NHS Bolton

Healthcare Commission

Annual Health Check 2007/08

Performance of NHS Bolton

Report to the Health Overview and Scrutiny Committee

4th November 2008

Summary

Based on the Healthcare Commissions (HCC) assessment for 2007/08, NHS Bolton continued to provide a good quality of service to patients. It has been good at managing its finances and has shown an improvement in this area over the previous two years.

The trust was not one of those chosen to receive an inspection over the summer.

Assessed Performance

The overall performance is made up of two parts; use of resources which looks at how effectively the trust manages its financial resources; and quality of services which is an aggregated score of performance against national standards and targets. NHS Bolton has received an assessment of Good for both parts.

This is an improvement on previous assessments as can be seen from the table below:

	2007/08	2006/07	2005/06
Quality of services	WEAK FAIR GOOD EXCELLENT	GOOD	FAIR
Use of resources	WEAK FAIR GOOD EXCELLENT	FAIR	FAIR

The quality of services indicator is made up of three components. The performance of these components is shown in the table below:

	2007/08	2006/07	2005/06
Core standards	NOT MET · PARTLY MET · ALMOST MET · FULLY MET	FULLY MET	FULLY MET
Existing national targets	NOT MET · PARTLY MET · ALMOST MET · FULLY MET	ALMOST MET	ALMOST MET
New national targets	WEAK · FAIR · GOOD · EXCELLENT	GOOD	FAIR

Core Standards

As part of the annual health check, NHS organisations are asked to self assess their performance against a number of core standards, which are organised into 7 different areas:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient Focus
- Accessible and responsive care
- Care environment and amenities
- Public Health

The PCTs assessed itself as fully compliant with all indicators in these 7 topic areas.

Existing National Targets Performance

This part of the assessment looks at whether the trust is maintaining the levels of service which were identified during the 2003-2006 planning round. Primary Care Trusts are measured against 20 existing indicators. NHS Bolton achieved in 15 of these indicators and underachieved in 5. The 5 that underachieved are:

- Total time in A&E: 4 hours or less
- Access to a GP
- Category B calls meeting 19 minute target
- PCT facilities in place to support choice
- PCT booking

New National Targets Performance

The new national targets are those that were outlined in National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08. Primary Care Trusts are measured against 32 indicators. NHS Bolton achieved 26 of these indicators, underachieved 3 and failed in 3.
The 6 that either underachieved or failed are:

Underachieved

- Cholesterol levels
- Implementation of NICE Improving Outcome Guidance
- GP recording of BMI

Failed

- Cancer mortality rates
- Teenage conception rates
- Access to reproductive health services

Attached as appendix A to this report is the full list of both new and existing indicators, with a summary of the performance for 2007/08, plus the performance for 2006/07 and 2005/06 for comparison purposes.

Further Action

The table below shows in detail, the underachieved/failed targets, and the management action that is and has been taken to address the performance issues:

Indicator	Issues	Management actions
Total time in A&E: 4 hours or less	Achieving the 4 hour operational standard	Implement a delivery plan for the Urgent Care Review.
	Managing the extremes in variation in performance	Urgent care review implementation and the proactive use of analysis to understand reasons for variation.
	Delivering and sustaining performance above the minimum standard to ensure a 12 month average above 98%	Implementation of the urgent care review.
	Ensuring whole system ownership of A & E operational standard	Implementation of the delivery plan for the Urgent Care Review.
Access to a GP	This target is assessed based on combined performance of PCAS (Primary Care Access Survey) and national GP Access survey. The element where we underachieve is patient satisfaction monitored through the national survey.	Developed an action plan which identified poor performing practices in terms of access. Enhanced Service introduced to increase opening hours. 80% of practices have signed up as at September 2008. Introduced some non recurrent funding to redesign their access, which included instruction to redesign in liaison with patients. Workforce growth initiative-Reserved resources to increase no of GP's in existing practices. GP Practice Procurement: • Fairness in procurement in primary care new practice in town centre.

		• New equitable access procurement. • New GP led Health centre in Diagnostic and Treatment centre
Cat B calls meeting 19 minute target	Achieving the 95% response standard for Cat B calls	The delivery of this target is via Bury PCT as lead commissioner for NWAS. Whilst the new call to connect standard has led to an improvement in Cat A (life threatening) performance. NWAS does, however, face a considerable challenge with regard to the B19 (GP urgent) target.
	Delivering and sustaining performance above the minimum standard to ensure a 12 month average above 95%	The delivery of this target is via Bury PCT as lead commissioner for North West Ambulance Service Trust (NWAS). Bury PCT and NWAS are working together on a recovery plan and revised trajectory.
PCT facilities in place to support choice	The PCT has established a number of assessment services. Gps at this point would not offer choice to the patient. The patient would be offered choice should an onward referral be required by clinician other than the GP. This would adversely affect our survey results around the patients understanding of being offered choice by the GP.	A Local enhanced Service has been established with individual GPs around offering choice to the appropriate pathways. All patients going for onward referral following an assessment service are offered choice by a 'choice team' that is located within the RBMS
PCT booking	Achieving 80% booking as at October 2008	A Local enhanced Service has been established with individual GPs around the use of C&B.
Cholesterol levels	Practices that have signed up to the CHD delivery scheme and the health trainer schemes are working to address primary prevention including targeting recording of blood pressure and cholesterol	To monitor CHD delivery scheme and to work with health trainers to gain more robust data
Cancer mortality rate	There are many factors that contribute to cancer mortality. The National Support Team for Health Inequalities made a number of specific recommendations about action to be taken to reduce cancer mortality.	Public Health Cancer lead now identified Work underway with Bolton Hospital on the provision of cancer data to understand the extend to which delayed referral is a local issue.

	Analysis of local data indicates that one of the reasons for higher than average mortality is that Bolton residents may not access services early enough. It is hard to establish whether this is due to late presentation, delayed referral or a combination of both	Health equity audits of all three cancer targets undertaken and recommendations being implemented Community network ambassadors are working with communities to increase uptake of cancer screening, early symptom recognition, detection and presentation Cancer identified as a priority within NHS Bolton's Strategic Plan
Implementing NICE IOG guidance	This indicator is assessed at a network level (Greater Manchester and Cheshire cancer network)	The issues are being discussed between the cancer network and Oldham PCT (Lead PCT on behalf of Greater Manchester). An action plan is being developed which will be shared with all GM PCTs in the near future.
GP recording of BMI	Practices not fully engaged with target	Implementation of Obesity Care Pathway which includes weight management within primary care.
Teenage conception rates	Lack of contraceptive services for young people in neighbourhood settings such as schools	Needs assessment just completed, commissioning framework and care pathways being developed by November. Teenage Pregnancy & Sexual Health lead to speak to head teachers executive. Council Teenage Pregnancy champion to discuss at Every Child Matters clusters via senior management teams in council.
	Some schools still have inconsistent delivery of sex and relationships education (SRE)	Continue to send SRE development officer to support schools, targeting those who have not engaged previously and those in hot spot areas. Redesign of team roles allowed for extra hours to be allocated to Pupil Referral Units to support SRE for those most vulnerable. Taking part in NW SRE pilot and showcase good practice to schools who are struggling.
	No commissioned school nursing service to colleges and 6th forms.	Paper taken to PCT management team highlighting the issues and

		exploring the possibility of accelerating the process.
	Lack of data available to inform planning and estimate likely performance.	Multi agency data sub group set up. Capacity developed in public health intelligence team to support TP. New data set developed.
Access to reproductive health services	Need to Improve screening performance to 17%	Uptake targets have been set for service providers as part of the 2008/09 recovery plan for the screening programme. These will be performance managed as part of the monthly review of the screening programme. Arrangements are being put in place to recruit two additional posts (on a secondment basis) to support the implementation of the screening programme. These posts will be instrumental in leading and promoting screening uptake in educational settings across the borough.
	Capacity to undertake big screening events	An events calendar to promote and support the roll out of the screening programme is in place. A range of events are planned for the remainder of the year. Arrangements for a week long event to raise the profile of the programme are being put in place for early in the new year. This will reinforce existing arrangements for the delivery of Chlamydia screening and will see a concentrated effort to promote screening across all PCT service areas where it is appropriate.

Summary

In summary, the PCT has improved its national performance rating for the 3 rd consecutive year. There are still a number of areas for further improvement which are highlighted in the table above. The PCT Board is kept up to date on a monthly basis regarding the performance of the Healthcare Commission targets, and the management team review key performance indicators weekly.

Grace Birch

Assistant Director of Commissioning (performance and information)

Appendix A

Existing National Targets

Below is the list of existing targets, and the PCTs assessed performance over the previous three years:

	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	UNDER ACHIEVED	UNDER ACHIEVED	ACHIEVED
Access to a GP	UNDER ACHIEVED	ACHIEVED	ACHIEVED
Access to a primary care professional	ACHIEVED	ACHIEVED	ACHIEVED
Category A calls meeting eight minute target	ACHIEVED	UNDER ACHIEVED	ACHIEVED
Category A calls meeting 19 minute target	ACHIEVED	ACHIEVED	ACHIEVED
Category B calls meeting 19 minute target	UNDER ACHIEVED	UNDER ACHIEVED	UNDER ACHIEVED
All cancers: two week wait	ACHIEVED	ACHIEVED	ACHIEVED
Revascularisation: three month wait	ACHIEVED	ACHIEVED	ACHIEVED
Commissioning a comprehensive child and adolescent mental health service	ACHIEVED	ACHIEVED	ACHIEVED
Commissioning of crisis resolution services	ACHIEVED	FAILED	FAILED
Thrombolysis - 60 minute call to needle time	ACHIEVED	ACHIEVED	ACHIEVED
Delayed transfers of care	ACHIEVED	ACHIEVED	ACHIEVED
PCT facilities in place to support choice	UNDER ACHIEVED	DATA NOT AVAILABLE	ACHIEVED
All cancers: one month diagnosis to treatment	ACHIEVED	ACHIEVED	ACHIEVED
All cancers: two month GP urgent referral to treatment	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Diabetic retinopathy screening	ACHIEVED	ACHIEVED	ACHIEVED
Inpatients waiting longer than 26 weeks	ACHIEVED	ACHIEVED	ACHIEVED
Outpatients waiting longer than 13 weeks	ACHIEVED	ACHIEVED	ACHIEVED
PCT booking	UNDER ACHIEVED	FAILED	UNDER ACHIEVED

Practice based registers - patients called for review	ACHIEVED	ACHIEVED	ACHIEVED

New National Targets

Below is the list of new national targets, and the PCTs assessed performance over the previous three years:

	2007/08	2006/07	2005/06
Blood pressure	ACHIEVED	ACHIEVED	ACHIEVED
Cholesterol levels	UNDER ACHIEVED	ACHIEVED	ACHIEVED
Cancer mortality rate	FAILED	ACHIEVED	ACHIEVED
Implementation of NICE improving outcomes guidance	UNDER ACHIEVED	ACHIEVED	DATA NOT AVAILABLE
Breast cancer screening	ACHIEVED	ACHIEVED	ACHIEVED
Care programme approach seven day follow up	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Smoking during pregnancy	ACHIEVED	ACHIEVED	ACHIEVED
Breastfeeding initiation rates	ACHIEVED	ACHIEVED	ACHIEVED
Smoking status of the population	ACHIEVED	UNDER ACHIEVED	UNDER ACHIEVED
GP recording of body mass index	UNDER ACHIEVED	UNDER ACHIEVED	UNDER ACHIEVED
Teenage conception rates	FAILED	FAILED	UNDER ACHIEVED
Access to genito-urinary medicine clinics within 48 hours	ACHIEVED	ACHIEVED	ACHIEVED
Access to reproductive health services	FAILED	ACHIEVED	ACHIEVED
Experience of patients	SATISFACTORY	SATISFACTORY	NOT APPLICABLE
Emergency bed days	ACHIEVED	ACHIEVED	ACHIEVED
Community matrons and additional case managers	ACHIEVED	ACHIEVED	DATA NOT AVAILABLE
Very high intensity users	ACHIEVED	FAILED	FAILED
Waiting times for diagnostic tests	ACHIEVED	ACHIEVED	ACHIEVED
Drug misusers in treatment	ACHIEVED	ACHIEVED	ACHIEVED
Practice based registers	ACHIEVED	FAILED	ACHIEVED
Drug misusers sustained in treatment	ACHIEVED	UNDER ACHIEVED	DATA NOT AVAILABLE
Community equipment delivery	ACHIEVED	ACHIEVED	ACHIEVED
Infection control	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Data quality on ethnic group	ACHIEVED	ACHIEVED	ACHIEVED
Cardiovascular disease mortality	ACHIEVED	ACHIEVED	ACHIEVED