

<b>TITLE</b>	<b>Berkshire Non – Financial Performance Indicators Reports</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 22 January 2013
<b>WARD</b>	None Specific

<b>Name of Meeting</b>	<b>Paper Number</b>
<b>Title of Paper</b>	
Berkshire West Non-Financial Performance Report: November 2012	
<b>Date of Paper</b>	<b>Date of Meeting</b>
20 <sup>th</sup> December 2012	
<b>Purpose of Paper</b>	
To inform the Board of the latest non-financial performance.	
<b>Summary</b>	
<b><u>Berkshire West</u></b>	
<b>Under performance:</b> <ul style="list-style-type: none"> <li>• RTT specialty level performance</li> <li>• Diagnosis rate for Chlamydia from all services*</li> <li>• Childhood immunisations*</li> <li>• Number of Health Visitor WTEs*</li> <li>• % of General Practice lists reviewed and 'cleaned'*</li> </ul>	<b>High performance &amp; improvement to green:</b> <ul style="list-style-type: none"> <li>• Cat A response and transportation time*</li> <li>• Cancer wait times*</li> <li>• Diagnostics % waiting 6 weeks or more*</li> <li>• % of patients who spent 4 hours or less in A&amp;E*</li> <li>• % of all adult inpatients who have had a VTE risk assessment*</li> <li>• Choose and Book</li> </ul>
(* - New to this table)	(* - New to this table)

<b>Recommendations</b>	
The Committee is asked to:	Note the level of compliance with the operating targets and support the actions being taken to improve performance where necessary
<b>Has the content of this paper been discussed with GPC leads and if so what was the outcome?</b>	
N/A	
<b>Financial implications</b>	
None specific to the paper	
<b>Has an Equality Impact Screening been undertaken? If so please attach</b>	
N/A	
<b>Please list any other committees or groups where this paper has been discussed</b>	
Cluster Board Meetings	
<b>Paper Author</b>	<b>Lead Director</b>
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## Narrative

### Key

Rating	Definition
Red	Performance significantly below target
Amber	Performance just above or below target
Green	Performance significantly above target

### Berkshire West

- Cat A response and transportation time



75% of all category A ambulance responses should arrive within 8 minutes. The performance for November was 74.5%, 0.5% off target. Similarly, 95% of category A ambulance transportation should arrive within 19 minutes. The performance in November was 95.3% 0.3% above target. This marks an improvement compared to last month in performance for both indicators.

South Central Ambulance Service (SCAS) has an action plan in place to improve services. The plan includes changes to shift patterns to ensure SCAS have resources in place during the peak demand times. SCAS are also preparing to meet the expected winter pressure activity and are refocusing on GP Triage as well as urgent activity. The data request mentioned in previous months is still outstanding in any meaningful format that can be shared and worked upon to manage the increase in activity that then correlate with the performance targets. This is being chased through the contract performance meeting route, alongside preparation for reporting by CCGs.

- Cancer wait times



Performance has improved with cancer wait times over recent months due to increased focus at RBFT to ensure delivery of standards. An action plan was put in place over the summer and the effects of this are now being realised. October saw recovery of the two week wait standard and this now needs to be sustained in future months and the PCT are monitoring this closely. In addition to the action plan that has been implemented at RBFT, the Thames Valley Cancer Network have agreed to do some work with the Trust during January in relation to demand and capacity modelling to ensure any future fluctuations in demand can be managed by the Trust.

The only cancer standard that was not met in October was the 62 day target from referral from an NHS Cancer Screening Service. The Berkshire West target for this indicator is 90% and the performance for October was 84.2% which is 5.2% below target. The 62 day standard from screening programmes did not achieve during October and this is thought to be due to low numbers during the month. It is expected that this will be achieved in November and for the Quarter as a whole.

- Referral to Treatment within 18 Weeks



Berkshire West has achieved all overall Referral to Treatment (RTT) targets for admitted, non-admitted and incomplete pathways. Breaches at a speciality level are either due to issues at RBFT with incorrect RTT status on the Electronic Patient Record (EPR) system, additional capacity requirements and data validation. The PCT has agreed remedial actions plans and service development improvement plans with RBH to reduce breaches with various deadlines. It is an expectation that all specialities will be delivering from December onwards.

- Diagnostics % waiting 6 weeks or more

Current period	YTD

The target for % of diagnostics waiting 6 weeks or more is set at <1% nationally and 0% locally. In October 0.4% of patients had to wait longer than 6 weeks for a diagnostic test. This has been achieved as the RBFT have resolved their data quality issues regarding the EPR System. We will continue to monitor performance on a monthly basis.

- % of patients who spent 4 hours or less in A&E

Current period	YTD

For Quarter 3 to date 95.6% of patients have spent 4 hours or less in Accident and Emergency (A&E) and the target for this indicator stands at 95%. In order to improve performance there has been significant focus at the Urgent Care programme board. Actions have included internal re-structure and new processes within A&E at RBFT including Senior Triage operating extended hours, additional major capacity and new pathway for GP urgents. Performance against this indicator is being reviewed very closely.

- % of all adult inpatients who have had a VTE risk assessment

Current period

The target percentage for adult inpatients that have had a VTE risk assessment is 90%. In October RBFT achieved 91%. This return to an acceptable level of performance is in line with the recovery plan the PCT and RBFT agreed in August. The issues reported previously around the EPR system have now been resolved for these assessments. The PCT Quality Team will be monitoring RBFT's VTE assessment performance closely to ensure this is sustained.

- Diagnosis rate for Chlamydia from all services

Current period	YTD

The diagnosis rate for chlamydia in Berkshire West currently stands at 1705.1 per 100,000 head of population. Although very few organisations in the country are delivering this. In order to achieve the chlamydia screening indicator of 2400 positives per 100,000 tests it is essential that 60% of screening activity is via core services, namely GP's, contraception and termination of pregnancy (TOP) services and pharmacy. This is not currently happening.



Locally the proportion of young people screened for chlamydia in General Practice has remained low.

In order to remedy this situation a number of actions have been taken. The actions included a series of GP surgery focus groups to determine the barriers and facilitators to screening in GP practices. A subsequent action plan will focus on three areas. Firstly, we are working on ensuring that the data we have on GP chlamydia activity is accurate. Secondly, an electronic version of the Chlamydia screening office form will be developed and piloted in a small number of GP Practices. Thirdly insight work with young people will be conducted to understand why so few tests that are taken away from GP practices are returned to the lab. Progress on these will be reported on by the end of quarter 4.

- Childhood immunisations

Current period

Achievement against the 95% target varies between 94.6% to as low as 89.6%, depending on the individual immunisation. The Q1/Q2 difference is within the limits of quarter on quarter variation and for all immunisations apart from primary immunisation performance is higher than in 2011-12. Some errors in data entry associated with the transition to the Rio Child Health Information System have been identified and are being corrected. This will show in the end of year return.

Practices continue to work hard to improve uptake but the remaining % is very challenging to achieve, several practices are doing this and we are encouraging them to share the good practice ideas. There will remain however, sections of the population more difficult to engage for a variety of reasons; from a small number of parents that elect not to have their children immunised to families that spend a significant part of the year out of the UK. Other options for improving uptake, such as immunisation at home or in children's centres are being discussed with the South Reading CCG where there are a number of practices with lower coverage.

- Number of Health Visitor WTEs

Current period

The current target for number of whole time equivalent (WTE) Health Visitors is 72.5. The current number of Health Visitors in place is 63.1 WTE. In line with the national picture, Health Visitor growth is proving challenging. In October a 0.6 WTE Health Visitor embarked on a career break. In November a 0.6 WTE Health Visitor retired. Some of the existing Band 6 Health Visitors have moved into the Family Nurse Partnership (FNP) roles in Berkshire East and West as these are promotions, further reducing the number of Health Visitors. We had hoped that external Health Visitors might have been attracted into the FNP posts in Berkshire West. Also a further two students who graduated locally have now taken up posts in neighbouring areas.

Looking ahead, 20 students are currently training to be a Health Visitors. A further 19 are due to start the course in January 2013. Additional training places have been commissioned from Oxford Brookes University and these places have now been filled. Recruitment remains proactive. A cohort of Health Visitors is due to qualify in January 2013 and we have worked with

the SHA and Oxford Brookes to speed up registration (previously to happen in March, now Jan/ early Feb). A cohort of students is due to graduate in September.

- % of General Practice lists reviewed and 'cleaned'

Current period

The target for GP lists reviewed and 'cleaned' is to have a registered population no more than 5% higher than the Office of National Statistics (ONS) population projection. Currently Berkshire West's registered population is 6.5% higher than the ONS population projection.

The PCT has commissioned list clean projects to reduce patient anomalies. The main checks being conducted are residential addresses that have over 8 patients registered with GP practices and patients that have foreign national flags attached to registrations. This involved TVPCA writing to 17,178 patients, 13,408 replies were received back, and therefore, on 13th December 7,573 FP69s were set. FP69 refers to the Green Cards that used to be sent to practices by PCOs/Shared Services, after they had received information such as a returned letter, which indicated that a patient no longer lived at an address. Once an FP69 status has been set the practice has 6 months to prove a patient still exists otherwise the patient will be removed. It is expected that at least 10% of these patients will be removed. The need for GP practices to have completed reviews of their registered patient lists has been raised at Patient Manager Forums and contract review meetings. Practices are being asked to complete a declaration confirming that appropriate systems are now in place. This should improve performance but whether this will mean the 5% is met is not known yet.

- Choose and Book

Current period

The percentage of GP referrals made via Choose and Book (C&B) has achieved the planned trajectory target of 70% in West Berkshire. A joint presentation to highlight the benefits of referring into RBFT by C&B versus paper has been presented to GPs at Council meetings. This presentation generated some useful discussion, which has highlighted areas for improvement. In particular RBFT do not publish sufficient numbers of urgent appointments on C&B and within a suitable wait time of two to four weeks. The C&B Manager will produce a consolidated report based on feedback of all four GP Council meetings, along with agreed actions, by Jan 13.



# Non-Financial Performance Report: Berkshire West November 2012

Reporting on the latest available non-financial performance

Janet Meek  
Interim Director of Finance and Performance

## 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



# Contents

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	Page
1. Quality 1. Preventing people from dying prematurely	3
2. Quality 2. Enhancing quality of life for people with long-term conditions	4
3. Quality 3. Helping people to recover from episodes of ill health or following injury	5
4. Quality 4. Ensuring that people have a positive experience of care	6
5. Quality 5. Treating and caring for people in a safe environment and protecting them from avoidable harm	7
6. Public Health	8
7. Resources (Finance, Capacity & Activity)	9
8. Reform (Commissioner, Provider & building capability and partnership)	10

# 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%	M8					74.5%	▲
			YTD					73.0%	
Cat A transportation time within 19 mins	DH	95%	M8					95.3%	▲
			YTD					95.0%	
% of ambulance handovers completed within 18 minutes (previously 15 minutes, new agreement of 18 minutes in November 12)	Local	85% by January 13 90% by March 13	M8 (RBFT Only)					79.2%	▲
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	DH	85%	M7					85.9%	▲
			YTD					85.7%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	DH	90%	M7					84.6%	▼
			YTD					89.5%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	M7					100.0%	▲
			YTD					80.0%	
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	DH	96%	M7					97.0%	▲
			YTD					97.1%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	DH	94%	M7					94.6%	▼
			YTD					97.3%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	DH	98%	M7					98.6%	▼
			YTD					99.2%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	DH	94%	M7					93.6%	▼
			95.1					95.5%	

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)

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	48 (Annual target)	Q2									21	No breakdown of information so each CCG colour coded the same as PCT	
												43		▼
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	664 (Annual target)	Q2									320		▼
			YTD									684		▼
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%	Q2									97.7%		▼
			YTD									98.3%		▼
Proportion of those with depression and/or anxiety disorders receiving psychological therapy	DH	15% (Annual target 13/14)	Q2									3.1%	▼	
			YTD									6.5%	▼	
Proportion of those who have received psychological therapy moving to recovery	DH	54%	Q2									56.7%	▼	
			YTD									56.6%	▼	
% 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	Q2	129.7	▼	165.9	▼	119.7	▲	144.9	▲	137.8	▲	
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC	Q2	42.1	▲	95.2	▼	53.2	▼	55.7	▲	59.9	▼	

# Quality 3. Helping people to recover from episodes of ill health or following injury (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	
Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population	DH	TBC	Q2	167.0	▲	190.9	▼	170.2	▲	171.1	▲	174.0	▲	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%	Q2									85.5%	▼	No breakdown of information so each CCG colour coded the same as PCT
			M7									81.0%		
			YTD									83.4%		
TIA % high risk treat <24 hours	SHA	60%	Q2									95.4%	▲	
			M7									100.0%		
			YTD									96.1%		

172



# Quality 4. Ensuring that people have a positive experience of care (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		
Patient experience survey	DH	68 for 2011/12	2011/12									68	▲	Aggregate score for RBFT based on 5 survey questions	
RTT - admitted % within 18 weeks	DH	90%	M7	90.9%	▲	90.8%	▼	92.9%	▲	85.2%	▼	91.2%	▼	CCG breakdown based on actual patient data and registered practice. Split available for HWPFT, RBFT and FPH patients only. Practice level breakdowns are available on the GP dashboard	
			YTD									91.7%	▼		
RTT admitted no. treatment functions/specialties not achieved	DH	0	M7									3	▼		
RTT - non-admitted % within 18 weeks	DH	95%	M7	99.5%	▲	99.3%	▲	99.0%	▲	98.1%	▲	99.1%	▲		
			YTD									98.8%	▲		
RTT non-admitted no. treatment functions/specialties not achieved	DH	0	M7									1	◀		
RTT - incomplete % within 18 weeks	DH	92%	M7	94.5%	▲	95.0%	▲	94.8%	▲	95.0%	▲	94.7%	▲		
			YTD									93.2%	▲		
RTT incomplete no. treatment functions/specialties not achieved	DH	0	M7									2	▲		
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M7									0.4%	▲		
			YTD									0.9%	▲		
% of patients who spent 4 hours or less in A&E	DH	95%	w/e 02/12/12 (RBFT only)									96.5%	▲	No breakdown of information so each CCG colour coded the same as PCT. Please see footnote at bottom of page	
			Q3TD (RBFT only)										95.6%		▲
			YTD (RBFT only)										95.0%		▲
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	DH	93%	M7									95.1%	▲	No breakdown of information so each CCG colour coded the same as PCT	
			YTD										91.9%		▲
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	93%	M7									93.6%	▲		
			YTD										92.9%		▲
Number of unjustified Mixed Sex Accommodation breaches ❶	DH	0	M8									0	▲		
			YTD										1		▲
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12									9.0	▼		

❶ The mixed sex breach so far this year was at Harefield Hospital

# Quality 5. Treating and caring for people in a safe environment and protecting them from avoidable harm (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
MRSA bacteraemia	DH	4	M7									0	◊	No breakdown of information so each CCG colour coded the same as PCT
			YTD											
No C.Diff, cases ①	DH	194	M7	CA: 1 TA: 1		CA: 1 TA: 0		CA: 1 TA: 0		CA: 2 TA: 0		8	▲	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:13 TA: 5		CA: 10 TA: 3		CA:22 TA: 2		CA:16 TA: 0		75		
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q1	0.4	▲	1.2	▼	0.7	▼	0.4	▲	0.7	▼	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.
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q1	16.0	▲	18.4	▲	19.2	▲	14.8	▲	19.2	▲	
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q1	2.7	◊	3.7	▲	3.9	▼	2.7	▲	3.7	▼	
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q1	6.4	▲	7.9	▲	8.0	▲	5.7	▲	7.7	▲	
Antibiotics Prescribing: Quinolones	Local	TBC	Q1	3.0	▲	4.0	▲	4.0	▲	3.0	▲	4.0	▲	
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M7 (RBFT only)									91.0%	▲	RBFT Trust position only. CCGs colour coded the same as PCT

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	Q1	140	▼	64	▼	99	▼	85	▲	396	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard.	
			YTD	140		64		99		85		396		
All women to receive results of cervical screening tests within two weeks	Local	98%	M8	99.9%	▲	99.6%	▼	99.8%	▲	99.6%	▲	99.7%		▲
			YTD	99.8%		99.7%		99.2%		99.2%		99.4%		
Breast screening 36 month coverage (women aged 50-70)	SHA	TBC	M2	65.8%	▲	73.8%	▼	78.7%	▲	73.3%	▼	74.0%		◊
Breast screening 36 month coverage (women aged 47-73)	SHA	TBC	M2	52.2%	▼	60.9%	◊	63.8%	▲	61.3%	▼	60.4%		▲
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M2	43.0%	▲	55.1%	◊	59.6%	◊	56.2%	◊	54.8%		▲
Number of people aged 40-74 who have been offered a health check	DH	6133 per quarter	Q2	1460	▼	697	▼	1057	▲	1023	▲	5011		▲
			YTD	3637		1739		1655		1618		9813		
Number of people aged 40-74 who have received a health check	DH	2750 per quarter	Q2	846	▲	374	▼	333	▼	461	▲	2231		▲
			YTD	1603		772		717		825		4221		
Diagnosis rate for Chlamydia from all services	Local	2,400 diagnosis per 100,000 population	Q2									1705.1		▼
			YTD											
Chlamydia cases confirmed by Chlamydia Screening Service	Local	TBC	M7									40	▲	
			YTD											248
% Offered diabetic eye screening ①	SHA	95%	Q4 11/12	97.2%		94.8%		96.2%		97.4%		102.5%	▲	
			Q2	CCG-Level data not yet available								100.9%		
% Received diabetic eye screening ②	SHA	80%	Q4 11/12	70.7%		75.3%		79.7%		76.3%		73.6%	▲	
			Q2	CCG-Level data not yet available								72.3%		
Breastfeeding at 6-8 weeks - Prevalence	SHA	63.5%	Q2	53.0%	▲	52.4%	▼	60.0%	▼	53.2%	▲	54.3%	▼	
Breastfeeding at 6-8 weeks - Coverage	SHA	95%	Q2	91.1%	▼	90.1%	▼	93.9%	◊	96.4%	▼	91.5%	▼	
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q2	93.1%	▼	94.6%	▼	94.5%	▼	95.3%	▼	94.0%	▼	
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q2	91.3%	▼	94.9%	▼	91.5%	▼	95.4%	▲	92.8%	▼	
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q2	90.7%	▼	95.2%	▲	92.6%	▼	96.4%	▲	93.2%	▼	
Rate age 2 completed MMR immunisation	SHA	95%	Q2	93.0%	▼	95.4%	▲	94.8%	▼	97.2%	▲	94.6%	▲	
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q2	89.8%	▼	93.1%	▼	91.4%	▼	91.0%	▲	90.6%	▼	
Rate age 5 completed MMR immunisation	SHA	95%	Q2	88.8%	▲	91.8%	▼	91.0%	▼	89.6%	▼	89.6%	▼	

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. The target changed from 70% to 80% halfway through Q2



# 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) ❶	DH	< 29,219 in yr	M7	658	587	803	694	2,803	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	4,446	4,195	5,482	4,418	18,865	
No of GP written referrals ❶	DH	< 72,469 in yr	M3					5,083	No breakdown of information so each CCG colour coded the same as PCT
			YTD					15,720	
No of other referrals ❶	DH	< 40,590 in yr	M3					4,205	
			YTD					11,312	
No 1st outpatient attendances after GP referral ❶	DH	< 63,613 in yr	M7	1,608	1,640	2,157	1,664	7,091	
			YTD	9,093	8,835	11,882	9,861	39,793	
No of first outpatient attendances ❶	DH	< 141,235 in yr	M7	3,486	3,379	4,570	3,417	14,929	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	19,652	19,174	26,249	20,205	85,761	
No of elective FFCEs (ordinary adms & separately daycases) ❶	DH	< 41,606 in yr	M7	748	820	1,060	960	3,631	
			YTD	4,889	5,189	7,215	6,071	23,522	
Number of endoscopy tests completed	DH	< 7089 in yr	M7					760	
			YTD					4,631	
Number of non-endoscopy tests completed	DH	< 90,661 in yr	M7					9,253	No breakdown of information so each CCG colour coded the same as PCT
			YTD					54,364	
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 11,355 by M12	M7					27,654	
Number of health visitor WTEs	DH	72.5 WTEs	M8					63.1	

❶ This activity is based on the operating framework methodology which differs from the methodology used for contract activity plans. Therefore the performance of these indicators differs from that on finance reports and the GP dashboard.



# 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 Total	Methodology	
% Authorisation of Clinical Commissioning Groups	DH	Awaiting further DH guidance								
% of General Practice lists reviewed and 'cleaned' ①	DH	< 5%	Q2					6.5%	▼	
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M7 RBFT					97.0%	▲	
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M8					70.0%	▲	
Trend in value/volume of patients being treated at non-NHS hospitals	DH	10%	M8					9.0%	◀▶	
% of patients with electronic access to their medical records ②	DH	TBC	M7					42.5%	◀▶	
Completed transfer of Public Health functions to Local Authorities	DH	Awaiting further DH guidance								

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

No breakdown of information so each CCG colour coded the same as PCT. Please see footnote at bottom of page

① As a proxy measure this figure represents the percentage divergence of GP list size compared to PCT ONS estimated 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.