

Health and Care Improvement Dashboard

December 2017

Indicator	Standard	Latest	Previous	Latest	Direction of Travel
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Sep-17	94.0%	92.8%	▼
* Delayed Transfers of Care - Bed Days	3.5%	Sep-17	4.8%	4.6%	▼
* Referral To Treatment - 18 Weeks	92%	Sep-17	92.5%	92.3%	▼
* Diagnostics Tests Waiting Times	1%	Sep-17	0.7%	0.9%	▲
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Sep-17	96.5%	96.4%	▼
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Sep-17	98.7%	95.2%	▼
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Sep-17	100.0%	100.0%	↔
Cancer - 31-Day Wait For Subsequent Surgery	94%	Sep-17	92.9%	100.0%	▲
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Sep-17	100.0%	100.0%	↔
Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Sep-17	100.0%	97.1%	▼
Cancer - 62-Day Wait From Referral To Treatment	85%	Sep-17	91.8%	87.8%	▼
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Sep-17	100.0%	90.0%	▼
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Sep-17	76.7%	72.2%	▼
MRSA	0	Sep-17	0	1	▲
C.Difficile (Ytd Var To Plan)	0%	Sep-17	-1.0%	-1.0%	↔
Estimated Diagnosis Rate For People With Dementia	66.7%	Sep-17	81.4%	81.8%	▲
Improving Access to Psychological Therapies Access Rate		Jun-17			↔
Improving Access to Psychological Therapies Recovery Rate	50%	Aug-17	50.8%	50.9%	▲
Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Aug-17	88.1%	85.4%	▼
Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Aug-17	100.0%	100.0%	↔
Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Sep-17	50.0%	33.3%	▼
Mixed Sex Accommodation	0	Sep-17	0.10	0.70	▼
Cancelled Operations		17/18 Q2	1.0%	1.0%	↔
Ambulance: Red 1 Calls Responded to in 8 Minutes	75%	Jul-17	57.1%	63.3%	▲
Ambulance: Red 2 Calls Responded to in 8 Minutes	75%	Jul-17	60.6%	62.9%	▲
Ambulance: Category A Calls Responded to in 19 Minutes	95%	Jul-17	88.2%	89.7%	▲
Cancer Patient Experience		2016	8.70	8.77	▲
Cancer Diagnosed At An Early Stage		2015	44.2%	49.2%	▲
General Practice Extended Access		Sep-17	74.4%	84.2%	▲
Patient Satisfaction With GP Practice Opening Times		Mar-17	74.4%	76.0%	▲

* data for this indicator is provisional and subject to change

Indicator	Standard	Latest	Previous	Latest	Direction of Travel
Maternal Smoking at delivery		17/18 Q2	15.1%	14.6%	▼
%10-11 classified overweight or obese		2013/14 to 2015/16	33.6%	33.6%	◀▶
Personal health budgets		17/18 Q1	4.50	5.30	▲
% of deaths in hospital		16/17 Q2	49.80	50.40	▲
LTC feeling supported		2016 03	62.40	61.40	▼
Quality of life of carers		2016 03	0.77	0.78	▲
Emergency admissions for urgent care sensitive conditions (UCS)		16/17 Q4	3212	3066	▲
Patient experience of GP services		Jul-05	83.2%	83.5%	▲
Adult Social Care Indicators					
Part 2a - % of service users who are in receipt of direct payments	28.1%	17/18 Q2	12.76%	13.60%	▲
Total number of Learning Disability service users in paid employment	5.7%	17/18 Q2	4.71%	4.50%	▼
Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	17/18 Q2	3.71 (5 Admissions)	10.38 (14 Admissions)	▲
Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	17/18 Q2	143.77 (56 Admissions)	277.27 (108 Admissions)	▲
Total number of permanent admissions to residential and nursing care homes aged 18+		17/18 Q2	61	122	▲
Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital	82.7%	17/18 Q2	81.8%	81.8%	◀▶
% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Sep-17	55%	55%	◀▶
% supported accommodation CQC rated as Good or Outstanding (Tameside and Glossop)		Sep-17	80%	80%	◀▶
% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Sep-17	50%	67%	▲

Exception Report

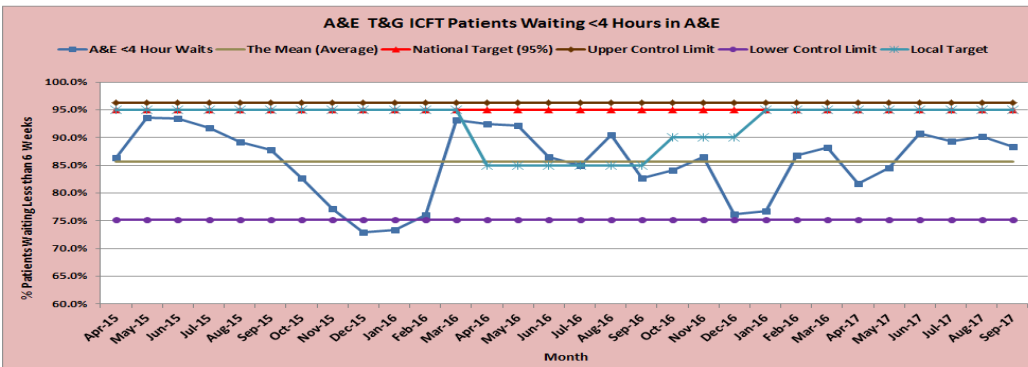
Health and Care Improvement- December

A&E: Patients waiting < 4 hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&E Delivery board



September Performance: 92.84%

16/17 ytd: 88.21%

17/18 ytd: 93.40%

Key Risks and Issues:

The A&E Type1 and type 3 performance for September was 92.84% which is below the National Standard of 95% but above the GM agreed target of 90%. Late assessment due to lack of capacity in the department is the main reason for breaches.

- Bed capacity across the organisation was problematic (Medical bed-pool occupancy was routinely at >96%);
- Delayed-transfers-of-care occupied >6% of the 'General and Acute' bed pool, a reduction from 10% in January;
- Medical bed-pool occupancy was routinely at >97% leading to reduced capacity on AMU and IAU;
- Increased acuity, as measured using the Charlson Comorbidity Index (43% of patients with a Charlson comorbidity; 34% in 2009-10).

Overall the system has little resilience and so increased demand or reduced capacity in any one of the component Health and Social Care services can quickly reduce the A&E performance.

A&E Streaming is in place but timing meant October rotas were not always filled as hoped so impact may be lessened.

Actions:

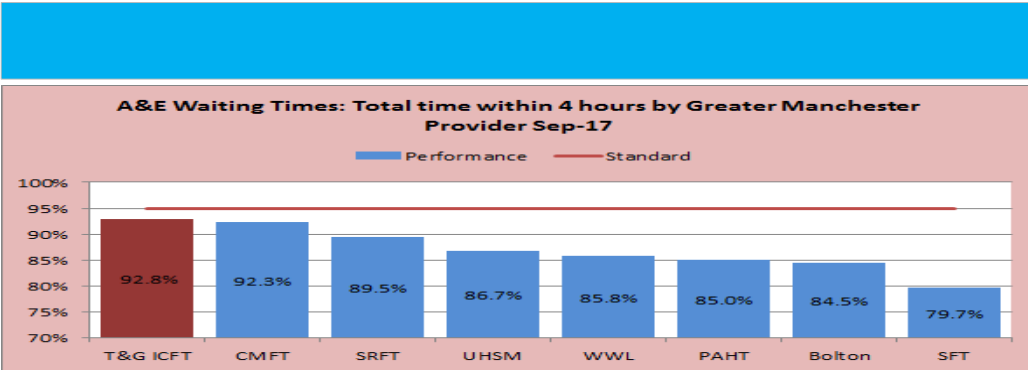
- Organisational initiative 'Back to the 90s', commenced taking a whole-systems approach to patient flow;
- Additional beds temporarily opened on IAU (8 beds in use);
- Clinical Fellow now allocated to the Ambulatory Care area to enhance the service provision and handle GP calls;
- Additional medical staffing resources deployed, especially on days of expected increased activity (Monday/Tuesday).
- A&E Streaming started on 1st October.
- Detailed plans shared with GM and implementation being monitored through A&E Delivery Board.
- Further work concerning the handling of GP calls;
- Review of the speciality response times to ED and escalation processes.

Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. However regular contact is maintained with GMHSCP and the local work being undertaken is recognised.

The failure of this target will impact on the CCGs ability to obtain the money attached to this target for the Quality Premium Payment (QPP).

Next month FORECAST



* Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.
 * Type 1 & 3 attendances included from July 2017.

Indicators - access & quality	Scoring out of 40 Areas				
	North West including Blackpool	North West including Blackpool	Highest		Lowest
Calls per month per 1,000 people					
Calls per month via 111 per 1,000 people					
Of all calls offered, % abandoned after at least 30 seconds	5%	2	Luton and Bedfordshire	5%	South Essex
Of calls answered, % in 60 seconds	81%	36	East London and City	98%	East Kent
Of calls answered, % triaged					
Of answered calls, % transferred to clinical advisor	89%	15	North Central London	107%	Luton and Bedfordshire
Of transferred calls, % live transferred	19%	36	East Kent	46%	Lincolnshire
Average NHS 111 live transfer time					
Average warm transfer time					
Of calls answered, % passed for call back	8%	27	Staffordshire	8%	Lincolnshire
Of call backs, % within 10 minutes	39%	22	Outer North East London	71%	Cornwall
Average episode length					
Of answered calls, % calls to a CAS clinician	8%	30	East Kent	40%	Yorkshire and Humber

Dispositions as a proportion of all calls triaged	Scoring out of 40 Areas					
	T&G CCG	North West including Blackpool	North West including Blackpool	Highest		Lowest
111 dispositions: % Ambulance dispatches	16%	15%	7	Devon	19%	Hertfordshire
111 dispositions: % Recommended to attend A&E	9%	9%	25	East London and City	15%	Leicestershire and Rutland
Recommended to attend primary and community care	54%	57%	29	Cambridgeshire and Peterborough	65%	Lincolnshire
Of which - % Recommended to contact primary and community care		42%	16	South East Coast excluding East Kent	48%	Nottinghamshire
- % Recommended to speak to primary and community care		12%	18	Hertfordshire	19%	Outer North East London
- % Recommended to dental		2%	39	Yorkshire and Humber	13%	Devon
- % Recommended to pharmacy		0.3%	22	Yorkshire and Humber	0.8%	Norfolk including Great Yarmouth and Waveney
111 dispositions: % Recommended to attend other service	2%	2%	32	Lincolnshire	19%	Bristol, North Somerset & South Gloucestershire
111 dispositions: % Not recommended to attend other service	19%	17%	8	North Essex	22%	North East
Of which - % Given health information		4%	1	North West including Blackpool	4%	Yorkshire and Humber
- % Recommended home care		3%	39	South East London	8%	Lincolnshire
- % Recommended non clinical		10%	9	North Essex	16%	Cambridgeshire and Peterborough

Key Risks and Issues:

The North West NHS 111 service performance has improved in all of the key KPIs for August although only abandoned calls performance was achieved:

- Calls Answered (95% in 60 seconds) = 83.99%
- Calls abandoned (<5%) = 3.99%
- Warm transfer (75%) = 33.13%
- Call back in 10 minutes (75%) = 40.91%

Average call pick up for the month was 60 seconds. This is significant decrease from the previous month of 25 seconds.

Performance was particularly difficult to achieve over the weekend periods.

Actions:

NWAS has agreed a further remedial action plan with commissioners.
NWAS has continued to deploy all available staff, and is actively managing staff absence and attrition in order to best meet the service needs.

The call handling processes implemented to improve the service appear to be having an impact.

A part of the GM arrangements appropriate T&G patients receive enhanced clinical assessments from GTD out of hours however the in hours pilot has now ended.

A 111 health and wellbeing group has been formed to develop long term plans to support staff to maintain attendance at work.

The service is currently recruiting and training a large number of staff to manage the increased demand that will be seen over the winter and festive period.

Operational and Financial implications:

Poor patient experience could impact on willingness to use the service and increase A&E and primary care presentations.
Contract penalties applied by lead commissioner (Blackpool CCG).

Unvalidated next month FORECAST

Exception Report

Health and Care Improvement- December

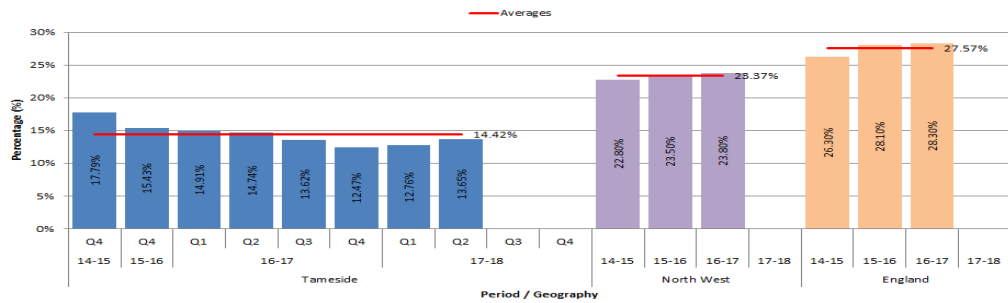
ASCOF 1C: Proportion of service users in paid employment

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: Adults Management team

Proportion of people using social care who receive self-directed support, and those receiving direct payments - Part 2a Service users (DPs)



Key Risks and Issues:

This measure supports the drive towards personalisation outlined in the Vision for adult social care and Think Local, Act Personal, by demonstrating the success of councils in providing personal budgets and direct payments to individuals using services.

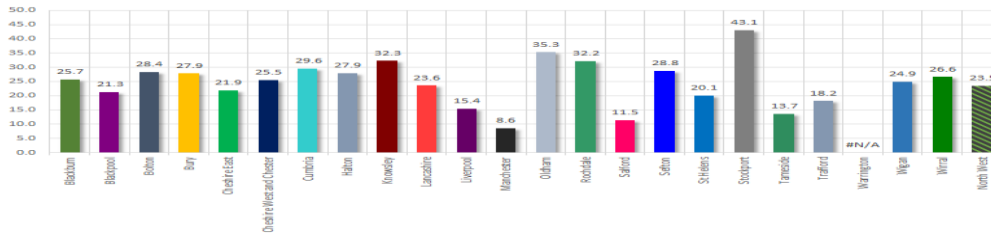
Actions:

Additional Capacity to be provided within the Neighbourhood teams over a 12-18 month period to carry out an intensive piece of work to promote Direct Payments. This post will be funded from the ASC transformation funding. The project post was not successfully recruited too therefore in order to increase capacity a different approach has been implemented. We use to have 2 Direct Payment workers this has now been increased to 4 Direct Payment Workers, one in each neighbourhood. A publicity campaign will now be developed to increase numbers over the coming months.

Operational and Financial implications:

None

Sum of ASCOF 1C(2a) - Proportion of people using social care who receive direct payments (%) - SNAPSHOT (LTS001b)



Unvalidated Next Quarter FORECAST

* Benchmarking data is as at Q2 17/18.

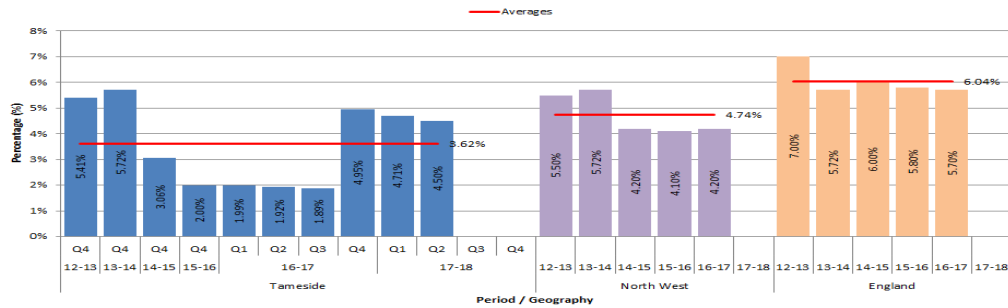
ASCOF 1E- Total number of Learning Disability service users in paid employment

Lead Officer: Sandra Whitehead

Lead Director: Steph Butterworth

Governance: Adult Management meeting

Proportion of adults with learning disabilities in paid employment



Key Risks and Issues:

The measure is intended to improve the employment outcomes for adults with learning disabilities reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits. Tameside performance in 2016/2017 was 4.95%, this is an increase on 2015/2016 and brings us above the regional average of 4.2% for 2016/2017. Nationally the performance is 5.7% which is still above the Tameside 2016/17 outturn. 2nd Quarter 2017/18 figure is 4.5%

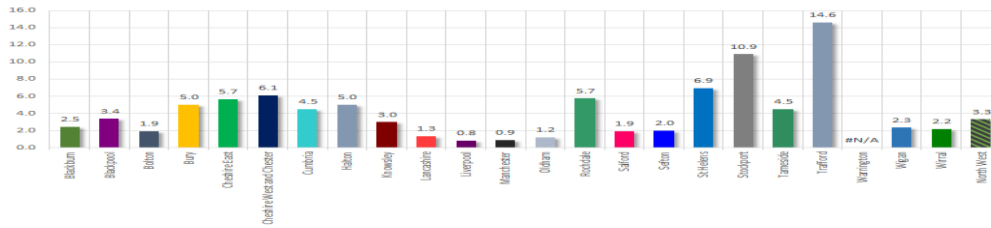
Actions:

- We have moved the remaining Employment Support staff into the Employment and Skills corporate team to ensure a more focused approach to employment and access to wider resource and knowledge base
- In order to improve performance, additional resource is required to increase capacity. An additional post has been funded through the ASC transformation funding and a vacant post that was held in the team has also been released to increase capacity in the team with an expectation that more people will be supported into paid employment.
- Work has been undertaken with Routes to Work to strengthen their recording of Supported Employment services and to clarify the links with this indicator.
- The development of a new scheme focused on supporting people with pre-employment training and supporting people into paid employment including expansion of the Supported Internship Programme for 16-24 year olds.

Operational and Financial implications:

None

Sum of ASCOF 1E - Proportion of adults with a learning disability in paid employment - YTD (LTS001a)



Unvalidated next Quarter FORECAST

Quality and safeguarding exception report narrative-September 2017.

Associate Contracts: Optegra

The CQC inspected surgery and outpatients departments at Optegra Eye Hospital Manchester in July 2017. The report was published on the 21 November 2017. CQC rated this service as *Requires Improvement* overall. Manchester CCG (lead commissioner) has requested the following actions:

- Optegra provides their improvement plan by 8 December 2017
- The two serious incidents identified by CQC are reported appropriately by 8 December 2017
- Assurance that one particular practice has stopped, or that action has been taken to ensure that patients are safe during transfer. This is in regard to *“patients being prepared for cataract surgery in the anaesthetic room and then instructed to transfer from the bed and walk into the operating theatre. Patients who were disorientated due to sedation, or walking without their glasses. Patients required support from theatre staff in order to safely make the transfer”*.

The improvement plan will be monitored by Manchester CCG on behalf of all co- commissioners.

PCFT Mixed Sex Accommodation Breaches: PCFT reported 4 mixed sex accommodation breaches in September. The CCG will continue to closely monitor the breaches and seek assurance that the Trust is taking all necessary measures to minimise the risks of MSA breaches occurring and to manage appropriately when these are unavoidable.

ICFT LAC (Health): The CCG, provider, and LA are continuing to work together to resolve issues with timely notification processes between services and considering how we can improve partnership working. The Improvement Board, whose function is to review the multi agency action plan for the authority since it was allocated an inadequate judgement is overseeing the progress being made to ensure that children and young people who are looked after receive appropriate help and support.

Care Homes:

Balmoral Care Home (Residential): The home received an overall inadequate CQC rating on the 31st August 2017 The main issue causing the CQC concern was the lack of improvement since the last inspection, specifically around medicines management. Following the inspection the Medicines Management Team audited the home and helped to produce an action plan for improvement; the manager has been provided with support. A further full medication audit was undertaken on the 27 September and significant progress was noted. Another medications audit is planned for the 20 December 2017.

A Nursing home remains suspended (since January 2017) following concerns raised from a CQC inspection . A number of issues were identified (poor environment, staff training, staff competencies, leadership, etc.). The home had been in receivership (since October 2016) and has since been sold (back to the former owner). Regular commissioner/provider continue to take place and robust action plan monitoring is in place. A new manager is now in post; some improvements have been noted however the suspension to remain in place. Next commissioner / provider meeting is on the 19/12/17.

A residential home (Glossop) remains on a formal suspension issued by DCC following a safeguarding incident with two agency staff in April 17. The outcome of the police investigation and safeguarding investigation is currently awaited and DCC have taken the decision to suspend new admissions until these are completed. No new admissions have taken place from T&G with the exception of one respite placement which had been a long-standing arrangement and requested the family who had been made aware of issues. On-going monitoring is being undertaken.

NHS England 111 Dashboard.

CCG Level Selected	Time period	Cohort of calls	Distinct Patients
NHS TAMESIDE AND GLOSSOP CCG	Selected 2016/17 Financial Year	43,467	26,106

Ambulance	Other Service	Not Recommended to attend	Unknown / Not Triaged	A&E Dept or UCC
No. / % 6,395 14.7%	No. / % 25,121 57.8%	No. / % 6,585 15.1%	No. / % 1,990 4.6%	No. / % 3,376 7.8%

No A&E in 24 Hours	No A&E in 24 Hours	No A&E in 24 Hours	No A&E in 24 Hours	No A&E in 24 Hours
No. / % 1,585 24.8%	No. / % 21,305 84.8%	No. / % 5,912 89.8%	No. / % 1,573 79.0%	No. / % 758 22.5%

A&E in 24 Hours	A&E in 24 Hours	A&E in 24 Hours	A&E in 24 Hours	A&E in 24 Hours
No. / % 4,810 75.2%	No. / % 3,816 15.2%	No. / % 673 10.2%	No. / % 417 21.0%	No. / % 2,618 77.5%

Admitted	Admitted	Admitted	Admitted	Admitted
No. / % 1,796 37.3%	No. / % 1,262 33.1%	No. / % 158 23.5%	No. / % 128 30.7%	No. / % 284 10.8%

Not Admitted	Not Admitted	Not Admitted	Not Admitted	Not Admitted
No. / % 3,014 62.7%	No. / % 2,554 66.9%	No. / % 515 76.5%	No. / % 289 69.3%	No. / % 2,334 89.2%

Clicking on any of the cascade boxes will select that Cohort and move to the Cohort tab.
 Selecting the Cascade tab will clear all cascade selections on entry.

111

- During 2016/17 there were 43,467 calls to the 111 service.
- 22.5% were sent an ambulance or recommended to attend A&E or urgent care centre.
- The rest were either recommended to attend another service or not.
- 15.2% of the ones that were recommended another service turned up at A&E within 24hrs. With 33% being admitted.
- 10.2% of the ones not recommended any service turned up at A&E within 24hrs. With 23.5% being admitted.

CCG Level Selected	Time period	Cohort of calls	Distinct Patients
NHS TAMESIDE AND GLOSSOP CCG	Selected 2017/18 Financial Year	21,043	14,681

Ambulance No. / % 3,173 15.1%	Other Service No. / % 12,184 57.9%	Not Recommended to attend No. / % 2,979 14.2%	Unknown / Not Triage No. / % 793 3.8%	A&E Dept or UCC No. / % 1,914 9.1%
No A&E in 24 Hours No. / % 747 23.5%	No A&E in 24 Hours No. / % 10,297 84.5%	No A&E in 24 Hours No. / % 2,638 88.6%	No A&E in 24 Hours No. / % 626 78.9%	No A&E in 24 Hours No. / % 604 31.6%
A&E in 24 Hours No. / % 2,426 76.5%	A&E in 24 Hours No. / % 1,887 15.5%	A&E in 24 Hours No. / % 341 11.4%	A&E in 24 Hours No. / % 167 21.1%	A&E in 24 Hours No. / % 1,310 68.4%
Admitted No. / % 886 36.5%	Admitted No. / % 604 32.0%	Admitted No. / % 98 28.7%	Admitted No. / % 62 37.1%	Admitted No. / % 155 11.8%
Not Admitted No. / % 1,540 63.5%	Not Admitted No. / % 1,283 68.0%	Not Admitted No. / % 243 71.3%	Not Admitted No. / % 105 62.9%	Not Admitted No. / % 1,155 88.2%

Clicking on any of the cascade boxes will select that Cohort and move to the Cohort tab.
Selecting the Cascade tab will clear all cascade selections on entry.

111

- Year to date 2017/18 to October there were 21,043 calls to the 111 service.
- 24% were sent and ambulance or recommended to attend A&E or urgent care centre.
- The rest were either recommended to attend another service or not.
- 15.5% of the ones that were recommended another service turned up at A&E within 24hrs. With 32% being admitted.
- 11.4% of the ones not recommended any service turned up at A&E within 24hrs. With 28.7% being admitted.

CCG	Primary Advice Group	A&E within 24 hours	Time period	Cascade cohort of calls	Cascade distinct patients
NHS TAMESIDE AND GLOSSOP CCG	Other Service	A&E Attended	Selected 2017/18 Financial Year	1,887	1,682

Symptom Group

Symptom Group	No.	%
111 Clinician Input	1,887	
NHS Pathways In House Clinician	304	16.1%
Breathing Problems, Breathlessness or Wheeze	95	5.0%
Vomiting	77	4.1%
Health and Social Information	74	3.9%
Abdominal Pain	71	3.8%
Chest and Upper Back Pain	58	3.1%
Diarrhoea and Vomiting	49	2.6%
Knee or Lower Leg Pain or Swelling	48	2.5%
Lower Back Pain	47	2.5%
Fever	46	2.4%
Diarrhoea	42	2.2%
Skin, Rash	41	2.2%
Pain and/or Frequency Passing Urine	40	2.1%
Predetermined Management Plan	40	2.1%
Vaginal Bleeding, Present	33	1.7%

111 Clinician Input

Passed to Clinician	No.	%
111 Clinician Input	1,887	
No	1,459	77.3%
Yes	428	22.7%

Final Disposition

Final Disposition	No.	%
Final Disposition	1,887	
Recommended to contact primary and community care	1,347	71.4%
Recommended to speak to primary and community care	404	21.4%
Recommended to attend other service	93	4.9%
Recommended to dental / pharmacy	43	2.3%

A&E HRG Treatment Category

HRG	No.	%
A&E HRG Treatment Category	1,887	
Emergency Medicine, Category 2 Investigation with Cate...	815	43.2%
Emergency Medicine, Category 1 Investigation with Cate...	437	23.2%
Emergency Medicine, No Investigation with No Significan...	246	13.0%
Emergency Medicine, Category 2 Investigation with Cate...	148	7.8%

A&E First Diagnosis

Diagnosis	No.	%
A&E First Diagnosis	1,887	
No Diagnosis	587	31.1%
Diagnosis not classifiable	368	19.5%
Gastrointestinal conditions	183	9.7%
Respiratory conditions	96	5.1%

A&E Description

A&E Description	No.	%
A&E Description	1,887	
Type 1 - 24 Hour A&E	1,803	95.5%
Type 3 - Other A&E / Minor Injury	31	1.6%
Type 4 - Walk In Centre	31	1.6%
Type 2 - Single specialty	22	1.2%

A & E Disposal

A & E Disposal	No.	%
A & E Disposal	1,887	
Discharged - follow up treatment to be provided by GP	740	39.2%
Admitted to a Hospital Bed	604	32.0%
Discharged - did not require any follow up treatment	230	12.2%
Referred to other Out-Patient Clinic	93	4.9%

Please note data in this tab is restricted to specific CCG access.

NHS TAMESIDE AND GLOSSOP CCG	Other Service	A&E Attended	Selected 2017/18 Financial Year	1,887	1,682
------------------------------	---------------	--------------	---------------------------------	-------	-------

List of 1,682 distinct Patients

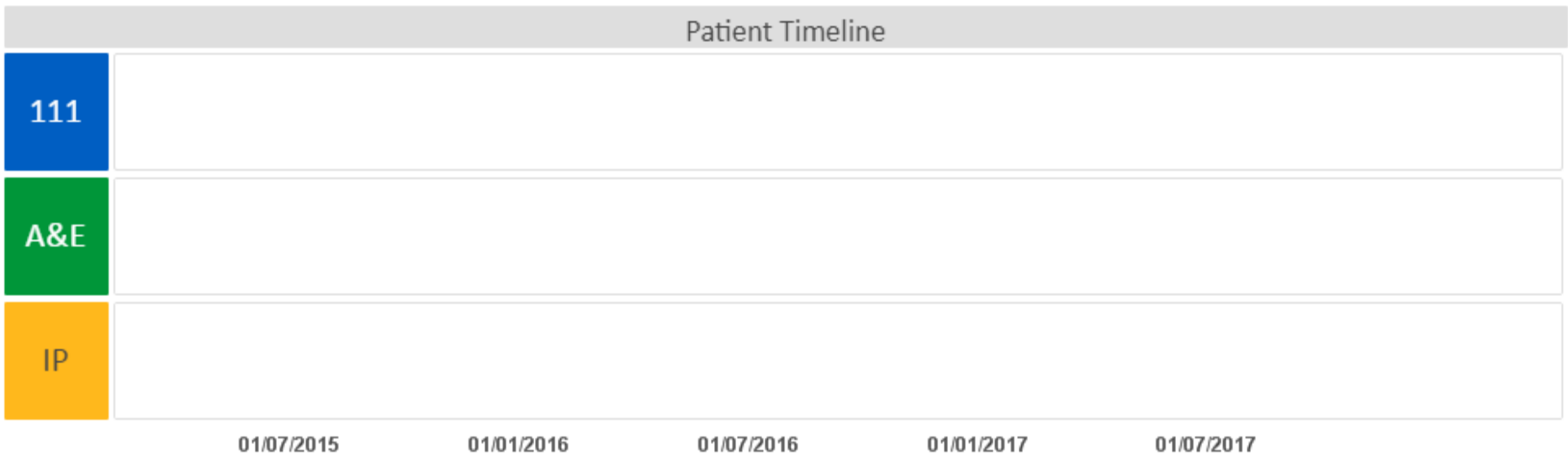
ID	Calls	Att	Adm	Combined
8309206	7	6	391	404
64623	101	93	31	225
44039	11	106	51	168
3043673	2	6	154	162
45245	42	67	31	140
163188	79	22	9	110
91938	75	27	5	107
4014493	89	8	0	97
4059091	71	17	7	95
1018881	24	42	22	88
5,969	6,619	4,533	17,121	

Att / Adm Type

Type	PSTypeDesc	No.
111	111 Call	5,969
AE	Community Dental Service	7
AE	Emergency services	207
AE	General Dental Practitioner	1
AE	General Medical	152
		17,121

HRG

Description	No.
VB08Z Emergency Medicine, Category 2 Investigation with Category 1 Treatment	2778
VB09Z Emergency Medicine, Category 1 Investigation with Category 1-2 Treatment	1376
VB11Z Emergency Medicine, No Investigation with No Significant Treatment	859
VB07Z Emergency Medicine, Category 2 Investigation with Category 2 Treatment	590
LA97A Same Day Dialysis Admission or Attendance, 19	406
	11152



NHS TAMESIDE AND GLOSSOP CCG	Other Service	A&E Attended	Selected 2017/18 Financial Year	5	1
------------------------------	---------------	--------------	---------------------------------	---	---

List of 1 distinct Patients

ID	Calls	Att	Adm	Combined
64623	101	93	31	225
	101	93	31	225

Clear ID number

Att / Adm Type

Type	PSTypeDesc	No.
111	111 Call	101
AE	Emergency services	5
AE	Other	2
AE	Self referral	86
IP	Non Elective - Emergency	5
		225

HRG

Description	No.
VB08Z Emergency Medicine, Category 2 Investigation with Category 1 Treatment	40
VB11Z Emergency Medicine, No Investigation with No Significant Treatment	28
VB09Z Emergency Medicine, Category 1 Investigation with Category 1-2 Treatment	17
VB07Z Emergency Medicine, Category 2 Investigation with Category 2 Treatment	6
FR01Z Non-Interventional Acquired Cardiac Conditions	4
	124

Patient Timeline

