



South West London
Merton Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: Thursday 21st March 2013

Agenda No: 7.1

ATTACHMENT 11

Title of Document: Performance Report Month 10	Purpose of Report: For Note
Report Author: Dr Val Day NHSSM: Interim Director of Public Health	Lead Director: Dr Val Day NHSSM: Interim Director of Public Health
Contact details: val.day@swlondon.nhs.uk	
Executive Summary: The report covers published Month 10 performance	
Key sections for particular note (paragraph/page), areas of concern etc: Performance remains broadly in line with that noted throughout the year. Included within this month's attachments is a useful summary provided to the Joint Boards of the SW London PCTs which shows where performance has improved or deteriorated during 2012/13 at PCT level. Issues to note are detailed below.	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to consider the Scorecard and agree any actions	
Committees which have previously discussed/agreed the report: N/A	
Financial Implications: Over performance on activity may increase contract value	
Implications for the Sutton and Merton Board or Joint PCT Boards: The Board will require assurance that necessary actions are being addressed	
Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing): N/A	
Equality Analysis: N/A	
Information Privacy Issues: Published data	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) N/A	

Performance Report Month 10

Introduction

This paper provides comments against those indicators where interpretation and action is appropriate.

Healthcare Acquired Infection

HCAI is now split on NHS number and GP practice between Merton and Sutton. At Month 9 there were 5 cases of MRSA diagnosed in Merton patients, four of these were at St Georges Healthcare NHS Trust. 27 cases of C.Difficile have been diagnosed at Month 9 in Merton patients (including 10 at St George's, 3 at St Helier, 10 at non-acute Trusts).

At provider level both Epsom and St Helier and St Georges are above their annual trajectory for MRSA and C.Difficile. Action is being taken by host commissioners to address infection control issues with the Trusts.

Cancer Waiting Times

Cancer Waiting Times remain mainly on target. Where they are not small numbers mean that there is no action at this stage.

GP Written referrals to Hospital and First Out Patient Attendances

All performance data relating to outpatient referrals and appointments are in excess of target at PCT level for year to date. MCCG is advised to review practice data to assess the accuracy of the split and whether practice level positions can provide a basis for action.

Choose and Book

This remains consistently below target.

Access to dental services

These are PCT level figures. The below target position is consistent with 2011/12.

Smoking Quitters

Performance continues to be well below target. This service is part of a tender which will set challenging targets for 2013/14.

Chlamydia Screening

Chlamydia testing and diagnosis levels are low in Merton compared with Sutton. This is being challenged with the service provider, particularly to ensure that data is complete.

Breast Feeding Prevalence

MCCG performance is above target at Q3 for prevalence, but coverage (the percentage of babies for whom type of feeding is known) is below target. Prevalence remains low in Sutton which means that at PCT level prevalence is below target. Actions are being taken with providers as a result of a review of breastfeeding identified opportunities for improvement.

NHS Sutton and Merton CCG Performance Scorecard 2012-13

Freeze Date: 27-Feb-2013

	Year to Date			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Year End												
	Calculation	Actual	Target												Forecast	Target	Last Year										
Monthly Indicators																											
PHQ03: Cancer first treatment 62 days wait: GP urgent referral	Average	90.4%	G	85.0%	91.7%	G	98.1%	G	93.8%	G	92.9%	G	93.4%	G	80.0%	A	87.2%	G	85.5%	G	87.9%	G	88.1%	G	85.0%	89.7%	G
PHQ04: Cancer first treatment 62 days wait: Screening referral	Average	97.2%	G	90.0%	100.0%	G	100.0%	G	88.9%	A	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	98.4%	G	90.0%	97.5%	G
PHQ05: Cancer first treatment 62 days wait: Consultant's upgrade	Average	86.4%			100.0%		75.0%		100.0%		66.7%		0.0%		--		100.0%		100.0%		--					95.2%	G
PHQ06: Cancer first definitive treatment within 31 days of diagnosis	Average	99.1%	G	96.0%	100.0%	G	99.2%	G	100.0%	G	100.0%	G	97.3%	G	100.0%	G	99.1%	G	98.4%	G	98.1%	G	98.8%	G	96.0%	98.9%	G
PHQ07: Cancer subsequent treatment within 31 days: surgery	Average	98.0%	G	94.0%	96.4%	G	100.0%	G	100.0%	G	94.1%	G	95.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	97.9%	G	94.0%	98.5%	G
PHQ08: Cancer subsequent treatment within 31 days: drug	Average	100.0%	G	98.0%	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	100.0%	G	98.0%	99.8%	G
PHQ09: Cancer subsequent treatment within 31 days: radiotherapy	Average	96.7%	G	94.0%	95.5%	G	93.3%	A	96.6%	G	98.0%	G	98.2%	G	91.3%	A	100.0%	G	98.1%	G	100.0%	G	97.6%	G	94.0%	99.1%	G
PHQ15: Unplanned admissions (ambulatory care) per 100,000 population	Average	769.52			785.26		926.93		793.35		854.07		829.78		845.97		878.36		380.49		631.44						
PHQ16: Unplanned admissions (asthma etc, U19) per 100,000 population	Average	247.22			282.95		295.81		244.36		398.70		102.89		334.39		308.67		128.61		128.61						
PHQ17: Unusual emergency acute admissions per 100,000 population	Average	931.50			871.29		1,034.46		1,065.25		1,015.99		1,096.04		905.16		1,071.41		508.00		815.87						
PHQ19: RTT admitted patients compliant percent	Average	91.9%	G	90.0%	91.5%	G	91.8%	G	90.7%	G	91.1%	G	91.3%	G	90.8%	G	92.7%	G	94.1%	G	92.7%	G	92.0%	G	90.0%	90.3%	G
PHQ20: RTT non admitted patients compliant percent	Average	97.1%	G	95.0%	97.3%	G	97.5%	G	97.6%	G	97.3%	G	97.4%	G	97.1%	G	96.5%	G	96.4%	G	97.4%	G	97.1%	G	95.0%	97.2%	G
PHQ21: RTT incomplete pathway patients compliant percent	Average	94.1%	G	92.0%	93.0%	G	94.1%	G	93.8%	G	94.1%	G	94.3%	G	94.1%	G	94.3%	G	94.4%	G	94.5%	G	94.3%	G	92.0%		
PHQ22: Diagnostic tests waiting 6 weeks or more	Average	0.15%	G	1.00%	0.10%	G	0.17%	G	0.41%	G	0.19%	G	0.09%	G	0.15%	G	0.05%	G	0.11%	G	0.19%	G	0.15%	G	1.00%		
PHQ23: A and E waiting (provider)	Average																								95.0%		
PHQ24: All cancer two week waits	Average	96.6%	G	93.0%	95.4%	G	96.6%	G	94.6%	G	96.4%	G	96.8%	G	95.9%	G	96.5%	G	97.6%	G	98.9%	G	97.0%	G	93.0%	96.7%	G
PHQ25: Breast symptoms (cancer not initially suspected)	Average	96.2%	G	93.0%	93.3%	G	98.0%	G	91.7%	A	95.0%	G	98.3%	G	97.9%	G	96.3%	G	100.0%	G	92.6%	A	96.3%	G	93.0%	96.4%	G
PHQ26: Mixed Sex breaches per 1000 episodes	Most recent				0	G	2	R	0	G	0	G	1	G	2	R	1	G	3	R	2	R					
PHQ27: MRSA	Cumulative	11	R	9	4	G	8	G	6	G	10	R	6	G	7	G	11	R	9	R	7	G	13	R	10	8	G
PHQ28: C-Difficile	Cumulative	68	G	69	2,592	G	2,808	R	2,552	G	2,932	R	2,720	R	2,681	G	2,763	A	2,733	G	2,754	G	92	R	90	112	R
PHS06: Non-elective FFCEs	Cumulative	27,377	A	27,073	7,549	R	8,621	R	7,129	G	8,045	A	7,599	R	7,001	G	8,763	R	8,042	R	6,438	R	32,804	A	32,452	31,344	G
PHS07: GP written referrals to hospital	Cumulative	77,850	R	69,215	2,137	G	2,634	R	2,177	G	2,662	R	2,562	R	2,230	G	2,225	G	2,235	G	1,837	G	93,126	R	83,691	85,855	G
PHS08: Other referrals for a first outpatient appointment	Cumulative	23,060	G	23,266	5,493	R	6,824	R	5,139	G	6,602	R	6,048	R	5,795	G	7,126	R	6,490	R	5,444	R	28,003	G	28,147	27,041	G
PHS09: First outpatient attendances following GP referral	Cumulative	61,677	R	53,918	9,084	R	11,159	R	8,714	G	10,754	R	10,134	R	9,635	G	11,428	R	10,455	A	8,903	R	73,916	R	65,321	68,496	G
PHS10: All first outpatient attendances	Cumulative	101,315	R	90,662	3,456	R	4,165	R	3,410	A	3,720	R	3,734	R	3,534	G	3,911	R	3,949	A	3,097	R	121,516	R	109,917	114,707	G
PHS11: Elective FFCEs	Cumulative	36,737	R	33,398	900	R	1,085	R	878	G	988	R	816	G	799	R	1,057	R	1,113	R	499	R	44,253	R	40,787	43,278	G
PHS14: Diagnostic tests, endoscopy	Cumulative	9,162	R	8,326	8,069	R	9,334	R	8,208	G	9,023	R	8,932	R	7,990	G	9,250	R	8,807	R	3,726	R	11,031	R	9,586		
PHS15: Diagnostic tests, non-endoscopy	Cumulative	82,558	R	75,860	20,705	R	21,599	R	21,977	R	21,812	R	21,380	R	21,334	R	21,356	R	20,771	R	20,181	R	100,625	R	91,986		
PHS16: Numbers waiting on incomplete RTT	Most recent	14,111	A	13,887	65.7%		63.5%		63.5%		63.8%		61.8%		62.3%		64.5%		64.1%		63.5%		17,500	R	13,887	19,968	G
PHF07: Bookings to services where named consultant led team available	Average	63.1%			27.2%	R	26.2%	R	24.8%	R	24.3%	R	22.3%	R	21.5%	R	23.9%	R	21.7%	R	16.6%	R	22.3%	R	90.0%	26.8%	R
PHF08: GP Referrals to first OP appointments booked using Choose and Book	Average	23.1%	R	90.0%	1.2%		1.8%		1.6%		1.8%		2.0%		1.2%		1.6%		1.7%		1.8%						
PHF09: Patients treated at non NHS providers	Average	1.7%			7.9%		8.3%		9.9%		8.0%		8.9%		8.6%		8.9%		7.1%		8.0%					8.3%	
PHF10: Electronic access to medical records					0.02		0.03		0.04		0.04		0.06		0.05		0.03		0.01		0.02					0.04	
HQU16: Emergency Readmissions within 30 days	Average	8.5%			0.02		0.01		0.01		0.01		0.02		0.01		0.01		0.01		0.01					0.01	
SQU04: Ambulatory care admission rate per 1,000 population (cellulites)	Average	0.03			1,003		1,191		963		1,038		1,030		957		1,078		520		573					12,960	
SQU04: Ambulatory care admission rate per 1,000 population (DVT)	Average	0.01																									
SQU29: Emergency admissions for long term conditions	Cumulative	8,353																									
Quarterly Indicators																											
PHQ10: Early intervention in psychosis - new cases	Cumulative	82	G	42	34	G			16	G			32	G								103	G	56	80	G	
PHQ11: Crisis resolution home treatment episodes - cumulative from	Cumulative	696	G	518	238	G			234	G			224	G								927	G	691	806	G	
PHQ12: Care Programme Approach followup within seven days	Average	97.7%	G	95.0%	98.2%	G			97.5%	G			97.5%	G								97.0%	G	95.0%	97.9%	G	
PHQ13: IAPTS proportion of relevant population	Cumulative	7.8%	G	5.2%	2.7%	G			2.7%	G			2.4%	G								10.4%	G	7.3%	10.5%	R	
PHQ13: IAPTS proportion of people moving to recovery	Average	38.0%	G	35.9%	37.4%	G			40.2%	G			36.4%	G								37.8%	G	37.6%			
SQU06: Percent of stroke patients with 90% of time on stroke unit	Average	92.6%	G	80.0%	92.7%	G			92.5%	G			92.9%	G								92.7%	G	80.0%	93.9%	G	
SQU06: Percent of TIA cases assessed and treated within 24 hours	Average	65.0%	G	60.0%	74.2%	G			47.8%	R			69.2%	G								62.5%	G	60.0%	72.2%	G	
SQU12: Percentage of women seeing professional within 13 weeks of pregn	Average	91.2%	G	90.0%	85.7%	A			92.9%	G			94.9%	G								93.5%	G	90.0%	91.4%	G	
SQU19: Breastfeeding at 6-8 weeks prevalence	Average	59.6%	A	64.0%	61.5%	A			58.8%	R			58.6%	R								58.9%	R	64.2%	61.5%	A	
SQU19: Breastfeeding at 6-8 weeks coverage	Average	95.0%	A	96.9%	99.8%	G			94.2%	A			91.5%	R								93.1%	A	97.1%	96.3%	A	
Annual Indicators																											
PHQ14: People with long term conditions feeling independent	Most recent	64.4%							64.4%																		
PHQ18: Patient Experience Survey Overall Score	Most recent																										
SQU02: Deaths at Home proportion	Most recent																									17.0%	

Key:	
Non operating framework indicator	
Assignment to responsibility is provisional	
Placeholder for provider indicator	

	Year to Date			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Year End		
	Calculation	Actual	Target												Forecast	Target	Last Year

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Produced by the South London CSO Performance Team. For any queries please contact us at nhsswl.performance@nhs.net

REPORT TO JOINT BOARDS

Date of Meeting: 14 March 2013

Agenda No: 8.3

ATTACHMENT 05

Title of Document: NHS SWL Cluster Performance Report	Purpose of Report: Review and Note
Report Author (Name and designation): Colin Bradbury: Director of Performance, QIPP & Informatics	Lead Director: Jill Robinson, Director of Finance and Performance and Claire Old, Acting Delivery Director: NCB South London
Contact details: Colin.bradbury@swlondon.nhs.uk	
Executive Summary:	
<p>1. Background/Introduction</p> <p>1.1 The attached document gives a summary of overall performance at a Borough/ CCG level against a set of NHS Operating Framework indicators for Month 9 of the 2012/13 financial year. Wherever possible, indicators have been separated for Merton and Sutton. Other cells are blank as a result of the required data not yet being available.</p> <p>2. Update of issues raised in the last performance report</p> <ul style="list-style-type: none"> ○ Accident and Emergency Performance: Following the receipt of winter funding in late December, performance in SWL A&E improved markedly (with the exception of Croydon). In the first week of March, high levels of admissions and resultant pressures on beds resulted in performance dropping off again. The NCB have met with Chief Officers to explore what additional flex can be put in place across the system to support urgent and emergency care pathways. This situation will be monitored closely as the >£10m winter funding comes to an end at the beginning of April, which coincides with Easter which last year saw significant drops in performance due in large part to staffing pressures. ○ Improving Access to Psychological Therapies: All deep dive processes have been completed as required and IAPT delivery will continue to be raised via the assurance process that the NCB now has in place for all CCGs in SWL. <p>3. Other issues at Month 9</p> <p>End of year performance trajectories: throughout the final year of transition, the Performance Committee has been concerned to ensure that grip of delivery does not slip against a backdrop of organisational change. The attached paper looks to compare a projection (based on month 9 trajectories) of final year outturn against 2011/12 actual performance. The projections for 2012/13 are then categorised against 4 criteria: (1) worse performance than last year and missing the agreed target (2) better performance than last year but still below agreed target (3) worse performance than last year but above agreed target and (4) better performance than last year and above target.</p>	

It must be stressed that these ratings are based on projections on month 9 data. A list of indicators where projections are not available (e.g. where there are not yet enough data points on which to base a trajectory) are included at the back of the report. Work is being done to collate a comparison of these indicators' current performance in comparison to the equivalent period in 2011/12.

Key sections for particular note (paragraph/page), areas of concern etc:

The Performance Committee focus specifically on indicators where three or more localities have red ratings on any particular indicator. In the case of the end of year performance trajectories this applies to:

- IAPT, proportion of relevant pollution engaged: as discussed above, this is being addressed via the results of the deep dive process.
- Indicators PHS06, PHS09 and PHS10: They are measures of provider activity and therefore may indicate financial over performance pressures. They are included in the monthly scorecard as they are indicators in the 2012/13 NHS Operating Framework
- Immunisations at age 5: the performance against these measures are particular challenged and have been rehearsed at SWL Boards previously
- Chlamydia screening coverage: This should be noted by localities, although the subsequently reported measure of chlamydia positivity rate is more encouraging.
- Smoking quitters: Quarter 4 often sees sharp increases in performance due to specific factors such as New Year resolutions to stop smoking. However, the current levels should be noted by localities.
- Drug misusers in effective treatment: This is an older measure that has now perhaps run its course as the number of people in treatment for heroin and crack cocaine is falling steadily across the country, particularly in the areas (i.e. London and the NW of England) where the heroin epidemic in the 1980s first took off

In summary, there is little evidence that performance has deteriorated to a significant degree during this final year of transition. Whilst there is no room for complacency, it should be noted and localities perhaps congratulated for the significant number of indicators that are an improvement on last year (blue), that are above the required national standard (purple) or are both better than last year and above the target (green).

Recommendation(s):

All Boards to note for information.

Committees which have previously discussed/agreed the report:

Performance Committee in the case of the report attached to item 3.1

PEC/CCC Comments where appropriate: N/A

Financial Implications: There are no financial implications.

What is the decision required of each Board?

All Boards to note for information

What are the implications for transition to future commissioning structures?

No other implications.

Other Implications: (including patient and public involvement/Legal/ Governance/ Risk/Diversity/ Staffing) No other implications.

Equality Impact Assessment: EIA issues are addressed through the contracting process

Information Privacy Issues: N/A

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) N/A

Summary: Comparison of 2011/12 performance again 2012/13 outturn projected performance as at 31 Jan 2013

Table 1: 2011/12 outturn compared with 2012/13

Conditions		
Colour	Forecast	Compared with last year
R	Below Target	Worse than last year
P	Above target	Worse than last year
B	Below Target	Better than last year
G	Above target	Better than last year

Notes:

- The percentage is the forecast performance relative to last year
- Where forecast outturn data are not available, data for the most recent period are used instead
- In all cases, a +ve or upwards value indicates an improvement in performance and vice versa.
- No data are shown for indicators with no target.

Description	Forecast Variance					
	Most Recent	Croydon	Kingston	Richmond and Twickenham	Sutton and Merton	Wandsworth
Clinical Commissioning Groups						
PHQ03: Cancer first treatment 62 days wait: GP urgent referral	Nov	-7.5% R	-0.3% P	0.4% G	-3.0% P	6.0% G
PHQ04: Cancer first treatment 62 days wait: Screening referral	Nov	-8.5% R	8.8% G	-7.7% R	0.8% G	-0.4% P
PHQ06: Cancer first definitive treatment within one 31 days of diagnosis	Nov	-0.6% P	0.7% G	-0.7% P	0.0% P	-1.2% P
PHQ07: Cancer subsequent treatment within 31 days: surgery	Nov	1.4% G	0.9% G	3.4% G	0.3% G	-1.0% P
PHQ08: Cancer subsequent treatment within 31 days: drug	Nov	-0.2% P	0.5% G	0.0% G	0.2% G	0.6% G
PHQ09: Cancer subsequent treatment within 31 days: radiotherapy	Nov	-0.2% P	-3.4% P	1.3% G	-1.9% P	1.2% G
PHQ10: Early intervention in psychosis - new cases	Qtr 3	50.8% G	25.3% G	18.8% G	29.2% G	9.8% G
PHQ11: Crisis resolution home treatment episodes - cumulative from	Qtr 3	30.1% G	-1.4% P	-10.1% R	15.0% G	4.0% G
PHQ12: Care Programme Approach follow-up within seven days	Qtr 3	-2.5% R	0.9% G	1.4% G	-0.3% P	0.2% G
PHQ13: IAPTS proportion of relevant population	Qtr 3	-7.4% R	-7.2% R	78.6% G	-0.7% R	5.3% B
PHQ19: RTT admitted patients compliant percent	Dec	0.4% G	3.2% G	3.3% G	2.2% G	5.8% G
PHQ20: RTT non admitted patients compliant percent	Dec	-0.3% P	1.7% G	0.6% G	-0.1% P	0.6% G
PHQ24: All cancer two week waits	Nov	-1.5% P	-3.2% P	-1.1% P	0.0% G	-0.5% P
PHQ25: Breast symptoms (cancer not initially suspected)	Nov	-2.7% P	-3.5% R	-4.0% R	1.4% G	0.1% G
PHQ27: MRSA	Nov	33.0% G	26.8% B	38.4% B	-49.1% R	-50.0% R

Description	Forecast Variance					
	Most Recent	Croydon	Kingston	Richmond and Twickenham	Sutton and Merton	Wandsworth
						%
PHQ28: C-Difficile	Nov	2.4% G	19.1% B	-16.6% P	18.4% B	12.2% B
PHS06: Non-elective FFCEs	Dec	-4.3% R	-2.8% R	-2.4% R	-4.5% R	-3.0% R
PHS07: GP written referrals to hospital	Dec	-5.6% P	-2.3% P	-3.8% R	-8.3% R	-4.7% R
PHS08: Other referrals for a first outpatient appointment	Dec	3.2% G	8.3% G	2.9% G	-4.3% R	-6.9% R
PHS09: First outpatient attendances following GP referral	Dec	-3.5% R	-2.0% R	-2.6% R	-7.7% R	-5.4% R
PHS10: All first outpatient attendances	Dec	-1.8% R	-1.4% R	-2.9% R	-5.8% R	-4.3% R
PHS11: Elective FFCEs	Dec	-0.4% R	2.4% G	0.9% G	-2.5% R	4.6% G
PHS16: Numbers waiting on incomplete RTT	Dec	4.0% B	-0.2% P	-13.2% R	-2.7% R	2.4% B
PHF08: GP Referrals to first OP appointments booked using Choose and Book	Dec	16.4% B	0.6% B	15.5% B	-19.1% R	17.0% B
SQU06: Percent of stroke patients with 90% of time on stroke unit	Qtr 3	3.5% G	3.1% G	3.0% G	-1.2% P	0.5% G
SQU06: Stroke percentage of suspected TIA assessed and treated in 24 hours	Qtr 3	-11.8% P	-0.5% P	6.3% G	-13.4% P	-19.8% P
SQU12: Percentage of women seeing professional within 13 weeks of pregnancy	Qtr 3	-4.6% P	18.1% R	-0.8% R	2.3% G	3.0% B
SQU19: Breastfeeding at 6-8 weeks coverage	Qtr 3	0.1% G	0.8% G	-1.8% R	-3.4% R	0.8% G
SQU19: Breastfeeding at 6-8 weeks prevalence	Qtr 3	2.0% B	2.8% B	-2.8% R	-4.2% R	0.0% B
NHS Commissioning Board						
PHS17: Health visitor numbers	Sep	13.5% G	19.4% G	Foot note 1	-13.6% P	17.3% G
SQU09: Access to dental services	Dec	-0.4% R	-0.7% P	0.4% B	0.6% B	1.4% B
SQU20: Breast screening age 47-49 and 71-73	Qtr 3	-11.0% P	17.8% G	-2.2% P	-16.5% P	-23.2% P
SQU21: Bowel screening invitations age 70-74	Qtr 3	27.0% G	27.8% G	25.7% G	26.6% G	29.7% G
SQU22: Cervical screening results within two weeks	Dec	3.9% G	1.3% G	-0.3% R	14.3% G	4.1% G
SQU23: Diabetic retinopathy screening	Qtr 2	1.7% G	0.0% G	-1.9% P	-8.3% P	0.5% G
VSB10: Immunisation age 1, all 3 doses of DTaP/IPV/Hib	Qtr 2	-1.4% R	-2.5% P	3.5% B	-5.3% R	1.1% B
VSB10: Immunisation age 2, Hib/MenC booster	Qtr 2	0.7% B	-4.2% R	1.3% B	8.0% B	-13.9% R
VSB10: Immunisation age 2, all PCV booster	Qtr 2	7.8% B	0.7% B	5.3% B	9.2% B	-20.6% R
VSB10: Immunisation age 2, one dose of MMR	Qtr 2	3.2% B	-0.3% R	-0.9% R	0.7% B	-8.1% R
VSB10: Immunisation age 5, all 4 doses	Qtr 2	-1.7% R	7.4% B	1.9% B	-13.6% R	-5.4% R

Description	Forecast Variance					
	Most Recent	Croydon	Kingston	Richmond and Twickenham	Sutton and Merton	Wandsworth
of DTaP/IPV/Hib						
VSB10: Immunisation age 5, two doses of MMR	Qtr 2	-0.3% R	-0.1% R	-0.3% R	-16.6% R	0.8% B
VSB13: Chlamydia screening coverage	Qtr 1	-				-
VSB13: Chlamydia diagnosis rate per 100,000	Qtr 1	35.7% R	-8.8% P	-19.0% R	-2.2% R	22.0% P
VSB13: Chlamydia positivity rate	Qtr 1	-3.9% P	12.7% B	-5.4% R	23.3% G	18.1% G
WCC25: Cervical screening, women age 25-49 in last 3½ years	Qtr 2	1.2% G	17.8% G	-3.8% R	13.7% G	30.0% G
WCC25: Cervical screening, women age 50-64 in last 5 years	Qtr 2	-1.6% R	-2.1% R	-2.5% P	-2.0% R	0.4% B
Department of Public Health						
PHQ30: Smoking Quitters	Qtr 2	-0.2% P	-0.7% P	-0.1% P	0.3% G	0.8% B
PHQ30: Smoking Quitters	Qtr 2	-	-	-26.6% R	-16.1% R	15.7% G
PHQ31: Eligible population offered an NHS health check	Qtr 3	12.4% P	26.9% R	10.4% G	92.6% G	7.3% G
PHQ31: Eligible population receiving an NHS health check	Qtr 3	27.5% R	38.0% B	0.3% G	158.0% G	40.0% G
VSB08: Under 18 conception rate per 1,000 female 15-17 population	Qtr 3	99.7% B	35.1% B	-21.6% R	Foot Note 2	32.4% G
VSB14: Drug misuse: Numbers of successful completions	Aug	31.7% G	31.0% G	-	-	-
VSB14: Drug misuse: Numbers of successful completions	Aug	-2.6% P	11.1% R	-5.5% R	-16.5% R	10.6% R

Foot Note 1 – Health visitor data is not split by PCT/CCG

Foot Note 2: For Sutton and Merton, we no longer receive the numerator and denominator data which allowed us to aggregate over time and across boroughs. Now that the data source has switched from DfE to ONS, we only have the rates, and so to aggregate would lead to the 'average of averages' error

1. Methodology used

The simple method was used to produce the comparisons in Table 1.

- Indicators with 2 or more data points were extrapolated using a linear regression to produce a year end projection.
- For those indicators shown in Table 2, a comparison was made between the same period this year with last year i.e. Quarter 2 performance this year was compared with Quarter 2 last year.
- A comparison between 2011/12 and 2012/13 extrapolated performance for Indicators that were new for this year, do not have an associated performance target or are annual indicators can't be shown. These are listed in Table 3.

Table 2:

Indicator
VSB10: Immunisation age 1, all 3 doses of DTaP/IPV/Hib
VSB10: Immunisation age 2, Hib/MenC booster
VSB10: Immunisation age 2, all PCV booster
VSB10: Immunisation age 2, one dose of MMR
VSB10: Immunisation age 5, all 4 doses of DTaP/IPV/Hib
VSB10: Immunisation age 5, two doses of MMR
VSB13: Chlamydia screening coverage
VSB13: Chlamydia diagnosis rate per 100,000
VSB13: Chlamydia positivity rate
WCC25: Cervical screening, women age 25-49 in last 3½ years
WCC25: Cervical screening, women age 50-64 in last 5 years
PHQ30: Smoking Quitters

Table 3: Omitted indicators

Indicator	Reason for omission
PHQ05: Cancer first treatment 62 days wait: Consultant's upgrade	No associated performance target
PHQ13: IAPTS proportion moving to recovery	New indicator for 2012/13
PHQ14: People with long term conditions feeling independent	Annual indicator – year on year comparison not possible
PHQ15: Unplanned admissions (ambulatory care) per 100,000 population	New indicator for 2012/13
PHQ16: Unplanned admissions (asthma etc, U19) per 100,000 population	New indicator for 2012/13
PHQ17: Unusual emergency acute admissions per 100,000 population	New indicator for 2012/13
PHQ18: Patient Experience Survey Overall Score	Annual indicator – year on year comparison not possible
PHQ21: RTT incomplete pathway patients compliant percent	Indicator definition changed in 2012/13 - year on year performance no comparable
PHQ22: Diagnostic tests waiting 6 weeks or more	Indicator definition changed in 2012/13 - year on year performance no comparable
PHS14: Diagnostic tests, endoscopy	New indicator for 2012/13
PHS15: Diagnostic tests, non-endoscopy	New indicator for 2012/13
PHF09: Patients treated at non NHS providers	New indicator for 2012/13
PHF10: Electronic access to medical records	New indicator for 2012/13

Indicator	Reason for omission
HQU16: Emergency Readmissions within 30 days	No associated performance target
SQU02: Deaths at Home proportion	Data source issues, ONS are holding back 11/12 data in anticipation of Census results
SQU04: Ambulatory care admission rate per 1,000 population (cellulites)	No associated performance target
SQU04: Ambulatory care admission rate per 1,000 population (DVT)	No associated performance target
PHF07: Bookings to services where named consultant led team available	No associated performance target
SQU29: Emergency admissions for long term conditions	No associated performance target
VS10: Immunisation girls age 12-13 HPV, one dose (school year)	Cumulative school year indicator.
VS10: Immunisation girls age 12-13 HPV, two doses (school year)	Cumulative school year indicator depend on the first dose
VS10: Immunisation girls age 12-13 HPV, three doses (school year)	Cumulative school year indicator. dependant on the second dose
VS01: All age all cause mortality	Data source issues, ONS are holding back 11/12 data in anticipation of Census results
VS02: CVD mortality Under 75	Data source issues, ONS are holding back 11/12 data in anticipation of Census results
VS03: Cancer mortality Under 75	Data source issues, ONS are holding back 11/12 data in anticipation of Census results
VS09: Childhood obesity, reception	Annual indicator, data is 6 month in arrears there for does not provide a basis for comparison.

NHS Sutton and Merton Commissioning Board, Public Health and Other Performance Scorecard 2012-13

Freeze Date: 27-Feb-2013

	Year to Date			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Year End																									
	Calculation	Actual	Target												Forecast	Target	Last Year																							
NHS COMMISSIONING BOARD																																								
Monthly Indicators																																								
PHS17: Health visitor numbers	Most recent	58.42	G	51.44	61.40	G	60.70	G	59.65	G	58.15	G	58.15	G	58.42	G	53.57	G	51.44	62.00	G																			
SQU09: Access to dental services	Most recent	196,475	A	204,367	195,309	A	196,319	A	196,358	A	196,304	A	196,045	A	196,330	A	196,116	A	196,624	A	196,960	A	196,475	A	196,916	A	204,420	195,969	A											
SQU22: Cervical screening results within two weeks	Average	99.6%	G	98.0%	99.6%	G	99.6%	G	99.4%	G	99.4%	G	99.6%	G	99.6%	G	99.7%	G	99.6%	G	99.3%	G	99.6%	G	99.5%	G	98.0%	87.1%	R											
VSB10: Immunisation girls aged 12-13: HPV one dose	Most recent	86.7%			89.2%		89.3%		89.4%		85.8%		14.4%		85.0%		86.2%		86.6%		86.6%		86.7%																	
VSB10: Immunisation girls aged 12-13: HPV two doses	Most recent	83.7%			84.0%		85.5%		85.6%		84.8%		0.0%		0.0%		0.0%		82.6%		82.6%		83.7%																	
VSB10: Immunisation girls aged 12-13: HPV three doses	Most recent	0.1%			29.6%		81.2%		83.0%		81.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.1%																	
Quarterly Indicators																																								
SQU20: Breast screening age 47-49 and 71-73	Most recent	22.5%			28.4%								26.0%																	28.9%	G									
SQU21: Bowel screening invitations age 70-74	Most recent	79.5%			67.5%								73.4%																		60.4%	G								
SQU23: Diabetic retinopathy screening	Most recent	104.6%	G	95.0%	106.1%	G							105.9%	G																	95.0%	114.0%	G							
VSB10: Immunisation age 1, all 3 doses of DTaP/IPV/Hib	Average	82.7%	R	95.0%	83.2%	R							82.3%	R																		95.0%	85.8%	A						
VSB10: Immunisation Age 2: Hib/MenC booster	Average	78.9%	R	95.0%	74.2%	R							83.2%	R																		95.0%	77.1%	R						
VSB10: Immunisation Age 2: All PCV booster	Average	78.9%	R	95.0%	74.7%	R							82.8%	R																			95.0%	75.7%	R					
VSB10: Immunisation Age 2: One dose of MMR	Average	79.0%	R	91.0%	75.2%	R							82.6%	A																			91.0%	79.9%	R					
VSB10: Immunisation Age 5: All 4 doses of DTaP/IPV/Hib	Average	66.5%	R	90.0%	69.4%	R							63.5%	R																			90.0%	71.0%	R					
VSB10: Immunisation Age 5: Two doses of MMR	Average	70.8%	R	89.8%	73.9%	R							67.6%	R																				89.8%	77.6%	R				
VSB13: Chlamydia screening coverage	Cumulative	11.0%	R	16.8%	4.8%	R							6.2%	R																			35.9%	24.3%	R					
VSB13: Chlamydia screening diagnosis rate per 100,000	Most recent	1,931	A	2,000	1,561	R							1,931	A																			2,000	2,001	G					
VSB13: Chlamydia screening positivity rate	Average	8.8%	G	7.0%	8.1%	G							9.3%	G																				7.0%	8.2%					
WCC25: Cervical screening, women age 25-49 in last 3½ years	Most recent	69.0%	A	70.0%	71.2%	G							70.0%	A																				69.5%	A	70.0%	71.3%	G		
WCC25: Cervical screening, women age 50-64 in last 5 years	Most recent	75.9%	G	75.0%	75.3%	G							75.5%	G																					75.0%	75.6%	G			
PUBLIC HEALTH																																								
Monthly Indicators																																								
VSB14: Drug misuse: Numbers of successful completions	Most recent	635	R	832	670	R	665	R	649	R	645	R	639	R	635	R																		588	R	832	694	R		
Quarterly Indicators																																								
PHQ30: Smoking Quitters	Cumulative	502	R	601	247	R							255	R																						1,380	1,250	R		
PHQ31: Eligible population offered an NHS health check	Cumulative	18.3%	G	15.0%	6.0%	G							6.8%	G																						24.7%	G	20.0%	11.2%	R
PHQ31: Eligible population receiving an NHS health check	Cumulative	7.6%	G	4.5%	1.8%	G							3.6%	G																						10.7%	G	6.0%	4.6%	R
VSB08: Under 18 conception rate per 1,000 female 15-17 population	Average																																				22.1	27.2	R	
Annual Indicators																																								
VSB01: All age all cause mortality	Most recent																																				488.2			
VSB02: CVD mortality Under 75	Most recent																																				68.7	66.4	G	
VSB03: Cancer mortality Under 75	Most recent																																				99.4	95.8	G	
VSB09: Childhood obesity, reception	Most recent	9.1%	G	13.0%									9.1%																								13.0%	8.3%	G	
VSB09: Childhood obesity, year 6	Most recent	19.1%	A	18.7%									19.1%																								18.7%	18.7%	A	
OTHER INDICATORS																																								
Annual Indicators																																								
SQU10: Staff engagement	Most recent																																					3.51		

Key:
Non operating framework indicator
Assignment to responsibility is provisional
Placeholder for provider indicator

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Produced by the South London CSO Performance Team. For any queries please contact us at nhsswl.performance@nhs.net