Sedgefield NHS
Primary Care Trust

Board Meeting 12th May 2005

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

1 Purpose of Report

Is to advise on the baseline performance of commissioner-based Access Targets.

2 Standards for Better Health

This report supports the following domains:

☐	*Safety*	✓	*Clinical & Cost Effectiveness*
☐	*Governance*	✓	*Patient Focus*
✓	*Accessible & Responsive Care*	☐	*Care Environment & Amenities*
☐	*Public Health*		

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 4 Progress

Target	Operational Standard	Success Criteria	Progress to Date for Q4
Primary Care Access	Achieve 100% by March 2005	Incremental targets throughout the year	No breaches up to April
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	One 9 month breach end of Nov
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 February
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	Achieved

The new Access Incentive Scheme comes into existence from 01-04-05. The Parameters to be measured appear in Appendix 1

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.

March/April

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.		
03rd April 05	98.6%	98%
10th April 2005	98.3%	98%
17th April 2005	98.6%	98%
24th April 2005	98.4%	98%

March

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	0
6 to <9 months	77	43
0 to < 6 months	1071	1317
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	54	98
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	62.5%	75%
% Cat A Incidents responded to between 8 - 19 mins	37.5%	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 21/04/2005	0	0	2		0
Average Delays in Days	0	0	409.5		0
Reasons			Residential/ Nursing Home Unavailable – 2 (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 (February 05) GP to refer within 24 hrs	0	
	No. of cancer breaches (February 05)	0	
	No. of patients waiting more than 31 days from Diagnosis to Treatment at County Durham & Darlington Acute – (December)	0	

4 Comments & Recommendations from the PEC

PEC also received a verbal report on progress towards the March 05 trajectory for numbers of patient's waiting 6months for orthopaedic in patient treatment. This was proving very challenging for Health Community. It was agreed that orthopaedics should be top priority for application of Ten High Impact Changes (modernisation techniques) and Primary Care based Demand management in the coming year. Continued concern about Ambulance Performance and support for retrospective Audit of Category A calls.

5 Recommendations

Report is received for information.

4 Financial Implications

While all acute trusts have significantly over performed financially, theses overspends are predominantly associated with non – elective activities. Careful adjustments to baselines 05/06 will be required to ensure that the PCT commissions sufficient elective activity to maintain performance on Access Targets.

7 Specific added value

PCT performance in respect to Accessible and Responsive Care is a key domain for Health Care Commissions assessment.

8 Evidence of Patient/Public Involvement

These Access reports are shared with local people through the regular Area Forums.

9 Staff Participation Process

Staff are kept informed of the PCT's Performance through monthly briefings.

10 References

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29th April 2005

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