Paper Title:
Corporate Performance Report – September 2012: Leeds West CCG, Leeds North CCG, Leeds South & East CCG and NHS Leeds

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SUMMARY

1.   This report provides an overview of performance against key indicators for the CCGs within the NHS Leeds section of the NHS Airedale, Bradford and Leeds PCT Cluster. The report will enable members of the CCG Governing Bodies to understand the current key performance issues, as set out in the NHS Operating Framework. It will allow the CCGs to fulfil agreed delegated responsibility to oversee performance matters and to provide due assurance to the PCT Cluster that appropriate performance management oversight, against key national indicators, is being delivered. A glossary and note explaining the key terms in the field of performance management is attached at back of this report. The report also contains a briefing note on the proposed Commissioning Outcomes Framework indicators.

BACKGROUND

2.   The background for the report provides context for delivery of strategic level and operational plans. It does this through the provision of performance information on key indicators. The performance information used in this report will keep pace with national developments, especially in respect of the 2013/14 Commissioning Outcomes Framework (COF). COF indicators will be used, where adequate information is available, in future versions of this report, with the aim of preparing for the use by CCGs of the system into 2013/14.

FINANCIAL IMPLICATIONS AND RISK

3.   The report identifies strategic level performance risks, in terms of specific indicators. There are no identified new direct financial implications for this approach to performance management.

COMMUNICATIONS AND INVOLVEMENT

4.   The report content shows how the CCG and the NHS Leeds health economy is performing, a key factor in effective communication with patients, partners and other stakeholders.

PUBLICATION UNDER FREEDOM OF INFORMATION ACT

5.   This paper has been made available under the Freedom of Information Act.

RECOMMENDATION

6.   CCG Governing Bodies are asked to:
    (a) **Receive** the Performance Report and to use it in providing appropriate assurance to the PCT Cluster, as agreed.

NHS

Airedale, Bradford and Leeds

Performance Scorecard

· **Leeds North CCG**
· **Leeds South & East CCG**
· **Leeds West CCG**
· **Leeds Citywide**

Sep 2012

Performance Scorecard
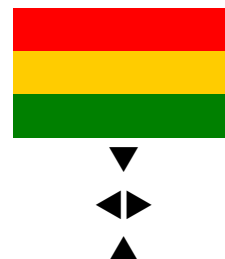
Key:

Below the threshold
Below target/mean, but above threshold
Equal to or better than target/mean
Worse than previous position ▼
Same as previous position ◄►
Better than previous position ▲

RAG tolerances have been applied against local or national
target, but if not available, against national or regional mean

Standards/targets and thresholds:
Standards or targets are shown for each indicator line. They are usually specified by DH, but in some case are locally set. Thresholds for achievement are applied where there is a tolerance around a specific target. Thresholds vary according to the circumstances. For example, ambulance call wait times have a tolerance of 5% of the target applied. In practice this works out to mean that with performance of 75%, this is described as achieved, below that down to 71.3% underachieved, and below 71.3%, failure to achieve. Thresholds are used to provide some flexibility in interpretation of performance. Thresholds are a mixture of DH guidance and where there is no such guidance, local intelligence and best practice is used.

Greyed cells and n/a values:
Where data cells in the tables are greyed out, it means that data is not available, and that initial work suggests that it might not be possible or in some cases appropriate, to disaggregate information down to CCG level from the citywide position. This is especially the case with provider indicators, for example. However, where the data cells contain a 'n/a' value, that should be taken to mean that it is planned to break down the data to CCG level, but information streams to be able to achieve this are not yet available.

Enhancing quality of life for people with long term conditions		Reporting period	Monthly Standard/ Target	Leeds North CCG			Leeds South & East CCG			Leeds West CCG			Leeds Citywide		
				Current	Change	YTD	Current	Change	YTD	Current	Change	YTD	Current	Change	YTD
PHQ10	Early intervention in psychosis services - New cases	Jun 2012	11	2	◄►	66	1	▼	66	8	▲	66	12	▼	34
PHQ11	Crisis resolution services - Number of home treatment episodes	Jun 2012	95%		n/a			n/a			n/a		96.3%	▼	97.0%
PHQ12	CPA 7 day follow-up rate	May 2012	95%		n/a			n/a			n/a		98.1%	▼	98.4%
PHQ13	Improve access to psychological therapy: % receiving treatment	Jul 2012	0.81%	0.78%	▲	2.40%	0.68%	▲	2.41%	0.84%	▲	3.19%	0.78%	▲	2.84%
PHQ13	Improve access to psychological therapy: % Moving to recovery	Jul 2012	50%	45.16%	▼	48.88%	37.80%	▼	36.51%	50.89%	▲	50.00%	45.43%	▼	45.59%
PHQ15	Emergency admissions for 19 ambulatory conditions (per 100,000)	Jun 2012	none	68.1	▼		98.3	▼		72.1	▼		79.2	▼	
PHQ16	Unplanned hospitalisation for asthma, diabetes and epilepsy for u-19s	Jun 2012	none	16.3	▼		34.3	▲		16.3	▼		20.9	▼	
PHQ17	Emergency admissions for acute conditions that should not require it	Jun 2012	none	68.1	▼		130.5	▼		73.1	▼		87.1	▼	
PHQ31	NHS Healthchecks offered (40-74) YTD	Jun 2012	5%	7.04%	▲	7.04%	3.98%	▲	3.98%	4.79%	▲	4.79%	5.05%	▲	5.05%
PHQ30	4-week smoking quitters (% of target)	Apr 2012	100%		n/a			n/a			n/a		104.2%	▼	104.2%

Performance Narrative:

PHQ13 & 14. Poor performance April to July is influenced by the following factors - % receiving treatment numbers: Reduced clinic time due to staff training, an additional bank holiday in the period; staff changes and 5 staff on maternity leave; implementation of remedial action plan by Leeds Community Healthcare following Q4 of last year – with plans for introduction of telephone triaging requiring consultation and staff re-organisation; reorganisation of the service to reflect the three localities. For the % moving to recovery - the recovery rate was nationally set based on evidence of a "pure" CBT service model, though the Leeds service is a hybrid model including non-CBT elements. A number of clients do not reach the defined recovery level, but non the less have benefited from the intervention. Further work is being done nationally on recognising "effect size" in terms of scale of change. The recovery rates are very dependent on the level of the need being presented. Remedial actions include - Remedial action plan - monitored on monthly basis; target set to increase group-work at Step 2; funding of Step 3 counselling to increase access to non CBT based options; removal of High Intensity Post from Leeds Prison to improve community access; review of waiting lists and out of hours clinic time; reduction in tolerance of DNA and cancellations to ensure that appointments are not lost; plan and training to introduce telephone triaging and increased electronic and text communication to reduce time spent on administration, lost appointments, and improve response time from clients and finally a review meeting with senior managers at LCH planned for September. LCH have already anyway given a firm commitment that this target will be delivered during the year.

Technical Notes:

PHQ10: There are no targets for this numerical indicator at CCG level, so traffic lights are not used. The CCG totals may not add to whole city figure due to some patients being from out of area and some not being allocated to CCGs. The citywide data is wholly accurate and is based on achievement of the nationally defined target.

PHQ13: As there is no guidance on how the citywide target should be allocated to CCGs, the MH Fair Shares split has been applied to the city-wide population deemed to require services, as a temporary measure.

PHQ 15, 16, 17: Traffic lights are not used, as there is no set threshold for what might be considered as 'good' performance. It should also be noted that wide variations from one report to the other may occur, at the CCG level. This seems to be due to small absolute numbers that can vary significantly from one quarter to another. Further work may be required to ensure this data can be interpreted accurately. The data source for the activity information is a local construction, based on SUS data.

Preventing people from dying prematurely		Reporting period	Standard/ Target	Leeds Citywide		
				Current	Change	YTD
PHQ01	Ambulance category A calls responded to within 8 mins	Jun 2012	75%	79.4%	▲	77.5%
PHQ02	Ambulance category A calls responded to within 19 mins	Jun 2012	95%	98.6%	▼	98.7%
PHQ03	Cancer 62 day standard - referral to treatment	Jun 2012	85%	90.3%	▼	92.1%
PHQ04	Cancer 62 day wait for first treatment - referral from screening	Jun 2012	90%	93.8%	▲	96.2%
PHQ05	Cancer 62 day wait for first treatment - consultant upgrade	Jun 2012	95%	96.4%	▼	97.7%
PHQ06	Cancer 31 day standard diagnosis to treatment time	Jun 2012	96%	99.2%	▲	98.9%
PHQ07	Cancer 31 day standard for subsequent treatment - Surgery	Jun 2012	94%	95.5%	▼	97.1%
PHQ08	Cancer 31 day standard for subsequent treatment - Drug	Jun 2012	94%	100.0%	◀▶	100.0%
PHQ09	Cancer 31 day standard for subsequent treatment - Radiotherapy	Jun 2012	98%	98.3%	▼	99.2%

		Reporting period	Monthly Standard/ Target	Yorkshire Ambulance Service		
				Current	Change	YTD
PHQ01	Ambulance category A calls responded to within 8 mins	Apr 2012	75%	80.1%	▲	78.2%
PHQ02	Ambulance category A calls responded to within 19 mins	Apr 2012	95%	97.8%	▼	98.0%

Technical Notes:
These indicators are not broken down to CCG level for two main reasons - the first of these is that some data might not be appropriate to be broken down in this way, or that data is not available to the NHS at this level. The second reason, applying to the cancer targets, is that the DH managed Exeter data system, does not allow interrogation by PCT Clusters to GP code level. This is for reasons of data protection, coupled with the fact that the system has not been updated to reflect the new structure of the NHS.

Ensuring that people have a positive experience of care	Reporting period	Standard/ Target	Leeds North CCG			Leeds South & East CCG			Leeds West CCG			Leeds Citywide		
			Current	Change	YTD	Current	Change	YTD	Current	Change	YTD	Current	Change	YTD
PHQ19	**18 week RTT - % admitted**	Jun 2012	90%	92.4%	▲	**91.3%**	91.4%	▲	**89.4%**	91.9%	▲	**90.8%**	91.9%	▲	**90.5%**
PHQ20	**18 week RTT - % non admitted**	Jun 2012	95%	98.8%	▲	**98.7%**	98.8%	▼	**98.9%**	98.8%	▲	**98.6%**	98.8%	▲	**98.7%**
PHQ21	**18 week RTT - % incomplete pathways**	Aug 2012	92%	96.1%	▲	**96.4%**	95.6%	▼	**96.2%**	95.6%	▲	**96.2%**	95.8%	▲	**96.2%**
PHQ22	**Diagnostic waiters (% seen within 6 weeks)**	Jun 2012	99%										99.6%	▲	**99.6%**
PHQ24	**Cancer urgent referral to first outpatient appointment waiting times**	Jun 2012	93%	n/a			n/a			n/a			96.0%	▼	**96.0%**
PHQ25	**Cancer two week wait for breast symptoms**	Jun 2012	93%										94.2%	▼	**94.7%**

				LTHT (Provider)		
				Current	Change	YTD
PHQ18	**Patient experience of hospital care (Outpatients)**	Dec 2011	none	94.9%	▼	///////
PHQ23	**A&E waiting times (Type 1 - % seen in 4 hours)**	Jul 2012	95%	96.6%	▲	**94.6%**
	A&E waiting times (All Types, Inc Wharfedale MIU - % seen in 4 hours)	Jul 2012	95%	97.1%	▲	**95.3%**
PHQ26	**Mixed sex accommodation breaches (rate per 1,000 FCEs)**	Jun 2012	0%	0%	◄►	**0**

Technical Notes:
Where indicators are not broken down to CCG level it is because such data is not available through existing data streams.
PHQ19 & 20: At the CCG level only, these indicators are based on LTHT information only, for Leeds patients. This is not the same definition as specified nationally, but is best intelligence currently available. The actual numbers counted for CCGs will total lower than the citywide figure, even though the rates may appear similar. Both indicators are also based on 'clock stops' during the period in question, meaning that there may be circumstances where a patient did not have an outpatient consultation, for example, but who will have been counted, nevertheless. This especially occurs in the data for non-admitted patients. Even with the caveats, the information is felt to be useful enough to give an approximation of the general position. The data source for the CCG data is SUS.

Treating and caring for people in a safe environment and protecting them from avoidable harm		Reporting period	Monthly Standard/ Target	Leeds Citywide (Commissioner)		
				Current	Change	YTD
PHQ27	MRSA	Jul 2012	2	1	▲	11
PHQ28	C.Diff	Jul 2012	24	16	▲	102

		Reporting period	Monthly Standard/ Target	LTHT (Provider)		
				Current	Improvement	YTD
PHQ27	MRSA	Jul 2012	1	0	▲	9
PHQ28	C.Diff	Jul 2012	14	8	▲	50
PHQ29	Percentage of adult patients admitted and assessed for risk of VTE	May 2012	90%	94.9%	▲	94.5%

Performance Narrative:
LTHT have introduced a new MRSA policy and are implementing this rigorously. An external review of MRSA in July emphasised the importance of continuing focus on infection prevention and control (IPC) in order to reduce variability in practice, to ensure IPC remains everyone's business. There have been no LTHT bacteraemias in July.
There have been two community MRSA bacteraemias since June (one in July and one in August). Investigation into the causes of these are not complete, although one case is unlikely to be attributable to local clinical management. The Aug case is not formally validated and is therefore not shown in the data.
C.diff case numbers for LTHT are now within trajectory, YTD, while for NHS Leeds, numbers exceed plan.

Technical Notes:
These indicators are not proposed to be at CCG level, at this stage. They are shown here for NHS Leeds as a commissioner and by LTHT as the chief provider, duplicating the perspectives taken by the SHA and DH.

Resources		Reporting period	Monthly Standard/ Target	Leeds Citywide		
				Current	Change	YTD
PHS01	**Financial forecast**					
PHS02	**Financial performance score**					
PHS03	**Delivery of running costs targets**			n/a		
PHS04	**Delivery of QIPP savings**					
PHS05	**Bed capacity**					
PHS06	**Non-elective FFCEs**	Jun 2012	7,167	6,143	▼	19,070
PHS07	**GP written referrals to hospital**	Jun 2012	14,430	12,772	▼	40,892
PHS08	**Other referrals to hospital**	Jun 2012	9,703	10,328	▼	32,088
PHS09	**OP attendances following GP referral**	Jun 2012	11,547	9,174	▼	29,554
PHS10	**All OP attendances**	Jun 2012	19,916	17,694	▼	54,967
PHS11	**Elective FFCEs**	Jun 2012	8,279	7,529	▼	22,997
PHS12	**A&E attendances**	Jun 2012	-	16,831	▲	67,052
PHS13	**Ambulance urgent and emergency journeys**	Jun 2012	-	8,814	▼	26,959
PHS14	**Diagnostic activity: endoscopy based tests**	Jun 2012	1,623	1,887	▼	5,637
PHS15	**Diagnostic activity: non-endoscopy based tests**	Jun 2012	16,402	15,076	▼	47,455
PHS16	**18 week RTT - incomplete pathways at month end (number)**	Jun 2012	43,967	45,585	▼	
PHS17	**Health visitor numbers (WTEs)**	Jul 2012	131.3	127.0	▼	
PHS18	**Workforce productivity**					
PHS19	**Total pay costs**			n/a		
PHS20	**Total workforce**					

Performance narrative:
PHS 17 - while the number of Health Visitors is below trajectory, this is a temporary situation, which will be rectified moving into Sept and beyond. There is a clear commitment to deliver the required number of HV's by the end of the year.

Technical Notes:
Several of these indicator lines apply to PCT Cluster organisations only, and in some cases remain ill-defined within national guidance.
The traffic lights for the activity lines (PHS06 to PHS11 and PHS14 to PHS16), are based on variance from plan. Red is used for a variance in excess of plus or minus 10% from plan, amber for between 5% and 10% variance and green for a variance within 5% of the plan. for both the applicable month and the YTD. It should be noted though, that it may be that lower levels of activity are desirable, for example in levels of non-elective activity, but a significant variance may still need to be understood and explained. The data source for the activity lines is the Monthly Activity Return (MAR). This differs from the measures of activity that will be seen within the context of the contracts that are held with providers. The MAR data is however used to report to DH within the Single Integrated Plan process and it also supports QIPP.

Reform		Reporting period	Monthly standard/ Target	Leeds Citywide		
				Current	Change	YTD
PHF07	**Bookings to services where named consultant available**	Jul 2012	none	73.0%	◀▶	74.0%
PHF08	**Choose and Book (1st outpatient booking) GP utilisation %**	Jul 2012	51.4%	**60.0%**	**▲**	**57.0%**
PHF09	**Trend in value of patients treated in non-NHS hospitals**	Jul 2012	none	14.3%	▼	14.5%

Technical Notes:
These indicator lines apply to PCT Cluster organisations.

Glossary and note on some key performance terms

Ambulatory conditions. Chronic medical conditions that can often be managed outside hospital.

CBT. Cognitive Behaviour Therapy, a technique used to treat mental health patients.

Clock stops. The point in time at which a patient is deemed to be no longer waiting perhaps ,but not always, because they have been seen and treated.

Commissioning Outcomes Framework (COF). The set of health outcomes on which CCGs will be performance managed by the NHSCB.

CPA. Care Programme Approach, a system of addressing the clinical needs of mental health patients.

DNA. Did not attend, used to describe patients who fail to present for agreed appointments.

FFCE/FCE. First/Finished Consultant Episode, a term used to describe the point at which a patient receives care from a consultant or consultant-led team.

LCH. Leeds Community Healthcare Trust.

LTHT. Leeds Teaching Hospitals Trust.

MAR. Monthly activity return, a statement of GP and hospital activity, used to support the delivery of the SIP and QIPP. It does not cover all types of activity and should be seen as separate to the information provided via SUS.

MH Fairs Shares spilt. A locally agreed simple mechanism for apportioning population and finance across the Clinical Commissioning Groups, in the absence of detailed national guidance.

MIU. Minor injury unit, a place where minor injuries and accidents can be treated. Leeds has two such units, one at the St Georges Centre and one at Wharfedale Hospital.

MRSA & C.Diff. Methicillin-resistant Staphylococcus aureus & Clostridium Difficile, both are infections that can on occasions be associated with healthcare.

NHS Commissioning Board (NHSCB). The top level body of management within the NHS, due to be formally established in Oct 2012.

NHS Healthcheck. Carried out by GP practices, to check the health status of people aged 40-74 for overall health and key medical conditions, including diabetes and blood pressure.

Operating Framework. The set of NHS national standards and targets, often seen as the 'must-do's'.

QIPP. Quality, Innovation, Productivity and Prevention, an NHS programme to drive up quality, whilst delivering efficiency.

RTT. Referral to treatment time, used to support delivery of the national standard to deliver care for hospital patients within 18 weeks.

Single Integrated Plan (SIP). A commissioner based plan agreed with DH, setting out key objectives and including plans for activity levels during the year.

SUS. Secondary Uses Service, a nationally organised system for collating and reporting secondary care activity. It is the basis of management of provider contracts.

Threshold. Usually is applied to describe the point at which performance is judged to be acceptable or not. A threshold often lies around a fixed target.

Unify, Omnibus, Exeter. These are all systems that are used nationally to gather NHS data from providers of care. Commissioners of care, including PCTs, often are also required to submit returns using these systems, too.

VTE. Venous thromboembolism or deep vein thrombosis/pulmonary embolism, a condition that can occur in patients admitted to hospital.

Commissioning Outcomes Framework – Briefing note

Background

1. The Commissioning Outcomes Framework (COF) is part of a wide ranging effort to focus on health outcomes. It complements other Outcomes Frameworks covering Public Health, Children Adult Social Care, and the overarching NHS Outcomes Framework, as applied to the NHS Commissioning Board. The frameworks come into full effect next year, 2013/14.

2. The COF is to be the system by which CCGs will be measured. Failing to deliver on the performance indicators within the COF will cause questions to be raised; CCGs should expect to be challenged by the NHS Commissioning Board (NHS CB) for failure to deliver, however that is defined. The COF will be used "to drive local improvements in quality and outcomes for patients, to hold clinical commissioning groups to account".

3. The COF will form part of a wider system of for CCGs which will cover "CCGs' financial performance, their contribution to joint health and wellbeing strategies, and fulfilment of other statutory duties such as patient and public involvement".

4. The COF is proposed to be made up of a range of indicators, 44 in total, which have been recommended by NICE to the NHS CB and which the NHS CB is expected to endorse, once it is established in Oct 2012.

Information

5. NICE have produced what they describe as an 'indicator rationale' document, which gives details of how the indicators are to be constructed. It is worth noting that full technical details are not always set out in the document. It is also the case that some data sources are new, or are presently used for other purposes and are not always generally available across the NHS. An example of the latter situation is the Primary Care Mortality Database, the information for which is proposed for use in the COF mortality indicators.

6. Some of the indicators are apparently familiar and are included in detailed technical guidance for the NHS Outcomes Framework or the Operating Framework.   They do often though differ when used in the COF, because of the aim of making them available at the CCG level of geography.

7. It seems clear that there is much to do at the national level to ensure that those people and organisations that need access to information and data streams are able to commence work on providing robust data for CCGs, prior to April 13.

8. In the meantime, local PCT Cluster level resources are being used to cover the gap for the Leeds CCGs, with the aim of ensuring that there are the very minimum of surprises at the point that the actual data becomes available. Examples of this approach are the use of SUS data to report on unplanned admissions for ambulatory care sensitive conditions, or for asthma, diabetes and epilepsy in under-19s, or for emergency admissions for acute conditions that should not usually require hospital admissions. Technically, the construction of these does not match that proposed by the COF, but it is felt that the information provided is infinitely better than waiting for chapter and verse from the centre.

9. The opportunity to evolve toward reporting on COF indicators is being taken and plans are underway to use data, where it is available, to enable CCGs to engage with the new programme. The present performance report will be used to provide this information.

10. Where the opportunity exists, work is being undertaken to ensure that CCGs are sighted on other indicators. !8w RTT performance is currently being worked on and should, provided there are no problems, be used in the next issue of the performance report.

Issues

11. One key element that is missing from the COF is the notion of what might be seen as a set of operational standards. So although it might be very clear what the direction of travel might be required, there are no defined targets describing what might be considered good, or bad performance, or failure. Whilst we might assume that some of the targets presently in place for some of the indicators might roll forward, there is no guidance on how this might be allocated to the CCG level.

12. There are also key parts of the present performance regimes that seem to be absent from the proposed programme for 2013/14 and onwards. Cancer waits, A&E 4hr waits and 18w RTT for example are not in any of the Outcomes Frameworks, so despite DH declaring that the Operating Framework will cease after this year, there still might be something needed that captures those sharp issues that still challenge politicians. It could be that there is a system of nationally directed provider performance management that covers these types of issues, but that would then mean that CCGs would be required to manage those performance issues through contract mechanisms, rather than directly being held to account.

Summary - Important messages

13. The key thread that runs through all of the Outcomes Frameworks, and one that it is easy to forget, is that the outcomes for patients are tested by delivery of activity, and by the application of metrics. In other words, we most often still come down to counting things in a quantative mode, in order to see things in a qualitative way. This might be best be summarised as we still need to continue to count things, otherwise we'll fail to provide evidence that we've delivered.

14. The COF is work in progress, and we have yet to receive clear guidance on much of it – we are not clear on what equates to good, how some of the indicators are defined, how the data sources will be employed and how the COF itself is expected to be set within the CCG programme.

15. Some important key performance indicators are absent and their future placement within the new structures is unclear. A list of the 44 COF indicators is attached.

16. However, the key positive is that we now have a good idea of the direction of travel for the COF and for CCGs in performance management. We can use the list of proposed indicators to ensure that CCGs increase their understanding and grip of what is required of them in performance terms.   This will help in the authorisation process, too.

Recommendation

17. CCGs are asked to approve this report and to endorse the actions taken and planned, to ensure that the most up to date and robust performance information is made available to each CCG.

Graham Brown
22 Aug 12

Outcome Framework Domain	COF code	Measure	Other information
1. Preventing people from dying prematurely	1.1	<75 mortality rate from CVD	Numerator from Primary care Mortality Database (PCMD). Linked CCG action - Cardiac scans CCG, BNP Testing at GP Practice level
	1.2	<75 mortality rate from respiratory disease	Numerator from Primary care Mortality Database (PCMD).
	1.23	People with dementia prescribed anti-psychotics	National Dementia & Antipsychotic Prescribing Audit. It is not clear if this Audit is to be repeated or at what level data will be available.
	1.24	Myocardial infarction, stroke & Stage 5 CKD in people with diabetes	National Diabetes Audit (NDA). 11/12 data not yet available
	1.25	Antenatal assessments <13 weeks	Unify data collection. Q'ly
	1.26	Maternal smoking in pregnancy	Local data collection - not yet gathered locally, national data in 2013
	1.27	Smoking at delivery	Local PCT collection. Q'ly Omnibus
	1.28	Breast feeding initiation	Local PCT collection. Q'ly Unify
	1.29	Breast feeding prevalence at 6-8 weeks	Local PCT collection. Q'ly Unify
	1.30	People with severe mental illness who have received a list of physical checks	GP Extract Service (GPES). National data not available yet
	1.34	Mortality within 30 of hospital admission for stroke	Sentinel Stroke National Audit
	1.4	<75 mortality rate from cancer	PCMD
2. Enhancing quality of life for people with LTC	2	Health related quality of life for people with LTC	GP Patient Survey
	2.1	Proportion of people feeling supported to manage their condition	GP Patient Survey Q32
	2.3i	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Proportion of unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) per 100,000 population
	2.3ii	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Proportion of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s per 100,000 population
	2.23	People with COPD & MRC dyspnoea scale >=3 referred to a pulmonary rehab programme	GPES. National data not available yet
	2.52	People with diabetes who have received nine care processes	NDA. 11/12 data not yet available
	2.53	People with diabetes diagnosed less than a year referred to structured education	NDA. 11/12 data not yet available
	2.61	Complications associated with diabetes	NDA. 11/12 data not yet available
	2.62	Lower limb amputation in people with diabetes	NDA. 11/12 data not yet available
	2.63	People with diabetes who have an emergency admission for diabetic ketoacidosis	HES/QOF using ICD10 codes
	2.77	Emergency admissions for alcohol related liver disease	CCG Reference file
	2.79	Mental health measures - CPA	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter.
	2.87	People with stroke discharged from hospital with a joint health and social care plan	Sentinel Stroke National Audit Q10.7
	2.88	People who have received psychological support for mood behaviour cognitive disturbance by 6 months after stroke	Sentinel Stroke National Audit Q11.2
	2.89	People with stroke who are reviewed 6 months after leaving hospital	Sentinel Stroke National Audit Q11
	2.90	People with stroke supported to leave hospital by a skilled stroke early supported discharge team	Sentinel Stroke National Audit
3. Helping people to recover from episodes of ill health/injury	3a	Emergency Admissions	Emergency admissions for acute conditions that should not usually require hospital admission
	3b	Emergency readmissions within 30 days of discharge from hospital	HES & GP data
	3.1i	PROMs: Hips	PROMS dataset
	3.1ii	PROMs: Knee	PROMS dataset
	3.1iii	PROMs: Groin hernia	PROMS dataset
	3.1iv	PROMs: Varicose veins	PROMS dataset
	3.2	Emergency admissions for children with LRTI	HES/QOF using ICD10 codes & GP population data
	3.10	Emergency readmissions: COPD	HES/QOF using ICD10 codes
	3.33	People who have had stroke who receive thrombolysis	Sentinel
	3.34	Patients with stroke admitted to an acute stroke unit within 4 hrs of arrival at hospital	Sentinel
	3.35	People with acute stroke whose swallowing is screened by specially trained healthcare professional within 4 hours of admission	Sentinel
	3.26i	Mental health measures - IAPT	Proportion of people with depression referred for psychological therapy and proportion of people who complete therapy who are moving to recovery
	3.26ii	Recovery following talking therapies for people older than 65	As above for over 65y
4. Ensuring that people have a positive experience of care	4a	Patient experience of GP out-of-hours services	GP Patient Survey
	4.20	Access to community mental health services by people from black & minority ethnic groups	MHMDS
	4.21	Access to psychological therapies by people from black & minority ethnic groups	IAPT dataset