

# Health and Care Improvement Dashboard

## February 2018

	Indicator	Standard	Latest	Previous 2 data points		Latest	Direction of Travel	Trend
1	Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95%	Nov-17	92.8%	92.4%	90.2%	▼	
2	* Delayed Transfers of Care - Bed Days	3.5%	Nov-17	4.6%	3.6%	3.8%	▲	
3	* Referral To Treatment - 18 Weeks	92%	Nov-17	92.3%	92.3%	91.9%	▼	
4	* Diagnostics Tests Waiting Times	1%	Nov-17	0.9%	1.1%	1.4%	▲	
5	Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93%	Oct-17	96.5%	96.4%	96.7%	▲	
6	Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93%	Oct-17	98.7%	95.2%	98.9%	▲	
7	Cancer - 31-Day Wait From Decision To Treat To First Treatment	96%	Oct-17	100.0%	100.0%	100.0%	↔	
8	Cancer - 31-Day Wait For Subsequent Surgery	94%	Oct-17	92.9%	100.0%	100.0%	↔	
9	Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98%	Oct-17	100.0%	100.0%	100.0%	↔	
10	Cancer - 31-Day Wait For Subsequent Radiotherapy	94%	Oct-17	100.0%	97.1%	100.0%	▲	
11	Cancer - 62-Day Wait From Referral To Treatment	85%	Oct-17	91.8%	87.8%	91.1%	▲	
12	Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90%	Oct-17	100.0%	90.0%	87.5%	▼	
13	Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade		Oct-17	76.7%	72.2%	76.9%	▲	
14	MRSA	0	Oct-17	0	1	0	▼	
15	C.Difficile (Ytd Var To Plan)	0%	Oct-17	-1.0%	-1.0%	-1.0%	↔	
16	Estimated Diagnosis Rate For People With Dementia	66.7%	Nov-17	81.8%	82.8%	82.5%	▼	
17	Improving Access to Psychological Therapies Access Rate	1.25%	Aug-17	3.8%	4.0%	3.8%	▼	
18	Improving Access to Psychological Therapies Recovery Rate	50%	Aug-17	48.6%	50.8%	50.9%	▲	
19	Improving Access to Psychological Therapies Seen Within 6 Weeks	75%	Aug-17	89.2%	88.1%	85.4%	▼	
20	Improving Access to Psychological Therapies Seen Within 18 Weeks	95%	Aug-17	100.0%	100.0%	100.0%	↔	
21	Early Intervention in Psychosis - Treated Within 2 Weeks Of Referral	50%	Oct-17	50.0%	33.3%	25.0%	▼	
22	Mixed Sex Accommodation	0	Nov-17	0.70	0.13	0.38	▲	
23	Cancelled Operations		17/18 Q2		1.0%	1.0%	↔	
24	Ambulance: Red 1 Calls Responded to in 8 Minutes	75%	Jul-17	62.0%	57.1%	63.3%	▲	
25	Ambulance: Red 2 Calls Responded to in 8 Minutes	75%	Jul-17	64.9%	60.6%	62.9%	▲	
26	Ambulance: Category A Calls Responded to in 19 Minutes	95%	Jul-17	91.6%	88.2%	89.7%	▲	
27	Cancer Patient Experience		2016	9.10	8.70	8.77	▲	
28	Cancer Diagnosed At An Early Stage		2015	43.7%	44.2%	49.2%	▲	
29	General Practice Extended Access		Sep-17		74.4%	84.2%	▲	
30	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 2 data points		Latest	Direction of Travel	Trend
31	Maternal Smoking at delivery		17/18 Q2	15.7%	15.1%	14.6%	▼	
32	%10-11 classified overweight or obese		2013/14 to 2015/16	33.3%	33.6%	33.6%	◀▶	
33	Personal health budgets		17/18 Q1	3.60	4.50	5.30	▲	
34	% of deaths in hospital		16/17 Q2	47.60	49.80	50.40	▲	
35	LTC feeling supported		2016 03	62.90	62.40	61.40	▼	
36	Quality of life of carers		2016 03	0.80	0.77	0.78	▲	
37	Emergency admissions for urgent care sensitive conditions (UCS)		16/17 Q4	2906	3212	3066	▲	
38	Patient experience of GP services		Jul-05	81.2%	83.2%	83.5%	▲	
	Adult Social Care Indicators							
39	Part 2a - % of service users who are in receipt of direct payments	28.1%	17/18 Q2	12.47%	12.76%	13.60%	▲	
40	Total number of Learning Disability service users in paid employment	5.7%	17/18 Q2	4.95%	4.71%	4.50%	▼	
41	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64	13.3	17/18 Q2	12.65 (17 Admissions)	3.71 (5 Admissions)	10.38 (14 Admissions)	▲	
42	Total number of permanent admissions to residential and nursing care homes per 100,000 aged 65+	628	17/18 Q2	28.54 (241 Admissions)	143.77 (56 Admissions)	277.27 (108 Admissions)	▲	
43	Total number of permanent admissions to residential and nursing care homes aged 18+		17/18 Q2	258	61	122	▲	
44	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%	81.8%	◀▶	
45	% Nursing and residential care homes CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-17	55%	50%	50%	◀▶	
46	% supported accomodation CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-17	80%	80%	80%	◀▶	
47	% Help to live at homes CQC rated as Good or Outstanding (Tameside and Glossop)		Nov-17	67%	67%	67%	◀▶	

## Exception Report

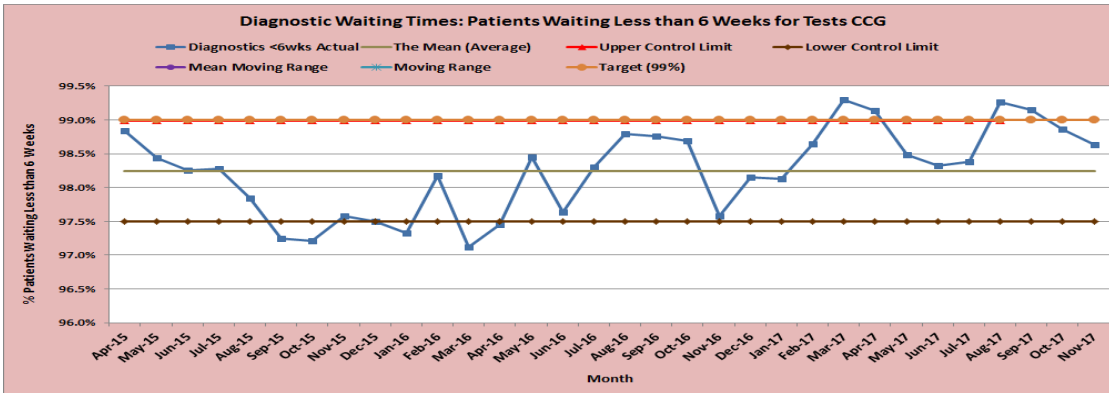
## Health and Care Improvement- February

Diagnostics- Patients Waiting for Diagnostic test.

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: Contracts



## Key Risks and Issues:

## As a CCG

This month the CCG failed to achieve the 1% standard with a 1.36% performance.

Of the 53 breaches 27 occurred at Central Manchester (Colonoscopy, Gastroscopy, Cardiology and MRI), 13 at Salford Trust (MRI), 3 at Pennine Acute (Colonoscopy and Gastroscopy) 2 at North West CATS Inhealth (MRI & CT), 1 at T&GICFT (Cardiology) and 7 at Other (Neurophysiology, MRI and NOUS).

Manchester University Foundation Trust (MFT) performance is due to increased demand and issues around decontamination have impacted endoscopy performance.

Salford Trust demand for MRI has increased causing a pressure.

## As lead Commissioner.

T&G ICFT as a provider are achieving the standard.

## Actions:

Commissioner and GM are aware of issues at Central Manchester in MFT and working with them to improve. However performance is expected to be further impacted when work is undertaken to ensure they achieve the JAG rating as 6 week waits may build up again.

Salford have implemented a recovery plan and trajectory but do not expect to achieve the standard until April 2018.

## Operational and Financial implications:

Failure of the standard will negatively impact on the CCG assurance rating. The CCG can Levy penalties through contract with those providers who fail the target.

Unvalidated -Next month FORECAST

## Diagnostics Waiting Times Patients Waiting &gt; 6 Weeks by GM CCG

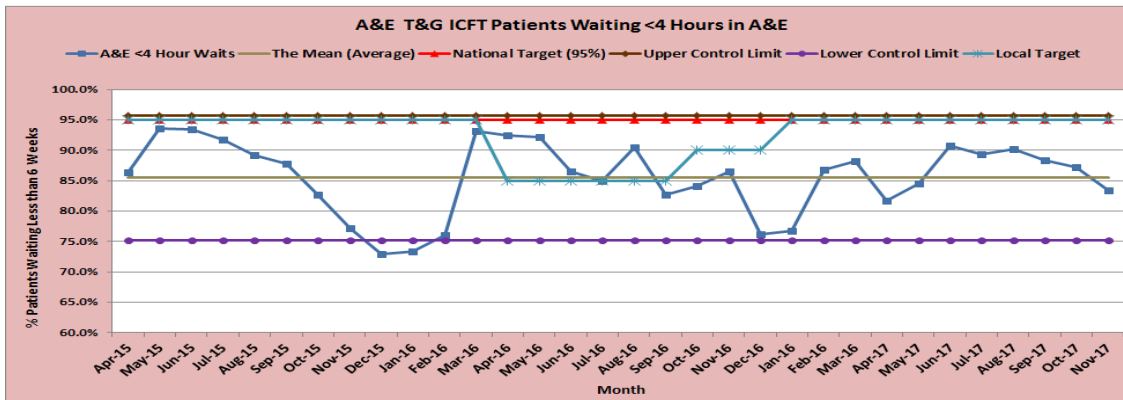
CCG	Nov-17			
	Waiting > 6 Weeks	Total Waiting List	Performance	Standard
NHS Salford CCG	129	4884	2.64%	1%
NHS Bolton CCG	79	4420	1.79%	1%
NHS Heywood, Middleton & Rochdale CCG	69	3968	1.74%	1%
NHS Manchester CCG	187	10897	1.72%	1%
NHS Trafford CCG	93	5628	1.65%	1%
NHS Oldham CCG	70	4920	1.42%	1%
NHS Tameside and Glossop CCG	53	3883	1.36%	1%
NHS Bury CCG	49	3781	1.30%	1%
NHS Wigan Borough CCG	57	6155	0.93%	1%
NHS Stockport CCG	42	5578	0.75%	1%

## A&amp;E: Patients waiting &lt; 4 hours

Lead Officer: Elaine Richardson

Lead Director: Jess Williams

Governance: A&amp;E Delivery board

November Performance:  
90.22%16/17 ytd:  
87.23%17/18 ytd:  
92.50%

## Key Risks and Issues:

The A&E Type1 and type 3 performance for November was 90.22% 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.

- Lack of physical capacity in the ED to see patients safely during periods of surge and high demand for beds.
- Ambulatory Care is unable to function effectively at weekends/ evenings due to limited staffing;
- Medical bed-pool occupancy was routinely at >96% leading to reduced capacity on AMU and IAU;
- Underlying demand continues to grow as a consequence of increased acuity of patients.

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 staffing of rotas challenging at times.

## Actions:

- ED streaming to GP embedded in practice 10am to 8pm
- Regular ED patient reviews by coordinator with lead consultant;
- ED lead consultant on a shift to focus on performance and supervision of medical staff;
- Recruitment of specialty doctors for ED
- Two ANPs commencing in Ambulatory Emergency Care (AEC) in January to enable improved weekend and evening working;
- Push Pull model operational between ED and AEC;
- Enabling of expanded ambulance triage area underway;
- Fit to sit project operational in ED
- Fit to sit out project (where safe to do so ) operational on ward to support flow
- Ticket Home project operational on wards to support flow
- Introduce electronic Casualty Card (eCAS) in January to improve quality of data/ record keeping and support improved flow;
- GP call handling by Digital Health pilot for Glossop and Ashton now rolled out to Stalybridge;
- ED Delivery Board reviewing the actions needed to improve, and then sustain performance, in line with GM requirements.

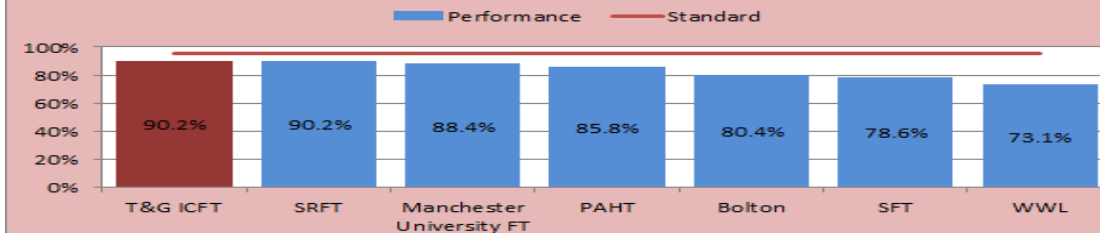
## Operational and Financial implications:

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). STP

Unvalidated-Next month FORECAST

## A&amp;E Waiting Times: Total time within 4 hours by Greater Manchester Provider Nov-17



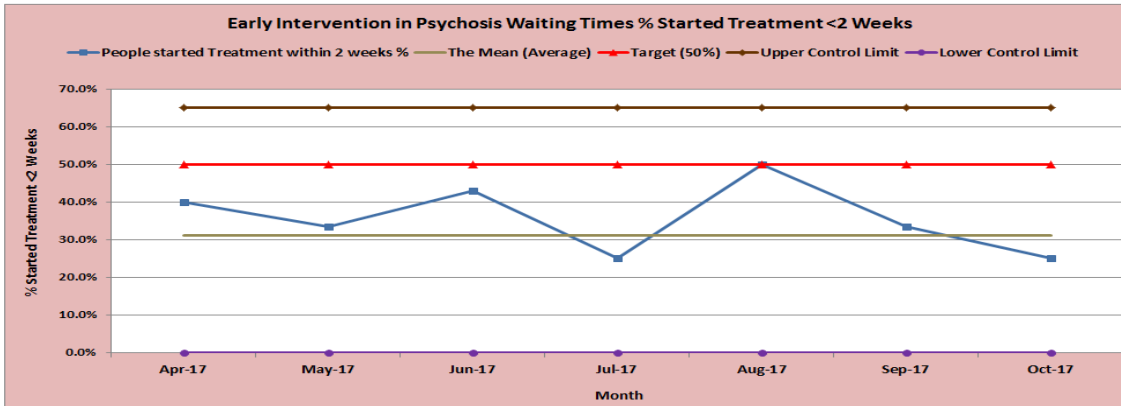
- Please note that Tameside Trust local trajectory for 17/18 is Q1, Q2 and Q3 90%, and Q4 95%.
- Type 1 & 3 attendances included from July 2017.

## Early intervention in psychosis treated within 2 weeks of referral

Lead Officer: Pat McKelvey

Lead Director: Jess Williams

Governance: Contracts



## Key Risks and Issues:

- High number of referrals all require assessment, less than 50% of referrals meet eligibility for the team
- Comprehensive assessments take considerable staff time
- Staffing level is inadequate to meet targets for assessments by 2 weeks and for access to psychological therapy

## Actions:

- MH business case requesting additional investment to meet the national standard was submitted to SCB in November with follow-up on 30/1/18.
- PCFT asked to clarify the pathway to reduce the high volume of inappropriate referrals
- Neighbourhood MH workshops have been held to develop a new model of care as an alternative pathway for people who are not eligible for EIP.

## Operational and Financial implications:

- Failure of this standard could negatively impact on the patients experience.
- Patients having to wait longer than the standard.
- Patient safety is at risk to the overly high caseload numbers that members of the team have to manage
- Waiting times are negatively impacting on successful early intervention

Unvalidated- FORECAST

Early Intervention in Psychosis Waiting Times - Started Treatment Within Two Weeks				
Oct-17				
CCG	Waiting <2 Weeks	Total Number of Completed Pathways	% Waiting <2 Weeks	Target
NHS Salford CCG	3	3	100.0%	50%
NHS Wigan Borough CCG	14	14	100.0%	50%
NHS Bolton CCG	11	12	91.7%	50%
NHS Trafford CCG	4	5	80.0%	50%
NHSE North of England	294	389	75.6%	50%
NHS Manchester CCG	19	26	73.1%	50%
NHS Stockport CCG	4	6	66.7%	50%
NHS Bury CCG	2	5	40.0%	50%
NHS Heywood, Middleton & Rochdale CCG	1	4	25.0%	50%
NHS Tameside and Glossop CCG	1	4	25.0%	50%
NHS Oldham CCG	0	2	0.0%	50%

## Appendix 3

### Impact of cancelled Elective activity – Jan 2018.

NHS England has issued guidance encouraging hospitals to cancel "non-urgent inpatient elective care" between now and mid-January. This Guidance was issued mid to late December 2017. Whilst it is too soon to have accurate activity data the following predicts the potential risk to the CCG's RTT performance.

Over the last twelve months the CCG had achieved the standard for the percentage of people on a waiting list greater than 18 weeks until November.

The ICFT has consistently achieved the standard but performance has dipped over recent months. Typically the ICFT accounts for 65% of the CCG waiting list.

The CCG's other key providers are Manchester University Hospital, and Stockport FT accounting for 18 % and 6% of the waiting list respectively with the other main GM providers making up the rest.

Description	Provider	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
18 Weeks RTT	Tameside and Glossop CCG	92.35%	92.76%	92.67%	92.51%	92.52%	92.32%	92.30%	91.91%	91.56%
	Tameside Trust	92.84%	93.09%	93.34%	93.28%	93.42%	93.03%	92.56%	92.26%	92.35%
	Central Manchester Trust	91.41%	92.52%	92.06%	91.34%	91.13%	91.86%			
	Stockport Trust	91.28%	91.04%	89.51%	89.92%	90.03%	91.44%	93.27%	91.98%	89.99%
	South Manchester Trust	81.23%	82.86%	82.48%	84.51%	85.66%	85.12%			
	Manchester University Trust							90.08%	90.16%	89.81%
	Salford Trust	90.23%	91.70%	92.29%	88.69%	88.06%	87.43%	91.43%	91.32%	89.17%
	Pennine Acute	95.28%	96.62%	94.59%	93.63%	90.14%	87.95%	87.29%	84.62%	80.05%
	Care UK	100%	100%	100%						
	Christie Trust	100.0%	100.0%	100.0%	98.1%	100.0%	98.1%	100.0%	100.0%	96.5%
	Bolton Trust	100%	100%	100%	100%	100%	100%	100%	67%	67%
	WWL Trust	91.11%	92.63%	89.80%	82.11%	81.91%	85.98%	93.75%	86.36%	91.11%
	Others	95.00%	93.97%	93.73%	98.62%	97.98%	96.95%	97.82%	96.76%	96.18%

The table above suggests that where the trust performance remains above 92.5% even if other providers fail for us as a CCG we are still able to achieve the standard.

The GM CCG forecast below shows that we are one of only four CCGs that expect to achieve the standard in Jan and Feb. With Manchester predicting a failure which will impact on ourselves.

### Appendix 3

RTT Forecasts	Jan-18					
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
<b>Bolton</b>	92.0%	92.0%	92.0%	90.2%	90.2%	90.2%
<b>Bury</b>	90.5%	91.0%	91.5%	88.0%	86.0%	86.0%
<b>Manchester</b>	91.6%	91.6%	91.5%	91.3%	91.0%	91.2%
<b>Oldham</b>	92.6%	92.8%	93.1%	91.1%	90.2%	90.2%
<b>Heywood, Middleton and Rochdale</b>	92.0%	92.0%	92.0%	89.5%	86.0%	86.0%
<b>Salford</b>	92.4%	92.3%	92.2%	92.4%	92.7%	92.4%
<b>Stockport</b>	92.0%	92.0%	92.0%	91.8%	92.0%	92.0%
<b>Tameside and Glossop</b>	92.5%	92.5%	92.5%	91.6%	92.0%	92.0%
<b>Trafford</b>	91.6%	91.6%	91.0%	91.7%	91.6%	91.6%
<b>Wigan Borough</b>	94.0%	94.0%	94.0%	93.5%	92.5%	92.0%

Based on the above the risk of the CCG failing the 18weeks RTT is

Month	Risk
January	Low
February	Low
March	Low

The level of risk will be reviewed as more information becomes available.

## **Appendix 4**

### **Primary Care In-Focus**

#### **Strategic Commissioning Board**

##### **Introduction**

Our Primary Care Dashboard has been developed to collate information related to our 39 general practices from a number of national and local data sources. The data sources include, amongst others, the Primary Care Web Tool, the GP Patient Survey, CQC outcome reports, Friends and Family Test, the Quality and Outcomes Framework (QOF), flu vaccination uptake, management of commissioning budget, A&E attendances, first outpatient appointment (as a proxy for referrals) and practice engagement with the Strategic Commission.

This dashboard is used as a starting point for discussion at Primary Care Delivery and Improvement Group (PCDIG) to understand which practices may need additional support. This discussion allows for more nuanced soft intelligence to be part of that discussion and inform the support programme to practices by the Strategic Commission. An extract of this dashboard is included with this focus report.

##### **Core Hours**

General practice is contracted via one of three nationally negotiated contract forms, General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts with all three contract types in place locally.

Core hours are defined as 8am to 6.30pm, Monday to Friday excluding Bank Holidays. The contract sets out the requirement for the provision of essential services to patients during this time however also indicates the opportunity for subcontracting during core hours. We have a number of periods of subcontracting across our practices throughout the week. The contract does not currently define essential services however the following definition, taken from a discussion on core hours provision of services in the House of Commons<sup>1</sup> has been set out in our Primary Care Investment Agreement with GM HSCP.

- Attend a pre-bookable appointment
- Book / cancel appointments
- Collect a prescription
- Access urgent appointments / advice
- Ring for telephone advice
- Access to diagnostics
- Access to medical records
- Any alternative arrangements are discussed with the PPG

A contracting change, in place from 1 October 2017, set out that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify for the Extended Access Directed Enhanced Service (DES).

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<sup>1</sup> House of Commons Committee of Public Accounts. Access to General Practice: progress review Sixty-first Report of Session 2016-17 <https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2015/access-general-practice-16-17/>



## Appendix 4

Of our 39 practices:

- 8 (20.51%) are open throughout core hours
- 31 (79.49%) are not open between 8am – 6.30pm, for the majority this means they do not deliver one or both of the half day periods at the start and end of the day.
- Of these 31, 9 (23.07% of the total number of practices) retain a half day closure, either a Wednesday or a Thursday afternoon. These practices do not participate in the Extended Access DES.

Of the 8 practices meeting core hours there are a range of practice models and collation of examples of those models, how core hours are being met is something we will facilitate across all practices. 4 of those practices are the 4 recently re-procured, 5 of the 8 are practices run by a health provider company and therefore may benefit from the efficiencies of being part of a group.

The contract change from 1 October was the first step in a national push to address periods of in hours closures, though at this point remains the only contractual change. A House of Commons Select Committee discussed the variation of opening hours, patients' experiences of access and contacting their practices and looked to define the reasonable needs patients should expect to receive.

In December 2017 NHSE published a further document, GP Access; expectations in respect of extended and core hours, to provide clarity on the expectation in respect of extended and core hours, both national standards and additional guidance for commissioners. Although this is guidance there is an expectation this will be used, alongside local dashboard data for patient experience, A&E attendances etc. to support commissioners in making a judgement as to whether practices' access arrangements meet the reasonable needs of their population.

Our next steps are to map such information to our practices hours mapping and take this forward for discussion through neighbourhood and practice meetings and through governance of our Primary Care Committee and Quality and Performance Assurance Group.

### **CQC Reports**

CQC undertakes a rolling programme of inspections of general practices with a change to the inspection regime from April 2018. This change follows a period of consultation on the changes to the way general practice will be inspected and monitored in the future. These changes are being enacted against a national baseline of 93% of GP practices now rated as good or outstanding, locally this figure is 97%.

The changes will introduce inspection intervals of up to five years for providers rated good or outstanding, although a proportion will be inspected every year thus creating a rolling programme per locality. Practices identified as 'risk' practices, for example following a merger or based on direct complaints or whistleblowing to CQC deemed to require follow up will also form the basis of the inspection schedule each year.

From April 2018 most inspections will be focused rather than comprehensive with a view that this will reduce the burden on general practice. The reporting of inspections will also be

## Appendix 4

streamlined to make reports more user friendly and concise with a data table appended to a shorter narrative.

CQC measures practices across five domains:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

We have one practice rated as outstanding by CQC, Lockside Medical Centre, and we had previously been able to report 100% of our practices were rated as good or outstanding. Three inspections have taken place since November 2017; though only one report has been published to date. This practice, Medlock Vale Medical Practice, has been placed in special measures as it was rated inadequate in two domains and requires improvement in the other three domains.

Practices placed in special measures have a six month period to put improvements in place. After that time they will be inspected to see if those improvements have been made. If CQC does not feel improvement has been made it will remove the practice's registration, which means it will not be able to deliver primary medical services.

We are working with the practice, in line with our quality assurance framework to provide support to the practice ahead of that re-assessment. The practice has an action plan in place to address the areas for improvement identified within the report and the report has been mapped to the contract and remedial notices issued where appropriate. We are working closely with the practice to support them in achieving the improvements required with the aspiration of re-establishing their 'good' status by the summer with named Practice Manager, Practice Nurse and Medicines Management Technician support identified and the support of the Clinical Lead for QI. The support available to the practice also includes referral to the Greater Manchester GP Excellence Programme for external support, alongside the support provided locally.

### **GP Patient Survey**

The GP Patient Survey (GPPS) is an annual national survey, providing practice-level data about patients' experiences of their GP practices.

It is administered on behalf of NHS England by Ipsos MORI. In July 2017, 12,147 questionnaires were sent out patients registered across our practices. 4,246 were returned completed; this represents a response rate of 35%.

The GP Patient Survey measures patients' experiences and satisfaction across a range of areas, including:

- Making appointments
- Waiting times
- Perception of care
- Practice opening hours

## Appendix 4

- Out-of-hours services

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time, however the survey has limitations:

- Sample sizes at practice level are relatively small.
- The survey does not include qualitative data which limits the detail provided by the results.
- The data are provided once a year rather than in real time, collected during the period January to March and published in July.

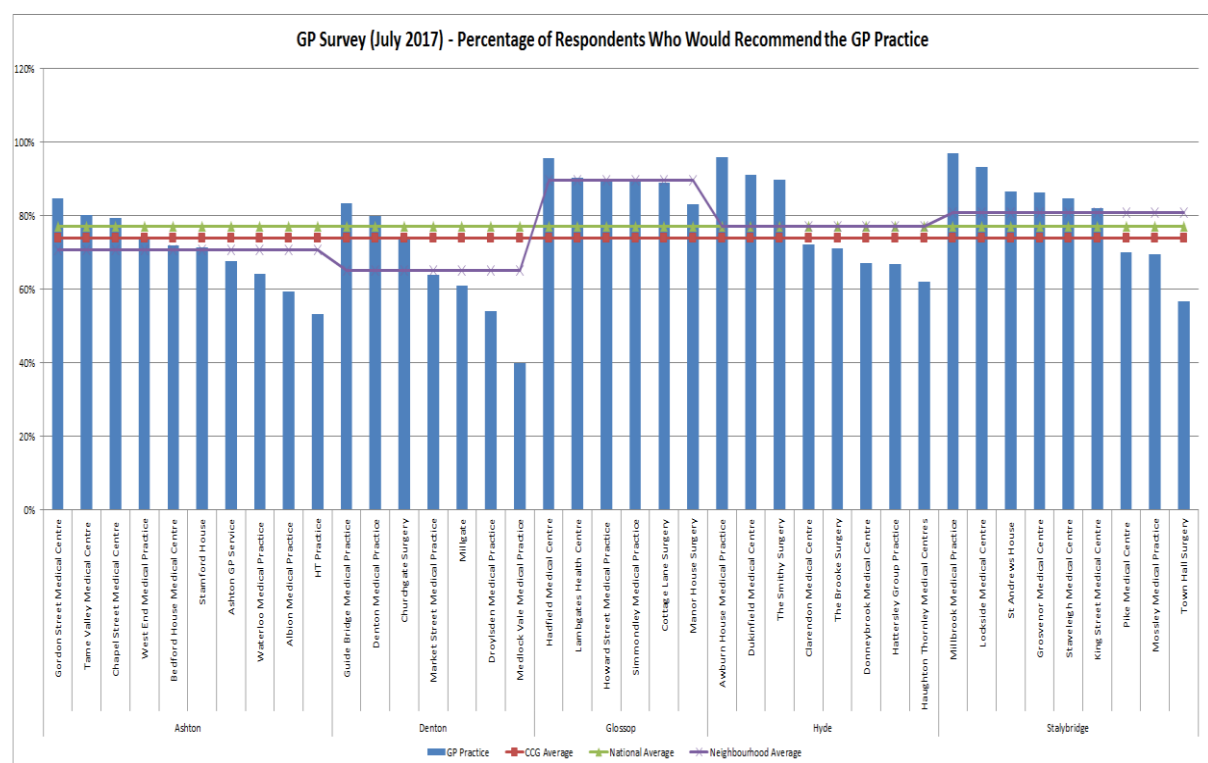
However, given the consistency of the survey across organisations and over time, GPPS can be used as one indicator of practice performance.

For the purpose of the dashboard we focus on two questions from the survey; how many patients would recommend their practice and the ease of getting through by telephone.

The England average for how many patients would recommend their practice is 77%, while the CCG average is 74%. The England average for ease of getting through by phone is 68%, while the CCG average is 66%.

An aggregated result of the questions highlighted Cottage Lane Practice as being 15<sup>th</sup> in the list of the top 20 practices in Greater Manchester.

The graph below shows the July 2017 results, collected over the period January to March 2017, to the question of whether a patient would recommend their practice.



## Appendix 4

### **2017-18 Flu Campaign**

The NHS Tameside & Glossop CCG (T&G CCG) 2017-18 seasonal flu vaccine campaign for GP patients started in October and ends in January 2018. There are 39 GP practices participating in the 2017-18 seasonal flu campaign.

The provisional December 2017 T&G CCG vaccine uptake data, for the cumulative period of the season, has seen the following performance compared to the season to December last year:

	Dec 16 YTD % Uptake	Dec-17 YTD % Uptake	Direction of Change
65 & Over - Target 75%	73.4%	74.3%	↑
Under 65 (at-risk only) - Target 75%	53.8%	51.8%	↓
All Pregnant Women - Target 75%	55.4%	51.4%	↓
Carers -Target 75%	49.8%	46.5%	↓
All Aged 2 - Target 40%	36.8%	42.7%	↑
All Aged 3 - Target 40%	41.7%	45.7%	↑
All Aged 4 - Target 40%	27.8%	38.2%	↑

Based on the current patients registered and the individual targets, the table below shows the shortfall against each measure.

	Current 'Patients Reg	No. vaccinated (16/17 figures)	Target	Shortfall
65 & Over - Target 75%	42,625	31,691 (32,812)	31,969	278
Under 65 (at-risk only) - Target 75%	33,921	17,559 (16,117)	25,441	7,882
All Pregnant Women - Target 75%	2,512	1,290 (1,338)	1,884	594
Carers -Target 75%	2,145	997 (1,300)	1,609	612
All Aged 2 - Target 40%	3,020	1,289 (1,104)	1,208	-
All Aged 3 - Target 40%	3,008	1,375 (1,298)	1,203	-
All Aged 4 - Target 40%	3,137	1,197 (896)	1,255	58

### **Patients aged 65 years and over**

The December 2017 T&G CCG vaccine uptake for this period was 74.3% against a target of 75% meaning that the CCG has not yet met the target set by NHS England (NHSE). There were 39 GP practices participating in the 2017-18 seasonal flu campaign. Of these, 17 GP practices (44%) have met or exceeded the target set by NHSE and 22 GP practices (56%) are still, at this point, below the target.

### **Children aged 2,3 &4**

Performance to December 2017 has shown an increase in all age groups compared to December last year. The CCG has achieved the 40% target in the Aged 2 and 3 age groups. This has been a focus of the local and national campaign.

### **Under 65 (at risk only), Pregnant Women and Carers**

## Appendix 4

The CCG has historically under-performed against these measures. In the 2016-17 campaign the final achievement against these indicators was 55.8%, 54.4% and 51.8%. Not one practice has yet achieved the 75% target as at the December 2017 figures.

### GP Referrals

GP referrals have decreased this month compared to last month and have continued to decrease overall and have decreased compared to the same period last year. YTD GP referrals have decreased by 7.9% compared to the same period last year at T&G ICFT.

GP referral data at practice level and specialty level are shared with practices on a monthly basis. All localities have seen a decrease in GP referrals. The table below shows the cumulative by month position by neighbourhood.

<b>TAMESIDE &amp; GLOSSOP CCG</b>									
<b>GP Referrals to Tameside &amp; Glossop ICFT - Monthly Cumulative Variance</b>									
<b>Percentage reduction in GP referrals to Tameside &amp; Glossop ICFT compared to the same period last year.</b>									
		April	May	June	July	August	September	October	November
	CCG Total	-23.8%	-16.3%	-13.3%	-11.1%	-8.6%	-8.9%	-8.1%	-7.9%
	Ashton	-19.6%	-9.8%	-7.0%	-6.1%	-3.8%	-4.5%	-4.5%	-4.0%
	Denton	-27.5%	-22.7%	-16.9%	-12.5%	-7.9%	-7.7%	-5.4%	-4.7%
	Glossop	-23.3%	-21.2%	-15.4%	-15.4%	-15.0%	-14.6%	-14.5%	-15.3%
	Hyde	-24.0%	-15.2%	-16.8%	-14.0%	-12.2%	-14.3%	-13.0%	-12.7%
	Stalybridge	-25.5%	-16.0%	-11.3%	-8.9%	-5.5%	-3.5%	-3.7%	-3.8%

### Future Developments

#### GM Dashboard

Greater Manchester Health and Social Care Partnership (GM HSCP) has also developed a dashboard using a software system called Tableau. The tool incorporates a number of published primary care data sets and aims to support localities, alongside existing processes and systems within localities, to share best practice, improve quality and stimulate peer review and support. This interactive tool will be available to all GP practices and presents data at an individual practice level, at a neighbourhood as well as locality level. The launch of this to CCGs by GM is in February with a launch to practices planned in March. A local demonstration of this tool is also being scheduled.

Our local data coordination and presentation will then be able to be tailored to complement the reports available through this system.

### **Local Developments**

## **Appendix 4**

The GM dashboard will sit alongside the enhancements to the reporting functionality and presentation of our local data to provide that holistic view of practices. This will give us the assurance as to the extent to which the reasonable needs of each practice population are being met and also allow for aggregated data for each neighbourhood to be produced. This will facilitate peer review and challenge and support the reduction in unwarranted variation across the locality.

A task and finish group has been established to undertake a review of discretionary spend into primary care to structure the way this is used towards the development of a local set of standards, incorporating the GM standards, to have a quality improvement focus to improve outcomes, experience and reduce inequalities.

These developments will provide an assurance framework by which we can demonstrate the improvement in experience of primary medical services both for patients and our practice staff.

PRIMARY CARE DASHBOARD																	
	Practice Code	Practice	Core Hours		CQC Report Most Recent CQC Report					GP Survey July 17 Update						Flu Uptake	
			Core Hours	Hours Lost Per Week	Inadequate - 1 or More Inadequate	Requires Improvement - 1-3 Requires Improvement Rating	Requires Improvement - 4-5 Requires Improvement	Good - 1 or More Good Rating	Outstanding - 1 Or More Outstanding Rating	Overall Experience Would Recommend (Higher/lower than national average by 5%)			Ease of Getting Through by Phone (Higher /lower than national average by 5%)			Under 65 At Risk	
										January 16 CCG Average 73% National Average 78%	July 16 CCG Average 75% National Average 78%	July 17 CCG Average 74% National Average 77%	January 16 CCG Average 71% National Average 73%	July 16 CCG Average 72% National Average 73%	July 17 CCG Average 66% National Average 68%	01/11/2016 Target 75%	01/11/2017 Target 75%
1	P89003	Albion Medical Practice	No	7.5	0	0	0	5	0	74%	73%	59%	62%	76%	54%	67.9%	71.9%
2	P89008	Bedford House Medical Centre	No	2.5	0	0	0	5	0	74%	69%	72%	80%	81%	67%	69.2%	67.9%
3	P89011	Gordon Street Medical Centre	No	7.5	0	0	0	5	0	88%	91%	85%	81%	82%	71%	73.7%	75.1%
4	P89017	Chapel Street Medical Centre	No	2.5	0	0	0	5	0	77%	73%	79%	75%	70%	86%	67.7%	70.9%
5	P89020	HT Practice	No	5 (2.5 at each site)	0	1	0	4	0	58%	64%	53%	74%	84%	72%	60.2%	59.3%
6	P89030	West End Medical Practice	No	0.5	0	0	0	5	0	62%	64%	73%	59%	57%	72%	76.8%	78.5%
7	P89033	Tame Valley Medical Centre	No	3.5	0	0	0	5	0	87%	78%	80%	81%	70%	55%	70.4%	69.4%
8	P89609	Stamford House	No	4	0	0	0	4	1	78%	80%	71%	85%	82%	78%	79.4%	82.4%
9	P89613	Waterloo Medical Practice	No	10.5	0	1	0	4	0	68%	78%	64%	84%	90%	83%	64.7%	61.3%
10	Y02586	Ashton GP Service	Yes	0	0	0	0	5	0	63%	61%	68%	63%	69%	62%	64.5%	56.8%
11	P89010	Medlock Vale Medical Practice	No	2.5	2	3	0	0	0	35%	42%	40%	44%	46%	37%	71.2%	73.9%
12	P89015	Millgate (Windmill Medical Practice-Churchgate) (Windmill's Figures unless there is no corresponding figure in Churchgate)	No	4.5 (across both sites)	0	0	0	5	0	78%	80%	61%	53%	52%	27%	66.5%	69.1%
13	P89018	Denton Medical Practice	No	2.5	0	0	0	5	0	77%	80%	80%	63%	70%	68%	79.4%	81.9%
14	P89019	Churchgate Surgery	N/A	N/A	0	0	0	5	0	63%	69%	74%	61%	58%	66%		
15	P89029	Market Street Medical Practice	No	10.5	0	0	0	5	0	62%	64%	64%	64%	56%	69%	75.5%	79.6%
16	Y02663	Droylsden Medical Practice	Yes	0	0	0	0	5	0	56%	54%	54%	68%	60%	54%	74.9%	73.6%
17	Y02713	Guide Bridge Medical Practice	Yes	0	0	0	0	5	0	91%	91%	83%	99%	97%	90%	70.1%	71.0%
18	C81077	Howard Street Medical Practice	No	5.5	0	0	0	5	0	86%	86%	90%	100%	99%	96%	70.4%	72.9%
19	C81081	Manor House Surgery	No	2.5	0	0	0	4	1	92%	89%	83%	88%	84%	83%	66.2%	70.8%
20	C81106	Lambgates Health Centre	Yes	0	0	0	0	5	0	88%	88%	90%	95%	90%	81%	82.5%	84.0%

	Practice Code	Practice	Core Hours		CQC Report Most Recent CQC Report					GP Survey July 17 Update						Flu Uptake	
			Core Hours	Hours Lost Per Week	Inadequate - 1 or More Inadequate	Requires Improvement - 1-3 Requires Improvement Rating	Requires Improvement - 4-5 Requires Improvement	Good - 1 or More Good Rating	Outstanding - 1 Or More Outstanding Rating	Overall Experience Would Recommend (Higher/lower than national average by 5%)			Ease of Getting Through by Phone (Higher /lower than national average by 5%)			Under 65 At Risk	
										January 16 CCG Average 73% National Average 78%	July 16 CCG Average 75% National Average 78%	July 17 CCG Average 74% National Average 77%	January 16 CCG Average 71% National Average 73%	July 16 CCG Average 72% National Average 73%	July 17 CCG Average 66% National Average 68%	01/11/2016 Target 75%	01/11/2017 Target 75%
21	C81615	Cottage Lane Surgery	No	10	0	0	0	5	0	81%	74%	89%	92%	92%	96%	81.4%	80.6%
22	C81640	Simmondley Medical Practice	No	3	0	1	0	4	0	88%	94%	89%	96%	98%	93%	76.0%	83.9%
23	C81660	Hadfield Medical Centre	No	2.5	0	0	0	5	0	99%	99%	96%	97%	96%	92%	64.8%	69.4%
24	P89002	The Brooke Surgery	No	2	0	0	0	5	0	76%	66%	71%	41%	34%	22%	66.5%	68.2%
25	P89004	Awburn House Medical Practice	Yes	0	0	0	0	4	1	88%	88%	96%	95%	99%	94%	72.5%	73.9%
26	P89012	Clarendon Medical Centre	No	2.5	0	0	0	5	0	67%	77%	72%	38%	39%	41%	70.4%	70.4%
27	P89013	Hattersley Group Practice	No	2.5	0	0	0	5	0	56%	61%	67%	48%	55%	49%	70.4%	68.1%
28	P89014	Haughton Thornley Medical Centres	No	4 (across both sites)	0	0	0	5	0	47%	56%	62%	47%	59%	56%	68.6%	71.8%
29	P89016	Donneybrook Medical Centre	No	2.5	0	0	0	5	0	43%	50%	67%	35%	47%	33%	68.1%	65.9%
30	P89021	Dukinfield Medical Centre	No	10 (across both sites)	0	0	0	4	1	87%	88%	91%	85%	80%	76%	76.4%	74.7%
31	P89602	The Smithy Surgery	No	10.5	0	0	0	5	0	88%	88%	90%	87%	86%	81%	72.9%	77.1%
32	P89005	Lockside Medical Centre	Yes	0	0	0	0	1	4	88%	90%	93%	85%	90%	88%	81.9%	82.3%
33	P89007	Staveleigh Medical Centre	No	5	0	0	0	5	0	79%	78%	85%	78%	83%	89%	66.5%	72.2%
34	P89022	King Street Medical Centre	No	2	0	0	0	5	0	73%	79%	82%	93%	91%	91%	77.6%	70.5%
35	P89023	St Andrews House	No	2	0	0	0	5	0	82%	80%	87%	83%	82%	81%	68.5%	71.6%
36	P89025	Town Hall Surgery	No	10	0	0	0	5	0	68%	78%	57%	91%	96%	80%	67.8%	68.5%
37	P89026	Grosvenor Medical Centre	No	2.5	0	0	0	5	0	80%	82%	86%	92%	92%	90%	71.5%	74.8%
39	P89612	Mossley Medical Practice	No	5.5	0	0	0	5	0	71%	73%	70%	90%	83%	79%	80.3%	79.7%
40	P89618	Pike Medical Centre	Yes	0	0	0	0	5	0	63%	53%	70%	78%	82%	88%	74.2%	78.7%
41	Y02936	Millbrook Medical Practice	Yes	0	0	0	0	5	0	86%	89%	97%	90%	99%	97%	76.4%	78.0%