APPENDIX 1: Five year strategic commissioning priorities for clinical services

1 Overview

This document sets out the strategic planning priorities of the CCGs' clinical services for the period 2016/17 - 2020/21.

2 Sustainable General Practice and integrated community services

- **Development & delivery of new models of care in the 5 communities across the 2 CCGs:**
  - Building on the strength of general practice, helping address the challenges in workload and workforce that local general practice faces and improve the quality of care for the people of Horsham and Mid Sussex and Crawley.
  - With a particular focus on creating more preventative and multi-disciplinary community based services for the most complex patients, often those with multiple LTCs.
  - So we can address the most important & highest cost preventable causes of ill health, reduce healthcare demand and tackle health inequalities.
- **A strong focus on both provider & commissioner development:**
  - Recognising that working in new ways across traditional barriers requires a new, shared culture and likely different governance arrangements as we move towards a model that ensures accountability for the whole population via a capitated budget.
  - Development will include creating the time & headspace to engage with & make change happen; building the capability & expertise to execute change; and creating the right incentives in the system to create motivation for change. Investing in leadership and team development and workforce redesign will be key elements of this
- **Development of a coherent set of levers & incentives to enable and support delivery of new models of care and increased investment in community** based care – for example through the review and development of our Locally Commissioned Services creating a set of larger, more impactful LCSs.
- **Up-skilling the workforce** on coaching and motivational interviewing skills, collaborative care-planning and shared decision making, embedding collaborative care planning as the norm in primary, community and acute care settings ensuring these are shared amongst services as appropriate and creating a step-change in patient activation and self care.
- **Increase our menu of support services** by engaging the third sector in community interventions e.g. peer support groups, information, exercise, rehabilitation etc.
- **Delivery on key enablers,** including a sustainable estate plan; optimising our estate, and ensuring it is fit for purpose; and delivery of IT inter-operability enabling integration and easy access to patient records & collaborative care plans.

3 Pathways of care

3.1 Cancer

Deliver recommendations of the Independent Cancer Taskforce, including:

- Significantly improving one-year survival to achieve 75 % by 2020 for all cancers combined (up from 69 % currently); and
- Patients to be given definitive cancer diagnosis or all clear, within 28 days of being referred by a GP.

3.2 Stroke

Service development, focus on:

- Consistency of services.
- Achievement of quality standards.
- Targeted performance improvement plans with providers.
- Review of pathways.

- Identification of areas of good/best practice.

3.3 Planned elective care

- Alignment of pathways to implement cancer guidance and ensure effective elective care management too. DD, Urology, Gynaecology, Head and Neck.
- Transition specialised commissioning services.
- Reducing unwarranted variation in primary care referrals.
- Shared decision making.
- Support delivery of personalisation and choice agenda.

3.4 Maternity

Improve perinatal mental health by:

- Improving support and provision from pre-pregnancy advice –for women with existing MH issues – through to the first 18 months of a baby's life.
- Implementing the Quality standards issued on 18 February 2016 across our geography including:
  - Implement the recommendations of the by Baroness Cumberledge's report *Better Births: Improving outcomes of maternity services in England* (23 February 2016).
  - Implement NICE guidance on low weight/still births.
  - Improve safety and increasing choice in maternity services.

4 Urgent and responsive services

- Fully integrated urgent care pathway delivered through NHS 111-OOH-One Call/ Twin (Clinical) Hub.
- No hand offs between health and social care.
- Fully responsive services.
- Pathway easy to navigate.
- Pooled budget.
- Integrated Hospital Discharge Pathway implemented.
- Conversion of community bed capacity into mainly step up.
- Consistent senior review, at the right time.

5 Mental health

- Transforming MH support: recovery focus and more personally defined by patients.
- Developing more integrated MH / psychological support in physical health care services.
- More integrated MH support addressing wider determinants of health and well being.
- Developing transparent, quality and outcome based system of commissioning MH services.

6 Quality

- Commissioning that will result in improved patient safety quality and outcomes.
- Focus on closing known care and quality gaps across the system.
- Strengthen provider assurance and quality improvement, to contribute towards strengthening of our CCGs' internal governance and assurance processes.
- Contribute to the delivery of a modern model of integrated care.
- Use Right Care methodology to support the reduction of unwarranted variation across the commissioning system, to deliver cost effective, value driven care.
- Build trusting relationships and provide support, while also retaining the professional judgment to challenge when necessary.
- Develop Transforming Care Plans across the Sussex footprint.

7 Medicines management

- Incorporate medicines optimisation in all aspects of commissioning.
- Support medicines optimisation in primary and community care.
- Procurement and supply opportunities to optimisation quality and efficiency.

8 Children and Young People

- Unscheduled Care – reducing A&E attendances where they can be managed outside of hospital.
- Childhood obesity – creating a tier 3 pathway.
- Transition to adult services – clear pathway for patients with LTCs.
- Awareness raising around cancer (especially early diagnosis) in Crawley school – reaching a group where understanding of cancer is required/need for increasing screening rates.
- Ensuring that the new service model for EWB and CAMHS is delivering better outcomes for CYP through our implementing both the Redesign Strategy and the Local Transformational Plan.
- Developing the capacity of children's community nursing service to ensure that more CYP are cared for out of acute settings and closer to their homes.
- Delivering improved specialist health care nursing in schools.

9 Dementia

- Reduce dementia incidence.
- Reduce numbers of patient diagnosed at a late stage disease.
- Increase access to social care provision.
- Maintain progress with diagnosis rates.
- Tier 2 – early intervention and prevention in primary care setting allowing for step up from primary care and step down from mental health functional services modeled around 5 communities.
- Support at home to enable people to live well at home for longer.
- Post diagnosis treatment and support.
- Improve access to support in a crisis.
- Increase level of integrated care for people with dementia and other illnesses / conditions.

APPENDIX 2: Right Care - preliminary analysis of outcome indicators

Crawley CCG

Right Care Commissioning for Value January 2016	CRAWLEY CCG
Pathways on a Page	
***not refreshed from previous pack**	**Key**
Significantly different from similar 10 CCGs	
Similar	
Higher	
Lower	
Better	
Worse	
Breast Cancer	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
Breast Cancer prevalence*	
Incidence of breast cancer per 100,000 population (all ages)	
Obesity prevalence (16+) (%)	
% of women aged 50 - 70 screened for breast cancer in last three years	
Spend on primary care prescribing for Breast Cancer per 1,000 ASTRO-PU weighted population	
Rate of urgent GP referrals for suspected cancer (all cancers) per 100,000 population	
% (all cancers) receiving first definitive treatment within two months of urgent referral from GP	
Breast Cancer - Total elective (IP + DC) admissions per 1000 population across secondary care - Cost	
% of breast cancers detected at an early stage (1 or 2)	
Mortality from breast cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
One year net cancer survival (%) for breast, lung and colorectal cancers for ages 15-99*	
Lower Gastro-Intestinal Cancer	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
Colorectal Cancer Prevalence*	
Incidence of colorectal cancer per 100,000 population (all ages)	
Obesity Reported Prevalence: Disease Register, Estimated Population (16+)	
% of people aged 60-69 who were screened for bowel cancer in the previous 30 months	
Rate of urgent GP referrals for suspected cancer (all cancers) per 100,000 population	
% (all cancers) receiving first definitive treatment within two months of urgent referral from GP	
Lower GI - Total elective (IP + DC) admissions per 1000 population across secondary care - Cost	
Lower GI - Non-elective (EM + ONEL) admissions per 1000 population across secondary care - Cost	
% of colorectal cancers detected at an early stage (1 or 2)	
Mortality from colorectal cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
One year net cancer survival (%) for breast, lung and colorectal cancers for ages 15-99*	
Lung Cancer	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
Lung Cancer prevalence (%)	
Incidence of lung cancer per 100,000 population (all ages)	
% of people aged 18+ who are self-reported occasional or regular smokers	
Obesity prevalence (16+) (%)	
Smoking quit rates (successful quitters), per 100,000 population aged 16yrs+	
Rate of urgent GP referrals for suspected cancer (all cancers) per 100,000 population	
% (all cancers) receiving first definitive treatment within two months of urgent referral from GP	
Lung Cancer - Total elective (IP + DC) admissions per 1000 population across secondary care - Cost	
Lung Cancer - Non-elective (EM + ONEL) admissions per 1000 population across secondary care - Cost	
% of lung cancers detected at an early stage (1 or 2)	
Mortality from lung cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard	

population	
One year net cancer survival (%) for breast, lung and colorectal cancers for ages 15-99*	
Diabetes	
Diabetes Mellitus prevalence (17yrs+) (%)	
Obesity prevalence (16+) (%)	
The percentage of diabetic patients whose last cholesterol was 5mmol or less	
The percentage of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol (equivalent to HbA1c of 8% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months	
The percentage of diabetic patients whose last blood pressure was 150/90 or less	
% of all diabetes patients receiving eight care processes*	
% of all diabetes patients having retinal screening in the previous 12 months	
Spend on primary care prescribing for Endocrine - Diabetes per 1,000 ASTRO-PU weighted population	
Endocrine - Diabetes - Non-elective (EM + ONEL) per 1000 population across secondary care - Cost	
Additional risk of complication for myocardial infarction among people with diabetes (%)*	
Additional risk of complication for heart failure among people with diabetes (%)*	
Additional risk of complication for stroke among people with diabetes (%)*	
Psychosis	
Psychotic Disorder: estimated % of people aged 16+*	
New cases of psychosis: estimated incidence per 100,000 aged 16-64*	
GP prescribing of drugs for psychoses and related disorders: items per 1,000 population	
Physical health checks for patients with Serious Mental Illness: summary score (average of the 6 physical health check indicators) *	
The number of people on Care Programme Approach per 100,000 population aged 18+	
Mental health admissions to hospital: Rate per 100,000 population aged 18+	
The number of people subject to the Mental Health Act per 100,000 population aged 18+	
Social care mental health clients in residential care or receiving home care aged 18-64: Rate per 100,000 population	
% of people aged 18-69 on CPA in employment	
Mortality from Mental health - 75 in Directly age-sex standardised (DSR) per 100,000 European Standard population	
Common Mental Health Disorders	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
% of the total population with a limiting long term illness or disability*	
People estimated to have any common mental health disorder: estimated % of population aged 16-74	
Depression prevalence 18+ (%)	
New cases of depression which have been reviewed	
% of new cases of depression in the previous year who had an assessment of severity using an assessment tool validated for use in primary care (DEP06)*	
Spend on prescribing on Antidepressant per 1,000 ASTRO-PU weighted population	
Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression	
Waiting < 28 days for IAPT: % of referrals (in quarter) waiting <28 days for first treatment	
Completion of IAPT treatment: Rate completing treatment per 100,000 population aged 18+	
% of IAPT patients receiving a course of treatment	
% of IAPT patients given a provisional diagnosis	
% of IAPT referrals with treatment outcome measured	
Rate of recovery: % of people who are "moving to recovery" of those who have completed IAPT treatment	
IAPT reliable recovery: % of people who have completed IAPT treatment who achieved "reliable improvement"	
The number of people in contact with secondary care for a common mental health condition per 100,000 population aged 18+*	
Heart Disease	
Coronary Heart Disease (CHD) Prevalence (%)	
Hypertension prevalence (18yrs +) (%)	

Indicator	
Coronary Heart Disease (CHD) (%) Reported to estimated prevalence: Disease Register and Population	
Hypertension (%) Reported to estimated prevalence: Disease Register and Population	
% of people aged 18+ who are self-reported occasional or regular smokers	
Obesity Reported Prevalence: Disease Register, Estimated Population (16+)	
The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 or less	
Percentage of patients with CHD whose last measured cholesterol (as measured within the last 12 months) is 5mmol/l or less	
% of patients with hypertension whose last blood pressure reading (as measured within the last 12 months) is 150/90 or less	
Spend on primary care prescribing for Circulation per 1,000 ASTRO-PU weighted population	
Circulation - Total elective (IP + DC) admissions per 1000 population across secondary care – Cost	
Circulation - Non-elective (EM + ONEL) admissions per 1000 population across secondary care – Cost	
Mortality from Coronary Heart Disease: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
Mortality from Acute MI: Under 75 directly age-standardised rate (DSR) per 100,000 European Standard population	
Stroke	
Stroke or Transient Ischaemic Attacks (TIA) Reported Prevalence: Disease Register and Population 18yrs +	
% of people aged 18+ who are self-reported occasional or regular smokers	
Obesity prevalence (16+) (%)	
% of patients with stroke or TIA whose last blood pressure reading (as measured within the last 12 months) is 150/90 or less	
The % of patients with stroke shown to be non-haemorrhagic, or a history of TIA, whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less	
% of patients with a non-haemorrhagic stroke or TIA with a record that an anti-platelet agent or an anti-coagulant is being taken	
% AF patients with stroke risk assessment on ASA drug therapy	
Spend on primary care prescribing for Circulation – Cerebrovascular Disease per 1,000 ASTRO-PU weighted population	
Percentage of transient ischaemic attack (TIA) cases with a higher risk who are treated within 24 hours*	
% of patients admitted to hospital following a stroke who spend 90% of their time on a stroke unit	
Circulation - Cerebrovascular Disease - Total elective cost (IP + DC) per 1000 population across secondary care – Cost	
Circulation - Cerebrovascular Disease - (EM + ONEL) per 1000 population across secondary care - Cost	
Emergency readmissions to hospital within 28 days for patients: stroke (%)*	
% of patients returning to usual place of residence following hospital treatment for stroke	
Mortality from Stroke: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
COPD	
Chronic Obstructive Pulmonary Disease (COPD) Prevalence (%)	
Chronic Obstructive Pulmonary Disease (COPD) (%) Reported to estimated prevalence: Disease Register and Population	
% of people aged 18+ who are self-reported occasional or regular smokers	
% of COPD patients with a record of FeV1 in the preceding 12 months	
% of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (COPD003)	
Spend on primary care prescribing for Obstructive Airways Disease per 1,000 ASTRO-PU weighted population	
Respiratory - Obstructive Airways Disease - Non-Elective (EM + ONEL) Cost per 1000 population across secondary care – Cost	
Mortality from bronchitis, emphysema and COPD: Under 75 Directly age-standardised rates (DSR) per 100,000	
Asthma	
Respiratory - Asthma prevalence (%)	
The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis'	
% of asthma patients who have had a review in the preceding 12 months	

Spend on primary care prescribing for Asthma per 1,000 ASTRO-PU weighted population	
Spend on non-elective (emergency and other non-elective) admissions for asthma per 1,000 population	
Emergency admission rate for children with asthma per 100,000 population aged 0–18 years	
Mortality from asthma: all age directly age-standardised rates (DSR) per 100,000 European Standard Population*	
Musculoskeletal System	
% of people (over 45) who have hip osteoarthritis (total)*	
% of people (over 45) who have knee osteoarthritis (total)*	
% of people (over 45) who have hip osteoarthritis (severe)*	
% of people (over 45) who have knee osteoarthritis (severe)*	
Primary hip replacements per 100,000 population	
Primary knee replacements per 100,000 population	
The % of patients aged 50-75 years , with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent (OST002)	
% of patients aged 75+ years with a fragility fracture treated with an appropriate bone-sparing agent (OST03)	
Spend on primary care prescribing for Musculoskeletal per 1,000 ASTRO-PU weighted population	
Pre-treatment EQ-5D Index: hip replacement	
Pre-treatment EQ-5D Index: knee replacement	
Musculoskeletal - Total elective (IP + DC) admissions per 1000 population across secondary care - Cost	
Musculoskeletal - Non-elective (EM + ONEL) admissions per 1000 population across secondary care – Cost	
Hip replacement, EQ-5D, Health Gain	
Knee replacement, EQ-5D, Health Gain	
Emergency readmissions to hospital within 28 days for patients: hip replacements (%)*	
Trauma and Injuries	
Injuries due to falls in people aged 65+	
Hospital admissions caused by unintentional and deliberate injury for those aged 0-24 per 10,000 population*	
Rate of all fracture admissions per 1,000 population aged 65+	
Hip fractures per 100,000 population aged 65+	
Hip fractures per 100,000 population aged 65-79	
Hip fractures per 100,000 population aged 80+	
Spend on primary care prescribing for Trauma and Injuries per 1,000 ASTRO-PU weighted population	
Trauma and Injuries - Total elective (IP + DC) admissions per 1000 population across secondary care – Cost	
Trauma and Injuries - Non-elective (EM + ONEL) admissions per 1000 population across secondary care – Cost	
Percentage of patients returning to usual place of residence following hospital treatment for fractured femur	
Emergency readmissions to hospital within 28 days for patients: hip fractures	
Mortality from accidents all years	
Renal	
Chronic Kidney Disease (CKD) prevalence (%)	
Chronic Kidney Disease (CKD) (%) Reported to estimated prevalence: Disease Register and Population	
The % of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less (CKD002)	
% of patients on the CKD register with hypertension and proteinuria who are treated with ACE-I or ARB	
% of patients on the CKD register with a record of urine albumin creatinine ratio test in the preceding 12 months	
Spend on primary care prescribing for Renal problems per 1,000 ASTRO-PU weighted population	
Nephrology first outpatient attendance rate	
Genito Urinary - Renal Problems - Total elective (IP + DC) per 1000 population across secondary care – Cost	
Genito-Urinary - Renal Problems - Non-elective (EM + ONEL) admissions per 1000 population across secondary care – Cost	
Number of people accepted onto Renal Replacement Therapy per 1,000,000 population	
% of people receiving dialysis undertaking dialysis at home	
% of patients on Renal Replacement Therapy who have a kidney transplant	
Maternity and Early Years	

Indicator	
Conceptions in women aged under 18 per 1,000 females, aged 15-17	
% of pregnant women vaccinated for flu	
Number of women known to be smokers at time of delivery per 100 maternities	
% of live births with a gestational age of at least 37 complete weeks and a recorded birth weight who had a recorded birth weight of under 2500g	
% of mothers who give their babies breast milk in the first 48 hours after delivery	
% of infants that are totally or partially breastfed at age 6-8 weeks	
Rate of infant deaths aged <1 year per 1,000 live births	
Rate of emergency admissions for gastroenteritis in infants aged <1 year per 10,000 population aged <1 year	
Rate of emergency admissions for respiratory tract infections in infants aged <1 year per 10,000 population aged <1 year	
Children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a % of children reaching age 2 years within the period	
A&E attendance rate per 1,000 population aged 0-4 years	
Rate of emergency admissions per 1,000 population aged 0-4 years	
Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 population aged <5 years	
% of children aged 4-5 years classified as overweight or obese	
Children who received 2 doses of MMR vaccine at any time between their first and fifth birthdays as a % of children reaching age 5 years within the period	
The mean number of teeth per child aged 5 years sampled which were either actively decayed or had been filled or extracted (due to decay)	

Horsham and Mid Sussex CCG

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% (all cancers) receiving first definitive treatment within two months of urgent referral from GP	
Breast Cancer - Total elective (IP + DC) admissions per 1000 population across secondary care – Cost	
% of breast cancers detected at an early stage (1 or 2)	
Mortality from breast cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	

One year net cancer survival (%) for breast, lung and colorectal cancers for ages 15-99*	
Lower Gastro-Intestinal Cancer	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
Colorectal Cancer Prevalence*	
Incidence of colorectal cancer per 100,000 population (all ages)	
Obesity Reported Prevalence: Disease Register, Estimated Population (16+)	
% of people aged 60-69 who were screened for bowel cancer in the previous 30 months	
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Lower GI - Total elective (IP + DC) admissions per 1000 population across secondary care – Cost	
Lower GI - Non-elective (EM + ONEL) admissions per 1000 population across secondary care – Cost	
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Mortality from colorectal cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
One year net cancer survival (%) for breast, lung and colorectal cancers for ages 15-99*	
Lung Cancer	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
Lung Cancer prevalence (%)	
Incidence of lung cancer per 100,000 population (all ages)	
% of people aged 18+ who are self-reported occasional or regular smokers	
Obesity prevalence (16+) (%)	
Smoking quit rates (successful quitters), per 100,000 population aged 16yrs+	
Rate of urgent GP referrals for suspected cancer (all cancers) per 100,000 population	
% (all cancers) receiving first definitive treatment within two months of urgent referral from GP	
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Mortality from lung cancer: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
One year net cancer survival (%) for breast, lung and colorectal cancers for ages 15-99*	
Diabetes	
Diabetes Mellitus prevalence (17yrs+) (%)	
Obesity prevalence (16+) (%)	
The percentage of diabetic patients whose last cholesterol was 5mmol or less	
The percentage of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol (equivalent to HbA1c of 8% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 12 months	
The percentage of diabetic patients whose last blood pressure was 150/90 or less	
% of all diabetes patients receiving eight care processes*	
% of all diabetes patients having retinal screening in the previous 12 months	
Spend on primary care prescribing for Endocrine - Diabetes per 1,000 ASTRO-PU weighted population	
Endocrine - Diabetes - Non-elective (EM + ONEL) per 1000 population across secondary care – Cost	

Additional risk of complication for myocardial infarction among people with diabetes (%)*	
Additional risk of complication for heart failure among people with diabetes (%)*	
Additional risk of complication for stroke among people with diabetes (%)*	
Psychosis	
Psychotic Disorder: estimated % of people aged 16+*	
New cases of psychosis: estimated incidence per 100,000 aged 16-64*	
GP prescribing of drugs for psychoses and related disorders: items per 1,000 population	
Physical health checks for patients with Serious Mental Illness: summary score (average of the 6 physical health check indicators) *	
The number of people on Care Programme Approach per 100,000 population aged 18+	
Mental health admissions to hospital: Rate per 100,000 population aged 18+	
The number of people subject to the Mental Health Act per 100,000 population aged 18+	
Social care mental health clients in residential care or receiving home care aged 18-64: Rate per 100,000 population	
% of people aged 18-69 on CPA in employment	
Mortality from Mental health - 75 in Directly age-sex standardised (DSR) per 100,000 European Standard population	
Common Mental Health Disorders	
Socioeconomic deprivation: overall Index of Multiple Deprivation score	
% of the total population with a limiting long term illness or disability*	
People estimated to have any common mental health disorder: estimated % of population aged 16-74	
Depression prevalence (%)	
New cases of depression: New cases of depression which have been reviewed	
% of new cases of depression in the previous year who had an assessment of severity using an assessment tool validated for use in primary care (DEP06)*	
Spend on prescribing on Antidepressant per 1,000 ASTRO-PU weighted population	
Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression	
Waiting < 28 days for IAPT: % of referrals (in quarter) waiting <28 days for first treatment	
Completion of IAPT treatment: Rate completing treatment per 100,000 population aged 18+	
% of IAPT patients receiving a course of treatment	
% of IAPT patients given a provisional diagnosis	
% of IAPT referrals with treatment outcome measured	
Rate of recovery: % of people who are "moving to recovery" of those who have completed IAPT treatment	
IAPT reliable recovery: % of people who have completed IAPT treatment who achieved "reliable improvement"	
The number of people in contact with secondary care for a common mental health condition per 100,000 population aged 18+*	
Heart Disease	
Coronary Heart Disease (CHD) Prevalence (%)	
Hypertension prevalence (18yrs +) (%)	
Coronary Heart Disease (CHD) (%) Reported to estimated prevalence: Disease Register and Population	
Hypertension (%) Reported to estimated prevalence: Disease Register and Population	
% of people aged 18+ who are self-reported occasional or regular smokers	
Obesity Reported Prevalence: Disease Register, Estimated Population (16+)	
The percentage of patients with coronary heart disease in whom the last blood pressure reading	

(measured in the preceding 12 months) is 150/90 or less	
Percentage of patients with CHD whose last measured cholesterol (as measured within the last 12 months) is 5mmol/l or less	
% of patients with hypertension whose last blood pressure reading (as measured within the last 12 months) is 150/90 or less	
Spend on primary care prescribing for Circulation per 1,000 ASTRO-PU weighted population	
Circulation - Total elective (IP + DC) admissions per 1000 population across secondary care – Cost	
Circulation - Non-elective (EM + ONEL) admissions per 1000 population across secondary care – Cost	
Mortality from Coronary Heart Disease: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
Mortality from Acute MI: Under 75 directly age-standardised rate (DSR) per 100,000 European Standard population	
Stroke	
Stroke or Transient Ischaemic Attacks (TIA) Reported Prevalence: Disease Register and Population 18yrs +	
% of people aged 18+ who are self-reported occasional or regular smokers	
Obesity prevalence (16+) (%)	
% of patients with stroke or TIA whose last blood pressure reading (as measured within the last 12 months) is 150/90 or less	
The % of patients with stroke shown to be non-haemorrhagic, or a history of TIA, whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less	
% of patients with a non-haemorrhagic stroke or TIA with a record that an anti-platelet agent or an anti-coagulant is being taken	
% AF patients with stroke risk assessment on ASA drug therapy	
Spend on primary care prescribing for Circulation – Cerebrovascular Disease per 1,000 ASTRO-PU weighted population	
Percentage of transient ischaemic attack (TIA) cases with a higher risk who are treated within 24 hours*	
% of patients admitted to hospital following a stroke who spend 90% of their time on a stroke unit	
Circulation - Cerebrovascular Disease - Total elective cost (IP + DC) per 1000 population across secondary care - Cost	
Circulation - Cerebrovascular Disease - (EM + ONEL) per 1000 population across secondary care – Cost	
Emergency readmissions to hospital within 28 days for patients: stroke (%)*	
% of patients returning to usual place of residence following hospital treatment for stroke	
Mortality from Stroke: Under 75 Directly age-standardised rates (DSR) per 100,000 European Standard population	
COPD	
Chronic Obstructive Pulmonary Disease (COPD) Prevalence (%)	
Chronic Obstructive Pulmonary Disease (COPD) (%) Reported to estimated prevalence: Disease Register and Population	
% of people aged 18+ who are self-reported occasional or regular smokers	
% of COPD patients with a record of FeV1 in the preceding 12 months	
% of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (COPD003)	
Spend on primary care prescribing for Obstructive Airways Disease per 1,000 ASTRO-PU weighted population	
Respiratory - Obstructive Airways Disease - Non-Elective (EM + ONEL) Cost per 1000 population across secondary care - Cost	
Mortality from bronchitis, emphysema and COPD: Under 75 Directly age-standardised rates (DSR) per 100,000	

Asthma
Respiratory - Asthma prevalence (%)
The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis'
% of asthma patients who have had a review in the preceding 12 months
Spend on primary care prescribing for Asthma per 1,000 ASTRO-PU weighted population
Spend on non-elective (emergency and other non-elective) admissions for asthma per 1,000 population
Emergency admission rate for children with asthma per 100,000 population aged 0–18 years
Mortality from asthma: all age directly age-standardised rates (DSR) per 100,000 European Standard Population*
Musculoskeletal System
% of people (over 45) who have hip osteoarthritis (total)*
% of people (over 45) who have knee osteoarthritis (total)*
% of people (over 45) who have hip osteoarthritis (severe)*
% of people (over 45) who have knee osteoarthritis (severe)*
Primary hip replacements per 100,000 population
Primary knee replacements per 100,000 population
The % of patients aged 50-75 years , with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent (OST002)
% of patients aged 75+ years with a fragility fracture treated with an appropriate bone-sparing agent (OST03)
Spend on primary care prescribing for Musculoskeletal per 1,000 ASTRO-PU weighted population
Pre-treatment EQ-5D Index: hip replacement
Pre-treatment EQ-5D Index: knee replacement
Musculoskeletal - Total elective (IP + DC) admissions per 1000 population across secondary care – Cost
Musculoskeletal - Non-elective (EM + ONEL) admissions per 1000 population across secondary care - Cost
Hip replacement, EQ-5D, Health Gain
Knee replacement, EQ-5D, Health Gain
Emergency readmissions to hospital within 28 days for patients: hip replacements (%)*
Trauma and Injuries
Injuries due to falls in people aged 65+
Hospital admissions caused by unintentional and deliberate injury for those aged 0-24 per 10,000 population*
Rate of all fracture admissions per 1,000 population aged 65+
Hip fractures per 100,000 population aged 65+
Hip fractures per 100,000 population aged 65-79
Hip fractures per 100,000 population aged 80+
Spend on primary care prescribing for Trauma and Injuries per 1,000 ASTRO-PU weighted population
Trauma and Injuries - Total elective (IP + DC) admissions per 1000 population across secondary care - Cost
Trauma and Injuries - Non-elective (EM + ONEL) admissions per 1000 population across secondary care - Cost
Percentage of patients returning to usual place of residence following hospital treatment for fractured femur
Emergency readmissions to hospital within 28 days for patients: hip fractures

Mortality from accidents all years	
Renal	
Chronic Kidney Disease (CKD) prevalence (%)	
Chronic Kidney Disease (CKD) (%) Reported to estimated prevalence: Disease Register and Population	
The % of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less (CKD002)	
% of patients on the CKD register with hypertension and proteinuria who are treated with ACE-I or ARB	
% of patients on the CKD register with a record of urine albumin creatinine ratio test in the preceding 12 months	
Spend on primary care prescribing for Renal problems per 1,000 ASTRO-PU weighted population	
Nephrology first outpatient attendance rate	
Genito Urinary - Renal Problems - Total elective (IP + DC) per 1000 population across secondary care - Cost	
Genito-Urinary - Renal Problems - Non-elective (EM + ONEL) admissions per 1000 population across secondary care - Cost	
Number of people accepted onto Renal Replacement Therapy per 1,000,000 population	
% of people receiving dialysis undertaking dialysis at home	
% of patients on Renal Replacement Therapy who have a kidney transplant	
Maternity and Early Years	
Conceptions in women aged under 18 per 1,000 females, aged 15-17	
% of pregnant women vaccinated for flu	
Number of women known to be smokers at time of delivery per 100 maternities	
% of live births with a gestational age of at least 37 complete weeks and a recorded birth weight who had a recorded birth weight of under 2500g	
% of mothers who give their babies breast milk in the first 48 hours after delivery	
% of infants that are totally or partially breastfed at age 6-8 weeks	
Rate of infant deaths aged <1 year per 1,000 live births	
Rate of emergency admissions for gastroenteritis in infants aged <1 year per 10,000 population aged <1 year	
Rate of emergency admissions for respiratory tract infections in infants aged <1 year per 10,000 population aged <1 year	
Children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a % of children reaching age 2 years within the period	
A&E attendance rate per 1,000 population aged 0-4 years	
Rate of emergency admissions per 1,000 population aged 0-4 years	
Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 population aged <5 years	
% of children aged 4-5 years classified as overweight or obese	
Children who received 2 doses of MMR vaccine at any time between their first and fifth birthdays as a % of children reaching age 5 years within the period	
The mean number of teeth per child aged 5 years sampled which were either actively decayed or had been filled or extracted (due to decay)	

APPENDIX 3: Financial information

Table 1: Financial progression from 2015/2016 outturn to 2016/17 plan

Crawley CCG

	(£000)			RECURRENT (£000)												NON-RECURRENT EXPENDITURE (£000)			TOTAL
Income and Expenditure	2015/16 Forecast Outturn	Non-recurrent adjustment to allocation (-)	Non-recurrent spend (-/+)	Opening 2016/17 plan	Gross Provider Efficiency (-)	Provider Inflation (+)	Net Tariff Deflation / Inflation (+/-)	Activity Growth (Demog) (+)	Activity Growth (Non-Demog) (+)	Other Recurrent Cost Pressures (+)	QIPP Gross Saving (-)	QIPP Investment (+)	Additional Better Care Fund Allocation (+)	Investment (Recurrent) (+)	Sub total - 2016/17 Recurrent	Other NR Cost Pressures (+)	Investment (NR) (+)	Sub -total Non-Recurrent	Total - 2016/17 Plan
Acute services	82,364	-	(45)	82,319	(1,646)	2,717	1,070	1,206	494	-	(4,663)	-	-	288	80,714	-	-	-	80,714
MH services	14,077	(263)	-	13,814	(276)	428	152	202	47	260	(154)	-	-	-	14,322	-	-	-	14,322
Community services	19,654	-	(200)	19,454	(389)	603	214	285	66	-	(327)	1,050	-	-	20,742	-	246	246	20,988
Continuing Care Services	10,026	-	(428)	9,598	-	320	320	141	102	-	-	-	-	-	10,160	-	171	171	10,331
Primary Care services	21,630	-	-	21,630	-	720	720	506	851	-	(1,044)	-	-	-	22,663	-	-	-	22,663
Other Programme services	2,915	(535)	-	2,380	-	41	41	35	8	-	-	-	138	-	2,602	-	-	-	2,602
Plan requirements & reserves																			
Other CCG reserves	*228*			***228***			-				-	-		-	228		-	-	***228***
1% Non Recurrent - uncommitted funds				-			-				-	-		-	-		*1,540*	*1,540*	***1,540***
Contingency	-			-			-				-	-		-	-	*793*	-	*793*	***793***
Grand Total Programme	150,895	(798)	(673)	149,424	(2,312)	4,829	2,517	2,374	1,568	260	(6,188)	1,050	138	288	151,431	793	1,957	2,750	154,181
Running costs	2,684	-	-	2,684	-	77	77	-	-	-	-	-	-	-	2,760	-	-	-	2,760
Grand Total	153,578	(798)	(673)	152,107	(2,312)	4,905	2,594	2,374	1,568	260	(6,188)	1,050	138	288	154,192	793	1,957	2,750	156,942
Revenue Resource Limit (£000)	155,213	(2,910)		152,303				4,544							156,847			1,682	158,529
Total Surplus / (Deficit)	1,635			196											2,655			(1,068)	1,587

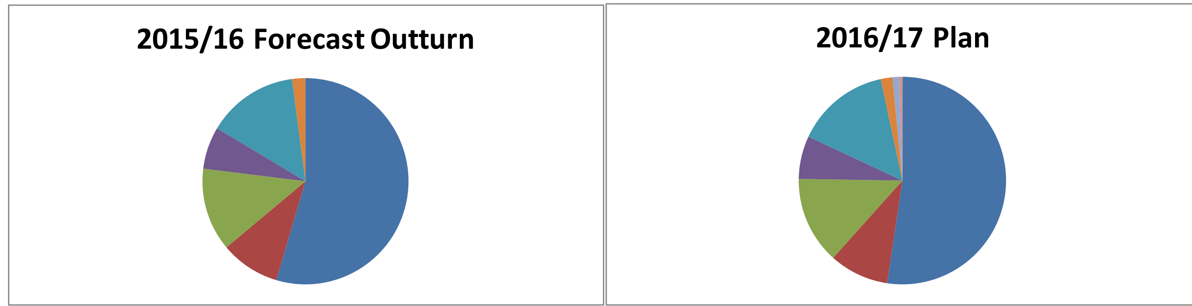
Horsham & Mid Sussex CCG

	(£000)			RECURRENT (£000)												NON-RECURRENT EXPENDITURE (£000)			TOTAL
Income and Expenditure	2015/16 Forecast Outturn	Non-recurrent adjustment to allocation (-)	Non-recurrent spend (-/+)	Opening 2016/17 plan	Gross Provider Efficiency (-)	Provider Inflation (+)	Net Tariff Deflation / Inflation (+/-)	Activity Growth (Demog) (+)	Activity Growth (Non-Demog) (+)	Other Recurrent Cost Pressures (+)	QIPP Gross Saving (-)	QIPP Investment (+)	Additional Better Care Fund Allocation (+)	Investment (Recurrent) (+)	Sub total - 2016/17 Recurrent	Other NR Cost Pressures (+)	Investment (NR) (+)	Sub -total Non-Recurrent	Total - 2016/17 Plan
Acute services	142,597	-	23	142,620	(2,852)	4,706	1,854	2,089	856	-	(7,768)	-	-	1,248	140,899	-	1,014	1,014	141,913
MH services	24,059	(409)	-	23,650	(473)	733	260	346	80	449	(307)	-	-	-	24,479	-	-	-	24,479
Community services	20,381	-	-	20,381	(408)	632	224	299	69	-	(364)	432	-	-	21,041	-	472	472	21,513
Continuing Care Services	20,514	-	(993)	19,521	-	650	650	286	207	-	-	-	-	-	20,664	-	397	397	21,061
Primary Care services	38,225	-	-	38,225	-	1,273	1,273	891	1,495	-	(1,824)	-	-	-	40,060	-	-	-	40,060
Other Programme services	5,019	(503)	-	4,516	-	150	150	66	15	-	-	-	242	-	4,989	456	-	456	5,445
Plan requirements & reserves																			
Other CCG reserves	-			-			-				-	-		-	-		-	-	-
1% Non Recurrent - uncommitted funds				-			-				-	-		-	-		*2,576*	*2,576*	***2,576***
Contingency	-	-		-							-	-		-	-	*1,328*	-	*1,328*	***1,328***
Grand Total Programme	250,794	(912)	(970)	248,912	(3,733)	8,145	4,412	3,978	2,723	449	(10,263)	432	242	1,248	252,132	1,784	4,459	6,242	258,375
Running costs	4,461	-	-	4,461	-	97	97	-	-	-	-	-	-	-	4,558	-	-	-	4,558
Grand Total	255,255	(912)	(970)	253,373	(3,733)	8,242	4,509	3,978	2,723	449	(10,263)	432	242	1,248	256,690	1,784	4,459	6,242	262,933
Revenue Resource Limit (£000)	258,270	(3,931)		254,339				8,208							262,547			3,045	265,592
Total Surplus / (Deficit)	3,015			966											5,857			(3,197)	2,659

Table 2: Programme spend splits (2015/16 forecast outturn vrs 2016/17 plan)

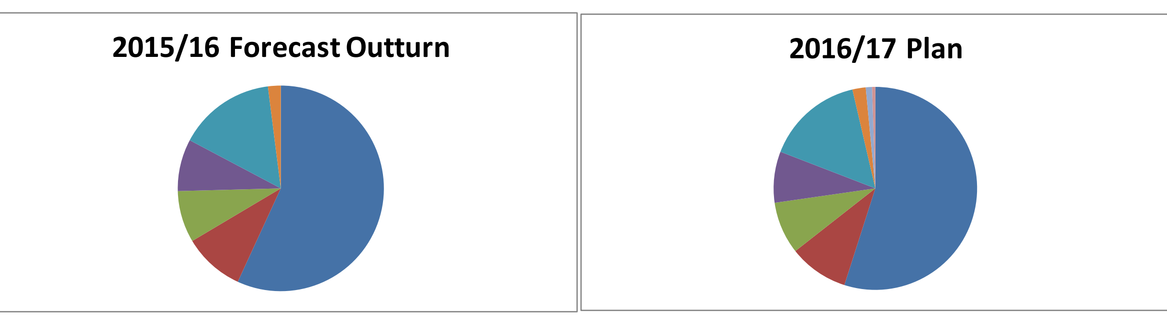
CRAWLEY CCG

Programme	2015/16 Forecast Outturn	2016/17 Plan
Acute services	82,364	80,714
Mental Health Services	14,077	14,322
Community Services	19,654	20,988
Continuing Care	10,026	10,331
Primary Care services	21,630	22,663
Other Programme Services	3,143	2,831
1% Non Recurrent - Uncommitted Funds	-	1,540
Contingency	-	793
Grand Total Programme	150,894	154,182



HORSHAM & MID SUSSEX CCG

Programme	2015/16 Forecast Outturn	2016/17 Plan
Acute services	142,597	141,913
Mental Health Services	24,059	24,479
Community Services	20,381	21,513
Continuing Care	20,514	21,061
Primary Care services	38,225	40,060
Other Programme Services	5,019	5,445
1% Non Recurrent - Uncommitted Funds	-	2,576
Contingency	-	1,328
Grand Total Programme	250,795	258,375



APPENDIX 4: QIPP summary

Programme	Project	Summary Description of Scheme	Existing/New
Urgent Care and Responsive Services	Front Door PRH	Integration or strong linkages of the following current community teams in to a single Responsive Service: Admission Avoidance Team, Community COPD Nursing Service, Community Diabetes Nursing Service, Community Nursing Heart Failure Service, Community IV Nursing Service, Community MS Specialist Nursing Service, Intermediate Care Teams, Community Neuro Team, Falls Prevention, Community Nursing overnight service, Community nursing night sitting service. The service will lead the provision of a multi provider based local hub that is an information resource for local health and care professionals as well as the population, and a hub for access all community based services footprint, however an initial estimate suggests teams will need to cover populations of approx. 100,000. Our new responsive services teams will need to interface with communities of practice (phase one) but also there is a significant opportunity to align and integrate with the HRDT at PRH we would also want to ensure that the Age UK settle at home service is also incorporated into the new The development of responsive services also gives us a foundation in which to develop increased re-ablement in the year ahead and evaluation the potential opportunity for both short term and longer term packages of care, offering our population a more streamlined and less confusing services.	Existing
	Responsive Services		New
	Front Door PRH		New
Transforming Urgent Care in Crawley	Transforming Urgent Care in Crawley	This project will come to fruition in October 2016 and sees the expansion of the Clinical Assessment Unit from 2 trolleys to 6. This will allow a wider range of pathways to be treated in the CAU as well as the potential to see those patients that would benefit from overnight stay/observations (as the Unit will directly link to the Sub-Acute ward capacity). Furthermore, the provision of urgent primary care walk-in activity will be more streamlined with no hand offs between the existing service delivered by the UTC and the OOH provider. Mental Health pathways will also be streamlined, with a consistent presence in the UTC minimising the need to transport patients into the acute sector. The paediatric area is also being expanded to allow a greater range of patients to be seen.	Existing
Urgent Care	Hospital Integrated Discharge	Development of a single, hosital based multi-disciplinary team (MDT) that operates 7 days per week to identify complex patients on admission to the ED. The primary focus of the team will be to avoid an admission and transfer patient's home via trusted short term assessment, but where this cannot be achieved, develop an MDT care plan able to support the patient through their stay in hospital to achieve timely hospital discharge. Aligned to this is the development of short term multi-disciplinary teams within the community, equipped to deliver short term rehabilitation and reablement to achieve not only a more joined up and integrated response, but more sustainable individual outcomes. *This will be achieved through the development of Responsive Services*	New

Programme	Project	Summary Description of Scheme	Existing/New
Urgent Care	Hospital Integrated Discharge	Development of a single, hosital based multi-disciplinary team (MDT) that operates 7 days per week to identify complex patients on admission to the ED. The primary focus of the team will be to avoid an admission and transfer patient's home via trusted short term assessment, but where this cannot be achieved, develop an MDT care plan able to support the patient through their stay in hospital to achieve timely hospital discharge. Aligned to this is the development of short term multi-disciplinary teams within the community, equipped to deliver short term rehabilitation and reablement to achieve not only a more joined up and integrated response, but more sustainable individual outcomes. *This will be achieved through the development of Responsive Services*	New
Urgent Care	FALLS: New investment through the Better Care Fund of £270,000	Assessing needs and gaps for Falls Prevention Services across West Sussex and the identification the potential capacity that needs to be found. By tailoring the approach to Falls according to both the FRAT score as well as PAM - this will direct patients to the appropriate level of Service according to both their Clinical need as well as ability to self manage.	
Sub-Acute Ward	Sub-Acute Ward	Crawley CCG will be opening the sub-acute ward in October 2016. This ward comprises of 26 beds and will enable us to close down the interim bed capacity (21 beds) that is currently being utilised in the nursing home sector. There are clear advantages to have the beds in a single ward, not least of which is the efficiencies from the staff perspective as well as putting capacity back into the market for permanent placements.	Existing

Programme	Project	Summary Description of Scheme	Existing/New
Improving Quality in Care Homes	LCS	The development of a multi-disciplinary Health and Business team to support, stabilise and strengthen selected Residential Care Homes in providing a premium level of service, across West Sussex. There has been a small increase in the number of patients from care homes in Crawley using emergency acute services. This coincides with a small increase in the number of patients registered in care homes. In Horsham and Mid-Sussex there is broadly a reduction in the numbers A&E and Non-Elective admissions of patients registered as living in care homes, numbers of patients registered as living in care homes has increased.	Existing
	Care & Business Support Team (CaBS) (Integrated Response Team [IRT])	A review of the current CHC service including process, staffing, workload and workload management to ensure: · Provision of a timely, high quality, personalised and cost effective service for the local population · Providing value for money and making best use of available resources · Providing an excellent patient and user experience · Minimisation of delayed discharges	Existing
		Care and Business Support (CaBS): Collaborative project between health and social care to deliver a multi-factorial resource to improve the care home market. The unit will provide a range of support to care homes including public health, financial and training in order to raise the competencies in the care home sector.	Existing
	Hydrate -	A 6 month pilot in collaboration with KSS AHSN to roll out the Hydrate training programme in selected Care Homes with the aims of: . Raising awareness of the risk associated with dehydration . Supporting the delivery of a risk assessment tool . Prevention of avoidable harm including UTIs, Falls and #NOFs . Implementation of Reliance on Carer (ROC) to prevent dehydration in older people	New
	REVIEW OF NURSING HOME ACTIVITY: New investment through the Better Care Fund of £100,000	Programme Support to scrutinise all of the work, current activity and evaluation to quantify how much money is being spent across the health and social care economy within care homes. To explore the potential rationalisation in order to achieve better outcomes and achieve a reduction in spend that could be reinvested in transformational activities.	Existing
Communities of Practice	Communities of Practice	Long term conditions affect the lives of six in ten adults in England, but this burden of illness is particularly severe among older people, affecting two-thirds of those aged over 75 (2.65 million people). The National Evaluation of the Departments of Health Integrated Care Pilots (2012), and 'Making integrated care happen at scale and pace: lessons from experience' (Ham & Walsh, Kings Fund: 2013) indicate that the most effective way to respond to meet these needs in the population is to deliver integrated care. Both Crawley CCG and Horsham and Mid Sussex CCG's support the design and implementation of an integrated care service in response to this need.	Existing
		The CCGs are ready to move to next phase of integration which will see much larger multi-disciplinary teams including community nursing and greater clinical leadership from primary care based on population sizes across the five communities. To achieve greatest benefit, our programmes are focused on frail older people who are at risk of sudden and frequent deterioration due to combination of multiple conditions.	Existing

Programme	Project	Summary Description of Scheme	Existing/New
Long Term Conditions	Long Term Conditions	Developing a generic model for the management of patients with long term conditions. Begin by focused work on improving targeted interventions of specialist community HF and COPD nurses • Utilising risk stratification to identify patients at risk of admission and readmission • Develop collaborative care and support planning* locally • Single care plans shared across providers • Shared decision making between clinician and patient Focus on COPD and Heart Failure to test and learn; area chosen for high rates of readmissions and acute activity Commissioning for Value	Existing
		Improve targeted interventions of specialist community Heart Failure and COPD nurses by encouraging them to stabilise and educate patients. This will be underpinned by self-care and supported self-management, to ensure patients remain in control of their conditions. Specialist nurses should be a resource that can be tapped into by primary, community and social care.	Existing Existing Existing
LTC	DEMENTIA: New investment through the Better Care Fund of £100,000	Support to Memory Assessment Service for people with dementia diagnosis, in line with the West Sussex health and social care dementia framework, developing services to ensure early diagnosis of dementia and to ensure equity of access across the county.	Existing
Stroke	Stroke	HASU/ASU conversations All additional staffing costs have been requested by Providers Stroke SDIP planned Community Provider for stroke LOS/XSBD Prime Provider Model? Tariff Unbundling? Utilisation of Stroke Ward at Crawley Hospital Frailty pathway	
Urgent Care	Enhancing comm beds step up (NEL)	To maximise the use of the community hospital beds by ensuring the capacity can be used flexibly between step up and step down. *This aligns particularly to the Sub-Acute Ward*	New Existing Existing
Urgent Care	EnhancingCommunity Beds	Remodelling and re-profiling of community inpatient bed stock to improve flow, increase productivity and reduce activity levels in the acute. This will be achieved through delivering a new model of care (with a refreshed medical cover) which will enable the beds to be used flexibly to deliver both step up and step down capacity.	New

Programme	Project	Summary Description of Scheme	Existing/New
MSK Elective	MSK (Elective inc. SOTC)	The integrated MSK service is a whole system redesign of pathways and combines Orthopaedics, Rheumatology, MSK Pain management, podiatry and Physiotherapy services. The service is seeking to achieve first and foremost improvements in quality of care, patient outcomes and patient experience through new Multi-Disciplinary Team (MDT) working. Care will be delivered through a hub and spoke model from a range of geographical locations that will provide services in the heart of people's communities.	Existing
Planned Care	ENT Microsuction FUs (OPFU)	New community service to offer Micro-suction which is planned to reduce outpatient follow-up appointments	Existing Existing

APPENDIX 5: Performance trajectories

CCG

Cancer Performance Plans 16/17 (based on trajectories as of the14.04.16)

Crawley 16/17												
	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
2 WW	93.15%	93.42%	93.63%	93.15%	93.27%	93.26%	93.12%	93.24%	94.16%	93.68%	94.19%	94.20%
2WW Breast symtoms	100.00%	93.10%	80.77%	92.50%	94.59%	93.10%	93.94%	91.89%	97.50%	94.74%	93.20%	93.20%
31 day	97.64%	97.12%	99.12%	98.34%	97.73%	99.79%	97.68%	96.41%	94.41%	97.41%	98.12%	98.13%
31 d Surgery	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	92.31%	97.64%	97.64%
31 d anti drug	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.89%	100.00%	100.00%	100.00%	100.00%	100.00%
31 d radiotherapy	98.81%	98.93%	98.98%	99.69%	90.81%	99.27%	99.53%	90.81%	99.69%	90.38%	94.23%	94.30%
62 day	86.22%	87.75%	87.41%	87.52%	87.25%	85.49%	85.53%	88.92%	80.59%	86.57%	87.83%	85.09%
62 day screening	83.33%	100.00%	100.00%	90.00%	66.67%	100.00%	75.00%	91.67%	100.00%	100.00%	90.00%	90.00%

HMS												
E.B.7	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
2 WW	93.11%	93.05%	94.13%	93.25%	93.60%	93.31%	93.40%	93.13%	92.97%	93.08%	93.16%	93.12%
2WW Breast symtoms	95.00%	96.08%	97.73%	93.10%	98.94%	94.03%	96.43%	97.80%	88.10%	97.22%	97.80%	97.80%
31 day	98.34%	96.75%	96.36%	96.63%	96.66%	96.62%	96.22%	96.56%	95.58%	93.49%	96.56%	96.56%
31 d Surgery	95.00%	100.00%	100.00%	94.44%	100.00%	92.86%	100.00%	91.67%	94.12%	94.10%	94.03%	94.01%
31 d anti drug	100.00%	100.00%	97.97%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
31 d radiotherapy	96.63%	96.77%	96.33%	99.72%	96.90%	94.34%	96.81%	94.66%	96.27%	92.87%	94.21%	94.20%
62 day	78.13%	77.82%	80.18%	80.61%	80.37%	86.15%	86.03%	86.37%	85.17%	86.82%	85.03%	85.66%
62 day screening	97.47%	100.00%	100.00%	100.00%	0.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%

BSUH

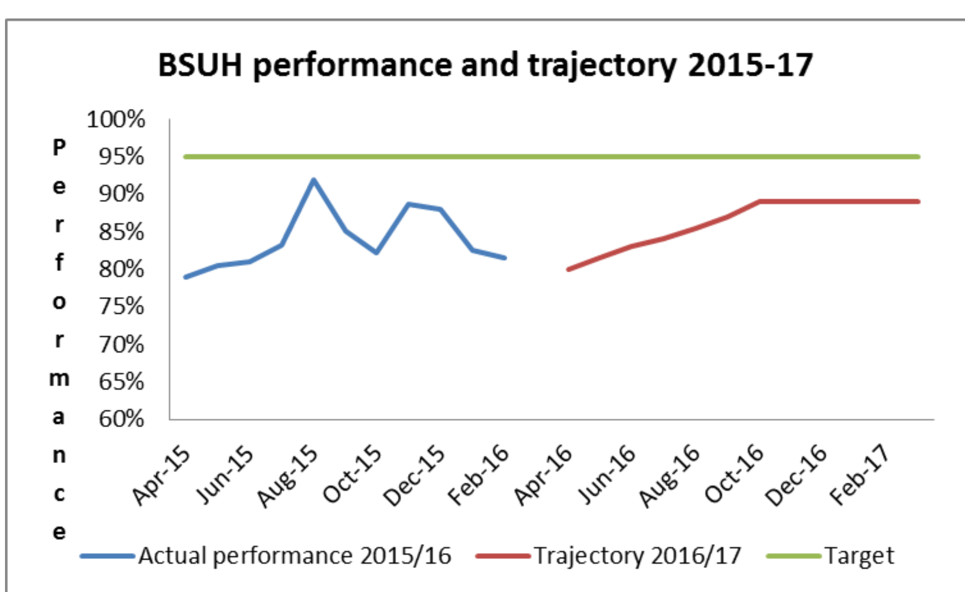
Referral to Treatment Trajectory (based on trajectories as of the14.04.16)

Incomplete Performance by Month

	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Cardiology	91.94%	91.94%	92.45%	92.45%	92.45%	92.45%	92.88%	93.30%	93.73%	94.17%	94.17%	94.17%	94.17%
Cardiac Surgery	86.27%	86.27%	88.00%	89.80%	91.67%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%
Dermatology	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%
ENT	83.60%	82.32%	81.01%	82.32%	83.67%	85.56%	86.98%	88.45%	89.96%	90.52%	91.09%	91.66%	92.24%
Gastroenterology	60.62%	62.89%	64.21%	65.58%	67.01%	68.51%	70.07%	71.71%	73.43%	75.23%	77.12%	79.11%	81.20%
General Medicine	90.91%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%
Vascular	69.23%	71.74%	74.44%	77.34%	80.00%	82.85%	85.90%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%
Breast	83.65%	85.35%	87.23%	88.85%	90.25%	91.69%	93.18%	94.72%	96.31%	97.95%	97.95%	97.95%	97.95%
DD Surg	48.17%	45.35%	42.91%	43.60%	43.98%	44.37%	44.73%	45.10%	45.48%	45.87%	46.26%	46.66%	47.07%
Geriatric Medicine	96.35%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Gynaecology	85.85%	86.31%	86.78%	87.26%	87.50%	87.74%	87.98%	88.23%	88.47%	88.72%	88.97%	89.22%	89.78%
Neurology	56.54%	54.55%	52.69%	51.00%	49.47%	48.27%	46.81%	45.64%	44.38%	43.22%	44.36%	45.36%	46.73%
Neurosurgery	63.71%	57.78%	57.78%	58.32%	58.86%	59.42%	59.98%	60.56%	61.14%	61.74%	62.35%	62.97%	63.61%
Ophthalmology	89.66%	89.66%	89.66%	89.66%	89.66%	89.66%	89.66%	89.66%	89.66%	90.11%	90.56%	91.02%	91.48%
Oral Surgery	81.86%	83.47%	85.15%	86.89%	87.79%	88.71%	90.21%	91.32%	92.00%	92.00%	92.00%	92.00%	92.00%
Rheumatology	89.18%	89.15%	90.75%	92.40%	94.12%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%
Thoracic Medicine	88.69%	89.98%	91.70%	93.48%	95.34%	96.78%	98.26%	99.79%	101.37%	95.53%	95.53%	95.53%	95.53%
T&O	64.13%	64.01%	66.14%	69.22%	70.93%	74.68%	72.95%	72.95%	72.95%	72.95%	72.95%	72.95%	72.95%
Spinal Surgery	54.00%	54.19%	54.38%	54.58%	54.77%	54.97%	55.17%	55.37%	55.58%	55.78%	55.99%	56.19%	56.40%
Urology	77.78%	78.86%	79.78%	80.72%	81.69%	82.68%	83.69%	84.73%	86.07%	86.56%	87.05%	87.28%	87.50%
Other	76.29%	77.73%	81.63%	85.06%	88.01%	90.29%	91.80%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%
TOTAL	73.93%	73.54%	73.81%	74.88%	75.63%	76.35%	76.83%	77.21%	77.46%	77.44%	77.92%	78.38%	78.88%
Total Minus DD	77.69%	77.95%	79.01%	80.17%	81.03%	81.84%	82.32%	82.66%	82.84%	82.68%	83.14%	83.58%	84.06%

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Cardiology	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%	94.17%
Cardiac Surgery	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%	92.96%
Dermatology	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%	94.93%
ENT	92.82%	93.42%	94.02%	94.63%	95.25%	95.60%	95.60%	95.60%	95.60%	95.60%	95.60%	95.60%	95.60%	95.60%
Gastroenterology	83.41%	85.74%	88.21%	90.82%	92.46%	92.46%	92.46%	92.46%	92.46%	92.46%	92.46%	92.46%	92.46%	92.46%
General Medicine	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%	95.24%
Vascular	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%	94.51%
Breast	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%	97.95%
DD Surg	47.50%	47.93%	48.37%	50.02%	51.83%	53.82%	56.00%	58.42%	61.11%	63.82%	66.84%	70.23%	74.06%	78.43%
Geriatric Medicine	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Gynaecology	90.35%	90.94%	91.52%	92.05%	92.59%	93.13%	93.68%	93.68%	93.68%	93.68%	93.68%	93.68%	93.68%	93.68%
Neurology	47.95%	49.36%	50.31%	53.47%	56.36%	59.19%	62.60%	66.18%	70.27%	74.65%	79.55%	85.26%	91.39%	94.81%
Neurosurgery	63.61%	63.61%	63.61%	65.25%	66.99%	68.81%	70.74%	72.78%	74.76%	76.30%	77.90%	79.57%	81.31%	83.14%
Ophthalmology	91.95%	92.42%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%	92.89%
Oral Surgery	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Rheumatology	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%	95.90%
Thoracic Medicine	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%	95.53%
T&O	72.95%	72.95%	72.95%	74.17%	75.42%	77.62%	79.94%	82.41%	85.03%	87.25%	89.60%	92.07%	92.87%	92.87%
Spinal Surgery	56.61%	56.82%	57.04%	58.57%	60.20%	61.91%	63.73%	65.66%	67.71%	69.89%	72.21%	74.69%	77.35%	80.21%
Urology	87.72%	87.95%	88.18%	88.75%	89.33%	89.92%	90.52%	91.12%	91.73%	91.73%	92.35%	92.98%	92.98%	92.98%
Other	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%	92.01%
TOTAL	79.35%	79.84%	80.30%	81.42%	82.51%	83.55%	84.61%	85.67%	86.76%	87.76%	88.82%	89.92%	90.96%	91.78%
Total Minus DD	84.50%	84.96%	85.40%	86.25%	87.06%	87.79%	88.52%	89.23%	89.95%	90.61%	91.31%	92.03%	92.67%	93.05%

A&E performance and trajectory (based on trajectories as of the14.04.16)



SaSH

(Based on trajectories as of the14.04.16)

Trajecories SASH 16-17		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
A&E	SASH	90.0%	93.0%	94.0%	95.0%	95.0%	95.0%	95.0%	93.0%	93.0%	88.0%	88.0%	88.0%
CANCER		85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%	85.1%
DIAGNOSTICS		99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
RTT- INCOMPLETE		92.0%	92.2%	92.4%	92.6%	92.6%	92.6%	92.8%	93.0%	92.9%	92.4%	92.2%	92.0%
RTT>52 WEEK WAITS		0	0	0	0	0	0	0	0	0	0	0	0