

Agenda Item 10 i

TO: West Gloucestershire Primary Care Trust

FROM: Nicki Millin, Assistant Director of Service Development

DATE: 19th May 2005

SUBJECT: PERFORMANCE REPORT

1.0 PURPOSE

1.1 To provide the Board with activity and key performance information for the period of April 2004 to March 2005.

2.0 SUMMARY OF KEY ISSUES

2.1 Non-elective admissions have been high within Gloucestershire Hospitals NHS Foundation Trust from November through to March. This has caused operational pressures for the Trust and financial pressures within the Service Level Agreement. Detailed analysis of admissions is currently being undertaken.

2.2 There were seven patients waiting over 17 weeks for an outpatient appointment. These are all with Welsh providers and have been offered an alternative provider.

2.3 Gloucestershire Ambulance Services NHS Trust did not meet its Category A Calls target; performance in April was 71.18% against the standard of 75%.

2.4 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.

2.5 The PCT has achieved the year end target for the number of patients waiting in excess of 6 month for elective care.

2.6 The PCT has achieved the year end target for the number of patients waiting in excess of 13 weeks for an outpatient appointment.

2.7 There were 14 delayed transfers of care in an acute bed as at the 5th May 2005, this figure has decreased from previous weeks but still remains higher than average.

3.0 BALANCED SCORE CARD

Greater detail about the key performance indicators below is included within the paper.

| | West Gloucestershire PCT | Gloucestershire Hospitals NHS Foundation Trust | North Bristol NHST | UBHT | Swindon & Marlborough | Others | Partnership Trust | Glos. Ambulance Trust |
|--|--------------------------|--|--------------------|------|-----------------------|--------|-------------------|-----------------------|
| Total Inpatient List Size | | ↑ | ↓ | → | → | → | | |
| Inpatient >6 months | | ↑ | ↑ | → | zero | → | | |
| Inpatient >3 months | | ↑ | ↑ | → | ↑ | → | | |
| Outpatients 13 < weeks | | ↓ | ↑ | ↓ | zero | → | ↓ | |
| Delayed Transfers of care (WG patients) | ↓ | | | | | | | |
| Emergency Activity | | ↓ | ↓ | ↓ | ↓ | ↓ | | |
| Inpatient Day Care Activity | | ↑ | → | → | → | → | | |
| Ambulance Category A calls (ans. Within 8 mins) | | | | | | | | ↓ |
| GP Referrals | | → | ↑ | ↓ | → | zero | ↑ | |
| Other Referrals | | ↓ | ↑ | ↑ | → | zero | ↑ | |
| Primary Care Access | → | | | | | | | |
| Year to date position against profile | | | | | | | | |
| <p>↑ Increase in performance against profiled position</p> <p>↓ Decrease in performance against profiled position</p> <p>→ Performance remained static</p> | | | | | | | | |

4.0 ACTIVITY LEVELS – GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Figs 1 through to **7** show the PCT's performance against the Gloucestershire Hospitals NHS Foundation Trust Service Level Agreement (SLA).

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 significant over performance for non-elective activity.

Fig 1 West Gloucestershire PCT – GHT Non Elective Activity

| Non Elective (HRG Spells) | | | | |
|---------------------------|--------------|--------------|------------|-------------|
| | Profile | Actual | Variance | % Variance |
| April | 1660 | 1,553 | -107 | -6.4% |
| May | 1701 | 1,614 | -87 | -5.1% |
| June | 1660 | 1,710 | 50 | 3.0% |
| July | 1802 | 1,723 | -79 | -4.4% |
| August | 1600 | 1,649 | 49 | 3.1% |
| September | 1660 | 1,656 | -4 | -0.2% |
| October | 1741 | 1,753 | 12 | 0.7% |
| November | 1620 | 1,720 | 100 | 6.2% |
| December | 1782 | 1,954 | 172 | 9.7% |
| January | 1701 | 1,856 | 155 | 9.1% |
| February | 1559 | 1,754 | 195 | 12.5% |
| March | 1762 | 1,968 | 206 | 11.7% |
| YTD Total | 20248 | 20910 | 662 | 3.3% |

Fig 2 West Gloucestershire PCT – GHT Elective Activity

| Elective (HRG Spells) | | | | |
|-----------------------|--------------|--------------|-------------|--------------|
| | Profile | Actual | Variance | % Variance |
| April | 1874 | 1809 | -65 | -3.5% |
| May | 1781 | 1786 | 5 | 0.3% |
| June | 2038 | 1893 | -145 | -7.1% |
| July | 2109 | 1872 | -237 | -11.2% |
| August | 1921 | 1789 | -132 | -6.9% |
| September | 2062 | 1932 | -130 | -6.3% |
| October | 2015 | 1943 | -72 | -3.6% |
| November | 2109 | 2131 | 22 | 1.0% |
| December | 1804 | 1837 | 33 | 1.8% |
| January | 1898 | 1859 | -39 | -2.1% |
| February | 1898 | 1789 | -109 | -5.7% |
| March | 1921 | 2034 | 113 | 5.9% |
| YTD Total | 23430 | 22674 | -756 | -3.2% |

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

Fig 3 GHT Financial Contract to March 2005 (Elective and Non-Elective)

| | Elective | | Non Elective | |
|-----------------|-------------|--------------|--------------|-------------|
| | Spells | £000 | Spells | £000 |
| Plan | 23430 | 26409 | 20248 | 36639 |
| Actual * | 22674 | 24499 | 20910 | 38194 |
| Variance | -756 | -1911 | 662 | 1555 |

* actual includes an estimate for uncoded episodes

Outpatients

Within Payment by Results we are currently required to commission certain specialties on a single 'episode' basis (i.e. a single fee is paid regardless of the number of times a patient attends for follow-up with a single speciality), instead of on an individual cost basis for both new and follow up appointments. **Fig 4** details the activity within these episode based specialties and activity is above commissioned levels.

Fig 4 West Gloucestershire PCT – GHT Episode Based Outpatients

| Episode Based | | Actual Activity Episodes | Planned YTD Activity Episodes | Variance | |
|----------------------------|-------------------------|-----------------------------|-------------------------------------|------------|--------------|
| | | | | Actual | % |
| 100 | General Surgery | 43 | | 43 | |
| 101 | Urology Outpatients | 2057 | 1789 | 268 | 14.98% |
| 103 | Breast Surgery | 1191 | 1139 | 52 | 4.57% |
| 107 | Vascular Surgery | 1405 | 1515 | -110 | -7.26% |
| 110 | Trauma and Orthopaedics | 8863 | 8430 | 433 | 5.14% |
| 120 | ENT | 3805 | 3848 | -43 | -1.12% |
| 330 | Dermatology Outpatients | 3286 | 3438 | -152 | -4.42% |
| 502 | Gynaecology Outpatients | 2760 | 2571 | 189 | 7.35% |
| TOTAL EPISODE BASED | | 23410 | 22730 | 680 | 2.99% |

The remaining specialties are costed on a new and follow up basis and this activity is shown in **Fig 5**. Overall the current activity levels (of first and follow up) remain within the commissioned levels.

Figure 5 West Gloucestershire PCT – Gloucestershire Hospitals NHS Foundation Trust Outpatient Activity (April to March 2005) for Non Episode Based Outpatient Attendances

| Attendance Based | Actual Activity | Actual Activity | Planned YTD Activity | Planned YTD Activity |
|-------------------------------|-----------------|-----------------|----------------------|----------------------|
| | First | Follow up | First | Follow up |
| Surgical Specialties | 11252 | 32606 | 11145 | 40217 |
| Medical Specialties | 9680 | 21965 | 6903 | 24065 |
| Other | 3977 | 6776 | 3977 | 6880 |
| TOTAL ATTENDANCE BASED | 24909 | 61347 | 22025 | 71162 |

Fig 6 provides a financial summary of episode and attendance based outpatients.

Fig 6 GHT Financial Contract to March 2005 (Outpatients)

| | Outpatients | |
|-----------------|--|------------|
| | Episode and Attendance Based Outpatients | £000 |
| Plan | 115917 | 16223 |
| Actual | 109666 | 16134 |
| Variance | -6251 | -89 |

4.1 Pathology

Currently pathology is outside of Payment by Results and therefore the PCT has a cost and volume contract for this service. The year to date position (as at the end of March) shows an over spend of £96,000 against contracted levels. The 2005/06 contract proposals have been set to reflect this level of growth within pathology services.

4.2 Summary

As at March 2005, the Gloucestershire Hospitals NHS Foundation Trust contract was showing an under performance of approximately £348,000.

For the period November through to March emergency activity was above the predicted levels and this has impacted on the overall performance of the contract. The PCT are working in conjunction with GHT to audit non-elective admissions.

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

Fig 7 GHT contract summary April to March 2005

| Service Area | Under/Over spend |
|--------------------|------------------|
| Elective inpatient | -1911 |
| Non Elective | 1555 |
| Outpatients | -89 |
| Pathology | 96 |
| TOTAL | -348 |

5.0 WAITING LIST

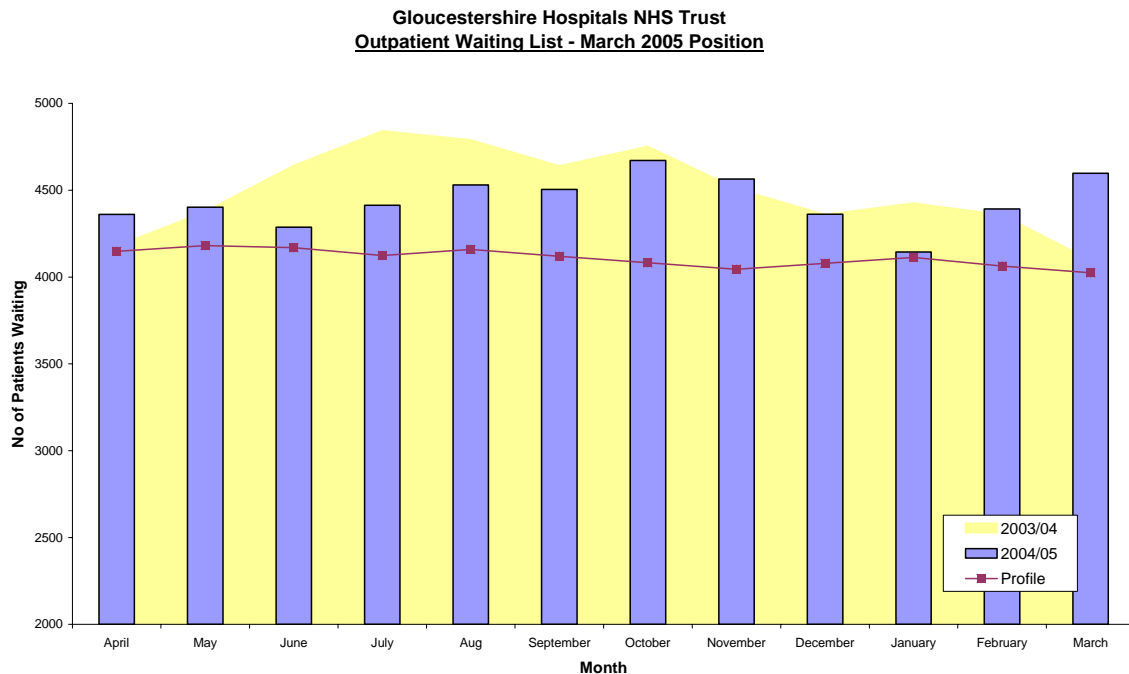
5.1 Outpatient Waiting List

National Standard 2004/05 - To maintain a maximum wait for an outpatient appointment of 4 months (17 weeks).

5.1.1 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 March 2005 there were no patients waiting in excess of 13 weeks.

Fig 8 West Gloucestershire Outpatient Waiting List Position compared to profile – GHT



5.1.2 All Providers

The waiting list for outpatients with all Trusts (Fig 9) shows West Gloucestershire PCT above the agreed profile position, for the overall number of patients on the waiting list. The number of people waiting within the 0-13 week wait band is above the expected number for this period, however the number of patients with a wait of over 13 weeks is below the profile position.

Fig 9 West Gloucestershire Outpatient Waiting List Position – All Trusts

| Outpatient Waiting List as at March 2005 | Total 0 - 13 weeks | Profile 0 - 13 wks | Var | % Var | Total 13 - 17 weeks | Profile 13 - 17 wks | Var | % Var |
|--|--------------------|--------------------|------------|--------------|---------------------|---------------------|------------|---------------|
| Gloucestershire Hospitals Trust | 4598 | 4024 | 574 | 14.3% | | | | |
| Partnership Trust | 34 | 53 | -19 | -35.8% | | 5 | -5 | -100.0% |
| North Bristol NHS Trust | 50 | 66 | -16 | -24.2% | 2 | 1 | 1 | |
| UBHT | 40 | 27 | 13 | 48.1% | 1 | 1 | | |
| Swindon & Marlborough NHS Trust | | | | | | | | |
| Others | 10 | 12 | -2 | -16.7% | 1 | 73 | -72 | -98.6% |
| Total | 4732 | 4182 | 550 | 13.2% | 4 | 80 | -76 | -95.0% |

During March 7 patients waited in excess of 17 weeks for an outpatient appointment with a Welsh Provider. All patients have been contacted and have chosen to remain waiting with their current provider.

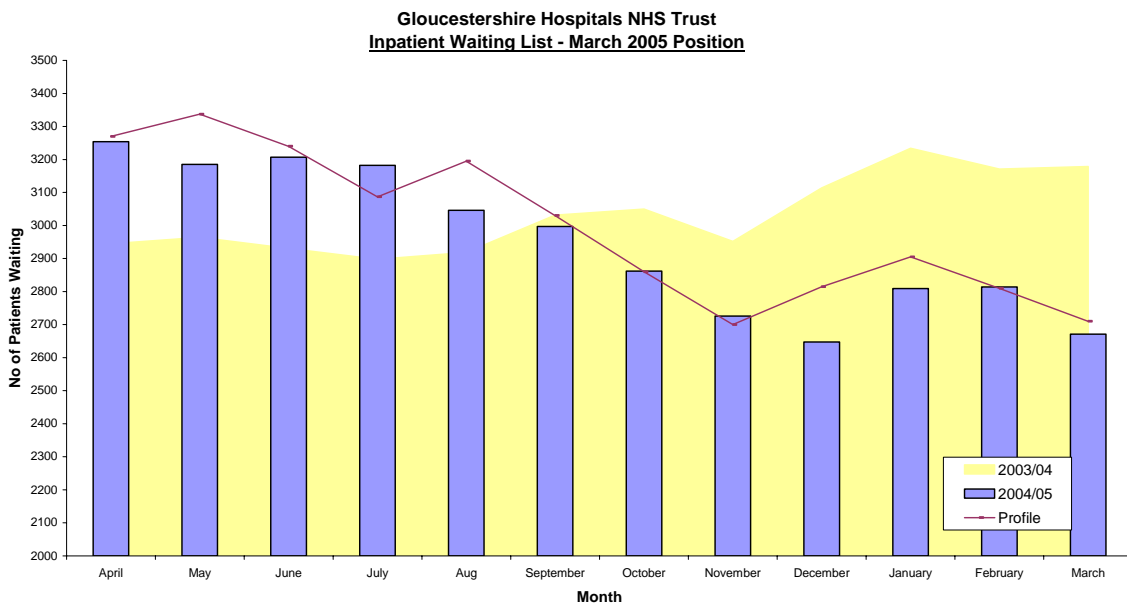
5.2 Elective Inpatient Waiting List

National Target 2004/05 – to continue to maintain a maximum wait for surgery of 9 months and a reduction of 80% by March 2005 in the number of over 6 month waiters from the March 2003 baseline.

5.2.1 Gloucestershire Hospitals NHS Foundation Trust

The current number of patients waiting for inpatient treatment at Gloucestershire Hospitals NHS Trust is 2,671 which is below the agreed profile of 2,710. Of those waiting, 98% are experiencing a wait of 6 months or less. The numbers of patients who are waiting over 6 months for treatment has decreased from 194 in February, to 53 at the end of March, which is a significant achievement for the Trust. Those patients waiting over 6 months are awaiting Orthopaedic inpatient care. There are no patients waiting over 9 months.

Fig 10 West Gloucestershire Inpatient Elective List Size compared to profile – GHT



5.2.2 All Providers

The inpatient waiting list position for West Gloucestershire PCT is shown in **Fig 11**. The total number of patients waiting for treatment is 2,939 against a profile of 3,394.

Of those who were on the list at the end of March 2005, 97.3% were waiting 6 months or less. There are no patients waiting in excess of 9 months for inpatient treatment.

Fig 11 West Gloucestershire PCT – Inpatient Waiting List Position

| Elective Inpatient Waiting List as at March 2005 | Wait Bands | | | | | TOTAL |
|--|-------------|------------|-----------|------|-----|-------------|
| | 0-3 | 3-6 | 6-9 | 9-12 | 12+ | |
| Gloucestershire Hospitals Trust | 2030 | 588 | 53 | | | 2671 |
| North Bristol NHS Trust | 97 | 37 | 20 | | | 154 |
| UBHT | 33 | 15 | 3 | | | 51 |
| Swindon & Marlborough NHS Trust | 2 | 1 | | | | 3 |
| Others | 43 | 14 | 3 | | | 60 |
| Total | 2205 | 655 | 79 | | | 2939 |

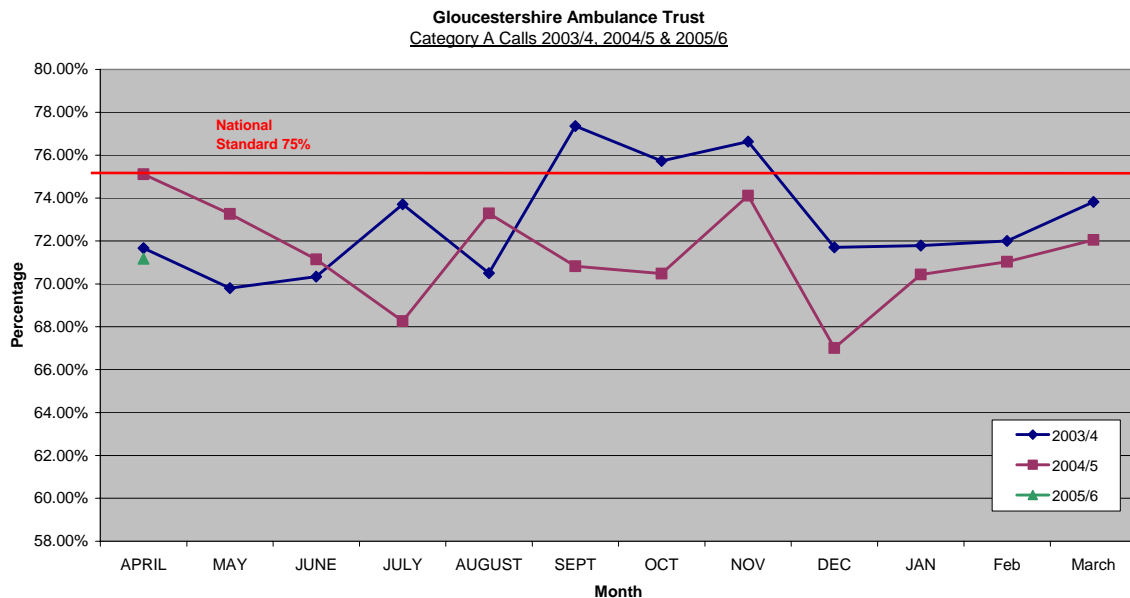
6.0 EMERGENCY PRESSURES

6.1 Ambulance Response to Category A Calls

2005/6 Target:

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

Fig 12 Gloucestershire Ambulance Service NHS Trust Category A performance 2003/4 to 2005/6.



The performance against target has decreased slightly from the March position of 72.05% to 71.18% in April.

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 performance against this target in April was 96.62%.

Fig 13 Gloucestershire Ambulance Service NHS Trust Total number of Category A calls received for the period April to March 2005/6 compared to 2004/5

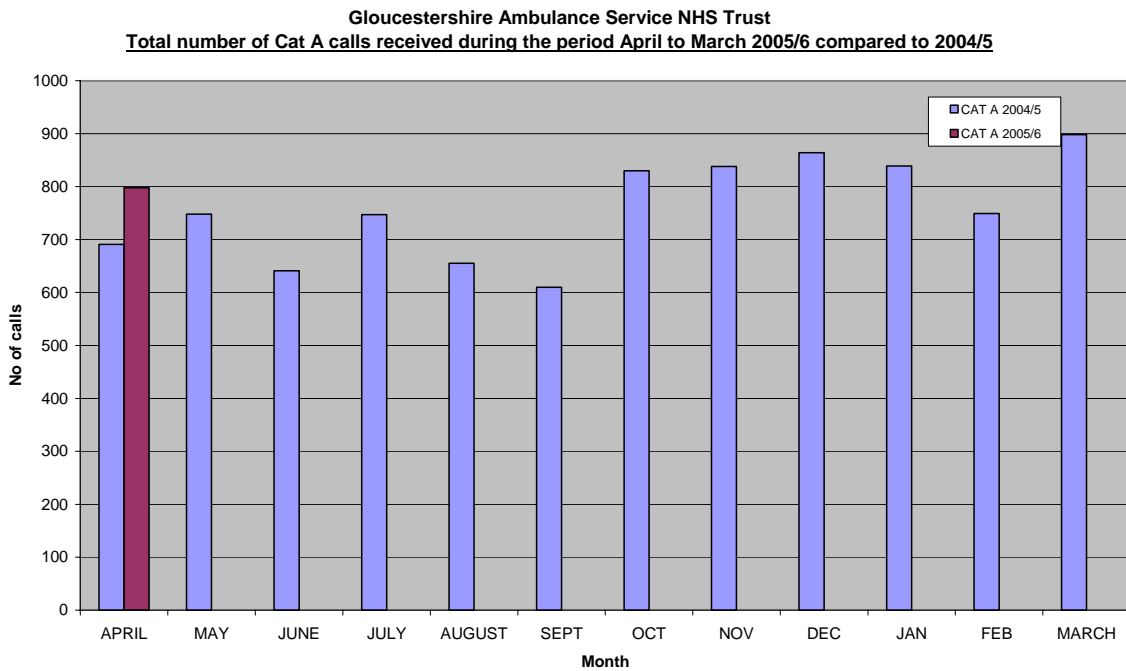


Fig 13 shows the total number of Category A calls received during April 2005/6 compared to 2004/5. The total Category A calls for this period have increased by 15.7%.

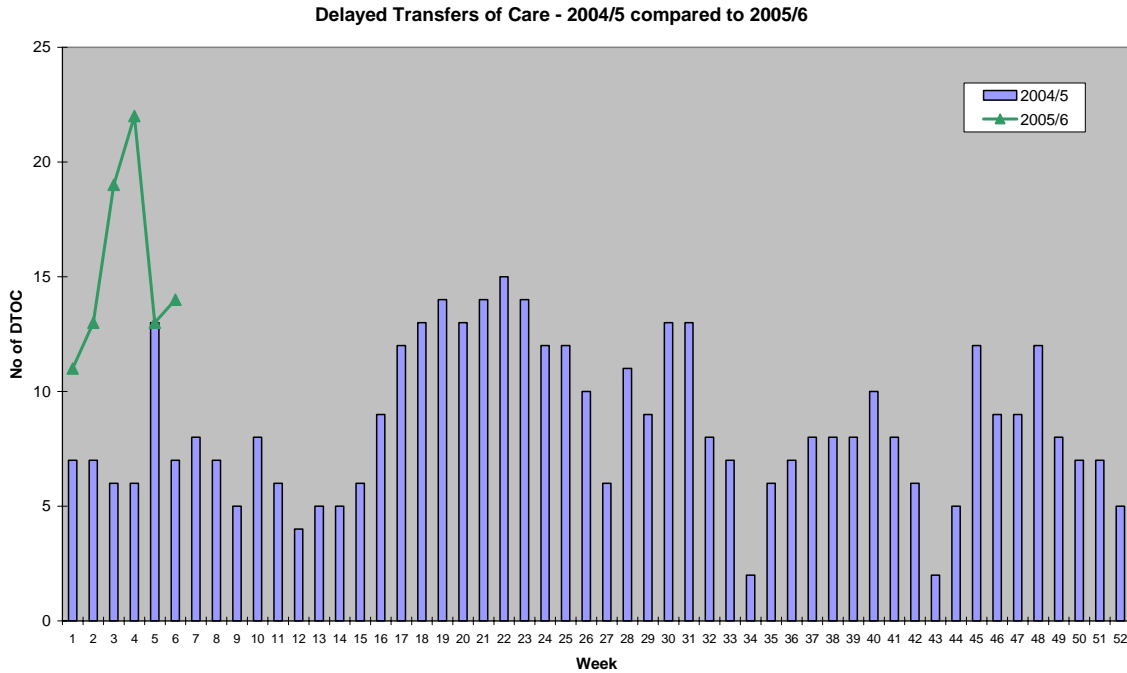
Performance against Category B calls (95% of all calls answered in 19 minutes) has remained fairly constant with an increase in performance in April. Call levels did not change significantly during March so there is no clear reason for a change in performance.

| | November | December | January | February | March | April |
|------------|----------|----------|---------|----------|--------|--------|
| Category B | 93.06% | 93.15% | 93.77% | 93.08% | 91.79% | 94.10% |

7.0 DELAYED TRANSFERS OF CARE

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

Figure 14 Delayed transfers of care 2004/5 compared to 2005/6.



7.1 West Gloucestershire PCT Delayed Transfers of Care

Fig 14 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 5th May 2005.

The number of delayed transfers of care as at the 5th May is 14, against a target of 0. These are broken down as follows: -

- 2 patients waiting for a care packages, of these one patient has already been discharged.
- 6 patients are waiting for a residential/nursing home placement/availability, of these one has already been discharged and 5 patients are awaiting discharge next week.
- 1 patient is waiting for further NHS care and options are being considered for an appropriate placement to meet the patients physical injuries.
- The 5 remaining patients are delayed due to 'patient/family exercising choice'. Plans are in place to work with colleagues in the acute sector and Social Services Department to assist families with their discharge plans.

7.2 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 25 as at the 5th May 2005, 22 within Gloucestershire Hospitals NHS Foundation Trust beds and 3 within Cotswold & Vale PCT beds.

8.0 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 May 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.

9.0 RECOMMENDATIONS

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