

Non-Financial Performance Report July 2012

Reporting on the latest available non-financial performance

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Notes / Key

- Changes since last report: ▲ = improvement, ▼ = deterioration, ◀▶ = no change
- Latest available position is reported for non-financial performance, with reported period indicated
- Methodology column includes rationale for CCG breakdown or colour

Green, performance significantly above target

Amber, performance just above or below target

Red, performance significantly below target

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Quality 1. Preventing people from dying prematurely (East)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | Total Slough CCG | Total WAM CCG | PCT Total | Methodology | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|----------------------------------------------|------------------|---------------|-----------|-------------|--------|--------|--------|
| Cat A response within 8 mins | DH | 75% | M3 | | | | 74.7% | ▲ | | | |
| | | | YTD | | | | 71.3% | | | | |
| Cat A transportation time within 19 mins | DH | 95% | M3 | | | | 96.6% | ▲ | | | |
| | | | YTD | | | | 96.2% | | | | |
| % of ambulance handovers completed within 15 minutes | SHA | TBC | M4 (HWPFT Only) | | | | 55.2% | ◄► | | | |
| | | | YTD | | | | 59.5% | | | | |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer | DH | 85% | M3 | 100.0% | new | 100.0% | new | 89.5% | new | 93.6% | ▲ |
| | | | YTD | | | | | | 90.8% | | |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service | DH | 90% | M3 | 100.0% | new | 100.0% | new | 100.0% | new | 90.0% | ▼ |
| | | | YTD | | | | | | 95.8% | | |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status | DH | No Target | M3 | No patients treated under this pathway in M3 | | | | | | ◄► | |
| | | | YTD | No HWPHT patients treated under this pathway | | | | | | | 100.0% |
| Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis | DH | 96% | M3 | 100.0% | new | 100.0% | new | 100.0% | new | 99.0% | ▲ |
| | | | YTD | | | | | | 98.1% | | |
| Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery | DH | 94% | M3 | 100.0% | new | 100.0% | new | 100.0% | new | 96.2% | ▼ |
| | | | YTD | | | | | | 97.9% | | |
| Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime | DH | 98% | M3 | 100.0% | new | 100.0% | new | 100.0% | new | 100.0% | ◄► |
| | | | YTD | | | | | | 100.0% | | |
| Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course | DH | 94% | M3 | No HWPHT patients treated under this pathway | | | | | | 100.0% | ▲ |
| | | | YTD | | | | | | | 91.2% | |

No breakdown of information so each CCG colour coded the same as PCT

CCG breakdown based on actual patient data and registered practice. Split available for HWPHT patients in M3 only. Practice level breakdowns are available on the GP dashboard

Quality 2. Enhancing quality of life for people with long-term conditions (East)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | | Total Slough CCG | | Total WAM CCG | | PCT Total | | Methodology |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|---------------------|---|------------------|---|---------------|---|-----------|---|---------------------------------------------------------------------------------------------------------------------------------|
| The number of new cases of psychosis served by early intervention teams year to date | DH | TBC | Q1 | | | | | | | 125 | ▲ | No breakdown of information so each CCG colour coded the same as PCT |
| Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT | DH | TBC | Q1 | | | | | | | 313 | ▼ | |
| The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA) | DH | 95% | Q4 11/12 | | | | | | | 97.2% | ▲ | |
| | | | YTD | | | | | | | 96.5% | | |
| Proportion of those with depression and/or anxiety disorders receiving psychological therapy | DH | 9.1% | Q1 | | | | | | | 2.7% | ▲ | |
| | | | YTD | | | | | | | 2.7% | | |
| Proportion of those who have received psychological therapy moving to recovery | DH | 50% | Q1 | | | | | | | 49.6% | ▲ | |
| | | | YTD | | | | | | | 49.6% | | |
| % of people with LTCs who said they had had enough support from local services/orgs | DH | TBC | Q3-4 11/12 | 84.7% | ▲ | 76.4% | ▲ | 88.2% | ▲ | 83.9% | ▲ | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| Proportion of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) per 100,000 population | DH | TBC | Q1 | 139.51 | ▲ | 184.30 | ▲ | 135.90 | ▲ | 152.70 | ▲ | |
| Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population | DH | TBC | Q1 | 36.70 | ▲ | 82.88 | ▲ | 60.05 | ▼ | 61.18 | ▲ | |

Quality 3. Helping people to recover from episodes of ill health or following injury (East)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | | Total Slough CCG | | Total WAM CCG | | PCT Total | | Methodology |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|---------------------|---|------------------|---|---------------|-------|-----------|---|---------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | | | | | | |
| Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population | DH | TBC | Q1 | 215.58 | ▼ | 357.95 | ▲ | 272.79 | ▲ | 283.20 | ▲ | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| % spending 90%+ time on stroke unit | SHA | 80% | Q1 | | | | | | | 88.1% | ▼ | No breakdown of information so each CCG colour coded the same as PCT |
| | | | M3 | | | | | | 97.8% | | | |
| | | | YTD | | | | | | 88.1% | | | |
| TIA % high risk treat <24 hours | SHA | 60% | Q1 | | | | | | | 71.4% | ▼ | |
| | | | M3 | | | | | | 50.0% | | | |
| | | | YTD | | | | | | 71.4% | | | |

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Quality 4. Ensuring that people have a positive experience of care (East)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | Total Slough CCG | Total WAM CCG | PCT Total | Methodology | | | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|-----------------|---------------------|------------------|---------------|-----------|-------------|-------|--------|---|
| Patient experience survey | DH | TBC | Q3-4 11/12 | | | | 63 | new | | | |
| RTT - admitted % within 18 weeks | DH | 90% | M3 | | | | 93.0% | ▲ | | | |
| | | | YTD | | | | 90.5% | | | | |
| RTT admitted no. treatment functions/specialties not achieved | DH | 0 | M3 | | | | 3 | ◀▶ | | | |
| RTT - non-admitted % within 18 weeks | DH | 95% | M3 | | | | 98.2% | ▲ | | | |
| | | | YTD | | | | 98.1% | | | | |
| RTT non-admitted no. treatment functions/specialties not achieved | DH | 0 | M3 | | | | 2 | ▲ | | | |
| RTT - incomplete % within 18 weeks | DH | 92% | M3 | | | | 94.6% | ▼ | | | |
| | | | YTD | | | | 94.4% | | | | |
| RTT incomplete no. treatment functions/specialties not achieved | DH | 0 | M3 | | | | 2 | ◀▶ | | | |
| Diagnostics % waiting 6 weeks or more | DH | < 1% (SHA Target 0) | M3 | | | | 0.2% | ▼ | | | |
| | | | YTD | | | | 0.1% | | | | |
| % of patients who spent 4 hours or less in A&E (HWPB only) | DH | 95% | w/e 05/8/12 | | | | 97.1% | | | | |
| | | | Q2TD | | | | 94.8% | ▼ | | | |
| | | | YTD | | | | 95.1% | | | | |
| Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer | DH | 93% | M3 | 95.2% | new | 89.1% | new | 96.5% | new | 94.1% | ▼ |
| | | | YTD | | | | | | 95.2% | | |
| Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected | DH | 93% | M3 | 100.0% | new | 100.0% | new | 100.0% | new | 100.0% | ▲ |
| | | | YTD | | | | | | 99.7% | | |
| Number of unjustified MSA breaches ① | DH | 0 | M3 | | | | | 1 | ◀▶ | | |
| | | | YTD | | | | | 2 | | | |
| Delayed Transfers of Care (Acute & MH) per 100,000 Population | SHA | TBC | Q4 11/12 | | | | | 6.8 | ▼ | | |

No breakdown of information so each CCG colour coded the same as PCT

CCG breakdown based on actual patient data and registered practice. Split available for HWPB patients in M3 only. Practice level breakdowns are available on the GP dashboard

No breakdown of information so each CCG colour coded the same as PCT

① Both breaches so far this year at St. George's Hospital (Tooting)

Quality 5. Treating and caring for people in a safe environment and protecting them from avoidable harm (East)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | | Total Slough CCG | | Total WAM CCG | | PCT Total | Methodology | |
|--------------------------------------------------------------|------------------------|------------------|-----------------|---------------------|-----|------------------|-----|---------------|-----|-----------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MRSA bacteraemia | DH | 7 | M3 | | | | | | 0 | ↔ | No breakdown of information so each CCG colour coded the same as PCT | |
| | | | YTD | | | | | 2 | | | | |
| No C. Diff. cases | DH | 101 | M3 | | | | | 4 | ↓ | | | |
| | | | YTD | | | | 11 | | | | | |
| Antibiotics Prescribing: Clindamycin per STAR-PU | Local | TBC | Q4 11/12 | 19.00 | ↓ | 21.88 | ↓ | 19.66 | ▲ | 20.18 | ▲ | Consortia breakdown is based on the average of practice level data. This is not weighted by denominators and should be taken as an approximation only. Q4 data is available at PCT and CCG levels only |
| Antibiotics Prescribing: Coamoxiclav per STAR-PU | Local | TBC | Q4 11/12 | 0.79 | ↔ | 0.57 | ↓ | 1.07 | ↔ | 0.81 | ↔ | |
| Antibiotics Prescribing: Ciprofloxacin per STAR-PU | Local | TBC | Q4 11/12 | 5.72 | new | 5.29 | new | 6.11 | new | 5.70 | new | |
| Antibiotics Prescribing: Cephalosporins per STAR-PU | Local | TBC | Q4 11/12 | 17.34 | ▲ | 15.29 | ▲ | 14.60 | ▲ | 15.75 | ▲ | |
| Antibiotics Prescribing: Quinolones | Local | TBC | Q4 11/12 | 6.86 | new | 5.98 | new | 7.07 | new | 6.64 | new | |
| Antibiotics Prescribing: PPIs (Proton Pump Inhibitors) | Local | TBC | Q4 11/12 | 229.72 | new | 313.13 | new | 264.88 | new | 269.24 | new | |
| % of all adult inpatients who have had a VTE risk assessment | DH | 90% | M3 (HWPFT only) | | | | | | | 91.7% | ↓ | HWPFT Trust position only. CCGs colour coded the same as PCT |

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | | Total Slough CCG | | Total WAM CCG | | PCT Total | Methodology |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|-----------------|----------------------------------|-----|------------------|-----|---------------|-----|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of smoking quitters | DH | Q1/2/3-550,Q4-850,Annual-2500 11/12 target: 2433 | Q4 11/12 | 153 | | 158 | | 129 | | 648 | CCG breakdown based on actual patient data and registered practice. CCG colour coding based on LA targets. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 418 | | 443 | | 355 | | 2302 | |
| All women to receive results of cervical screening tests within two weeks | Local | 98% | M4 | 93.4% | ▲ | 99.7% | ◀▶ | 98.3% | ▲ | 97.0% | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 94.6% | | 99.1% | | 98.3% | | 97.2% | |
| Breast screening 36 month coverage (women aged 50-70) | SHA | TBC | M10 11/12 | 75.2% | ◀▶ | 64.5% | ▼ | 75.4% | ▼ | 72.5% | ◀▶ |
| Breast screening 36 month coverage (women aged 47-73) | SHA | TBC | M10 11/12 | 60.5% | ◀▶ | 50.9% | ▼ | 60.8% | ▼ | 58.1% | ▼ |
| Uptake on invitations from the Bowel Screening Programme (60-75) | SHA | 60% | M10 11/12 | 52.4% | ▲ | 36.1% | ▼ | 50.6% | ▼ | 47.6% | ▼ |
| Number of people aged 40-74 who have been offered a health check | DH | 5303 per quarter | Q1 | | | | | | | 214 | ▼ |
| | | | YTD | | | | | | | 214 | |
| Number of people aged 40-74 who have received a health check | DH | 1326 per quarter | Q1 | | | | | | | 67 | ▼ |
| | | | YTD | | | | | | | 67 | |
| Diagnosis rate for Chlamydia from all services | Local | 2,400 diagnosis per 100,000 population no 11/12 target | Q4 11/12 | | | | | | | 1568.4 | ▲ |
| | | | YTD | | | | | | | 1432.0 | |
| Chlamydia cases confirmed by Chlamydia Screening Service | Local | TBC | M2 | | | | | | | 29 | ◀▶ |
| | | | YTD | | | | | | | 58 | |
| % Offered diabetic eye screening ① | SHA | 95% | Q4 11/12 | 98.2% | new | 97.6% | new | 98.2% | new | 105.5% | ▼ |
| | | | Q1 | CCG-Level data not yet available | | | | | | 105.3% | |
| % Received diabetic eye screening ② | SHA | 70% | Q4 11/12 | 75.7% | new | 68.3% | new | 75.4% | new | 70.4% | ▲ |
| | | | Q1 | CCG-Level data not yet available | | | | | | 72.3% | |

① % Offered Diabetic Eye Screening - the PCT figure is > 100% because it relates to the preceding rolling year and patients offered during the year may subsequently be excluded from the programme and therefore also from the denominator in the percentage calculation. Also, newly diagnosed patients must be invited for screening within 3 months, and may subsequently be invited later in the same year to bring them in line with the rolling screening programme at their GP Practice

② CCG-level data collected based on a workaround using different methodology to that used at PCT-level. As a result the aggregated CCGs will not add up to the PCT-level figure, however comparisons can be made between practices and CCGs within this dataset.

Public Health (East) - continued



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | | Total Slough CCG | | Total WAM CCG | | PCT Total | | Methodology |
|------------------------------------------------|------------------------|------------------|-----------------|---------------------|--------|------------------|--------|---------------|--------|-----------|--------|---------------------------------------------------------------------------------------------------------------------------------|
| | | | | Value | Change | Value | Change | Value | Change | Value | Change | |
| Breastfeeding at 6-8 weeks - Prevalence | SHA | 60.5% | Q1 | 48.0% | new | 58.1% | new | 62.4% | new | 56.1% | ▲ | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| Breastfeeding at 6-8 weeks - Coverage | SHA | 95% | Q1 | 96.6% | new | 96.6% | new | 93.3% | new | 95.5% | ▲ | |
| Rate age 1 completed DTaP/IPV/Hib immunisation | SHA | 95% | Q4 11/12 | 94.1% | new | 94.8% | new | 95.0% | new | 93.9% | ▲ | |
| Rate age 2 completed pneumococcal immunisation | SHA | 95% | Q4 11/12 | 90.2% | new | 92.7% | new | 94.3% | new | 91.5% | ▼ | |
| Rate age 2 completed Hib/MenC immunisation | SHA | 95% | Q4 11/12 | 91.0% | new | 93.4% | new | 94.1% | new | 92.0% | ▼ | |
| Rate age 2 completed MMR immunisation | SHA | 95% | Q4 11/12 | 91.7% | new | 92.6% | new | 92.9% | new | 91.5% | ▼ | |
| Rate age 5 completed DTaP/IPV immunisation | SHA | 95% | Q4 11/12 | 89.2% | new | 88.3% | new | 91.1% | new | 87.2% | ▲ | |
| Rate age 5 completed MMR immunisation | SHA | 95% | Q4 11/12 | 88.0% | new | 87.1% | new | 89.5% | new | 85.9% | ▼ | |

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Resources (Finance, Capacity & Activity) (East)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | | Total Slough CCG | | Total WAM CCG | | PCT Total | Methodology |
|----------------------------------------------------------------------------|------------------------|------------------|-----------------|---------------------|---|------------------|---|---------------|---|-----------|---------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | | | | | |
| Non-elective FFCEs (First Finished Consultant Episodes) | DH | < 30,867 for yr | M3 | 737 | ▲ | 1082 | ▲ | 899 | ▲ | 2765 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 2319 | | 3546 | | 2863 | | 8903 | |
| No of GP written referrals | DH | < 69,852 for yr | M3 | | | | | | | 5699 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | | | 18,563 | |
| No of other referrals | DH | < 31,097 for yr | M3 | | | | | | | 2674 | |
| | | | YTD | | | | | | | 8320 | |
| No 1st outpatient attendances after GP referral | DH | < 50,941 for yr | M3 | 1152 | ▲ | 1111 | ▲ | 1287 | ▲ | 3571 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 3818 | | 3707 | | 4419 | | 12,014 | |
| No of first outpatient attendances | DH | < 86,318 for yr | M3 | 2096 | ▲ | 1869 | ▲ | 2010 | ▲ | 6024 | |
| | | | YTD | 6884 | | 6022 | | 6830 | | 19,920 | |
| No of elective FFCEs (ordinary adms & separately daycases) | DH | < 40,497 for yr | M3 | 981 | ▲ | 1087 | ▲ | 1196 | ▲ | 3276 | |
| | | | YTD | 3199 | | 3412 | | 3773 | | 10,426 | |
| Number of endoscopy tests completed | DH | < 9216 in yr | M3 | | | | | | | 709 | |
| | | | YTD | | | | | | | 2237 | |
| Number of non-endoscopy tests completed | DH | < 96,279 in yr | M3 | | | | | | | 7577 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | | | 23,654 | |
| Total numbers waiting at the end of the month on an incomplete RTT pathway | DH | < 10,730 by M12 | M3 | | | | | | | 13,200 | ▼ |
| Number of health visitor WTEs | DH | 59.7 WTEs | M4 | | | | | | | 52.4 WTE | ▼ |

Reform (Commissioner, Provider & building capability and partnership) (East)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | Total Bracknell CCG | Total Slough CCG | Total WAM CCG | PCT Total | Methodology |
|-------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|------------------------------|------------------|---------------|-----------|-------------|
| % authorisation of Clinical Commissioning Groups | DH | TBC | | Awaiting further DH guidance | | | | |
| % of General Practice lists reviewed and 'cleaned' ① | DH | < 5% | Q1 | | | | 4.9% | new |
| Bookings to services where named consultant led team was available (even if not selected) | DH | 80% | M4 HWPFT | | | | 87% | ▲ |
| Proportion of GP referrals to first outpatient appointments booked using Choose and Book | DH | 80% by M12 | M4 | | | | 35% | ▼ |
| Trend in value/volume of patients being treated at non-NHS hospitals | DH | 10% | M4 | | | | 1.8% | ▼ |
| % of patients with electronic access to their medical records ② | DH | TBC | M4 | | | | 40% | ▲ |
| Completed transfer of Public Health functions to Local Authorities | DH | Complete by M12 | | Data source to be determined | | | | |

① DH guidance measures this by comparing estimate ONS resident populations with GP practice registered population

② % of patients with electronic access to their medical records – This indicator is measured on a proxy basis by the percentage of patients who have a summary care record (SCR) available on the National database system. A SCR covers a small amount of detail on the patient to aid care provision across different healthcare settings. It includes information such as medications, adverse reactions and allergies. Patients have an opportunity to opt out of this service.

Quality 1. Preventing people from dying prematurely (West)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | North and West Reading CCG | Wokingham CCG | Newbury CCG | PCT Total | Methodology |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|-----------------|-------------------|----------------------------|---------------|-------------|-----------|-------------|
| Cat A response within 8 mins | DH | 75% | M3 | | | | | 75.0% | ▲ |
| | | | YTD | | | | | 71.6% | |
| Cat A transportation time within 19 mins | DH | 95% | M3 | | | | | 96.2% | ▲ |
| | | | YTD | | | | | 95.8% | |
| % of ambulance handovers completed within 15 minutes | SHA | 70% by M3,80% by M8,95% by M12 | M4 (RBFT Only) | | | | | 60.7% | ▲ |
| | | | YTD | | | | | 56.7% | |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer | DH | 85% | M3 | | | | | 87.3% | ▲ |
| | | | YTD | | | | | 85.1% | |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service | DH | 90% | M3 | | | | | 85.0% | ▲ |
| | | | YTD | | | | | 85.7% | |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status | DH | No Target | M3 | | | | | 100.0% | ↔ |
| | | | YTD | | | | | 85.7% | |
| Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis | DH | 96% | M3 | | | | | 95.5% | ▼ |
| | | | YTD | | | | | 96.2% | |
| Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery | DH | 94% | M3 | | | | | 95.5% | ▼ |
| | | | YTD | | | | | 97.5% | |
| Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime | DH | 98% | M3 | | | | | 100.0% | ▲ |
| | | | YTD | | | | | 98.9% | |
| Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course | DH | 94% | M3 | | | | | 100.0% | ▲ |
| | | | YTD | | | | | 94.1% | |

No breakdown of information so each CCG colour coded the same as PCT

Quality 2. Enhancing quality of life for people with long-term conditions (West)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | | North and West Reading CCG | | Wokingham CCG | | Newbury CCG | | PCT Total | Methodology | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|-------------------|---|----------------------------|---|---------------|---|-------------|---|-----------|-------------|---------------------------------------------------------------------------------------------------------------------------------|
| The number of new cases of psychosis served by early intervention teams year to date | DH | TBC | Q1 | | | | | | | | | 118 | ▲ | No breakdown of information so each CCG colour coded the same as PCT |
| Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT | DH | TBC | Q1 | | | | | | | | | 364 | ▼ | |
| The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA) | DH | 95% | Q4 11/12 | | | | | | | | | 93.5% | ▼ | |
| | | | YTD | | | | | | | | | 96.0% | ▼ | |
| Proportion of those with depression and/or anxiety disorders receiving psychological therapy | DH | 12.3% | Q1 | | | | | | | | | 3.3% | ▼ | |
| | | | YTD | | | | | | | | | 3.3% | ▼ | |
| Proportion of those who have received psychological therapy moving to recovery | DH | 54% | Q1 | | | | | | | | | 55.5% | ▼ | |
| | | | YTD | | | | | | | | | 55.5% | ▼ | |
| % of people with LTCs who said they had had enough support from local services/orgs | DH | TBC | Q3-4 11/12 | 83.4% | ▲ | 89.3% | ▲ | 91.3% | ▲ | 89.7% | ▲ | 88.1% | ▲ | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| Proportion of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) per 100,000 population | DH | TBC | Q1 | 128.86 | ▼ | 151.99 | ▲ | 146.21 | ▼ | 146.66 | ▼ | 143.11 | ▼ | |
| Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population | DH | TBC | Q1 | 48.88 | ▲ | 66.23 | ▲ | 36.65 | ▲ | 67.07 | ▼ | 53.00 | ▲ | |

Quality 3. Helping people to recover from episodes of ill health or following injury (West)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | | North and West Reading CCG | | Wokingham CCG | | Newbury CCG | | PCT Total | | Methodology |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|-------------------|-------|----------------------------|-------|---------------|-------|-------------|-------|-----------|-------|---------------------------------------------------------------------------------------------------------------------------------|
| | | | | Value | Trend | Value | Trend | Value | Trend | Value | Trend | Value | Trend | |
| Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population | DH | TBC | Q1 | 180.51 | ▲ | 170.93 | ▲ | 173.49 | ▲ | 183.15 | ▲ | 176.92 | ▲ | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| % spending 90%+ time on stroke unit | SHA | 80% | Q1 | | | | | | | | | 83.8% | ▲ | No breakdown of information so each CCG colour coded the same as PCT |
| | | | M3 | | | | | | | | | 92.8% | | |
| | | | YTD | | | | | | | | | 83.8% | | |
| TIA % high risk treat <24 hours | SHA | 60% | Q1 | | | | | | | | | 96.5% | ▲ | |
| | | | M3 | | | | | | | | | 93.3% | | |
| | | | YTD | | | | | | | | | 96.5% | | |

Quality 4. Ensuring that people have a positive experience of care (West)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | | North and West Reading CCG | | Wokingham CCG | | Newbury CCG | | PCT Total | | Methodology | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|-----------------|----------------------------------|---|----------------------------|---|---------------|---|-------------|-------|-----------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | | | | | | | | | | | | | | |
| Patient experience survey | DH | TBC | Q3-4 11/12 | | | | | | | | | 68 | new | | |
| RTT - admitted % within 18 weeks | DH | 90% | M2 | 92.8% | ▲ | 90.9% | ▼ | 91.1% | ▼ | 94.2% | ▲ | 92.9% | ▼ | CCG breakdown based on actual patient data and registered practice. Currently reflects West patients treated at RBH and FPH only. Practice level breakdowns are available on the GP dashboard | |
| | | | YTD | 92.1% | | 91.9% | | 91.8% | | 92.8% | | 93.1% | | | |
| | | | M3 | CCG-Level data not yet available | | | | | | | | 91.4% | ▼ | | |
| | | | YTD | CCG-Level data not yet available | | | | | | | | 92.6% | ▼ | | |
| RTT admitted no. treatment functions/specialties not achieved | DH | 0 | M3 | | | | | | | | 3 | ↔ | | | |
| RTT - non-admitted % within 18 weeks | DH | 95% | M2 | 99.4% | ▼ | 99.0% | ▼ | 99.0% | ▼ | 98.6% | ▼ | 99.0% | ▼ | | |
| | | | YTD | 99.6% | | 99.1% | | 99.3% | | 98.7% | | 99.1% | | | |
| | | | M3 | CCG-Level data not yet available | | | | | | | | 98.7% | ▼ | | |
| | | | YTD | CCG-Level data not yet available | | | | | | | | 99.0% | ▼ | | |
| RTT non-admitted no. treatment functions/specialties not achieved | DH | 0 | M3 | | | | | | | | 2 | ▼ | | | |
| RTT - incomplete % within 18 weeks | DH | 92% | M2 | 96.0% | ▲ | 95.5% | ▲ | 95.9% | ▲ | 95.6% | ▲ | 95.8% | ▲ | | |
| | | | YTD | 91.6% | | 91.8% | | 91.6% | | 92.4% | | 92.8% | | | |
| | | | M3 | CCG-Level data not yet available | | | | | | | | 92.7% | ▼ | | |
| | | | YTD | CCG-Level data not yet available | | | | | | | | 92.7% | ▼ | | |
| RTT incomplete no. treatment functions/specialties not achieved | DH | 0 | M3 | | | | | | | | 6 | ▼ | | | |
| Diagnostics % waiting 6 weeks or more | DH | < 1% (SHA Target 0) | M3 | | | | | | | | 0.5% | ▼ | No breakdown of information so each CCG colour coded the same as PCT. Please see footnote at bottom of page | | |
| | | | YTD | | | | | | | | 0.4% | ▼ | | | |
| % of patients who spent 4 hours or less in A&E (RBH Only) | DH | 95% | w/e 05/8/12 | | | | | | | | 93.4% | ▲ | | | |
| | | | Q2TD | | | | | | | | | 95.3% | | ▲ | |
| | | | YTD | | | | | | | | | 95.1% | | ▲ | |
| Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer | DH | 93% | M3 | | | | | | | | 89.1% | ▼ | | | |
| | | | YTD | | | | | | | | | 92.0% | | ▼ | |
| Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected | DH | 93% | M3 | | | | | | | | 93.9% | ▼ | | | |
| | | | YTD | | | | | | | | | 93.4% | | ▼ | |
| Number of unjustified MSA breaches | DH | 0 | M3 | | | | | | | | 0 | ↔ | | | |
| | | | YTD | | | | | | | | | 0 | ↔ | | |
| Delayed Transfers of Care (Acute & MH) per 100,000 Population | SHA | TBC | Q4 11/12 | | | | | | | | 9.0 | ▼ | | | |

Quality 5. Treating and caring for people in a safe environment and protecting them from avoidable harm (West)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | North and West Reading CCG | Wokingham CCG | Newbury CCG | PCT Total | Methodology |
|--------------------------------------------------------------|------------------------|------------------|-----------------|-------------------|----------------------------|----------------|----------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MRSA bacteraemia | DH | 4 | M3 | | | | | 0 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | 0 | |
| No C. Diff. cases ① | DH | 194 | M3 | CA: 1 TA: 0 | CA: 0 TA: 0 | CA: 2 TA: 0 | CA: 0 TA: 0 | 4 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard. Please see footnote at bottom of page |
| | | | YTD | CA: 4 TA: 1 | CA: 4 TA: 1 | CA: 8 TA: 1 | CA: 4 TA: 0 | 28 | |
| Antibiotics Prescribing: Clindamycin per STAR-PU | Local | TBC | Q4 11/12 | 24.70 | 25.61 | 27.83 | 22.43 | 27.16 | Consortia breakdown is based on the average of practice level data. This is not weighted by denominators and should be taken as an approximation only. Q4 data is available at PCT and CCG levels only |
| Antibiotics Prescribing: Coamoxiclav per STAR-PU | Local | TBC | Q4 11/12 | 0.53 | 0.99 | 0.53 | 0.49 | 0.66 | |
| Antibiotics Prescribing: Ciprofloxacin per STAR-PU | Local | TBC | Q4 11/12 | 2.69 | 4.03 | 3.52 | 2.92 | 3.63 | |
| Antibiotics Prescribing: Cephalosporins per STAR-PU | Local | TBC | Q4 11/12 | 8.23 | 9.00 | 9.66 | 6.85 | 9.24 | |
| Antibiotics Prescribing: Quinolones | Local | TBC | Q4 11/12 | 3.21 | 4.72 | 4.18 | 3.33 | 4.22 | |
| Antibiotics Prescribing: PPIs (Proton Pump Inhibitors) | Local | TBC | Q4 11/12 | 48.85 | 51.55 | 38.08 | 45.74 | 46.06 | |
| % of all adult inpatients who have had a VTE risk assessment | DH | 90% | M3 (RBFT only) | | | | | 66.7% | |

① CA refers to Community Acquired and "TA" refers to Trust Acquired C.Diff cases. Sum of CCGs will not always equal PCT total as CCG cases come from a different data source.

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | | North and West Reading CCG | | Wokingham CCG | | Newbury CCG | | PCT Total | Methodology |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|-----------------|----------------------------------|-------|----------------------------|-------|---------------|-------|-------------|-------|-----------|-------------|
| | | | | Value | Trend | Value | Trend | Value | Trend | Value | Trend | | |
| Number of smoking quitters | DH | Q1/2/3-517,Q4-799,Annual-2350 | Q4 11/12 | 199 | <> | 121 | <> | 155 | <> | 115 | <> | 614 | v |
| | | | YTD | 704 | | 444 | | 562 | | 415 | | 2287 | |
| All women to receive results of cervical screening tests within two weeks | Local | 98% | M4 | 99.9% | <> | 99.5% | v | 98.8% | ^ | 99.6% | ^ | 99.4% | ^ |
| | | | YTD | 99.9% | | 99.7% | | 98.8% | | 99.0% | | 99.3% | |
| Breast screening 36 month coverage (women aged 50-70) | SHA | TBC | M10 11/12 | 67.1% | <> | 75.1% | v | 77.7% | ^ | 75.2% | v | 74.6% | <> |
| Breast screening 36 month coverage (women aged 47-73) | SHA | TBC | M10 11/12 | 52.4% | <> | 61.4% | v | 63.2% | ^ | 62.1% | v | 60.6% | <> |
| Uptake on invitations from the Bowel Screening Programme (60-75) | SHA | 60% | M10 11/12 | 42.6% | v | 55.0% | <> | 59.7% | <> | 56.6% | v | 54.8% | v |
| Number of people aged 40-74 who have been offered a health check | DH | 6133 per quarter | Q1 | 1706 | | 1005 | new | 572 | new | 174 | new | 3442 | ^ |
| | | | YTD | 1706 | | 1005 | | 572 | | 174 | | 3442 | |
| Number of people aged 40-74 who have received a health check | DH | 2750 per quarter | Q1 | 543 | new | 482 | new | 372 | new | 335 | new | 1768 | v |
| | | | YTD | 543 | | 482 | | 372 | | 335 | | 1768 | |
| Diagnosis rate for Chlamydia from all services | Local | 2,400 diagnosis per 100,000 population no 11/12 target | Q4 11/12 | | | | | | | | | 2320 | <> |
| | | | YTD | | | | | | | | | | 1842 |
| Chlamydia cases confirmed by Chlamydia Screening Service | Local | TBC | M2 | | | | | | | | | 35 | ^ |
| | | | YTD | | | | | | | | | | 65 |
| % Offered diabetic eye screening ① | SHA | 95% | Q4 11/12 | 97.2% | new | 94.8% | new | 96.2% | new | 97.4% | new | 102.5% | <> |
| | | | Q1 | CCG-Level data not yet available | | | | | | | | 100.8% | v |
| % Received diabetic eye screening ② | SHA | 70% | Q4 11/12 | 70.7% | new | 75.3% | new | 79.7% | new | 76.3% | new | 73.6% | <> |
| | | | Q1 | CCG-Level data not yet available | | | | | | | | 70.2% | v |
| Breastfeeding at 6-8 weeks - Prevalence | SHA | 63.5% | Q1 | 52.3% | ^ | 59.3% | ^ | 63.4% | ^ | 48.9% | ^ | 55.8% | ^ |
| Breastfeeding at 6-8 weeks - Coverage | SHA | 95% | Q1 | 95.1% | ^ | 97.6% | ^ | 93.9% | ^ | 97.0% | ^ | 95.0% | ^ |
| Rate age 1 completed DTaP/IPV/Hib immunisation | SHA | 95% | Q4 11/12 | 93.8% | ^ | 96.5% | v | 95.7% | v | 96.3% | v | 95.2% | ^ |
| Rate age 2 completed pneumococcal immunisation | SHA | 95% | Q4 11/12 | 90.3% | ^ | 93.9% | ^ | 94.2% | ^ | 93.2% | ^ | 92.2% | <> |
| Rate age 2 completed Hib/MenC immunisation | SHA | 95% | Q4 11/12 | 89.8% | v | 93.6% | v | 93.4% | ^ | 93.3% | v | 91.8% | v |
| Rate age 2 completed MMR immunisation | SHA | 95% | Q4 11/12 | 92.1% | ^ | 95.5% | ^ | 95.2% | ^ | 93.9% | ^ | 93.5% | v |
| Rate age 5 completed DTaP/IPV immunisation | SHA | 95% | Q4 11/12 | 86.3% | ^ | 91.5% | ^ | 92.2% | ^ | 92.2% | ^ | 89.3% | v |
| Rate age 5 completed MMR immunisation | SHA | 95% | Q4 11/12 | 84.2% | ^ | 90.1% | ^ | 91.3% | ^ | 89.6% | ^ | 87.7% | v |

① % Offered Diabetic Eye Screening - the figure is > 100% because it relates to the preceding rolling year and patients offered during the year may subsequently be excluded from the programme and therefore also from the denominator in the percentage calculation. Also, newly diagnosed patients must be invited for screening within 3 months, and may subsequently be invited later in the same year to bring them in line with the rolling screening programme at their GP Practice

② CCG-level data collected based on a workaround using different methodology to that used at PCT-level. As a result the aggregated CCGs will not add up to the PCT-level figure, however comparisons can be made between practices and CCGs within this dataset.

Resources (Finance, Capacity & Activity) (West)

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | | North and West Reading CCG | | Wokingham CCG | | Newbury CCG | | PCT Total | Methodology |
|----------------------------------------------------------------------------|------------------------|------------------|-----------------|-------------------|---|----------------------------|---|---------------|---|-------------|---|-----------|---------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | | | | | | | | |
| Non-elective FFCEs (First Finished Consultant Episodes) | DH | < 29,219 in yr | M3 | 592 | ▲ | 618 | ▼ | 748 | ▲ | 648 | ▼ | 2653 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 1814 | | 1727 | | 2249 | | 1848 | | 7758 | |
| No of GP written referrals | DH | < 72,469 in yr | M3 | | | | | | | | | 6178 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | | | | | 19,339 | |
| No of other referrals | DH | < 40,590 in yr | M3 | | | | | | | | | 4204 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | | | | | 11,310 | |
| No 1st outpatient attendances after GP referral | DH | < 63,613 in yr | M3 | 1197 | ▲ | 1073 | ▲ | 1453 | ▲ | 1337 | ▲ | 5083 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 3536 | | 3411 | | 4651 | | 4066 | | 15,722 | |
| No of first outpatient attendances | DH | < 141,235 in yr | M3 | 2403 | ▲ | 2328 | ▲ | 3210 | ▲ | 2614 | ▲ | 10,621 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 7456 | | 7331 | | 10,274 | | 8227 | | 33,460 | |
| No of elective FFCEs (ordinary adms & separately daycases) | DH | < 41,606 in yr | M3 | 658 | ▲ | 685 | ▲ | 956 | ▲ | 832 | ▲ | 3156 | CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard |
| | | | YTD | 2108 | | 2313 | | 3185 | | 2664 | | 10,337 | |
| Number of endoscopy tests completed | DH | < 7089 in yr | M3 | | | | | | | | | 609 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | | | | | 1842 | |
| Number of non-endoscopy tests completed | DH | < 90,661 in yr | M3 | | | | | | | | | 5855 | No breakdown of information so each CCG colour coded the same as PCT |
| | | | YTD | | | | | | | | | 21,495 | |
| Total numbers waiting at the end of the month on an incomplete RTT pathway | DH | < 11,355 by M12 | M3 | | | | | | | | | 21,187 | |
| Number of health visitor WTEs | DH | 72.5 WTEs | M4 | | | | | | | | | 58.4 WTE | |

Reform (Commissioner, Provider & building capability and partnership) (West)



Berkshire

| Description | Indicator Regulated By | PCT 12/13 Target | Reported Period | South Reading CCG | North and West Reading CCG | Wokingham CCG | Newbury CCG | PCT Total | Methodology | |
|-------------------------------------------------------------------------------------------|------------------------|------------------|-----------------|------------------------------|----------------------------|---------------|-------------|-----------|-------------|----------------------------------------------------------------------|
| % authorisation of Clinical Commissioning Groups | DH | TBC | | Awaiting further DH guidance | | | | | | |
| % of General Practice lists reviewed and 'cleaned' ① | DH | < 5% | Q1 | | | | | 7.5% | new | |
| Bookings to services where named consultant led team was available (even if not selected) | DH | 80% | M4 RBFT | | | | | 95% | ▲ | |
| Proportion of GP referrals to first outpatient appointments booked using Choose and Book | DH | 80% by M12 | M4 | | | | | 69% | ▼ | |
| Trend in value/volume of patients being treated at non-NHS hospitals | DH | 10% | M4 | | | | | 8.5% | ▲ | |
| % of patients with electronic access to their medical records ② | DH | TBC | M4 | | | | | 38% | ▲ | |
| Completed transfer of Public Health functions to Local Authorities | DH | Complete by M12 | | Data source to be determined | | | | | | No breakdown of information so each CCG colour coded the same as PCT |

① DH guidance measures this by comparing estimate ONS resident populations with GP practice registered population

② % of patients with electronic access to their medical records – This indicator is measured on a proxy basis by the percentage of patients who have a summary care record (SCR) available on the National database system. A SCR covers a small amount of detail on the patient to aid care provision across different healthcare settings. It includes information such as medications, adverse reactions and allergies. Patients have an opportunity to opt out of this service.