

# Non-Financial Performance Report July 2012

Reporting on the latest available non-financial performance

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### Notes / Key

- Changes since last report: A = improvement, V = 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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Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brac	knell	Total Slo CCG	Control of No. 3	Total WAM	ccg	PCT Tot	tal	Methodology
Cat A response within 8 mins	DH	75%	МЗ							74.7%	A	
	51.	7070	YTD							71.3%		
Cat A transportation time within 19 mins	DH	95%	M3							96.6%	_	No breakdown of information
	51.	5070	YTD							96.2%		so each CCG colour coded the same as PCT
% of ambulance handovers completed within 15 minutes	SHA	TBC	M4 (HWPFT Only)							55.2%	<b>&lt;&gt;</b>	the same as 1 of
The State State State Section			YTD							59.5%	1	
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected	DH	85%	МЗ	100.0%	new	100.0%	new	89.5%	new	93.6%		
cancer	511	0370	YTD		Hew		new		new	90.8%	^	
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer	DH	90%	M3	100.0%		100.0%		100.0%		90.0%		
Screening Service	DR	90%	YTD		new		new		new	95.8%	\ \	
Percentage of patients receiving first definitive treatment for	511	11 - 1	M3		No	oatients trea	ted un	der this pati	nway ir	M3	-	
cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	YTD	No HW	PH pat	ients treated	d unde	r this pathw	ay	100.0%	<b>&lt;&gt;</b>	CCG breakdown based on actual patient data and
Percentage of patients receiving first definitive treatment	DH	96%	M3	100.0%		100.0%		100.0%		99.0%		registered practice. Split
within one month of a cancer diagnosis	DH	96%	YTD		new		new		new	98.1%		available for HWPH patients in M3 only. Practice level
Percentage of patients receiving subsequent treatment for	DH	94%	M3	100.0%	new	100.0%	now	100.0%	new	96.2%	V	breakdowns are available on the GP dashboard
cancer within 31-days where that treatment is Surgery	DI1	54 76	YTD		new		new		new	97.9%		tile GF dashboald
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer	DH	98%	МЗ	100.0%		100.0%	100000000000000000000000000000000000000	100.0%		100.0%		
Drug Regime	חט	90%	YTD		new		new		new	100.0%	<b>&lt;&gt;</b>	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy	DH	94%	M3							100.0%		
Treatment Course	DH	5470	YTD	No HWPH patients treated under this pathway				ay	91.2%	^		

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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brac CCG	knell	Total Slo	ugh	Total WAM	ccg	PCT To	tal	Methodology	
The number of new cases of psychosis served by early intervention teams year to date	DH	TBC	Q1							125	A		
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	TBC	Q1							313	٧		
The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of	DH	95%	Q4 11/12							97.2%		No breakdown of information so each CCG colour coded the same as PCT	
discharge from psychiatric in-patient care during the quarter (QA)	l DH	95%	YTD							96.5%			
Proportion of those with depression and/or anxiety disorders	DH	9.1%	Q1							2.7%	A		
receiving psychological therapy	Dir	3.170	YTD							2.7%			
Proportion of those who have received psychological therapy	DH	50%	Q1							49.6%			
moving to recovery	) Dh	50%	YTD					10.10		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%	A	76.4%	A	88.2%	^	83.9%	A	CCG breakdown based on	
Proportion of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) per 100,000 population	DH	TBC	Q1	139.51	A	184.30	A	135.90	A	152.70	A	actual patient data and registered practice. Practice level breakdowns are available on the GP	
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC	Q1	36.70	A	82.88	A	60.05	~	61.18	^	dashboard	

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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brack	knell	Total Slot	ugh	Total WAM	Total WAM CCG		al	Methodology	
Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population	DH	TBC	Q1	215.58	<b>*</b>	357.95	^	272.79	^	283.20	<b>A</b>	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard	
			Q1							88.1%			
% spending 90%+ time on stroke unit	SHA	80%	M3			14				97.8%	~		
3-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-			YTD							88.1%		No breakdown of information so each CCG colour coded	
			Q1							71.4%		the same as PCT	
TIA % high risk treat <24 hours	SHA	60%	60%	M3							50.0%	V	
				YTD							71.4%		

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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brac	knell	Total Slot	ugh	Total WAM	ccg	PCT To	al	Methodology
Patient experience survey	DH	TBC	Q3-4 11/12							63	new	
RTT - admitted % within 18 weeks	DH	90%	M3 YTD							93.0% 90.5%	A	
RTT admitted no. treatment functions/specialties not achieved	DH	0	M3							3.	<b>&lt;&gt;</b>	
RTT - non-admitted % within 18 weeks	DH	95%	M3 YTD							98.2% 98.1%	A	_
RTT non-admitted no. treatment functions/specialties not achieved	DH	0	M3							2	A	No breakdown of information
RTT - incomplete % within 18 weeks	DH	92%	M3 YTD							94.6%	٧	so each CCG colour coded the same as PCT
RTT incomplete no. treatment functions/specialties not achieved	DH	0	M3							2	<b>&lt;&gt;</b>	
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M3 YTD							0.2%	٧	
			w/e 05/8/12							97.1%		
% of patients who spent 4 hours or less in A&E (HWPH only)	DH	95%	Q2TD YTD							94.8% 95.1%	٧	
Percentage of patients seen within two weeks of an urgent	DH	93%	МЗ	95.2%	now	89.1%	now	96.5%	now	94.1%	~	CCG breakdown based on
GP referral for suspected cancer	DH	93%	YTD		new		new		new	95.2%	•	actual patient data and registered practice. Split
Percentage of patients seen within two weeks of an urgent	5.11	2007	МЗ	100.0%		100.0%		100.0%		100.0%		available for HWPH patients in M3 only. Practice level breakdowns are available on
referral for breast symptoms where cancer is not initially suspected	DH	93%	YTD		new		new		new	99.7%	^	the GP dashboard
Number of unjustified MSA breaches <b>0</b>	DH	0	M3 YTD							1 2	<>	No breakdown of information so each CCG colour coded
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12							6.8		the same as PCT

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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brad		Total Slo		Total WAN	I CCG	PCT To	tal	Methodology
MRSA bacteraemia	DH	7	М3							0		
WINCA Bacterachila	DIT.	,	YTD							2	<b>&lt;&gt;</b>	No breakdown of information so each CCG colour coded
No C. Diff. cases	DH	101	M3							4	_	the same as PCT
O. Dill. cases		101	YTD							11		
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q4 11/12	19.00	~	21.88	٧	19.66	A	20.18	A	
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q4 11/12	0.79	<b>&lt;&gt;</b>	0.57	٧	1.07	<b>&lt;&gt;</b>	0.81	<b>&lt;&gt;</b>	Consortia breakdown is based on the average of
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q4 11/12	5.72	new	5.29	new	6.11	new	5.70	new	practice level data. This is not weighted by denominators
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q4 11/12	17.34	A	15.29	A	14.60	A	15.75	A	and should be taken as an approximation only. Q4 data
Antibiotics Prescribing: Quinolones	Local	TBC	Q4 11/12	6.86	new	5.98	new	7.07	new	6.64	new	is available at PCT and CCG levels only
Antibiotics Prescribing: PPIs (Proton Pump Inhibitors)	Local	TBC	Q4 11/12	229.72	new	313.13	new	264.88	new	269.24	new	10.1010 01y
% 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

### Public Health (East)



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brac		Total Slo	ugh	Total WAM	ccg	PCT Tot	al	Methodology
Number of smoking guitters	DH	Q1/2/3-550,Q4- 850,Annual-2500	Q4 11/12	153		158		129		648		CCG breakdown based on actual patient data and registered practice. CCG
Number of Smoking quitters	DH	11/12 target: 2433	YTD	418	٧	443	*	355	٧	2302	~	colour coding based on LA targets. Practice level breakdowns are available on the GP dashboard
All women to receive results of cervical screening tests within	Local	98%	M4	93.4%	A	99.7%	<b>&lt;&gt;</b>	98.3%	A	97.0%	A	
two weeks	2004	5570	YTD	94.6%		99.1%		98.3%		97.2%		CCG breakdown based on
Breast screening 36 month coverage (women aged 50-70)	SHA	TBC	M10 11/12	75.2%	<b>&lt;&gt;</b>	64.5%	٧	75.4%	¥	72.5%	<b>&lt;&gt;</b>	actual patient data and registered practice. Practice
Breast screening 36 month coverage (women aged 47-73)	SHA	TBC	M10 11/12	60.5%	<b>&lt;&gt;</b>	50.9%	~	60.8%	٧	58.1%	٧	level breakdowns are available on the GP
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M10 11/12	52.4%	A	36.1%	٧	50.6%	٧	47.6%	٧	dashboard
Number of people aged 40-74 who have been offered a health check	DH	5303 per quarter	Q1 YTD							214	٧	
Number of people aged 40-74 who have received a health			Q1						-	214 67	-	
check	DH	1326 per quarter	YTD							67	٧	No breakdown of information
Diagnosis rate for Chlamydia from all services	Local	2,400 diagnosis per 100,000 population	Q4 11/12							1568.4	_	so each CCG colour coded the same as PCT
Diagnosis fate for Gillamydia fform all services	Local	no 11/12 target	YTD							1432.0		
Chlamydia cases confirmed by Chlamydia Screening Service	Local	TBC	M2							29	<b>&lt;&gt;</b>	
Chiamydia cases commined by Chiamydia Screening Service	Local	TBC	YTD							58	1	
% Offered diabetic eye screening <b>©</b>	SHA	95%	Q4 11/12	98.2%	new	97.6%	new	98.2%	new	105.5%	٧	CCG breakdown based on actual patient data and
70 Onlored diabetic bye scienting •	OnA	3370	Q1		CCG-I	Level data not	yet av	ailable		105.3%	٧	registered practice. Practice
% Received diabetic eye screening ❷	SHA	70%	Q4 11/12	75.7%	new	68.3%	new	75.4%	new	70.4%	<b>A</b>	available on the GP dashboard. Please see
70 Tood and one of ordering	SHA	70%	Q1		CCG-I	Level data not	yet av	available		72.3%	A	footnote at bottom of page

<sup>•</sup> Moffered 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

<sup>©</sup> 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.





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





Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Brac	knell	Total Slo	ugh	Total WAM CCG		PCT Tot	al	Methodology
Non-elective FFCEs (First Finished Consultant Episodes)	DH	< 30,867 for yr	М3	737		1082		899		2765	A	CCG breakdown based on actual patient data and registered practice. Practice
Non-elective 11 ocs (1 list 1 linished consultant cpisodes)	DIT	< 30,807 for yr	YTD	2319		3546	Î	2863		8903	^	level breakdowns are available on the GP dashboard
No of GP written referrals	DH	< 69,852 for yr	M3							5699		
TO OF WINDERFOLDINGS	Di i	< 09,032 for yr	YTD							18,563	^	No breakdown of information so each CCG colour coded
No of other referrals	DH	< 31,097 for yr	M3							2674	A	the same as PCT
The or other relations	511	401,007 for yr	YTD							8320		
No 1st outpatient attendances after GP referral	DH	< 50,941 for yr	M3	1152		1111		1287		3571		12020-270
The for suspections accordances after or forestall	5,,	100,041 101 31	YTD	3818		3707		4419		12,014		CCG breakdown based on actual patient data and
No of first outpatient attendances	DH	< 86,318 for yr	M3	2096	A	1869	A	2010		6024	A	registered practice. Practice
nto or mot outpations altoridanoso	5.1	- 00,0 to tot yt	YTD	6884		6022		6830		19,920		level breakdowns are available on the GP
No of elective FFCEs (ordinary adms & separately daycases)	DH	< 40,497 for yr	M3	981	A	1087		1196		3276	A	dashboard
The or distance in See (craimary dame a separately daysuses)	511	1 10,107 107 91	YTD	3199		3412		3773		10,426		
Number of endoscopy tests completed	DH	< 9216 in yr	M3							709	A	
Trainbor of chaoscopy tosts completed	5,1	4 02 10 III yi	YTD							2237		
Number of non-endoscopy tests completed	DH	< 96,279 in yr	M3							7577		No breakdown of information
Tallibor of flori officiolopy tools completed	511	- 00,270 m yr	YTD							23,654		so each CCG colour coded the same as PCT
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 10,730 by M12	МЗ							13,200	٧	and dame do t o t
Number of health visitor WTEs	DH	59.7 WTEs	M4							52.4 WTE	٧	



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



Description	Indicator Regulated By PCT 12/13 Target Reported Period CCG Total Bracknell CCG CCG		Total Slough CCG	Total WAM CCG	PCT To	otal	Methodology			
% authorisation of Clinical Commissioning Groups	DH	TBC			Manufacture &	Awaiting fu	ther DH guidance			
% of General Practice lists reviewed and 'cleaned'	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%	A	No breakdown of information so each CCG colour coded
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	appointments DH 80% by M12		M4					35%	٧	the same as PCT
Trend in value/volume of patients being treated at non-NHS hospitals	DH	10%	M4					1.8%	٧	
% of patients with electronic access to their medical records	DH	TBC	M4					40%	^	No breakdown of information so each CCG colour coded the same as PCT. Please see footnote at bottom of page
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

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

 <sup>%</sup> 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%	МЗ					75.0%	
Cattriosponde Walling Hilling	511	75%	YTD					71.6%	
Cat A transportation time within 19 mins	DH	95%	M3					96.2%	
out / transportation time within 10 mins	Dir	35%	YTD					95.8%	
% of ambulance handovers completed within 15 minutes	SHA	70% by M3,80% by	M4 (RBFT Only)					60.7%	
70 of arributance handovers completed within 10 minutes	OHA	M8,95% by M12	YTD					56.7%	
Percentage of patients receiving first definitive treatment for cancer	DH	85%	M3					87.3%	1
within 62-days of an urgent GP referral for suspected cancer	Вη	65%	YTD					85.1%	
Percentage of patients receiving first definitive treatment for cancer	DH	90%	M3					85.0%	1
within 62-days of referral from an NHS Cancer Screening Service	Dil	5076	YTD					85.7%	No breakdown of information so each CCG colour coded the
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority	DH	No Target	M3					100.0%	same as PCT
status	D.,	No Target	YTD					85.7%	
Percentage of patients receiving first definitive treatment within one	DH	96%	M3					95.5%	
month of a cancer diagnosis	51,	30%	YTD					96.2%	
Percentage of patients receiving subsequent treatment for cancer	DH	94%	M3					95.5%	
within 31-days where that treatment is Surgery	J.,	0.70	YTD					97.5%	
Percentage of patients receiving subsequent treatment for cancer	DH	98%	M3					100.0%	
within 31-days where that treatment is an Anti-Cancer Drug Regime		2370	YTD					98.9%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment	DH	94%	M3					100.0%	
Course	51,	5-70	YTD					94.1%	

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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Rea	ding	North and Neading C		Wokingham	ccg	Newbury (	ccG	PCT Tot	al	Methodology
The number of new cases of psychosis served by early intervention teams year to date	DH	TBC	Q1									118	A	
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	DH	95%	Q4 11/12									93.5%	U	No breakdown of information
CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA)	DH	95%	YTD									96.0%	•	so each CCG colour coded the same as PCT
Proportion of those with depression and/or anxiety disorders	DH	12.3%	Q1									3.3%	~	Sume us i o i
receiving psychological therapy	DH _	12.576	YTD									3.3%		
Proportion of those who have received psychological therapy	DH	54%	Q1									55.5%		
moving to recovery	Dij	3476	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%	A	89.3%	A	91.3%	A	89.7%	A	88.1%	A	CCG breakdown based on
Proportion of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) per 100,000 population	DH	TBC	Q1	128.86	٧	151.99	A	146.21	~	146.66	*	143.11	٧	actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC	Q1	48.88	٨	66.23	^	36.65	^	67.07	*	53.00	A	on the GP dashboard

## 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 Rea CCG	SYMM82-88	North and Reading (				Newbury 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	180.51	^	170.93	^	173.49	^	183.15	^	176.92	A	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard	
	SHA	80%	Q1									83.8%	_	No breakdown of information so each CCG colour coded the same as PCT	
% spending 90%+ time on stroke unit			M3									92.8%			
			YTD									83.8%			
TIA % high risk treat <24 hours			Q1									96.5%			
	SHA	60%	M3 YTD									93.3%	A	2000	
												96.5%			

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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Rea CCG	ding	North and Reading C		Wokingham CCG		Newbury (	ccg	PCT To	al	Methodology
Patient experience survey	DH	TBC	Q3-4 11/12								T	68	new	
			M2	92.8%	A	90.9%		91.1%	V	94.2%		92.9%	_	
RTT - admitted % within 18 weeks	DH	90%	YTD	92.1%		91.9%		91.8%		92.8%		93.1%		
			M3			CCG-Leve	l data	not yet availal	ole			91.4%	Y	
16-00-00-00-00-00-00-00-00-00-00-00-00-00			YTD		_				_			92.6%		
RTT admitted no. treatment functions/specialties not achieved	DH	0	M3									3	<>	000 beed decembered
			M2	99.4%	V	99.0%	\ v	99.0%	V	98.6%	~	99.0%	~	registered practice. Currently reflects West patients treated at RBH and FPH only. Practice level breakdowns are available on the GP dashboard
RTT - non-admitted % within 18 weeks	DH	95%	YTD	99.6%		99.1%		99.3%		98.7%		99.1%		
			M3			CCG-Leve	l data	not yet availal	ole			98.7%		
			YTD			N E W Yo Pa	_		_			99.0%		
RTT non-admitted no. treatment functions/specialties not achieved	DH	0	M3									2	٧	
			M2	96.0%		95.5%	A	95.9%		95.6%	_	95.8%		
RTT - incomplete % within 18 weeks	DH	92%	YTD	91.6%		91.8%	10.00	91.6%	1.5.3	92.4%	35.30	92.8%	2513	
	254 TO A.	2.55	M3		not yet availal	ole			92.7%					
			YTD		particular description and the control of the contr							92.7%		
RTT incomplete no. treatment functions/specialties not achieved	DH	0	M3			3070 P-4						6	٧	-
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	МЗ									0.5%	_	
			YTD		_					0.4%				
			w/e 05/8/12									93.4%		
% of patients who spent 4 hours or less in A&E (RBH Only)	DH	95%	Q2TD									95.3%	A	
			YTD									95.1%		No breakdown of information
Percentage of patients seen within two weeks of an urgent GP		000/	M3									89.1%		so each CCG colour coded the same as PCT. Please see
referral for suspected cancer	DH	93%	YTD									92.0%	٧	footnote at bottom of page
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	029/	M3									93.9%	J	
		93%	YTD									93.4%	A	
Number of unjustified MSA breaches	DH	0	М3									0	<b>&lt;&gt;</b>	
natinger of disjustified tylor bleadiles	DH	U	YTD			1						0		
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12									9.0	Y	

## 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 Rea CCG	ding	North and Reading C		Wokingham CCG		Newbury CCG		G PCT Total		Methodology
MRSA bacteraemia	DH	1	M3									0		No breakdown of information so each CCG colour coded the
m.co./ Subscitus mu	Dil	7	YTD									0	1	same as PCT
No C. Diff. cases <b>◑</b>	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
		7	YTD	CA: 4 TA: 1		CA: 4 TA: 1		CA: 8 TA: 1		CA: 4 TA: 0		28		level breakdowns are available on the GP dashboard. Please see footnote at bottom of page
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q4 11/12	24.70	٧	25.61	٧	27.83	<b>&lt;&gt;</b>	22.43	A	27.16	٧	
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q4 11/12	0.53	<b>&lt;&gt;</b>	0.99	<b>&lt;&gt;</b>	0.53	<b>&lt;&gt;</b>	0.49	<b>&lt;&gt;</b>	0.66	<b>&lt;&gt;</b>	Consortia breakdown is based
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q4 11/12	2.69	A	4.03	<b>&lt;&gt;</b>	3.52	A	2.92	٧	3.63	٧	on the average of practice level data. This is not weighted by denominators and should be
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q4 11/12	8.23	A	9.00	A	9.66	A	6.85	A	9.24	A	taken as an approximation only. Q4 data is available at
Antibiotics Prescribing: Quinolones	Local	TBC	Q4 11/12	3.21	new	4.72	new	4.18	new	3.33	new	4.22	new	PCT and CCG levels only
Antibiotics Prescribing: PPIs (Proton Pump Inhibitors)	Local	TBC	Q4 11/12	48.85	new	51.55	new	38.08	new	45.74	new	46.06	new	
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M3 (RBFT only)									66.7%	٧	CCGs colour coded the same

O 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.

### Public Health (West)



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Rea	ding	North and Reading (		Wokingham	Wokingham CCG		Newbury CCG		oury CCG P		tal	Methodology
Number of smoking guitters	DH	Q1/2/3-517,Q4-	Q4 11/12	199	<>	121	<b>√</b> >	155	<>	115	<>-	614	\ \ \			
	5	799,Annual-2350	YTD	704	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	444		562		415	1	2287	ľ			
All women to receive results of cervical screening tests within two	Local	98%	M4	99.9%	<>	99.5%	_	98.8%		99.6%		99.4%	A			
weeks	20001	0070	YTD	99.9%	\ \frac{1}{2}	99.7%	ľ	98.8%	lî	99.0%	1 ^	99.3%	1^	1		
Breast screening 36 month coverage (women aged 50-70)	SHA	TBC	M10 11/12	67.1%	<b>&lt;&gt;</b>	75.1%	A	77.7%	A	75.2%	V	74.6%	<b>&lt;&gt;</b>	CCG breakdown based on		
Breast screening 36 month coverage (women aged 47-73)	SHA	TBC	M10 11/12	52.4%	<b>&lt;&gt;</b>	61.4%	٧	63.2%	A	62.1%	٧	60.6%	<>	actual patient data and registered practice. Practice		
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M10 11/12	42.6%	٧	55.0%	<>	59.7%	<≻	56.6%	٧	54.8%	٧	level breakdowns are available on the GP dashboard		
Number of people aged 40-74 who have been offered a health	511	2400	Q1 .	1706		1005		572		174		3442				
check	DH	6133 per quarter	YTD	1706	new	1005	new	572	new	174	new	3442	^			
			Q1	543		482		372		335		1768				
Number of people aged 40-74 who have received a health check	DH	2750 per quarter	YTD	543	new	482	new	372	new	335	new	1768	٧			
		2,400 diagnosis per	Q4 11/12									2320				
Diagnosis rate for Chlamydia from all services	Local	100,000 population no 11/12 target	YTD								1	1842	<>	No breakdown of information		
Chlamydia cases confirmed by Chlamydia Screening Service	Local	TBC	M2									35	_	so each CCG colour coded the same as PCT		
	2000	150	YTD									65				
% Offered diabetic eye screening <b>0</b>	SHA	95%	Q4 11/12	97.2%	new	94.8%	new	96.2%	new	97.4%	new	102.5%	<>	CCG breakdown based on		
7. Onoted diabetic by concerning C	Olia		Q1		47177	CCG-Leve	el data	not yet availal	ble			100.8%	٧	actual patient data and registered practice. Practice		
0/ Descripted dishelling and a second size	0114	700	Q4 11/12	70.7%	new	75.3%	new	79.7%	new	76.3%	new	73.6%	<>	level breakdowns are available		
% Received diabetic eye screening ❷	SHA	70%	Q1			CCG-Leve	el data	not yet availal	ble			70.2%	~	on the GP dashboard. Please see footnote at bottom of page		
Breastfeeding at 6-8 weeks - Prevalence	SHA	63.5%	Q1	52.3%	A	59.3%	A	63.4%	A	48.9%	A	55.8%	A			
Breastfeeding at 6-8 weeks - Coverage	SHA	95%	Q1	95.1%	A	97.6%	A	93.9%	A	97.0%	A	95.0%	A	CCG breakdown based on		
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q4 11/12	93.8%	A	96.5%	٧	95.7%	٧	96.3%	V	95.2%	A			
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q4 11/12	90.3%	A	93.9%	٨	94.2%	A	93.2%	A	92.2%	<b>&lt;&gt;</b>			
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q4 11/12	89.8%	٧	93.6%	٧	93.4%	A	93.3%	٧	91.8%	٧			
Rate age 2 completed MMR immunisation	SHA	95%	Q4 11/12	92.1%	A	95.5%	A	95.2%	A	93.9%	A	93.5%	٧			
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q4 11/12	86.3%	A	91.5%	A	92.2%	A	92.2%	A	89.3%	٧			
Rate age 5 completed MMR immunisation	SHA	95%	Q4 11/12	84.2%	A	90.1%	A	91.3%	A	89.6%	A	87.7%	٧			

<sup>• %</sup> 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

<sup>©</sup> 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 Read CCG	gnik		orth and West eading CCG Wokingham CCG		Newbury CCG		PCT Total		Methodology	
			M3	592		618		748		648		2653		CCG breakdown based on actual patient data and
Non-elective FFCEs (First Finished Consultant Episodes)	DH	< 29,219 in yr	YTD	1814	^	1727	٧	2249	A	1848	*	7758	<b>&lt;&gt;</b>	registered practice. Practice level breakdowns are available on the GP dashboard
No of GP written referrals	DH	< 72,469 in yr	M3									6178		No breakdown of information so each CCG colour coded the
	5.0	172,400 III yi	YTD									19,339		
No of other referrals	DH < 40,590 in yr M3			4204		same as PCT								
		,,	YTD									11,310		
No 1st outpatient attendances after GP referral	P referral DH < 63,613 in yr	< 63.613 in vr	M3	1197		1073		1453	A	1337	A	5083		
		4651		4066		15,722		CCG breakdown based on						
No of first outpatient attendances	DH	< 141,235 in yr	M3	2403		2328		3210		2614	A	10,621	A	actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
	=	,====,,	YTD	7456		7331		10,274		8227	250	33,460	-	
No of elective FFCEs (ordinary adms & separately daycases)	DH	< 41,606 in yr	M3	658	A	685		956		832	A	3156	_	
, , , , , , , , , , , , , , , , , , , ,		,, ,.	YTD	2108		2313		3185		2664		10,337	6	
Number of endoscopy tests completed	DH	< 7089 in yr	M3									609	A	No breakdown of information
		1 000 111 31	YTD									1842	^	
Number of non-endoscopy tests completed	DH	< 90,661 in yr	M3									5855	A	
STATE OF THE STATE STATE OF THE	YTD							21,495		so each CCG colour coded the same as PCT				
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 11,355 by M12	М3									21,187	٧	
Number of health visitor WTEs	DH	72.5 WTEs	M4									58.4 WTE	٧	



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



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG	North and West Reading CCG	Wokingham CCG	Newbury CCG	PCT Tot	al	Methodology
% authorisation of Clinical Commissioning Groups	DH	TBC								
% of General Practice lists reviewed and 'cleaned' •	DH	< 5%	Q1					7.5%	new	1 1
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M4 RBFT					96%	A	No breakdown of information so each CCG colour coded the
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M4					69%	٧	same as PCT
Trend in value/volume of patients being treated at non-NHS hospitals	DH	10%	M4					8.5%	A	
% of patients with electronic access to their medical records ❷	DH	TBC	M4					38%	A	No breakdown of information so each CCG colour coded the same as PCT. Please see footnote at bottom of page
Completed transfer of Public Health functions to Local Authorities	DH	Complete by M12				No breakdown of information so each CCG colour coded the same as PCT				

<sup>•</sup> DH guidance measures this by comparing estimate ONS resident populations with GP practice registered population

<sup>• %</sup> 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.