Integrated Performance Report: 2007/08 Quarter 1 Report

1. Recommendations to the Trust Board

1.1 That this report is noted.

2. Background / Context

2.1 This report sets out performance for the first quarter of 2007/08 and the final outturn for 2006/07 on the indicators contained within the integrated performance management framework of Southwark Primary Care Trust (PCT) and Social Care.

2.1.1 For this quarter the table of indicators has been restructured in line with the proposed Health and Social Care Outcomes Accountability Framework upon which the Department of Health is currently consulting. The Framework identifies 40 key outcomes across 3 categories consistent with the approach set out in the White Paper “Our Health, Our Care Our Say “. Around each outcome a number of supporting indicators have been identified (See Table 1). The approach in this report is at early stage of development but indicates the direction of travel and illustrates how the new national framework performance indicator set may look locally. The full scorecard would require the development of new indicators.
3. **Key issues for consideration:**

3.2 **Overview of Performance at Quarter 1 2007/08**

3.1 The full indicator data set and “traffic lights” are set out in Table 1. A summary of key performance issues, focussing on areas that require additional attention during the remainder of 2007/08, is set below:

3.2 **Better Health and well-being for all:**

3.2.1 **Outcome 4: “We will help you live independently for longer and help you to look after yourself and your family”**

3.2.2 **Social Care Helped to live at home, intensive homecare and admissions to Residential and Nursing Care** – comprehensive data is not yet available for Quarter 1 on a number of adults social care indicators. Systems are being examined with a view to speeding up the provision of in-year data. Data for 2006/07 has however been finalised since the Quarter 4 report and in general the level of performance has remained high and is consistent with the performance of a three star social services authority.

3.2.3 **Outcome 7: “We will help pre-school children live a healthier life”**

3.2.4 **Smoking in pregnancy** – the percentage of mothers known to be smokers at time of delivery was 7.1% in Quarter 1, a small increase from the 06/07 outturn of 6.6%. The trajectory of 5.1% will prove challenging, although Southwark’s performance is in the top quartile nationally.

3.2.5 **Breast Feeding** – the percentage of mothers initiating breast-feeding during Quarter 1 dipped slightly to 86.8%, compared with 87.6% in 06/07. This is below LDP trajectory of 90%, although, like smoking, Southwark performs comparatively well in this area.

3.2.6 **MMR (2 year olds)** - the increase in Quarter 4 immunisation data to 73.1% (compared to 59.7% in Quarter 3) was achieved through a new data collection approach linked to the introduction of the community data system RIO. The result was highly encouraging as it provided evidence that previous low levels of performance were in part due to under reporting. However this improvement has not been consolidated in Quarter 1 which has seen a decline to 68%. This will therefore remain a high priority for improvement.

3.2.7 **Outcome 8: “We will help school-age children and teenagers live a healthier life”**

3.2.8 **Access to GUM clinics within 48 hours of contact** – Health Protection Agency data for May sample survey (81%) shows a slight dip from the record high of 83% in Feb 07 but continues to be higher than the London and England rates, 79% and 72% respectively. Lloyd clinic sustained the increase seen in Feb (previously around 50%, last 2 surveys have been ~85%). St Thomas’ clinic did drop though in May to 76% (from ~83%). 2007/8 remains a challenge due to the 100% year end target.

3.2.9 **Health of children looked after** – At the end of June, 67.4% of looked after children were recorded as having up-to-date dental and health checks which is below the 07/08 target of 87%. This is expected to increase once data lag is corrected prior to the submission of statutory return due at the end of October.
3.2.9 **Teenage pregnancy rates** - Latest data recently published by the Teenage Pregnancy Unit shows that Southwark had 71 conceptions during Jan-Mar 2006, a rate of 72.3 (reduction of 17.1% on the 1998 baseline rate of 87.2). This is a higher quarterly rate than the previous 3 quarters but overall progress remains very positive. The rolling quarterly average rate is 64.7, a reduction of 25.8% on the 1998 baseline, and currently exceeds the target of 68.4. This is a greater reduction on the 1998 baseline compared to London average and national (reducing by 14.8% and 12.7% respectively), although Southwark remains at a significantly higher rate of teenage conceptions than London (43.5).

3.2.10 **Outcome 9: “We will help adults live a healthier life” (18-65 years)**

3.2.11 **Cancer waits** - for Quarter 1 good performance has been sustained with the 2 week, 31 day and 62 day waiting targets all being met, although there continue to be isolated breaches within the allowable tolerances. This remains a high priority area that is monitored closely.

3.2.12 **Cervical screening** – new data of 71.04% for Quarter 4, is a small increase on Quarter 3 performance. There was an end of year outturn of 71.01 for this indicator, up slightly on 2005/06 but remains below the London average.

3.2.13 **Breast Screening** – recently released data relating to Quarter 3 of 2006/07 shows a slight increase to 62.99%, which falls short of the 70% target.

3.2.14 **Diabetic retinopathy screening** - screening rates fell in Quarter 1 to 72% - below the March target of 80%. A decision by the Healthcare Commission not to take into account the exclusions for this indicator – i.e. those not eligible, means that Southwark did not achieve the 80% target as expected in 2006/07. Exclusions are expected to be included in the definition in 2007/08. Additional investment in the service has been recently agreed in order to enable the 2008 100% coverage target to be met in future.

3.2.15 **Outcome 11: “We will help you stop smoking”**

3.2.16 **Smoking cessation** – End of year data for 2006/07 shows a final year figure of 1,243 quitters for 2006/07. At 91% of the original target set this was a better result than expected, due to the high number of quitters in Quarter 4 (619). The 2007/08 target is higher at 1,827 and draft Quarter 1 data is showing a result of 272 quitters. Whilst this clearly needs to increase to make progress on the target it is higher than the Quarter 1 result of 2006/07 (187).

3.2.17 **GP recording of smoking status** – The LDP trajectory has been revised to reflect the change in definition to aged 16yrs and over (old definition was for 15 to 75 yr olds). Data received from 44 practices shows that 70.8% of 16yrs+ on the GP register had their smoking status recorded in the last 15 months. 16.8% of these are recorded as smokers. This is significantly lower than previously reported due to the change in definition, which from 07/08 is the number of patients aged 16 and over on GP register, with smoking status recorded in the last 15 months (includes those 25 years and over, who have not had their smoking status recorded in the last 15 months but whose most recent smoking status is recorded as never smoked). Due to this definition change it is no longer considered an indicator of smoking prevalence in the general population.
3.2.18 **Outcome 12:** “We will support you to manage your weight and to live an active lifestyle”

3.2.19 **Outcome 13:** “We will work to prevent and control the spread of infectious diseases”

3.2.20 **MRSA rates** – King’s reported just 7 MRSA cases in the first quarter of 2007/08, an improvement on 15 at the same point last year and well within the Quarter 1 trajectory for this target. However, 5 further cases have been identified in July, and King’s are currently greatly exceeding their related C-Diff target with 155 cases to date. Hospital acquired infection rates will remain a key priority locally.

3.3 **Better Care for All:**

3.3.1 **Outcome 16:** “We will work to improve the number of patients that receive clinically effective healthcare”

3.3.2 **Hypertension** – Finalised 06/07 prevalence recording on GP lists was 9.7% (27,992), an increase on the previous year, but still below the national prevalence of 12.5% and the highly challenging LAA target of 15%. As at June 07, the prevalence dipped slightly to 9.5%. 74.5% of patients on the register with a blood pressure reading in the last 9 months had a reading of 150/90 or less, in line with the 07/08 target of 75%.

3.3.3 **Outcome 19:** We will provide you with social care services that are safe for users

3.3.4 **Community equipment delivery times** – For those parts of the service relating to PCT equipment performance to date is now 96.1% and for social care equipment it is 90.34%. This reflects sustained improved performance by the contractor following a period of under performance at the start of last year.

3.3.5 **Outcome 21:** “We will provide patients and users with well co-ordinated care across the entire care pathway.”

3.3.6 **Delayed transfers** – there has been an increase in delayed transfers in Quarter 1 to an average of 7.77 patients a week, above the target maximum of 5. This reflects the continuation of a growth trend that started last year due to increases at Kings College Hospital. The reasons for the delays are being examined by a joint working group. Areas identified where delays have increased include patient choice, care home placement and completion of assessment. Issues around discharge planning, the service model and the capacity of the Kings hospital discharge system are being examined. However it is important to note that in comparative terms the rate in Quarter 1 is not poor, and would in fact still be in the CSCI “good” band.
3.3.7 **Outcome 22: “We will treat people with respect for their dignity”**

3.3.8 **Complaints** - in Quarter 1 the PCT has seen a decrease in the number of complaints to 25, and a slight decrease in the proportion of those resolved within the statutory timescales from Qtr 1. It is not known if Social Care complaints have improved in Quarter 1 as up to date data is not available.

3.3.9 **Outcome 25: “We will provide you with specialist care when you need it”**

3.3.10 **18 week referral to treatment targets:** Delivery of the 18 week target is the subject of high levels of activity across the health system and it is expected to be a major challenge to deliver the year end targets. As at Quarter 1 however Southwark is on its required trajectory. The delivery of the 18 weeks target will be subject to separate Board reports.

3.3.11 **Inpatient waits** – there have been no Southwark breaches of the 26 week inpatient standard reported for Quarter 1 at any of our providers. Only 29 patients waited longer than 20 weeks, decreasing from 47 at the end of Q4.

3.3.12 **Outpatient waits** – there have been no breaches of the 13 week outpatient standard reported in Quarter 1. The number of patients waiting over the 11 week maximum wait decreased from 31 in Quarter 4 06/07 to just 1 in Quarter 1.

3.3.13 **Diagnostic waits** – The target for all diagnostic waits to be undertaken in under 13 weeks by March 2007 was not met by Southwark PCT. This was due to the long waits for audiology assessments at Guy’s and St Thomas’. Extra capacity for this service has been commissioned and Guy’s expect to achieve the 13 week milestone by the end of 2007/08 to ensure progress towards the 18 week target.

3.3.14 **Outcome 26: “We will provide you with primary care (GP and out of office hours) when you need it”**

3.3.15 **Primary Care Access** – Southwark PCT achieved 100% in both the GP 48 hour target, and PCP 24 hour target in Quarter 1, restoring previous performance levels. Work is currently underway to implement a same day access centre which will further improve overall access to primary care. There are isolated cases of practices being unable to offer an appointment more than 48 hours in advance which are being addressed with the practices concerned.

3.3.16 **Outcome 27: “We will provide urgent and emergency care when you need it”**

3.3.17 **A&E waiting time** – Kings continue to achieve the 98% target.

3.3.18 **Ambulance waits** – both Category A call targets (8 minute and 19 minute response) were met in Quarter 1 with performance of 78% and 98% respectively against targets of 75% and 95%. Category B performance is still significantly below target but extra investment, funded by PCTs, has been agreed for London Ambulance Service specifically to address this issue.
3.3.19 **Outcome 29:** “We will offer you a genuine choice in health care and empower you to make choices”

3.3.20 **Choose and Book** – the use of electronic booking continues to increase with over 3,200 referrals being made during June alone. In June 2007, 35% of all GP referrals were made through Choose and Book. Though this is below the national target of 90% (and hence remains a “red light” PI) Southwark is performing above the London average and according to latest data is currently the tenth highest performer in London - reflecting the widespread national problems with this target. **Note: for the week ending 26th August Southwark achieved 48% showing progress is further accelerating.**

3.3.21 Approximately 89% of GP’s have been issued with **Smart Cards**. This is a decline on previous figures due to data corrections (other health care professionals have been included in previous figures reported).

3.3.22 **Outcome 30:** “We will empower you to make choices and feel in control of your social services”

3.3.23 **Direct payments** – Quarter 1 performance has improved 5% on the year end with 148 adult clients now on direct payments. This remains below target and below average and is likely to be one of the key areas for improvement arising from the annual assessment of social services performance by CSCI. Problems with the user support service provider becoming bankrupt hindered progress last year but this service is now being replaced and there will be a renewed push to expand uptake in the second half of 2007/08.

3.4 **Better Value for all**

3.4.1 **Outcome 36:** “We will commission health and social care services that are effective”

3.4.1 **Emergency bed days** – recently published data from the Healthcare Commission confirms that Southwark met the 2007/08 target to reduce emergency bed days by at least 5%. (The definition of this target had previously been unclear but can now be monitored).

3.4.2 **Admissions through A&E** – latest data from Doctor Foster suggests there has been a 7.6% increase in emergency admissions of Southwark patients via A&E in 2006/07 compared to 2005/06. This exceeds the growth in A&E attendances (approximately 2.5%) and is subject to monitoring by Commissioners.

3.4.3 **Outcome 37:** “We will ensure your local health economy is financially stable”

3.4.4 **GP referrals for Outpatient appointments** - compared to the revised Quarter 1 figure for last year of 10,613 there has been a 4.14% decrease in the number of GP referrals made for outpatient appointments in 07/08. This Quarter 1 figure of 10173 is slightly higher than the Q1 trajectory but on track to meet 07/08 trajectory of 39924. This progress is also reflected by improvements in the latest national productivity PI on outpatient referrals, the latest data for which (Quarter 3) shows we have a rate that is 6% higher than expected, down from 12% higher in Quarter 2 last year.
3.5  **Ethnicity data**

3.5.1 Quarter 1 data from 44 practices shows a further improvement from 54.4% to 57.4%. However, this still remains very slow and significantly below the sector target of 95%. Recording ranges from 93.9% (Borough Medical Centre) to 8.2% (Elm Lodge Surgery). Data Quality Facilitators are working with practices to improve data completeness.

3.5.2 Social Care data quality on ethnicity data declined slightly in 2006/07, with an increase in the proportion of clients recorded as ethnicity “not stated” to 8.2%. This is being addressed as part of the ongoing work to maintain and improve data quality.

4  **Policy and Performance Implications**

4.1 Performance issues are covered in section 3. The senior management team will review areas for improvement, where this is necessary to address any performance concerns.

5  **Risk implications and actions taken**

5.1 Section 3 highlights a number of areas where there are risks associated with performance not being on course to meet targets. Management actions to address the performance issues are summarised. No HR, Finance or legal issues identified.

6  **Impact statements (Public and User Involvement and implications and Equality and Diversity implications)**

6.1 There are no direct implications for public and user involvement and equality and diversity in this report. However, the report should assist with ensuring equality of access and treatment for local residents. The report contains performance indicators relating to ethnicity including data quality of ethnic coding and staffing indicators. It is intended to develop a basket of Equality and Diversity performance indicator scorecard during 2007/08 based on the outcome of equality impact assessments. The enclosed report also forms part of the discussions with the PPI Forum and members of the senior management team prior to each Board meeting.