Sedgefield NHS
Primary Care Trust

Board Meeting Thursday 9 December 2004

Title of Report: Achieving Patient Access Targets and Baseline Performance Requirements

1 Purpose of Report

The purpose of this report is to advise Board members of the performance achieved by all provider Trusts from which are commissioned Acute services for the Sedgefield population.

2 Connection with Sedgefield PCT's 4 Key Objectives/Pillars

Performance monitoring against national/local standards is fundamental to 'Improving Health Services'.

3 Background Detail

3.1 Access Incentive Scheme

Access Fund Capital was established by the Department of Health in 2003/04 for a three year period with the aim of rewarding NHS organisations for making progress towards improving access across all primary, acute and mental health services including waiting in A&E and inpatient and outpatient waiting times and lists.

Payments are as follows:-

Time Period	Amount per NHS Trust and PCT	Conditions
Quarter ending 30 June 2004	£77 600 capital - achieved	Delivery of all targets specified below during the quarter
Quarter ending 30 Sept 2004	£38 800 capital	
Quarter ending 31 Dec 2004	£38 800 capital	
Quarter ending 31 March 2005	£38 800 capital	

The fund is to be managed at Strategic Health Authority level, who were responsible for designing the targets and monitoring progress.

All the targets listed below have to be delivered by the PCT during the quarter to be eligible for payment. Part payment for achievement of some but not all the targets is not possible.

Quarter 2 Progress

Target	Operational Standard	Success Criteria	Progress to Date for Q1
Primary Care Access	Achieve 100% by December 2004	Incremental targets throughout the year	No breaches up to November

Waiting List Breaches	No patients waiting against 17 week outpatient, 9 month inpatient, 6 month revascularisation standards at month ends	No month end breaches throughout the quarter	2 Potential 9 months breaches on going discussion with DOH
Cancer: 2 Week Wait breaches	No patient will wait more than 2 weeks from an urgent GP referral for suspected cancer to date first seen as an outpatient	No breaches in quarter	No breaches up to end of September
No. receiving assertive outreach services	Deliver assertive outreach to the adult patients with severe mental illness who regularly disengage from services	Achievement of LDP target* in each quarter	LDP target 2004/5 – 35 Q2 Actual - 53

3.2 Summary of Current Position

Please note that where appropriate, this month's performance is measured against the latest Local Delivery Plan trajectories submitted to the Strategic Health Authority. It is important to note that targets for inpatients and outpatients have changed from 2003/4. For inpatients, the maximum wait is now 9 months and for outpatients, the maximum wait is 17 weeks. The tables below have been amended to demonstrate this.

October/November

Description of Target	Achieved	Trajectory
Ensure 100% of patients who wish to do so can see a primary health care professional within 1 working day and a GP within 2 working days by December 2004.		
Access to GP:	100%	100%
Access to Primary Care Professional:	100%	100%
A&E: - % patients through A&E within 4 hours (CD&D only) Reduce to four hours the maximum wait in A&E from arrival to admission, transfer or discharge, by March 2004 for those Trusts who have completed the Emergency Services Collaborative and by the end of 2004 for all others.		
31st October 2004	92.9%	90%
7th November 2004	95.3%	90%
14th November 2004	96.7%	90%
21st November 2004	95.0%	90%

October

Description of Target	Achieved	Trajectory
Inpatients: Achieve a **maximum wait of 9 months** for all inpatient waiters and reduce the number of 6-month in-patient waiters by 40% by March 2004, as progress towards achieving a maximum 6 month wait for inpatients by December 2005 and a 3 month maximum wait by 2008.		
No. of 9 month breaches		0
6 to <9 months	153	89
0 to < 6 months	1133	1275
Outpatients: Achieve a **maximum wait of 4 months (17 weeks)** for an outpatient appointment and reduce the number of over 13-week outpatient waiters by March 2004, as progress towards achieving a maximum wait of 3 months for an outpatient appointment by December 2005.		

No. of 17 week breaches	0	0
13 to <17 Weeks	165	118
North East Ambulance Service: Ambulance services must achieve an 8 minute response to **75%** of calls to life threatening emergencies.		
% Cat A Incidents responded to within 8 mins	64.3%	75%
% Cat A Incidents responded to between 8 - 19 mins	35.7%	25%
% Cat A Incidents responded to in over 19 mins	0%	0%

Description of Target	Acute, Community & Mental Health

Delayed Transfers:
Improve the quality of life and independence of older people so that they can live at home wherever possible, by increasing by March 2006 the number of those supported intensively to live at home to 30% of the total being supported by social services at home.

			Mental Health		
	Acute Trusts	Community Hospitals	Learning Disabilities	Mental Illness	Old Age Psychiatry
Week Ending 11/11/2004	0	0	3		5
Average Delays in Days	0	0	285		44.2
Reasons			Awaiting Assessment -1 (SS & NHS), Awaiting NHS Care – 1 (NHS), Nursing Home Unavailable – 1 (SS)		Care Funding Package - 1 (SS), Awaiting Assessment - 1 (SS & NHS), Other – 2 (Other), Nursing Home Unavailable –1 (SS)

Cancer:
Maintain existing cancer waiting time standards and set local waiting time targets for 2003/04 and 2004/05 so that by the end of December 2005 there is a maximum of one month from diagnosis to treatment, and two months from urgent referral to treatment for all cancers.

- GP to refer within 24 hours
- Trust to see patient within 14 days

No. of cancer breaches (September)	0	
No. of cancer breaches (September)	0	
No. of patients waiting more than 31 days from Diagnosis to Treatment at County Durham & Darlington Acute – Information awaited.	0	

3.3 Further Information

The attached graphs demonstrate the PCT's performance against the Local Delivery Plan trajectories in key areas.

Also attached is a chart demonstrating information collected by the Drug Action Team on the numbers of people presenting for drug treatment, numbers in treatment and numbers successfully completing drug treatment. However, it should be noted that this information is of poor quality as the team is in the process of improving their recording systems and it is their intention to resubmit data in due course.

4 Recommendations

The Board receives this report for monitoring purposes.

Melanie Fordham
Director of Commissioning & Performance
29th November 2004

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