



Brighton and Hove

APPENDIX A

PCT PERFORMANCE REPORT

October 2009








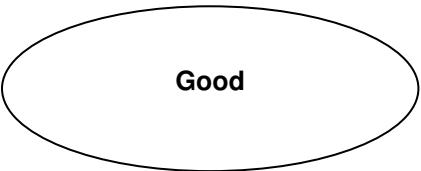
(based on data submitted to the 27th October 2009)

Key:










- PR EC = Periodic Review Existing Commitment**
- PR NP = Periodic Review National Priority**
- VSXXX = Vital Sign/Tier/Reference Number**
- HO = Health Outcome**
- LAA = Local Area Agreement**
- Local = Additional Annual Operating Plan indicators**

Summary Position

Periodic Review (based on current period)

Existing Commitments	National Priorities
 0 Indicators (failed)	 1 Indicators (failed)
 3 Indicators (underachieved)	 6 Indicators (underachieved)
 11 Indicators (achieved)	 14 Indicators (achieved)
0 indicators unknown	2 indicators unknown
 Almost Met	 Good

Vital Signs, Local Area Agreement and Health Outcomes

Vital Signs	Local Area Agreement	Health Outcomes
 Tier 1 3 indicators Tier 2 2 indicators Tier 3 7 indicators	 4 indicators	 2 indicators
 Tier 1 2 indicators Tier 2 4 indicators Tier 3 0 indicators	 2 indicators	 3 indicators
 Tier 1 4 indicators Tier 2 8 indicators Tier 3 6 indicators	 5 indicators	 2 indicators
10 indicators unknown	2 indicators unknown	1 indicators unknown

Key Performance Indicators

STANDARD OF CARE				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
PR EC	Time to reperfusion for patients following a heart attack	Achieved	▲	Achieved
PR NP	Commissioning a comprehensive child & adolescent mental health service	Achieved	↔	Achieved
PR NP	Experience of patients	Unknown	↔	Achieved
PR NP	Stroke Care	Achieved	▲	Achieved
VSA14	Quality stroke care	Green	▲	Green
VS12 & LAA	Evaluating the impact of CAMHS	Green	↔	Green
VS15	Self reported experience of patients/users	Unknown	↔	Green
VSC24	Patients admitted with a heart attack taking appropriate medicine	Unknown	↔	Unknown

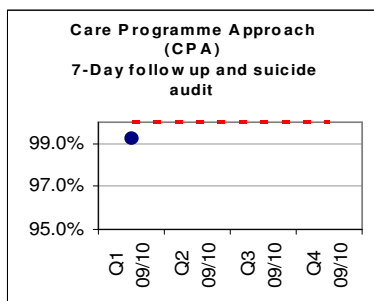
These indicators show how effective the PCT is in listening to patients and delivering improved services with specific standards for patients suffering from stroke, heart attacks and children and young people with mental health problems. They support the achievement of the strategic objective to increase service quality and choice and increase people's confidence in the NHS.

In 2008/09 the PCT failed the stroke indicator which measures the percentage of people admitted with a stroke who spend 90% of their time on a stroke unit. Performance last year showed only 27% achievement. In 2009/10 there has been significant work undertaken with the acute trust to ensure that all relevant data is being captured and a CQUIN (commissioning for quality and innovation) scheme has been agreed which provides incentives for the trust to improve performance giving a steady trajectory towards 70% by year end. The quarter 2 performance is 61.4%.

VSC24 is a new indicator which will be reported when data is available.

Key Performance Indicators

GOOD MANAGEMENT				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
PR EC	Data quality on ethnic group	Achieved	▲	Achieved
PR EC	Delayed transfers of care	Achieved	▲	Achieved
PR NP	NHS staff satisfaction	Unknown	↔	Achieved
PR NP	Women who have seen a midwife professional by 12 completed weeks	Achieved	↔	Achieved
VSB06	Early Access for Women to Maternity Services	Green	↔	Green
VSB17	NHS staff survey based measures of job satisfaction	Green	↔	Underachieved
VSC10 & HO	Delayed transfers of care VS	Green	▼	Green
VSC12	Timeliness of social care assessment	Green	↔	Green
VSC13	Timeliness of social care packages	Green	▲	Green
Local	Care Programme Approach (CPA) 7-Day follow up and suicide audit	Amber	↔	Amber



These indicators demonstrate how well the PCT manages its staff and treats them fairly and how well services are managed in partnership with the local authority and local NHS. They support the achievement of the strategic objective to be the leading advocate for health and healthcare in the city.

The number of delayed transfers of care per 100,000 population over 18 has improved in quarter 2 2009/10 (9.89 compared to 15.03) and is below the plan of 15.0. However, this has historically been a difficult indicator to achieve and sustain and the forecast of underachieve reflects this. A detailed action plan is in place which is focused on improved multidisciplinary working, the development of a new discharge toolkit and improved information for the integrated discharge team and the intermediate care service. The delayed transfers of care vital signs indicator (VSC10) measures performance monthly rather than quarterly (PR EC indicator) against a different plan figure. The monthly performance in September showed a deterioration from the August actual.

The Care Programme Approach (CPA) indicator measures the percentage of people (adult mental illness specialties) on enhanced CPA receiving follow-up within 7 days of discharge. In quarter 1 09/10 performance is 99.2% of plan and represents a breach in respect of 1 patient (127 out of 128 discharges) which is being followed up through the ongoing routine monitoring of the contract with Sussex Partnership NHS Foundation Trust.

Key Performance Indicators

KEEPING THE PUBLIC HEALTHY				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
PR NP	Chlamydia screening (as a proxy for chlamydia prevalence)	Achieved	▼	Achieved
PR EC	Diabetic retinopathy screening	Achieved	▲	Achieved
PR NP & HO	Breast cancer screening for women aged 53 to 70 years	Underachieved	↔	Underachieved
VSA10	Extension of NHS Bowel Cancer Screening Programme to men and women aged up to 75	Deferred	↔	Unknown
VSA09	Extension of NHS Breast Screening Programme to women aged 47-49 and 71-73	Deferred	↔	Unknown
VSB13	Chlamydia Prevalence (Screening)	Red	▼	Green
VSC27	Patients with diabetes	Red	↔	Amber
Local & HO	Hypertension Prevalence	Red	▼	Amber
Local	Infant health & inequalities: breastfeeding initiation rates	Green	▲	Green
Local	Self-reported measure of people's overall health and wellbeing	Green	↔	Green

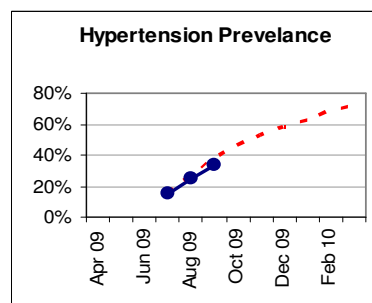
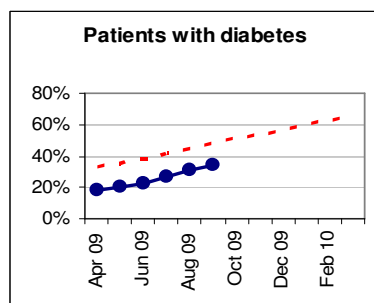
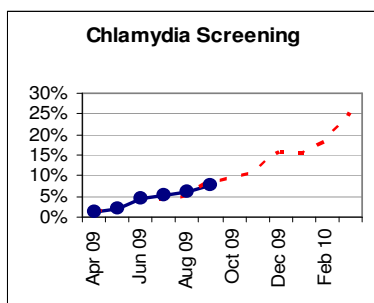
These indicators show how successful the PCT is in improving the health of the local community, understanding local people's health needs and promoting public health. They support the delivery of the strategic objective to improve health and reduce health inequalities.

In 2008/09 the PCT underachieved the breast cancer screening indicator. There have been difficulties historically in recruitment of radiographers resulting in all eligible women being screened at 42 rather than the required 36 months. Additional radiologist time is being secured and the local service has been reorganised with staff being employed from agencies and private clinics. There is an expectation that the local plan will deliver a 36 month wait in Brighton during 2010.

VSB13 There are 2 indicators which measure Chlamydia screening of 15-24 year olds. Both assess performance against a trajectory to deliver 25% coverage by March 2010 and the forecast is that this will be achieved. However, the current month performance differs as the periodic review indicator allows for the thresholds applied by the Care Quality Commission whereas the vital signs indicator measures absolute performance against the plan.

VSC27 measures the percentage of patients with diabetes whose HbA1c is 7.0 or less (in 2008/09 this was 7.5). Current performance is 34.3% and is below the required trajectory. A new enhanced service has been commissioned which incentivises GP practices to improve their recording and management of diabetes patients.

The hypertension prevalence indicator performance is below plan. GP practices are being incentivised to proactively record blood pressure through the PBC (practice based commissioning) incentive scheme.



Key Performance Indicators

PLANNING FOR LOCAL IMPROVEMENT - PART ONE				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
PR EC	Commissioning of crisis resolution/home treatment services	Achieved	▼	Achieved
PR EC	Commissioning of early intervention in psychosis services	Achieved	▲	Achieved
PR NP	All age all cause mortality	Achieved	↔	Achieved
PR NP	Childhood obesity rate	Underachieved	↔	Achieved
PR NP	Four week smoking quitters (as a proxy for smoking prevalence)	Failed	▼	Underachieved
PR NP	Number of drug users recorded as being in effective treatment	Achieved	↔	Achieved
PR NP	Prevalence of breastfeeding at 6-8 weeks from birth: data completeness	Achieved	▲	Achieved
PR NP	Proportion of individuals who complete immunisation	Underachieved	▲	Achieved
PR NP	Reduction in <75 CVD mortality rate	Achieved	▲	Achieved
PR NP	Reduction in cancer mortality rate	Underachieved	▲	Underachieved
PR NP	Teenage conception rates	Underachieved	↔	Achieved

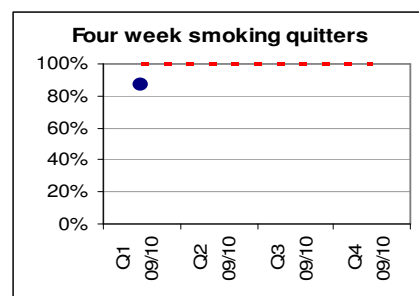
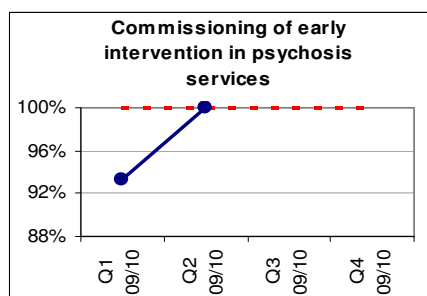
These indicators demonstrate how well the PCT performs in its plans to develop and deliver healthcare and services in the city and include a broad range of very challenging measures to improve mortality. They support the delivery of the strategic objectives to improve health and reduce health inequalities and to be the leading advocate for health and healthcare in the city.

The childhood obesity indicator was not achieved in 08/09. The NCMP (national child measurement programme) data has been submitted and provisional results show that this indicator is likely to be achieved for this year. There has been significant investment in this service area and a number of schemes are in place to improve performance.

The 4 week smoking quitter indicator is at 87.3% of plan at quarter 1. There are changes being made to the smoking cessation team structure which has led to disruptions to the service impacting on delivery and this indicator remains at risk of underachievement.

There is an improvement in the cancer mortality rate between 2007 and 2008 but there are still significant improvements needed to reach the threshold by the end of 09/10. There is a comprehensive cancer action plan in place.

Teenage conception rates are at 40.9 per 1,000 (an improvement over the 08/09 performance) and local data shows there were 139 conceptions in 2008, slightly over the plan of 133. There are significant initiatives to continue improvements in this area.



Key Performance Indicators

PLANNING FOR LOCAL IMPROVEMENT - PART TWO				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
VSB01	All-age all cause mortality rate	Green	↔	Green
VSB03	Cancer Mortality Rate	Amber	↔	Amber
VSB09 & HO & LAA	Childhood Obesity	Amber	▼	Amber
VSB02	CVD Mortality Rate	Green	↔	Green
VSB18	Dental Services	Unknown	↔	Amber
VSB10	Individuals who complete immunisation	Amber	▲	Green
VSB14 & LAA	Number of Drug Users recorded as being in effective treatment VS	Green	↔	Green
VSB11	Prevalence of Breastfeeding at 6-8 weeks	Green	▲	Green
VSB05 & LAA	Smoking Prevalence (Smoking Quitters)	Red	▼	Amber
VSB04 & LAA	Suicide & Injury of Undetermined Intent	Unknown	↔	Amber
VSB08 & HO & LAA	Teenage pregnancy	Amber	↔	Green
VSC20	Emergency bed days (also proxy for LTC for first year)	Red	▲	Amber
VSC29	Hospital admissions caused by unintentional and deliberate injuries to children and young people	Green	▲	Amber
VSC26 & HO & LAA	Hospital admissions for alcohol-related harm	Red	▲	Amber
VSC21	Hospital admissions for ambulatory care sensitive conditions	Red	▲	Amber
VSC02 & LAA	People with depression and/or anxiety disorders with access to psychological therapies	Red	▲	Amber
VSC23 & LAA	Vascular risk	Green	▲	Green
Local	Smoking at time of delivery	Green	▲	Green
Local	Smoking status among the population aged 16 and over	Amber	▼	Green

VSB05 The smoking prevalence indicator measures the number of 4 week smoking quitters attending NHS stop smoking services per 100,000 population as opposed to the periodic review indicator which assesses the number of smokers who set a quit date. The actions to improve performance are the same for both indicators.

VSB04 The suicide indicator is based on a 3 year rolling average of mortality from suicide. Data is expected to assess current performance in December 2009. There is a suicide prevention strategy in place and several schemes aimed at reducing rates. The numbers are however relatively small and hence subject to fluctuations.

VSC20 The number of emergency bed days is used as a proxy measure for long term conditions and performance has improved in July compared to the same period in 2008. There are care pathways and service development plans in place around diabetes, asthma, COPD, Cellulitis and infections which are intended to reduce admissions and also impact on bed days.

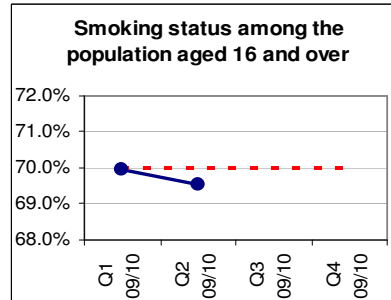
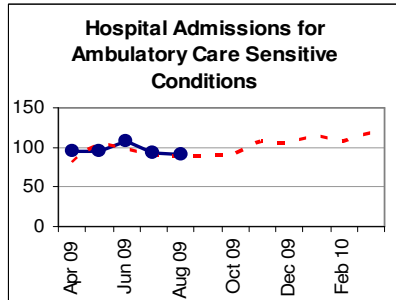
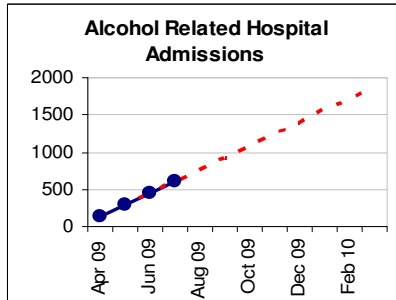
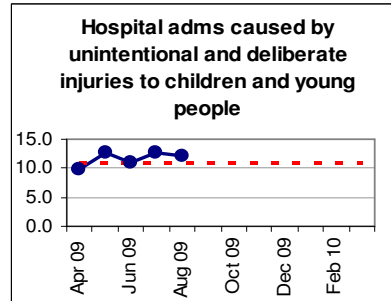
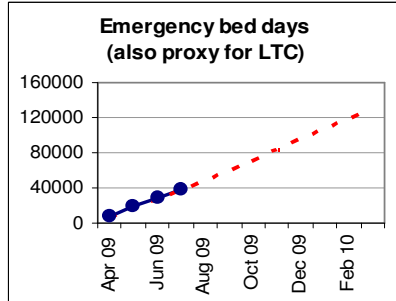
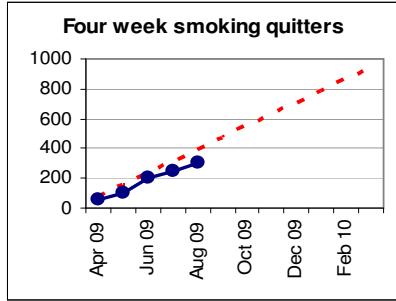
VSC29 The Children and Young Peoples Trust leads on the delivery of this indicator and are due to present a detailed action plan for improvement to the PCT's Delivery Board.

VSC21 Performance in August in respect of hospital admissions for ambulatory care shows improvement and the actions required to improve further are linked to emergency bed days.





VSC26 Improvements in the performance in respect of hospital admissions for alcohol related harm will be achieved through the new brief interventions service in A&E and a contract with the crime reduction initiative commencing in September 09.

VSC02 The access to psychological therapies indicator is a measure of the success of the IAPT service. Performance has been affected by the complexity and dependency of the case mix. Additional appropriate referral sources e.g. vocational and employment services are being explored.

PLANNING FOR LOCAL IMPROVEMENT - PART TWO continued



Key Performance Indicators

SAFETY AND CLEANLINESS				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
PR NP	Incidence of Clostridium Difficile	Achieved		Achieved
VSA03	Incidence of C. Difficile	Green		Green
Local	Clostridium difficile (local stretched target)	Green		Green
Local & HO	Incidence of methicillin resistant Staphylococcus aureus (MRSA)	Green		Green

These indicators measure the PCT's performance in reducing the risk of infection for patients and support the strategic objective to increase people's confidence in the NHS.

The rates of infections are reported routinely to the Board via an assurance report from the Director of Public Health.

In September 2009 the number of Clostridium Difficile infections was 9, a decrease from 12 in August. The year to date figure is 67 against a plan of 130.

The PCT has a series of structures and processes in place to ensure delivery of this target, they are expected to deliver the following outcomes:

- Infection trajectories
- Actions on root cause analyses (RCAs)
- HCAI penalties in contracts
- C. Diff. Ward to be continued
- Reductions in antibiotic prescribing
- Reductions in poor line / catheter care

Performance of the MRSA indicator shows that for the year to date there have been 14 cases against a plan of 20.

Key Performance Indicators

WAITING TO BE SEEN - PART ONE				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
PR EC	Access to genito-urinary medicine (GUM) clinics	Achieved	↔	Achieved
PR EC	Category A call meeting 8 minute target	Achieved	▲	Achieved
PR EC	Category A calls meeting 19 minutes target	Achieved	▲	Achieved
PR EC	Category B calls meeting national 19 minute target	Underachieved	▲	Achieved
PR EC	Number of inpatients waiting longer than the standard	Underachieved	▼	Achieved
PR EC	Number of outpatients waiting longer than the standard	Underachieved	▼	Achieved
PR EC	Patients waiting longer than 13 weeks for revascularisation	Achieved	↔	Achieved
PR EC	Total time in Accident & Emergency (A&E): 4 hours or less	Achieved	↔	Achieved
PR NP	18 week referral to treatment times	Achieved	▲	Achieved
PR NP	Access to a primary care	Achieved	▲	Underachieved
PR NP	Access to primary dental services	Underachieved	↔	Underachieved
PR NP	All cancers: 1 month diagnosis (decision to treat) to treatment	Achieved	▲	Achieved
PR NP	All cancers: 2 month GP urgent referral to treatment	Achieved	▲	Achieved
PR NP	All cancers: 2 week wait	Achieved	▲	Achieved

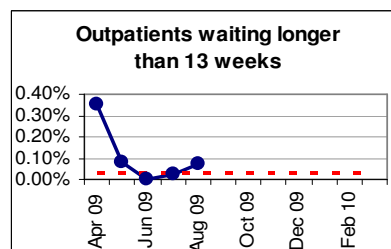
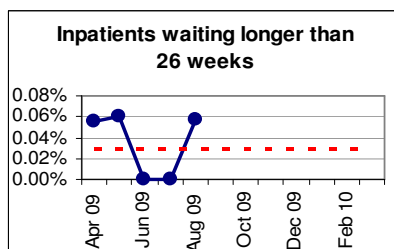
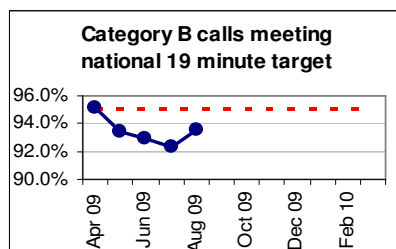
These indicators show how well the PCT is performing on seeing patients within set timeframes and making services equally available to everyone. They support the achievement of the strategic objective to increase people's confidence in the NHS.

The category B calls indicator is slightly below target by 1.4% but has improved since August 09. There is a detailed plan submitted by SECAMB which demonstrates how improvements will be achieved. There are bi monthly meetings to focus on both category A and B performance with a robust data validation process for all emergency incidents and a continued review of deployment plans.

There have been 3 inpatient waiting time breaches to date. It is not anticipated that there will be further breaches and the indicator is rigorously monitored throughout the year.

There have been 23 outpatient waiting time breaches to date. 18 of these related to bariatric surgery and no further breaches are anticipated relating to this issue. The remaining breaches were in respect of orthopaedics and there are plans to ensure there are no further breaches throughout the year.

The access to primary dental services indicator has a detailed trajectory in place with plans to improve performance through effective contract management and additional activity commissioned from September 2009.



Key Performance Indicators

WAITING TO BE SEEN - PART TWO				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
VSA11	31-Day Standard for Subsequent Cancer Treatments (Chemotherapy and Surgery)	Amber	▲	Green
VSA12	31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	Red	▲	Amber
VSA08	Breast Symptom Two Week Wait	Red	▼	Green
VSA13	Extended 62-Day Cancer Treatment Targets	Red	↔	Green
VSA04	NHS-reported waits for elective care	Amber	↔	Green
VSA06	Patient reported measure of GP access	Unknown	↔	Amber
VSA07	Practices offering extended opening	Green	▲	Green

These indicators show how well the PCT is performing on seeing patients within set timeframes and making services equally available to everyone. They support the achievement of the strategic objective to increase people's confidence in the NHS.

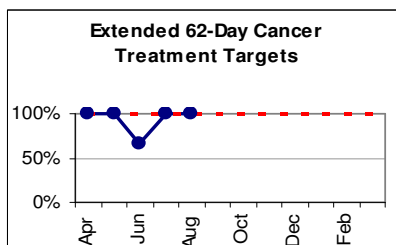
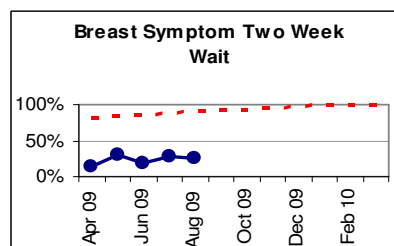
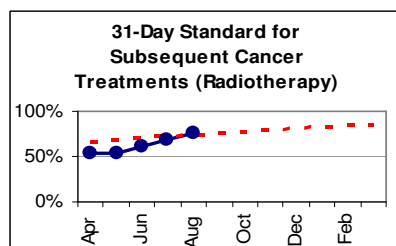
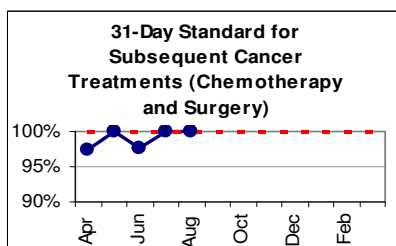
The 31 day cancer treatment indicators show variations between months. For chemotherapy and surgery the PCT is confident that the plans in place will ensure that this indicator will be achieved in 09/10. The radiotherapy indicator will be a challenging one to meet due to capacity. There are plans to purchase a Linear Accelerator to increase access and availability.

VSA08 The breast symptom 2 week wait performance has deteriorated between July and August. There is an agreed plan with the trust to undertake a waiting list initiative to clear the backlog of patients and to bring the performance back to the planned trajectory.

VSA13 The 62 day cancer treatment target is based on very small numbers of patients and the PCT is confident that plans are in place to deliver the requirements.

VSA04 There have a been a small number of breaches of the reported waits for elective care (diagnostic tests) which have all been resolved and are not expected to reoccur.

VSA06 Patient reported measures of GP access are assessed using 5 indicators in the GP patient survey. The PCT has commissioned the GP Led Health Centre in the centre of the city which has increased availability of primary care and has also commissioned 36 out of 49 practices to deliver extended opening times. Actual data for this indicator will not be available until January 2010.



Key Performance Indicators

DIGNITY AND RESPECT				
Performance Framework	Indicator Description	Current Rating (based on latest available data)	Movement on Previous Period	Owners Year End Forecast
VSC17 & LAA	Adults and older people receiving direct payments and/or individual budgets	Green	▲	Green
VSC18 & LAA	Carers receiving a 'carer's break' or a specific carers' service	Red	↔	Red
VSC03	People supported to live independently	Awaiting baseline	↔	Unknown
VSC28	People where health affects the amount/type of work they can do	National delay	↔	Unknown
VSC11	People with a long-term condition feeling independent and in control of their condition	National delay	↔	Unknown
VSC08 & LAA	Proportion of adults in contact with secondary mental health services in employment	New indicator	↔	Unknown
VSC07	Proportion of adults with learning disabilities in employment	Change of definition	↔	Unknown
VSC05	Proportion of adults with learning disabilities in settled accommodation	Unknown	↔	Unknown
VSC15 & HO	Proportion of all deaths that occur at home	Unknown	↔	Unknown
VSC16	Patient reported measure of choice of hospital	Red	↔	Underachieved
Local	Convenience & choice - PCT booking	Red	▲	Amber

These indicators measure how well the PCT is commissioning services which treat people as individuals, support people to live independently and provide people with choice. They support the strategic objective to increase service quality and choice.

VSC18 There have been data quality issues in respect of the carers indicator which have now been rectified. However, the current performance of 8.5% is significantly below the LAA plan of 25% and will be a stretching indicator to deliver. Plans for improvement are through the development of the Care Assess system and raising awareness of the importance of working with carers through training.

VSC16 The PCT booking indicator measures the percentage of GP referrals for first outpatient appointments booked through the choose and book (C&B) system. The latest performance figures show that 37% of patients on the waiting list have been booked using the C&B system against a target of 90%. The main issue is the availability of bookable slots and the PCT is reviewing with the trust at a sub speciality level to improve performance. Patients are now offered a choice of 6 hospitals via BICS (Brighton and Hove Integrated Care Service) for approximately 75-80% of referrals processed through this route.

The data is currently not available for a number of indicators.
 VSC03 - new needs weighted population data has recently been received resulting in the 08/09 baseline being revisited. Actual data for 09/10 will be available for the next report.
 VSC28 - data is only available annually and clarification is awaited on whether this indicator will be withdrawn.
 VSC11 - data comes from the GP patient survey which will not be published until Spring 2010.
 VSC08 - plans for establishing the baseline and for ongoing data collection are being discussed for inclusion in the contract with Sussex Partnership NHS Foundation Trust.
 VSC07 - data definitions have been recently changed and work is ongoing to establish a baseline and forecast.
 VSC15 - data for 2008 will be available at the end of 2009.

