

TO: West Gloucestershire Primary Care Trust

FROM: Penny Harris, Director of Service Development

DATE: 20th November 2003

SUBJECT: PERFORMANCE REPORT

1.0 PURPOSE:

To provide the Board with key performance information.

2.0 BALANCED SCORE CARD

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

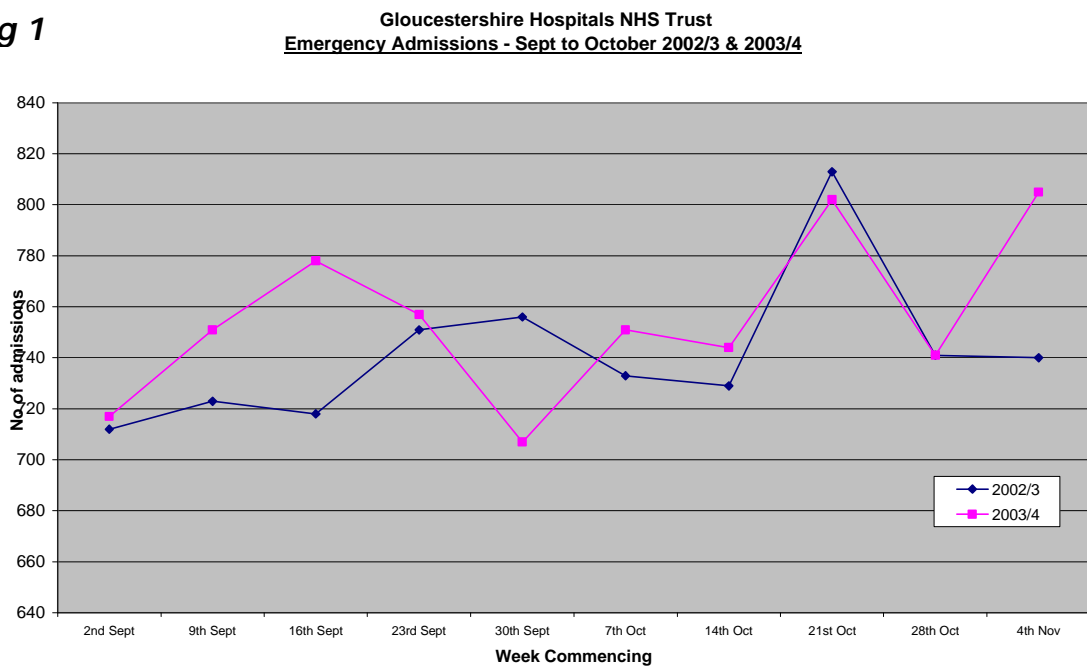
	West Gloucestershire PCT	Gloucestershire Hospitals NHS Trust	North Bristol NHST	UBHT	Oxford Radcliffe NHST	Swindon & Marlborough	Others	Partnership Trust	Glos. Ambulance Trust
Total Inpatient List Size		○	○	○	○	○	○		
INPATIENT >9 months		○	○	○	○	○	○		
OUTPATIENTS >3 months		○	○	○	○	○	○	○	
OUTPATIENTS >17 weeks		○	○	○	zero	zero	●	zero	
Delayed Transfers of care (WG patients)	●								
Emergency Activity		●	○	○	○	○	○		
Inpatient Day Care Activity		○	○	○	○	○	○		
Ambulance Category A calls (ans. Within 8 mins)									○
GP Referrals		●	○	○	○	○	○	○	
Other Referrals		●							
Year to date position against profile									
<p>● Under performance, area of concern</p> <p>○ Some concerns, to be closely monitored</p> <p>○ Performance in line with plan</p>									

3.0 GLOUCESTERSHIRE HOSPITALS NHS TRUST

3.1 Emergency Admissions

During the past few weeks Gloucestershire Hospitals NHS Trust have been experiencing higher than anticipated levels of emergency admissions for this time of year. **Fig 1** shows the number of emergency admissions to the Trust during September to October for the financial years 2002/3 and 2003/4. During this period admissions are up 1.8% above the 2002/3 levels and occupancy levels remain at 100% for most wards within Gloucestershire Royal (census date 12th November 2003).

Fig 1



West Gloucestershire PCT

Fig 2 for **West Gloucestershire PCT** shows the year to date activity figures for non-elective admissions into Gloucestershire Hospitals NHS Trust. The PCT are currently 0.4% above the mid point of the Service Level Agreement (SLA) with the Trust, which is 7.5% above our admission levels for the same period last year.

Fig 2 – West Gloucestershire PCT	FCEs
Year to Date (Sept) ~	10935
Service Level Agreement (Midpoint) YTD Sept ~	10891
Actual variance	44
% variance	0.4%
Projected outturn 2003/4 ~	21774
Service Level Agreement (Midpoint) 2003/4 ~	21272
Actual variance	502
% variance	2.4%
SLA "Window"	
Upper Point	21485
Mid Point	21272
Lower Point	21059

~ Excludes midwife led care, obstetrics and oncology

As shown in **Fig 2** the current end of year projection estimates an outturn of approximately 21774 Finished Consultant Episodes (FCE), which is an estimated growth rate of 1.3% above the SLA upper point of 21485.

West Gloucestershire is currently an outlier for non-elective admissions when compared to the cumulative Gloucestershire PCT position, which was down 2% (as at September 2003) against the midpoint within the SLA.

Actions:

- Detailed analysis by practice and Primary Care Development Manager area to be produced to aid the PCT to understand current position and enable Primary Care Development Managers to discuss with their practices.
- Analysis of chest pain admissions to be undertaken as part of the Managing Demand agenda, which will be linked to GP admissions, and managing cardiac conditions within primary care.
- Emergency Services Collaborative are working on a number of PDSA (Plan, Do, Study, Act) which will aim to speed up discharge and reduce length of stay.

3.2 Elective Admissions

West Gloucestershire PCT

Fig 3 for **West Gloucestershire PCT** shows the year to date activity figures for elective admissions into Gloucestershire Hospitals NHS Trust. Current end of year projections estimate an outturn of approximately 20544 (FCEs). This level of activity is within the SLA window under negotiation with Gloucestershire Hospitals NHS Trust.

Fig 3 – West Gloucestershire PCT	FCEs
Year to Date (Sept) ~	10493
Service Level Agreement (Midpoint) YTD Sept ~	10435
Actual variance	58
% variance	0.6%
Projected outturn 2003/4 ~	20544
Service Level Agreement (Midpoint) 2003/4 ~	20381
Actual variance	163
% variance	0.8%
SLA “Window”	
Upper Point	20585
Mid Point	20381
Lower Point	20177

~ Excludes midwife led care, oncology and obstetrics

Elective activity is a potential risk area for the PCT as the growth levels within referrals and outpatients are above those factored into the 2003/4 SLA with Gloucestershire Hospitals NHS Trust (see **Fig 4**). The conversion rate from outpatient into inpatients could potentially move the PCT’s elective position above the service level agreement upper point.

Fig 4 – West Gloucestershire PCT

	Year to Date (Sept)	Targets 2002/3 (as at Sept)	Variance (Actual)	% Var
GP Referral	19029	18041	988	5.5%
Other Referral Growth	7179	6089	1090	17.9%
Total Referral Growth	26208	24130	2078	8.6%
1 st Outpatient Attendances+*~	22289	21334	955	4.5%
Follow-up Attendances+	53834	52421	1413	2.7%

* As per Service Level Agreement

~ Activity includes midwife led care, oncology and obstetrics

+ Outpatients includes all referrals

The cumulative Gloucestershire PCT position (as at September) for elective and outpatient growth is shown in **Fig 5**. As detailed the growth level for West Gloucestershire PCT is an outlier against the trend across Gloucestershire.

Fig 5 – Cumulative Gloucestershire PCTs

	Year to Date (Sept)	Targets 2002/3 (as at Sept)	Variance (Actual)	% Var
1 st Outpatient Attendances+*~	56991	56131	860	1.5%
Follow-up Attendances+	127739	125744	1995	1.6%
Elective Activity#	24411	24841	-430	-1.7%

* As per Service Level Agreement

~ Activity includes midwife led care, oncology and obstetrics

+ Outpatients includes all referrals

Activity excludes obstetrics, midwife led care and oncology

Actions:

- Discussions are being held with Primary Care Representatives to look at referral management.
- The Forest of Dean Commissioning Pilot is actively looking at referral levels/patterns as part of the pilot.
- A GP working group has been established to look at referral management within the PCT.
- PEC GPs will work with the Primary Care Development Managers to look at the referral patterns of individual practices who are above/below the PCT average. This work will enable the PCT to understand the differing referral patterns across the practices.

3.3 Waiting List

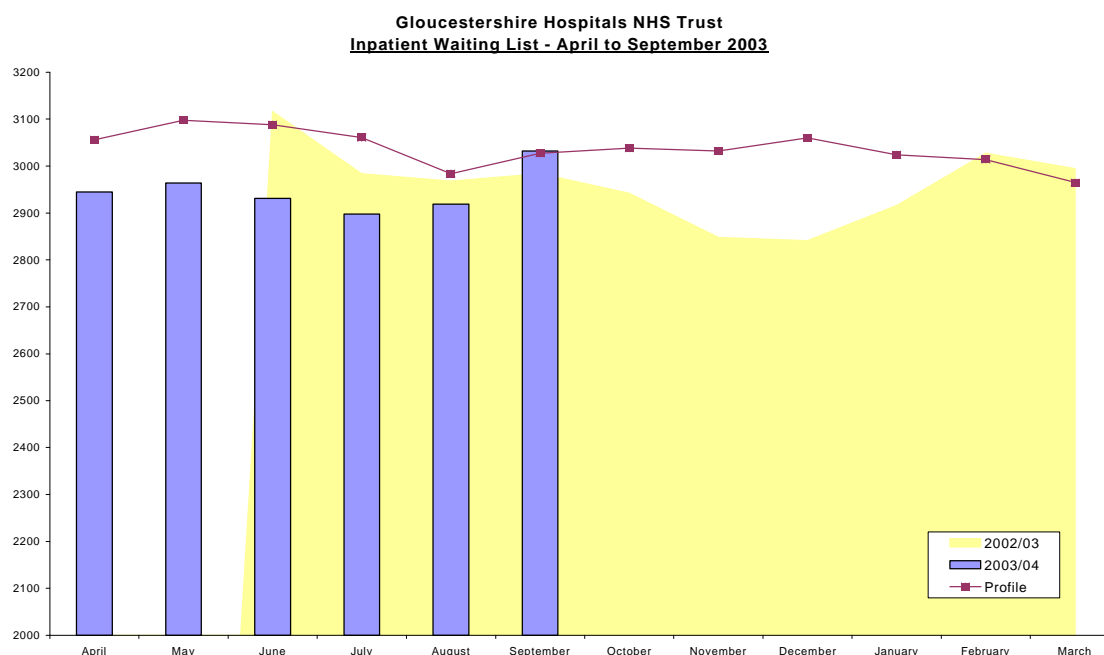
3.3.1 Elective Inpatient Waiting List

Local Standard 2003/4:

Continue to maintain a maximum wait for surgery of 9 months during 2003/4

The Gloucestershire Hospitals NHS Trust inpatient waiting list position for West Gloucestershire PCT is shown in **Fig 6**. The current number of patients waiting for inpatient treatment is 3032, which is 0.2% under (ahead of) the agreed profile of 3038. Although the Trust are on target for total list size it should be noted that the waiting list has increased by 113 in the past month and number of patients waiting are at the highest level since June 2002. 91.3% of patients are experiencing a wait of 6 months or less.

Fig 6 This shows the inpatient waiting list at Gloucestershire Hospitals NHS Trust for West Gloucestershire Trust patients for the period April and September 2003.



Two patients waited in excess of the Trust's maximum wait standard within the specialty of General Surgery and Trauma & Orthopaedics, with a wait period of 10 and 11 months respectively. These breaches against the local standards were due to work pressures within the Trust. Performance remains well within national waiting time requirements.

3.2.2 Outpatients

Local Standard 2003/4:

Continue to maintain a maximum wait for an outpatient appointment of 3 months by March 2004.

Fig 7 West Gloucestershire PCT shows the current number of patients waiting for an outpatient appointment at Gloucestershire Hospitals NHS Trust as at 30th September 2003.

	0 to <13 weeks	13 to < 17 weeks	17 to < 21 weeks	21 to < 26 weeks	26 + weeks
General Surgery	541	8	0	0	0
Urology	218	0	0	0	0
Trauma & Orthopaedics	779	3	0	0	0
ENT	298	0	0	0	0
Ophthalmology	626	1	2	0	0
Plastic Surgery	0	0	0	0	0
Dermatology	620	0	0	0	0
Cardiology	140	0	0	0	0
Other	1404	0	0	0	0
Total	4626	12	2	0	0

During September there was 14-reported breaches against the local standard of a maximum 13-week wait; these patients were awaiting an appointment within General Surgery, Trauma & Orthopaedics and Ophthalmology. Performance remains well within national waiting time requirements.

Gloucestershire Hospitals NHS Trust has reported continuing pressures on outpatient waiting times and it has been a challenge for the Trust to maintain waiting time standards over the summer period.

During November Gloucestershire Hospitals NHS Trust notified the PCT of a breach to the outpatient national standard. The patient was awaiting treatment within Ophthalmology and due to an administration error waited in excess of 21 weeks. A letter of apology has been sent to the patient and the circumstances, which allowed the breach to happen after a clinic was cancelled, are under investigation.

4.0 EMERGENCY PRESSURES

4.1 Ambulance Response to Category A Calls

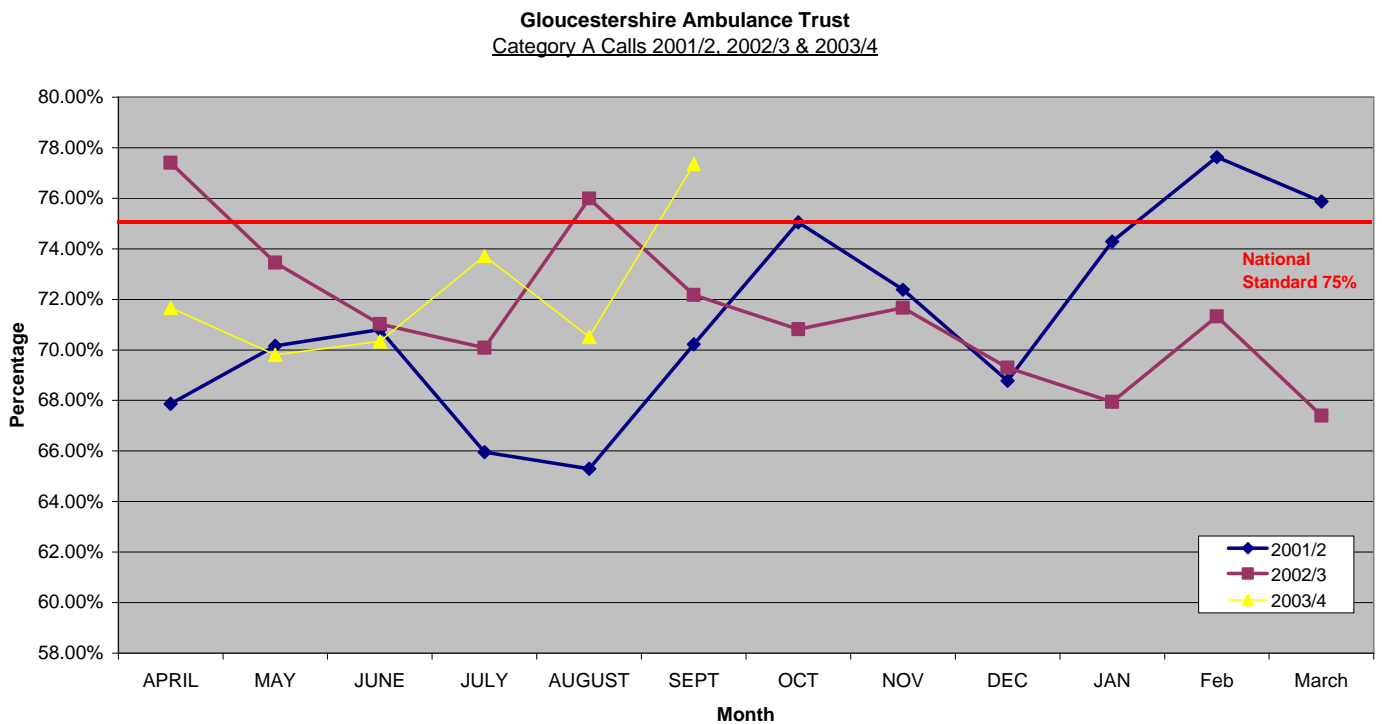
2003/4 Target:

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

The Ambulance Trust achieved its standard in September by meeting 77.63% of their category A calls within 8 minutes. This achievement has been sustained into October with the Trust meeting 75.73% of Category A calls within 8 minutes. Emergency admissions into the Hospitals have been high in the early part of November and there have been ambulances waiting outside A&E to admit patients and a diversion of ambulances from Gloucester to Cheltenham. This will impact upon the Trust's ability to sustain the required level of performance.

The standard for category B & C calls is to respond to 95% within 19 minutes, performance for October was 94.87% and 94.99% respectively, which is a slight improvement on the September position of 94.52% and 94.81% respectively.

Fig 8 Gloucestershire Ambulance NHS Trust shows the Trust's monthly performance this year (2003/4) compared to 2001/2 and 2002/3.



4.2 West Gloucestershire PCT

The overall performance for the West Gloucestershire area for October 2003 has remained stable at 78%. It should be noted that this is a measure of ambulance stations within the West Gloucestershire boundaries and that these performance figures may relate to patients registered with GPs outside West Gloucestershire.

5.0 DELAYED TRANSFERS OF CARE

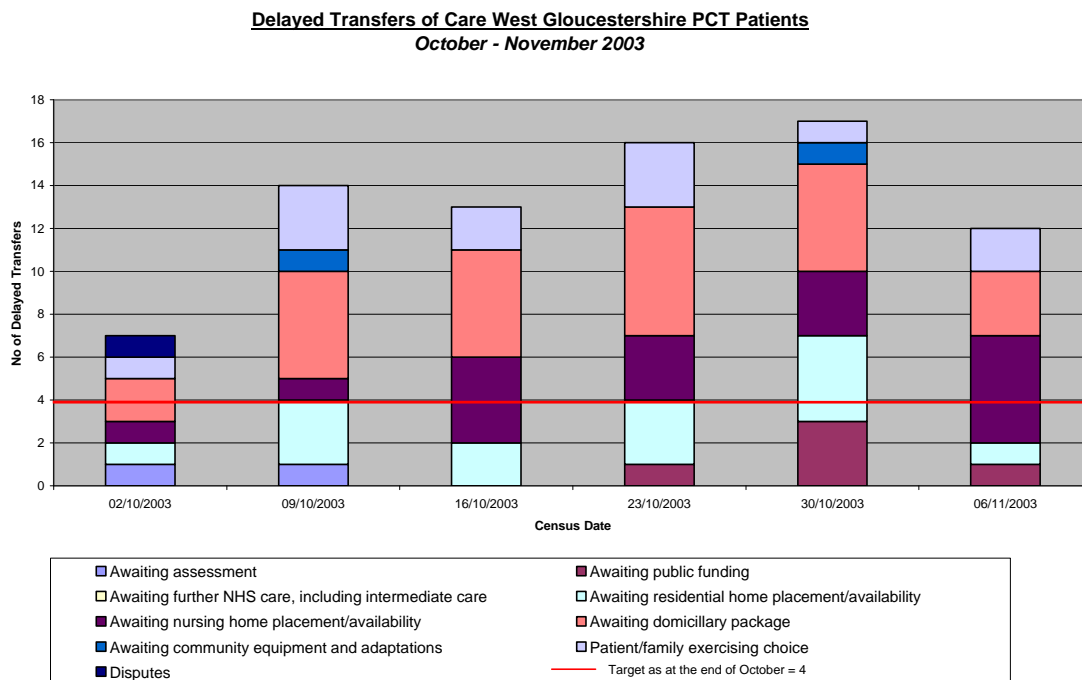
October 2003 target:

By October 2003 the number of acute delayed transfers of care across the County will not exceed 10.

By October 2003 the number of acute delayed transfers of care attributable to West Gloucestershire PCT will not exceed 4.

5.1 West Gloucestershire PCT

Fig 9 Shows the total number of delayed transfers of care in acute hospital beds for West Gloucestershire PCT patients split by category of delay for the period 2nd October 2003 to 6th November 2003. The number of delayed transfers as at the 6th November is 12.



The categories of delay have been revised by the Department of Health and these revisions were implemented at the beginning of October. The new categories are have been expanded and include:

- A Awaiting assessment
- B Awaiting public funding
- C Awaiting further NHS care, including intermediate care
- D (i) Awaiting residential home placement/availability
- D (ii) Awaiting nursing home placement/availability
- E Awaiting domicillary package
- F Awaiting community equipment and adaptations
- G Patient/family exercising choice
- H Disputes

5.2 Actions:

The aim of 4 delayed transfers of care by the end of October was not achieved for the PCT. This was a challenging target and has been difficult to achieve. At the beginning of October the number of delayed transfers was 7 and 3 of the delays had an imminent discharge date. Unfortunately this good progress was then impacted by the high rate of admissions and the number of delayed transfers of care subsequently rose. In the coming weeks several initiatives will be implemented which should assist in bringing the numbers down:

- The vacant Care Manager post within the hospital in-reach team has been filled.
- A new contract is to be signed with a domiciliary care agency to provide care within 48 hours of referral.
- A Social Services Home Care Team for hospital discharges will be set up in Gloucester.
- The reconfiguration of Home Care in Gloucester will be completed with a 5th patch team being created.

5.3 Gloucestershire Health Community

The total number of delayed transfers of care in acute hospital beds within Gloucestershire is 16 as at 6th November 2003.

5.4 Star Ratings

Although the PCT did not achieve the target of 4 delayed transfers of care by the end of October the star ratings is determined by the percentage of delayed transfers against patients occupying an acute bed. The year to date position (April to September) shows the PCT's 'rate' of delayed transfers at 2.92% compared to 4.47% for the financial year 2002/3. Achievement against this indicator for 2003/4 will be dependant on the national average, which at this stage is not known.

6.0 PRIMARY CARE ACCESS

Target:

By December 2004, 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 November 2003 shows that:

- 94% practices are able to offer an appointment with a GP within 48 hours
- 91% practices are able to offer an appointment with a Primary Care Professional within 24 hours.

This achieves the current target of 90% for an appointment with a Primary Care Professional (PCP) within 24 hours and a GP appointment within 48 hours.

The responses to the following questions in the Primary Care Access Survey (October 2003) are shown below (**Fig 10 & 11**): -

- Question 1. How many working days to the 1st routine appointment with PCP?
- Question 2. How many working days to the 1st routine appointment with GP?

Fig 10 - West Gloucestershire PCT

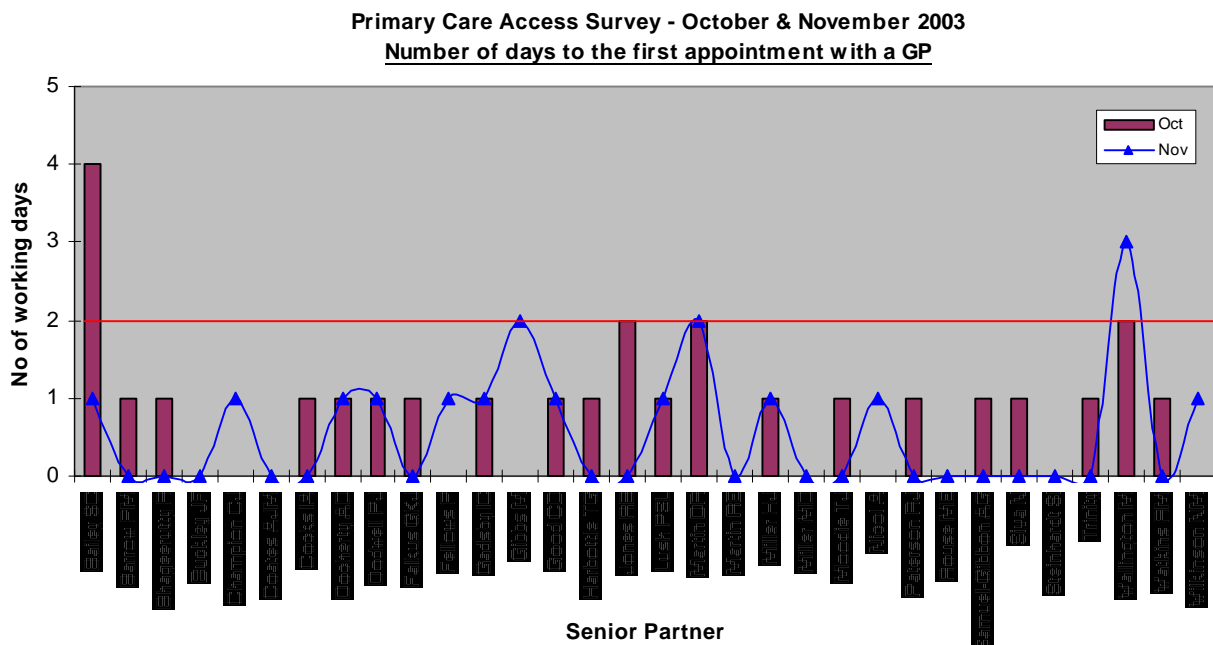
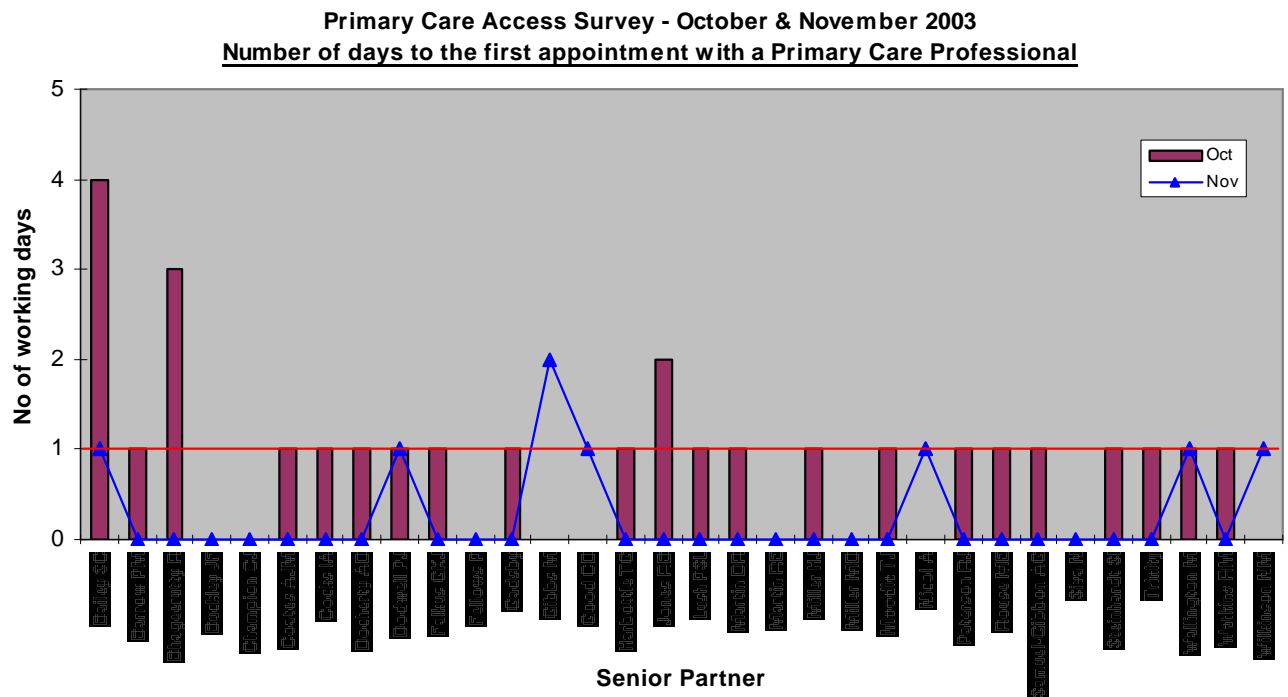


Fig 11 - West Gloucestershire PCT



ACTIONS:

- Primary Care Development Team will work with practices that are consistently experiencing difficulties in achieving access targets.
- Practices will be contacted so they are aware of the pending targets to achieve 100% achievement by December 2004 and any issues raised in being able to achieve this target will be worked through with the Primary Care Development Team.

CANCERS

National Standard: Every resident with a suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment.

During October 2003 the two-week wait cancer office made 215 appointments for West Gloucestershire PCT patients, all of whom were seen within the two-week standard. **Fig 12 for West Gloucestershire PCT** - shows the number of referrals received by cancer type during October.

Cancer Type	APPOINTMENTS WITHIN 14 DAYS OF GP DECISION TO REFER	Wait Time between GP Decision to Refer and Receipt of Referral at Two Week Wait Office (Days)				
		0	1	2	3	4
Breast Cancer	65	54	10	1		
Childrens Cancers	0	0				
Lung Cancer	13	11	1		1	
Haematological Malignancies (Inc. Leukemia)	0	0				
Upper Gastrointestinal Cancers	14	12	2			
Lower Gastrointestinal Cancers	30	26	3		1	
Skin Cancers	32	30	2			
Gynaecological Cancers	14	11	2			1
Brain/Central Nervous System Tumours	3	2	1			
Testicular Cancers	4	3	1			
Urological Cancers	19	15	2	2		
Head and Neck Cancers	20	15	5			
Sarcomas	1	1				
Other	0					
TOTAL	215	180	29	3	2	1

Actions:

- Practices will be contacted to understand the delay in the GP decision to refer a patient to the referral being received by the Cancer Two Week Wait Office.

8.0 RECOMMENDATIONS

The Board is asked to note the contents of this report and the actions that are being taken.