

BLACKBURN WITH DARWEN CCG GOVERNING BODY AND  
EAST LANCASHIRE CCG GOVERNING BODY MEETING IN COMMON

<b>Report Title:</b>	<b>PERFORMANCE REPORT</b>	<b>Agenda No:</b>	<b>4.5</b>
<b>Meeting Date:</b>	<b>13<sup>TH</sup> NOVEMBER 2019</b>		
<b>Summary of Report:</b>	The Performance Report for the CCGs contains information regarding constitutional targets and indicators relevant to the objectives of the organisations. The focus is on both in and out of the acute hospital settings.		
<b>Report Recommendations:</b>	The Governing Bodies are requested to note the performance reported in the paper and the risks and mitigations identified in the appendices.		
<b>Financial Implications:</b>	None		
<b>Procurement Implications:</b>	None		
<b>Report Category:</b>			<b>Tick</b>
	Support and recommend/forward the report.		
	Approve the recommendations outlined in the report.		
	Debate the content of the report.		
	Receive the report for information.		√
<b>Author:</b>	Mr Roger Parr		
	Report supported & approved by your Senior Lead?		√
<b>Presented By:</b>	Mr Roger Parr		
<b>Other Committees Consulted:</b>	No		
<b>Privacy Impact Assessment (PIA)</b>	Has a PIA been completed in respect of this report?		<b>N</b>
	If Yes, please attach	If No, provide reason below.	
<b>Equality Impact Analysis (EIA)</b>	Has an EIA been completed in respect of this report?		<b>N</b>
	If Yes, please attach	If No, provide reason below.	
<b>Data Protection Impact Assessment</b>	Is a Data Protection Impact Assessment Required?		<b>N</b>
<b>Risks:</b>	Have any risks been identified / assessed? Identified in the report		<b>N</b>
<b>Conflict of Interest:</b>	Is there a conflict of interest associated with this report?		<b>N</b>
<b>Clinical Engagement:</b>	Has any clinical engagement/involvement taken place as part of the proposal being presented.		<b>N</b>
<b>Patient Engagement:</b>	Have patients been involved in the drafting of this report?		<b>N</b>
<b>Privacy Status:</b>	Can the document be shared		<b>Y</b>
<b>CCG Corporate Objectives:</b>			
<b>CO1</b>	To commission the best quality and effective services to deliver optimal healthcare outcomes for our local population.		
<b>CO2</b>	Ensure the balance of our health investment reflects our population's needs and keeps the population well		
<b>CO3</b>	Deliver the 10 year strategy by engagement with the population we serve and ensure we commission services that meet local needs with a clear focus on population health management strategies		
<b>CO4</b>	We will focus on population health outcomes through helping to deliver successful Integrated Care Partnerships and ensure decisions, provision and access to local services is based on the needs of our population.		
<b>CO5</b>	As local health leaders, we will focus on increasing life expectancy across Pennine Lancashire to be at, or about the national average in the next 10 years.		

**BLACKBURN WITH DARWEN CCG GOVERNING BODY AND  
EAST LANCASHIRE CCG GOVERNING BODY**

**MEETING IN COMMON**

**13<sup>TH</sup> NOVEMBER 2019**

**PERFORMANCE REPORT**

**1. Introduction**

1.1 The Performance Report for the CCGs contains information regarding constitutional targets and indicators relevant to the objectives of the organisations. The focus is on both in and out of the acute hospital settings.

**2. Summary Performance**

2.1 The table below summarises the performance of the CCGs:

Theme	Metric	Period	BwD	EL
A&E	4 Hour Performance [95% Target] [Pennine System]	Sep 2019	85.16%	85.16%
18 Week	Incomplete pathways for all patients [92% Target]	Sep 2019	85.30%	85.30%
18 Week	Incomplete pathways for all patients [Waiters - March 2019 Target]	Sep 2019	452	1774
CANCER	(6.3) Patients seen within two weeks for an urgent GP referral for suspected cancer [93% Target]	August 2019	92.11%	93.12%
CANCER	(7.4) Patients receiving first definitive treatment within one month of a cancer diagnosis [96% Target]	August 2019	96.15%	97.59%
CANCER	(8.4) Patients receiving first definitive treatment for cancer within two months [85% Target]	August 2019	76.47%	75.61%
IAPT	IAPT Access [4.75% Q1 Q2 Q3 / 5.5% Q4]	Q1 1920	4.60%	4.98%
IAPT	IAPT Recovery [50% Target]	Q1 1920	46%	50%
Smoking	Smoking at time of delivery (SATOD)	Q1 1920	12.87%	15.02%
Cervical	80% of eligible women [25-49] to have adequate screening test within previous 3.5 years	Jun-19	69.03%	73.73%
Cervical	80% of eligible women [50-64] to have adequate screening test within previous 5.5 years	Jun-19	76.95%	77.28%

The detail supporting the above is contained within appendix A and also includes the measures for the proportion of the population with access to online consultations.

**3. Priority Areas**

3.1 Appendix B contains the latest performance metrics for mortality. For East Lancashire CCG the districts or Lancashire performance is reflected in most cases as data is not broken down in any other way. The CCG has recognised the key modifiable health risk factors as smoking, obesity and alcohol which impact upon the greatest health risks in our system. There is a significant challenge here to our system.

Appendix B also contains the CCGs performance on screening, vaccinations and immunisations that are linked to the key areas for improvement for the CCG.

The latest performance in primary care for the CCGs priority in improving outcomes for Cardiovascular Disease (CVD) and Chronic Obstructive Pulmonary Disease (COPD) is contained within the appendix. This shows that whilst there are some areas for improvement there are also some areas where performance is better than the national average.

#### **4. Primary Care Network Indicators**

- 4.1 Appendix C contains a high level indicator of groups of general practices for COPD reported prevalence and emergency admission rates. The CCG is also working with East Lancashire Hospitals NHS Trust to manage the scheduled care system. The appendix shows how referral rates differ between networks taking the Ear, Nose and Throat specialty as an example. The reasons for the differences can then be explored.

#### **5. Recommendation**

- 5.1 The Governing Bodies are requested to note the performance reported in the paper and the risks and mitigations identified in the appendices.

**Roger Parr**  
**Deputy Chief Officer/Chief Finance Officer**  
**5<sup>th</sup> November 2019**

MEASURE	A&E ATTENDANCE NUMBERS AND 4 HOUR PERFORMANCE				RISKS			GBAF-259				
OWNER	Elizabeth Fleming		DIRECTOR		Alex Walker		ICP	PB	ICCB	MHW	SCB	AEDB

ORG [Apr-Aug]	2018-19	2019-20	Variance	% Var
BwD CCG	25,055	26,821	1,766	7.0%
EL CCG	57,040	59,783	2,743	4.8%
<b>PENNINE</b>	<b>82,095</b>	<b>86,604</b>	<b>4,509</b>	<b>5.5%</b>
ELHT	75,177	79,242	4,065	5.4%

Pennine System	2018-19	2019-20	Recovery Target
September	81.15%	85.16%	89%

### Commentary

- Increased attendances at A&E sites during 2019-20 over the previous year – some of which has been generated following the Accrington Health Access Closure in July 2018.
- Issues, including:
  - Staffing for both medical & nursing is still a risk;
  - Surges in ambulance attendances (delays from high arrivals numbers in short periods);
  - Mental Health demand and the timely availability of mental health beds;
  - Trust Flow contributes to reduced performance for admitted breaches.

### Mitigation

- System-wide work plan (Plan on a Page – POAP) agreed by system & being delivered through Accident Emergency Delivery Board (AEDB).
- POAP looks to transform work-streams, including: Access; ED front door & streaming; Flow; Discharge and recovery; Extended Primary Care; resilience and escalation; Mental Health.
- ELHT have recruited a number of substantive doctors (now in post) and increased the number of internal bank staff (supporting a reduction in locum use);
- Opening times for Ambulatory Emergency Care Unit (AECU) to be extended from May 2019 onwards (Nurse-led) to support enhanced pathways from ED/UCC;
- Rapid Assessment & Triage Improvement Plan to support timely patient handover;

### Conclusion/Risks

- Lack of full system view due to no formal ‘real time’ capacity management system.
- Surge demand for services can be out of the CCG's control - for e.g., RBH is the busiest ED in the North West in terms of ambulance conveyance (c. 130 a day), mental health bed availability
- Sufficient medical staffing to staff current and future models - e.g. use of locum staffing

**Working in partnership:**



MEASURE	18 Week RTT Performance			RISKS		GBAF-262			
OWNER	Cathy Gardener	DIRECTOR	Alex Walker	ICP	PB	ICCB	MHW	SCB	AEDB

BWD CCG [September 19]	2018-19	2019-20	Variance	Mar-19 Target
18 Week Waiting List	9,994	11,751	1,757	11,299
18 Week Performance %	89.8%	85.3%		
EL CCG [September 19]	2018-19	2019-20	Variance	Mar-19 Target
18 Week Waiting List	24,492	28,464	3,972	26,694
18 Week Performance %	90.4%	85.3%		

## Commentary

- Both CCGs have patients waiting over 18 weeks at ELHT, Lancashire Teaching Hospitals Trust and Manchester University Foundation Trust (with smaller numbers across multiple providers).
- ELHT is one of the national pilot sites for new RTT standard;
- Waiting lists reported under Trauma and Orthopaedics increased at ELHT in February 2019 with the inclusion of MSK activity.

## Mitigation

- A Pennine Lancashire Scheduled Care Board has been established within the ICP Governance Structure; membership includes both clinical and managerial membership from all partners. There is shared SRO responsibility at Director level for both ELHT and CCGs and ELHT Chief Executive is the sponsor of the Board.
- The Board's remit includes performance management oversight and active management and transformational /pathway redesign for longer term sustainability.
- Outpatient Transformation Group is in place reporting to the Scheduled Care Board.
- Every Clinical Division has plans in place to reduce pressures within the RTT pathways including the development and testing of patient triggered reviews, waiting list cleanse exercise, group consultation and telephone clinics.
- Each project has a range of outcome measures.

## Conclusion/Risks

- The Scheduled Care Board has only recently been formed and there has been no escalation process in place. A Primary Care clinical lead has now been identified as part of the membership of this Board.
- Sufficient medical staffing to staff current and future models - e.g. use of locum staffing
- Change of pensions has impacted on consultant availability to undertake capacity / waiting list initiatives

### Working in partnership:

NHS Blackburn with Darwen Clinical Commissioning Group  
 NHS East Lancashire Clinical Commissioning Group



MEASURE	DEMAND MANAGEMENT – GP REFERRALS				RISKS				
OWNER	Cathy Gardener	DIRECTOR	Alex Walker	ICP	PB	ICCB	MHW	SCB	AEDB

GP Referrals [Apr-Aug19]	2018-19	2019-20	Variance	% Variance	<h3>Commentary</h3> <ul style="list-style-type: none"> <li>There are fewer GP referrals being made for a consultant-led first OP appointment in 2019-20 than in the previous year.</li> <li>2 Week Rule referrals are showing increases while routine referrals are reducing.</li> </ul>
BwD CCG	13,579	13,457	-122	-0.9%	
EL CCG	33,658	32,580	-1,078	-3.2%	
Other Refs [Apr-Aug19]	2018-19	2019-20	Variance	% Variance	<h3>Mitigation</h3> <ul style="list-style-type: none"> <li>A Pennine Lancashire Scheduled Care Board has been established within the ICP Governance Structure; membership includes both clinical and managerial membership from all partners. There is shared SRO responsibility at Director level for both ELHT and CCGs and ELHT Chief Executive is the sponsor of the Board.</li> <li>The Boards remit includes immediate performance management oversight and active management and transformational /pathway redesign for longer term sustainability.</li> <li>Outpatient Transformation Group is in place reporting to the Scheduled Care Board.</li> <li>Referral rates by practice and PCN being investigated</li> </ul>
BwD CCG	5,832	5,935	+103	1.8%	
EL CCG	13,881	13,897	+16	0.1%	
					<h3>Conclusion/Risks</h3> <ul style="list-style-type: none"> <li>Scheduled Care Board has only recently been formed and there has been no escalation process in place. A Primary Care clinical lead has now been identified as part of the membership of this Board.</li> </ul>

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MEASURE	CANCER – 2 Week Rule / 31 Day Diagnosis to treatment / 62 Day referral to treatment			RISKS				GBAF 239-1819			
OWNER	Cathy Gardener		DIRECTOR	Alex Walker		ICP	PB	ICCB	MHW	SCB	AEDB

CANCER TARGETS [YTD Apr-Aug 2019]	BwD	EL
2 Week [93% Target]	91.48%	91.37%
31 Day [96% Target]	96.83%	96.44%
62 Day [85% Target]	80.23%	79.86%

## Commentary

- BwD CCG & Blackpool CCG chosen as national pilot sites to participate in a Targeted Lung Health Check programme (patient review for those who are between 55-74yrs and ex-smokers);
- Focused work with Cancer Research UK working into Primary Care;
- Local “Let`s Talk Cancer” campaign; aim to inspire everyone to talk about cancer. A focus on the importance of engaging with screening programmes is a key theme.

## Mitigation

- Cancer Champions in each practice: Improving / coordinating care with patients;
- Supporting Primary Care Networks to engage specifically with early cancer diagnosis.
- Faecal Immunochemical Tests for symptomatic patients across L&SC Alliance (from Nov 2018) FIT for screening July 2018. Above expected increase in uptake and positivity rates, significant impact on waiting times for colonoscopies;
- Redesigned hospital cancer pathways to reflect national optimal pathways and improve patients experience (including Supported Self-Management Follow-up);
- Rapid Diagnostic Centre (RDC) development (NHS Long Term Plan);
- 28 Day Faster Diagnosis Standard (FDS) Task & Finish Group.

## Conclusion/Risks

- Scheduled Care Board has only recently been formed and there has been no escalation process in place. A Primary Care clinical lead has now been identified as part of the membership of this Board.
- BwD frequently having later stage patients with co-morbidities resulting in longer and more complex diagnostic pathways.
- Across both CCGs there are large variations in performance between specialities with a couple 'shoring up' some of the poorer performing ones. Patient choice has a more significant affect in e.g. urology (prostate).
- Many head and neck need tooth extractions, detox before they can commence on the pathway proper.

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MEASURE	IAPT – ACCESS & RECOVERY			RISKS					
OWNER	Cathy Gardener	DIRECTOR	Alex Walker	ICP	PB	ICCB	MHW	SCB	AEDB

IAPT [Q1 1920]	BwD	EL	TARGET	Commentary					
ACCESS	4.6%	4.98%	4.75%	<ul style="list-style-type: none"> <li>National expectation that each CCG will achieve a rate of at least 5.5% of local prevalence entering services by quarter 4 of 2019/20 and a minimum of 4.75% in all other quarters.</li> <li>Maintenance of recovery rates at or above the 50% standard during 2019/20</li> <li>Waiting times from referral to treatment in improving access to psychological therapies (IAPT) services for people with depression and/or anxiety disorders continue to surpass national minimum standards.</li> </ul>					
RECOVERY	46%	50%	50%						
6 Weeks First Treatment	96%	97%	75%						
18 Weeks First Treatment	100%	100%	100%						
Mitigation				Conclusion/Risks					
<ul style="list-style-type: none"> <li>The LCFT ‘Mindmatter’ Clinical Lead is currently reviewing the complexity of referrals accepted by the service and the interface between primary and secondary care mental health teams.</li> <li>The review is focused on: <ul style="list-style-type: none"> <li>Appropriateness of referrals seen by the service;</li> <li>Treatment effectiveness , risk and recovery rates for the ‘non IAPT’ cohort.</li> </ul> </li> <li>Learning from ‘non-recovered’ patient review - Reasons for non-recovery: <ul style="list-style-type: none"> <li>Patient complexity - patients are not reaching the full threshold for recovery;</li> <li>Some interventions have higher rates of non-recovery; action to address.</li> </ul> </li> </ul>				<ul style="list-style-type: none"> <li>Mental Health and Wellbeing Board has only recently been formed.</li> <li>Access (prevalence) is not being achieved consistently in each month. Q4 requires an even greater number of patients to access IPAT services as per the national mandate.</li> </ul>					

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MEASURE	MATERNAL SMOKING AT DELIVERY / SMOKING QUITTERS			RISKS					
OWNER	Kirsty Hamer	DIRECTOR	Alex Walker	ICP	PB	ICCB	MHW	SCB	AEDB

SMOKING	BwD	EL	ENGLAND	Commentary					
Smoking at time of delivery [1]	12.87%	15.02%	10.45%	<ul style="list-style-type: none"> <li>Pennine Lancs (PL) is one of the more deprived areas of the UK and levels of child poverty vary across the patch – Evidence shows that quit rates drop in deprived areas.</li> <li>Recent LA budget cuts will have impacted smoking cessation services.</li> <li>Although rates of smokers setting a quit date compare favourably to the national position, when the actual number of successful quitters is explored it is clear that in BwD there are less than half the number of quitters than in 2015-16.</li> <li>Across BwD and Lancashire, approximately 1/3 of those who set a quit date successfully quit (and this is confirmed)</li> </ul>					
Smoking Cessation [2]	5,248	6,622 [3]	3,614						
Actual Smoking quitters	331	3,105 [3]							
<p>[1] Q1 2019-20</p> <p>[2] Rate of people setting a quit date per 100,000 smokers aged 16+ [2018/19]</p> <p>[3] Lancashire position used as a proxy for EL CCG</p>									
<h3>Mitigation</h3> <ul style="list-style-type: none"> <li>The East Lancs smoking cessation team (Quit Squad) are working closely with Maternity Services and provide services aligned within Maternity at the Trust.</li> <li>Blackburn with Darwen’s model signposts patients to Pharmacy services for support.</li> <li>Much joint working is taking place including an approach raising the profile with midwives.</li> <li>In the next year a CCG commissioned service will expand its specification to incorporate Smoking in Pregnancy. This service will cover PL to address the inconsistent approach.</li> </ul>				<h3>Conclusion/Risks</h3> <ul style="list-style-type: none"> <li>Smoking Cessation services, commissioned by the Local Authority (LA) differ across PL.</li> <li>It is currently unclear which of the ICP transformation boards will be accountable for raising performance against this metric – Prevention board ?</li> </ul>					

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MEASURE	CERVICAL SCREENING			RISKS					
OWNER	Cathy Gardener	DIRECTOR	Alex Walker	ICP	PB	ICCB	MHW	SCB	AEDB

<table border="1"> <thead> <tr> <th>CERVICAL SCREENING – JUN19</th> <th>BwD</th> <th>EL</th> <th>ENGLAND</th> </tr> </thead> <tbody> <tr> <td>25-49 – screening test 3.5 Yrs</td> <td>69.03%</td> <td>73.73%</td> <td>70.98%</td> </tr> <tr> <td>50-64 – screening test 5.5 Yrs</td> <td>76.95%</td> <td>77.28%</td> <td>76.70%</td> </tr> </tbody> </table> <p>[1] 80% of eligible women [25-49] to have adequate screening test within previous 3.5 years  [2] 80% of eligible women [50-64] to have adequate screening test within previous 5.5 years</p>	CERVICAL SCREENING – JUN19	BwD	EL	ENGLAND	25-49 – screening test 3.5 Yrs	69.03%	73.73%	70.98%	50-64 – screening test 5.5 Yrs	76.95%	77.28%	76.70%	<h3>Commentary</h3> <ul style="list-style-type: none"> <li>Cervical screening rates in the 50-64 age group are inline with national averages but still below the 80% target</li> <li>BwD is below national average screening rates for the 25-49 age group whereas EL CCG is performing above national levels. However, neither CCG is meeting the 80% target.</li> </ul>
CERVICAL SCREENING – JUN19	BwD	EL	ENGLAND										
25-49 – screening test 3.5 Yrs	69.03%	73.73%	70.98%										
50-64 – screening test 5.5 Yrs	76.95%	77.28%	76.70%										
<h3>Mitigation</h3> <ul style="list-style-type: none"> <li>Cervical screening programme has implemented primary HPV screening.</li> <li>CCG campaigns encouraging uptake of Cervical Screening: 25yr age group and “Clear on Cancer”; “Let`s Talk Cancer”.</li> </ul>	<h3>Conclusion/Risks</h3>												

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NHS East Lancashire Clinical Commissioning Group



MEASURE	ED16 - ONLINE CONSULTATIONS			RISKS													
OWNER	Collette Walsh	DIRECTOR	Alex Walker	ICP	PB	ICCB	MHW	SCB	AEDB								
<table border="1"> <thead> <tr> <th>ONLINE CONSULTATIONS</th> <th>BwD</th> <th>EL</th> <th>TARGET</th> </tr> </thead> <tbody> <tr> <td>Q1 2019-20</td> <td>100%</td> <td>19.2%</td> <td>75%</td> </tr> </tbody> </table> <p>E.D.16: Proportion of the population with access to online consultations CCGs are expected to work with their practices to ensure that by March 2020, 75% of practices are offering online consultations to their patients.</p>				ONLINE CONSULTATIONS	BwD	EL	TARGET	Q1 2019-20	100%	19.2%	75%	<h3>Commentary</h3> <ul style="list-style-type: none"> <li>BwD CCG has the pre-GP functionality of iPlato established in each practice and as such has achieved the national target.</li> <li>EL CCG has iPLATO established in 2 x PCNs and needs further roll-out</li> <li>The aim is by March 2020 for all practices in East Lancs to be offering online consultations.</li> </ul>					
ONLINE CONSULTATIONS	BwD	EL	TARGET														
Q1 2019-20	100%	19.2%	75%														
<h3>Mitigation</h3> <ul style="list-style-type: none"> <li>Digital Working Group that is overseeing the roll out of iPLATO in East Lancs which is chaired by Kirsty Hollis</li> <li>Details of how to register with iPLATO have been circulated to East Lancs practices w/c 30<sup>th</sup> September 2019</li> <li>Knowledge sharing events across EL CCG in latter half of September 2019</li> </ul>				<h3>Conclusion/Risks</h3>													

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## Appendix B



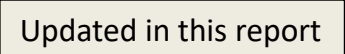
## Mortality

Reference	Theme	Metric	Period	BwD	EL
P01	Premature <75 Mortality	Under 75 mortality rate from all cardiovascular diseases	2015-17		D
		Under 75 mortality rate from cancer	2015-17		D
		Under 75 mortality rate from injuries	2015-17		D
		Under 75 mortality rate from liver disease	2015-17		D
		Under 75 mortality rate from respiratory disease	2015-17		D
		Under 75 mortality rate from all other causes	2015-17		D
		<b>Under 75 mortality rate: all causes</b>	2015-17		D
P02	Preventable <75 Mortality	Under 75 mortality rate from cancer considered preventable	2015-17		L
		Under 75 mortality rate from cardiovascular diseases considered preventable	2015-17		L
		Under 75 mortality rate from liver disease considered preventable	2015-17		L
		Under 75 mortality rate from respiratory disease considered preventable	2015-17		L
P03	Other Mortality	Infant mortality	2015-17		L
		Mortality rate from lung cancer	2015-17		L
		Mortality rate from chronic obstructive pulmonary disease	2015-17		L
		Smoking attributable mortality	2015-17		L
		Smoking attributable deaths from heart disease	2015-17		L
		Smoking attributable deaths from stroke	2015-17		L
		Deaths from drug misuse	2015-17		L
		Killed and seriously injured (KSI) casualties on England's roads	2015-17		L
		Suicide rate	2015-17		L
		Rate of Still Births per 1000 Births	2015-17		
		Neonatal Mortality - The number of deaths under 28 days, per 1,000 live births	2015-17		

# Modifiable Risk Factors

Theme	Metric	Period	BwD	EL	England
Smoking	Adult smoking prevalence	2017-18			
Smoking	Smoking cessation	2018-19	5,248	6,622	
Smoking	Smoking at time of delivery (SATOD)	Q1 1920	12.87%	15.02%	
Obesity	QOF BMI>30 prevalence	2018-19	11.84%	11.88%	10.12%
Obesity	Childhood weight programme : Obesity - Reception	2018-19	10.90%	9.9% [L]	9.70%
Obesity	Childhood weight programme : Obesity - Year 6	2018-19	22.70%	19.9% [L]	21.50%
Falls	Emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population	2017-18		D	
Diet	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	2017-18		D	
Alcohol	Admission episodes for alcohol related conditions (narrow definition)	2017-18		D	
Alcohol	Admission episodes for alcohol specific conditions	2017-18		D	
Physical Activity	Inactive Adults (%)	2017-18		D	

	Worse than National / Local Average
	Similar to National / Local Average
	Better than National / Local Average

	District Level figures used as proxy for ELCCG
	Lancashire level figures used as a proxy for ELCCG
 Updated in this report	

# Screening / Vaccinations / Immunisations

Theme	Metric	Period	BwD	EL	ENGLAND
Cervical	CS002: Women, aged 25-64, with a record of cervical screening (last 5 yrs)	2018-19	74.63%	76.98%	75.93%
Cervical	80% of eligible women [25-49] to have adequate screening test within previous 3.5 years	Jun-19	69.03%	73.73%	70.98%
Cervical	80% of eligible women [50-64] to have adequate screening test within previous 5.5 years	Jun-19	76.95%	77.28%	76.70%
Breast	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2017-18			
Bowel	Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2017-18			
Flu	Population vaccination coverage - Flu, at risk individuals (%)	Sep18-Feb19			
Flu	Population vaccination coverage - Flu, aged 65+ (%)	Sep18-Feb19			
Pneumococcol	Population vaccination coverage - PPV (%), aged 65+ [at any time]	2018-19	71.70%	67.67%	69.16%
MMR	Population vaccination coverage - MMR for one dose (2 years old)	2017-18		L	
MMR	Population vaccination coverage - MMR for two doses (5 years old)	2017-18		L	

	Worse than National / Local Average
	Similar to National / Local Average
	Better than National / Local Average

D	District Level figures used as proxy for ELCCG
L	Lancashire level figures used as a proxy for ELCCG

# Primary Care Identification & Management Metric

Theme	Metric	Period	BwD	EL	ENGLAND
IDENTIFICATION	Atrial fibrillation: QOF prevalence	2018-19	1.54%	2.03%	1.98%
IDENTIFICATION	CHD: QOF prevalence (all ages)	2018-19	3.60%	3.91%	3.10%
IDENTIFICATION	COPD: QOF prevalence (all ages)	2018-19	2.20%	2.61%	1.93%
IDENTIFICATION	Hypertension: QOF prevalence (all ages)	2018-19	13.39%	14.95%	13.96%
IDENTIFICATION	CVD-PP001: new hypertension patients, age 30-74, with CV risk assess >=20% treated w. statins (den.incl.exc.)	2018-19	68.52%	65.78%	65.32%
IDENTIFICATION	Obesity: QOF prevalence (18+)	2018-19	11.84%	11.88%	10.12%
IDENTIFICATION	% of Cancers Diagnosed at Stage 1 or 2	2017			
MANAGEMENT [CVD]	AF006: stroke risk assessed w. CHA2DS2-VASc (den.incl.exc.)	2018-19	96.32%	96.74%	93.97%
MANAGEMENT [CVD]	AF007: treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (den.incl.exc.)	2018-19	87.02%	84.16%	85.68%
MANAGEMENT [CVD]	CHD002: Last BP reading in last 12mths is <=150/90 (den.incl.exc.)	2018-19	90.49%	89.66%	88.46%
MANAGEMENT [CVD]	CHD007: CHD patients immunised against flu (den.incl.exc.)	2018-19	77.22%	76.28%	78.02%
MANAGEMENT [CVD]	HYP006: Blood pressure <= 150/90 mmHg in people with hypertension	2018-19	82.06%	81.31%	79.66%
MANAGEMENT [CVD]	STIA003: Last BP reading is <=150/90 (den. incl. exc.)	2018-19	87.34%	86.46%	83.87%
MANAGEMENT [CVD]	STIA007: Record that an anti-platelet agent or an anti-coagulant is taken (den. incl. exc.)	2018-19	91.92%	92.06%	91.57%
MANAGEMENT [CVD]	STIA009: Influenza immunisation given 1 Aug-31 Mar (den.incl.exc.)	2018-19	75.95%	72.71%	74.74%
MANAGEMENT [Cancer]	One Year Survival from all Cancers	2016			
MANAGEMENT	E.H.13: People with a SMI receiving a full annual physical health check and follow-up interventions	Q1 2019-20	39.70%	37.60%	
MANAGEMENT	E.K.3: Learning Disability Registers and Annual Health Checks delivered by GPs	Q4 2018-19			
MANAGEMENT	E.D.16: Proportion of the population with access to online consultations	Q1 2019-20	100%	19.20%	
MANAGEMENT	E.D.20: Citizen facing tools: Proportion of the population registered to use NHSApp	19/08/2019	0.05%	0.06%	

	Worse than National / Local Average
	Similar to National / Local Average
	Better than National / Local Average

D	District Level figures used as proxy for ELCCG
L	Lancashire level figures used as a proxy for ELCCG

# Out of Hospital

Theme	Metric	Period	BwD	EL	ENGLAND
EoL	Palliative/supportive care: QOF prevalence (all ages)	2018-19	0.31%	0.46%	0.40%
EoL	Percentage of deaths that occur in hospital	2018	51.40%	47.40%	45.40%
DTOC	Delayed Transfers of Care [ELHT]	Aug-19	4.60%	4.60%	
DTOC	% of older people (65+) still at home 91 days after discharge into reablement/rehabilitation services	2018-19	82.60%	91.70%	82.40%
IAPT	IAPT Access	Q1 1920	4.60%	4.98%	
IAPT	IAPT Recovery [50% Target]	Q1 1920	46%	50%	
IAPT	IAPT 6 Weeks First Treatment [75% Target]	Q1 1920	96%	97%	
IAPT	IAPT 18 Weeks First Treatment [95% Target]	Q1 1920	100%	100%	
OAP	OAPS	May-19			
EIP	People with first EIP starting treatment within 2 weeks of referral	Aug-19	100%	40%	

	Worse than National / Local Average
	Similar to National / Local Average
	Better than National / Local Average

D	District Level figures used as proxy for ELCCG
L	Lancashire level figures used as a proxy for ELCCG



# In Hospital

Theme	Metric	Period	BwD	EL
CANCER	(6.3) Patients seen within two weeks for an urgent GP referral for suspected cancer	August 2019	92.11%	93.12%
CANCER	(7.4) Patients receiving first definitive treatment within one month of a cancer diagnosis	August 2019	96.15%	97.59%
CANCER	(8.4) Patients receiving first definitive treatment for cancer within two months	August 2019	76.47%	75.61%
A&E	4 Hour Performance [95% Target] [Pennine]	Sep 2019	85.16%	85.16%
A&E	A&E Attendance Numbers	August 2019	6.00%	4.70%
A&E	12 Hour Breaches	Sep 2019		
18 Week	Incomplete pathways for all patients [92% Target]	Sep 2019	85.30%	85.30%
18 Week	Incomplete pathways for all patients [Waiters - March 2019 Target]	Sep 2019	452	1774
18 Week	52+ Week waiters	Sep 2019	0	0
DIAG	Diagnostics - 6 Weeks [Target <1%]	Sep 2019	0.94%	1.53%
GP Referrals	GP Referrals against Historic	August 2019	-0.90%	-3.20%
ADMISSIONS	Elective Admissions against Historic	August 2019	-0.40%	2.10%
ADMISSIONS	Emergency Admissions against Historic	August 2019	23.00%	14.40%
ADMISSIONS	Zero Day LOS Emergency Admissions against Historic	August 2019	56.70%	39.10%
ADMISSIONS	Emergency Admission Bed Days against historic	August 2019	8.80%	2.50%

	Worse than National / Local Average
	Similar to National / Local Average
	Better than National / Local Average

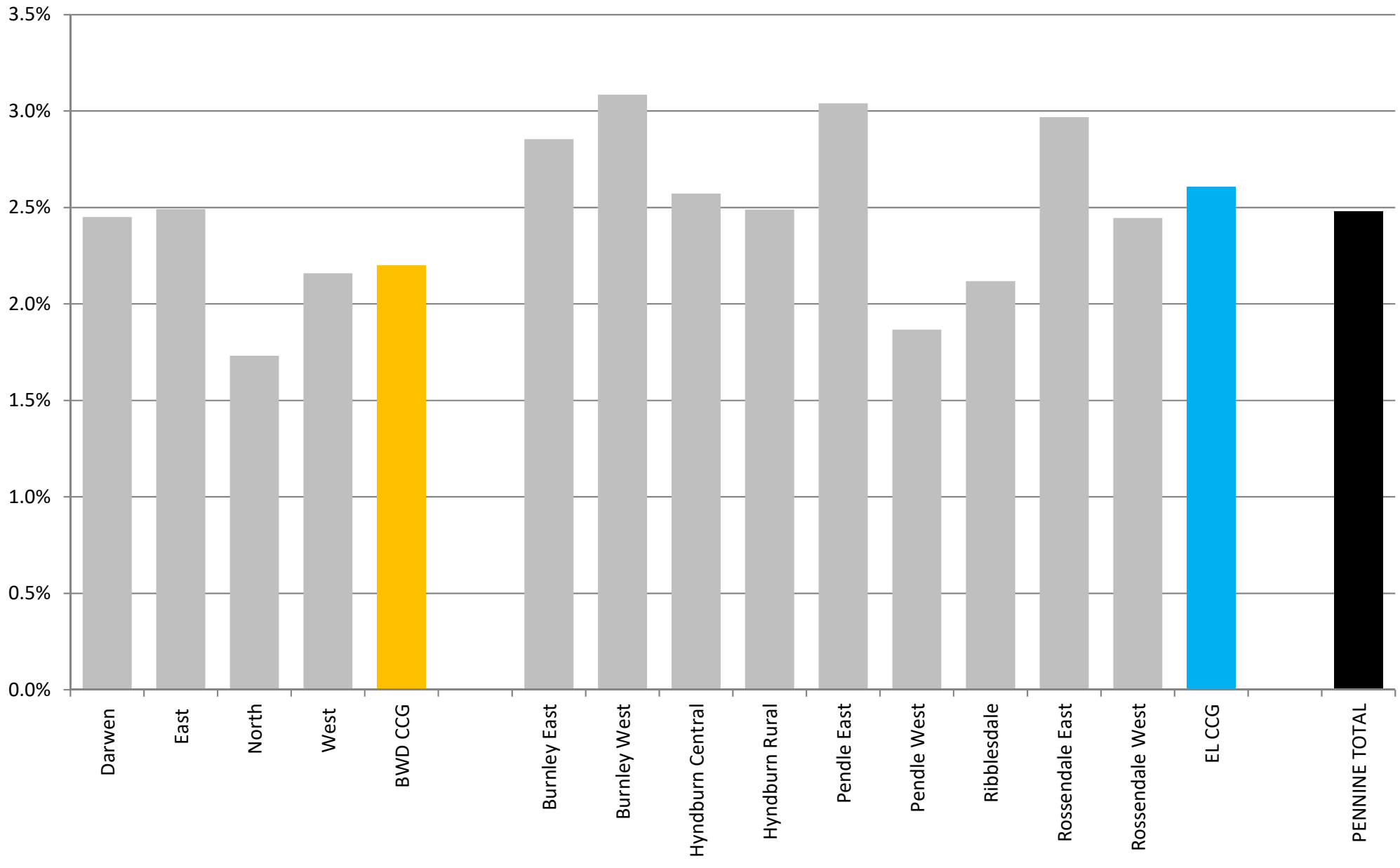
D	District Level figures used as proxy for ELCCG
L	Lancashire level figures used as a proxy for ELCCG

## Primary Care : Exploring Variation by PCN

- QOF Reported COPD Prevalence 2018-19
- Emergency Admission per 1000 population for COPD [June18-May19]
- QOF Reported Obesity Prevalence 2018-19
- PCN GP Referral Rates per 1000 Pop : Ear, Nose and Throat

# QOF Reported COPD Prevalence 2018-19

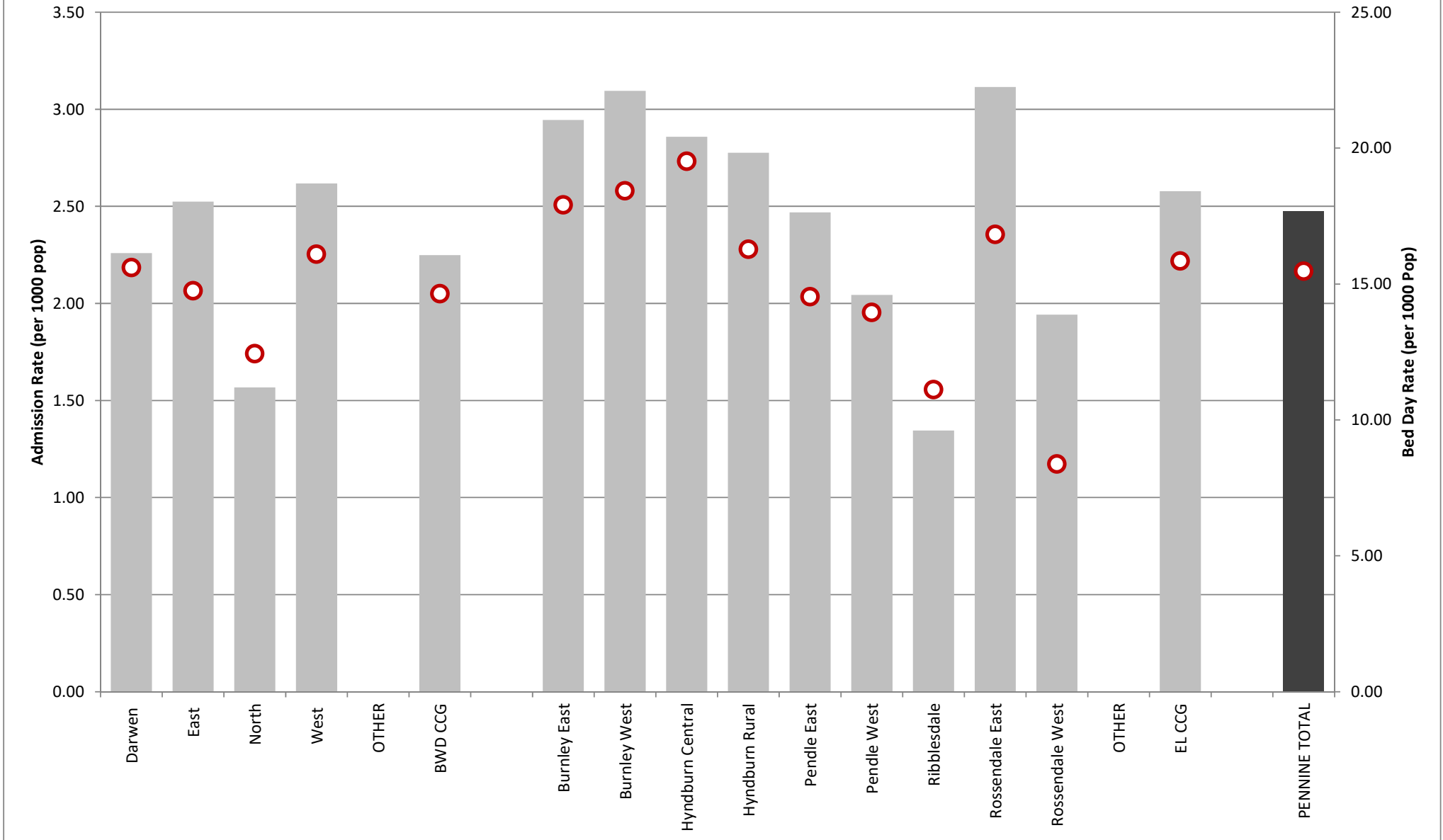
## QOF 2018-19 Adjusted Prevalence : COPD



# Emergency Admission per 1000 population for COPD [June18-May19]

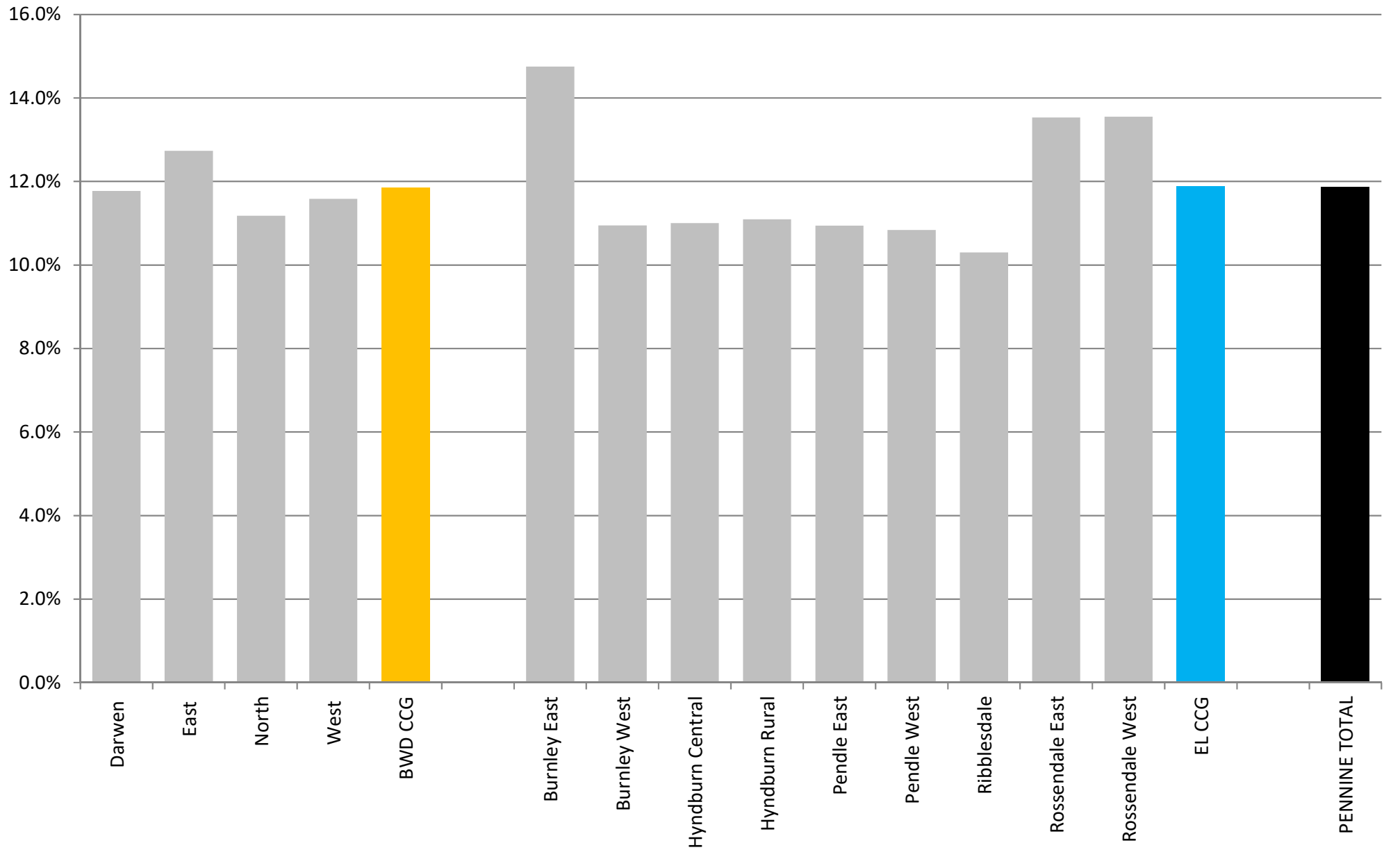
DIAGNOSIS : COPD | LOS CATEGORY : (Multiple Items)

■ Admission Rate (per 1000 pop)    ● Bed Days (per 1000 pop)



# QOF Reported Obesity Prevalence 2018-19

## QOF 2018-19 Adjusted Prevalence : Obesity



# PCN GP Referral Rates per 1000 Pop : Ear, Nose and Throat

PENNINE PCNs - GP REFERRAL ANALYSIS [Jun18-May19] : Specialty = Ent

■ GP Referred Attendances per 1000 pop    ● % Attendances Discharged at First

