

# CORPORATE PERFORMANCE REPORT

October 2017



# EXECUTIVE SUMMARY

## Introduction

This report provides the governing body with information on the key strategic and operational issues and developments related to the CCG's statutory requirements. Detailed reports can be seen at each relevant committee with corresponding actions, risks and mitigations. Achievement of 'recovery milestones' for access standards remains a priority for 2017/18. Standards relating to A&E and ambulance waits, referral to treatment, 62-day cancer waits (including securing adequate diagnostic capacity) along with mental health access standards account for four of the nine National 'must dos' which every local system is expected to achieve for the financial year.

## Key issues

### Constitutional Standards

The CCG is missing the constitutional standards for cancer treatment in 62 days, 8 minute response times and 4 hour A&E waits.

### Cancer

Halton has a relatively high prevalence of cancer compared to the national average, with above average rates of smoking and obesity and average for below take up of national screening programmes. Despite the high prevalence the numbers of those diagnosed in hospital as an emergency admission is no worse than the national picture and those who are referred by their GP are seen and treated quicker than the national average. Halton does struggle in achieving the constitutional standard of treatment within 62 days but performs in the top quarter of CCG's. The CCG meets monthly with the local acute providers to discuss every patient who did not meet the standard and improvements are planned at Warrington Hospital where issues around escalating patients who missed appointments has been raised.

### Ambulance Response Times

Although the national standard of 75% was missed in August, NWAS reported the best performance since September 2016.

From October this standard will be replaced following the National Ambulance Response review, this is therefore the last time this metric will be reported. Nationally this measure has been removed as a measurement of CCG performance.

### 4-Hour A&E waits

The NHS constitution states that 95% of patients are treated in 4 hours, this was achieved in August but is at 94.7% YTD, this is much better than the national average and exceeds the NHS mandate to providers which stated that a target of 90% would be used for 2017/18. The majority of Halton patients use the Urgent Care Centres rather than A&E departments and 99.5% are seen in 4-hours with an average waiting time for treatment of around an hour.

### Primary care

The Quality and Contracting visit has been developed and visits have commenced with practices. These visits are intended to be a conversation with practices and will look at three areas of best practice and three areas for improvement and is an opportunity for practices to raise issues with the CCG


### Mental health




The CCG continues to see improvements in recovery rates for people accessing the psychological therapy service at North West Boroughs but access rates are still below target. North West Boroughs has implemented an action plan to provide more group therapy and the CCG is working with North West Boroughs and other local providers to improve the data collection for people accessing IAPT services from other providers such as KOOTH which are not currently included in the national figures.

## WHAT'S IN THIS REPORT

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### KEY TO CHART

|                            |   |
|----------------------------|---|
| Target                     |  |
| Unable to assess           |  |
| No target set              |  |
| Adverse to target / plan   |  |
| Within 3% of target / plan |  |
| Achieving target / plan    |  |

|   |                            |
|---|----------------------------|
|  | Achieving target           |
|  | Adverse variance to target |
|  | No target set              |

# CONSTITUTIONAL STANDARDS

## AT A GLANCE

NHS Halton CCG is committed to ensuring that performance against constitutional measures and outcomes are consistently and rigorously maintained. It should be noted that not all of the indicators are reflected in the Corporate Performance Report.

### Cancer

As expected, following warnings from Warrington & Halton Hospitals NHS Foundation Trust, 62-day cancer performance was particularly poor in August. 10 patients did not begin their treatment within 62-days, unfortunately due to the timing of meetings the reasons behind these breaches will not be discussed until the 19th October, however the delays occurred at the diagnostic stage as time from referral to first appointment and time from diagnosis to treatment remains low.

### Mental Health

The CCG is performing well against the waiting time standards for mental health, both for those with anxiety and depression and those with psychosis, however the number of people accessing psychological therapies is still below national expectations. The CCG is working hard with its local mental health service providers to develop new ways of providing the service, including greater use of group therapies and ensuring the use of voluntary sector provision is captured

### Urgent & Emergency Care - Ambulance Response Times

Ambulance response times continue to be below the national standard although improvements have been witnessed and the most urgent ambulances (Red 1) are now reaching their destination within 8 minutes more often than they have for 12 months. There have been difficulties in recent weeks in Health Care Professionals (HCP) trying to arrange ambulances via the dedicated HCP line, this has led to GP's using the 999 emergency line to arrange for urgent ambulance journeys. this has led to greater demand on the 999 service and may impact on October's reported performance. The difficulties experienced by HCP's are due to a technical issue on this dedicated line which NWS and BT are attempting to resolve.

### Referral To Treatment

The percentage of patients being treated within 18 weeks has begun to improve following reductions over the previous months. The national standard of 92% continues to be achieved

#### CANCER TWO WEEK WAITS

 **94.1%** YTD      Target 93.0%

#### CANCER 62 DAY TREATMENT

 **78.5%** YTD      Target 85.0%

#### LESS THAN 4-HOUR A&E WAITS

 **94.7%** YTD      Target 90.0%

#### RED 1 AMBULANCE RESPONSE: 8 MINUTES

 **61.1%** YTD      Target 75.0%

#### REFERRAL TO TREATMENT

 **93.1%** YTD      Target 92.0%

#### DELAYED TRANSFERS OF CARE

 **514** AUG 17      Target 439





# CONSTITUTIONAL STANDARDS

## URGENT & EMERGENCY CARE

| KPI  | 2017/18 PERFORMANCE  | ACTIONS |       |        |       |        |        |   |       |  |
|--|--|---------|-------|--------|-------|--------|--------|---|-------|--|
| <p><b>8 MINUTE AMBULANCE</b><br/>Percentage of category A (Red 1) calls resulting in an emergency response arriving within 8 minutes</p> | <p><b>68.1% Aug 2017</b></p> <p>AMBULANCE 8 MINUTE RESPONSE</p> <table border="1"> <tr> <td>Target</td> <td>75.0%</td> </tr> <tr> <td>15/16</td> <td>72.6%</td> </tr> <tr> <td>16/17</td> <td>65.20%</td> </tr> <tr> <td>17/18 YTD</td> <td>61.1%</td> </tr> </table>  | Target  | 75.0% | 15/16  | 72.6% | 16/17  | 65.20% | 17/18 YTD   | 61.1% | <p>Although the national standard of 75% was missed in August, NWAS reported the best performance since September 2016. From October this standard will be replaced following the national Ambulance Response review. The CCG are working with NWAS to report this in a timely manner. NWAS have not reported any concerns regarding the extensive roadworks for the new bridge</p>  |
| Target   | 75.0%  |         |       |        |       |        |        |   |       |  |
| 15/16  | 72.6%  |         |       |        |       |        |        |   |       |  |
| 16/17  | 65.20%   |         |       |        |       |        |        |   |       |  |
| 17/18 YTD  | 61.1%  |         |       |        |       |        |        |   |       |  |
| <p><b>19 MINUTE AMBULANCE</b><br/>Percentage of category A (Red 1&amp;2) calls resulting in an emergency response within 19 minutes</p>  | <p><b>94.1% Aug 2017</b></p> <p>AMBULANCE 19 MINUTE RESPONSE</p> <table border="1"> <tr> <td>Target</td> <td>95.0%</td> </tr> <tr> <td>15/16</td> <td>93.5%</td> </tr> <tr> <td>16/17</td> <td>91.90%</td> </tr> <tr> <td>17/18 YTD</td> <td>92.9%</td> </tr> </table> | Target  | 95.0% | 15/16  | 93.5% | 16/17  | 91.90% | 17/18 YTD   | 92.9% | <p>Alongside the improvement seen in 8 minute response times NWAS have also reported improvements in the wider 19 minute standard. Although still missing the national standard NWAS are within 0.9%. The CCG has been made aware of increases in emergency calls being made by Health care professionals (HCP) due to the HCP dedicated phone line not functioning correctly. This has been identified as a technical issue with the network and is being addressed by NWAS</p> |
| Target   | 95.0%  |         |       |        |       |        |        |   |       |  |
| 15/16  | 93.5%  |         |       |        |       |        |        |   |       |  |
| 16/17  | 91.90%   |         |       |        |       |        |        |   |       |  |
| 17/18 YTD  | 92.9%  |         |       |        |       |        |        |   |       |  |
| <p><b>TYPE 1 A&amp;E ATTENDANCES</b><br/>The number of Halton patients attending a type 1 AED (Acute hospital site)</p>                  | <p><b>2552 Aug 2017</b></p> <p>TYPE 1 AED ATTENDANCES</p> <table border="1"> <tr> <td>Aug-15</td> <td>2,526</td> </tr> <tr> <td>Aug-16</td> <td>2,418</td> </tr> <tr> <td>Aug-17</td> <td>2,552</td> </tr> </table>  | Aug-15  | 2,526 | Aug-16 | 2,418 | Aug-17 | 2,552  | <p>Following below average attendances at the beginning of the financial year the CCG has begun to see type 1 attendances exceeding last years activity. YTD performance has consequently dropped from 3% below 16/17YTD to just 1.5% below 16/17 YTD. The CCG is working with others to provide GP streaming at A&amp;E and developing the Urgent Treatment Centre offer, this will reduce demand on A&amp;E</p> |       |  |
| Aug-15   | 2,526  |         |       |        |       |        |        |   |       |  |
| Aug-16   | 2,418  |         |       |        |       |        |        |   |       |  |
| Aug-17   | 2,552  |         |       |        |       |        |        |   |       |  |
| <p><b>4-HOUR A&amp;E WAITS</b><br/>The percentage of patients who spent less than four hours in A&amp;E</p>                              | <p><b>95.5% Aug 2017</b></p> <p>A&amp;E 4-HOUR WAITS</p> <table border="1"> <tr> <td>Target</td> <td>90.0%</td> </tr> <tr> <td>15/16</td> <td>94.4%</td> </tr> <tr> <td>16/17</td> <td>93.10%</td> </tr> <tr> <td>17/18 YTD</td> <td>94.7%</td> </tr> </table>         | Target  | 90.0% | 15/16  | 94.4% | 16/17  | 93.10% | 17/18 YTD   | 94.7% | <p>The Governments mandate to NHSE has been reduced to 90% for the start of 17/18, which the CCG exceeds. The reduction in patients attending Type 1 AED (whose average wait is in excess of three hours) and the increase in patients attending UCC's (average wait 57 minutes) is as a result of the CCG's strategy and greater use of the UCC will improve this performance further.</p>  |
| Target   | 90.0%  |         |       |        |       |        |        |   |       |  |
| 15/16  | 94.4%  |         |       |        |       |        |        |   |       |  |
| 16/17  | 93.10%   |         |       |        |       |        |        |   |       |  |
| 17/18 YTD  | 94.7%  |         |       |        |       |        |        |   |       |  |

# KEY ACTIVITY

## AT A GLANCE

NHS Halton CCG monitors performance against key activity metrics continuously. Significant variations to plan are raised through contract review meetings. It should be noted that not all activity levels being monitored are reflected in the Corporate Performance Report.

### Overview

A decrease has been seen in planned care but this has not been to the level required by the plan, placing pressure on the budget. An increase has also been seen in unplanned care with the most significant increases in A&E and non-elective admissions.

### A&E activity

Type 1 A&E activity began the year significantly lower than 16/17, however the number of attendances in recent months has been higher than 16/17. Despite increases in attendances at the Urgent Care Centres, this increase has meant that from reporting 3% under plan A&E activity is now at plan. GP streaming at Whiston is currently still being recorded as an A&E attendance, GP streaming at Warrington is due to come online in November

### GP referrals

NHSE permitted the CCG to resubmit plans for GP referrals due to the impact of the correction of Lorenzo at Warrington Hospital being less than anticipated. This corrected plan now shows GP referrals at plan and in-line with 16/17 activity. The RMS is not having a significant impact on the number of referrals

### Non elective admissions

Non-elective activity is both above plan and above 16/17 levels. A&E conversion to admission rates are increasing at Whiston hospital signifying that those attending are appropriate, this also correlates with information from A&E departments that arriving patients have greater acuity. The CCG is looking at a number of schemes to reduce the impact of non-elective admissions including high intensity users and patients with very short admission stays (less than 1 hour)

### Elective activity

Elective and Daycase activity are both slightly below 16/17 levels in August, however they are both significantly above plan, whilst some impact has been seen in the MSK QIPP programme other areas have seen increases or the impact of activity reduction schemes has not yet materialised. The CCG is working hard to prioritise which schemes can be implemented for an in-year impact.

### Delayed Transfers of Care

There has been a large increase in delayed transfers of care and Halton exceeded the target it was set for August. The large majority of delays are attributed to patient choice or awaiting further non-acute NHS care. Most delays are at the main acute providers, however there were 4 patients delayed with North West Boroughs.

#### GP REFERRALS



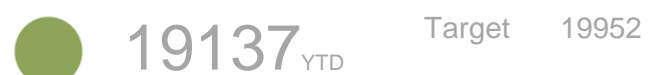
#### URGENT CARE CENTRE ATTENDANCES



#### A&E TYPE 1 ATTENDANCES



#### FIRST OUTPATIENTS



#### NON-ELECTIVE ADMISSIONS



#### ELECTIVE DAYCASE ADMISSIONS



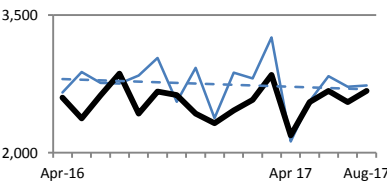
# KEY ACTIVITY

## KEY ACTIVITY

| KPI | 2017/18 PERFORMANCE | ACTIONS |
|-----|---------------------|---------|
|-----|---------------------|---------|

### GP REFERRALS

GP written referrals for a first outpatient appointment in G&A specialties



**2733** Aug 2017

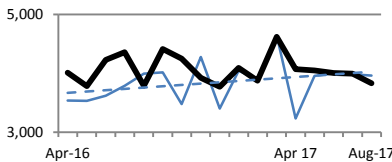
#### GP REFERRALS



The CCG has had its resubmitted plans accepted by NHSE. Although slightly above plan, the CCG is lower than the number of referrals submitted in the same month last year.

### FIRST OUTPATIENTS

All first outpatient activity G&A specialties



**3963** Aug 2017

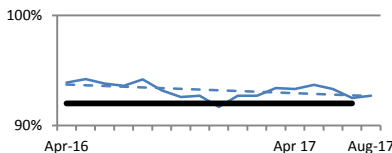
#### FIRST OUTPATIENTS



First outpatient activity is very similar to 16/17 levels and above plan. Delays in the implementation of QIPP schemes has meant limited success in the reduction in activity, although significant reductions have been witness in MSK. The CCG is considering a number of schemes to reduce out-patient levels, not all of which will impact in 2017/18

### REFERRAL TO TREATMENT

The percentage of patients waiting at the period end, who have been waiting less than 18 weeks from referral to treatment



**92.7%** Aug 2017

#### REFERRAL TO TREATMENT - 18 WEEKS

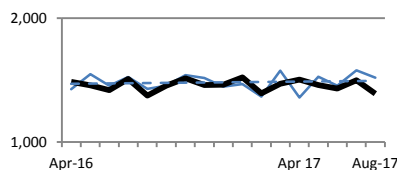


The Referral to Treatment standard continues to be achieved, with most waiting list clearance times around 3 months.

The CCG has no immediate concerns regarding RTT, however the long term downward trend shows there is little room for manoeuvre.

### NON-ELECTIVE ADMISSIONS

Total non-elective FFCEs in general and acute specialties



**1518** Aug 2017

#### NON-ELECTIVE ADMISSIONS



Non-elective admissions are significantly above plan and last years level. with more patients admitted as an emergency. The increase was most marked at Whiston with July having 5% more non-elective admissions that the previous highest total and almost 20% more than July 16. This is despite GP streaming being in place at Whiston during this period.



# KEY ACTIVITY

## KEY ACTIVITY

| KPI  | 2017/18 PERFORMANCE   | ACTIONS     |       |          |       |          |       |          |       |   |    |  |
|--|---|-------------|-------|----------|-------|----------|-------|----------|-------|---|----|--|
| <p><b>ELECTIVE ADMISSIONS</b><br/>Total ordinary elective admissions in general and acute specialties</p>  | <p><b>260 Aug 2017</b></p> <p>ORDINARY ELECTIVE ADMISSIONS</p> <table border="1"> <tr> <td>Target</td> <td>213</td> </tr> <tr> <td>Aug-15</td> <td>258</td> </tr> <tr> <td>Aug-16</td> <td>242</td> </tr> <tr> <td>Aug-17</td> <td>260</td> </tr> </table>  | Target      | 213   | Aug-15   | 258   | Aug-16   | 242   | Aug-17   | 260   | <p>Significant amounts of activity was taken out of provider contracts for 2017/18 . Around £3 million each year for 17/18 and 18/19., however QIPP schemes to achieve this reduction have been delayed in their implementation and the is only been limited impact on ordinary elective admissions</p> |    |  |
| Target   | 213   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-15   | 258   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-16   | 242   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-17   | 260   |             |       |          |       |          |       |          |       |   |    |  |
| <p><b>DAYCASE ADMISSIONS</b><br/>A Patient admitted electively during the course of a day who does not require the use of a bed overnight and who returns home as scheduled.</p> | <p><b>1402 Aug 2017</b></p> <p>DAY CASE ELECTIVE ADMISSIONS</p> <table border="1"> <tr> <td>Target</td> <td>1,210</td> </tr> <tr> <td>Aug-15</td> <td>1,246</td> </tr> <tr> <td>Aug-16</td> <td>1,500</td> </tr> <tr> <td>Aug-17</td> <td>1,402</td> </tr> </table>   | Target      | 1,210 | Aug-15   | 1,246 | Aug-16   | 1,500 | Aug-17   | 1,402 | <p>Although there has been some reduction seen in Daycase elective activity it has not been to the level taken out of provider contracts. The CCG is currently in the process of prioritising QIPP schemes which can have an impact in year, however a number may not be in place until 2018/19</p>     |    |  |
| Target   | 1,210   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-15   | 1,246   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-16   | 1,500   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-17   | 1,402   |             |       |          |       |          |       |          |       |   |    |  |
| <p><b>DELAYED TRANSFERS</b><br/>The number of delayed days from acute or non-acute (including community and mental health) care</p>  | <p><b>514 Aug 2017</b></p> <p>DELAYED TRANSFERS OF CARE</p> <table border="1"> <tr> <td>Target</td> <td>450</td> </tr> <tr> <td>Aug-15</td> <td>216</td> </tr> <tr> <td>Aug-16</td> <td>471</td> </tr> <tr> <td>Aug-17</td> <td>514</td> </tr> </table>   | Target      | 450   | Aug-15   | 216   | Aug-16   | 471   | Aug-17   | 514   | <p>Halton has seen a marked increase in delayed transfers of care in August, with 514 days attributed to delays. These are almost entirely patient choice delays or patients waiting for further NHS non-acute care. 170 days were at Warrington, 249 at St Helens and 74 at North West Boroughs.</p>   |    |  |
| Target   | 450   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-15   | 216   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-16   | 471   |             |       |          |       |          |       |          |       |   |    |  |
| Aug-17   | 514   |             |       |          |       |          |       |          |       |   |    |  |
| <p><b>CONTINUING HEALTH CARE</b><br/>Individuals eligible for NHS CHC (Standard NHS CHC and Fast Track) at quarter end per 50,000 GP patient list size - all types</p>           | <p><b>79.2 Q1 2017/18</b></p> <p>CONTINUING HEALTH CARE (Per 50,000)</p> <table border="1"> <tr> <td>England Ave</td> <td>61</td> </tr> <tr> <td>Q2 16/17</td> <td>76</td> </tr> <tr> <td>Q3 16/17</td> <td>85</td> </tr> <tr> <td>Q4 16/17</td> <td>102</td> </tr> <tr> <td>Q1 17/18</td> <td>79</td> </tr> </table> | England Ave | 61    | Q2 16/17 | 76    | Q3 16/17 | 85    | Q4 16/17 | 102   | Q1 17/18  | 79 | <p>The number of people assessed as eligible in Halton is higher than both England and regional averages. There are three elements to this. 1) The % of referrals assessed as eligible is higher than average at 43% against an average of 31% 2) The number coming off CHC in the quarter is very low at 7 per 50,000 against an average of 26. 3) The number assessed for NHS funded nursing care is less than half the average. The CCG is putting a plan in place to improve reviewing rates for people on CHC</p> |
| England Ave  | 61  |             |       |          |       |          |       |          |       |   |    |  |
| Q2 16/17   | 76  |             |       |          |       |          |       |          |       |   |    |  |
| Q3 16/17   | 85  |             |       |          |       |          |       |          |       |   |    |  |
| Q4 16/17   | 102   |             |       |          |       |          |       |          |       |   |    |  |
| Q1 17/18   | 79  |             |       |          |       |          |       |          |       |   |    |  |

# QUALITY & SAFETY

## AT A GLANCE

### Ensuring that people have a positive experience of care.

Warrington and Halton Hospital has reported a further 14 Mixed Sex Accommodation breaches bringing a YTD total to 27. The CCG are working with the Trust to understand the detail behind this and ensure privacy and dignity is maintained at all times whilst appropriate solutions are determined.

### Serious Incidents (SI)

A further Serious Incident has been reported relating to a Halton CCG patient Within North West Boroughs Healthcare, which is a total of 4 YTD. Concern has been raised within the Quality Surveillance Group regarding the quality of investigation reports and thematic learning within a provider and the CCG are a key partner in the task and Finish Group seeking assurance. Whilst this may appear positive Trusts are encouraged to report SI's to enable an open transparent culture with a focus on learning. The Quality Team have this area as a priority with a planned review of process, protocol and effective thematic learning as key areas. Four may appear low in terms of work load however we have the Lead Commissioner role for Bridgewater so whilst SI's may not relate to Halton patients the same process applies for others. The SI panel is in development to ensure wider clinical engagement and review. A revised SI policy and panel protocol is in development and will be taken to the CCG Quality Committee for ratification.

### Mortality

The CCG uses the Summary hospital Level Mortality indicator as the measure for mortality within our Provider organisations as recommended nationally. Both providers are currently above plan with Warrington & Halton Hospital scoring 1.10; and St Helens & Knowsley Hospital just over plan at 1.03. Mortality is an area of work progressing across Cheshire and Merseyside CCG's and Providers being led by NHSE. The CCG are central to these discussions and this will be monitored via the Clinical Quality and Performance Group meetings (CQPG).

### Health Care Acquired Infections

#### MRSA





There have been 2 cases of MRSA reported against a zero tolerance .

#### C Difficile

There has been 25 cases of C Difficile reported year to date which is 39% over plan as the tolerance applied is 36 whole year. This work is part of a multipronged approach including AMR as most cases have been identified within the community. An appeals panel is in place to evidence those cases where there have been no lapses in care so that we have an accurate picture and this is also being reviewed as part of the Mid-Mersey HCAI network meeting.

#### E-coli bacteraemia

As part of the quality Premium the CCG has a target of reducing the number of E-coli bacteraemia by 50% by 2020. This is a challenging target however work is in train to address this. A crude audit has been conducted by St Helens and Knowsley Hospitals to elicit initial areas for development which include appropriate screening and appropriate antibiotic therapy. This work is ongoing within the network and the CCG Quality team with support from Medicines Management; and Infection, Prevention and Control have a work plan to address this.

| MRSA  |                          |   |           |
|---|--------------------------|---|-----------|
|  | 2 <sub>Sep17 YTD</sub>   |  | Target 0  |
|   |                          |   | 16/17 1   |
| C-Diff  |                          |   |           |
|  | 25 <sub>Sep 17 YTD</sub> |  | Target 18 |
|   |                          |   | 16/17 22  |

# QUALITY & SAFETY

## PATIENT SAFETY QUALITY MEASURES

| KPI   | 2017/18 PERFORMANCE   | ACTIONS |    |            |    |            |    |            |    |  |
|---|---|---------|----|------------|----|------------|----|------------|----|--|
| <b>MRSA</b><br>All reported MRSA bacteraemia cases are attributed to a CCG                                      | <p style="text-align: right;"><b>2</b> Sep 17 YTD</p> <p>MRSA</p> <table border="1"> <tr><td>Target</td><td>0</td></tr> <tr><td>Sep 15 YTD</td><td>0</td></tr> <tr><td>Sep 16 YTD</td><td>1</td></tr> <tr><td>Sep 17 YTD</td><td>2</td></tr> </table>                 | Target  | 0  | Sep 15 YTD | 0  | Sep 16 YTD | 1  | Sep 17 YTD | 2  | <p>There have been 2 cases of MRSA reported against a zero tolerance</p>   |
| Target  | 0   |         |    |            |    |            |    |            |    |  |
| Sep 15 YTD  | 0   |         |    |            |    |            |    |            |    |  |
| Sep 16 YTD  | 1   |         |    |            |    |            |    |            |    |  |
| Sep 17 YTD  | 2   |         |    |            |    |            |    |            |    |  |
| <b>C-DIFF</b><br>All reported C-DIFF bacteraemia cases are attributed to a CCG                                  | <p style="text-align: right;"><b>25</b> Sep 17 YTD</p> <p>C-DIFF</p> <table border="1"> <tr><td>Target</td><td>18</td></tr> <tr><td>Sep 15 YTD</td><td>20</td></tr> <tr><td>Sep 16 YTD</td><td>22</td></tr> <tr><td>Sep 17 YTD</td><td>25</td></tr> </table>          | Target  | 18 | Sep 15 YTD | 20 | Sep 16 YTD | 22 | Sep 17 YTD | 25 | <p>An appeals panel is in place to evidence those cases where there have been no lapses in care so that we have an accurate picture and this is also being reviewed as part of the Mid-Mersey HCAI network meeting.</p>  |
| Target  | 18  |         |    |            |    |            |    |            |    |  |
| Sep 15 YTD  | 20  |         |    |            |    |            |    |            |    |  |
| Sep 16 YTD  | 22  |         |    |            |    |            |    |            |    |  |
| Sep 17 YTD  | 25  |         |    |            |    |            |    |            |    |  |
| <b>SUI</b><br>The number of Serious Untoward Incidents affecting Halton registered patients                     | <p style="text-align: right;"><b>4</b> Jul 17 YTD</p> <p>SUI</p> <table border="1"> <tr><td>Target</td><td>0</td></tr> <tr><td>Jul 15 YTD</td><td>0</td></tr> <tr><td>Jul 16 YTD</td><td>0</td></tr> <tr><td>Jul 17 YTD</td><td>4</td></tr> </table>                  | Target  | 0  | Jul 15 YTD | 0  | Jul 16 YTD | 0  | Jul 17 YTD | 4  | <p>The Quality Team have this area as a priority with a planned review of process, protocol and effective thematic learning as key areas. The SI panel is in development to ensure wider clinical engagement and review. A revised SI policy and panel protocol is in development and will be taken to the CCG Quality Committee for ratification.</p>   |
| Target  | 0   |         |    |            |    |            |    |            |    |  |
| Jul 15 YTD  | 0   |         |    |            |    |            |    |            |    |  |
| Jul 16 YTD  | 0   |         |    |            |    |            |    |            |    |  |
| Jul 17 YTD  | 4   |         |    |            |    |            |    |            |    |  |
| <b>MIXED SEX BREACHES</b><br>The total occurrences of unjustified mixing in relation to sleeping accommodation. | <p style="text-align: right;"><b>19</b> Aug 17 YTD</p> <p>MIXED SEX BREACHES</p> <table border="1"> <tr><td>Target</td><td>0</td></tr> <tr><td>Aug 15 YTD</td><td>2</td></tr> <tr><td>Aug 16 YTD</td><td>6</td></tr> <tr><td>Aug 17 YTD</td><td>19</td></tr> </table> | Target  | 0  | Aug 15 YTD | 2  | Aug 16 YTD | 6  | Aug 17 YTD | 19 | <p>Warrington and Halton Hospital has reported further Mixed Sex Accommodation breaches. The CCG are working with the Trust to understand the detail behind these and ensure privacy and dignity is maintained at all times whilst appropriate solutions are determined. It is understood these breaches relate to patients in critical care beds who are fit enough to be moved to a ward but whose move is delayed</p> |
| Target  | 0   |         |    |            |    |            |    |            |    |  |
| Aug 15 YTD  | 2   |         |    |            |    |            |    |            |    |  |
| Aug 16 YTD  | 6   |         |    |            |    |            |    |            |    |  |
| Aug 17 YTD  | 19  |         |    |            |    |            |    |            |    |  |

# QUALITY & SAFETY

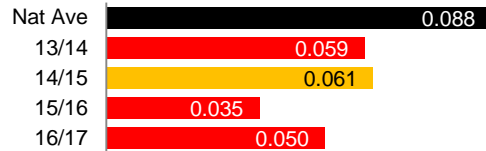
## CLINICAL EFFECTIVENESS QUALITY MEASURES

| KPI | 2017/18 PERFORMANCE | ACTIONS |
|-----|---------------------|---------|
|-----|---------------------|---------|

**PROMS - Groin Hernia**  
Adjusted average health gain  
(EQ5D, EQ VAS)

**0.050** 16/17

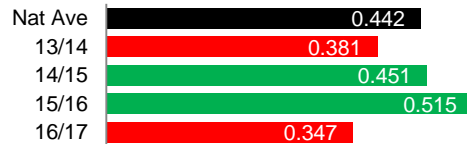
PROMS - Groin Hernia



**PROMS - Hip Replacement**  
Adjusted average health gain  
(EQ5D, EQ VAS)

**0.347** 16/17

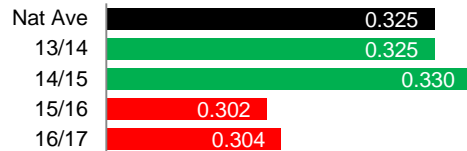
PROMS - Hip Replacement



**PROMS - Knee Replacement**  
Adjusted average health gain  
(EQ5D, EQ VAS)

**0.304** 16/17

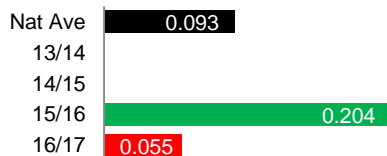
PROMS - Knee Replacement



**PROMS - Varicose Vein**  
Adjusted average health gain  
(EQ5D, EQ VAS)

**0.055** 16/17

PROMS - Varicose Vein



# QUALITY & SAFETY

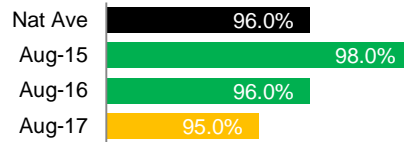
## PATIENT EXPERIENCE QUALITY MEASURES

| KPI | 2017/18 PERFORMANCE | ACTIONS |
|-----|---------------------|---------|
|-----|---------------------|---------|

Friends & Family - Inpatient stays - STHK

**95.0%** Aug-17

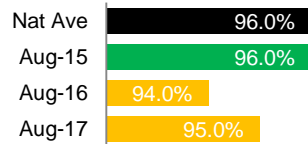
Friends & Family - Inpatient Stays: STHK



Friends & Family - Inpatient stays - WHHFT

**95.0%** Aug-17

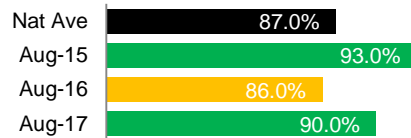
Friends & Family - Inpatient Stays: WHHFT



Friends & Family - A&E - STHK

**90.0%** Aug-17

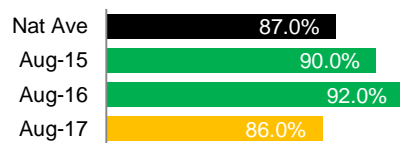
Friends & Family A&E: STHK



Friends & Family - A&E - WHHFT

**86.0%** Aug-17

Friends & Family A&E: WHHFT



# QUALITY PREMIUM

## AT A GLANCE

### Outline

The 17/18 Quality Premium for Halton CCG is worth in the region of £690,000.

The award is calculated by performance against a series of quality metrics, some of which are nationally mandated and others have a degree of local input with respect to the choice of metric and the level of ambition.

The metrics for which an award can be made are detailed in the following pages, with the level of award detailed against each.

In addition to the metrics for which a quality premium award can be made there are national metrics which can reduce the value of any award. These are detailed on the right.

For 2017/18 there are a number of metrics for which baseline data has still not been made available nationally or has been suppressed. Therefore no judgement has yet been made on the likelihood of receiving this portion of the quality premium.

Of the metrics from which an award can be Made the CCG is currently forecasting the following.

|              |   |          |
|--------------|---|----------|
| Achieve      | 3 | £104,974 |
| Not Achieve  | 5 | £253,526 |
| No Judgement | 3 | £331,500 |

The CCG is currently forecasting achieve financial plan, although it is acknowledged that this will be difficult, should the financial plan be achieved the CCG is forecast to achieve £53,675 in Quality Premium. If the financial plan is not achieved the quality premium award will be reduced to £0

*QP ADJ - this is the adjustment to be made to any quality premium award due to the failure to meet the selected constitutional standards*

### Constitutional standard adjustments

#### REFERRAL TO TREATMENT

 **93.1%** - Target 92.0%  
 QP adj 0.0%

#### LESS THAN 4-HOUR A&E WAITS

 **94.7%** - Target 90.0%  
 QP Adj 0.0%

#### CANCER 62 DAY TREATMENT

 **78.5%** ↓ Target 85.0%  
 QP Adj -33.3%

### Financial gateway adjustments

#### ADVERSE VARIANCE TO PLAN

 **NO** - Target NO  
 QP adj 0%

#### QUALIFIED AUDIT REPORT

 **NO** - Target NO  
 QP adj 0%

### Quality gateway adjustments

#### CQC ENFORCEMENT

 **NO** - Target NO  
 QP adj 0%

#### BREACHES OF PROVIDER LICENCE

 **NO** - Target NO  
 QP adj 0%

#### NHSE ASSESSMENT - INADEQUATE CCG RESPONSE

 **NO** - Target NO  
 QP adj 0%

### Total Quality Premium Adjustments

#### TOTAL ADJUSTMENTS

 **-33%** - Target 0.0%

### Total Quality Premium Award

#### TOTAL QUALITY PREMIUM AWARD

 **£70,017** - Target £690,000  
 16/17 £0

# QUALITY PREMIUM

## PERFORMANCE METRICS

| KPI  | 2017/18 PERFORMANCE  | ACTIONS |                 |        |       |          |       |          |       |   |       |        |  |   |
|--|--|---------|-----------------|--------|-------|----------|-------|----------|-------|---|-------|--------|--|---|
| <p><b>EARLY STAGE DIAGNOSIS</b><br/>                     Cases of cancer diagnosed at stage 1 or 2 as a % of all new cases of cancer</p> <p>Value £110,500<br/>                     Forecast n/a</p>   | <p><b>49.8% 2015</b></p> <p>EARLY STAGE CANCER DIAGNOSIS</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>53.8%</td> </tr> <tr> <td>2014</td> <td>51.4%</td> </tr> <tr> <td>2015</td> <td>49.8%</td> </tr> <tr> <td>2016</td> <td></td> </tr> <tr> <td>2017</td> <td></td> </tr> </tbody> </table>                         | Year    | Performance (%) | Target | 53.8% | 2014     | 51.4% | 2015     | 49.8% | 2016  |       | 2017   |  | <p>The National Cancer Intelligence Network (NCIN) have not yet updated any early stage diagnosis figures since 2015 although they are expected to publish figures quarterly. This has been raised with them and we are awaiting a response.</p> <p>The Target for the quality premium award is 60% or a 4% improvement on 2016 actuals, so the current target may yet change</p> |
| Year   | Performance (%)  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Target   | 53.8%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| 2014   | 51.4%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| 2015   | 49.8%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| 2016   |  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| 2017   |  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| <p><b>GP Access and Experience</b><br/>                     Overall experience of making a GP appointment assessed through Q18 of the GP patient survey (those answering 'very good' or 'fairly good' as a % of the total)</p> <p>Value £110,500<br/>                     Forecast n/a</p> | <p><b>65.0% Jul-17</b></p> <p>EXPERIENCE OF MAKING AN APPOINTMENT</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>68.0%</td> </tr> <tr> <td>Jul-15</td> <td>62.0%</td> </tr> <tr> <td>Jul-16</td> <td>63.0%</td> </tr> <tr> <td>Jul-17</td> <td>65.0%</td> </tr> <tr> <td>Jul-18</td> <td></td> </tr> </tbody> </table> | Period  | Performance (%) | Target | 68.0% | Jul-15   | 62.0% | Jul-16   | 63.0% | Jul-17  | 65.0% | Jul-18 |  | <p>The target for the quality premium is for 3% improvement on the July 17 figure or achieve 85%.</p> <p>It is anticipated that the expansion of online consultations and improved telephone access via call queuing will improve patient experience when making an appointment.</p>  |
| Period   | Performance (%)  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Target   | 68.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Jul-15   | 62.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Jul-16   | 63.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Jul-17   | 65.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Jul-18   |  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| <p><b>Continuing Healthcare</b><br/>                     Full NHS CHC assessments are completed within 28 days</p> <p>Value £55,250<br/>                     Forecast £0</p>   | <p><b>25% Q4 16/17</b></p> <p>FULL CHC ASSESSMENT &lt;28 DAYS</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>80.0%</td> </tr> <tr> <td>Q4 16/17</td> <td>25.0%</td> </tr> <tr> <td>Q1 17/18</td> <td>25.0%</td> </tr> </tbody> </table>  | Period  | Performance (%) | Target | 80.0% | Q4 16/17 | 25.0% | Q1 17/18 | 25.0% | <p>The CCG has recognised that CHC assessments are not being completed within the 28 timescales. A CHC improvement plan has been implemented and reported to NHS England. Activity is monitored monthly through CHC audit and improvements are required to meet statutory obligations. Q2 data analysis demonstrates improvement.</p> |       |        |  |   |
| Period   | Performance (%)  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Target   | 80.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Q4 16/17   | 25.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Q1 17/18   | 25.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| <p><b>Continuing Healthcare</b><br/>                     Full NHS CHC assessments take place in an acute setting</p> <p>Value £55,250<br/>                     Forecast £55,250</p>  | <p><b>0% Q4 16/17</b></p> <p>FULL CHC ASSESSMENT IN ACUTE SETTING &lt;15%</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>15.0%</td> </tr> <tr> <td>Q4 16/17</td> <td>0%</td> </tr> <tr> <td>Q1 17/18</td> <td>0%</td> </tr> </tbody> </table>  | Period  | Performance (%) | Target | 15.0% | Q4 16/17 | 0%    | Q1 17/18 | 0%    | <p>The CCG monitors this monthly and has no concerns regarding performance.</p>   |       |        |  |   |
| Period   | Performance (%)  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Target   | 15.0%  |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Q4 16/17   | 0%   |         |                 |        |       |          |       |          |       |   |       |        |  |   |
| Q1 17/18   | 0%   |         |                 |        |       |          |       |          |       |   |       |        |  |   |

# QUALITY PREMIUM

## PERFORMANCE METRICS

| KPI  | 2017/18 PERFORMANCE   | ACTIONS |       |                 |       |                    |       |  |       |  |
|--|---|---------|-------|-----------------|-------|--------------------|-------|--|-------|--|
| <p><b>Mental Health OOA stays</b><br/>           A reduction in the number of inappropriate adult OAPs for non-specialist adult acute care. Total number of bed days to have reduced by 33% of the baseline number as at 1<sup>st</sup> April 2017</p> <p>Value £110,500<br/>           Forecast n/a</p> | <p style="text-align: center;"><b>n/a</b> Jul-18</p> <p>MH OOA PLACEMENTS</p> <table border="1"> <tr> <td>Target</td> <td></td> </tr> <tr> <td>Apr-17</td> <td></td> </tr> <tr> <td>Jul-18</td> <td></td> </tr> </table>  | Target  |       | Apr-17          |       | Jul-18             |       | <p>NHS Digital has suppressed this data for a large number of CCG's due to the small numbers involved. The CCG is currently working to find an alternative route to obtain this information to calculate both the baseline and the associated target</p>   |       |  |
| Target   |   |         |       |                 |       |                    |       |  |       |  |
| Apr-17   |   |         |       |                 |       |                    |       |  |       |  |
| Jul-18   |   |         |       |                 |       |                    |       |  |       |  |
| <p><b>Bloodstream Infections</b><br/>           PART A) reducing gram negative blood stream infections across the whole health economy – i) reduction in e-coli infections</p> <p>Value £38,675<br/>           Forecast £0</p>   | <p style="text-align: center;"><b>108</b> Sep 16-Aug 17</p> <p>E-COLI: Bloodstream infections</p> <table border="1"> <tr> <td>Target</td> <td>81</td> </tr> <tr> <td>Sep 14 - Aug 15</td> <td>95</td> </tr> <tr> <td>Sep 15 - Aug 16</td> <td>90</td> </tr> <tr> <td>Sep 16-Aug 17</td> <td>108</td> </tr> </table>                   | Target  | 81    | Sep 14 - Aug 15 | 95    | Sep 15 - Aug 16    | 90    | Sep 16-Aug 17  | 108   |  |
| Target   | 81  |         |       |                 |       |                    |       |  |       |  |
| Sep 14 - Aug 15  | 95  |         |       |                 |       |                    |       |  |       |  |
| Sep 15 - Aug 16  | 90  |         |       |                 |       |                    |       |  |       |  |
| Sep 16-Aug 17  | 108   |         |       |                 |       |                    |       |  |       |  |
| <p><b>Bloodstream Infections</b><br/>           PART A) reducing gram negative blood stream infections across the whole health economy – ii) collection of core data</p> <p>Value £11,050<br/>           Forecast £0</p>   | <p style="text-align: center;"><b>No</b> 2017</p> <p>E-COLI: Primary Care data collection</p> <table border="1"> <tr> <td>Target</td> <td>Yes</td> </tr> <tr> <td>2016</td> <td>No</td> </tr> <tr> <td>2017</td> <td>No</td> </tr> </table>   | Target  | Yes   | 2016            | No    | 2017               | No    | <p>Public Health England have published a requirement for a core data set to be collected in Primary Care regarding all E-Coli BSI, occurring in Q2-Q4 2017/18.</p> <p>The CCG has a copy of the required data fields and is in communication with Public Health as to how this data should be collected and submitted</p> |       |  |
| Target   | Yes   |         |       |                 |       |                    |       |  |       |  |
| 2016   | No  |         |       |                 |       |                    |       |  |       |  |
| 2017   | No  |         |       |                 |       |                    |       |  |       |  |
| <p><b>Bloodstream Infections</b><br/>           reducing inappropriate antibiotic prescribing for UTI's in primary care – i) reduction in trimethoprim:Nitrofuantoin prescribing ratio</p> <p>Value £24,862<br/>           Forecast £24,862</p>  | <p style="text-align: center;"><b>1.117</b> 12 month to Jul 17</p> <p>E-COLI: Bloodstream infections</p> <table border="1"> <tr> <td>Target</td> <td>1.511</td> </tr> <tr> <td>2015/16</td> <td>1.679</td> </tr> <tr> <td>12 month to Apr 17</td> <td>1.208</td> </tr> <tr> <td>12 month to Jul 17</td> <td>1.117</td> </tr> </table> | Target  | 1.511 | 2015/16         | 1.679 | 12 month to Apr 17 | 1.208 | 12 month to Jul 17   | 1.117 | <p>The Quality Premium is for a 10% reduction in the Trimethoprim:Nitrofuantoin prescribing ratio based on CCG baseline (June 15-May 16)</p> |
| Target   | 1.511   |         |       |                 |       |                    |       |  |       |  |
| 2015/16  | 1.679   |         |       |                 |       |                    |       |  |       |  |
| 12 month to Apr 17   | 1.208   |         |       |                 |       |                    |       |  |       |  |
| 12 month to Jul 17   | 1.117   |         |       |                 |       |                    |       |  |       |  |



# QUALITY PREMIUM

## PERFORMANCE METRICS

| KPI | 2017/18 PERFORMANCE | ACTIONS |
|-----|---------------------|---------|
|-----|---------------------|---------|

**Bloodstream Infections**  
 PART B) reducing inappropriate antibiotic prescribing for UTI's in primary care – ii) reduction in trimethoprim prescribing in patients aged 70 or over

Value £24,862  
 Forecast £24,862

**2878** 2016

The CCG is on track to achieve this portion of the Quality Premium

Inappropriate antibiotic prescribing for UTI's



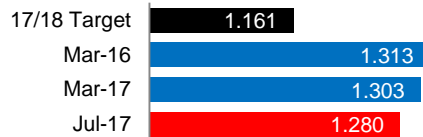
**Bloodstream Infections**  
 PART C) sustained reduction of inappropriate antibiotic prescribing in Primary Care

Value £11,050  
 Forecast £0

**1.280** Jul-17

Items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean performance of 1.161 Similar tests will apply for 2018/19

Antibiotic Items per (STAR-PU)



**Dementia care plan review**  
 The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.

Value £97,500  
 Forecast £0

**64.9%** Aug-17

The CCG collects data on a monthly basis from General Practice and has allocated resources to improve the number of recorded dementia care plan assessments, both by identifying where underperformance exists and addressing this and by identifying poor recording practice

Dementia Care Plan Reviews



# PRIMARY CARE

## AT A GLANCE

The primary care dashboard would normally be presented to the primary care commissioning committee, due to be updated in November, and to the practices via the Quality, contract and transformation visits. We are intending to share this information and more to support the practice visits that commenced in September. In order to support the CCGs statutory duty to improve the quality of its general practice services, and more lately to support the delegated commissioning of services, a local quality dashboard has been developed. The dashboard includes a range of indicators under the Patient Experience, Patient Safety and Clinical Effectiveness quality areas, whilst also including activity data.

### Patient Satisfaction

Above average patient satisfaction continues in both 'making an appointment' and 'would recommend their GP' by patients from Hough Green, Oaks Place, Brookvale and Heath Road practices.

**Bowel Screening Data** illustrates that uptake across practices ranges from 45% (Heath Road Medical Centre) to 63% (Upton Rocks), with a CCG average of 53%. This shows an increase from 51% Quarter 3 2014/15 (the last data available.)

**Flu Uptake** in patients aged over 65 years illustrates that only Brookvale and Grove House met the national target of 75%. Practice uptake ranged from 63% (Newtown) to 75% (Brookvale.) Uptake is generally lower for the Widnes practices with four practices under 70% (Bevan Group Practice, The Beeches, Newtown Surgery and Upton Rocks.)

### Vaccinations

Only three practices (Brookvale, Murdishaw and Bevan Group Practice) achieving the 95% national target for Pre School Booster uptake (range 84% to 98%.)

**Coronary Heart Disease:** Prevalence rates vary from 2.21% at Upton Rocks to 4.73% at Castlefields, Grove House and Tower House Practices. All but three practices (Heath Road, The Beeches and Newtown) meet the 93% maximum payment threshold for BP in the last 12 months  $\leq 150/90$ . Exception reporting for this indicator ranges from 0.72% at Hough Green to 10.93% at Weaver Vale.

**COPD prevalence:** Ranges from 1.35% (Upton Rocks) to 5.14% Murdishaw. All practices exceeded the maximum payment threshold of 75% for record of FEV1 in the last 12 months. Exception reporting of this indicator ranges from 1.35% at Upton Rocks 40.49% at Peel House Medical Plaza, 41.13% at Hough Green and 49.3% at Tower House.

**Diabetes Prevalence:** Ranges from 4.24% at Oaks Place Surgery to 7.67% at Castlefields and Murdishaw. All but three practices (The Beeches, Heath Road and Murdishaw) exceeded the maximum payment threshold of 75% for IFCC is 59mmol/mol in last 12 months. Exception reporting for this indicator ranges from 1.77% at Heath Road through to 31.41% at Peel House Medical Plaza.

**Atrial Fibrillation Prevalence:** Ranges from 1.01% at Oaks Place to 3.12% at Appleton Village Surgery. All practice achieved the 70% maximum payment threshold for patients treated with an anticoagulation drug if a CHADS2-VASc score of 2 or more. Exception reporting ranges from 0% at Upton Rocks and Heath Road through to 22.86% at Weavervale.

### Quality & Contracting visit programme

The Quality and Contracting visit has been developed and visits have commenced with practices. These visits are intended to be a conversation with practices and include a practice nominated GP Lead and Practice Manager along with the CCG GP Primary Care Lead and Primary Care team and will look at three areas of best practice and three areas for improvement.

The content of the visits includes; Quality & Outcome Framework indicators with wide variation such as COPD, Diabetes, Heart Disease as well as cervical cytology; An opportunity for practices to raise issues with the CCG; A quality dashboard is shared with practices to allow consideration prior to the visit.

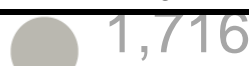
### PRACTICE POPULATION



### 'GOOD' OVERALL EXPERIENCE GP



### PATIENTS PER WHOLE TIME EQUIVALENT GP



### 'GOOD' EXPERIENCE MAKING AN APPOINTMENT



# PRIMARY CARE

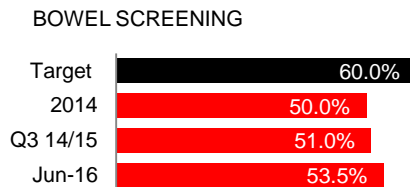
## SCREENING, PATIENT EXPERIENCE

KPI 2017/18 PERFORMANCE ACTIONS

### BOWEL SCREENING

Proportion (%) of eligible 60-74 year old population screened for bowel cancer in last 2.5 years

**53.5%** Jun-16

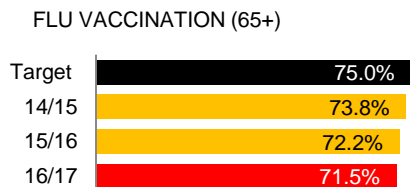


The Halton health improvement team continue to work with the practices to improve screening uptake. Whilst still behind target it is encouraging to see an increase since 2014

### FLU VACCINATION

Proportion (%) of stated population who received vaccination

**71.5%** 16/17



The Flu group continue to oversee performance and areas for improvement.

It is anticipated that the Care Home Alignment scheme will improve flu vaccination rates amongst the over 65's

### OVERALL EXPERIENCE OF GP

The % of patients responding to the GP patient survey reporting 'very good' or 'fairly good' when asked to rate their Overall experience of GP surgery

**85%** Jul-17



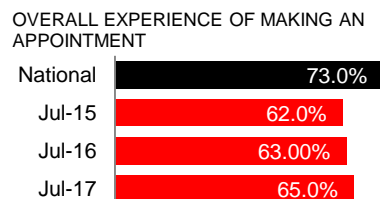
It is positive to note that performance is in line with the national average.

It is anticipated that transformation work, in line with the GP forward View will improve patient experience

### OVERALL EXPERIENCE OF MAKING APPOINTMENT

The % of patients responding to the GP patient survey reporting 'very good' or 'fairly good' when asked to rate their Overall experience making an appointment

**65%** Jul-17



Although below the national average, improvement over the last two years has been noted.

It is anticipated that the expansion of online consultations and improved telephone access via call queuing will improve patient experience when making an appointment.

# PRIMARY CARE

## QOF

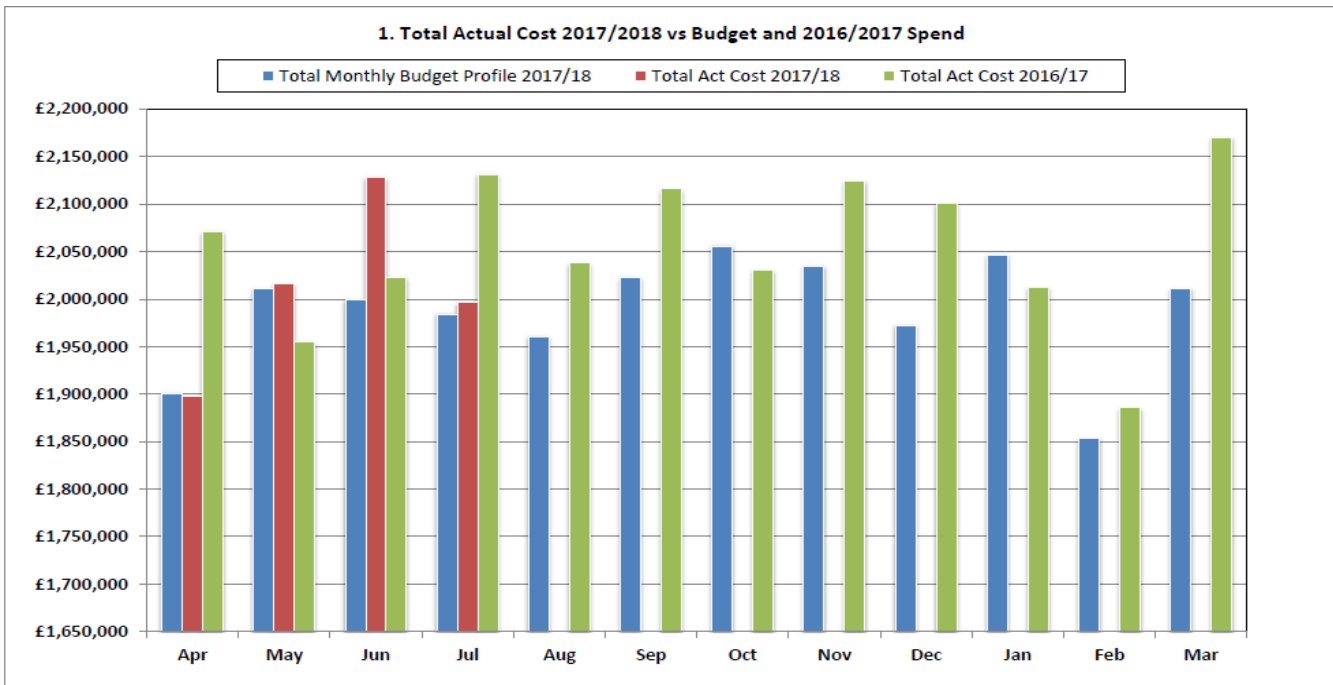
| KPI   | 2017/18 PERFORMANCE  | ACTIONS |       |       |        |       |       |  |
|---|--|---------|-------|-------|--------|-------|-------|--|
| <p><b>CORONARY HEART DISEASE</b><br/>CHD002 The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less</p> <p>QoF Achievement threshold 53-93%</p>                         | <p><b>82.4% 16/17</b></p> <p>CORONARY HEART DISEASE: BP last 12 months &lt;=150/90</p> <p>Threshold <b>93.0%</b></p> <table border="1"> <tr> <td>14/15</td> <td>89.1%</td> </tr> <tr> <td>15/16</td> <td>89.10%</td> </tr> <tr> <td>16/17</td> <td>82.4%</td> </tr> </table> | 14/15   | 89.1% | 15/16 | 89.10% | 16/17 | 82.4% | <p>All but three practices (Heath Road, The Beeches and Newtown) meet the 93% maximum payment threshold.</p> <p>Exception reporting ranges from 0.7% at Hough Green to 10.9% at Weavervale</p> <p>Prevalence rates vary from 2.2% at Upton Rocks to 4.7% at Castlefields, Grove House and Tower House</p>                              |
| 14/15   | 89.1%  |         |       |       |        |       |       |  |
| 15/16   | 89.10%   |         |       |       |        |       |       |  |
| 16/17   | 82.4%  |         |       |       |        |       |       |  |
| <p><b>CHRONIC OBSTRUCTIVE PULMANORY DISEASE</b><br/>COPD004 The percentage of patients with COPD with a record of FEV1 in the preceding 12 months</p> <p>QoF Achievement Threshold 40-75%</p>   | <p><b>78.1% 16/17</b></p> <p>COPD: FEV1 in last 12 months</p> <p>Threshold <b>75.0%</b></p> <table border="1"> <tr> <td>14/15</td> <td>67.7%</td> </tr> <tr> <td>15/16</td> <td>67.55%</td> </tr> <tr> <td>16/17</td> <td>78.1%</td> </tr> </table>                          | 14/15   | 67.7% | 15/16 | 67.55% | 16/17 | 78.1% | <p>All practices exceeded the maximum payment threshold of 75%.</p> <p>There are large variations in exception reporting ranging from 1.3% at Upton Rocks to 49.3% at Tower House</p> <p>The content of the Quality and Contracting visiting programme will include the wide variation in exception reporting</p>                      |
| 14/15   | 67.7%  |         |       |       |        |       |       |  |
| 15/16   | 67.55%   |         |       |       |        |       |       |  |
| 16/17   | 78.1%  |         |       |       |        |       |       |  |
| <p><b>DIABETES</b><br/>DM007: The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.</p> <p>QoF Achievement Threshold 35-75%</p>   | <p><b>68% 16/17</b></p> <p>DIABETES: last IFCC is 59 mmol/mol in last 12 months</p> <p>Threshold <b>75.0%</b></p> <table border="1"> <tr> <td>14/15</td> <td>61.1%</td> </tr> <tr> <td>15/16</td> <td>57.20%</td> </tr> <tr> <td>16/17</td> <td>68.4%</td> </tr> </table>    | 14/15   | 61.1% | 15/16 | 57.20% | 16/17 | 68.4% | <p>All but three practices (The Beeches, Heath Road and Murdishaw) exceeded the maximum payment threshold of 75%.</p> <p>There are large variations in exception reporting, from 1.7% at Heath Road to 31.4% at Peel House.</p> <p>The Quality and contracting visiting programme will look at the reasons behind these variations</p> |
| 14/15   | 61.1%  |         |       |       |        |       |       |  |
| 15/16   | 57.20%   |         |       |       |        |       |       |  |
| 16/17   | 68.4%  |         |       |       |        |       |       |  |
| <p><b>ATRIAL FIBRILATION</b><br/>AF007: In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy.</p> <p>QoF Achievement Threshold 40-70%</p> | <p><b>78% 16/17</b></p> <p>ATRIAL FIBRILATION</p> <p>Threshold <b>70.0%</b></p> <table border="1"> <tr> <td>14/15</td> <td></td> </tr> <tr> <td>15/16</td> <td>78.50%</td> </tr> <tr> <td>16/17</td> <td>78.4%</td> </tr> </table>   | 14/15   |       | 15/16 | 78.50% | 16/17 | 78.4% | <p>All practices achieved the maximum payment threshold.</p> <p>large variations in exception reporting were apparent, with 0% at Upton Rocks to 22.9% at Weavervale.</p> <p>The large variations will be investigated through the Quality &amp; Contracting visiting programme.</p>   |
| 14/15   |  |         |       |       |        |       |       |  |
| 15/16   | 78.50%   |         |       |       |        |       |       |  |
| 16/17   | 78.4%  |         |       |       |        |       |       |  |

# MEDICINES MANAGEMENT

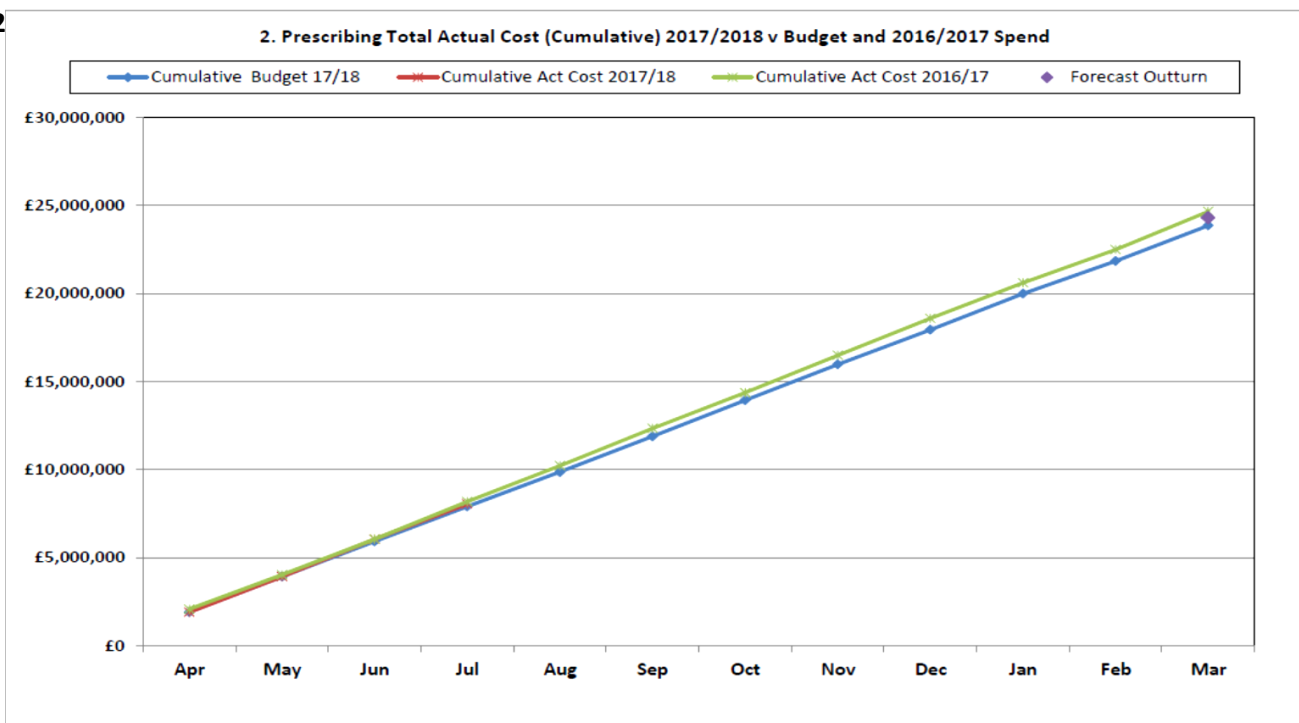
## AT A GLANCE

**Prescribing Budget Performance Dashboard July 2017 Position**  
The 2017/18 prescribing budget £23,850,271 (excluding QIPP)

**1. Total actual prescribing cost by month in 17/18 against the same period in 16/17 and the monthly budget profile.**



**2.**



**Halton CCG projected year-end over/underspend against budget (incl local adjustments):**

# MEDICINES MANAGEMENT

## Cost Pressures on Prescribing Budget 17/18

### **Community Pharmacy Margin - 'Category M'**

From time to time the Department of Health consults with the Pharmaceutical Services Negotiating Committee on adjustments to the fees and/or margin that we as commissioners pay to pharmacies to reflect any under/over delivery of the agreed amounts in prior years. Recent discussions have resulted in a reduction in Category M (generic drugs) prices estimated to amount to £15m per month (nationally), to take effect from 1 August 2017. These changes could not have been anticipated in operational plans and therefore result in a windfall benefit of about £120m nationally which would normally accrue to CCGs through reduced medicines expenditure.

We have been notified by NHSE that the benefit that would otherwise flow to CCGs will be now be retained centrally and as such CCG finances will not benefit immediately from the price reductions. It is their intention that the benefit of the price reduction retained centrally should be available for investment by CCGs either in 2017/18 or in subsequent years subject to specific criteria.

The details of how this will work have only just been issued to CCGs and we are still clarifying the exact process but we anticipate that this money will be clawed back from CCGs each month and as such will have an impact on the overall forecast outturn. The impact for Halton is difficult to quantify but is estimated to be approximately £185,924 for Q2 and Q3 2017/18 i.e. from August to December 2017.

### **Medicines Supply Issues**

There are a number of issues affecting the medicine supply chain and on occasion this will result in a concessionary price being applied nationally to specific products as 'No Cheaper Stock Obtainable' (NCSO). This in turn has a significant impact on prices we pay for commonly used drugs and as such becomes a cost pressure on our prescribing budget. These concessionary prices are difficult to predict and the impact has to be assessed on a month by month basis to ascertain the true picture.

There have been a number of NCSO concessions applied in recent months with some significant price increases as a result. According to prescribing data up to July 2017 the cost pressure for Halton is approximately £127K however it is estimated that this could increase significantly over the coming months and we will have to monitor closely. The category M savings retained centrally do not include drugs subject to NCSO status but the cost pressure will remain.

### **Pregabalin**

As of July 2017 Pregabalin came off patent and the price reduced from 1st August 2017. Halton is the second highest CCG for prescribing of this drug and as such savings were predicted to be significant however all strengths of this drug are now subject to NCSO status which fluctuates every month and this has had an impact on the savings achieved.

We will know more re: the impact of switching over to generic when August and September data is available but given the category M savings to be clawed back and the NCSO cost pressures it is unlikely we will see the full benefit of the savings as originally predicted.

This will continue to be a priority QIPP area for the CCG due to the very high volume of prescribing that still remains. Halton are also second highest prescriber in terms of volume and as such monitoring has been changed to reflect this.

# RIGHTCARE

## A BRIEF INTRODUCTION TO RIGHTCARE

### Background

NHS RightCare is a national NHS England supported programme committed to delivering the best care to patients, making the NHS's money go as far as possible and improving patient outcomes. Ensuring people access the right care, in the right place at the right time means the NHS can treat more people effectively, now and in the future. NHS RightCare work is core to ensuring the best possible care is delivered everywhere.

### NHS RightCare advises local health economies to:

- Make the best use of resources – by tackling overuse and underuse of resources.
- Understand performance by identifying variation between demographically similar populations to enable the adoption and implementation of optimal care pathways more efficiently and effectively.
- Talk together about the same things – about population healthcare rather than organisations, and encouraging joint decision-making.
- Focus on areas of greatest opportunity by identifying priority programmes which offer the best opportunities to improve healthcare for people and ensuring taxpayer money goes as far as possible.
- Use tried and tested evidence based processes to make sustainable improvement to reduce unwarranted variation.

### The 3 phases of RightCare

**PHASE 1**

**Where to Look**

Highlighting the top priorities and best opportunities to increase value by identifying unwarranted variation.

**PHASE 2**

**What to Change**

Designing optimal care pathways to improve patient experience and outcomes.

**PHASE 3**

**How to Change**

Delivering sustainable change by using systematic improvement processes.

## Summary of Key Financial Improvement Opportunities





### NHS Halton Priority Programme Areas

|                              | Neurology<br>£k | Respiratory<br>£k | Muskelo-<br>skeletal<br>£k | Gastro-<br>intestinal<br>£k | Sub<br>Total<br>£k | % of<br>Grand<br>Total | Grand<br>Total<br>£k |
|------------------------------|-----------------|-------------------|----------------------------|-----------------------------|--------------------|------------------------|----------------------|
| <b>Total</b>                 | <b>1,595</b>    | <b>1,243</b>      | <b>935</b>                 | <b>1,539</b>                | <b>5,312</b>       | <b>50%</b>             | <b>10,532</b>        |
| <b>Admitted Patient Care</b> | <b>845</b>      | <b>608</b>        | <b>762</b>                 | <b>1,075</b>                | <b>3,290</b>       | <b>53%</b>             | <b>6,182</b>         |
| Non Elective                 | 845             | 531               | 522                        | 341                         | 2,239              |                        | 4,026                |
| Elective & Day Case          | -               | 77                | 240                        | 734                         | 1,051              |                        | 2,156                |
| <b>Prescribing</b>           | <b>750</b>      | <b>635</b>        | <b>173</b>                 | <b>464</b>                  | <b>2,022</b>       | <b>46%</b>             | <b>4,350</b>         |

# RIGHTCARE

## RIGHTCARE EMERGING OPPORTUNITIES

The following areas have been chosen as the most promising areas to undertake a change programme, and have been developed into priority programmes, and submitted to NHSE as the emerging opportunities for NHS Halton.

| PROGRAMME AREA  | NARRATIVE  | PROJECTS  |
|---|--|---|
| <b>Neurology</b><br>           | <p>NHS Halton is identified, through the RightCare programme, as an outlier in the level of expenditure on management of patient with neurological conditions, through acute hospital services and primary care prescribing.</p> <p>This review covers a number of neurological conditions but the management of pain is the highest element.</p>          | <ul style="list-style-type: none"> <li>→ Spinal Surgery</li> <li>→ Alliance multi-disciplinary Pain Management Programme</li> <li>→ Engage with Vanguard</li> <li>→ Embed Parkinson's Nurse</li> <li>→ Pregabalin optimisation</li> </ul>                   |
| <b>Respiratory</b><br>       | <p>The aim of the Respiratory programme is to transform the management of COPD in the borough along the entire pathway; from diagnosis through to end of life.</p> <p>This will be delivered through the provision of Patient centred care which supports patients with COPD to become more independent, taking more responsibility for their own care</p> | <ul style="list-style-type: none"> <li>→ COPD Service Review</li> <li>→ Community Respiratory Service Procurement</li> <li>→ PointsPlus/GRASP tools</li> <li>→ MyCOPD app</li> <li>→ Inhaler Formulary and guidance</li> </ul>                              |
| <b>Musculoskeletal</b><br>   | <p>This programme has been informed by the growing evidence around outcome based commissioning and also the growing number of case study sites for outcome based commissioning within MSK services across the country with a number adopting the use of prime provider contracting processes to ensure the whole patient pathway is being considered.</p>  | <ul style="list-style-type: none"> <li>→ Service re-design</li> <li>→ Implementation of MSK Cats Community Tri-age Service</li> <li>→ MoM pathway review</li> <li>→ Demand Management</li> <li>→ Medicines Optimisation</li> </ul>                          |
| <b>Gastro-Intestinal</b><br> | <p>Gastro-intestinal has been identified as a key area for improvement by NHS RightCare. A paper went to the Service Development Committee (SDC) in Aug 2016 where high levels of activity and variation across towns and practices were discussed, and a mandate for further investigation was given.</p>   | <ul style="list-style-type: none"> <li>→ Alcohol joint working with the LA</li> <li>→ MoM pathway review - Scopes</li> <li>→ Faecal Calprotectin test availability</li> <li>→ Lifestyle education sessions</li> <li>→ PPI Formulary and guidance</li> </ul> |



# PUBLIC HEALTH

## AT A GLANCE

### Key Developments

IGR screening in Practices via Halton's Health Trainers has been very successful with all patients showing a reduction in their Hba1c and this contributes to decreased diabetes and improved CVD figures.

However, this programme is at risk as all CCGs are now obliged to use the National Diabetes Prevention Programme which does not have the same successful outcomes.

A very well attended Training Conference and Workshop Eat, Sleep, Play, Repeat was delivered by a range of experts for frontline staff in June. This covered helping children become active, safe sleep, how to prepare your child for school, developing your babies speech and communication skills.

A Health Literacy Workshop was run for frontline staff and the voluntary sector. This included learning about the work completed on this area in Stoke and building plans on how we can use this in Halton. This was augmented via a workshop on Self Care between NHS Halton CCG, the voluntary sector and Public Health to take forward a new programme of work in this area. Cheshire and Merseyside DsPH came together with DCSs and CCGs to prioritise a key area for children that we can all work on. It was agreed we will concentrate on Self Harm and develop the Adverse Child Experiences model as this has proved to be very successful in Wales.

### Exception narrative

#### Child Weight

For the first time in 3 years the obesity trend for 10 11 year olds is worse than the England average. A number of new programmes are addressing this issue in addition to established programmes: Junior Park Run in Victoria Park on Sundays is proving popular with families and children - linked to this is the Couch to 2 km activity so parents can run with their children. Active Halton additional activities for children in areas with low uptake (Windmill Hill and Hale). Free swimming for under 8s, expansion of Game Changer. Programmes are in place for under 5s; including revamped parenting classes from the midwives, a family approach to weight management for women 28 weeks pregnant which links into the 6-8 week health check for baby so mum and baby stay a healthy weight.

#### Smoking

Currently working with partners to refresh the Halton tobacco control strategy. The strategy will focus upon young people recruited as smokers, motivating and assisting every smoker to quit and protecting families and communities. Halton CCG received £75,000 of funding from NHS England for use in 2016/17 to reduce maternal smoking rates. An action plan has been developed outlining joint proposals for the use of this funding. A recent pilot of promoting stress management techniques and use of a quit buddy has significantly increased the number of pregnant women who quit smoking and will be continued. Focus on reducing smoking rates in certain social groups for example routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions

# PUBLIC HEALTH

## CHILDREN

KPI 2017/18 PERFORMANCE ACTIONS

### Child development - School Readiness

Percentage (%) of children achieving a good level of development at the end of reception

**61.9%** 15/16

#### CHILD DEVELOPMENT



### Child weight - Reception (4-5 year olds) obesity

Prevalence (%) of obesity amongst reception children

**12.2%** 15/16

#### CHILD WEIGHT - Reception



Multidisciplinary antenatal Parenting programme including a universal session on infant feeding. Infant feeding team, including home visits and support groups for breastfeeding mothers, BFI stage 3. Community session on introduction to solid foods. Height and weight measurements at the 2 year integrated review, with a pathway for children and families who are overweight. Active play sessions and work through children's centres. Referral of all children who are identified as obese in NCMP into dietetic services (family futures). Health promotion through NCMP and schools, using change for life materials, and local portion size leaflets. Healthy schools work, including fit for life – for schools, for the community and for the early years, and Healthitude. Healthy Early years healthy settings awards and healthy food awards.

### Child weight - Year 6 (10-11 year olds) obesity

Prevalence (%) of obesity amongst year 6 children

**22.8%** 15/16

#### CHILD WEIGHT - Year 6



For the first time in 3 years the obesity trend for 10 11 year olds is worse than the England average. A number of new programmes are addressing this issue in addition to established programmes: Junior Park Run in Victoria Park on Sundays is proving popular with families and children - linked to this is the Couch to 2 km activity so parents can run with their children. Active Halton additional activities for children in areas with low uptake (Windmill Hill and Hale). Free swimming for under 8s, expansion of Game Changer. Programmes are in place for under 5s; including revamped parenting classes from the midwives, a family approach to weight management for women 28 weeks pregnant which links into the 6-8 week health check for baby so mum and baby stay a healthy weight.

### Infant mortality

Rate of deaths in infants aged under 1 year per 1,000 live births

**3.0** 2013/15

#### INFANT MORTALITY



# PUBLIC HEALTH

## SMOKING & ALCOHOL

| KPI | 2017/18 PERFORMANCE | ACTIONS |
|-----|---------------------|---------|
|-----|---------------------|---------|

**Alcohol - Admission episodes for alcohol-related conditions**  
Directly Standardised Rate per 100,000 population

841.9 15/16

ADMISSIONS FOR ALCOHOL RELATED CONDITIONS



Developing a coordinated alcohol awareness campaign plan. Delivery of alcohol education within local school settings and the community alcohol partnership. Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA). Reviewing alcohol treatment pathways so that those who need support can access treatment. Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda and promoting more responsible approaches to the sale of alcohol and a diverse night-time economy.

**Alcohol - Under-18 alcohol-specific admissions**  
Directly Standardised Rate per 100,000 population

48.6 12/13 - 14/15

UNDER 18 ALCOHOL SPECIFIC ADMISSIONS



**Smoking - Current smokers**  
Proportion (%) of adult population currently smoking

20.1% 2015

CURRENT SMOKERS

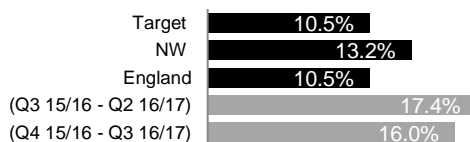


Currently working with partners to refresh the Halton tobacco control strategy. The strategy will focus upon young people recruited as smokers, motivating and assisting every smoker to quit and protecting families and communities. Halton CCG received £75,000 of funding from NHS England for use in 2016/17 to reduce maternal smoking rates. An action plan has been developed outlining joint proposals for the use of this funding. A recent pilot of promoting stress management techniques and use of a quit buddy has significantly increased the number of pregnant women who quit smoking and will be continued. Focus on reducing smoking rates in certain social groups for example routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions

**Smoking - Smoking at time of delivery**  
Proportion (%) of women with known smoking status recorded, who were smoking at the time of delivery (rolling year)

16.0% Q4 15/16 - Q3 16/17

SMOKING AT TIME OF DELIVERY



# PUBLIC HEALTH

## PUBLIC HEALTH METRICS

KPI 2017/18 PERFORMANCE ACTIONS

### Falls - Older people's falls injury admissions

Directly Standardised Rate of admissions due to injuries from falls amongst those aged 65+, per 100,000 population

**3016.2** 15/16

#### OLDER PEOPLE'S FALLS INJURY ADMISSIONS

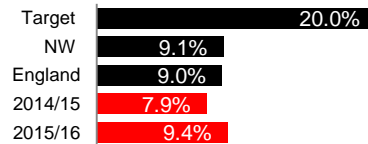


### Health Checks - Health Check Uptake

Percentage of invited people who received an NHS health check in the financial year

**9.4%** 15/16

#### HEALTH CHECK UPTAKE

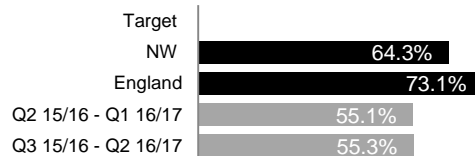


### Breastfeeding- Breastfeeding Initiation

Percentage (%) of all mothers who breastfed their babies in the first 48 hours after delivery

**55.3%** Q3 15/16 - Q2 16/17

#### BREASTFEEDING INITIATION



Number of maternities did not meet validation criteria for Q4 2015/16 or Q1 2016/17, so England comparison should be treated with caution

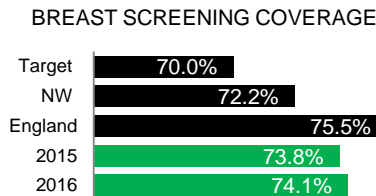
# PUBLIC HEALTH

## PUBLIC HEALTH METRICS

| KPI | 2017/18 PERFORMANCE | ACTIONS |
|-----|---------------------|---------|
|-----|---------------------|---------|

**Cancer Screening - Breast screening coverage**  
 Proportion (%) of eligible 50-70 year old women screened for breast cancer in the last 3 years

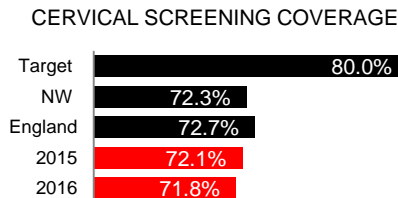
**74.1% 2016**



Little localised campaign work to increase uptake - through location is being considered. It is the remit of the screening unit to find appropriate location, and as we have a mobile unit, choice of location could impact upon uptake.

**Cancer Screening- Cervical screening uptake**  
 Proportion (%) of eligible 25-64 year old women population screened in the last 3.5/5.5 years

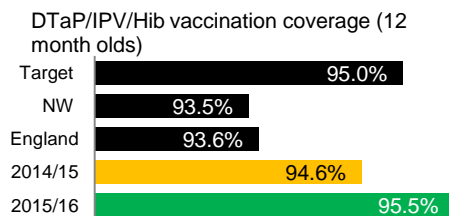
**71.8% 2016**



We have not had a cervical screening campaign, other than general national campaigns for a while and we must focus particularly on first time screening groups to encourage early programme participation, and on the older age group to ensure participation before they are out of the scope of recall.

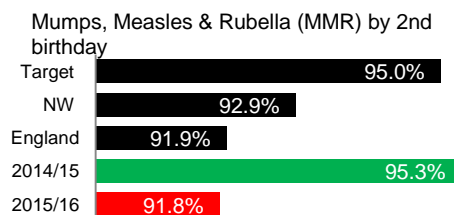
**Immunisations - DTaP/IPV/Hib vaccination coverage (12 month olds)**  
 Proportion (%) of stated population who received vaccination

**95.5% 2015/16**



**Immunisations - Mumps, Measles & Rubella (MMR) by 2nd birthday**  
 Proportion (%) of stated population who received vaccination

**91.8% 2015/16**



Working with NHSE SCRIMS team to look at action plans to pick up the steady fall across all ims programmes. We will be facilitating practice plans, working with individual practices and ensuring data accuracy is as good as it can be.