Health Improvement

Quarterly Performance Improvement Report

Quarter 1 2005/6

Birmingham and The Black Country NHS
Strategic Health Authority

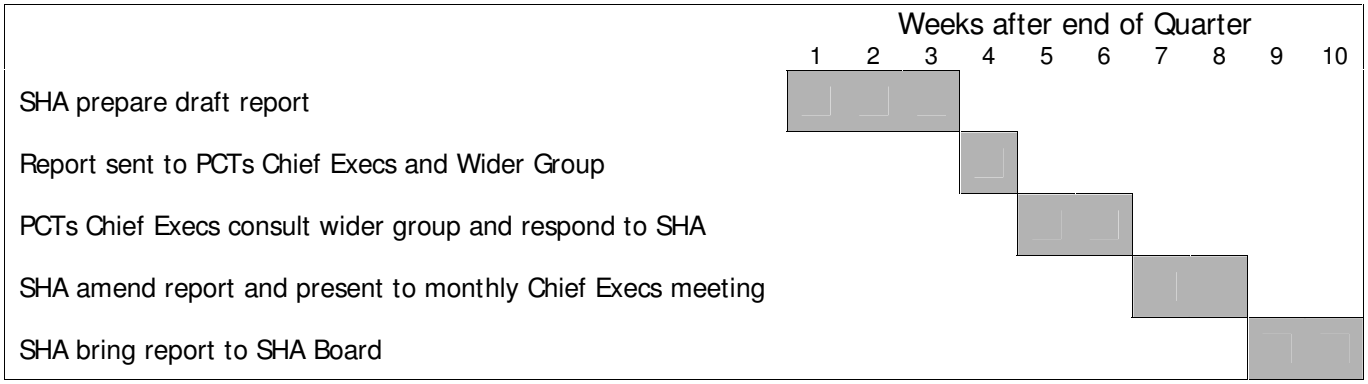
Clinical Group
July 2005
v1

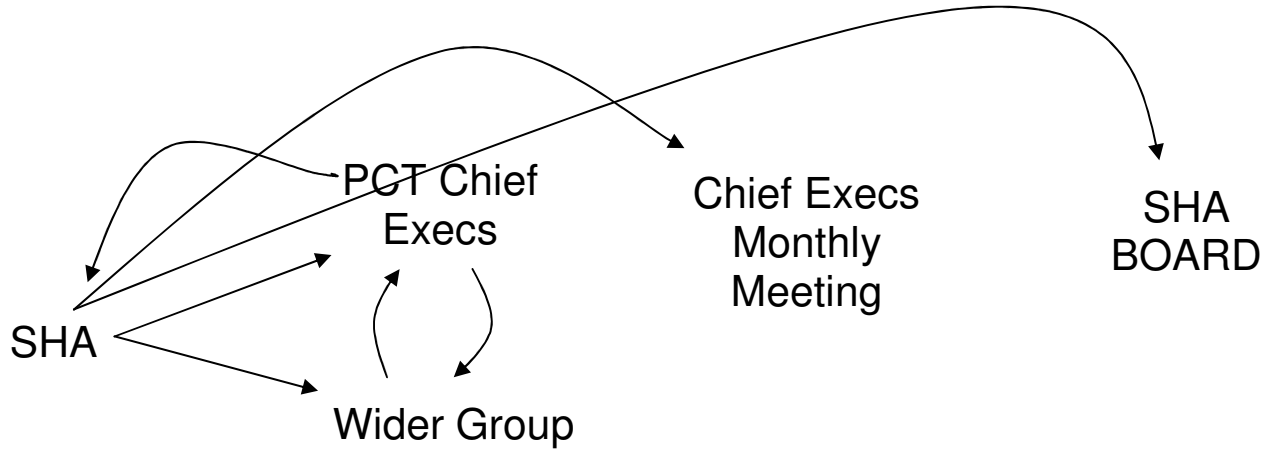
Contents

1 - Introduction

This is the first of a series of quarterly reports providing regular data and analysis of performance in health inequalities and primary care across Birmingham and the Black Country. The report is designed to support discussions between the Strategic Health Authority and the Chief Executives, Directors of Public Health and Primary Care Leads of PCTs within Birmingham and the Black Country. These reports will be publicly available documents.

These reports will be produced and considered according to the following timetable;





The Performance Summary (Section 2) aims to give an overview of performance by subject and PCT. The 'traffic light' assessment of performance contained is based of series of rules (detailed in appendix C) although it should be noted that these rules vary from indicator to indicator. No specific action will follow from a specific assessment, although it is likely that those indicators and PCTs with a red 'traffic light' assessment will receive the greatest attention. PCTs may wish to prepare information about improvements in performance since the end of the quarter and activity planned or in place against those indicators where a red assessment has been received. If PCTs consider an assessment to be unjustified, they should bring evidence to the attention of the SHA.

Given that this is the first of a series of reports, some time will be set aside from the next SHA meetings with Directors of Public Health and Primary Care Leads to consider the format of future reports. Constructive comments about the content of these reports are always welcomed.

2 – Performance Summary

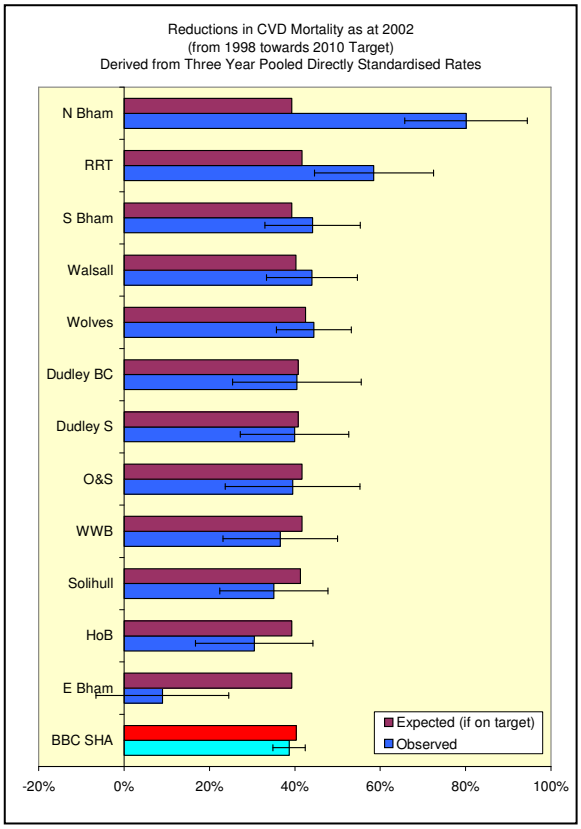
Page	Section	Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
	Cardio-Vascular Disease Mortality												
	Cancer Mortality												
	Smoking Cessation Service Activity												
	Teenage Conceptions												
	GUM Waiting Times												
	Infant Mortality												
	Perinatal Mortality												
	Breast Feeding Initiation												
	Smoking During Pregnancy												
	Excess Winter Deaths Index												
	Flu Vaccinations												
	QOF Total Score												
	QOF Clinical Score												
	Note Summarisation												
	Angina exercise testing												
	CHD Aspirin Treatment												
	LVD confirmed Echocardiogram												
	Stroke referred for CT or MRI scan												
	HbA1c levels in Diabetes												
	Blood Pressure levels of Diabetics												
	Micro-Albuminuria Diabetes												
	Seizures Management for Epilepsy												
	Partnership Working							-					

3 – Specific Measures

3.1 – Cardio-Vascular Disease Mortality											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
🟡	🟡	🔴	🟡	🟢	🟢	🟡	🟡	🟢	🟡	🟢	🟢

National PSA target (PSA01a) is to 'Substantially reduce mortality rates by 2010: from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole'. CVD mortality targets contained within the PCT LDPs set out the levels of reduction required to contribute towards the national target. By 2002 (pooled data 2001-3), one would expect approx. 40% of the required reduction to have taken place towards the 2010 target from a 1998 baseline. 5 PCTs had achieved reductions above the level expected by 2002, indeed North Birmingham has achieved most of the reductions in CVD mortality that are required by 2010. A further 6 PCTs report reductions marginally below the required rate. Eastern Birmingham CVD mortality rates only show reductions of 4% from the 1998 baseline – well below the level expected by 2002.

	1998	2010	2002
	Baseline	Target	Actual
BBC SHA	151.9	82.0	124.9
E Bham	155.9	92.5	150.2
HoB	208.9	124.0	183.0
Solihull	114.2	57.0	94.1
WWB	184.4	89.0	149.5
O&S	175.6	84.7	139.7
Dudley S	125.1	65.1	101.1
Dudley BC	156.8	81.6	126.4
Wolves	165.7	74.4	125.1
Walsall	153.2	83.4	122.5
S Bham	148.2	88.0	121.6
RRT	179.0	86.4	124.8
N Bham	142.2	84.4	95.9

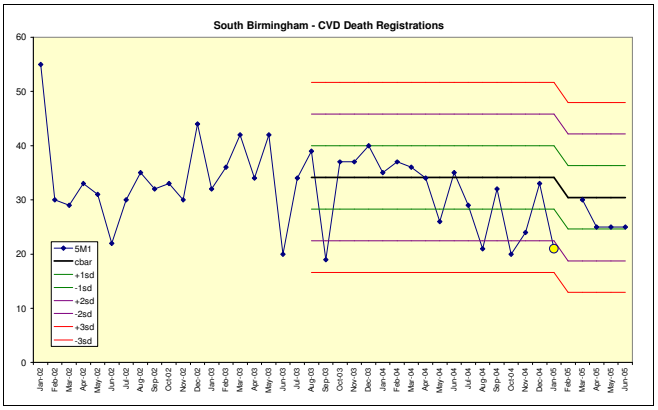


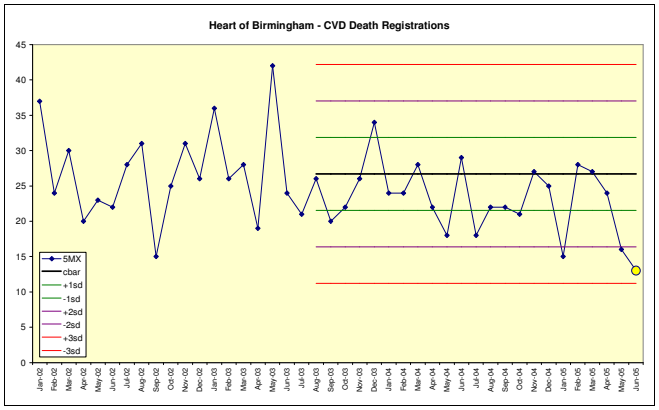
The ONS Death registration files that are used to calculate these rates are only available annually. To provide some early indication of changes deaths rates, the monthly death registration files (PHMF) have been analysed. The table below shows the results of monitoring of monthly death registrations for adults aged under 75 from cardiovascular disease. The symbols are derived from c-charts and indicate the how the monthly figures compare to the PCT long run average and. The symbols △ and ▽ indicate whether the monthly count of deaths is above or below the PCT long run average. When

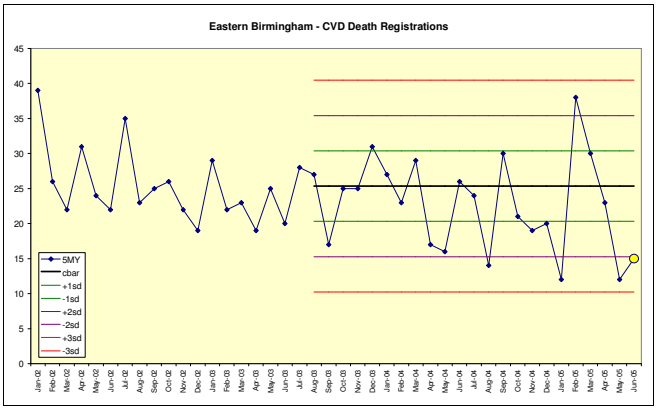
there is sufficient evidence of a change in the underlying trend, the symbols are shown as solid arrows. See appendix E for more information about the methods used.

PCT	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05
Solihull	▽	▽	▽	△	▽	▽	▼	▽	▽	▽	▽	▽	▽	△	△	△	▽	△
Dudley south	△	▽	△	▽	▽	▽	△	△	▽	▽	▽	△	▽	△	△	▽	△	▽
Dudley Beacon & Castle	▽	▽	▽	▽	△	△	▽	▽	▽	△	▽	▽	▽	△	△	▽	△	▽
South Birmingham	△	△	△	▽	▽	△	▽	▽	▽	▽	▽	▽	▼		▽	▽	▽	▽
Walsall	▽	▽	▽	▽	▼	▽	▽	△	△	△	▽	△	△	△	△	▽	▽	△
Oldbury and Smethwick	△	▽	△	▽	▽	▽	▽	▽	▽	▼	▽	△	▽	△	△	▽	△	▽
Rowley Regis and Tipton	△	▽		△	▽	▽	△	△	▽	△	△	△	▽		△	▽	▽	▽
Wednesbury and West Bromwich	△	▽	△	▽	▽	▽	▽	▽	△	▽	▽	△	△	△	△	▽	▽	▽
Wolverhampton	△	▽	▽	△	▽	▽	▽	▽	▽	▽	▼	▽	△	△	△			▽
North Birmingham	△	▽	▽	△	▽	△	▽	△	▽	▽	△	△	▽	△	▽	▽	△	▽
Heart of Birmingham	▽	▽	△	▽	▽	△	▽	▽	▽	▽	△	▽	▽	△	△	▽	▽	▼
Eastern Birmingham	△	▽	△	▽	▽	△	▽	▽	△	▽	▽	▽	▽	△	△	▽	▽	▼

In South Birmingham, registered deaths between July 04 and January 05, fell below the long rub average. In Heart of Birmingham and Eastern Birmingham the number of deaths in both May and June 05 were substantially below the long run average. This provides some evidence if a reduction in the number CVD deaths of adults aged under 75.



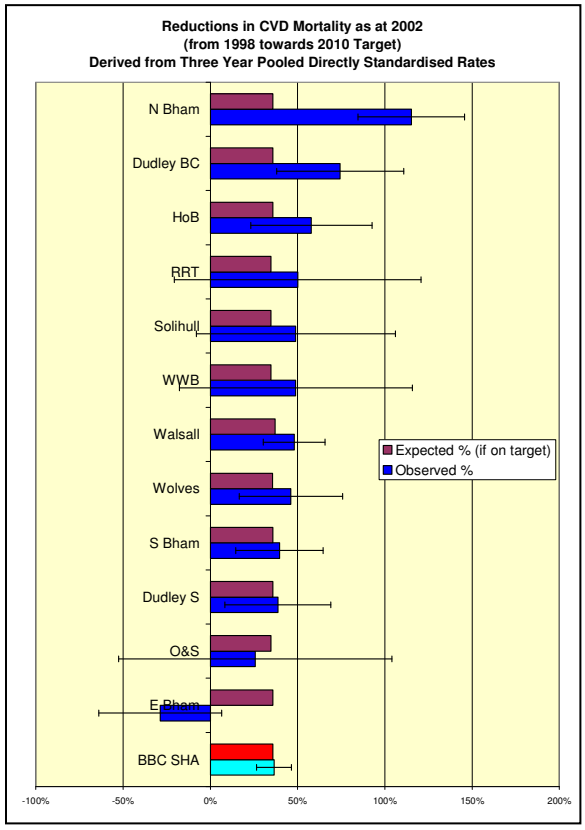




3.2 – Cancer Mortality											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

National PSA target (PSA01a) is to 'Reduce mortality rates by 2010: from cancer and stroke and related diseases by at least 20% in people under 75, with at least a 6% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole'. Cancer mortality targets contained within the PCT LDPs set out the levels of reduction required to contribute towards the national target. By 2002 (pooled data 2001-3), one would expect approx. 40% of the required reduction to have taken place towards the 2010 target from a 1998 baseline. 10 PCTs had achieved reductions above the level expected by 2002, indeed Cancer mortality rates in North Birmingham were lower than the level required by 2010. Oldbury and Smethwick PCT report reductions marginally below the required rate. Eastern Birmingham Cancer directly age standardised mortality rates have increased from 144.2 per 100,00 in 1998 to 152.3 by 2002.

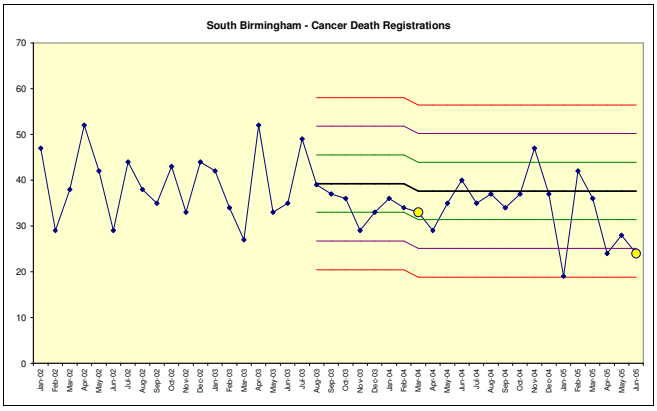
	1998	2010	2002
	Baseline	Target	Actual
BBC SHA	143.5	**115.8**	133.4
E Bham	144.2	**115.7**	152.3
O&S	152.7	**133.6**	147.8
Dudley S	135.4	**107.3**	124.5
S Bham	144.4	**115.9**	133.1
Wolves	151.8	**123.0**	138.5
Walsall	153.2	**108.9**	131.9
WWB	154.2	**134.9**	144.7
Solihull	126.6	**112.1**	119.5
RRT	167.0	**146.1**	156.5
HoB	143.6	**115.3**	127.2
Dudley BC	154.7	**122.5**	130.8
N Bham	154.2	**123.8**	119.2

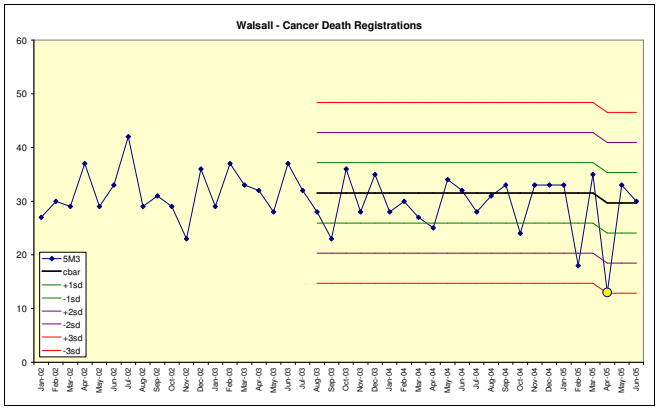


Monitoring of monthly deaths from cancer for adults aged under 75 provides some early evidence of a change in the level deaths from Cancer.

PCT	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05
Solihull	△	▽	▽	▽	▽	△	▽	△	▽	△	△	△	▽	△	△	▽	▽	▽
Dudley south	▽	▽	△	▽	▽	▽	▽	▽	△	▽	△	△	▽	△	▽	▽	▽	▽
Dudley Beacon & Castle	▽	▽	△	▽	▽	▽	▽	▽	▽	▼	△	△	▽	△	△	▽	△	▽
South Birmingham	▽	▼	▽	▽	▽	△	▽	▽	▽	▽	△	▽	▽	△	▽	▽	▽	▼
Walsall	▽	▽	▽	▽	△	△	▽	▽	△	▽	△	△	△	▽	△	▼	△	△
Oldbury and Smethwick	▽	▽	▽	▽	▽	△	△	▽	▽	▽	▽	▽	▽	△	▽	▽	▽	▽
Rowley Regis and Tipton	△	▽	▽	▽	▽	△	△	▽	▽	▽	▽	△	▽	△	▽	△	▽	▽
Wednesbury and West Bromwich	△	△	△	△	▽	△	▽	▽	▽	▽	▽	△	▽	△	△	▽	▽	▽
Wolverhampton	▽	▽	▽	▽	△	▽	▽	△	△	△	▽	▽	▽	▽	▽			▽
North Birmingham	▽	△	△	▽	▽	▽	▽	▽	▽	▼	▽	△	△	△	▽	▽	△	△
Heart of Birmingham	△	▽	▽	△	△	▽	▽	△	▽	△	△	△	▽	△	△	▽	▽	▽
Eastern Birmingham	▽	▽	▽	△	▽	△	△	▽	▽	△	△	▽	▽	△	△	▽	▽	▽

In South Birmingham the number of deaths registrations in April and June 05 and in Walsall in February and April 05, were substantially (2 sigmas) below the long run averages. This provides some evidence of a reduction in the number Cancer deaths of adults aged under 75.





3.3 - Smoking Cessation Service Activity											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

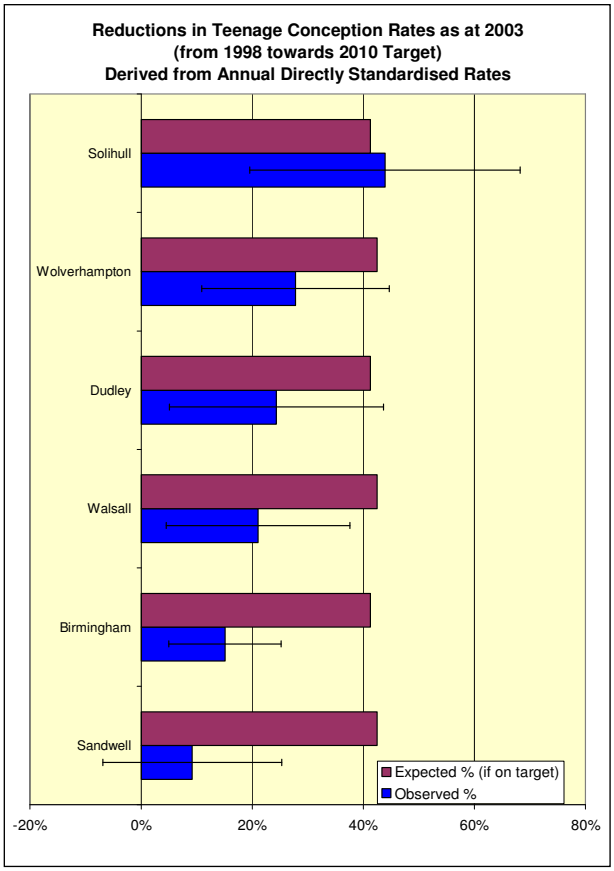
The table below show that 10 of the 12 PCTs have hit their March 2005 interim target for the number of 4 week smoking quitters. Oldbury and Smethwick PCT fell marginally short of their target, and Wednesbury and West Bromwich fell 2.6% short of the target. Although Eastern Birmingham over achieved against the March 2005 interim target, it is one of four PCTs (along with Oldbury and Smethwick, Wednesbury and West Bromwich and Solihull) with the most to do to achieve its March 20-06 target.

PCT	Target Mar 05	Actual Mar 05	Actal as % of target	Target Mar 06	Progress at Mar 05 towards Mar 06 Target
DUDLEY BEACON & CASTLE PCT	1,175	1,404	119%	1,802	78%
DUDLEY SOUTH PCT	1,974	2,245	114%	3,038	74%
NORTH BIRMINGHAM PCT	1,495	1,763	118%	2,495	71%
WALSALL PCT	2,707	2,915	108%	4,521	64%
SOUTH BIRMINGHAM PCT	3,600	3,600	100%	5,738	63%
HEART OF BIRMINGHAM PCT	2,875	3,429	119%	5,468	63%
ROWLEY REGIS & TIPTON PCT	745	895	120%	1,493	60%
WOLVERHAMPTON CITY PCT	2,317	2,461	106%	4,365	56%
EAST BIRMINGHAM PCT	1,415	2,508	177%	4,566	55%
SOLIHULL PCT	1,463	1,471	101%	2,935	50%
OLDBURY & SMETHWICK PCT	940	937	100%	1,926	49%
WEDNESBURY & WEST BROM PCT	1,037	1,010	97%	2,158	47%
BBC SHA	21,745	24,638	113%	40,505	61%

A basic monthly collection system has been established to get more frequent feedback on progress towards the Mar 06 targets. This information will be reported in the next quarter's report.

3.4 – Teenage Conceptions											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

Local authorities are required to achieve reduction of either 50% (Birmingham, Dudley, Solihull) or 55% (Sandwell, Walsall, Wolverhampton) by 2010 from their 1998 baseline. By 2002, one would expect approx. 40% of the required reduction to have taken place. Only Solihull appear to have made reduced teenage conception rates by this level. Reductions by 2002, have been particularly low in Birmingham, Sandwell and Walsall.



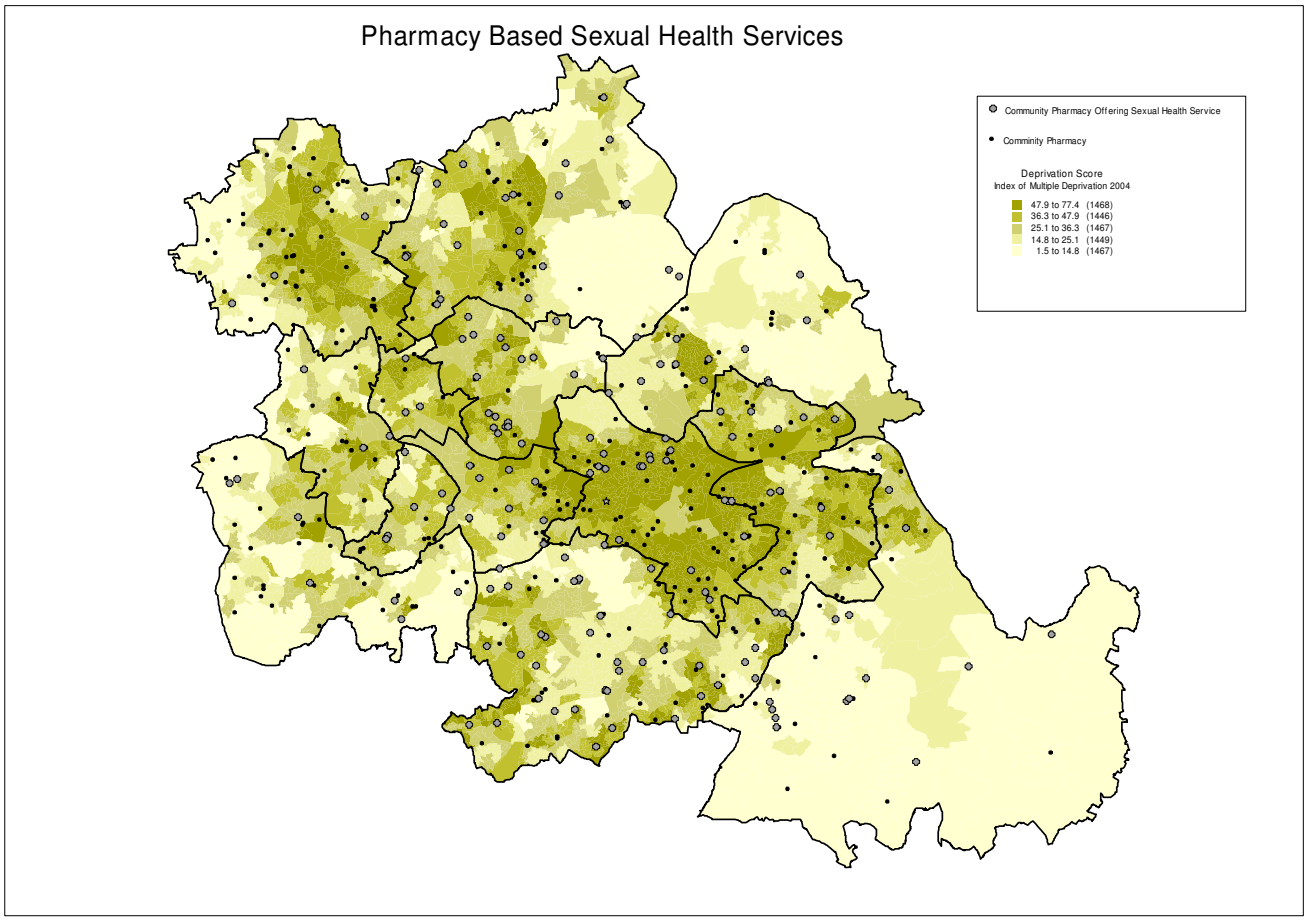
	1998 Baseline	2010 Target	2002 Actual
Sandwell	69.1	31.1	65.6
Birmingham	58.3	29.2	53.9
Walsall	67.2	30.2	59.4
Dudley	54.7	27.3	48.0
Wolverhampton	66.3	29.8	56.2
Solihull	40.3	20.2	31.5

PCTs will in future be asked to provide the SHA with quarterly figures on the number of teenage maternities and terminations, to allow regular monitoring of progress on reducing teenage conception rates.

Availability of Emergency Hormonal Contraception (EHC) from Community Pharmacies

PCT	Offering EHC
Wednesbury and West Bromwich	69%
South Birmingham	49%
Rowley Regis and Tipton	43%
Oldbury and Smethwick	42%
Solihull	41%
Walsall	39%
North Birmingham	39%
Eastern Birmingham	28%
Heart of Birmingham	25%
Dudley Beacon and Castle	20%
Dudley south	19%
Wolverhampton	7%
Total	**33%**

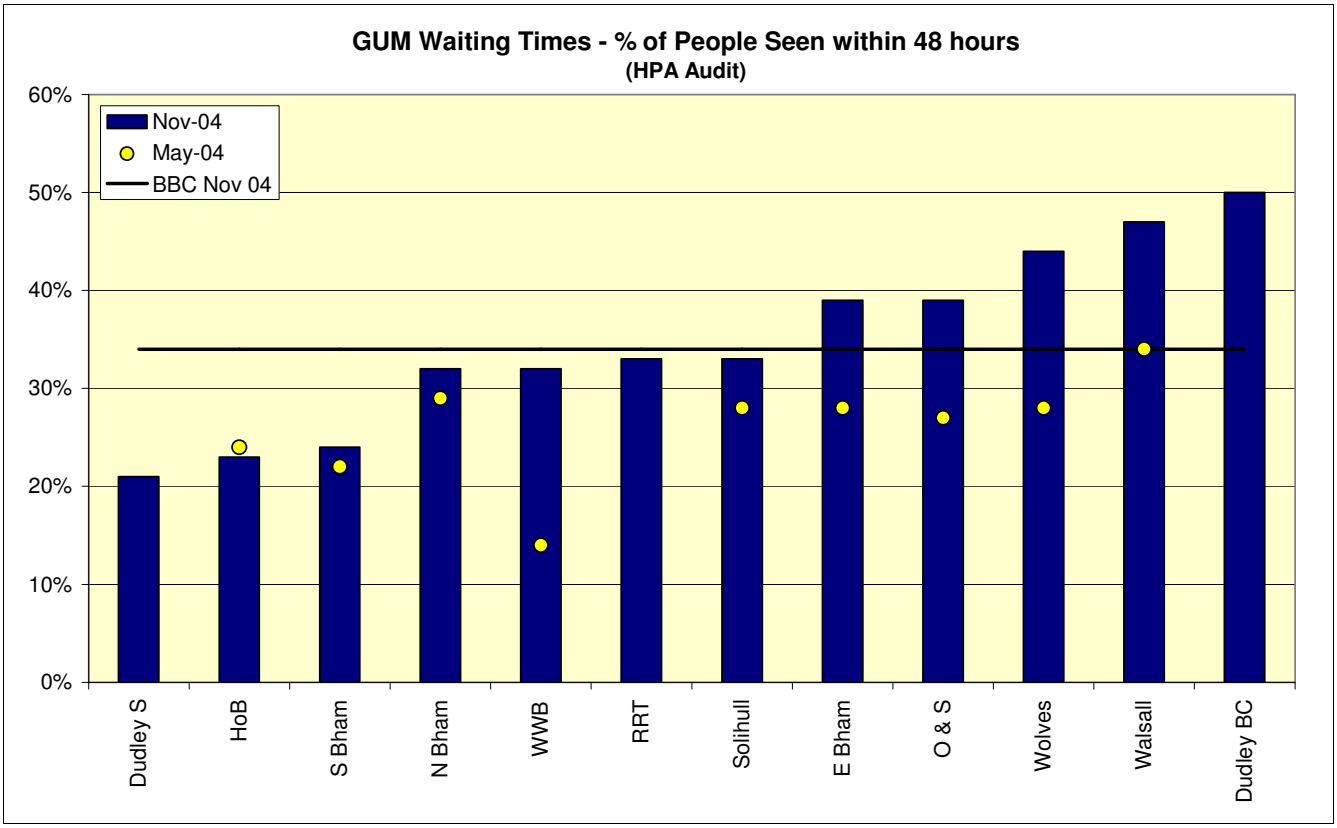
A recent service mapping exercise has shown wide variations in the proportion of community pharmacies offering Emergency Hormonal Contraception. Some PCTs may wish to consider approaching pharmacies (particularly those in deprived areas) to discuss extending availability of this service.


Pharmacy Based Sexual Health Services
Community Pharmacy Offering Sexual Health Service
Comminity Pharmacy
Deprivation Score
Index of Multiple Deprivation 2004
47.9 to 77.4 (1468)
36.3 to 47.9 (1446)
25.1 to 36.3 (1467)
14.8 to 25.1 (1449)
1.5 to 14.8 (1467)

3.5 - GUM Waiting Times											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

The Health Protection Agency conducts an audit of waiting times for GUM services every six months. The survey was established in response to concerns about the capacity of GUM services to deal with demand. This issue has subsequently been adopted as a PSA and LDP target. The chart below shows the proportion of patients seen within 48 hours from each PCT in both May and November 2004. Waiting times for Dudley Beacon and Castle, Dudley South and Rowley Regis and Tipton are not shown for May 2004 since the main GUM provider did not take part in this survey.

Most PCTs show some improvement in waiting times between May 2004 and November 2004, but fall well short of the 100% target for March 2008. Heart of Birmingham shows a slight decrease in the proportion of patients seen within 48 hours.

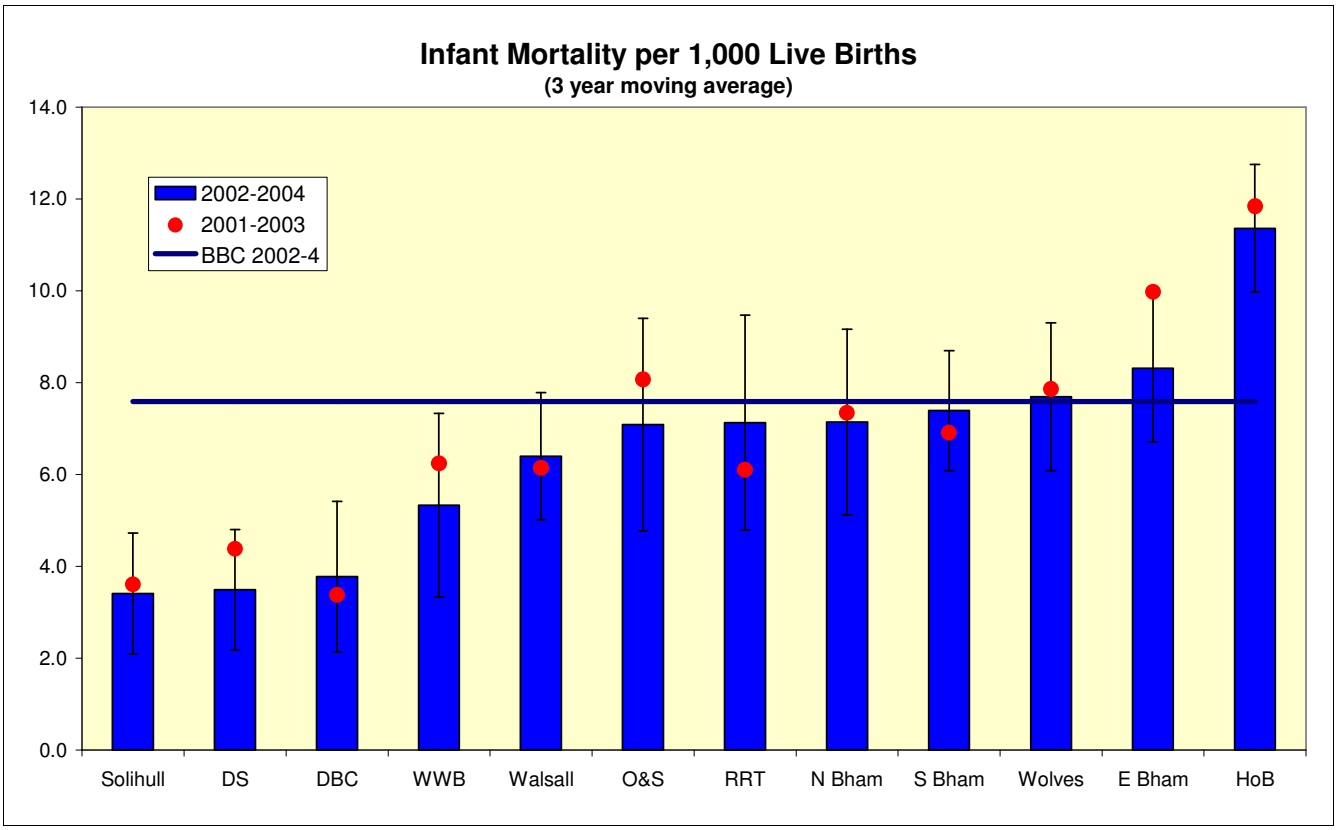


3.6 – Infant Mortality											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
🟡	🟢	🟡	🟡	🟢	🟡	🟢	🟢	🟡	🟢	🟡	🟡

Infant Mortality is calculated as the total number of deaths before the age of 1 year as a proportion of all live births.

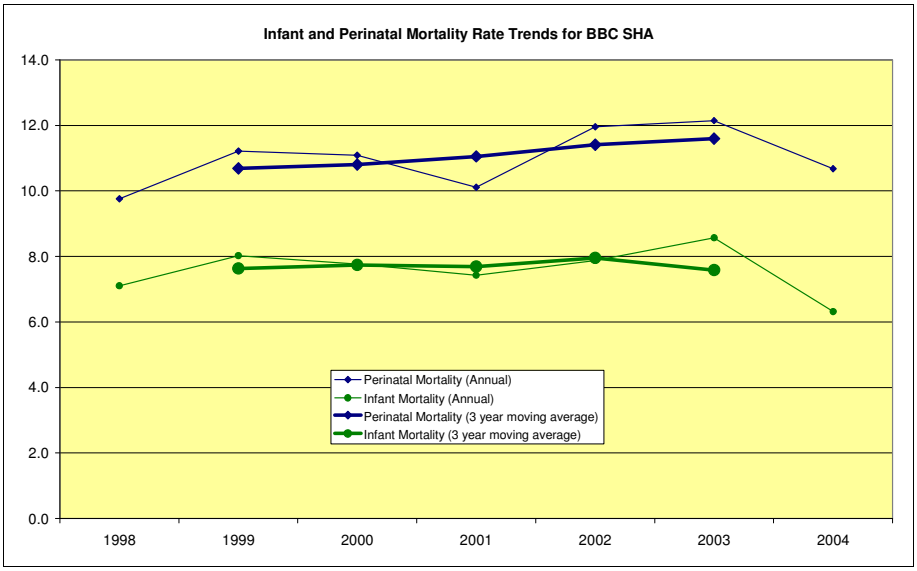
Infant mortality rates n Birmingham and the Black Country are considerably higher than in England and Wales as a whole (8.6 per 1,000 live births compared with 5.3 I 2003. Although some improvements were seen in 2004, infant morality rates in Birmingham and the Black Country remain high. The chart below shows the average infant mortality rate between 2001-2 and 2002-4 for each PCT. Despite some improvement, rates remain considerably higher in Heart of Birmingham. Increases in rates were observed in Dudley Beacon and Castle, Solihull, Rowley Regis and Tipton and South Birmingham.

2004 rates are provisional only and are calculated, for consistency against 1998 ward boundaries.



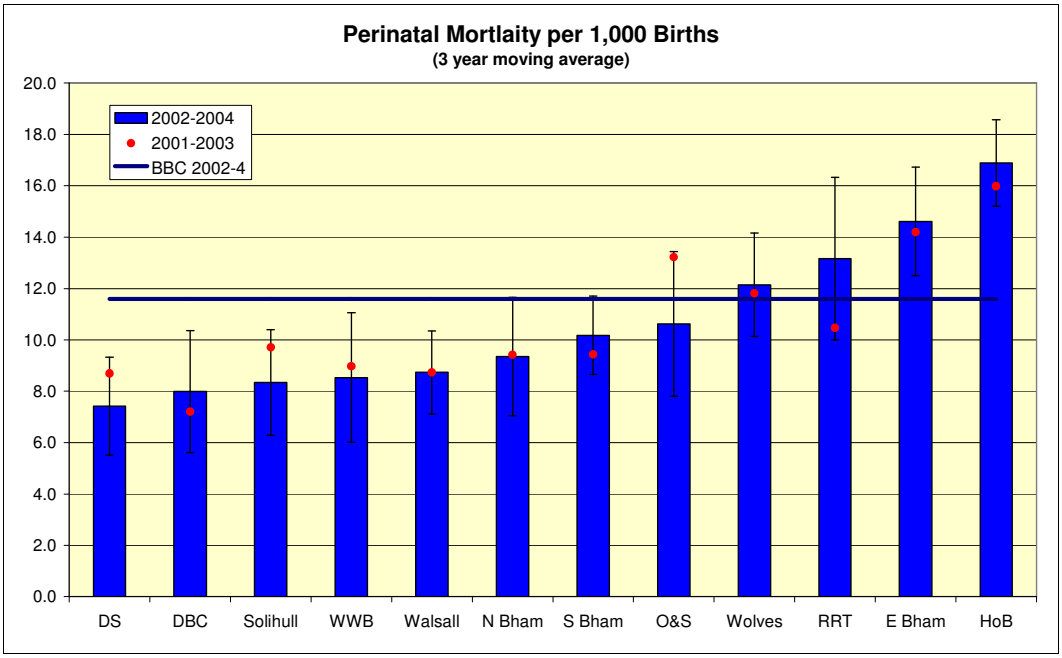
3.7 – Perinatal Mortality											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
🟡	🟢	🔴	🔴	🟢	🟡	🟢	🟢	🔴	🟢	🟢	🔴

Perinatal mortality is calculated as the proportion of still births and deaths of infant aged less than 1 week as a proportion of all live and still births.



Provisional 2004 data, also indicates that Perinatal mortality rates are also decreasing. 2004 rates remain higher however, than in 1998. 2004 rates are provisional only and are calculated, for consistency against 1998 ward boundaries.

PCT rates appear to be diverging. Those with the highest rates, Heart of Birmingham, Eastern Birmingham, Rowley Regis and Tipton and Wolverhampton also shows increased rates, whereas Solihull and Dudley South have low and falling rates.

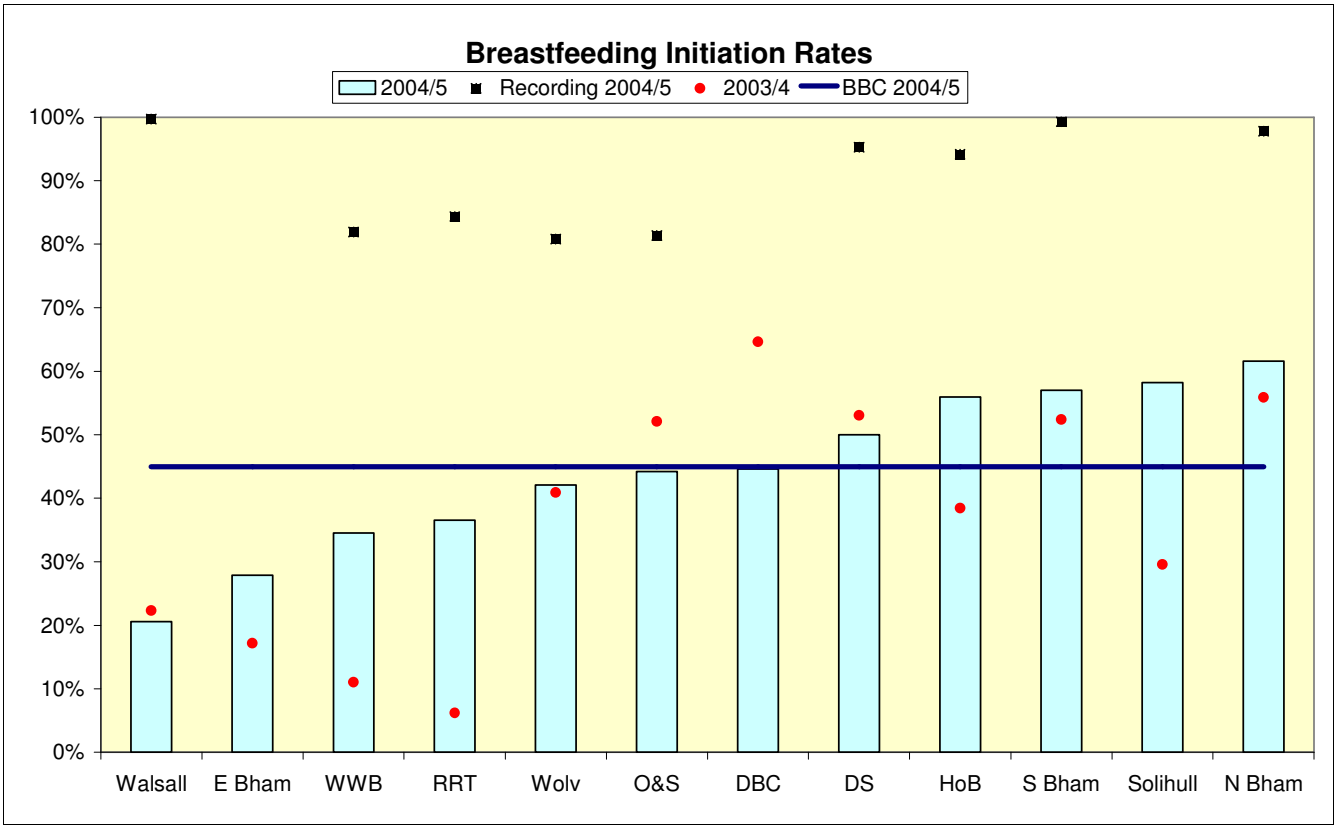


3.8 – Breastfeeding Initiation											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
🔴	🟡	🟡	🟢	🟢	🟢	🟢	🔴	🟡	🟡	🔴	🟡

The chart below shows the number of women initiating breastfeeding as a proportion of all maternities.

Breastfeeding Initiation rates are generally higher in more affluent areas such as North Birmingham and Solihull. Heart of Birmingham, however, also has comparatively high and improving rates. Rates are markedly lower in Walsall and eastern Birmingham.

Although data collection rates are generally high, there remains some concern about data quality.

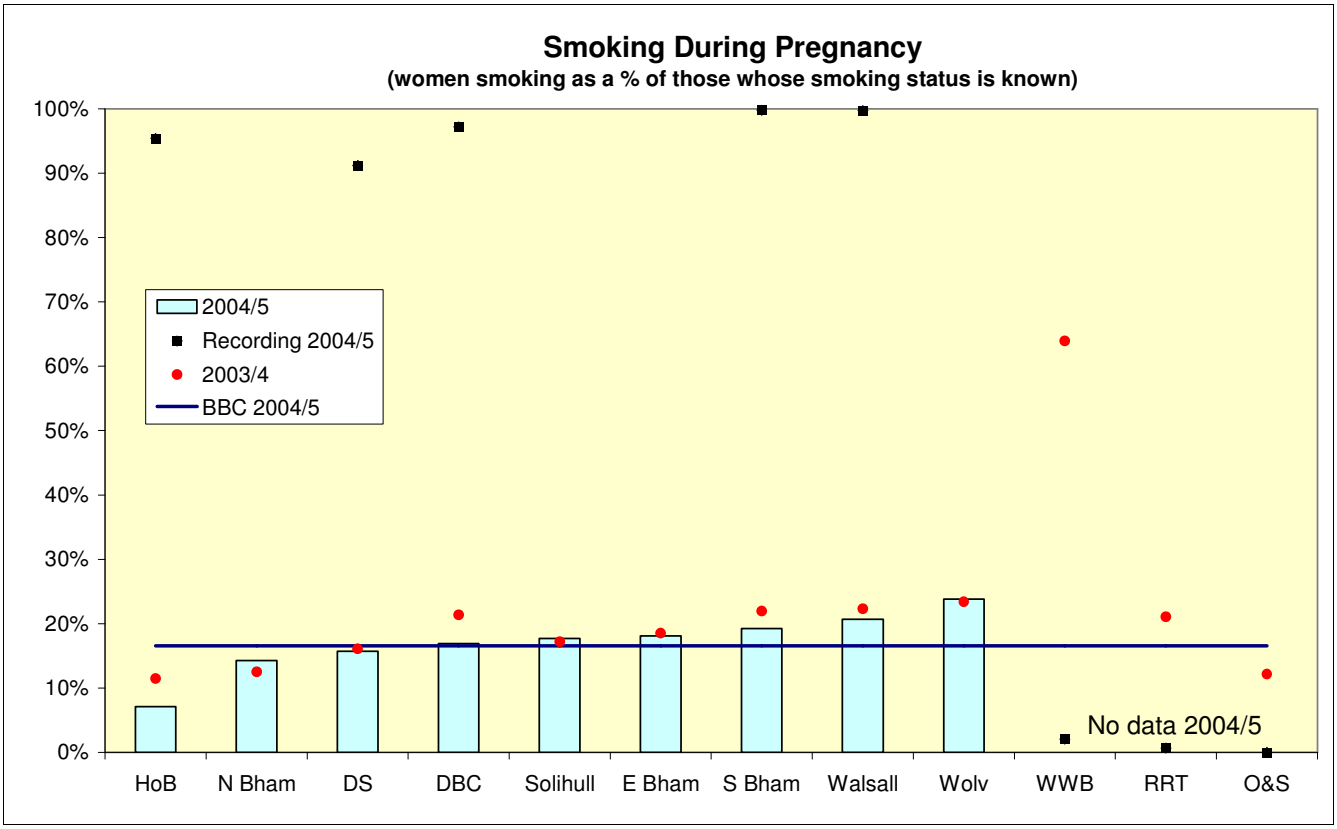


Future reports will contain quarterly data from LDPR submission and tract progress against LDP targets.

3.9 – Smoking During Pregnancy											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
🟡	🟢	🟡	🟢	🟡	🟡	🔴	🔴	🔴	🔴	🟡	🔴

The chart below shows the number of women smoking during pregnancy as a proportion of all those whose smoking status is known.

Rates of smoking during pregnancy vary from 24% in Wolverhampton to 7% in Heart of Birmingham in 2004/5. Most PCTs show small improvements in these rates from 2002/3, although the comparatively affluent areas (North Birmingham and Solihull) show an increase in smoking rates during pregnancy. No data was submitted via the LDPR by the 3 Sandwell PCTs.

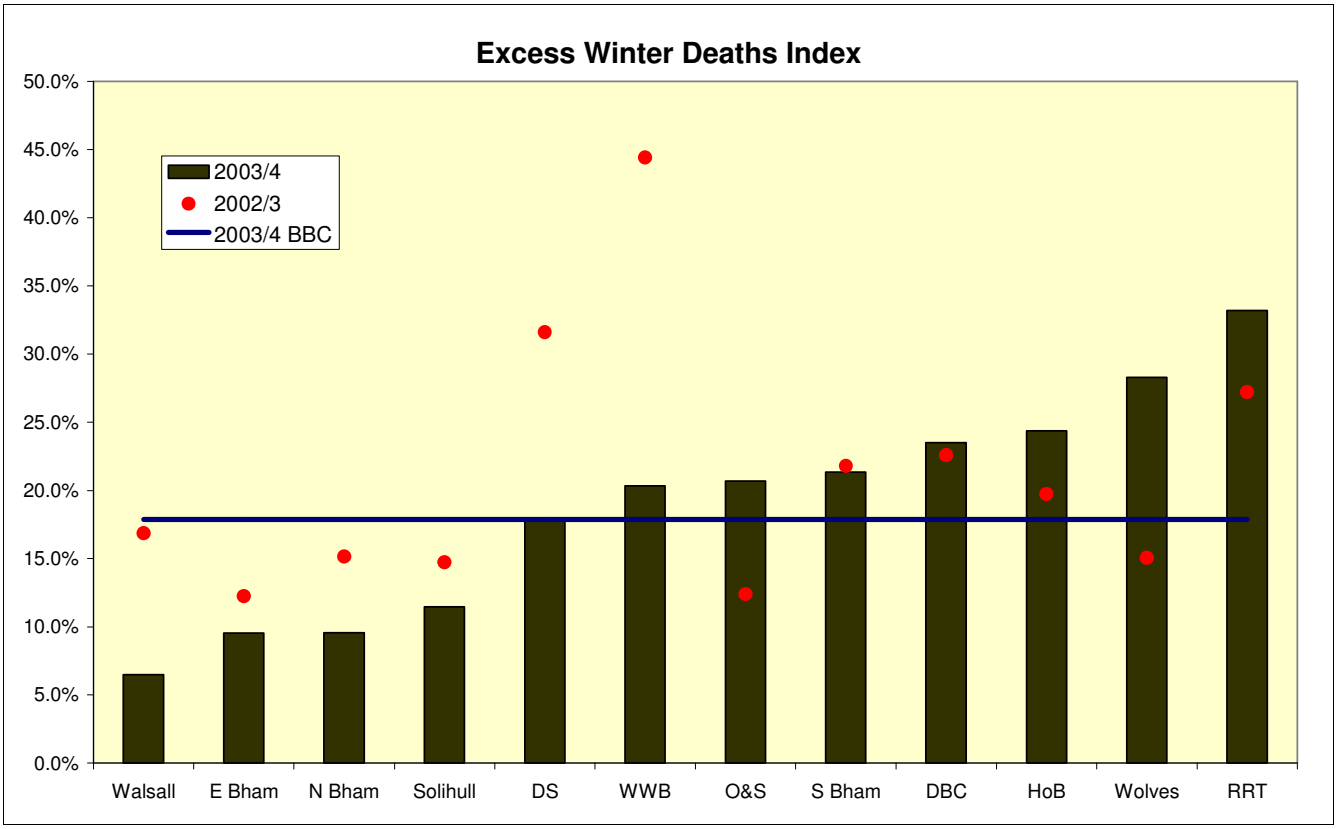


Future reports will contain quarterly data from LDPR submission and tract progress against LDP targets.

3.10 – Excess Winter Deaths Index											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

The Excess winter deaths index reflects the increase in deaths rates of adults aged 65+, during the winter months. It is calculated by dividing the number of deaths in December, January, February and March, by the average of the rates in the preceding and subsequent 4 month periods. The BBC rates fell in 20% in 2002/3 to 18% in 2003/4.

There was considerable variation in excess winter deaths across PCTs from 6% in Walsall to 33% in Rowley Regis and Tipton. Relatively small numbers in the three Sandwell PCTs, results in highly variable rates. Combining the results for the three Sandwell PCTs shows a reduction from 29% in 2002/3 to 19% in 2003/4.

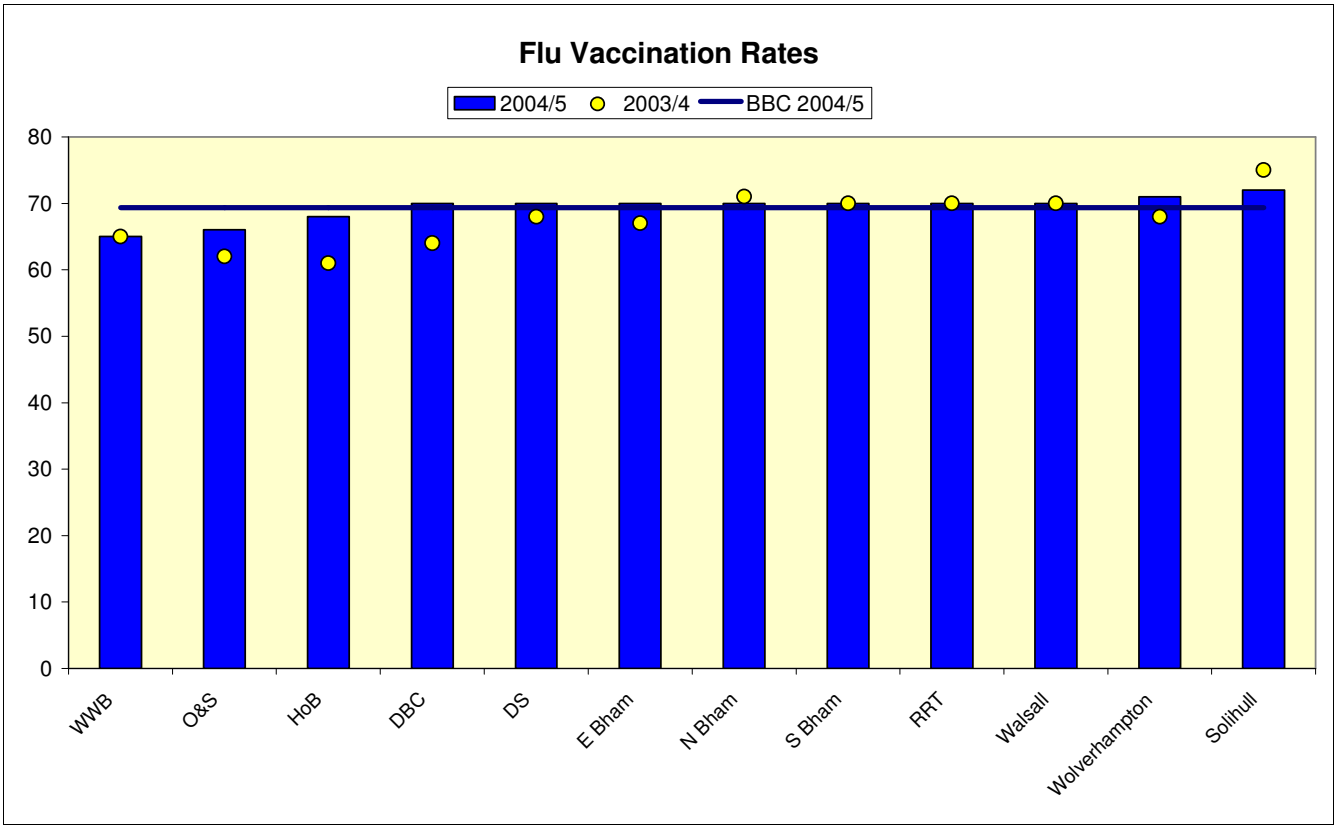


3.11 – Flu Vaccinations											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

Flu vaccination rates are published by the Healthcare Commission and are used in the annual performance ratings for PCTs. The chart below shows the total number of people aged over 65 vaccinated for influenza as a percentage of the population aged over 65 from returning practices.

There was some association between flu vaccination rates and excess winter deaths in 2003/4, although this relationship may be confounded by deprivation. One would expect increased rates of vaccination between 23003/4 and 2004/5 to have had a positive impact on excess winter deaths in 2004/5.

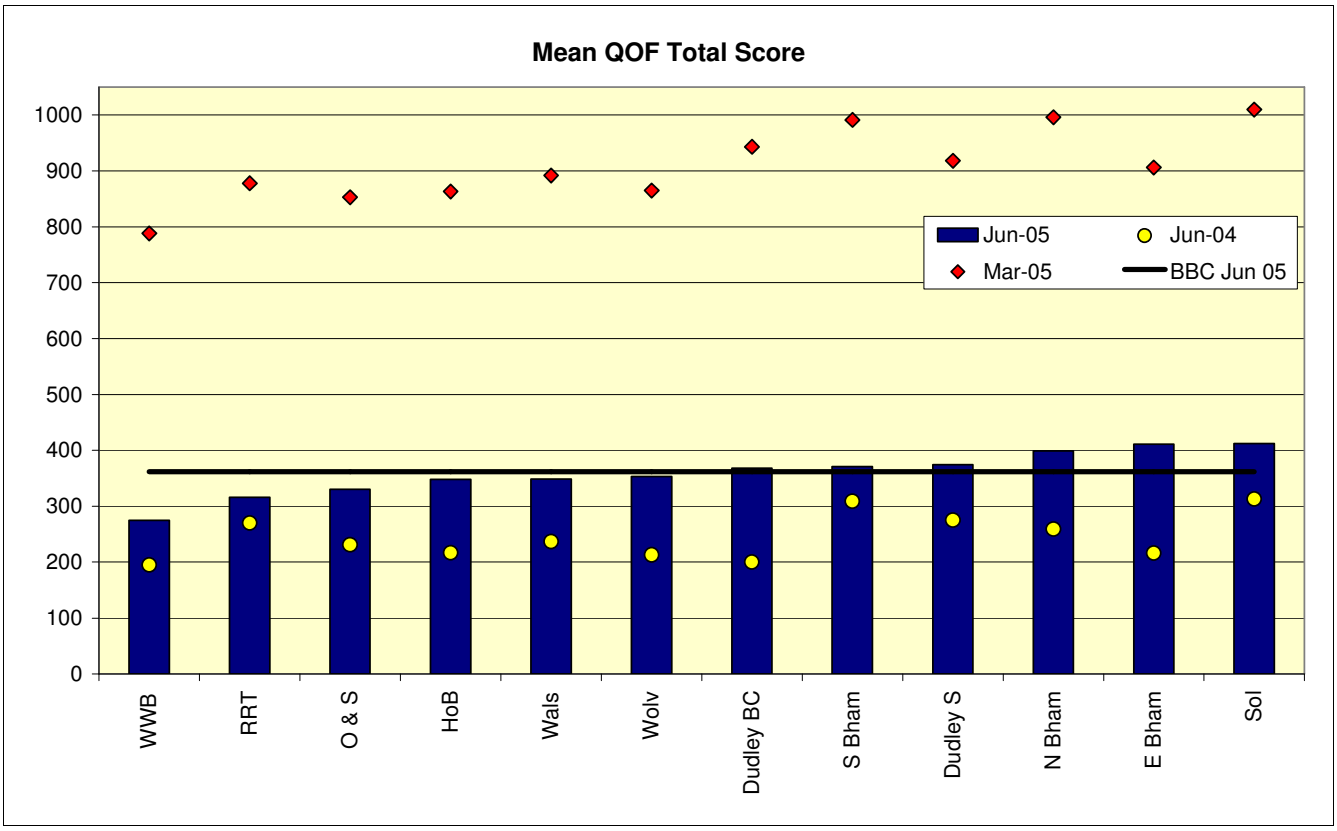
Rates in Wednesbury and West Bromwich are particularly low and have not improved since 2003/4.

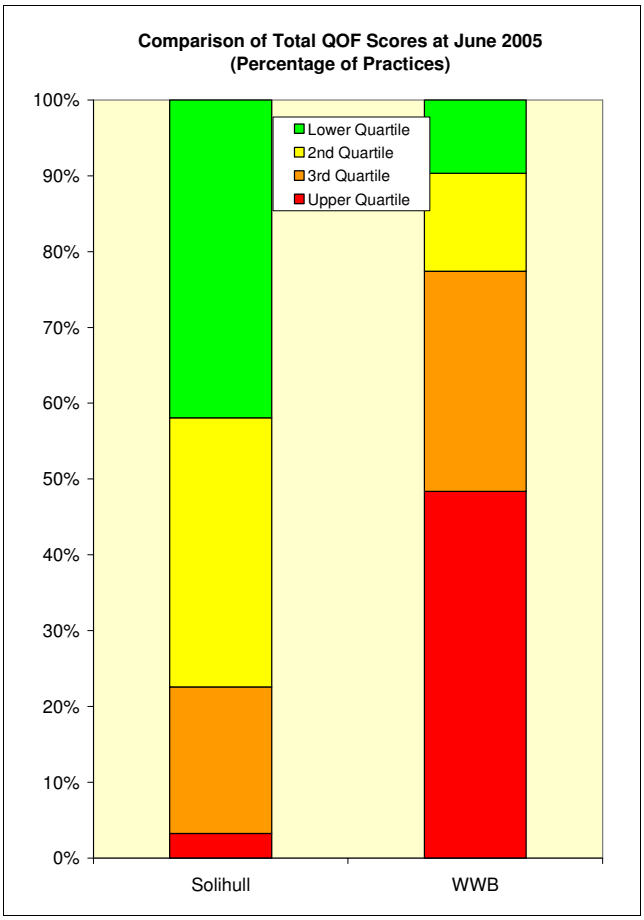


3.12 – Total QOF Score											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

The chart below shows mean practice QOF scores at year end 2004/5 (red diamond), the progress that had been made towards this position as at June 2004 (yellow dot). The blue bar shows reported progress towards the 2005/6 year end position as at June 2005.In 2004/5 practices were expected to meet a minimum standard of 750 points. More than 90% of practices achieved this minimum standard. The minimum expectation for 2005/6 is set at 900 points. However, it is acknowledged that QOF is voluntary for practices.

Without exception, all PCTs show QOF scores at higher levels in June 2005 than were reported at June 2004. Eastern Birmingham shows the greatest improvement and was ranked second at June 2005, only marginally below the reported position of Solihull. Wednesbury and West Bromwich continue to report the lowest mean practice score.



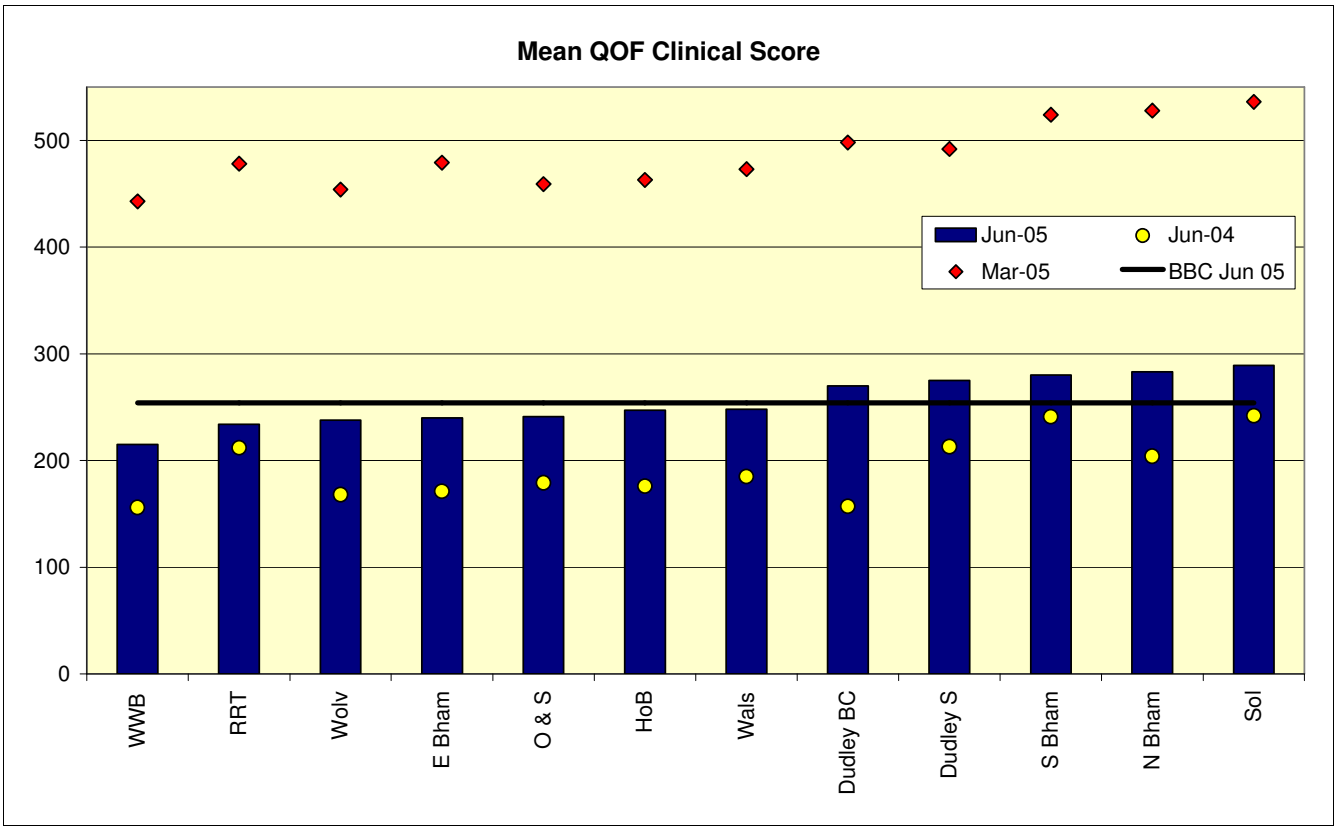


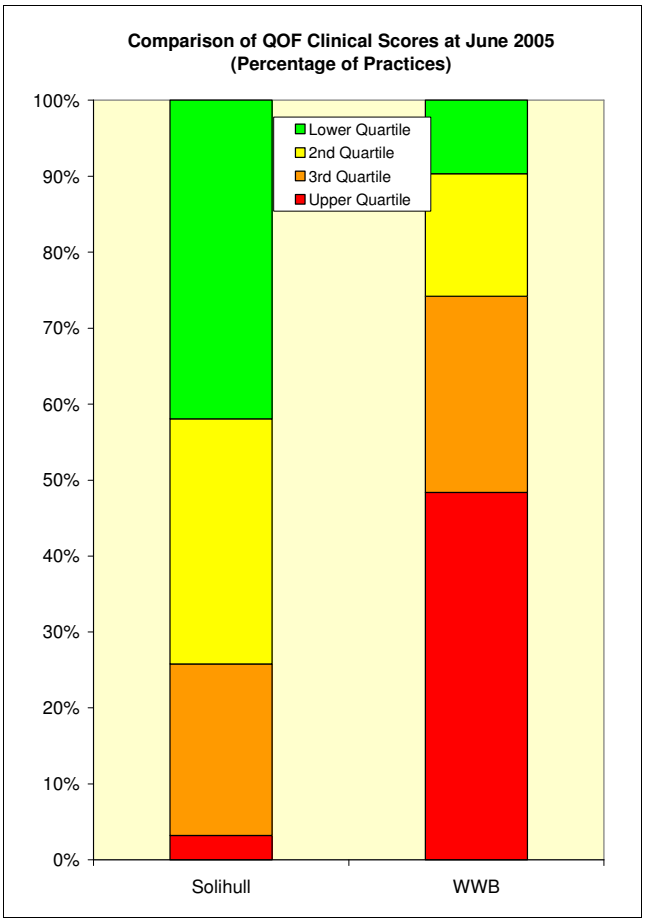
The chart opposite compares the clinical scores at June 2005 for Solihull and Wednesbury and West Bromwich. Scores in WWB range from 112 to 429, whereas in Solihull practices range from 277 to 764.

3.13 – QOF Clinical Score											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

The chart below shows mean practice clinical scores at June 2004, year end 2004/5 and June 2005 for each PCT.

All PCTs show higher mean QOF scores at June 2005 than at a similar position in 2004. There is little change in the relative positions of PCTs. Although Eastern Birmingham are reporting considerable gains in total QOF scores, this is not fully reflected in clinical scores.



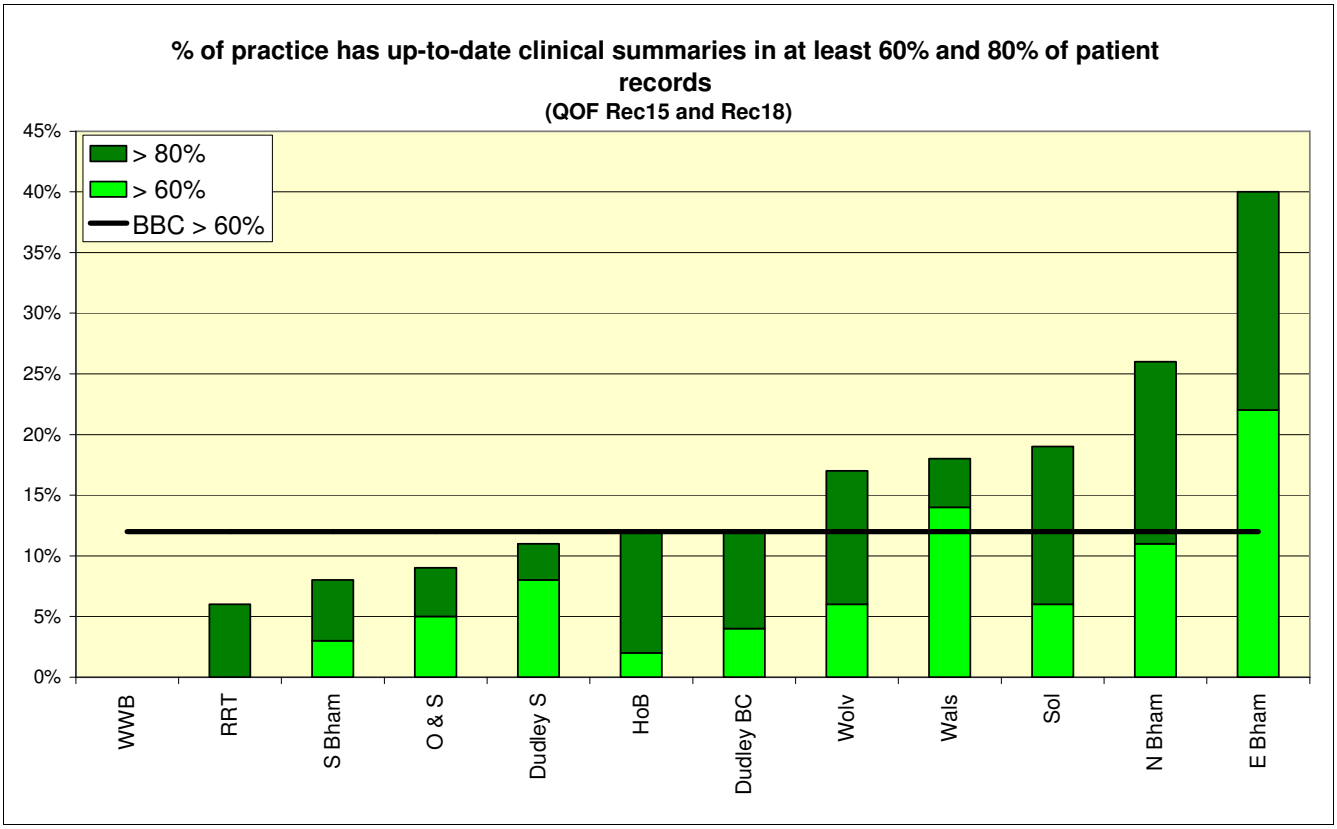


The chart opposite compares the clinical scores at June 2005 for Solihull and Wednesbury and West Bromwich. Scores in WWB range from 83 to 333, whereas in Solihull practices range from 214 to 354.

3.14 - Note Summarisation (QOF Records 15 & 18)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF Indicators *Records 15* and *Records 18* assess whether practices have up-to-date clinical summaries for 60% of patients (*Rec 15*) and 80% of patients (*Rec 18*).

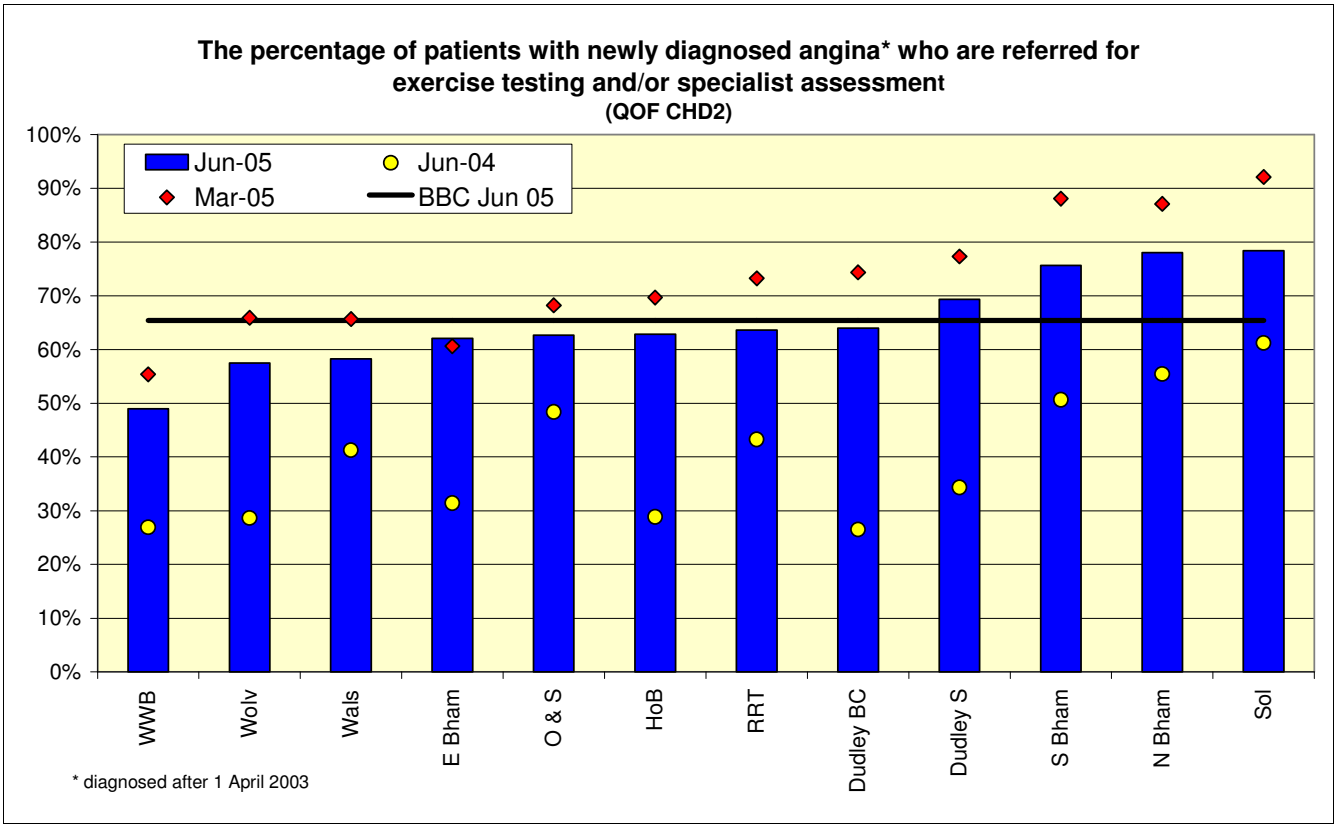
The chart below shows the proportion of practices that had achieved this standard at June 2005. At a similar time in 2004, very few practices reported meeting these standards. Eastern Birmingham report that at June 2005, 40% of practices had up-to-date records for 60% of patients, approximately half of which had summaries of more than 80% of patients. No practices in Wednesdbury and West Bromwich report meeting either of these standards as at June 2005. South Birmingham, although a relatively high performer on QOF as a whole (see 3.11), report very few practices meeting these standards at June 2005.



3.15 - Angina patients referred for exercise testing (QOF CHD 2)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF CHD2 measures the proportion of patients with newly diagnosed angina who are referred for exercise testing and/or specialist assessment. Performance against this indicator in 2004/5 was comparatively low, with average performance across the SHA more than 15% points below the maximum points threshold.

All PCTs however show considerable improvement in their performance against this indicator as at June 2005 compared to a similar position in 2004. Improvements made by Eastern Birmingham are particularly marked. Solihull, North Birmingham and South Birmingham continue to achieve higher results than other PCTs.

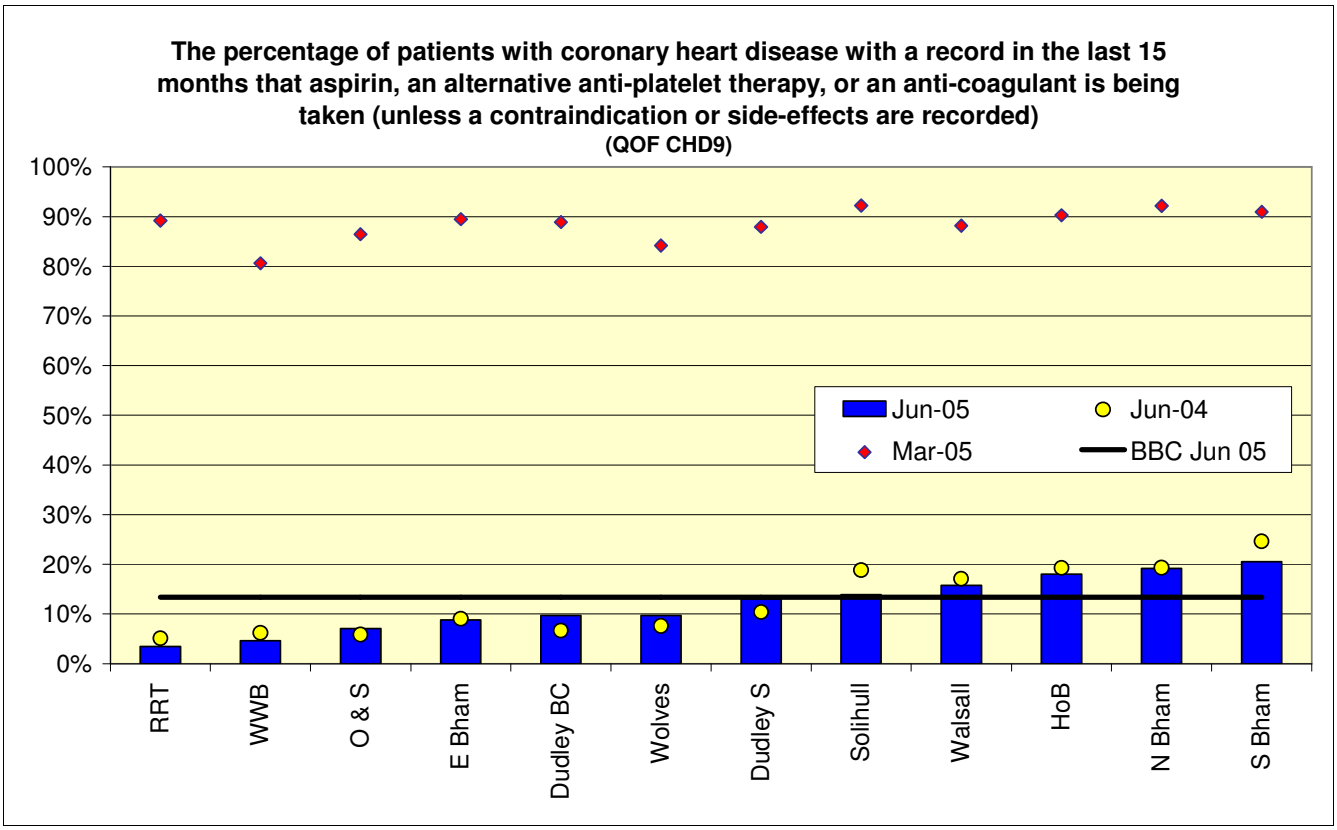


3.16 - Aspirin, Anti-Platelet and Ant-Coagulant Treatment (QOF CHD 9)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF CHD9 measures the proportion of patients with coronary heart disease with a record of treatment with aspirin, anti-platelet or anti-coagulent. Practices are permitted to except patients when for example there is a contraindication or recorded side–effects. This is regarded as a well evidenced and effective intervention for CHD, and although performance at the end of 2004/5 was reported at approximately 88% in BBC, more than 9,000 patients with CHD did not have a record of such treatment.

8 of the 12 PCTs report performance at June 2005 at a lower level than at a similar point in 2004. Only Dudley South, Wolverhampton, Dudley Beacon and Castle and Oldbury and Smethwick report improved performance.

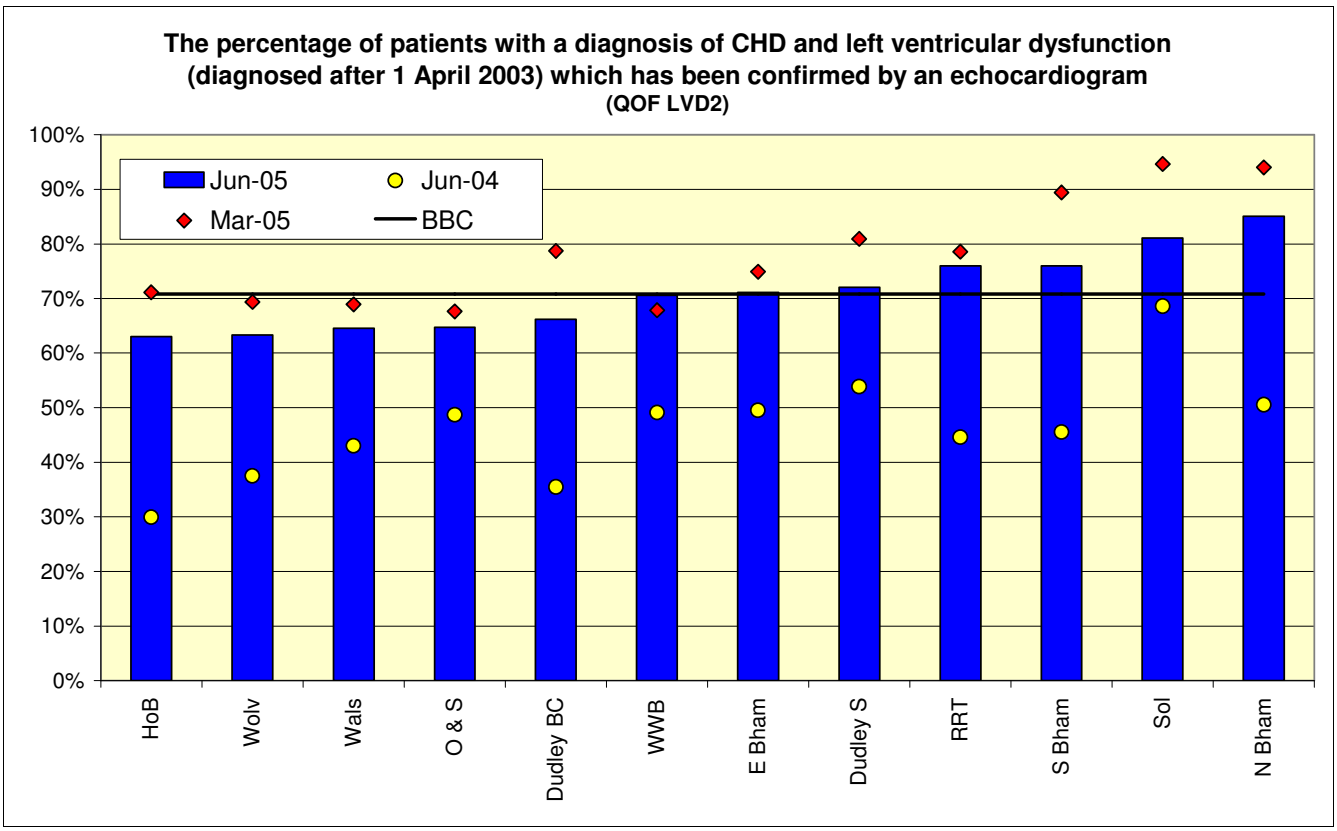
Given the challenging PSA target on reducing deaths from CVD, it is imperative that all effective interventions are fully deployed. This may be of particular interest to Eastern Birmingham, Solihull and Wednesbury and West Bromwich, who appear to be struggling to reduce deaths from CVD at the required rate (see 3.1).



3.17 - LVD confirmed with Echocardiogram (QOF LVD 2)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF LVD 2 measures the percentage of patients with a diagnosis of coronary heart disease and left ventricular dysfunction that has been confirmed by echocardiogram. Performance in 204/5 in Birmingham and the Black Country fell well short of the maximum points threshold for this indicator.

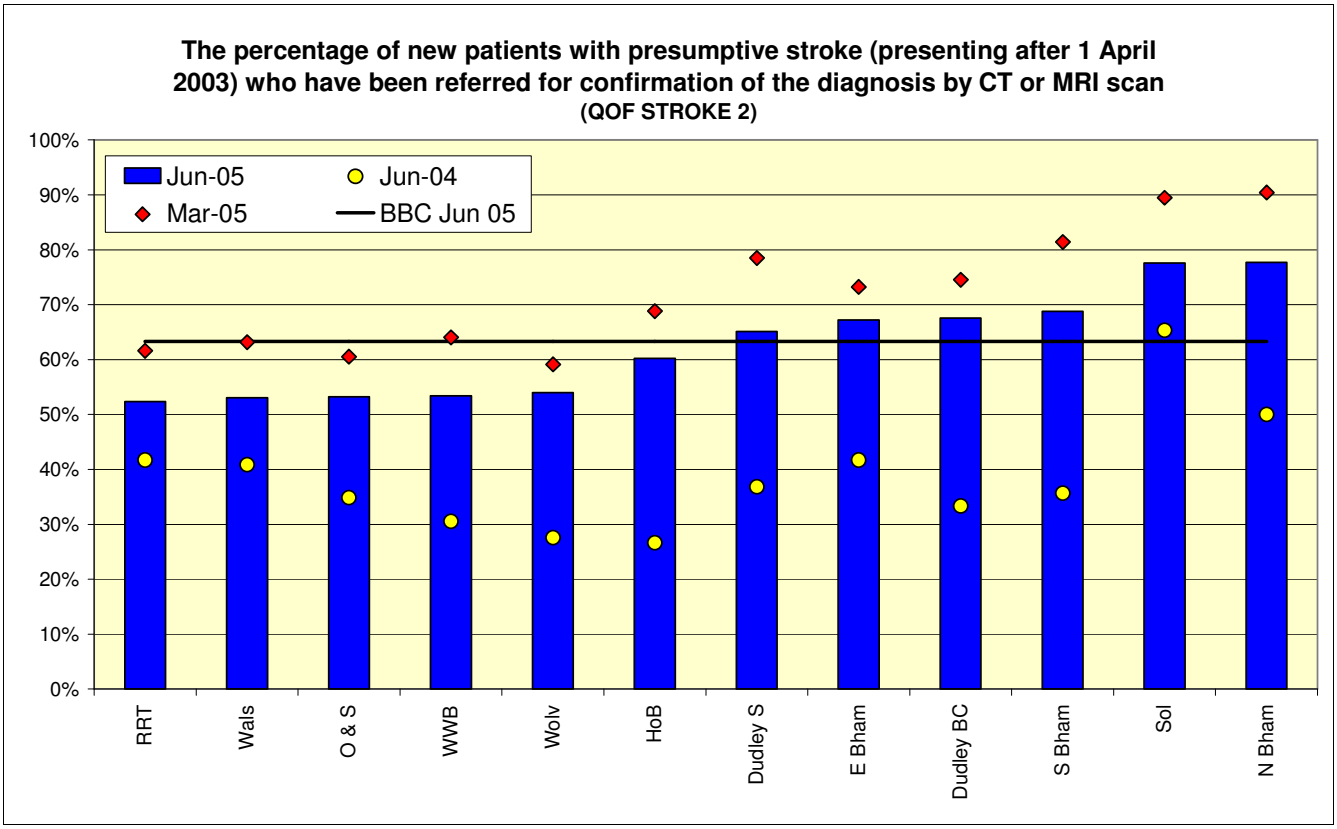
Considerable improvements have been reported by many PCTs at June 2005 compared to performance at a similar point in 2004. Indeed, by June 2005 Wednesbury and West Bromwich have already exceeded the year end performance in 2004/5.



3.18 - Presumptive Stroke patients referred for CT or MRI scan (QOF Stroke 2)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
🟡	🟢	🟢	🟡	🟢	🟢	🟢	🟡	🟢	🟡	🟡	🟡

QOF Stroke 2 measures the percentage of new patients with presumptive stroke that have been referred for diagnosis confirmation by CT or MRI scan. Performance in 204/5 in Birmingham and the Black Country fell short of the maximum points threshold for this indicator.

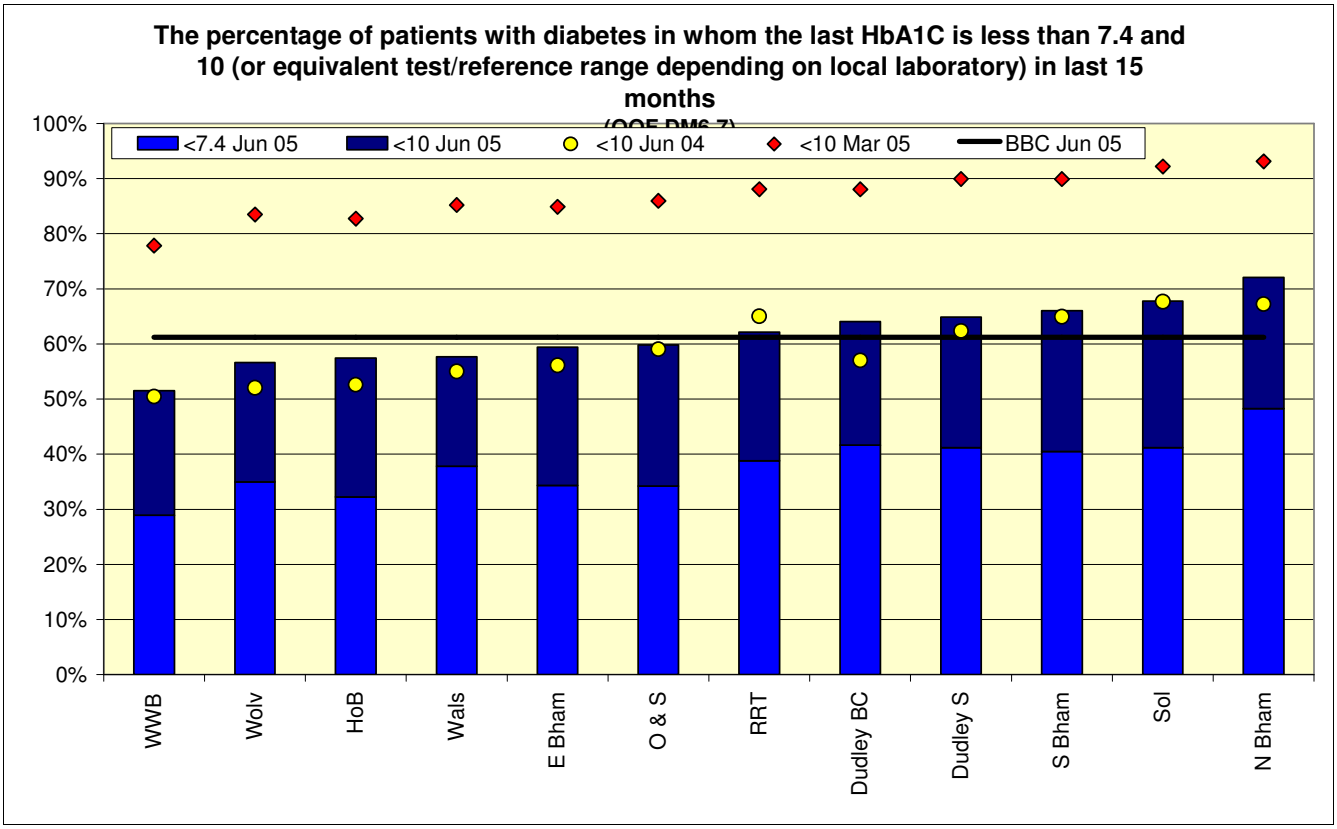
Improvements are reported by all PCTs at June 2005 compared to performance at a similar point in 2004, with many already approaching their year end performance in 2004/5. North Birmingham and Solihull continue to perform at higher levels than other PCTs against this indicator.



3.19 - HbA1c levels in Diabetes patients (QOF DM6 & 7)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF DM6 and *DM7* measure the percentage of patients with diabetes with HbA1C levels below 7.4 (*DM6*) and 10 (*DM7*) recorded in the last 15 months. The indicator is an intermediate outcome and assesses the effectiveness of long term management of diabetes.

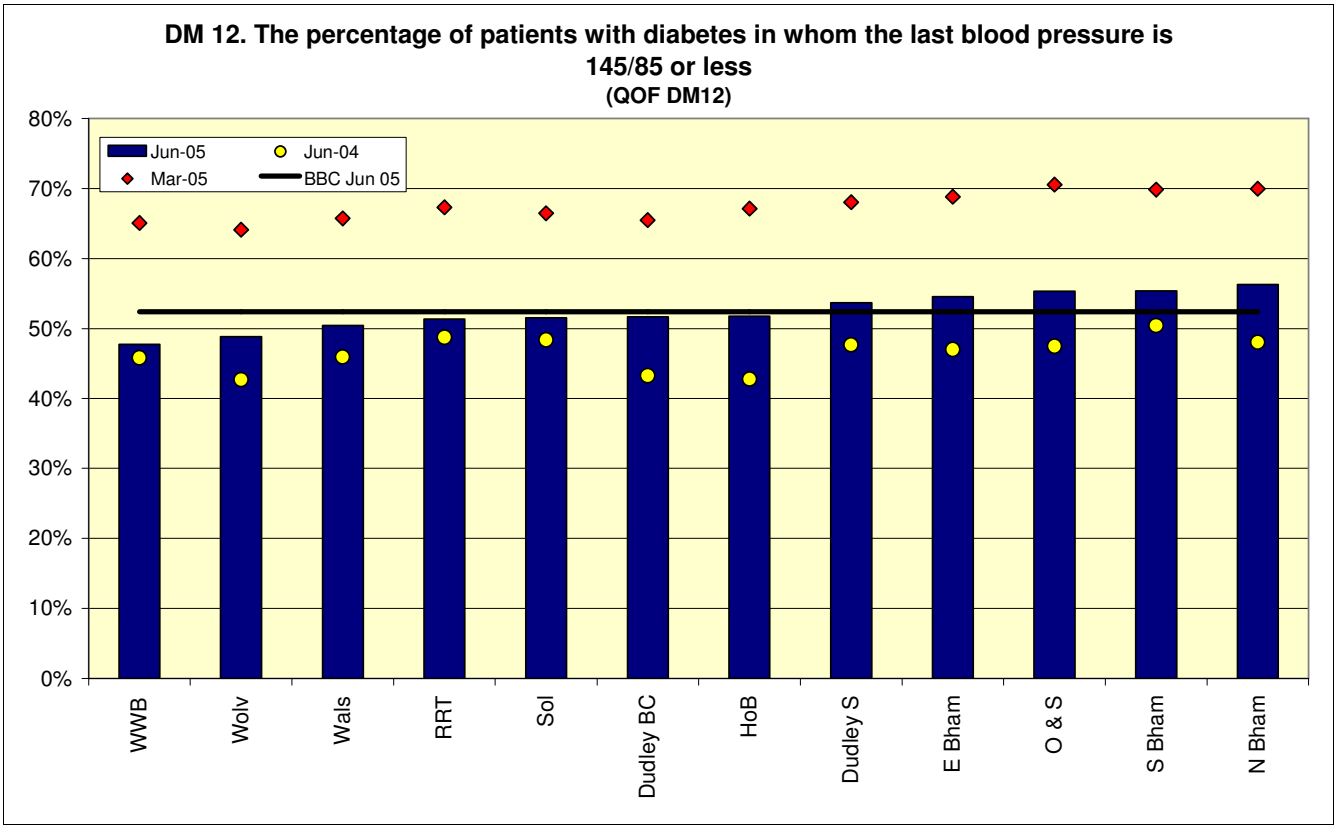
Most PCTs show modest improvements in performance at June 2005 compared to a similar point in 2004. Although Rowley Regis and Tipton show increases in the proportion of patients with recorded HbA1C levels below 7.4, the proportion below 10 has reduced. Solihull show marginal reductions in the proportion of patients with recorded HbA1C levels below 7.4.



3.20 - Blood Pressure levels of Diabetes patients (QOF DM12)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF DM12 is an intermediate outcome, measuring of the blood pressure levels of patients with diabetes, with a threshold set at 145/85. Performance at year end 2004/5 showed little variation from one PCT to another.

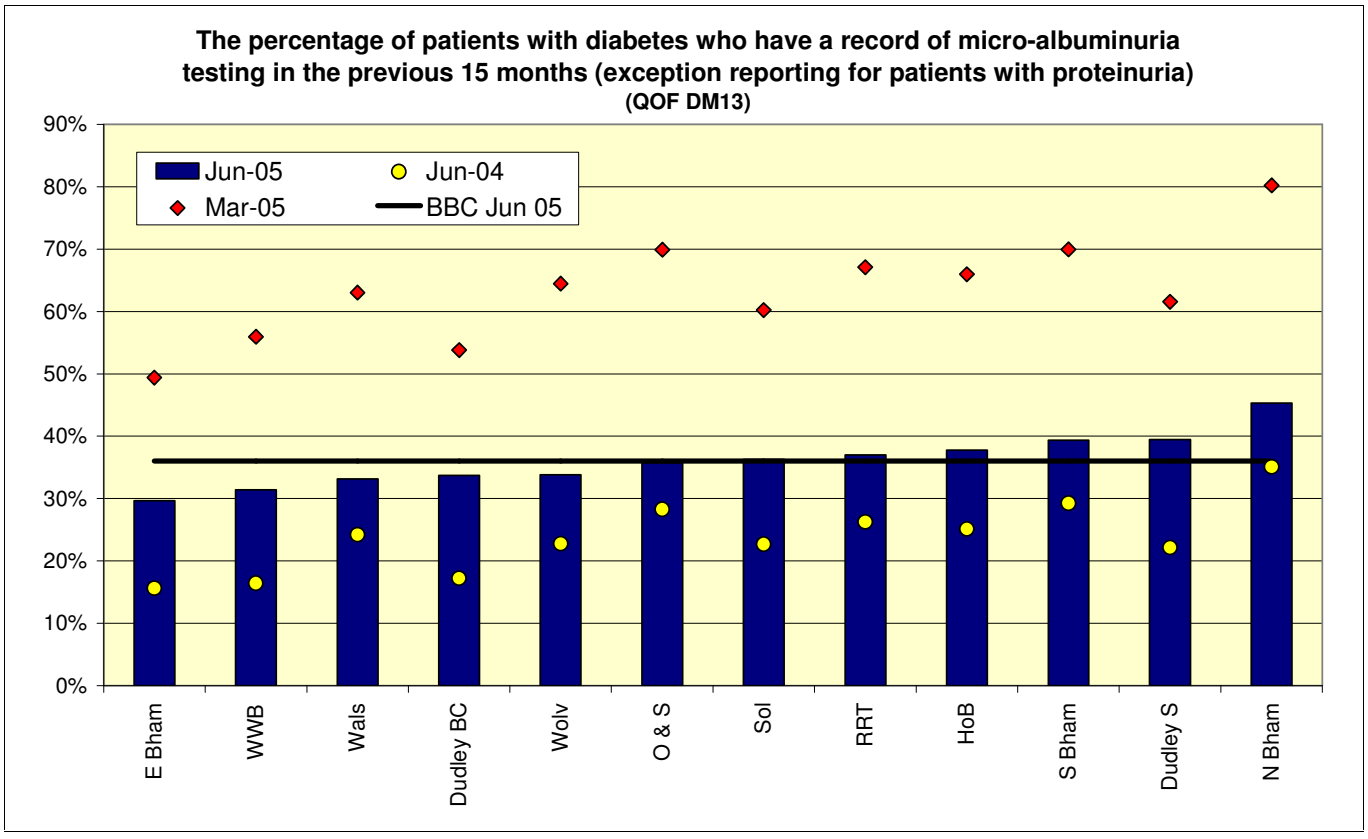
All PCTs report modest improvement in performance at June 2005 compared to a similar point in the previous year.



3.21 - Micro-Albuminuria Testing of Diabetes patients (QOF DM 13)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF DM13 measures the percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months, with exception reporting for patients with proteinuria. Performance varied considerably in 2004/5, with Eastern Birmingham PCT achieving 50% and North Birmingham achieving 80%.

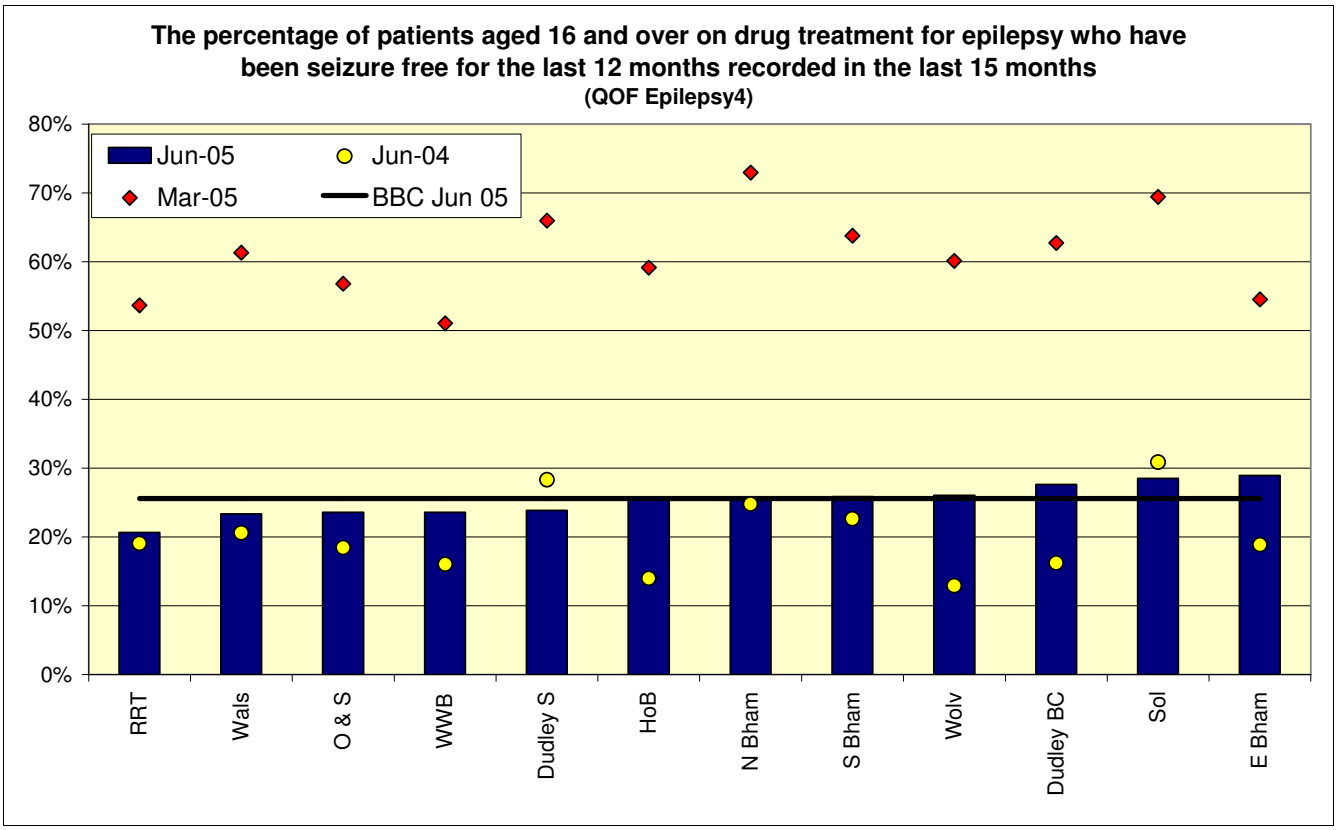
Considerable improvements have been reported by many PCTs at June 2005 compared to performance at a similar point in 2004 although variation between PCTs remain.



3.22 - Seizures Management for Epilepsy Patients (QOF Epilepsy 4)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

QOF Epilepfy4 measures the proportion of patients on drug treatment for epilepsy that are recorded as seizure free for the last 12 months. Although performance in Birmingham and the Black Country approached the maximum points threshold (70%), many PCTs fell well below this level. The importance of this indicator is the risk of sudden unexpected death during a fit.

Most PCTs show modest improvements in performance at June 2005 compared to a similar point in 2004, although Dudley South and Solihull report decreases in performance.



3.23 – Partnership Working (LSP Health Theme Risk Rating)											
Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
						-					

LSPs are multi agency organisations designed to make local strategic decisions for the health and other sectors.

In the recent LSP assessments, each Health theme was given a risk rating by both the Local Strategic Partnership and by a Government Office lead team. The table below shows that ore favourable ratings were generally provided by the LSPs.

LSP	LSP Risk Rating	GO Team Risk Rating
Wolverhampton	Amber / Green	Amber / Red
Birmingham	Amber / Red	Amber / Red
Sandwell	Amber / Green	Amber / Red
Walsall	Amber / Green	Amber / Green
Dudley	Green	Amber / Green

Solihull's LSP was not assessed since it received no Neighbourhood Renewal Fund Grants.

The assessments highlighted that whilst improvement were being made in many areas, life expectancy improvements were not yet evident.

LAAs aim to improve local public service delivery, by providing a new framework for the relationship between central and local government alongside other local partners. They define and propose a set of priorities for service delivery in their own area.

The Compact provides a framework that sets out the principles and undertakings that should underpin the relationship between the voluntary and community sector and government, and is integral to increasing the involvement of the public and patients in health.

The table below shows which LAs have both Local Area Agreements and Voluntary Sector Compacts in place.

LSP	Local Area Agreement	Voluntary Sector Compact
Wolverhampton	● (Round 1)	● (in place)
Birmingham	● (Round 2)	(in discussion)
Sandwell	-	◖ (in progress)
Walsall	● (Round 2)	● (in place)
Dudley	-	◖ (in progress)
Solihull	-	◖ (in progress)

4 - Appendices

Appendix A – Circulation List

The report will be made available to the following groups.

PCT Chief Executives – Accountable
PCT Directors of Public Health
PCT Primary Care Leads
PCT Medical Directors
PCT PEC Chairs
PCT Directors of Nursing
PCT QOF Leads
PCT Performance Mangers
PCT / LA Teenage Pregnancy Co-ordinators
PCT Clinical Leads

Older Peoples Network
CHD Network
Cancer Network
Pharmacy Network

SHA Executive
SHA Extended Executive

Appendix B – Data Sources

Section	Source	Frequency	Latest period reported	Date next data available
Public Health				
Cardio-Vascular Disease Mortality DSR	NCHOD	Annual	02/03	Nov 2005
Cardio-Vascular Disease – count of deaths	ONS PBMF	Monthly	June05	August 2005
Cancer Mortality DSR	NCHOD	Annual	02/03	Nov 2005
Cancer Mortality – count of deaths	ONS PBMF	Monthly	June05	August 2005
Smoking Cessation Service Activity	PCT Submission	Monthly	May 05	August 2005
Teenage Conceptions	ONS – TPU	Annual	2002	March 2006
GUM Waiting Times	HPA	Six Monthly	Nov 04	August 2005
Breast Feeding Initiation	STEIS	Quarterly	Q4 04/5	August 2005
Smoking During Pregnancy	STEIS	Quarterly	Q4 04/5	August 05
Excess Winter Deaths Index	ONS Deaths	Annual	03/04	July 2006
Flu Vaccination rates	Healthcare Commission	Annual	04/05	July 2006
Infant Mortality	Perinatal Institute	Annual	2004	July 2006
Perinatal Mortality	Perinatal Institute	Annual	2004	July 2006
QOF Total Score	QMAS	Monthly	June 05	August 2005
QOF Clinical Score	QMAS	Monthly	June 05	August 2005
Note Summarisation	QMAS	Monthly	June 05	August 2005
Angina exercise testing	QMAS	Monthly	June 05	August 2005
CHD Aspirin Treatment	QMAS	Monthly	June 05	August 2005
LVD confirmed Echocardiogram	QMAS	Monthly	June 05	August 2005
Stroke referred for CT or MRI scan	QMAS	Monthly	June 05	August 2005
HbA1c levels in Diabetes	QMAS	Monthly	June 05	August 2005
Blood Pressure levels of Diabetes	QMAS	Monthly	June 05	August 2005
Micro-Albuminuria Diabetes	QMAS	Monthly	June 05	August 2005
Seizures Management for Epilepsy	QMAS	Monthly	June 05	August 2005

An excel spreadsheet containing full the data used to develop this report can be obtained from

steve.wyatt@bbcha.nhs.uk

Appendix C – Performance Summary Methods

Method 1
Indicators 3.1, 3.2, 3.4

●	Latest data shows performance ahead of that required to hit target
●	Latest data shows performance below that required to hit target, but target rate contained within 95% confidence interval
●	Latest data shows performance below that required to hit target, and target rate not contained within 95% confidence interval

Method 2
Indicators 3.3

●	Latest data shows performance above target
●	Latest data shows performance less than 2.5% below target
●	Latest data shows performance more thasn 2.5% below target

Method 3
Indicators 3.5 – 3.22

●	Performance above BBC average and improved since similar point in previous year
●	Performance below BBC average and improved since similar point in previous year or Performance above BBC average and declined since similar point in previous year
●	Performance below BBC average and declined since similar point in previous year

Appendix D – Indicators to be included in Future Reports

It is hoped that in future reports the following indicators will be incorporated. The inclusion of these indicators is dependant upon PCT compliance with data collection systems and in some cases the assistance of third party agencies.

Falls Prevention
- Age standardised rates of ambulance call aged 65+ for falls
- Accident and Emergency attendances ages 65+ for falls related injuries
- Patient Attendances at Falls Prevention training programmes

Teenage Conceptions
- Count of Maternities (women aged <18 at point of conception)
- Count Terminations (women aged <18 at point of conception)

Expert Patients Programmes
- Number of People completing Expert Patient Programmes
- Number of Expert Patient Programmes held
- Number of Expert Patient Tutors on the books

Suicides
- Mortality from suicides and Undetermined Injury

GP Recording
- Smoking Prevalence at practice level
- Obesity Prevalence at practice level
- Ethnicity Recording in Primary Care at practice level

Quality and Outcomes Framework
- Management of Hypertension (QOF BP5)

Sexual Health
- New Diagnoses of Chlamydia
- New Diagnoses of Gonorrhoea

Smoke Free NHS
- % of building stock that is smoke free (silver standard)

Appendix E – Control Chart Methodology

PCT level control charts are maintained for both deaths of people aged under 75 from Cancer and Cardio-Vascular disease. This appendix provides some information about the methods used.

Monthly death registrations are obtained from the ONS Public Health Mortality Files (PHMF). All deaths registrations for adults aged under 75 with an ICD10 code commencing C (Cancer) and I (CVD) are identified and counted by PCT after removing duplicates.

This data is used to construct time series for each PCT from January 2002 onwards. The first 20 points are used to calculate the average rate and a measure of variability, sigma), the square root of the average rate.

As new points are plotted, the time series is assessed against the following criteria;

- Individual points above the Upper Control Limit.
- Individual points below the Lower Control Limit.
- Seven points in a row all above average or all below average.
- Seven points in a row increasing.
- Seven points in a row decreasing.
- Ten out of eleven points in a row all above average or all below average.
- Cycles or other non-random patterns in the data.
- Two out of three points in a row outside of two standard deviations above the average, or two out of three points in a row outside of two standard deviations below the average.
- Four out of five points in a row outside of one standard deviation above the average, or four out of five points in a row outside of one standard deviation below the average.

If one of these criteria is met, then an assessment is made whether the variation can either be explained by unusual circumstances or whether this signifies a sustained change in the underlying trend. If the noted variation can be explained then this point is removed. If there is evidence of a sustained change in the trend then the long run average count and sigma are recalculated using the 20 latest data points. Future assessments are made against these new levels.