

NHS HEREFORDSHIRE

VITAL SIGNS PERFORMANCE REPORT 2009/10

Performance against Vital Signs for 2009/10

Following the publication of 2008/09 performance data against Vital Signs in September 2009, there is a continuing commitment for PCTs to publish their performance data for 2009/10 against all the Vital Signs. This is to support the PCT's developing and improving partnership working beyond the opportunities set out in the 2010/11 NHS Operating Framework.

The report considers the following areas;

1. A brief description of what Vital Signs are
2. A brief description of any planned improvements for 2010-11
3. The 2009-10 Vital Signs report and accompanying footnotes.

1. What are Vital Signs

Vital Signs are the national and local priorities, set over a 3 year period, which NHS organisations are expected to plan for and achieve. The Vital Signs are set out with a differential approach to performance management, allowing local services to deliver in a way that meets local circumstances. The Vital Signs are split into 3 separate tiers and the Department of Health define them as the following;

Tier 1 - National Requirements - Set nationally and cascaded - Tier 1 sets out a small number of '**mustdos**', which, because of the degree of importance patients, staff and the public attach to them, apply to all PCTs. These are national requirements about what needs to be achieved and by when, subject to performance management from the Department of Health.

Tier 2 National Priorities for Local Delivery - Agreed locally and signed-off at regional level – Tier 2 sets out a small number of **national priorities for local delivery** where we know that concerted effort and action is required across the board, but where we recognise that local organisations would benefit from a greater degree of flexibility on how they deliver. Strongly performing organisations are allowed to get on and deliver these indicators without interference from the Department of Health.

Tier 3 Local Action - Priorities and any corresponding targets agreed locally - Tier3 provides a **range of indicators** available to PCTs and, following consultation with their local communities and partner organisations, they can choose areas where they want to target local action and effort for improvement. The Department of Health is not involved in performance management of tier 3.

2. Planned Improvements for 2010-11

VSA 14 - Planned Improvements in Stroke Care

The Stroke Project Working Group, led by NHS Herefordshire, has been working with Hereford Hospitals NHS Trust and PCT Provider Services to review and develop a new stroke care pathway which has now been agreed to deliver an even higher standard of stroke services including rehabilitation.

A key area of this service is the development of a specialist stroke rehabilitation inpatient unit within the Hillside Centre in Hereford, together with increasing the capacity of the rehabilitation team providing home-based care. These developments include increased consultant input to stroke services which will also support the TIA Clinic.

Other actions that are planned or have already been introduced include introducing a network approach to the provision of the service at weekends, and considering other appropriately trained clinical staff running the Clinics and undertaking follow-up activity.

VSB 05 - Planned Improvements in Smoking Cessation Services

We are therefore adopting a new approach to smoking cessation which will enable us to increase the number and choice of Stop Smoking services in Herefordshire and target services so they are maximally effective:

- Preventing those who don't smoke, particularly young people, from becoming smokers – for example working with schools and youth groups as well as working with the Safer Herefordshire Partnership to address tobacco control issues.
- Training staff across NHS services and beyond in structured brief intervention so that they can support large numbers of smokers to quit by routinely: 'asking, assessing, advising, assisting and arranging' (the 5As).
- Involving a range of partners to offer Stop Smoking services in varied locations such as dental surgeries and HALO leisure centres as well as the more traditional GP surgeries and pharmacies.
- Using social demographics and techniques such as 'mosaic segmentation' to gain a greater understanding of smokers (for example who they are, where they live and where they shop) to help us to focus services where they are most needed.
- Reduce the prevalence of smoking by encouraging and supporting much greater numbers of smokers to quit. We will achieve this by implementing the key actions identified in the Herefordshire Population Health Improvement Plan.

VSB 18 - Planned Improvements in Provision of Dental Services

Herefordshire's new dental access programme to be planned to begin in October 2010 which will proactively manage patient choice of dental services accessed and eliminate the dental waiting list.

VSC 10 - Planned Improvements in Delayed Transfers of Care

A community wide action plan to address the numbers of delayed transfers of care has been developed and is in the early stages of implementation. Some of the initiatives identified as part of the community wide review are now underway;

1. Daily monitoring of delays
2. System wide bed management process developed between all local providers:
3. Review of the discharge policy:
4. Monitoring of readmission rates to ensure appropriate transfers:

3. Herefordshire PCT's Performance in 2009-10

Below are tables, broken down by tiers showing the PCT's performance in 2009-10. They also compare the PCT's performance with that of the West Midlands Strategic Health Authority and the National performance.

Further information and data on how we compare and perform against other Health economies will be provided later in the autumn. In the interim further data around this can be found on the NHS Information site: www.ic.nhs.uk

There is also a footnote table for each tier providing the data source and any other additional information relating to the individual indicators.

Vital signs		Performance			
Tier 1		Data period	PCT	SHA	England
VSA01	Number of MRSA blood stream infections	2009-10	3	161	1,898
VSA03	Number of incidences of Clostridium Difficile	2009-10	111	3,039	25,604
VSA08	Proportion of patients with breast symptoms referred to a specialist who are seen within two weeks of referral	Q4 2009-10	94.5%	93.3%	92.0%
VSA11	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (drug treatments)	2009-10	100.0%	99.5%	99.5%
	Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (surgery treatments)	2009-10	97.3%	97.9%	96.3%
VSA14	Proportion of people admitted to hospital following a stroke who spend at least 90% of their time on a stroke unit	2009-10	41.4%	58.5%	58.9%
	Proportion of Transient Ischaemic Attack (TIA) cases - with a higher risk of stroke - who are treated within 24 hours	2009-10	8.6%	36.3%	51.0%
Tier 2		Data period	PCT	SHA	England
VSB01	Mortality rate per 100,000 (directly age standardised) of male population from all causes at all ages	2008	633.49	713.64	679.60
	Mortality rate per 100,000 (directly age standardised) of female population from all causes at all ages	2008	448.43	503.67	486.60
VSB02	Mortality rate per 100,000 (directly age standardised) population from heart disease, stroke and related diseases in people aged under 75	2008	65.49	74.90	70.99
VSB03	Mortality rate per 100,000 (directly age standardised) population from cancer in people aged under 75	2008	101.98	114.33	112.22

VSB04	Age standardised death rate per 100,000 population from Suicide and Injury of Undetermined Intent	2008	8.68	8.44	7.98
VSB05	Smoking quitters per 100,000 population aged 16 and over	2009-10	675	916	895

Vital signs		Performance			
Tier 2		Data period	PCT	SHA	England
VSB08	Number of conceptions to under-18 year olds	2007	138	5,087	40,366
VSB09	Percentage of children in reception with height and weight recorded who are obese	2008-09	9.0%	10.1%	9.6%
	Percentage of children in Reception with height and weight recorded	2008-09	87.5%	92.6%	91.2%
	Percentage of children in Year 6 with height and weight recorded who are obese	2008-09	18.9%	19.8%	18.3%
	Percentage of children in Year 6 with height and weight recorded.	2008-09	82.9%	89.6%	89.1%
VSB10	Immunisation rate for children age 1 who have completed immunisation for diptheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib) - i.e. all 3 doses of DTaP/IPV/Hib	2008-09	92%	94%	92%
	Immunisation rate for children age 2 who have completed immunisation for pneumococcal infection - i.e. received Pneumococcal booster (PVC)	2008-09	84%	86%	81%
	Immunisation rate for children age 2 who have completed immunisation for Haemophilus influenzae type b (Hib) and meningitis C (MenC) - i.e. received Hib/MenC booster	2008-09	88%	90%	85%
	Immunisation rate for children age 2 who have completed immunisation for measles, mumps and rubella (MMR) - i.e. 2 doses of MMR	2008-09	84%	88%	85%
	Immunisation rate for children aged 5 who have completed immunisation for diptheria, tetanus, polio and pertussis (DTaP/IPV) - i.e. all 4 doses	2008-09	85%	87%	80%
	Immunisation rate for children age 5 who have completed immunisation for measles, mumps and rubella (MMR) - i.e. 2 doses of MMR	2008-09	79%	82%	78%
	Immunisation rate for girls aged around 12-13 years who have completed immunisation for human papillomavirus vaccine (HPV) - i.e. all 3 doses	2009-10	78%	76%	80%
VSB11	Percentage of infants breastfed at 6-8 weeks	Q4 2009-10	47.8%	37.3%	45.2%
VSB12	Full range of Child and Adolescent Mental Health (CAMH) services rated 1-4	Q4 2009-10	4	-	-
	16 and 17 yr olds access to Child and Adolescent Mental Health (CAMH) services rated 1-4	Q4 2009-10	4	-	-

	24 hour cover for urgent mental health needs rated 1-4	Q4 2009-10	3	-	-
	Early intervention support services rated 1-4	Q4 2009-10	4	-	-
VSB13	Percentage of the population aged 15 - 24 screened or tested for chlamydia	2009-10	23.1%	22.9%	22.1%

Vital signs		Performance			
Tier 2		Data period	PCT	SHA	England
VSB14	The number of drug users using crack and/or opiates recorded as being in structured drug treatment who were discharged from treatment after 12 weeks or more, or that remain in treatment for 12 weeks or more, or who were discharged from treatment in a care planned way	2009-10	537	32,138	199,885
VSB15	Patience experience score (PCT survey of primary care services)	2007-08	81.7	77.4	77.5
VSB17	National NHS staff survey: Job Satisfaction	2009	3.64	3.52	3.53
VSB18	Number of patients receiving NHS primary dental services within a 24 month period	Q4 2009-10	93,622	3,082,058	28,362,825
	Total Units of Dental Activity (UDAs) commissioned in contracts	Q4 2009-10	320,499	9,505,596	88,404,448
Tier 3		Data period	PCT	SHA	England
VSC01	Trust achievement in risk management ratings (PCT provider arms)	2009-10	0	-	-
VSC10	The average number of delayed transfers of care per night taken over the quarter	Q4 2009-10	51	695	3,850
VSC15	The proportion of all deaths that occur at home	2008	20.1%	20.0%	19.9%
VSC16	Percentage of patients aware that they have a choice of hospital for their first hospital appointment	2009-10 (Feb)	49%	59%	54%
	Percentage of patients who went to the hospital they wanted, or had no preference	2009-10 (Feb)	91%	90%	89%
VSC19	The number of prescription items for simvastatin and pravastatin as a percentage of the total volume of statin prescribing	Q4 2009-10	79.4%	75.8%	75.3%
	The number of prescription items for omeprazole and lansoprazole as a percentage of the total volume of Proton Pump Inhibitors (PPIs) prescribing	Q4 2009-10	88.8%	89.2%	89.5%
	The number of prescription items for angiotensin-converting enzyme (ACE) inhibitors as a percentage of the total volume of prescription drugs affecting the renin-angiotensin system	Q4 2009-10	73.1%	71.5%	71.3%
VSC22	Percentage of people with learning disabilities receiving health checks	2009-10	72.2%	38.1%	40.6%

Vital signs		Performance			
Tier 3		Data period	PCT	SHA	England
VSC23	Percentage of practices with PCT validated registers of patients without symptoms of cardiovascular disease (CVD) with an absolute risk of CVD events greater than 20% over the next 10 years	Q4 2009-10	100.0%	78.1%	76.1%
VSC26	Rate of hospital admissions for alcohol related harm per 100,000 population	2008-09	1,283.5	1,663.3	1,582.4
VSC27	Proportion of people on the diabetes register whose HbA1c has been measured in the previous 15 months, and is 7.5 or less	2008-09	69.1%	67.2%	66.3%
VSC32	Patients who thought that their doctor treated them with respect and dignity (score out of 100)	2007-08	98.1	95.7	96.0
VSC33	Parent's experience of services provided to disabled children - Overall indicator score as average of 15 sub indicators	2009-10	60	61	61
VSC34	CO2 Emissions (tonnes)	2008-09	1,810	321,320	3,157,023
	Energy Performance (GJ/100m3)	2008-09	43.7	62.9	59.7

Footnotes			
Tier 1		Data source	Footnotes
VSA01	MRSA	Health Protection Agency (HPA)	None
VSA03	Clostridium Difficile	Health Protection Agency (HPA)	None
VSA08	Breast cancer symptoms	Cancer Waiting Times database (Dept of Health)	None
VSA11_A	Cancer treatment - Drugs	Cancer Waiting Times database (Dept of Health)	None
VSA11_B	Cancer treatment - Surgery	Cancer Waiting Times database (Dept of Health)	None
VSA14	Implementation of the stroke strategy	Vital Signs Monitoring Return (Dept of Health)	Some PCTs have not included data on TIA due to having an inpatient model of care.

Footnotes			
Tier 2		Data source	Footnotes
VSBO1	All age, All cause mortality	DH analysis of ONS death registrations and population estimates	These are single year rates and coupled with small numbers at PCT level, rates are subject to considerable fluctuation. Furthermore, rates are based on revised populations data so may not match National Centre for Health Outcomes Development (NCHOD) published rates for 2008.
VSBO2	CVD mortality	DH analysis of ONS death registrations and population estimates	These are single year rates and coupled with small numbers at PCT level, rates are subject to considerable fluctuation. Furthermore, rates are based on revised populations data so may not match National Centre for Health Outcomes Development (NCHOD) published rates for 2008.
VSBO3	Cancer mortality	DH analysis of ONS death registrations and population estimates	These are single year rates and coupled with small numbers at PCT level, rates are subject to considerable fluctuation. Furthermore, rates are based on revised populations data so may not match National Centre for Health Outcomes Development (NCHOD) published rates for 2008.
VSBO4	Suicide	DH analysis of ONS death registrations and population estimates	Figures are based on unrevised populations, and so are subject to revision. These are single year rates and coupled with small numbers at PCT level, rates are subject to considerable fluctuation.
VSBO5	Smoking	The NHS Information Centre for Health and Social Care	None
VSBO8	Teenage Pregnancy	Office for National Statistics	Data have been mapped to PCTs using Local Authority (LA) data and not produced strictly on PCT boundaries due to disclosure by differencing. This is a similar mapping approach to that used by the Care Quality Commission (CQC) for 2008 data. For some areas the PCT under-18 conception data may differ to the LA under-18 conception data that are widely disseminated and used to monitor England's Teenage Pregnancy Strategy at national and local level. The latest LA conception statistics published by ONS are provisional 2008 data (published in February 2010).
VSBO9	Childhood Obesity	The NHS Information Centre for Health and Social Care	All data for this indicator relates to the academic year i.e. September to July, not the financial year.
VSBO10	Immunisation	The NHS Information Centre for Health and Social Care	This information is supplied by each PCT and is submitted monthly using the Department of Health's ImmForm website. These data are subject to change; data from the monthly vaccine uptake collections should be considered provisional. The denominators for Cohort 1 are based on school roll data. The denominators for Cohort 2 are based on PCT population data. Therefore, the vaccine uptake rates should be regarded as indicative. Annual coverage data will be collected in September 2009. It is the annual survey that will provide the formal uptake figures and will be subsequently published as final data. Further definition can be found on the HPA website. HPV data that is collected for the 2008/09 academic year is classed as 2009/10 data.

Footnotes			
Tier 2		Data source	Footnotes
VS B11	Breastfeeding	Vital Signs Monitoring Return (Dept of Health)	Figures for periods and organisations which have failed validation checks are not directly included, but are used in calculating England and SHA totals.
VS B12	CAMHS	Vital Signs Monitoring Return (Dept of Health)	None
VS B13	Chlamydia	National Chlamydia Screening Programme (HPA)	None
VS B14	Drug treatment user	National Drug Treatment Monitoring System (NDTMS)	None
VS B15	Patient experience	Care Quality Commission - National Patient Survey Programme	None
VS B17	Staff Survey	NHS Staff Survey	<p>Sourced from the Job Satisfaction Key Score element of the annual NHS Staff Survey, which in turn is an average of the responses to seven questions on the survey pertaining to job satisfaction. Each question elicits a score of 1 to 5 denoting the respondent's level of satisfaction, and so the average of the seven questions is also a score between 1 and 5. The score for an organisation is the sum of the scores of the respondents within that organisation divided by the number of respondents. Similarly, the score for a SHA or England is the sum of the scores divided by the number of respondents. It is sometimes (though not always) appropriate to weight the results to account for the different mixes of staff groups within different types of organisation. The figures provided are unweighted. There is no data published for 2009 for Hartlepool PCT.</p> <p>Figures for Isle of Wight are reported separately for the Acute, Mental Health and Ambulance Sectors but have been combined for this publication.</p>
VS B18	Dentistry	Department of Health Dental Commissioning Monitoring / The NHS Information Centre for Health and Social Care	The VSB18_01 data shows the number of patients seen in the previous 24 months. The VSB18_02 data is commissioned services for the coming 12 months, taken at each of the quarterly dates.

Footnotes			
Tier 3		Data source	Footnotes
VSC01	Achievement of risk CNST management standards	NHS Litigation Authority	Assessments are voluntary and not all organisations undertake them. The majority of provider NHS bodies (acute, mental health, ambulance and foundation trusts) will have assessments because they benefit from these as they provide a varying discount on scheme contributions (i.e. insurance premia). Some PCTs will not have assessments though because they have no or minimal NHS provision - the cost of achieving higher standards (i.e. improving processes and undergoing assessments) outweighs the actual benefits of the achievement.
VSC10	Delayed transfers of care	Vital Signs Monitoring Return (Dept of Health)	None
VSC15	Deaths at Home	The NHS Information Centre for Health and Social Care	Source figures are pooled over three years, currently (2006-08). For this indicator though, they have been provided by year.
VSC16	Choice of hospital	National Patient Choice Survey	Data relates to the February 21 survey. Organisations with blank values are those for which an adequate sample of responses was not received. Their results are not published. England results are weighted for the age and sex bias of respondents, but PCT and SHA results are unweighted.
VSC19	Prescribing	The NHS Information Centre for Health and Social Care	The ACE/ARA metric definition used here matches the one used by the NHS Institute for their Better Care Better Value set and uses BNF sections 2.5.5.1 and 2.5.5.2 (rather than the vital signs definition which also includes 2.5.5.3).
VSC22	Learning disabilities	The NHS Information Centre for Health and Social Care	None
VSC23	Vascular risk	The NHS Information Centre for Health and Social Care / Vital Signs Monitoring Return	Data is from two separate sources and time periods (VSMR - Mar 10, IC - Sept 09)
VSC26	Alcohol	The NHS Information Centre for Health and Social Care / Office for National Statistics	Because the indicator is standardised on the basis of age and sex, SHA totals can not be calculated automatically using the organisation level data. The published, standardised SHA figures are used instead.
VSC27	Diabetes	Quality and Outcomes Framework	None
VSC32	Dignity	Care Quality Commission - National Patient Survey Programme	None
VSC33	Services for disabled children	Department for Education	The overall scores are calculated from unrounded data, but they are presented as rounded. Therefore, adding PCT scores may not given the same SHA score as that provided.
VSC34	Fuel / energy	Estates Return Information Collection (ERIC) system	The disparate and different nature of NHS Trusts estates and their energy usage mean that SHA level figures are not particularly indicative.