

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Four Week Smoking Quitters (Target No 4059)	
2002/03 Performance:	61%	
Threshold to achieve:	45% or better	
PCT Lead:	Director of Public Health	Timescale
Action:	<ul style="list-style-type: none"> • This target was achieved • The Smoking Cessation Service has strengthened its core service, a new Co-ordinator, a specialist adviser and an additional administrator are now in post. School nurses are being trained to run support to stop groups in schools, there is increased work with businesses to offer support in the workplace and more activity in community venues. Also enhanced smoking cessation services will be developed on a geographical patch basis. These will include additional Smoking Adviser time being offered in certain GP practices, NRT voucher scheme to ensure availability of pharmacotherapies in community settings and possible patient group direction for the provision of NRT by community pharmacists. 	As at March 2003
Outcome Measure:	<p>Performance to be monitored via the Smoking Cessation return to the Strategic Health Authority.</p> <p>This indicator has also been worked into the GP Practice Performance Framework and will be reviewed with individual practices on a 6 monthly basis.</p>	<p>Quarterly throughout 2003/4</p> <p>Six monthly review</p>

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Substance Misuse – Percentage of practices in a shared care scheme (Target No 4591)	
2002/03 Performance:	9.4%	
2002/03 Performance level:	Average	
Threshold to achieve:	27.9% - moving to 30%	
PCT Lead:	Senior Manager for Service Development	Timescale
Action:	For further details please see LDP Risk Area Action Plan.	
Outcome Measure:	<p>A survey was undertaken in April 2003, the results of this survey will be used by the Substance Misuse Team to monitor developments against this target inline with further service developments.</p> <p>A proposal is agreed to use GPwSI to cover this service for the West Gloucestershire population. These GPwSI would cover a geographic area and practices within each area will be classified as participating within a shared care scheme.</p> <p>It is anticipated that progress will be made to move the PCT towards the 30% target by the end of 2003/4.</p>	<p>Ongoing</p> <p>December 2003</p>

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Delayed Transfers of Care (Target No 4043)	
2002/03 Performance:	4.5%	
2002/03 Performance level:	Average	
Current National Figure:	4.1% - moving to less than 1% in October 2003	
PCT Lead:	Director of Ops & Nursing	Timescale
Action:	<ul style="list-style-type: none"> For further details please see LDP Risk Area Action Plan (<i>Appendix 1.4</i>). 	
Outcome Measure:	Progress towards achieving this target is being closely monitored via a number of sources, countywide meeting are held on a weekly basis and quarterly analysis is monitored via the LDPR. Progress reports are also provided on a monthly basis to the PCT board and PEC.	Weekly/Quarterly throughout 2003/4.

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST
RISK AREA ACTION PLAN: LDP AGW RETURN SEPTEMBER 19th 2003

Completed By: Roy McDowell / David Dungworth, Assistant Directors, West Glos PCT

Objective At Risk: Delayed Discharges

Key Objective These will include new initiatives & plans to change existing services or way they are managed	Target (National / Local to which linked)	Action Undertaken / Planned	Milestones / Output	Delivery Date
Number of Delayed Discharges	4 delayed discharges	See below	See below	Oct. 2003

Summary of Progress to date:

Numbers of delays have reduced over the past 12 months but appear static at 10-15. There are a variety of initiatives to divert potential admissions, track potential delays and speed discharges. Some of these are detailed below.

Key Risks for Delivery:

- Capacity in the dom. Care market cannot cope with demand.
- Numbers admitted into the acute hospital increase the risk of delays.

Action Taken to Minimise Risks

- Protocols for the in-house dom. Care service revised to give quicker and greater access.
- New arrangement proposed with the independent sector to pay a premium rate for responses within 2 days. This rate is paid for 4 weeks before reverting
- In-reach team recruited to prevent admissions, and work with staff in acute hospital to aid timely discharges.
- Local Social Services care home increasing focus and capacity for intermediate care, and staff undergoing training as part of the 1st wave Modernisation Agency Accelerated Development Programme for support staff working in Intermediate Care.
- LSA developed with local Housing Dept. for flexible short-term use of vacancies in sheltered housing for increased capacity where housing adaptations/suitable housing are identified as delay factors.
- Local escalation agreement developed to ensure optimum use of bed capacity in community hospitals.
- 12 beds at Great Western Court being used flexibly and a further 8 beds will be on line by December. Their use will include transfers from acute sector and as resource for in-reach team.
- Extra sheltered housing schemes being developed in the Forest and Gloucester.
- Database being developed to track patient pathways countywide (by end of November).

Anticipated Outcome

- Aim is still to have 4 delays by end of October.

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Performance Indicator:	Atypical Antipsychotics (Target No 4555)	
2002/03 Performance:	40%	
2002/03 Performance level:	Below Average	
Current National Figure:	49.0% (Eng)	
PCT Lead:	Roger Haynes/Head of Medicines Management	Timescale
Action:	<ul style="list-style-type: none"> • Prescribing in this area is largely led by psychiatrists based in secondary care (around 99%) • The level of prescribing has been discussed with the Medical Director at the partnership trust and a clinical forum is being established to address this issue, amongst others, that will include psychiatrists and GP representatives working together. • There is still some concern around the accuracy of the figures that have been reported, and so an audit of the prescribing rates of the South Gloucestershire Community Mental Health team is being undertaken to better understand the rates for a relevant client group in more detail. 	<p>April 2004</p> <p>April 2004</p>
Outcome Measure:	Performance against this measure will be included within the prescribing performance framework and will be monitored monthly.	December 2004

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	PCT Survey Access and Waiting (Target No 4014)	
2002/03 Performance:	72	
2002/03 Performance level:	Average	
Current National Figure:	71.870 (med)	
PCT Lead:	Director of Ops and Nursing	Timescale
Action:	<ul style="list-style-type: none"> • All practices have been contacted to enable the PCT to understand the future difficulties individual practices will have in achieving and maintaining the access targets. The results of this feedback will be working through with individual practice. • Primary Care Development Managers will work with practices that are consistently experiencing difficulties in achieving access targets. • The PCT is meeting with the National Primary Care Development Team to revisit opportunities to share good practice and support Collaborative initiatives on a local basis. The PCT was previously a National Primary Care Collaborative site, and there may be benefits to considering re-establishing a more formal programme with local practices. • Local training is being developed to build service redesign skills and confidence. • For further details please see attached LDP Risk Area Action Plan (<i>Appendix 1.1</i>). 	<p>August 2003</p> <p>Ongoing</p> <p>September 2003</p>
Outcome Measure:	Performance against this target is to be monitored on a monthly basis.	

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST
RISK AREA ACTION PLAN: LDP AGW RETURN SEPTEMBER 19th 2003

Completed By: Jill Holt, Assistant Director, Primary Care

Objective At Risk: Primary Care Access Action Plan

Key Objective These will include new initiatives & plans to change existing services or way they are managed	Target (National / Local to which linked)	Action Undertaken / Planned	Milestones / Output	Delivery Date
All patients should be able to see a GP within two normal working days and a primary care professional within one normal working day.	(100% of all patients)	Monthly primary care access survey undertaken to establish which practices require further development work.		Dec 03

Summary of Progress to date:

During 02/03 the PCT average achievement was 72% against a national achievement of 71.87%. Since then achievement has been around 82%-100% month on month. All practises have been contacted to enable the PCT to understand the future difficulties individual practices will have in achieving and maintaining the access targets. The results of this feedback will be worked through with each practice.

Key Risks for Delivery:

Practices that are not currently meeting the target that require significant service redesign to do so may not achieve 100% score by December 03.
 Patient survey results around primary care access do not meet the access survey results.

Action Taken to Minimise Risks

Primary care development managers (PCDM's) will work in a targeted way with individual practices who are experiencing difficulties in achieving the targets to facilitate service improvements

Further work will be undertaken to understand the results of the patient survey around access, and development areas will be highlighted to the PCDM's for attention.

The PCT is meeting with the National Primary Care Development team to revisit opportunities to share good practice and support collaborative initiatives on a local basis. The PCT was previously a National Primary Care Collaborative Site and the benefits of re-establishing a formal programme with local practices is being explored.

Anticipated Outcome

The target is achieved by December 2003.

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Access to NHS Dentistry	
2002/03 Performance:	YES	
2002/03 Performance level:	Significantly above average	
Current National Figure:	Categorical Data	
PCT Lead:	Director of Ops and Nursing	Timescale
Action:	<ul style="list-style-type: none"> • Planned meeting with GPs to discuss ways of providing more NHS dentistry • Explore options of employing additional salaried dentists • Ensure new dental practice premises are considered when planning for new primary care centres • Increased number of salaried dentists planned 	<p>Nov 2004</p> <p>Nov 2004</p> <p>Ongoing</p>
Outcome Measure:	Performance against this target will be monitored via the Countywide Dentistry Group	

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Performance Indicator:	PCT Survey Building Closer Relationships/High Quality Co-ordinated Care (Target No 4015/4045)	
2002/03 Performance:	89	78
2002/03 Performance level:	Average	Below Average
Current National Figure:	89.268	79.453 (Med
PCT Lead:	Director of Ops and Nursing	Timescale
Action:	<ul style="list-style-type: none"> • Professional Executive Committee and Board have reviewed and discussed the results of the patient survey and have agreed an action plan (attached). • Key themes arising from the survey together with the action plan are being shared with the PCT Patient and Public Involvement Group, the Practice Managers Group, the Primary Health Care Team Representatives Group and other Locality Forums to enable discussion and feedback on key themes and proposed actions, and to further develop the action plan as appropriate. • Board/PEC Members development session taken place to discuss the Patient Experience/Patient Surveys results. 	
Outcome Measure:		

WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

NHS PRIMARY CARE TRUST SURVEY 2003 – ACTION PLAN

Key Area	Issue/Concern	Proposed Actions	Timescales
Seeing a Healthcare Professional	<ul style="list-style-type: none"> • Access to NHS Dentistry • GP Access and Appointment Systems 	<ul style="list-style-type: none"> • Commitment to review, with PCT colleagues, provision of NHS dentistry with West Gloucestershire residents • PCT to offer further support to practices to review current appointment systems. Practices can bid against Primary Care Development Resources to improve access 	To be agreed
Visiting your GP Surgery or Health Centre	<ul style="list-style-type: none"> • Communication Issues, Culture & Styles of Working 	<ul style="list-style-type: none"> • PLT session for practice administration/clerical staff to discuss practice administrative/communication issues in more detail • PCT to offer guidelines and protocols to practices • Promote approach of sharing good practice across the PCT 	To be agreed
Referrals	<ul style="list-style-type: none"> • Choice of Hospital or Specialist 	<ul style="list-style-type: none"> • NHS Choice Initiative to be extended 	To nationally agreed timescales

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Performance Indicator:	% Change in Under 18 Conception Rate (Target No 4030)	
2002/03 Performance:	C	
2002/03 Performance level:	Average	
Current National Figure:	A (Eng) - Significant Improvement	
PCT Lead:	Director of Public Health	Timescale
Action:	<ul style="list-style-type: none"> • County Teenage Pregnancy Strategy has updated its action plan • Gloucester City & South Tewkesbury are using HIMP funding to implement their action plan • Public Services Agreement given Gloucester City 98k to drive down the conception rate of the national average over 5 years. This project will focus on: <ul style="list-style-type: none"> - emergency hormonal contraception making sure this is available free in more pharmacies - enhance teenage sexual health drop-in clinics in schools where they can access EHC, contraception and pregnancy testing 	<p>2002/3</p> <p>April 2003 – March 2006</p>
Outcome Measure:		

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Performance Indicator:	% Practices with CHD Clinical Audit Data No More than 12 Months Old (Target No 4576)	
2002/03 Performance:	38%	
2002/03 Performance level:	Significantly below average	
Current National Figure:	82.7% (Eng)	
PCT Lead:	Assistant Director Commissioning	Timescale
Action:	<ul style="list-style-type: none"> • The PRIMIS team is currently completing the roll-out of MIQUEST software in all West Gloucestershire PCT practices, which will expand and standardise the collection of routine CHD audit data in primary care (linking to NSF, CHD Collaborative and future GMS standards/targets). • As part of the PCT's funded CHD Incentive Scheme, this data will be collected at least quarterly and used both by the practices themselves to support patient management, and by the PCT (using high level anonymised reports) to monitor progress against key CHD targets. Quarterly reports are now beginning to be generated and we expect all practices to be participating by September. 	April 2004
Outcome Measure:	It is anticipated that the indicator will be achieved.	

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Emergency Admissions - Change in rate (Target No 4009)	
2002/03 Performance:	C	
2002/03 Performance level:	Average	
Current National Figure:	A (Significantly Improved)	
PCT Lead:	Senior Manager for Service Development	Timescale
Action:	<ul style="list-style-type: none"> • For further details please see LDP Risk Area Action Plan. • The PCT has planned to reduce emergency activity by 1.2% within 2003/4 and a further 0.4% in 2003/4. This will move the PCT's annual emergency growth inline at 1.4% (year on year) against the national average of 1.7%. • A monthly performance meeting has been convened to review the levels of emergency admissions • Current emergency growth for West Gloucestershire PCT is 1.95% 	September 2002
Outcome Measure:	Performance against this target is monitored on a monthly basis and modelled to show future demand for the financial year. Progress reports are also provided on a monthly basis to the PCT board and PEC.	Monthly/Quarterly throughout 2003/4.

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Prescribing rates for drugs acting on benzodiazepine receptors	
2002/03 Performance:	8.43	
2002/03 Performance level:	Average	
Current National Figure:	8.785 (Eng)	
PCT Lead:	Head of Medicines Management	Timescale
Action:	<ul style="list-style-type: none"> • The medicines management team are reviewing levels of hypnotic prescribing in all practices in line with the 03/04 incentive scheme • Following the review the medicines management team and prescribing support pharmacists will target the top 5 benzodiazepine prescribing practices and will produce action plans to reduce prescribing to below 7.2 (current value 8.43). 	<p>March 2004</p> <p>April 2004</p>
Outcome Measure:	Performance against this measure will be included within the prescribing performance framework for GP Practices. All practices will receive the framework on a regular basis and where performance is below national targets practices will receive support from the medicines management team to improve their performance.	December 2003

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Fire, Health and Safety Backlog (Target No 4565)	
2002/03 Performance:	19.02 (incorrect) revised to zero	
2002/03 Performance level:	Below Average	
Current National Figure:	5.54 (Med)	
PCT Lead:	Director of Ops and Nursing	Timescale
Action:	<ul style="list-style-type: none"> Due to the misinterpretation of the guidance surrounding this indicator an incorrect value was submitted as part of the ERIC return. This value has now been recalculated based on the correct definition and resubmitted within the ERIC return; therefore this target was achieved for 2002/3. 	As at March 2003
Outcome Measure:	<ul style="list-style-type: none"> Performance to be monitored before submission of the ERIC return. 	

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Performance Indicator:	Generic Prescribing Rate (Target No 4044)	
2002/03 Performance:	75.5%	
2002/03 Performance level:	Below Average	
Current National Figure:	77.65% (Eng)	
PCT Lead:	Head of Medicines Management	Timescale
Action:	<ul style="list-style-type: none"> • Increase generic prescribing rate to 78% in all practices – target practices where generic prescribing is currently <70% (4 practices) • Prescribing support Pharmacist/Medicines management team to produce action plans for those low prescribing practice resulting in an increase in generic prescribing rate 78% 	<p>October 2003</p> <p>March 2004</p>
Outcome Measure:	Performance against this measure will be included within the prescribing performance framework for GP Practices. All practices will receive the framework on a regular basis and where performance is below national targets practices will receive support from the medicines management team to improve their performance.	December 2003

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Improving Working Lives	
2002/03 Performance:	Level 1	
2002/03 Performance level:	Achieved	
Current National Figure:	Level 1	
PCT Lead:	Director of Finance	Timescale
Action:	<ul style="list-style-type: none"> • IWL Steering Group established • Action plan established pending assessment • Designated Project Manager appointed • Staff involvement – “Speak Easy” sessions scheduled to review issues from staff survey 	<p>October 2002</p> <p>September 2003</p> <p>June 2003</p> <p>September/October 2003</p>
Outcome Measure:	Achieve practice plus status	

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Emergency re-admission to hospital following treatment for a fractured hip	
2002/03 Performance:	7.8%	
2002/03 Performance level:	Average	
Current National Figure:	8.73%	
PCT Lead:	Assistant Director of Service Development	Timescale
Action:	<ul style="list-style-type: none"> • A review of emergency readmissions following treatment for a fractured hip has indicated that the majority of cases where readmission has occurred relate to elderly patients who have had complex existing medical conditions that have been adversely affected by the injury, and corresponding surgical intervention. • A proposal has therefore been developed for elderly patients who are admitted with a fractured hip to be managed by the elderly care consultants in an orthopaedic ward setting rather than by the orthopaedic consultants. • A project group consisting of managers and clinicians from the Hospitals Trust is being convened to design an new care pathway to achieve this, for implementation in September 2004. • Primary care input to the project group will be via the Service change and workforce planning group (on which the PCT is represented) that this working group will report to, and via the elderly care consultant who is also on the PCT PEC. 	<p>Ongoing</p> <p>Ongoing</p> <p>September 2004</p> <p>Ongoing</p>
Outcome Measure:	Ensure low level of readmission rates	

West Gloucestershire PCT
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Performance Indicator:	Death rates from circulatory diseases, ages under 75 (change in rate)	
2002/03 Performance:	C	
2002/03 Performance level:	Average	
Current National Figure:	A (Eng) Significant Improvement	
PCT Lead:	Director of Public Health	Timescale
Action:	<p>The following areas have been identified as key in achieving this target:</p> <ul style="list-style-type: none"> • Tobacco control activities continue, developing more smoke free environments, protecting the population from second hand smoke and raising awareness in a variety of venues. • Healthy eating projects in schools continue to be funded through HIMP development budget for schools with greater than 20% free school meals. This includes cooking groups, fruit tuck shops, gardening projects and breakfast clubs. Community projects are focusing on get cooking training for community and family centre workers. • Gloucestershire weight management project is well under way, 1 WTE dietitian in post, will pilot a dietitian-led weight management group programme in Gloucester City and evaluate. Weight management protocol agreed by key stakeholders. Web site development underway through GUIDE - address to be www.glosweight.nhs.uk <http://www.glosweight.nhs.uk> to inform health community and end users of weight management issues and local services. Posters and leaflets under development targeting general public. Training of a weight management lead per surgery across the county ongoing (60 out of a total of 85 medical practices have accessed this training to date). Weight Management Facilitator's Pack (information and patient resources) available in each of these practices. Ongoing support of weight management leads, through quarterly network meetings. Neighbourhood Project staff being trained to run weight management groups in community - preliminary training and assessment completed. • Implementation plans for NICE guidance on surgery for morbid obesity completed and going to Strategic Commissioning Forum. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

West Gloucestershire PCT **STAR RATINGS ACTION PLAN**

Performance Indicator:	Death rates from circulatory diseases, ages under 75 (change in rate)
2002/03 Performance:	C
2002/03 Performance level:	Average
Current National Figure:	A (Eng) Significant Improvement

PCT Lead:	Director of Public Health	Timescale
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Action:	<p>(continued).....</p> <ul style="list-style-type: none"> • Physical Activity Strategy being implemented focusing on walking initiatives and exercise on referral scheme across the county. Gloucester City Leisure Centre GL1 liaising with practices in Gloucester City to offer ERS. ERS schemes being run in Newent and Lydney, funded through HIMP budget. New resources have been developed to encourage people to be more active - '101 things to do without going to the gym'. • Continue work to support the Gloucestershire Ambulance Trust to make progress towards the achievement of Category A (potentially life threatening conditions) response time targets. Around 10% of calls relate to chest pain. Work with the Trust is being led by Cheltenham & Tewkesbury PCT in their county emergency commissioning lead role and supported by a team from the Modernisation Agency • Continue the planned roll-out of ambulance based ECG diagnosis, thrombolysis and A&E alert in MI cases to increase achievement of thrombolysis within 20 minutes ('door to needle time') • Provision of dedicated CHD Collaborative project support at practice level to continuously improve the quality and consistency of provision within primary care. This work is supported by the PCT's local implementation team and CHD incentive scheme, part of which includes quarterly monitoring of key NSF and future GMS quality indicators by practice • Increasing provision of revascularisation towards NSF targets of 1500 per million. County LDP plans include increased tertiary provision within Bristol and Oxford and continued growth of the newly established in-county angioplasty service 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Breast Cancer Screening	
2002/03 Performance:	79%	
2002/03 Performance level:	Average	
Current National Figure:	75.9% (Eng)	
PCT Lead:	Director of Public Health	Timescale
Action:	<ul style="list-style-type: none"> • This target was achieved • The breast screening service has been extended to include women within the age banding of 65-70. 	<p>As at March 2003</p> <p>September 2002</p>
Outcome Measure:	Performance against this target to be monitored on a quarterly basis within the LDPR requirements	Quarterly throughout 2002/3.

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Cervical Screening	
2002/03 Performance:	83%	
2002/03 Performance level:	Average	
Current National Figure:	81.6% (Eng)	
PCT Lead:	Director of Public Health	Timescale
Action:	<ul style="list-style-type: none"> • This target was achieved • This target will be closely monitored with GP practices and reviewed on a regular basis. • A media campaign is being considered by the PCT 	<p>As at March 2003</p> <p>Ongoing</p>
Outcome Measure:	<p>This indicator has also been worked into the GP Practice Performance Framework and will be reviewed with individual practices on a 6 monthly basis.</p> <p>Quarterly comparative information will be provided to all practices via the intranet and progress reports are also provided on a quarterly basis to the PEC.</p>	<p>Six monthly reviews</p> <p>Quarterly throughout 2002/3</p>

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Flu Vaccinations	
2002/03 Performance:	72%	
2002/03 Performance level:	Above average	
Current National Figure:	68.5% (Eng)	
PCT Lead:	Assistant Director of Primary Care	Timescale
Action:	<ul style="list-style-type: none"> • This target was achieved. • The Primary Care Development Managers will work with individual GP surgeries to share good practice, problem solve and plan to improve targets for Winter 2003/4. • A comprehensive media campaign is planned for early October to support the work undertaken in primary care to increase awareness and uptake. 	<p>As at March 2003</p> <p>October 2003</p> <p>October 2003</p>
Outcome Measure:	<p>This indicator has also been worked into the GP Practice Performance Framework and will be reviewed with individual practices on a regular basis.</p> <p>Monthly comparative information will be provided to all practices via the intranet and progress reports are also provided on a monthly basis to the PCT board and PEC.</p>	<p>Throughout the Winter period</p> <p>Monthly throughout the period October to February 2003/4.</p>

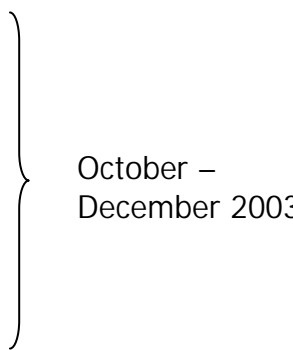
West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Patient Complaints Procedure	
2002/03 Performance:	68.9%	
2002/03 Performance level:	Average	
Current National Figure:	66.7% (Med)	
PCT Lead:	Director of Finance	Timescale
Action:	<ul style="list-style-type: none"> • Uncomplex and straightforward complaints can be investigated and a full response sent to the patient within the 20-day timescale for local resolution. However more serious and complex complaints often require more detailed and thorough investigation, which often takes longer than 20 days. • It is felt that if the investigation of these complaints was rushed in order to meet the 20-day deadline, then the complainant would be more likely to be dissatisfied with their response and there would be an increase in the number of Independent Review Panel requests and possibly referrals to the Health Service Ombudsman. • A tracking system is already in place to manage complaints within the local resolution timescales and every effort is made to adhere to these for the more straightforward complaints. A review of this existing system will be undertaken to ensure that days are not lost with the complaint investigation/draft response moving between the investigating manager/Director of Ops/Nursing and back to the Complaints Manager. 	October 2003
Outcome Measure:	<p>Monthly monitoring undertaken by PCT Complaints Manager.</p> <p>Quarterly report to the board, which includes performance.</p> <p>Annual return to the DoH (K041A/K041B)</p>	<p>Monthly throughout 2003/4</p> <p>Quarterly</p> <p>Annual</p>

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	GP Appraisal	
2002/03 Performance:	23%	
2002/03 Performance level:	Below Average	
Current National Figure:	100.0 (Med)	
PCT Lead:	Assistant Director of Service Development (Clinical Governance)	Timescale
Action:	<ul style="list-style-type: none"> • The GP Appraisal system is managed on a countywide basis, across 3 PCTs. The Primary and Community Care Audit Group (PCCAG) team undertakes co-ordination of interviews and administration. • 37 appraisers have been trained across the county and a comprehensive appraisal system established, which has been well received by all participants. Plans are now in hand to train more appraisers in the autumn. • 23% of GPs were appraised by March 2003, with 46% appraised by September 2003, West Gloucestershire PCT now has a GP appraised in every practice. • Target is for more than 50% of GP appraisals achieved by March 2004. This is a realistic target taking into account the time taken to comprehensively train appraisers and allowing appropriate time to undertake the appraisal. 	<p style="text-align: right;">October 2003</p> <p style="text-align: right;">March 2004</p>
Outcome Measure:	For GPs to receive a full and comprehensive appraisal and prepare a person/professional development plan.	

West Gloucestershire PCT STAR RATINGS ACTION PLAN

Performance Indicator:	Sickness Absence Rate	
2002/03 Performance:	4.0%	
2002/03 Performance level:	Average	
Current National Figure:	4.1% (Med)	
PCT Lead:	Director of Human Resource	Timescale
Action:	<ul style="list-style-type: none"> • Improved monitoring of sickness absence rates for all staff across the PCT, identify action areas. • Identify level of stress related absence and take remedial action • Critically evaluate current absence management procedure/compliance, with recommendations • Briefing sessions developed on absence management, including policy for 'return to work' interviews 	 <p>October – December 2003</p>
Outcome Measure:	Quarterly reporting/action planning	