the PCT achieved assimilation by the end of January 2006. The three outstanding members of staff have also now been assimilated.

In terms of the KSF target, the PCT is making good progress in completing profiles, with approx 90% completed to date.

Agenda for Change banding reviews.

To date the PCT has received 62 requests for a review. The first 6 of these have gone to panel, 5 of these have gone up 1 band and 1 remained the same band.

11.0 DENTISTRY

The Dental Action Team agreed a target of an additional 28,500 registrations for West Gloucestershire PCT from a baseline of March 2004.
(Note – no agreed date for delivery of increased activity)

	March 2004	March 2005	January 2006	Plan	Actual
Dental registrations (Adult and Children)	55,687	55,354	55,994	+ 28,500	+ 307

11.1 Commentary
There has been a reduction in the number of patients registered from the number previously reported to the Board (a reduction of 987). This is as a result of 5 surgeries de-registering patients as they are withdrawing from the provision of NHS services.

SECTION TWO

12.0 OLDER PEOPLE SERVICES – Helen Bown

12.1 Intermediate Care

Intermediate Care services are provided by two multi-disciplinary teams, based in Gloucester, at Great Western Court, and in the Forest, where the team is located in the Social Services Adults team offices in Cinderford.

Data has been collected over the last year to provide clearer analysis of activity and to assist with planning for service priority and development.

It should be noted that the Intermediate care teams have been working at capacity consistently throughout the year, dealing with caseloads of 60 at any one time.

Cases are supported from the community and to assist with hospital discharge, the aim being to maximise the rehabilitation opportunity for an individual to gain maximum independence, and minimise reliance on other support services.

Fig 1 illustrates an increased number of cases seen by the In-Reach team and assisted to return to their home comparing January and February 05 and 06. The In Reach team consists of 1 FTE Care Manager, 1 FTE Occupational Therapist. There has been no increase in staffing within the team, but a renewed focus on the way work is managed. The In-Reach team works in both A+E and in the Adults Assessment Unit, taking referrals on a daily basis. Activity is limited by the capacity of the team, for example the team can normally work with 2 cases per day. We are currently working with the OT service within GHT to establish a back up cover arrangement to support the team at times of increased demand.

Fig 1. Referrral and Outcome analysis for the In -Reach team at Gloucestershire Royal Hospital

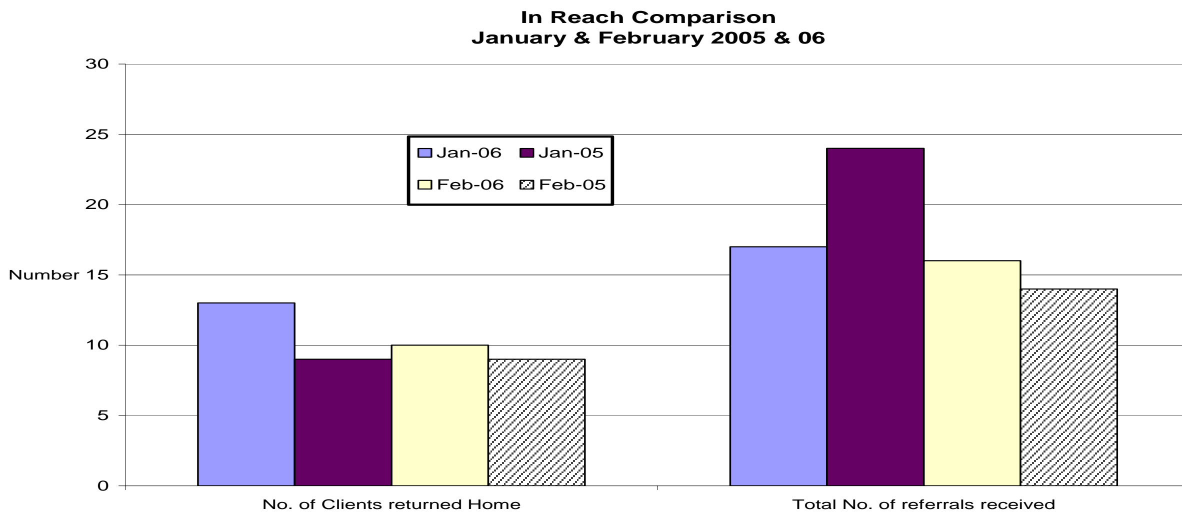
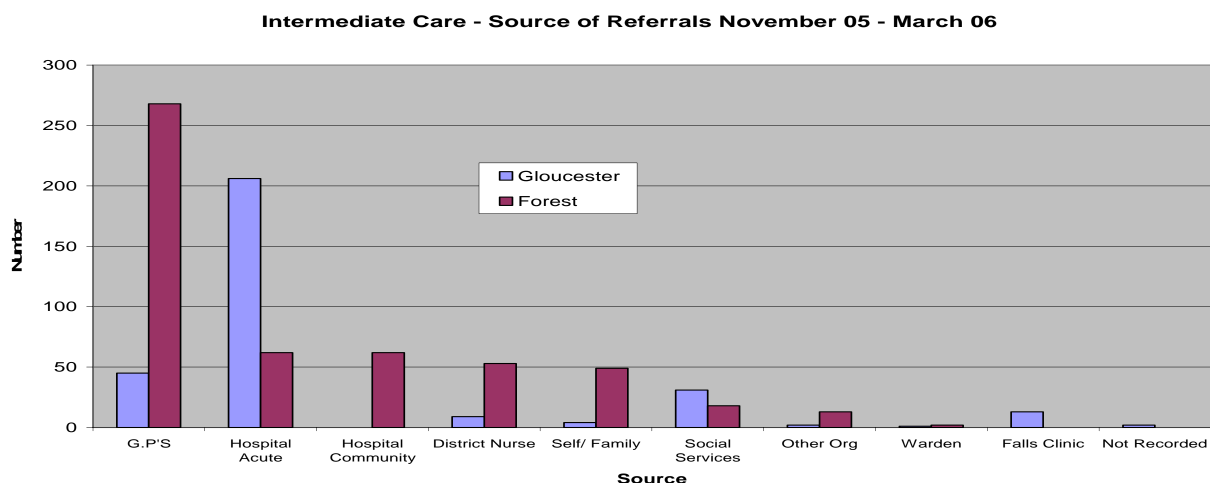


Fig 2 illustrates the source of referrals for the Intermediate care teams in Gloucester and the Forest. This clearly indicates that the focus of the team in Gloucester has been assisting and supporting timely hospital discharges, rather than preventing inappropriate hospital admissions, whilst the work of the team in the Forest has been predominantly focused on prevention of admission, with greater involvement from primary care. It should also be noted that the referrals received in the Forest from acute services are mostly from cross border services e.g. Gwent and Monmouth, rather than from GHT. Further work is being undertaken to ensure linkages between Intermediate Care services and Case Management to ensure that Case Managers are aware of all individuals who are receiving intermediate care, to support the care pathway and if appropriate pick up any case work or transfer of care in order to free up the intermediate care team to maintain capacity.

Fig 2. Analysis of the Source of Referral to the Intermediate Care Teams in Gloucester and the Forest



12.2 Delayed Transfers of Care

The performance report has a regular update on the numbers of Delayed Transfers of Care (DToC). The numbers of older people who are being discharged each week is considerable, with the numbers recorded each week representing different individuals i.e. the current system is effectively supporting discharge, but is having to cope with heavy demand.

The DToC data is collated for both regional and national statistics. When the figures are analysed per 10,000 of the population over 65 as seen in Fig 3 it can been seen that Gloucestershire is in the mid range within the South West.

Fig 3. Shows the number of Delayed Transfers of Care per 10,000 population for patients aged 65 years and over per organisation in the South West.

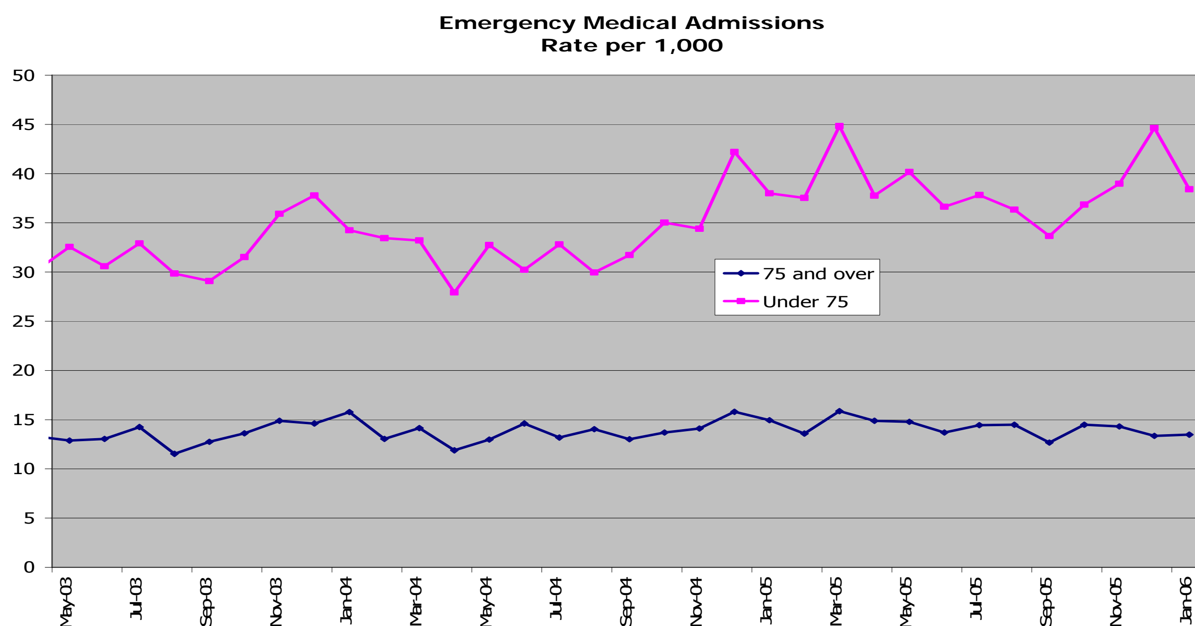
Council	No of DTOC's as at 15/01/06	No of DTOC's as at 12/02/06
Bath and North East Somerset	0.66	4.61
Bournemouth	4.31	6.15
Bristol	2.56	3.66
Cornwall	3.73	5.31
Devon	1.66	1.91
Dorset	4.03	3.93
Gloucestershire	1.85	2.83
Isles of Scilly	0.00	0.00
North Somerset	0.52	0.00
Plymouth	3.53	4.28
Poole	3.11	2.08
Somerset	3.78	4.36
South Gloucestershire	2.82	2.56
Swindon	5.81	6.59
Torbay	3.27	0.65
Wiltshire	6.87	6.61
South West Total	**48.51**	**55.54**

13.0 Emergency Admissions

Analysis has been undertaken to review the numbers of emergency medical admissions relating to the over 75 and under 75 age groups to assist in understanding the pressures within the system. Fig 4 indicates that whilst emergency admissions for the over 75 age group have remained relatively stable, over the period from May 03 - Jan 06, emergency admissions for the under 75 age group has increased substantially. It is often assumed that pressures within the system are caused by older people (who are the largest user group) getting 'stuck' within the hospital. This analysis indicates that the focus and range of initiatives put in place to reduce inappropriate admissions has maintained the

emergency admission rate for people over 75, despite the increasing demographic pressures.

Fig 4. Non-Elective Medical Admissions into GHNHSFT



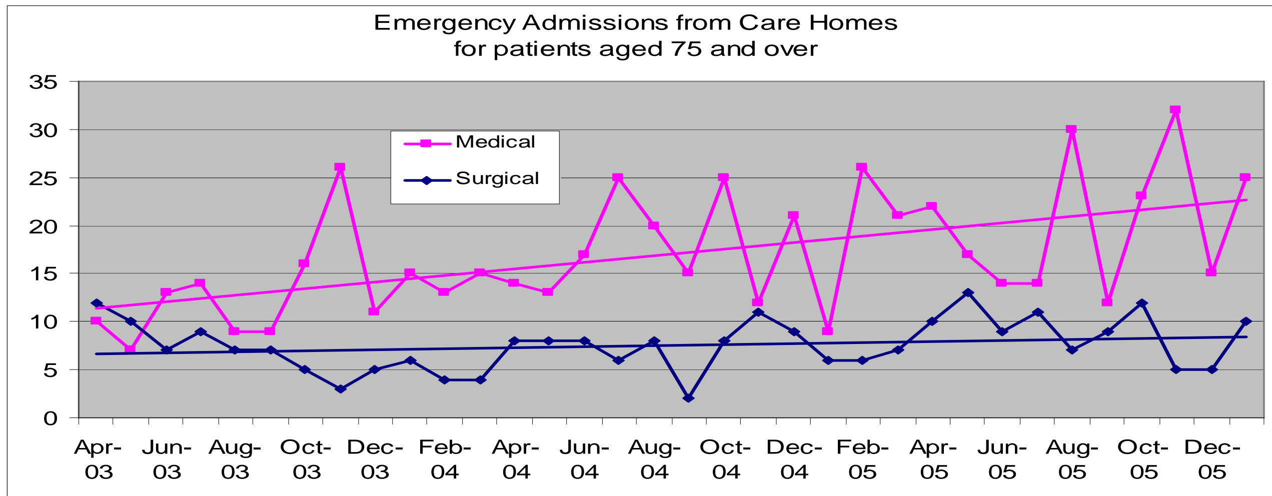
13.1 Emergency Admissions from Care Homes

West Gloucestershire PCT has had a Care Home Project in place for the last 2 years, working with the independent sector. The project has sought to raise the standards of training and skills within the care home sector in order to improve the quality of life for residents and minimise inappropriate admissions to hospital.

Work has also been done with primary and acute care services to ensure care homes are supported in their task of managing the needs of a very vulnerable and frail population of older people with complex needs. Fig 6 shows the admission rates from all care homes in West Gloucestershire, with the trend line used to demonstrate the rate of increase.

The Care Home Team has been working with homes where there have been particular needs identified, and further analysis of the impact of this work on admission rates is being undertaken. It is important to note that the complexity of need and the frailty of residents are increasing with the average length of stay for a resident in a Nursing home now 18months, and the average length of stay for a resident in a care home is 2.5 years.

Fig 6. Emergency admissions from care homes for over 75's



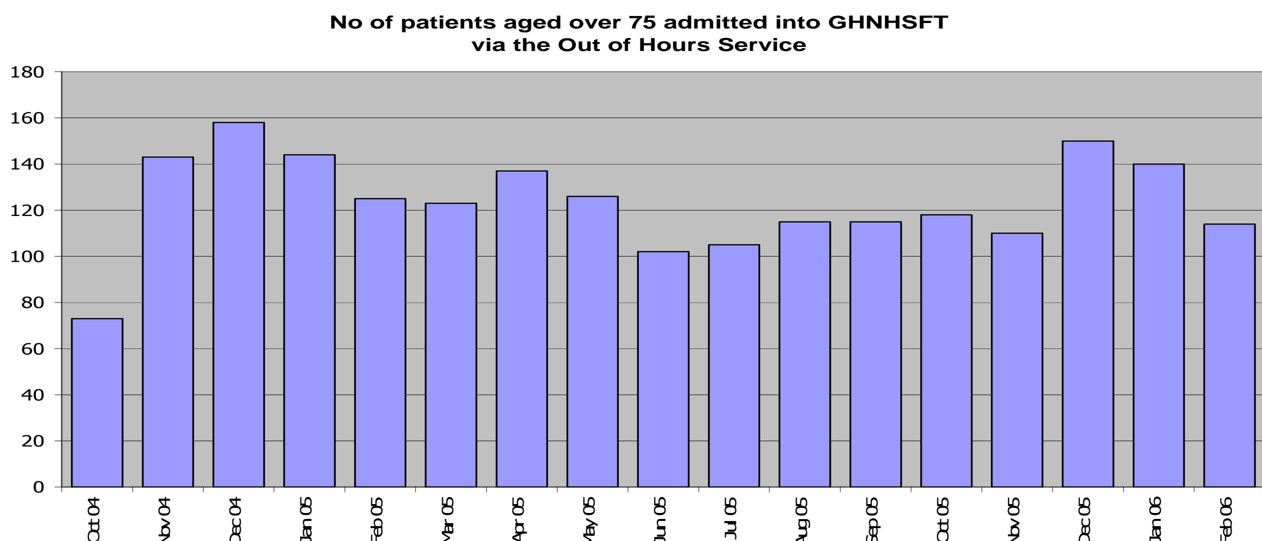
13.2 Emergency Admissions Out Of Hours

When considering how best to meet the needs of older people and undertaking analysis of how older people are admitted to hospital, we have reviewed the numbers of people over the age of 75 who are admitted via the Out of Hours Service. Fig 7 indicates that whilst there are some minor variations, the overall number remains relatively consistent.

There is a pilot project currently being undertaken by Cheltenham and Tewkesbury PCT whereby a Care Manager is based with the Ambulance Service and OOHs to provide an alternative to hospital admission where this is possible e.g. admission to a care home. Early indications show that demand is at the weekend, with fewer requirements for the service during the week. Work will be undertaken to review the findings, and consider whether this service can be provided countywide.

Further work is being undertaken to review the admissions within the under 75 age group.

Fig 7.Gloucestershire responsible population non-elective admissions referred by OOH service.



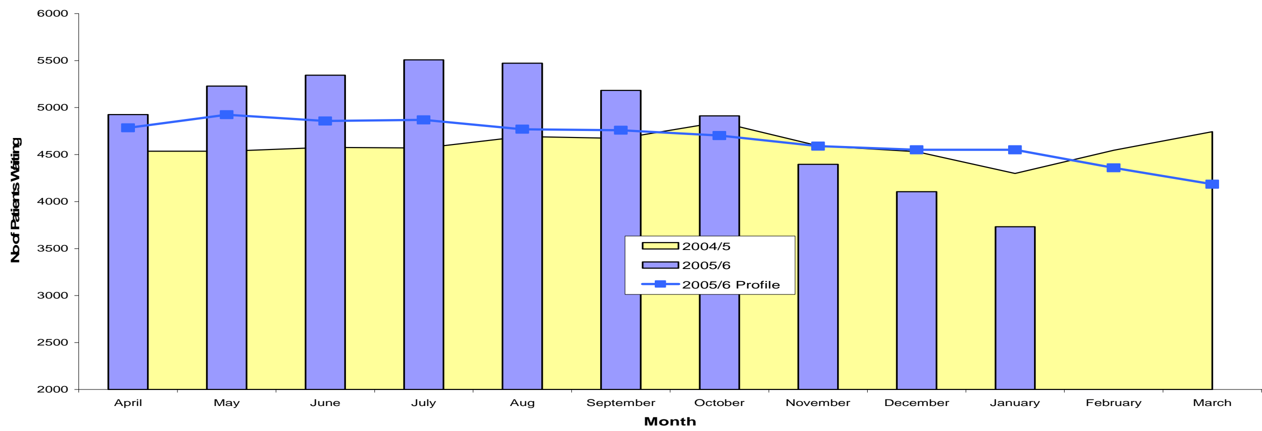
Source: Adastra as at 03/06/06

14.0 RECOMMENDATIONS

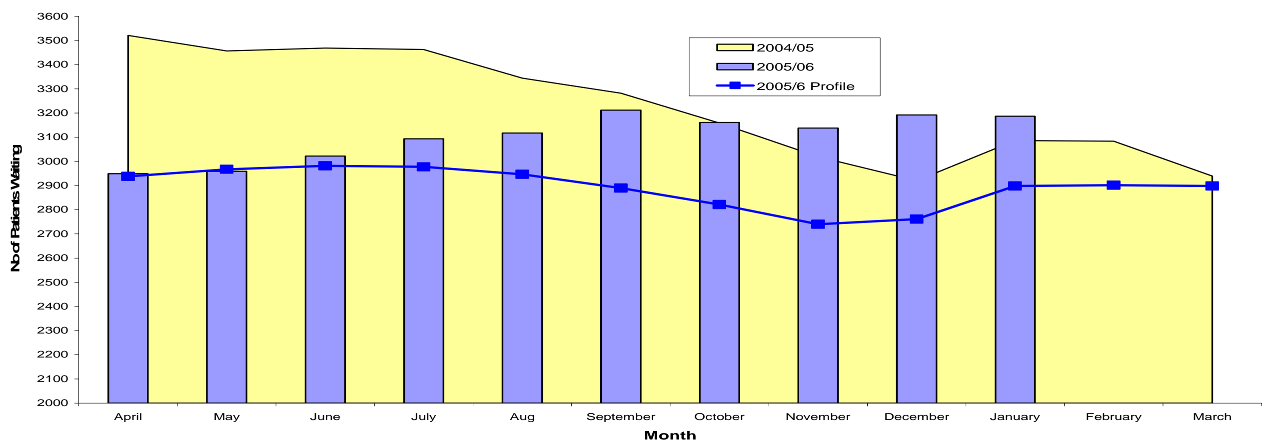
Board members are asked to note the contents of this report and the actions that are being taken to maintain and improve performance.

APPENDIX 1 - SUPPORTING DATA

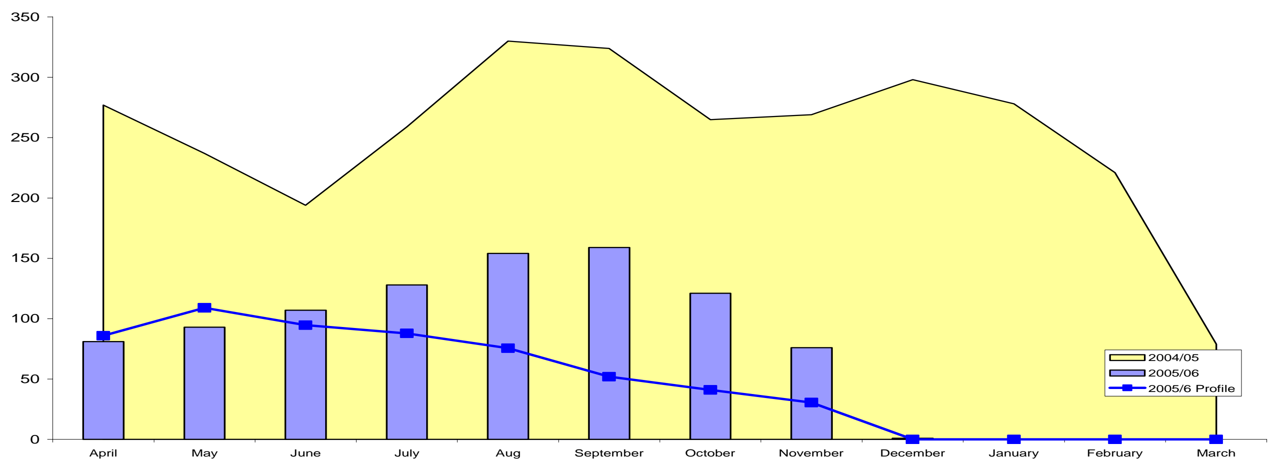
West Gloucestershire Outpatient Waiting List January 2006 position - All providers



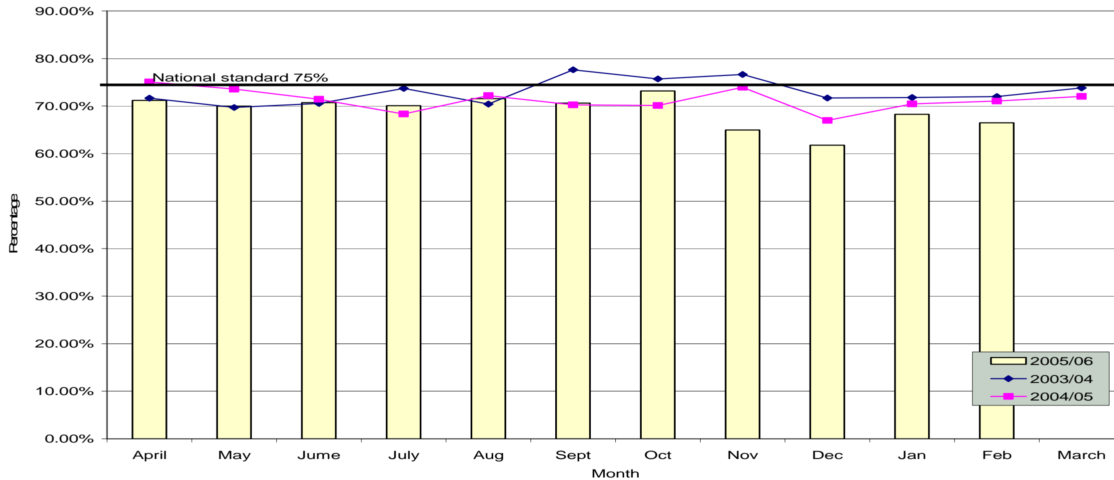
West Gloucestershire Inpatient Elective List Size January 2006 position– All Providers



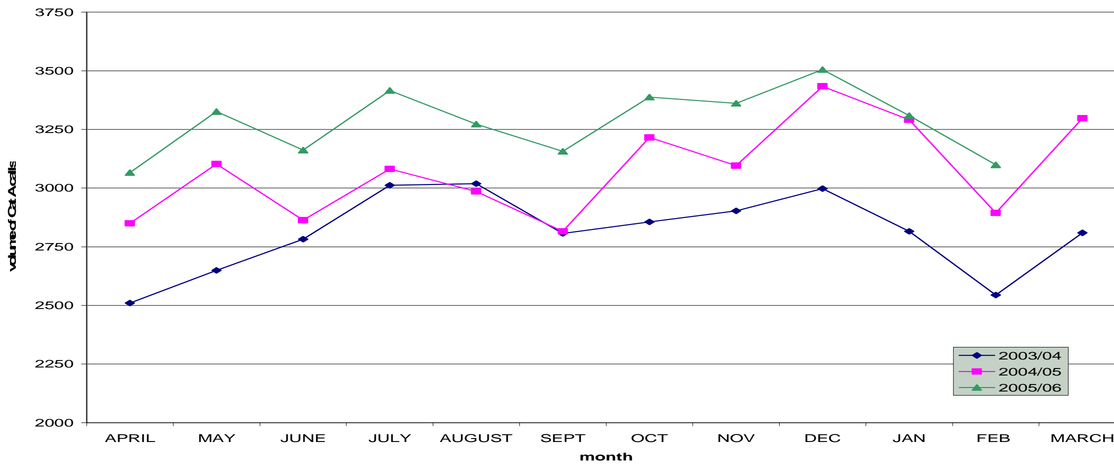
West Gloucestershire over 6 month waiters January 2006 position – All Providers



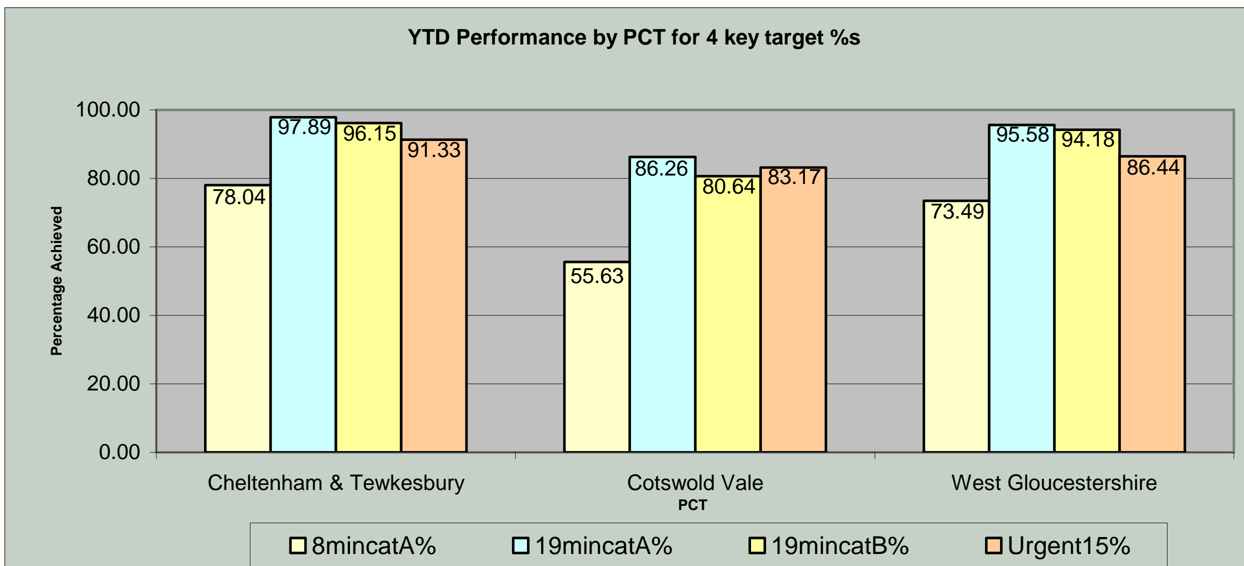
Gloucestershire Ambulance Service NHS Trust Category A performance 2003/4 to 2005/6.



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



GAST cumulative performance to December against targets by PCT



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

Method of Admission	Total Spells		Variance
	04/05	05/06	
Accident & Emergency, Dental Casualty Dept	6252	7126	14.0%
Emergency - GP	4974	5634	13.3%
Emergency - OP Clinic	518	464	-10.4%
Emergency - Other	656	662	0.1%
Maternity	4545	4155	-0.1%
Transferred from other Health Care Provider	120	135	12.5%
Total	**17065**	**18176**	**6.5%**

The 6.5% variance shows the actual difference in non-elective spells between April to January 2004/5 to 2005/6. The method of admission shows where there have been changes between routes into the system. A & E and Emergency GP have shown an average increase of 13.5% in levels of admissions, whilst less patients are being admitted as an emergency following an outpatient appointment.