

Health Improvement Monitoring Report

Birmingham East & North

Quarter 1 2010/11

September 2010





Table of Contents







1.	Q1 2010/11 Health Improvement Performance Summary	5
2.	Life Expectancy Indicators	10
2.2	– Slope Index of Inequalities	10
2.3b	– CVD Mortality (quarterly)	11
2.4b	– Cancer Mortality (quarterly)	12
2.6	– Breast Cancer Screening Round Length	13
3.	Child and Maternal Health	14
3.3	– Breast Feeding Initiation	14
3.8	– 6 To 8 Weeks Breast Feeding Prevalence	15
3.5a	– Childhood Vaccinations – DtaP IPV Hib	16
3.5b	– Childhood Vaccinations - MenC	17
3.5c	– Childhood Vaccinations - MMR	18
3.9	– Childhood Weight Management Programmes	19
3.10	– Completed health & social assessment before 13 weeks	20
3.11	– Antenatal continuity of carer	21
3.12	– Smoking in pregnancy (at booking)	22
4.	Lifestyles Indicators	23
4.2	– GUM Waiting Times	23
4.3	– Health Trainers Service Development	24
5.	Long Term Conditions Indicators	25
5.1	– Expert Patients Programme	25
5.3	– Blood Pressure Management for CHD Patients	26
5.4	– Cholesterol Management for CHD Patients	27
5.5	– Blood Pressure Management for Stroke patients	28
5.6	– Cholesterol Management for Stroke patients	29
5.8	– Seizures Management for Epilepsy	30
5.10	– Blood Pressure Management for Diabetics	31
5.11	– Cholesterol Management for Diabetics	32
5.12	– Blood Pressure Management for CKD Patients	33
6.	Older People Indicators	34
6.4	– Falls Prevention Programmes	34
6.5	– Falls Assessments	35
7.	Primary Care Indicators	36
7.3	– Smoking Status Recording (QOF Rec23)	36




















7.4	– Ethnicity Recording New Registrants (QOF Rec21)	37
8.	Appendices	38
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Appendix A	– Reporting Process and Schedule	38
Appendix B	– Data Sources and Indicative Forward Schedule	40
Appendix C	– Methods	42
Appendix D	– Editorial Group : Terms of Reference	46
Appendix E	– Purpose of the Quarterly Health Improvement Report	47
Appendix F	– PCT Responses : Corrective Action	48

1. Q1 2010/11 Health Improvement Performance Summary

The table below summarises the alert assessments given for each indicator and PCT. PCTs are required to respond with corrective action for instances of indicators below **target**  or with **data quality**  problems. PCTs may also wish to respond to other alerts where you believe an explanation of their performance would be helpful or where they feel that other PCTs may benefit from best practice their PCT has developed. Responses are presented in **Appendix F**. The methods used to assign alerts to PCTs are detailed in **Appendix C**.

Alerts symbols used:

Data:		Data not submitted or failed quality check
Trend:		Current performance is significantly higher than their latest baseline average
Trend:		Current performance is significantly lower than their latest baseline average
Target		Current performance is below target trajectory
WM Average:		Significantly below the West Midlands average
WM Average:		Significantly above the West Midlands average

Indicator	Birmingham East & North	Coventry	Dudley	Heart of Birmingham	Herefordshire	North Staffordshire	Sandwell	Shropshire	Solihull	South Birmingham	South Staffordshire	Stoke-on-Trent	Telford & Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire	West Midlands	
2 Life Expectancy																			
2.2 Slope Index of Inequalities	Not Rated																		
2.3b CVD Mortality (Quarterly)	Not Rated																		
2.4b Cancer Mortality (Quarterly)	Not Rated																		
2.6 Breast Cancer Screening Round Length																			

Indicator		Birmingham East & North	Coventry	Dudley	Heart of Birmingham	Herefordshire	North Staffordshire	Sandwell	Shropshire	Solihull	South Birmingham	South Staffordshire	Stoke-on-Trent	Telford & Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire	West Midlands
3 Child and Maternal Health																			
3.3	Breast Feeding Initiation	↗	↗	↘	↗	↗		↘	↗		↗		↘		↘	↗		↗	↗
3.8	6-8 Week Breast Feeding Prevalence	↗ ⊙	✘ ↗ ⊙	↘ ⊙	↗	⊙		✘ ↘ ⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
3.5a	Childhood Vaccinations - DtaP IPV Hib	↘ ↘	↗				↗		↗		↘	↗			↗	↗	↘	↗	
3.5b	Childhood Vaccinations - MenC	↘	↗				↗	↗	↗		↘				↗	↗	↘	↗	↗
3.5c	Childhood Vaccinations - MMR	↘ ⊙	↗	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	↗	⊙	⊙	↗	↗	⊙	↗	⊙
3.9	Childhood Weight Management Programmes	↘	↗	↗	✘ ↘	↘	↗	↘	↘	↘	↘	↗	↘	↘		✘ ↘	↘	↘	↗

Indicator		Birmingham East & North	Coventry	Dudley	Heart of Birmingham	Herefordshire	North Staffordshire	Sandwell	Shropshire	Solihull	South Birmingham	South Staffordshire	Stoke-on-Trent	Telford & Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire	West Midlands
3.10	KPI1a - Completed health and social assessment <13weeks	↗	↗	↘ ⊙ ↗	↘ ⊙ ↗	↗ ⊙ ↗	↗	↗				↗	↗	↘ ⊙ ↘	↗	↗	↘ ⊙ ↘		↗
3.11	KPI2 - Antenatal continuity of carer	⊙ ↗	↗ ⊙	↘ ⊙ ↗	↘ ⊙ ↗	↗ ⊙ ↗	↗	⊙ ↘	⊙ ↘	↗ ⊙ ↗	↘ ⊙ ↘	↗ ⊙ ↗	⊙ ↗	↘ ⊙ ↘	↗ ⊙ ↗	↘ ⊙ ↘	↗ ⊙ ↗	↘ ⊙ ↘	⊙ ↘
3.12	KPI 4: Smoking in pregnancy (at booking)				↘	↗							↗	↗	↗	↘		↗	
4 Lifestyles																			
4.2	GUM Waiting Times		↗ ↗	↗ ↗	↗	↘	↗	↗		↗			↗	↗	↗		↗		
4.3	Health Trainers Service Development	↗ ↗	↗ ↗	✘ ↘	↗ ↗	↘ ⊙ ↘	✘ ↘	↗ ↗	✘ ↘	↗ ⊙ ↗	↗ ↗	↗ ↗	↗ ↗	↗ ⊙ ↘	↗ ↗	⊙ ↘	↗ ⊙ ↘	⊙ ↘	↗ ⊙
5 Long Term Conditions																			
5.1	Expert Patients Programmes	↘	↗	↗	↗		✘ ↘	↗	✘ ↘		↘			↗		✘ ↘			
5.3	Blood Pressure Management for CHD Patients (QOF CHD6)	↘ ↘		↘		↘		↗		↘		↗	↗	↘	↗	↘	↘	↘	↗

Indicator		Birmingham East & North	Coventry	Dudley	Heart of Birmingham	Herefordshire	North Staffordshire	Sandwell	Shropshire	Solihull	South Birmingham	South Staffordshire	Stoke-on-Trent	Telford & Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire	West Midlands
5.4	Cholesterol Management for CHD Patients (QOF CHD8)	↘		↗	↗		↘	↘	↗	↘	↗	↗	↗			↗	↘	↘	↗
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)			↘								↗	↗				↘		↗
5.6	Cholesterol Management for Stroke Patients (QOF Str8)							↘	↗		↗		↘			↗	↘	↘	↗
5.8	Seizures Management for Epilepsy (QOF EPIL8)			↘	↗			↗											↗
5.10	Blood Pressure Management for Diabetics (QOF DM12)		↗		↗	↗		↗	↗	↗		↗	↗	↘	↗	↗	↘	↗	↗
5.11	Cholesterol Management for Diabetics (QOF DM17)	↘	↘	↗	↗	↗	↘	↘	↗	↗	↘	↗	↗	↘	↘	↗	↘	↘	↗
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	↘		↗		↗	↗	↗	↘	↘	↗	↗	↗	↘	↗	↗	↘		↗
6 Older People																			
6.4	Falls Prevention Training Programmes	✘	✘		↗	✘		↗		✘			✘	↗	↘			↘	↗
6.5	Falls Assessments	✘	✘	↗	↘	✘	↗	↗	↘	✘		↗	✘	↗			↘	↗	↗

Indicator		Birmingham East & North	Coventry	Dudley	Heart of Birmingham	Herefordshire	North Staffordshire	Sandwell	Shropshire	Solihull	South Birmingham	South Staffordshire	Stoke-on-Trent	Telford & Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire	West Midlands
7 Primary Care																			
7.3	Smoking Status Recording (QOF Rec22)	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗
7.4	Ethnicity Recording (QOF Rec21)	↘	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↘	↗	↘	↗	↘	↗
7.2	BMI Recording	Discontinued																	
4.1	Smoking Cessation Service Activity	Data Not Available until Mid-August, not included as no chance for PCTs to comment																	
6.2	Flu Vaccination Rates																		
7.5	Child Access to NHS Dentistry																		
7.6	Adult Access to NHS Dentistry																		

2.2 – Slope Index of Inequalities

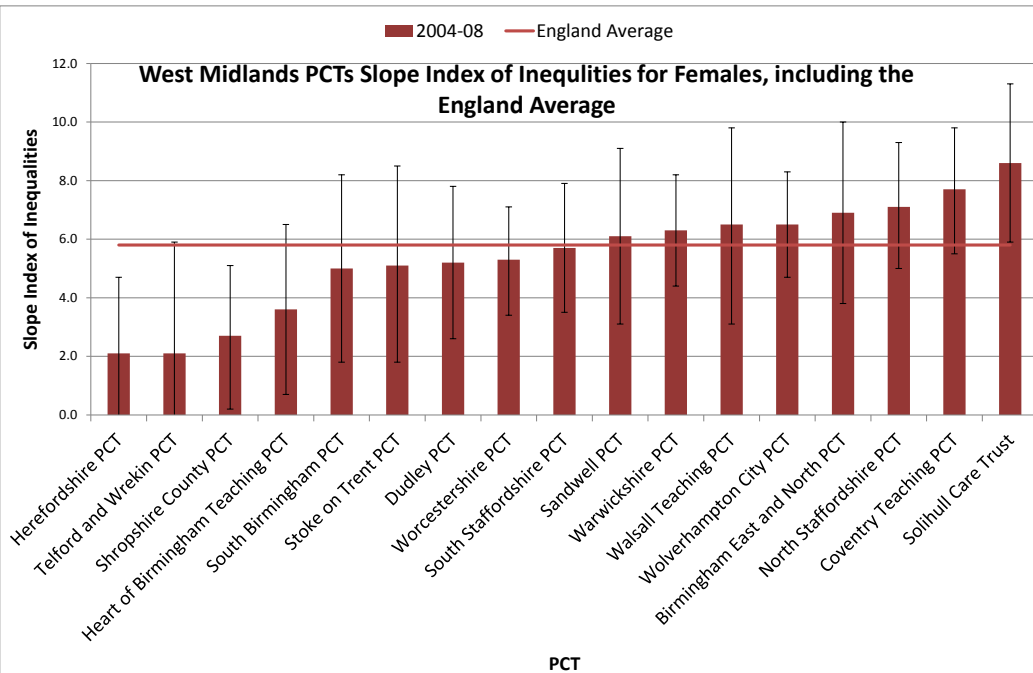
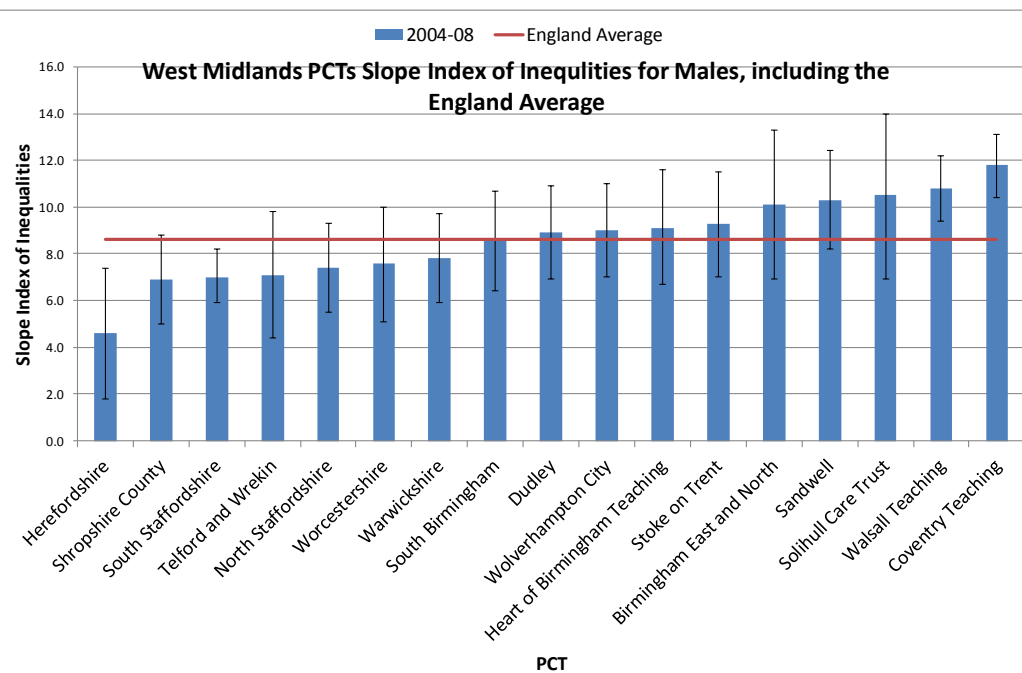
Birmingham East and North – 2004-08

Not Rated

The Slope Index of Inequalities is a single score which represents the gap in years of life expectancy between the best-off and worst-off within the PCT, based on a statistical analysis of the relationship between life expectancy and deprivation scores across the whole PCT..

Data Sources: APHO Slope Index of Inequalities

- Birmingham East & North’s Slope Index of Inequalities for males is 10.1%, not significantly different to the England Average (8.6%), by 95% confidence intervals.
- Birmingham East & North’s Slope Index of Inequalities for females is 6.9%, not significantly different to the England Average (5.8%), by 95% confidence intervals.

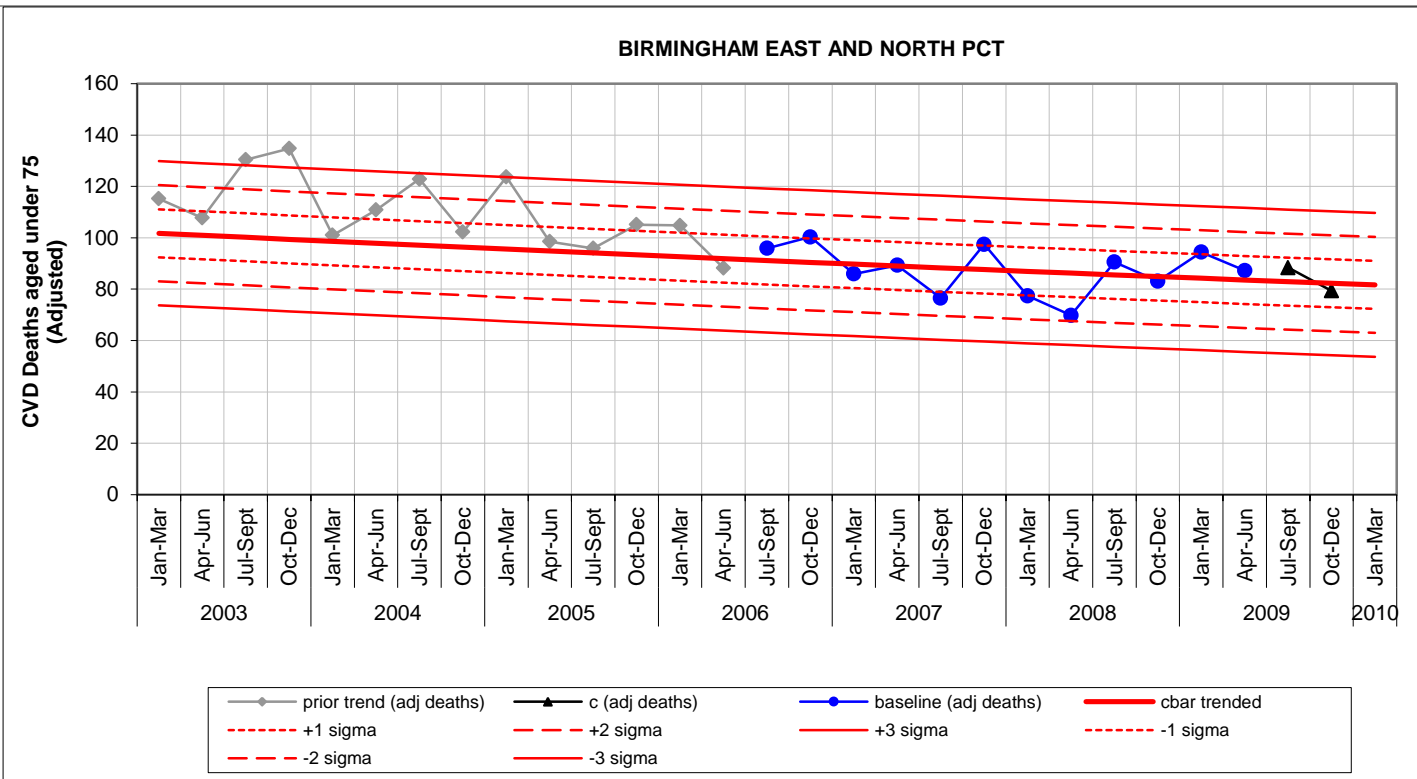


2.3b – CVD Mortality (quarterly) Birmingham East & North– 2009 Oct-Dec

Not Rated

This indicator measures the number of deaths for cardio-vascular disease under the age of 75 that occur each quarter. The data is adjusted to take account of seasonal variations in cardio-vascular deaths. The indicator gives a more up-to-date picture of progress towards the 2010 PSA target on cardio-vascular mortality. Data Source: ONS monthly PHMF

- There were 74 (equivalent to 70 seasonally adjusted) under 75's deaths from CVD in Birmingham East And North Pct in Jan-Mar 2010.
- The current value is not significantly different to the latest baseline trend (i.e. within the control limits for trend).
- None of the 17 PCTs in the West Midlands had a significantly different number of deaths than expected by their baseline trend (i.e. outside the lower and upper control limits for their expected trend).



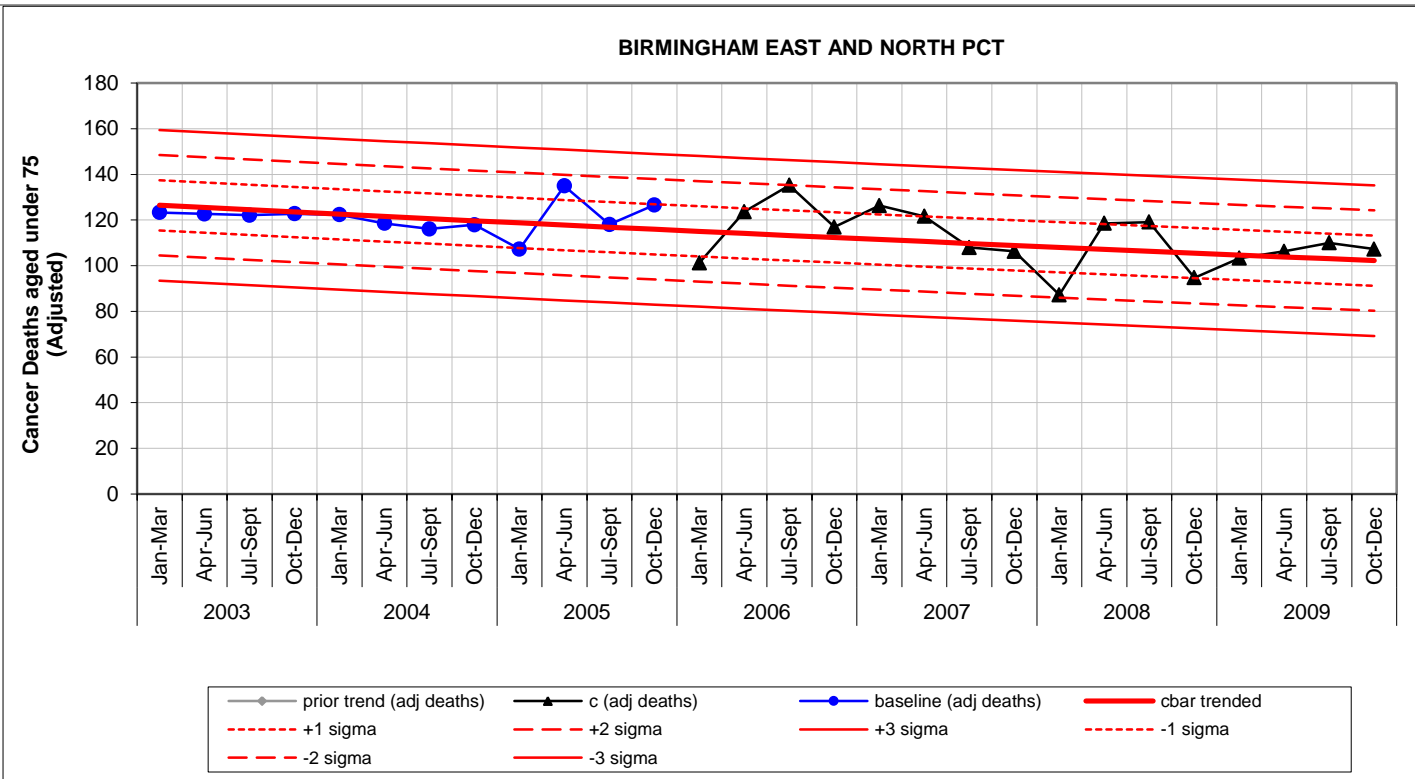
2.4b – Cancer Mortality (quarterly)

Birmingham East & North– 2009 Oct-Dec

Not Rated

This indicator measures the number of deaths for cancer under the age of 75 that occur each quarter. The data is adjusted to take account of seasonal variations in cancer deaths. The indicator gives a more up-to-date picture of progress towards the 2010 PSA target on cancer mortality. Data Source: ONS monthly PHMF

- There were 111 (equivalent to 107 seasonally adjusted) under 75's deaths from Cancer in Birmingham East And North Pct in Oct-Dec 2009.
- The current value is not significantly different to the latest baseline trend (i.e. within the control limits for trend).
- None of the 17 PCTs in the West Midlands had a significantly different number of deaths than expected by their baseline trend (i.e. outside the lower and upper control limits for their expected trend).



2.6 – Breast Cancer Screening Round Length

City, Sandwell & Walsall– Apr-Jun 10

This indicator measures the percentage of eligible women who are invited for breast screening within 36 months of their previous invitation. Along with screening uptake (the proportion of women invited who attend), round length has a major influence on screening coverage. The national minimum standard for breast cancer round length is for 90% of eligible women to be invited for screening every 36 months. Trend data shown is from the first completed screening round following the expansion of services to women aged 50-70 and is for the services rather than residents. Data

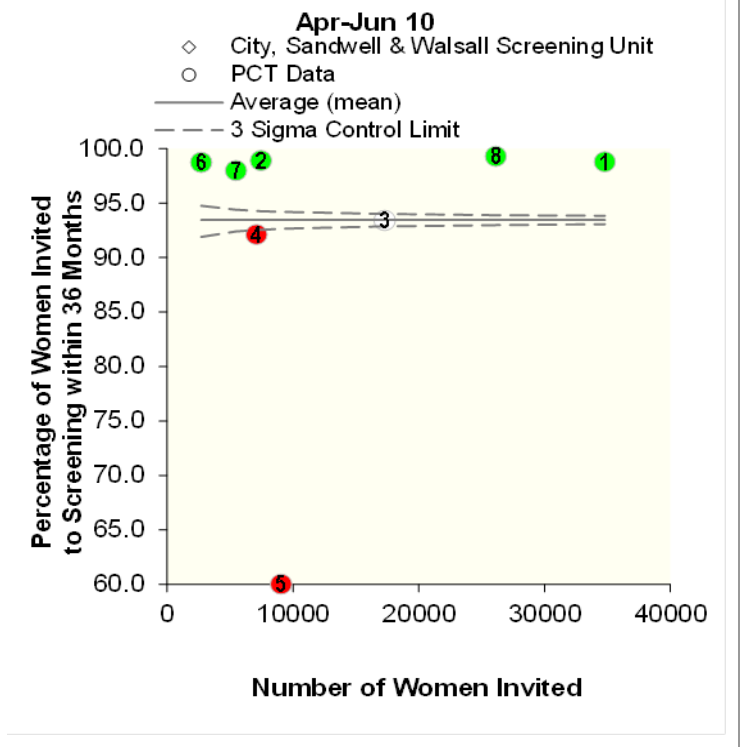
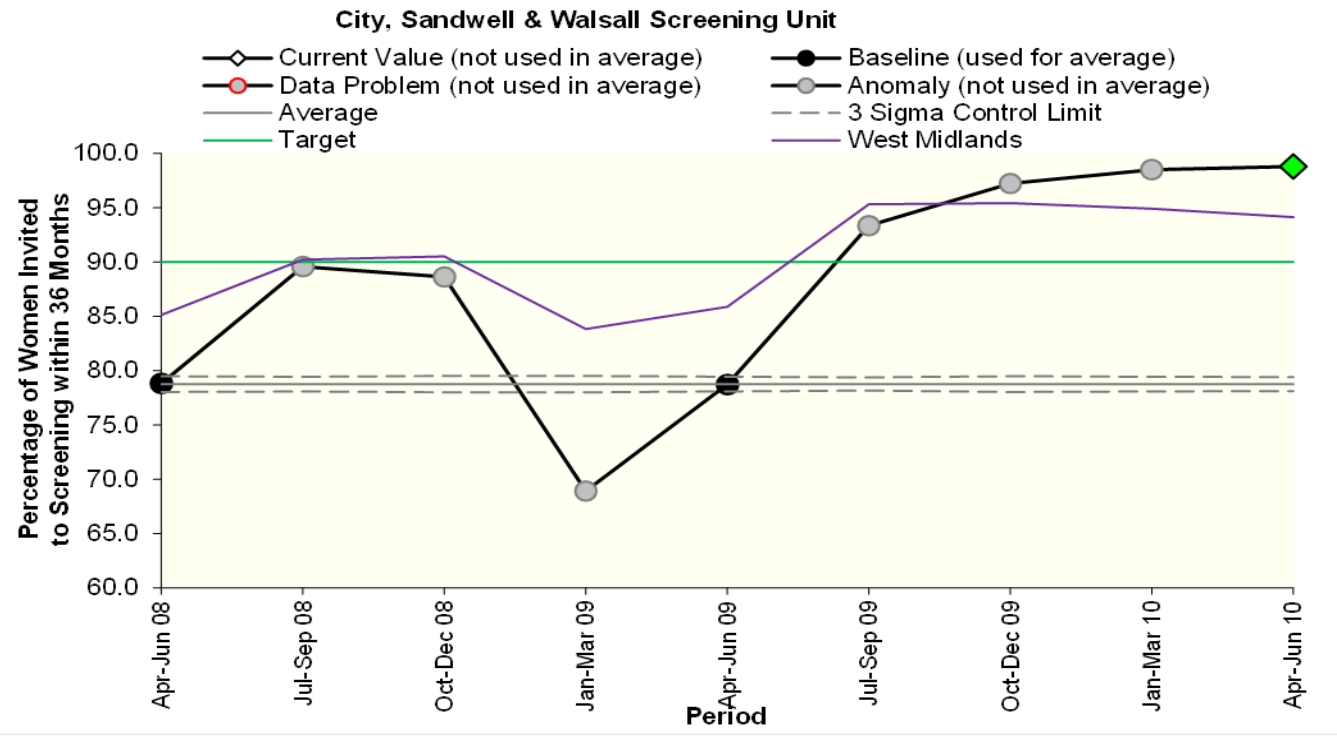
Source: Breast Screening Quality Assurance Reference Centre www.wmpho.org.uk/wmciu

Alerts	
Data:	
Trend:	➔
Target:	
WM Average:	▲

- City, Sandwell & Walsall Screening Units percentage of women offered screening within 36 months for Apr-Jun 10 was **98.8%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is above the target trajectory of 90.0%.
- Current performance is significantly higher than the West Midlands average (i.e. above the funnel upper control limit).
- Of the 8 screening units, 5 were better than and 2 were worse than expected from the West Midlands average.

Funnel Key:

1. City, Sandwell & Walsall Screening Unit
2. Dudley & Wolverhampton Screening Unit
3. Hereford & Worcester Screening Unit
4. North Staffordshire Screening Unit
5. Shropshire Screening Unit
6. South Birmingham Screening Unit
7. South Staffordshire Screening Unit
8. Warwickshire, Solihull & Coventry Screening Unit



3.3 – Breast Feeding Initiation

Birmingham East & North – Apr-Jun 10

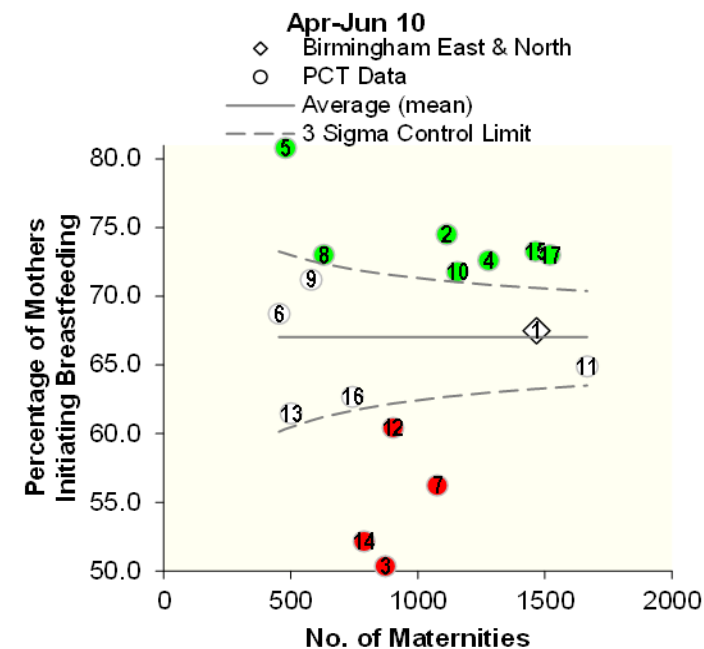
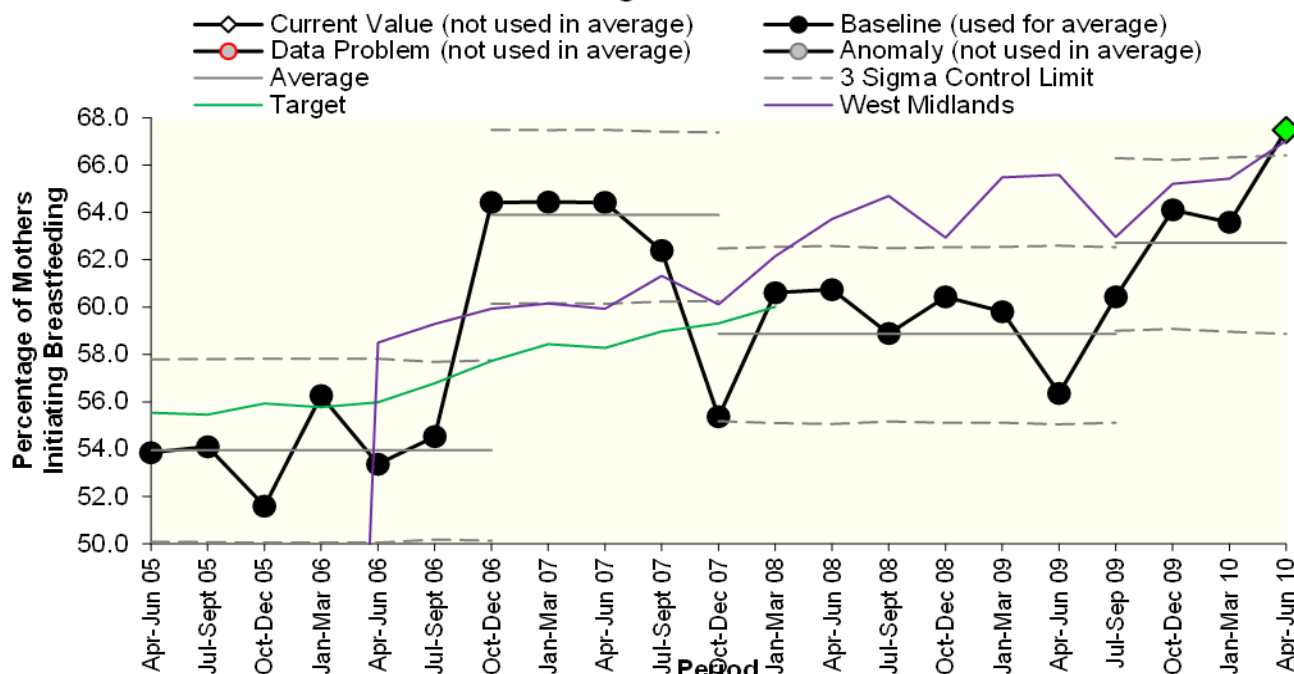
This indicator measures the proportion of mothers who are known to initiate breastfeeding out of all maternities. It is anticipated that the breastfeeding status of 95% of new mothers will be established. There is a national target to increase breastfeeding initiation rates by 2 percentage points per annum. Data Source: LDPR-C & VSMR-C via Unify2

Alerts	
Data:	
Trend:	↗
Target:	
WM Average:	

- Birmingham East & Norths breastfeeding initiation rate for Apr-Jun 10 was **67.5%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 7 were better than and 4 were worse than expected from the West Midlands average.

Funnel Key:	
1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



3.8 – 6 To 8 Weeks Breast Feeding Prevalence

Birmingham East & North– Apr-Jun 10

Alerts

Data:

Trend:

Target:

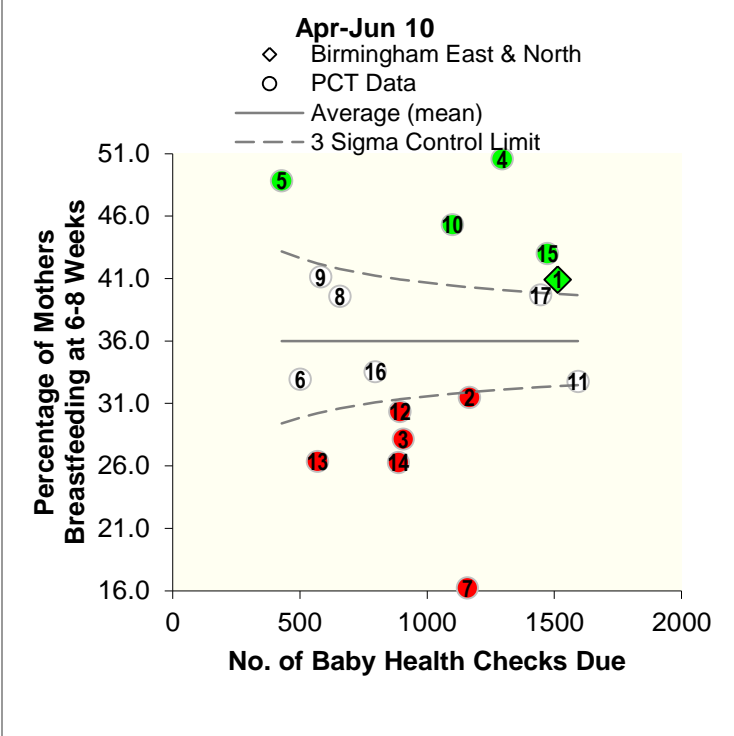
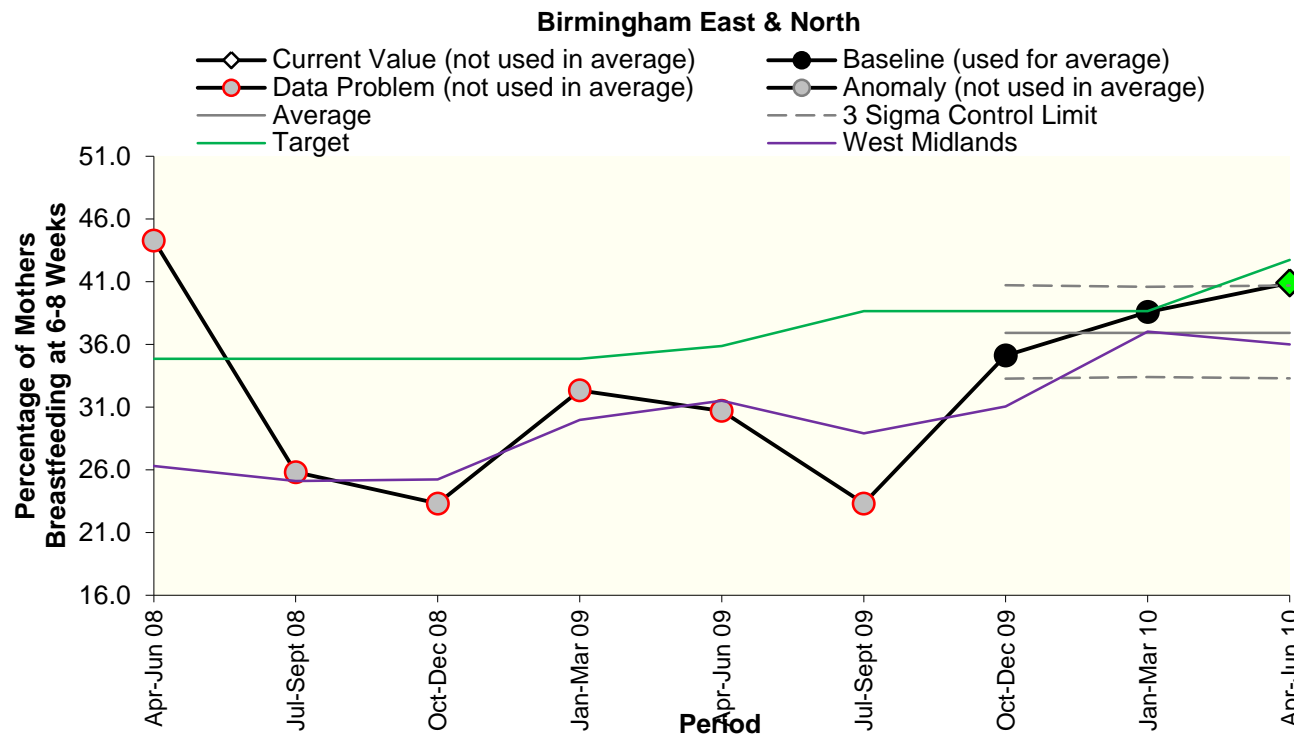
WM Average:

This indicator measures the number of infants that are totally or partially breastfed at 6-8 weeks as a proportion of all infants that are due for a check at 6-8 weeks. It is anticipated that the breastfeeding status of 85% of new mothers will be established. This is a Vital Signs indicator. Data Source: VSMR-C via Unify2

- Birmingham East & Norths breastfeeding 6-8 week prevalence rate for Apr-Jun 10 was **40.9%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is below the target trajectory of 42.7%.
- Current performance is significantly higher than the West Midlands average (i.e. above the funnel upper control limit).
- Of the 17 PCTs, 5 were better than and 6 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



3.5a – Childhood Vaccinations – DtaP IPV Hib

Birmingham East & North– Jan-Mar 10

Alerts

Data:

Trend:

Target:

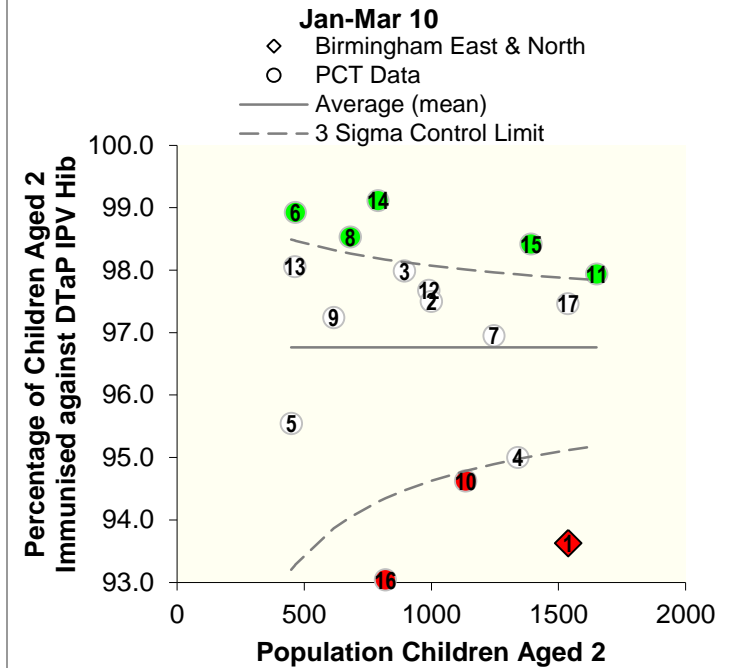
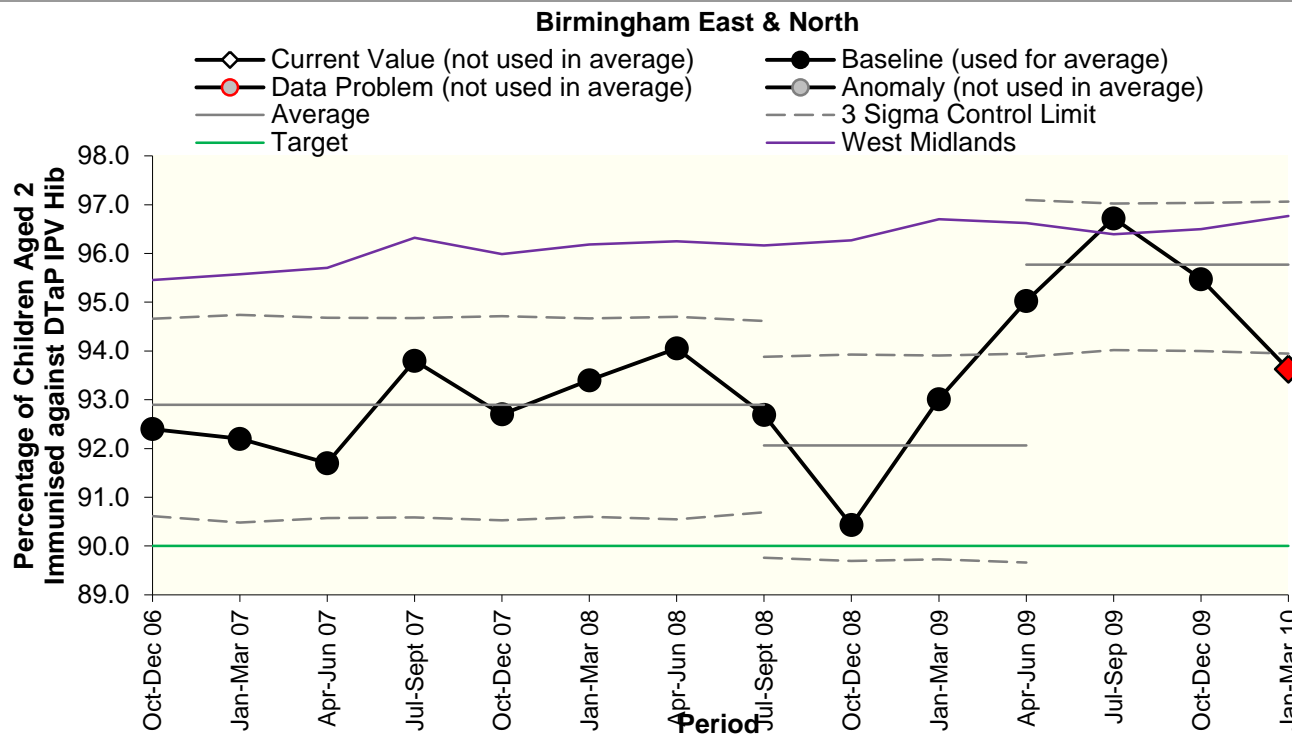
WM Average:

This indicator measures the proportion of children aged 2 years that have received all vaccinations for diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b as set out in the national immunisations schedule. The WHO target for childhood vaccination coverage is 95%. This indicator forms part of a Vital Signs indicator. Data Source: HPA COVER

- Birmingham East & Norths percentage of children aged 2 immunised for DTaP IPV Hib for Jan-Mar 10 was **93.6%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is above the target trajectory of 90.0%.
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



3.5b – Childhood Vaccinations - MenC

Birmingham East & North– Jan-Mar 10

Alerts

Data:

Trend:

Target:

WM Average: ▼

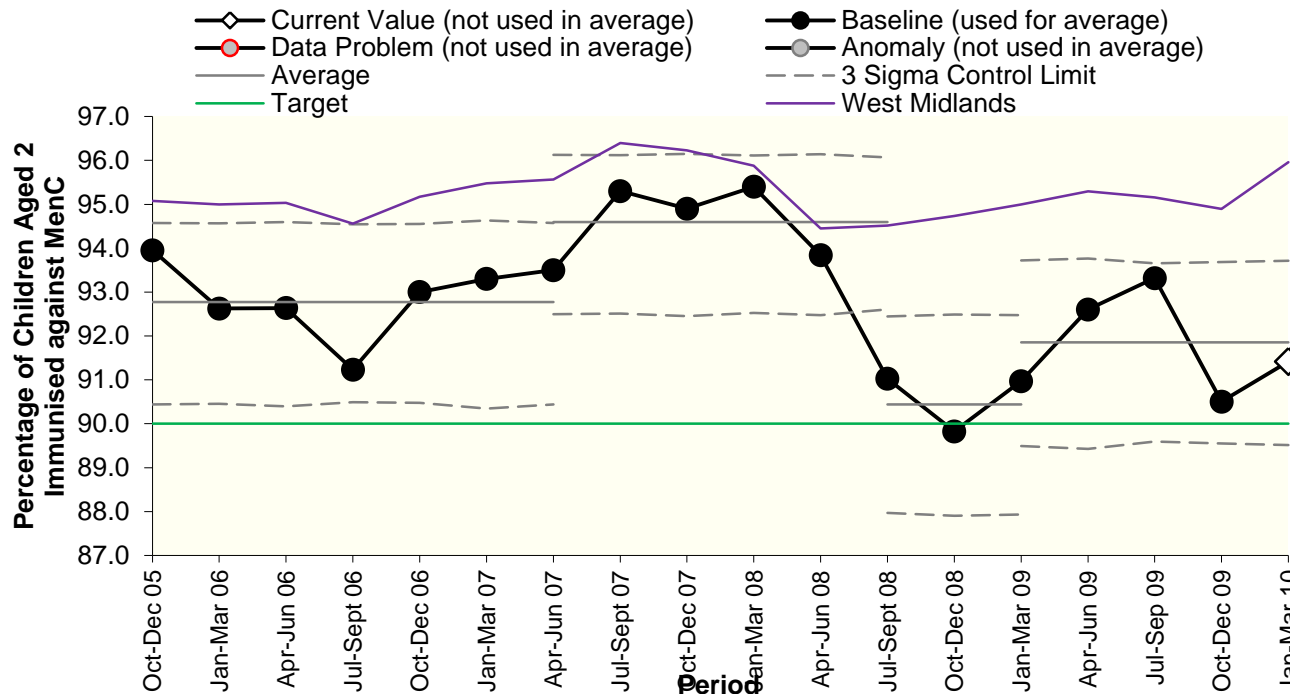
This indicator measures the proportion of children aged 2 years that have received all vaccinations for meningitis C as set out in the national immunisations schedule. The WHO target for childhood vaccination coverage is 95%. This indicator forms part of a Vital Signs indicator. Data Source: HPA COVER

- Birmingham East & Norths percentage of children aged 2 immunised for MenC for Jan-Mar 10 was **91.4%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is above the target trajectory of 90.0%.
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 5 were better than and 3 were worse than expected from the West Midlands average.

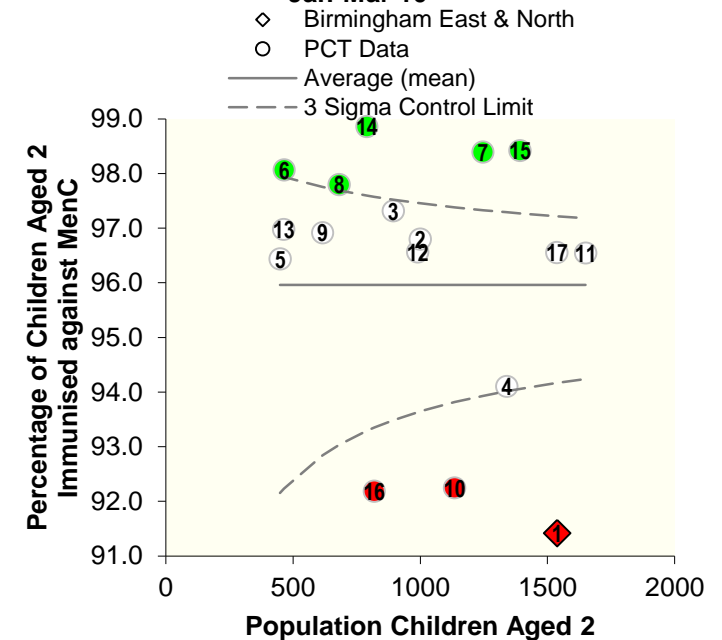
Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



Jan-Mar 10



3.5c – Childhood Vaccinations - MMR

Birmingham East & North– Jan-Mar 10

Alerts

Data:

Trend:

Target:

WM Average:

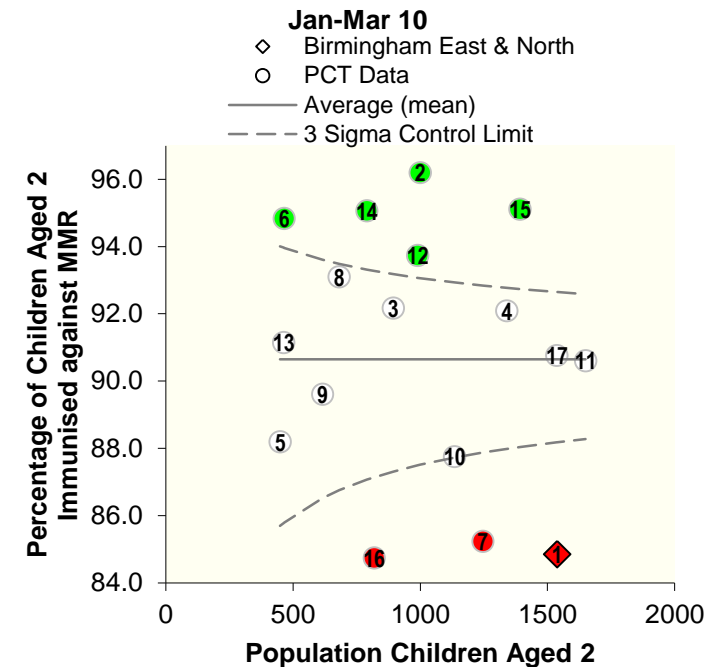
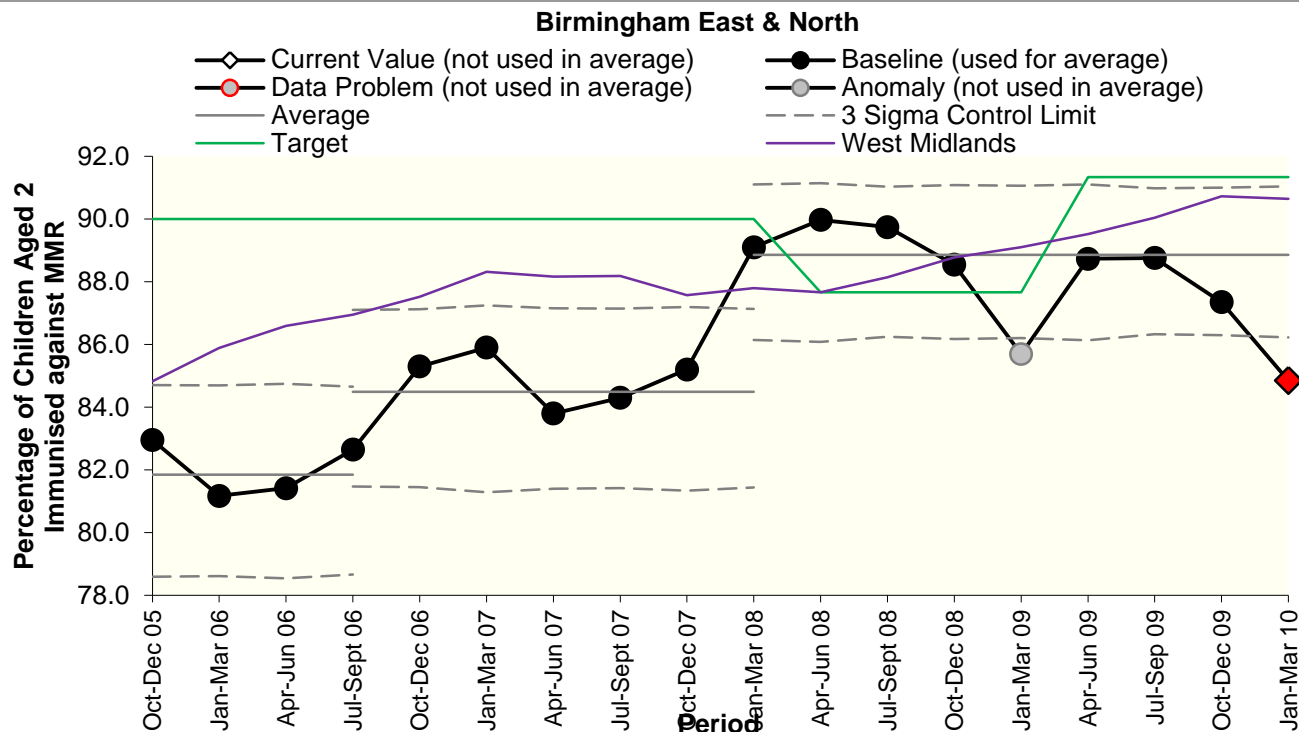
This indicator measures the proportion of children aged 2 years that have received all vaccinations for measles, mumps and rubella as set out in the national immunisations schedule. The WHO target for childhood vaccination coverage is 95%. This indicator forms part of a Vital Signs indicator. Data

Source: HPA COVER & VS Targets

- Birmingham East & Norths percentage of children aged 2 immunised for MMR for Jan-Mar 10 was **84.9%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is below the target trajectory of 91.3%.
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 5 were better than and 3 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



3.9 – Childhood Weight Management Programmes

Birmingham East & North – Apr-Jun 10

This indicator measures how many children complete a structured weight management programme compared to the estimated prevalence of obesity in each PCT. The denominator is currently estimated from the sex-specific prevalence of obesity seen in Reception and Year 6 children (NCMP) extrapolated to other ages in each PCT.

Data Source: PCT Returns, IC, ONS

Alerts

Data:

Trend:

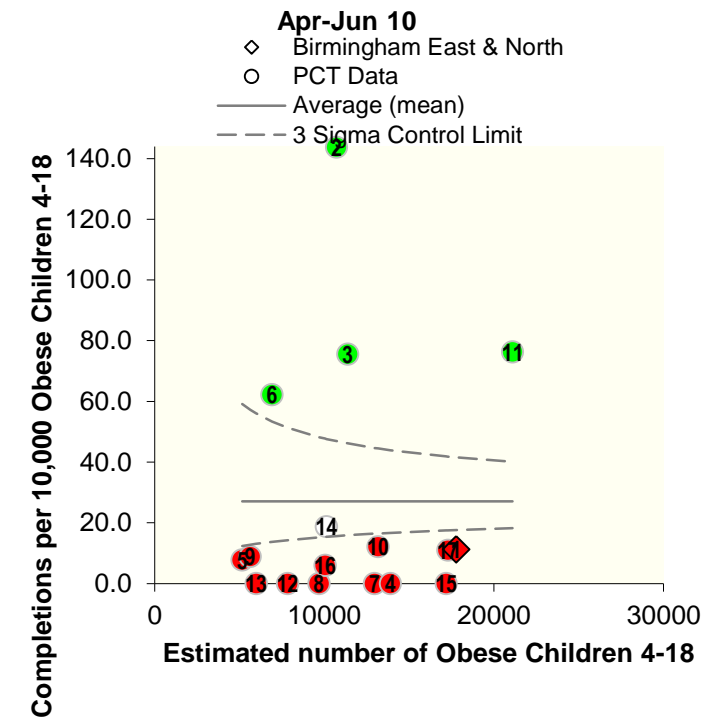
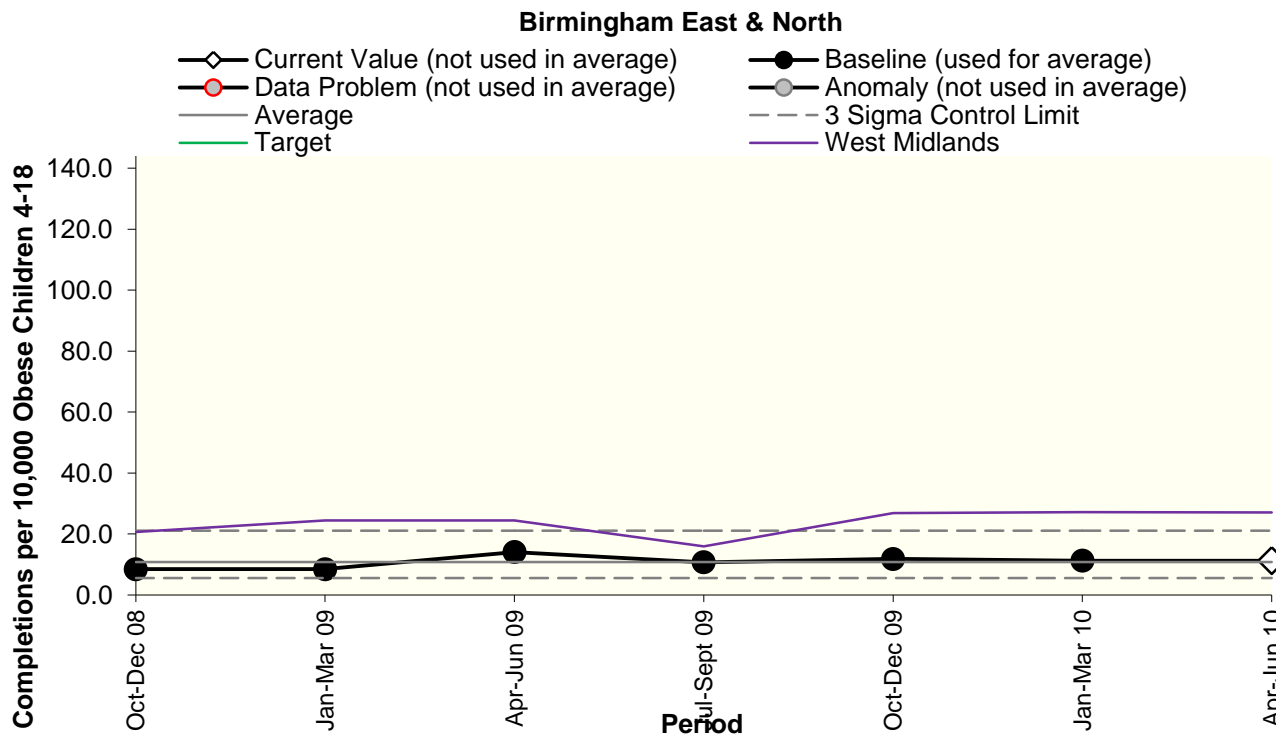
Target:

WM Average:

- Birmingham East & Norths children completing weight management programme for Apr-Jun 10 was **11.3 per 10,000**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 4 were better than and 12 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



3.10 – Completed health & social assessment before 13 weeks

Birmingham East & North – Jan-Mar 10

Early booking - This indicator measures how many women have a completed health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy (national vital signs definition) for each PCT.

Data Source: Perinatal Institute

Alerts

Data:

Trend:

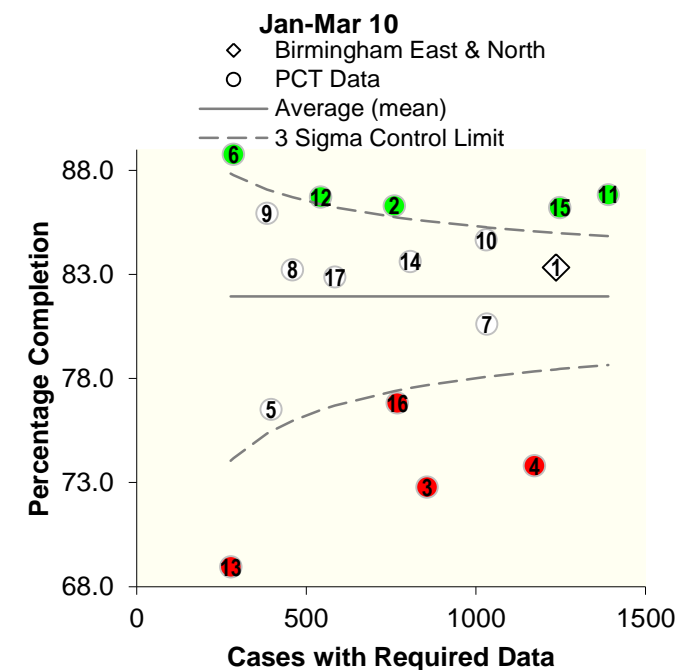
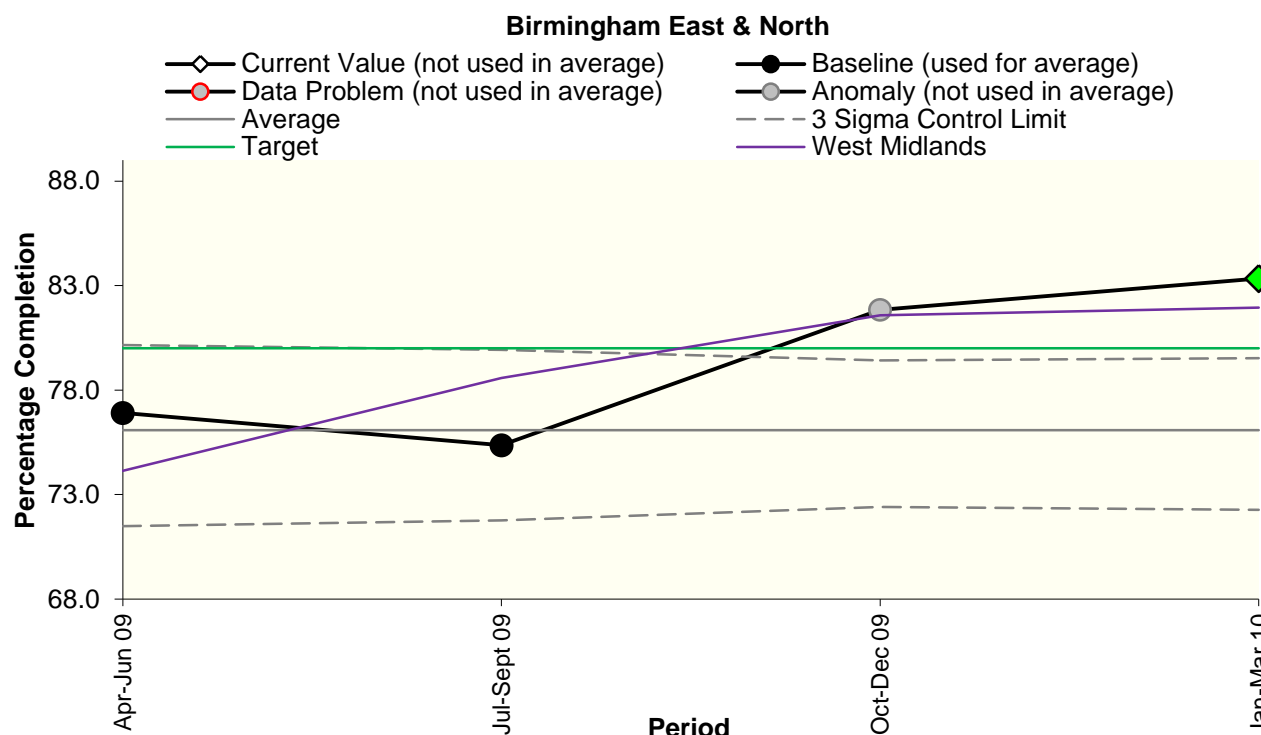
Target:

WM Average:

- Birmingham East & North's Completed health & social assessment before 13 weeks for Jan-Mar 10 was **83.3%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is above the target trajectory of 80.0%.
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 5 were better than and 4 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



3.11 – Antenatal continuity of carer

Birmingham East & North – Jan-Mar 10

Continuity of carer - This indicator measures how many women received 75% of their antenatal visits in the primary care setting with the same midwife for each PCT.

Data Source: Perinatal Institute

Alerts

Data:

Trend:

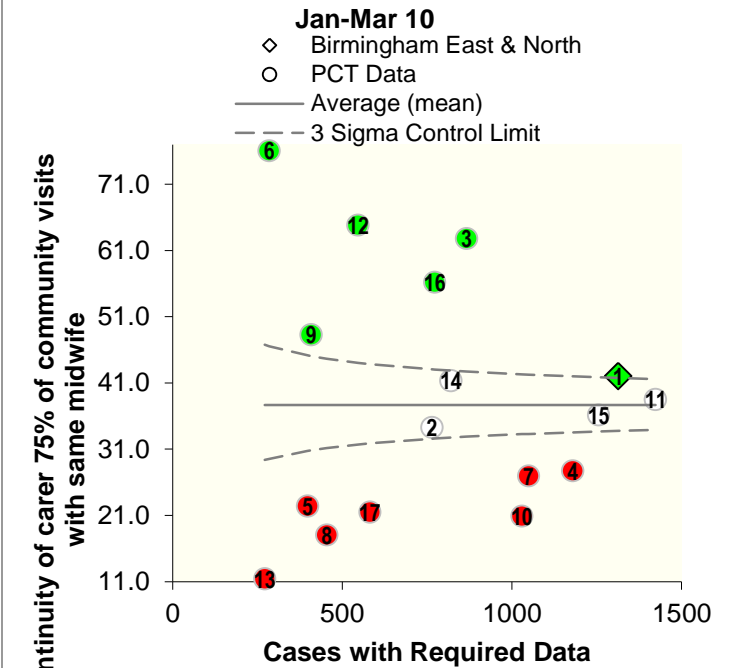
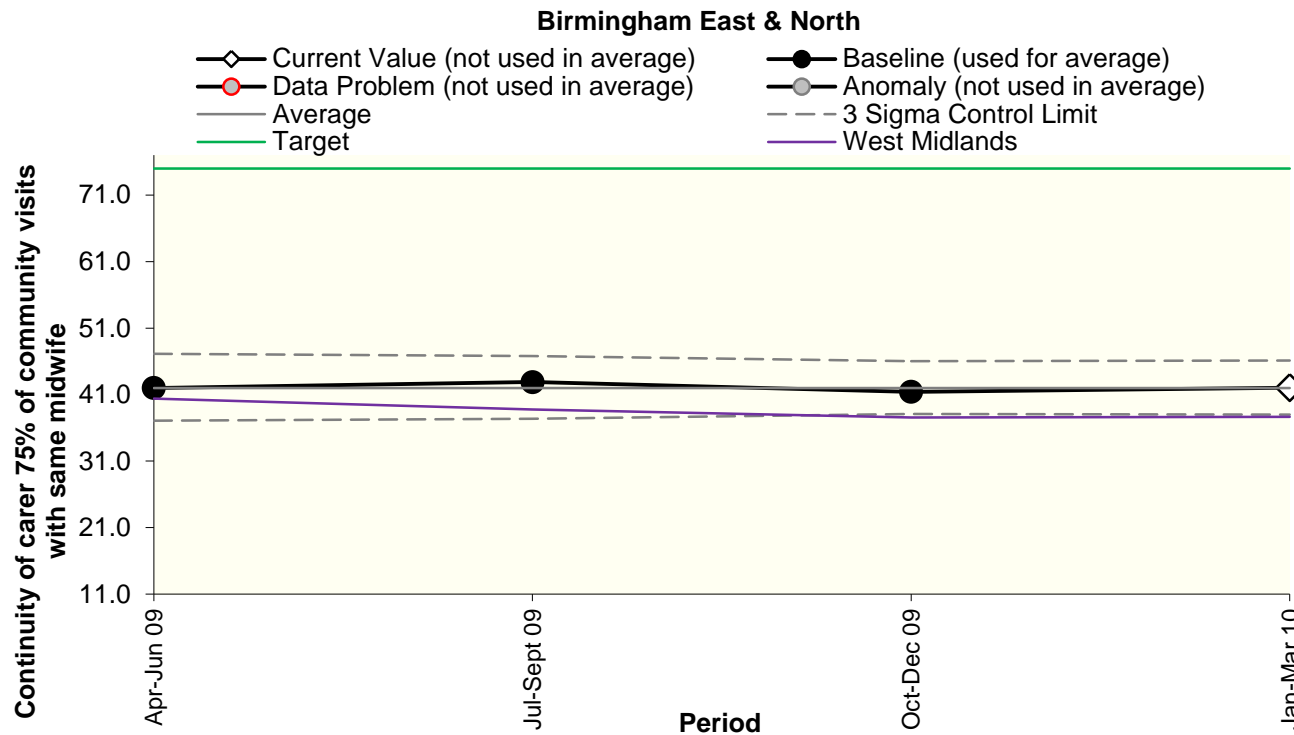
Target:

WM Average:

- Birmingham East & Norths Antenatal continuity of carer for Jan-Mar 10 was **42.0%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is below the target trajectory of 75.0%.
- Current performance is significantly higher than the West Midlands average (i.e. above the funnel upper control limit).
- Of the 17 PCTs, 6 were better than and 7 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



3.12 – Smoking in pregnancy (at booking)

Birmingham East & North – Jan-Mar 10

Smoking in pregnancy - This indicator measures the number of women smoking at Booking.

Data Source: PCT Returns, IC, ONS

Alerts

Data:

Trend:

Target:

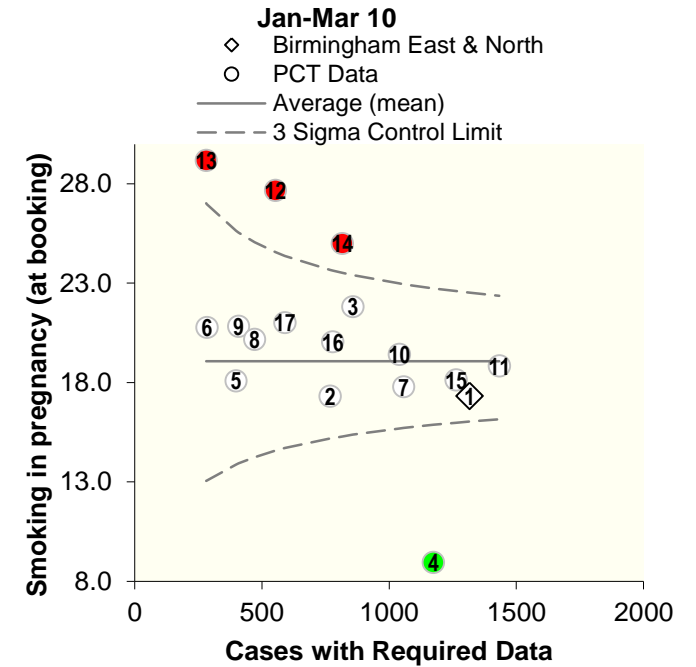
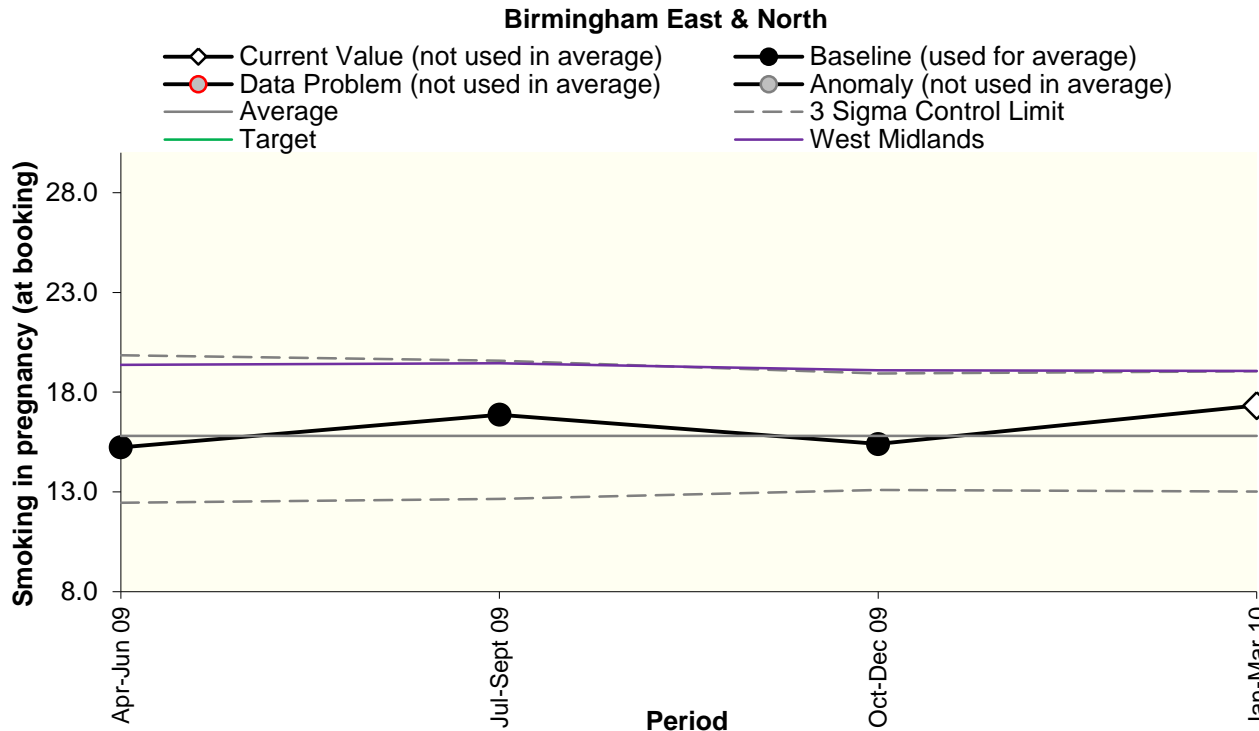
WM Average:

- Birmingham East & Norths Smoking in pregnancy (at booking) for Jan-Mar 10 was **17.3%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 3 were worse than and 1 was better than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North
2. Coventry
3. Dudley
4. Heart of Birmingham
5. Herefordshire
6. North Staffordshire
7. Sandwell
8. Shropshire

9. Solihull
10. South Birmingham
11. South Staffordshire
12. Stoke-on-Trent
13. Telford & Wrekin
14. Walsall
15. Warwickshire
16. Wolverhampton
17. Worcestershire



4.2 – GUM Waiting Times
Birmingham East & North – Jun-10

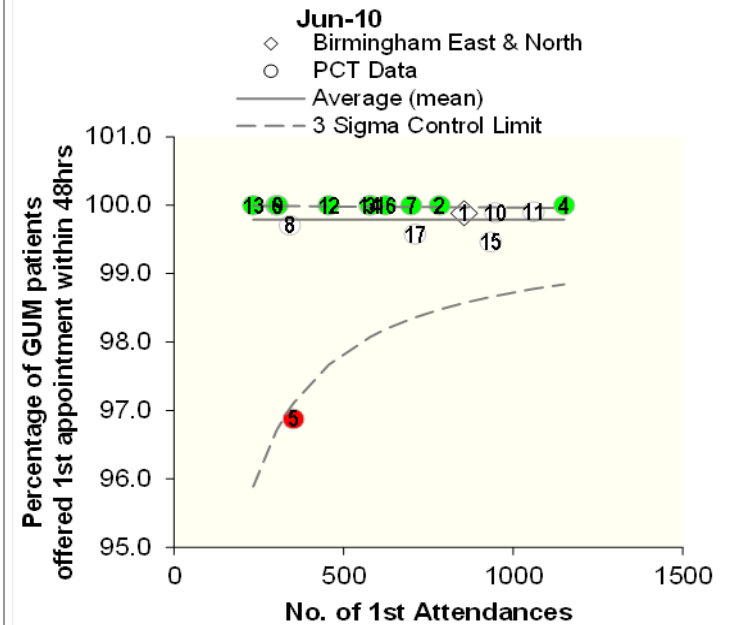
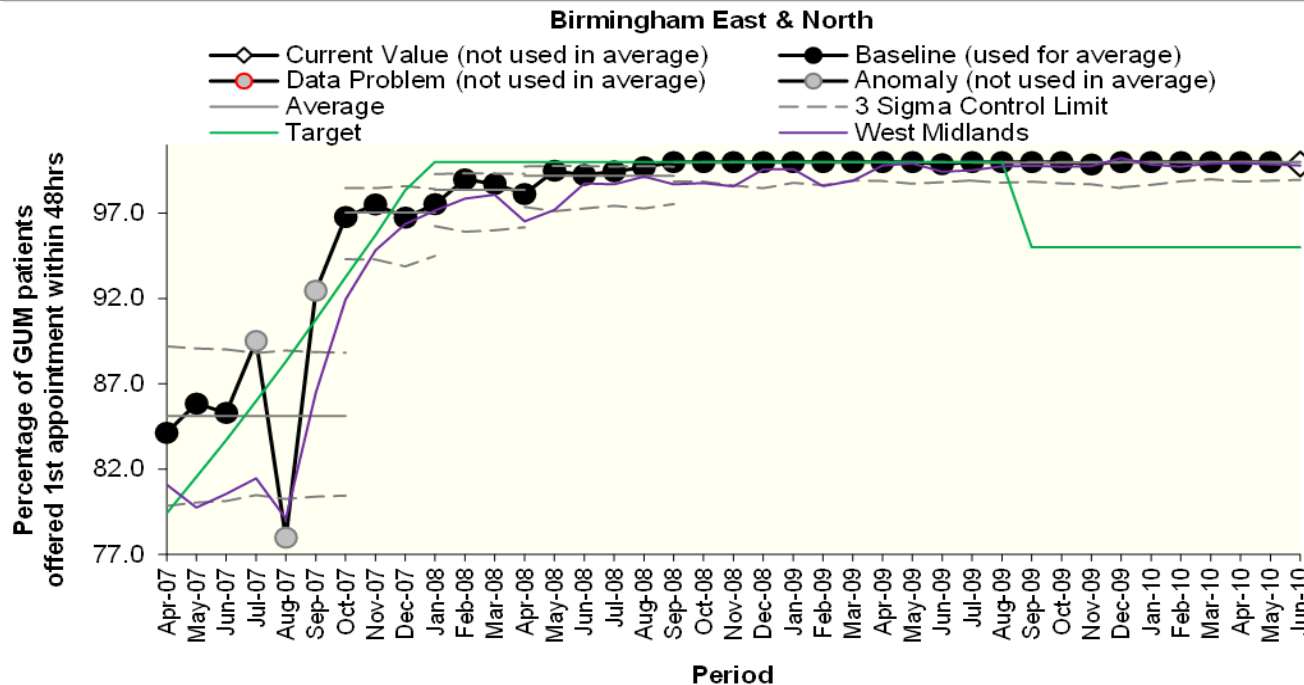
Alerts	
Data:	
Trend:	
Target:	
WM Average:	

This indicator measures the proportion of patients attending GUM clinics who are offered an appointment to be seen within 48 hours of contacting a service. From April 2008 all patients should be offered an appointment to be seen within 48 hours. Data Source: GUMAMM via Unify2

- Birmingham East & Norths percentage of GUM patients offered 1st appointment within 48hrs for Jun-10 was **99.9%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is above the target trajectory of 95.0%.
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 10 were better than and 1 was worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



4.3 – Health Trainers Service Development

Birmingham East & North– Apr-Jun 10

Alerts

Data:

Trend:

Target:

WM Average:

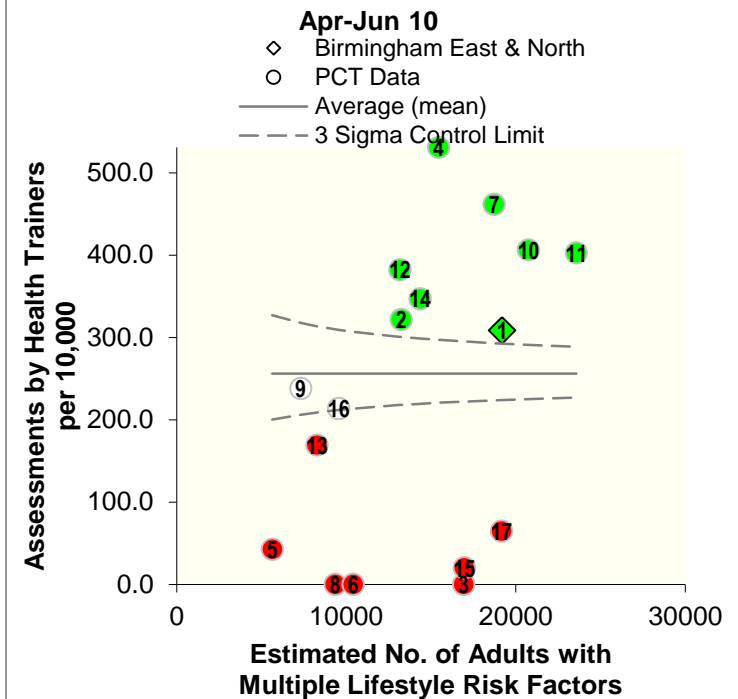
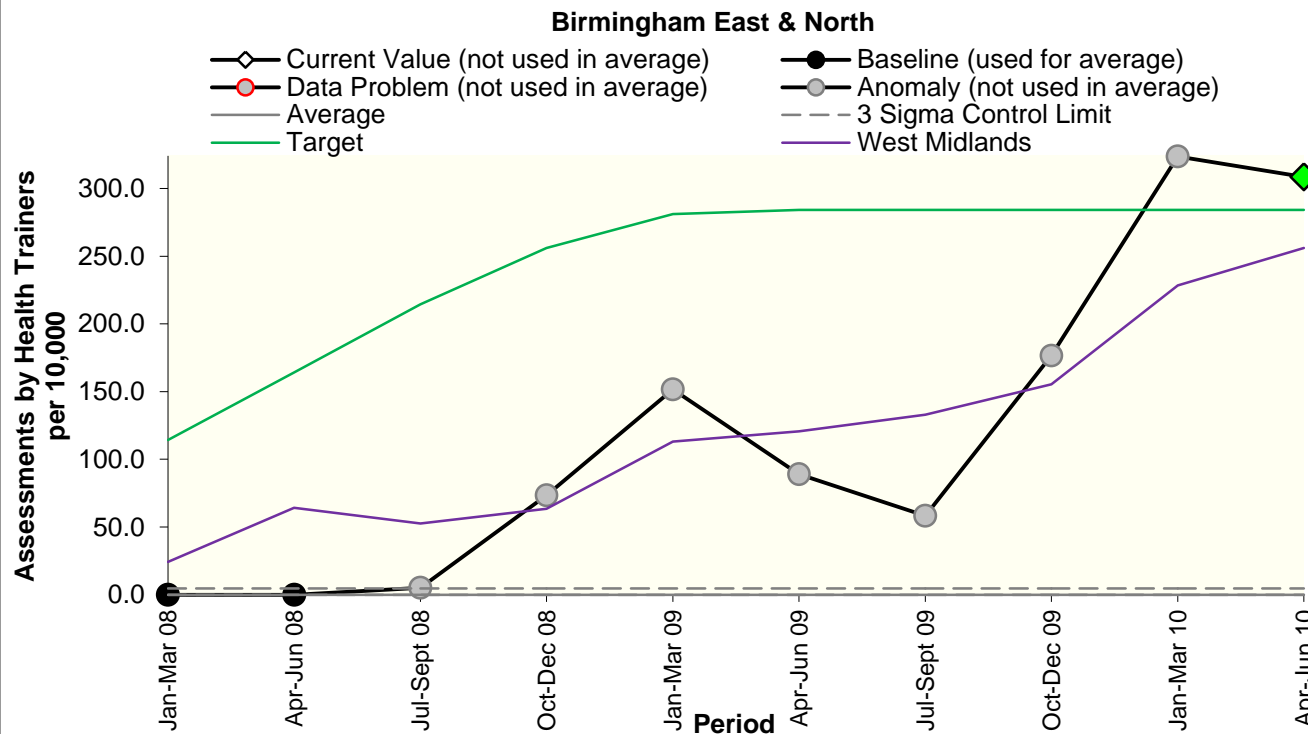
This indicator measures the number of assessments completed by the health trainer’s service per 10,000 adults with multiple lifestyle risk factors. Recurrent resources were made available to PCTs in 2006/7 and 2007/8 to establish health trainer services as part of the Choosing Health initiative.

Data Source: TIH

- Birmingham East & Norths rate of health trainers for Apr-Jun 10 was **308.6 per 10,000**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is above the target trajectory of 284.1 per 10,000.
- Of the 17 PCTs, 8 were better than and 7 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



5. Long Term Conditions Indicators

5.1 – Expert Patients Programme

Birmingham East & North – Apr-Jun 10

Alerts

Data:

Trend: ↘

Target:

WM Average:

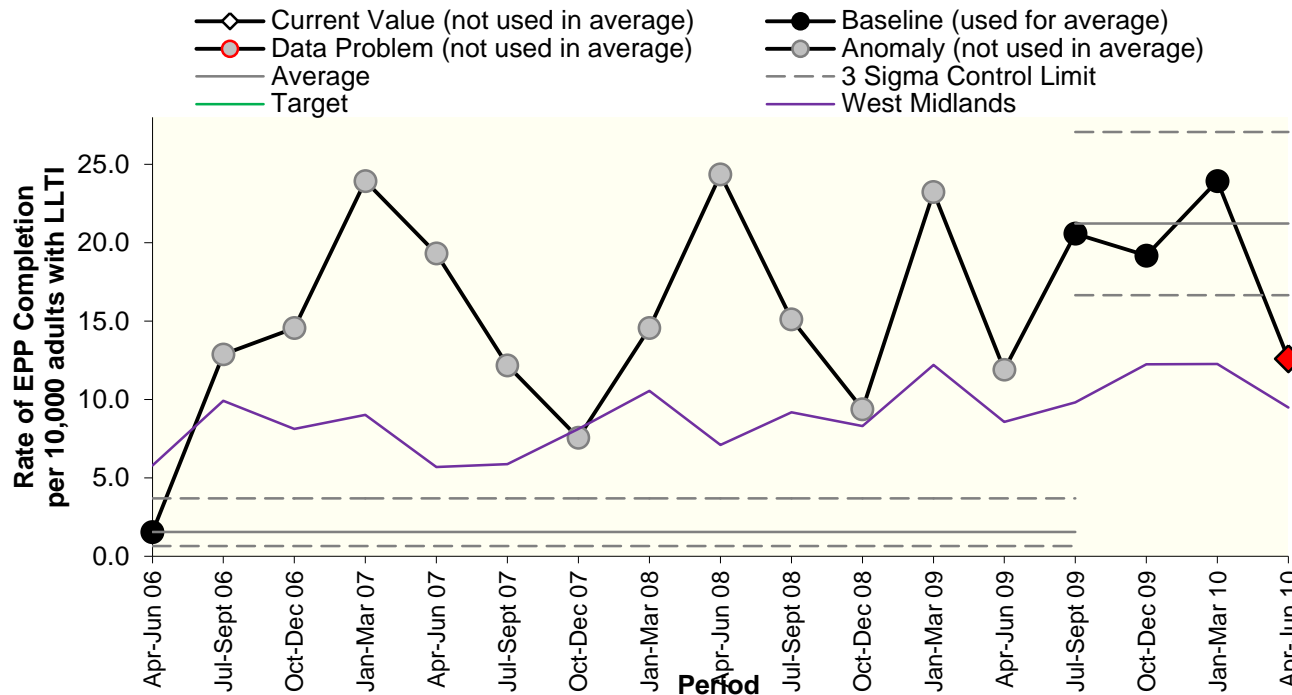
The indicator measures the number of patients completing the expert patients programme per 10,000 adults with a long term condition. The Expert patients programme is the leading self-care management programmes in the UK. The Government set a target to make 100,000 places on Expert Patients Programmes available per year by 2012. Data Source: PCT Returns

- Birmingham East & North's expert patient programme rate for Apr-Jun 10 was **12.6 per 10,000**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 5 were better than and 6 were worse than expected from the West Midlands average.

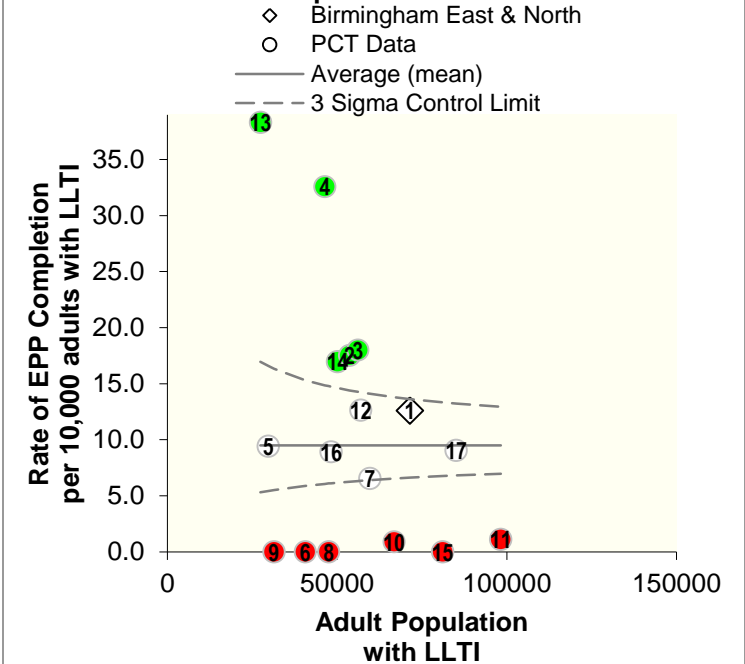
Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



Apr-Jun 10



5.3 – Blood Pressure Management for CHD Patients

Birmingham East & North – Jun-10

Alerts

Data:

Trend: ↘

Target:

WM Average: ↘

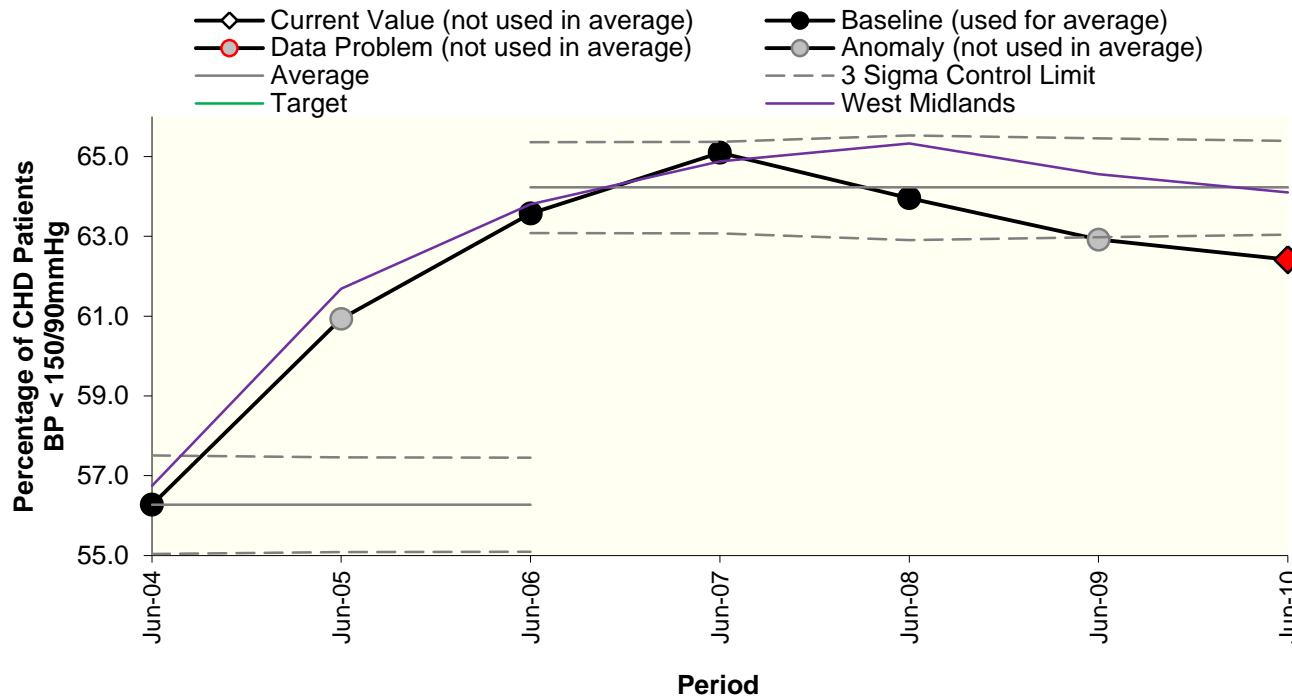
This indicator measures the percentage of patients on CHD registers whose last blood pressure reading (taken within 15 months of year end) was below 150/90 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year end position. Indicator values are reset at the end of March each year. This is QOF indicator CHD6. Data Source: QMAS

- Birmingham East & Norths percentage of CHD patients with BP<150/90mmHg (in last 15 mths) for Jun-10 was **62.4%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 3 were better than and 5 were worse than expected from the West Midlands average.

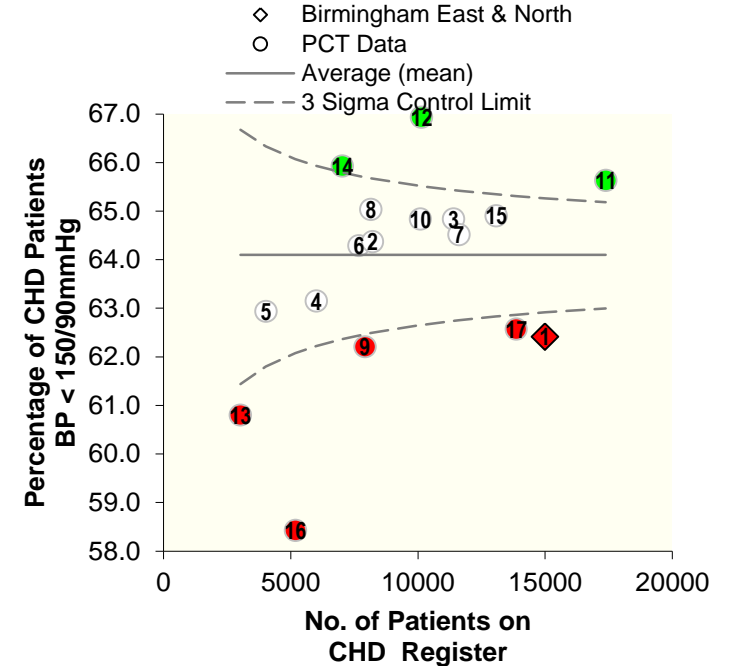
Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



Jun-10



5.4 – Cholesterol Management for CHD Patients

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average:

This indicator measures the percentage of patients on CHD registers whose last cholesterol measurement (taken within 15 months of year end) was below 5mmol/l. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator CHD8. Data Source: QMAS

- Birmingham East & Norths percentage of hypertension patients with cholesterol <5mmol/l (in last 15 mths) for Jun-10 was **43.4%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 4 were better than and 5 were worse than expected from the West Midlands average.

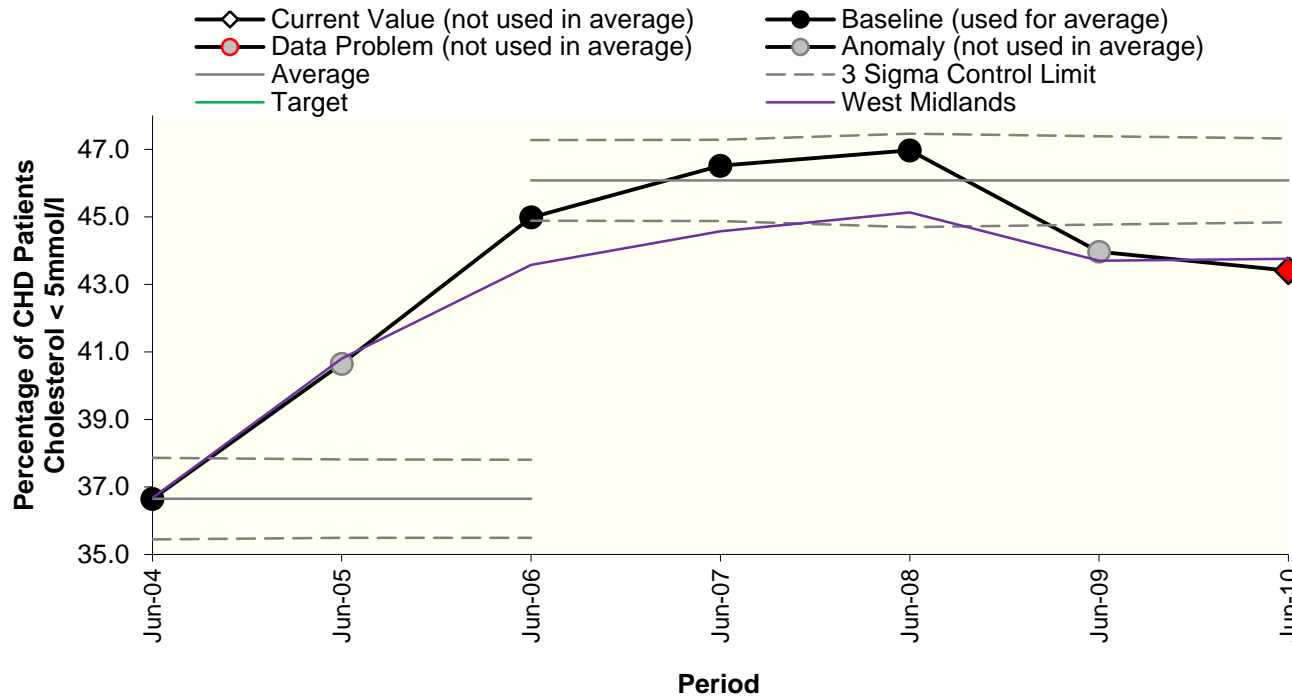
Funnel Key:

1. Birmingham East & North
2. Coventry
3. Dudley
4. Heart of Birmingham
5. Herefordshire
6. North Staffordshire
7. Sandwell
8. Shropshire

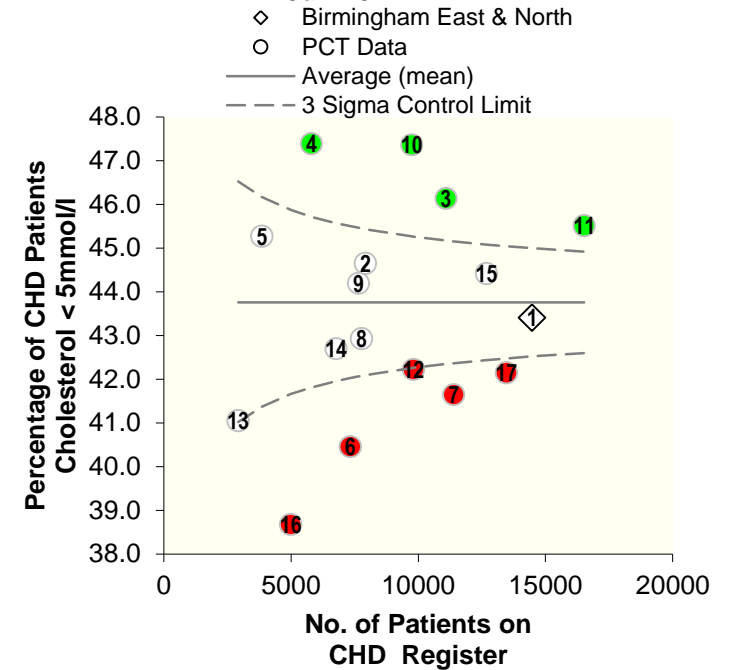
9. Solihull

10. South Birmingham
11. South Staffordshire
12. Stoke-on-Trent
13. Telford & Wrekin
14. Walsall
15. Warwickshire
16. Wolverhampton
17. Worcestershire

Birmingham East & North



Jun-10



5.5 – Blood Pressure Management for Stroke patients

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average:

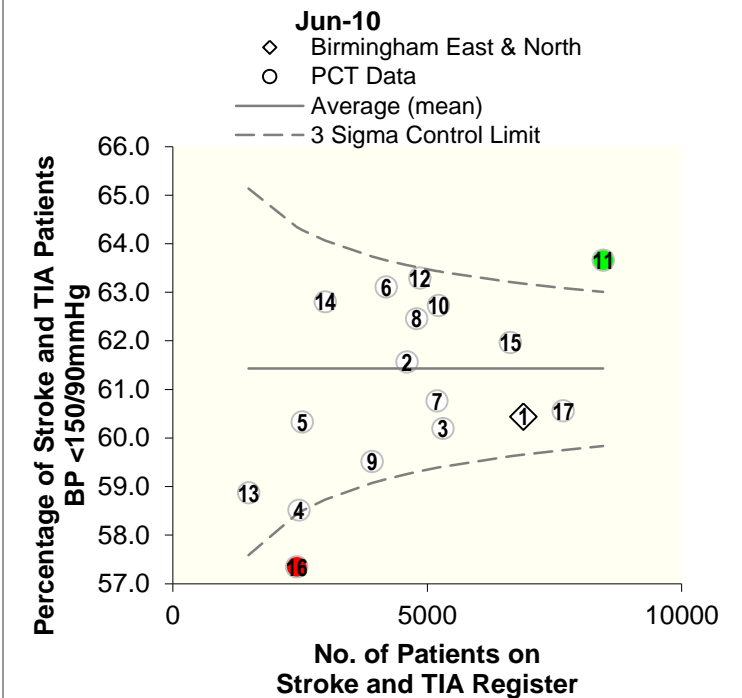
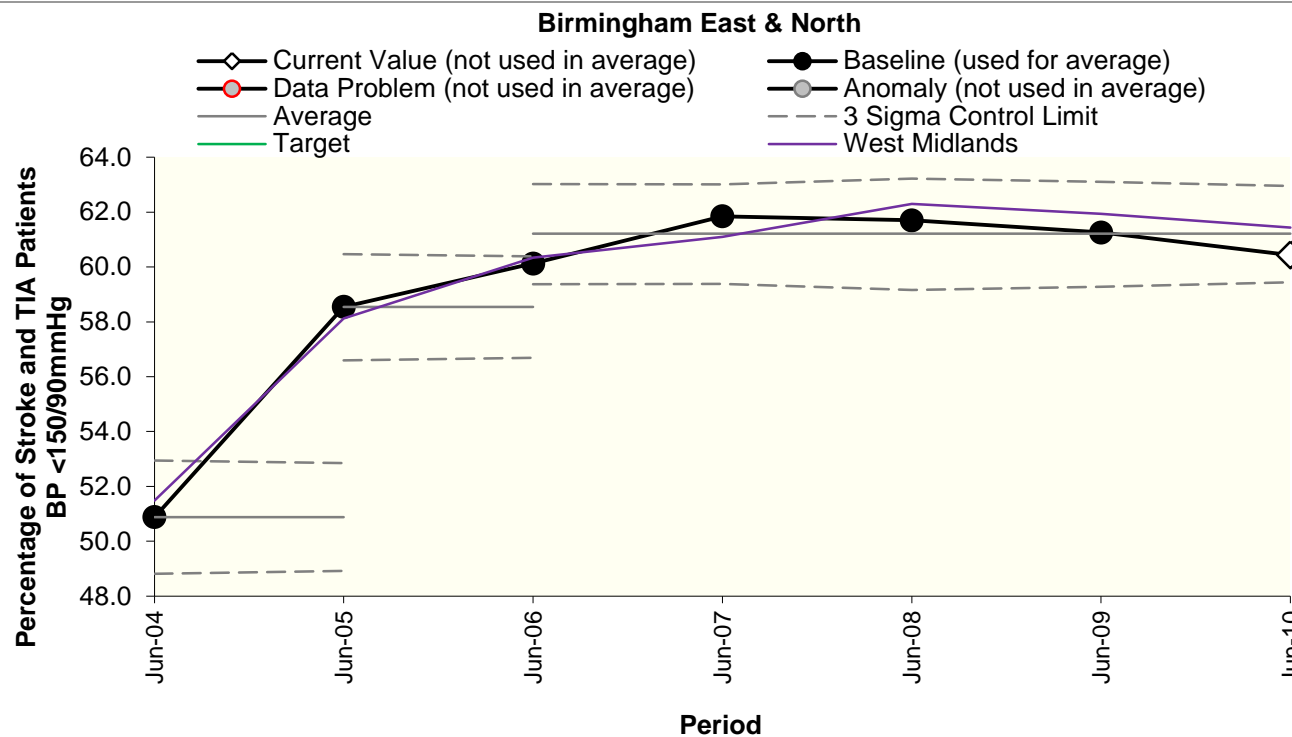
This indicator measures the percentage of patients on Stroke and TIA registers whose last blood pressure reading (taken within 15 months of year end) was below 150/90 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator Str6. Data Source: QMAS

- Birmingham East & Norths percentage of stroke and TIA patients with BP <150/90mmHg (in last 15 mths) for Jun-10 was **60.4%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 1 was better than and 1 was worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North
2. Coventry
3. Dudley
4. Heart of Birmingham
5. Herefordshire
6. North Staffordshire
7. Sandwell
8. Shropshire

9. Solihull
10. South Birmingham
11. South Staffordshire
12. Stoke-on-Trent
13. Telford & Wrekin
14. Walsall
15. Warwickshire
16. Wolverhampton
17. Worcestershire



5.6 – Cholesterol Management for Stroke patients

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average:

This indicator measures the percentage of patients on Stroke and TIA registers whose last cholesterol measurement (taken within 15 months of year end) was below 5mmol/l. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator Str8. Data Source: QMAS

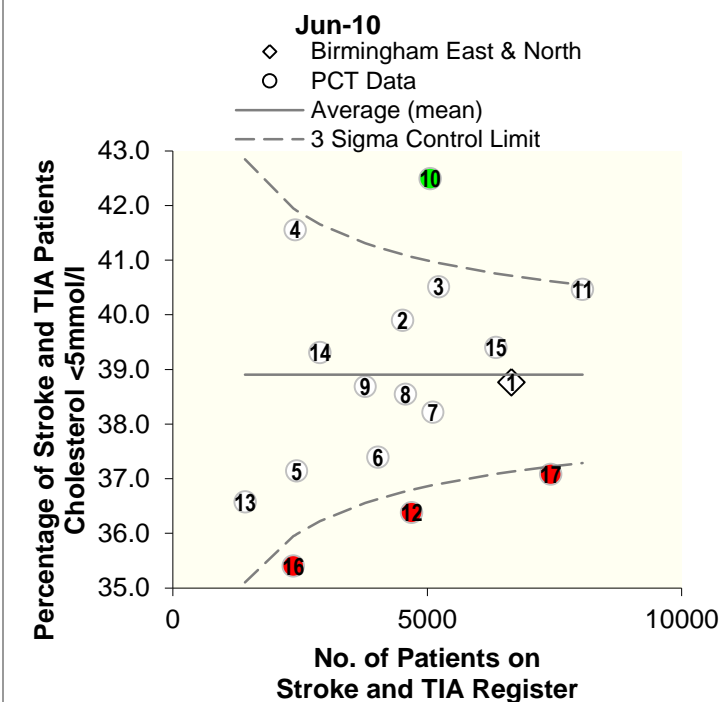
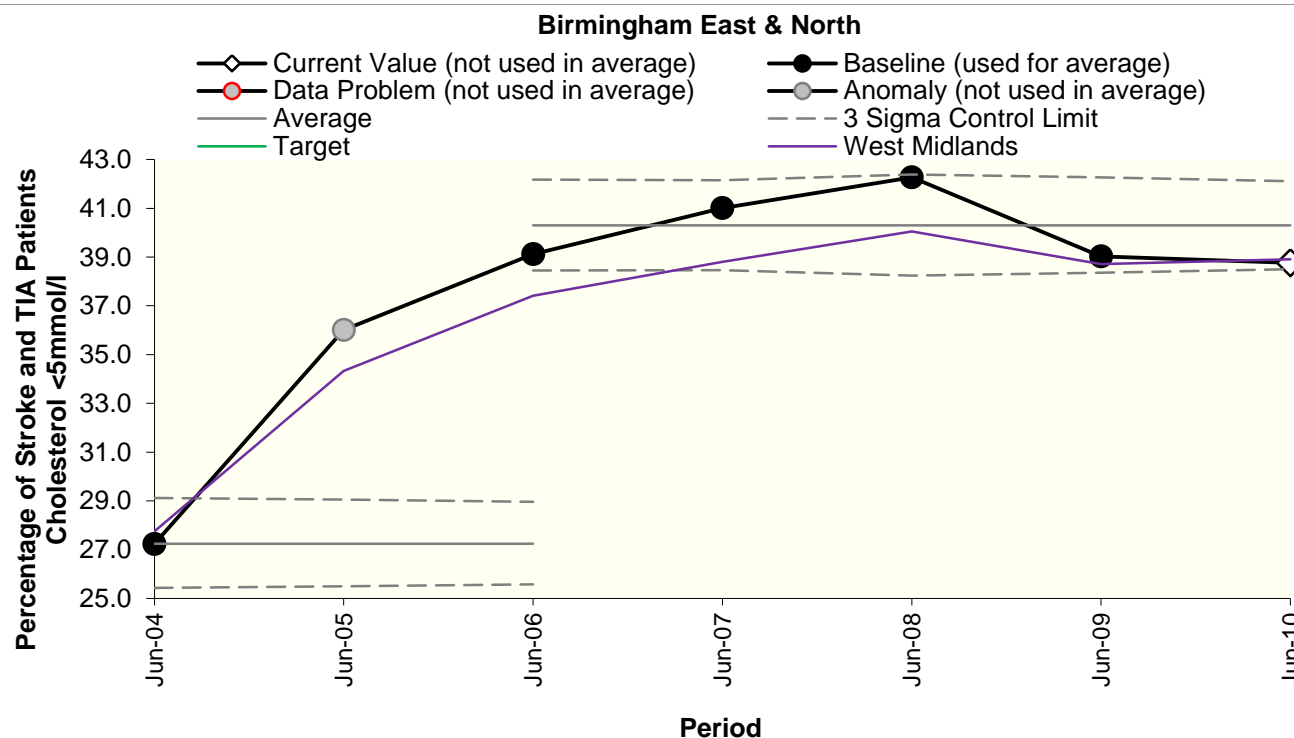
- Birmingham East & Norths percentage of stroke and TIA patients with cholesterol <5mmol/l (in last 15 mths) for Jun-10 was **38.8%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 1 was better than and 3 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North
2. Coventry
3. Dudley
4. Heart of Birmingham
5. Herefordshire
6. North Staffordshire
7. Sandwell
8. Shropshire

9. Solihull

10. South Birmingham
11. South Staffordshire
12. Stoke-on-Trent
13. Telford & Wrekin
14. Walsall
15. Warwickshire
16. Wolverhampton
17. Worcestershire



5.8 – Seizures Management for Epilepsy

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average:

This indicator measures the percentage of patients on epilepsy registers aged 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded within the 15 months of year end. Results in Q1, Q2 and Q3 show performance towards a year-end position.

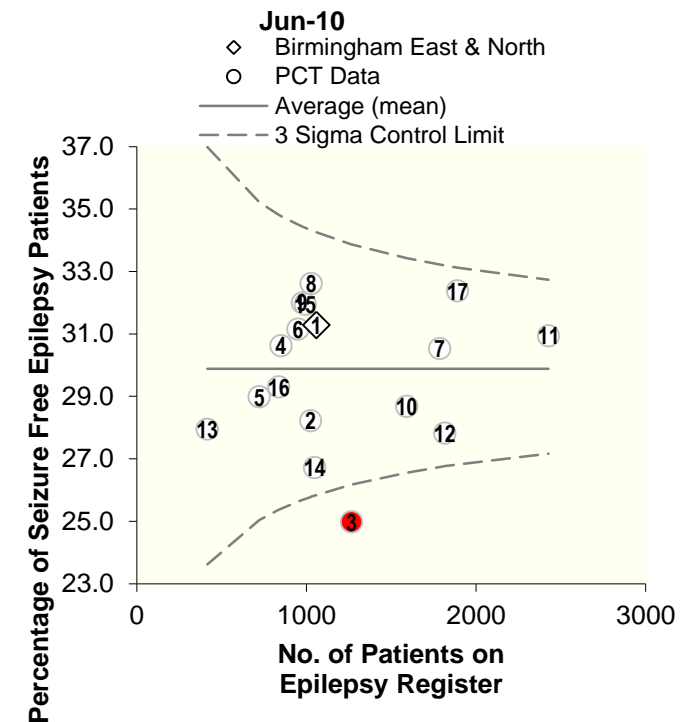
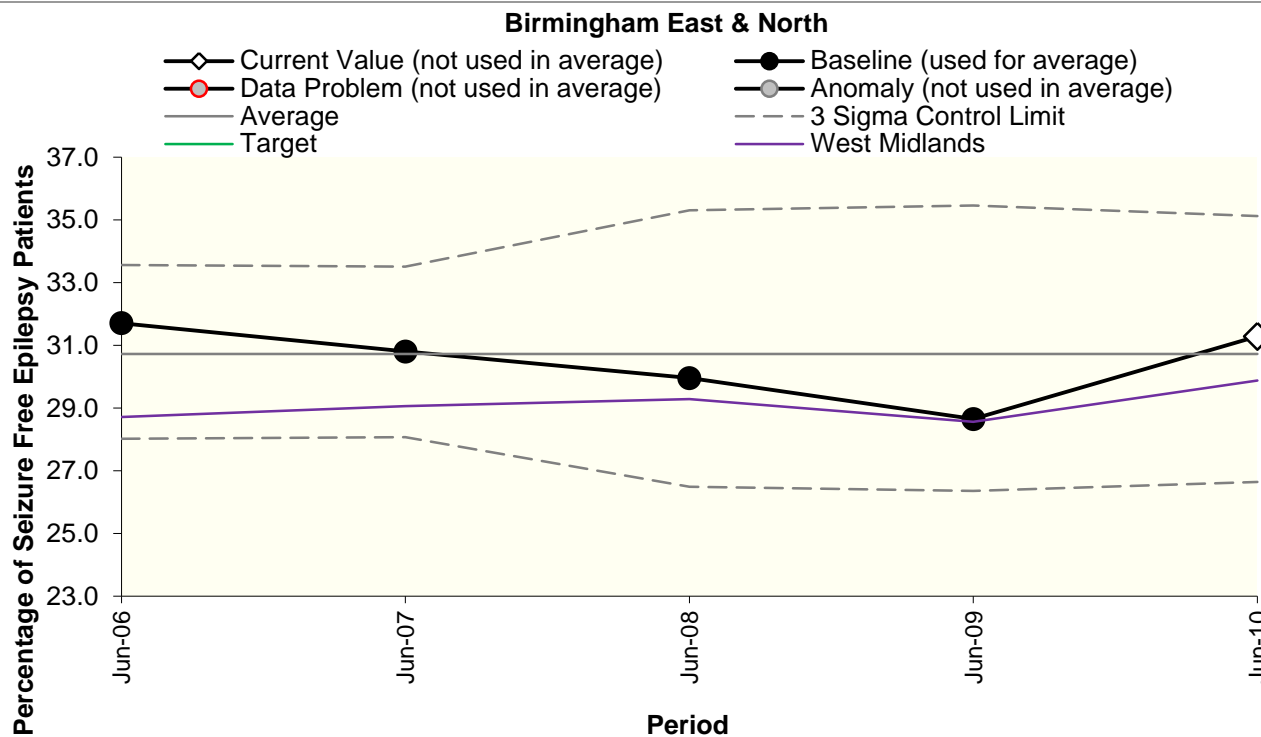
Indicator values are reset at the end of March each year. This is QOF indicator Epil8. Data Source: QMAS

- Birmingham East & Norths percentage of drug treated epilepsy patients seizure free (in last 12 mths) for Jun-10 was **31.3%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 0 were better than and 1 was worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North
2. Coventry
3. Dudley
4. Heart of Birmingham
5. Herefordshire
6. North Staffordshire
7. Sandwell
8. Shropshire

9. Solihull
10. South Birmingham
11. South Staffordshire
12. Stoke-on-Trent
13. Telford & Wrekin
14. Walsall
15. Warwickshire
16. Wolverhampton
17. Worcestershire



5.10 – Blood Pressure Management for Diabetics

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average:

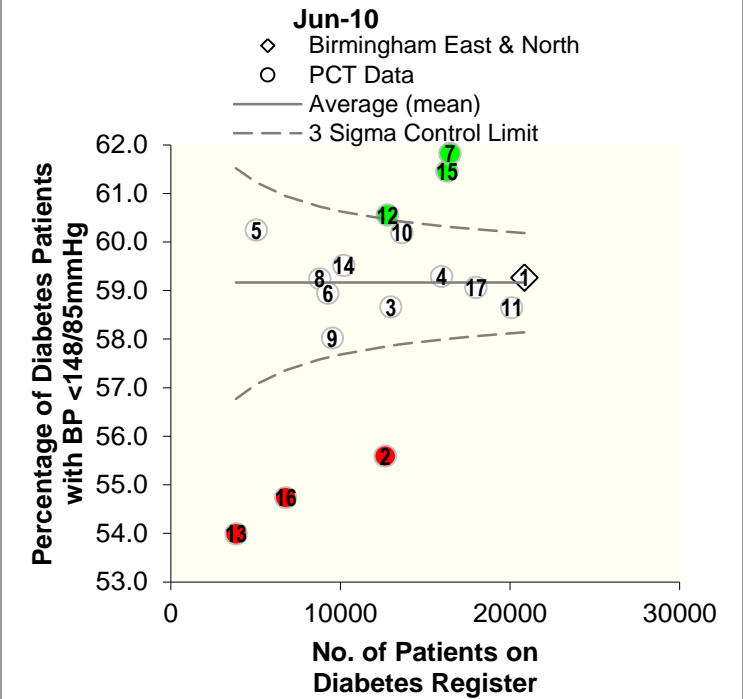
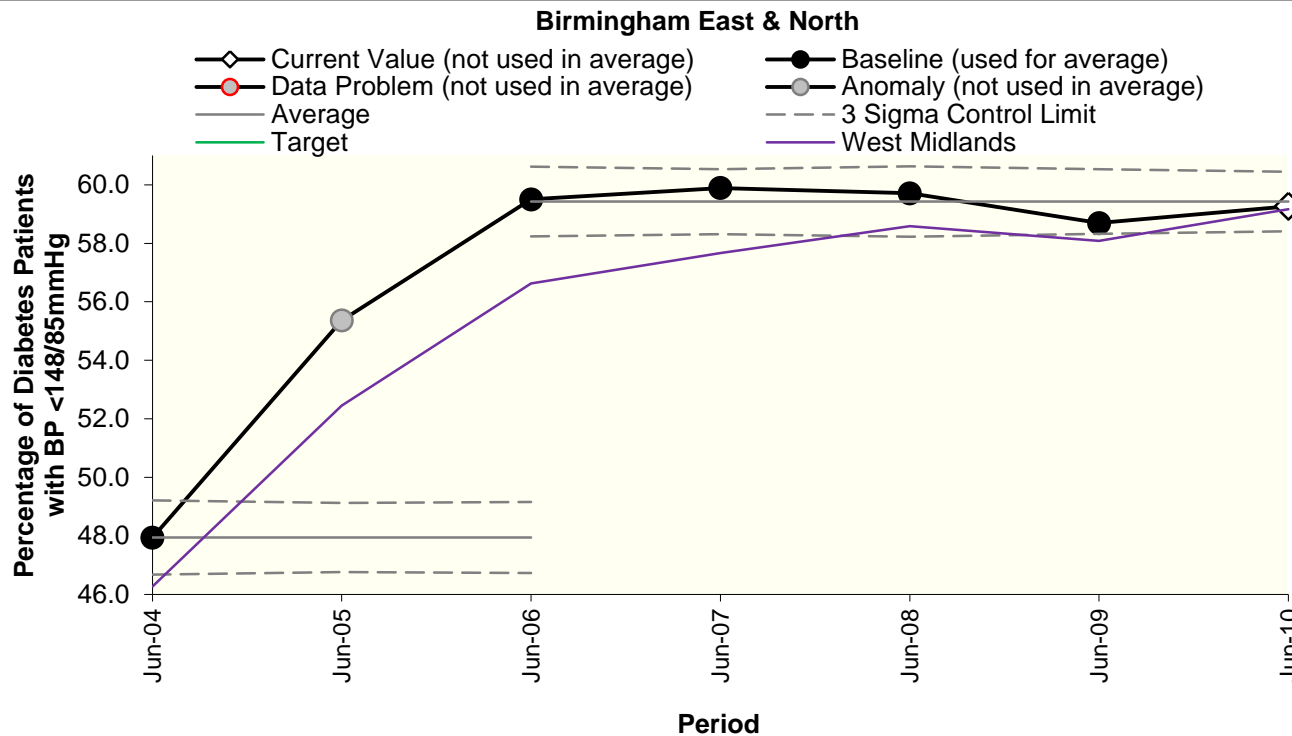
This indicator measures the percentage of patients on diabetes registers whose last blood pressure reading (taken within 15 months of year end) was below 145/85 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator DM12. Data Source: QMAS

- Birmingham East & Norths percentage of diabetes patients with BP <148/85mmHg (in last 15 mths) for Jun-10 was **59.3%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is not significantly different to the West Midlands average (i.e. within the funnel control limits).
- Of the 17 PCTs, 3 were better than and 3 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North
2. Coventry
3. Dudley
4. Heart of Birmingham
5. Herefordshire
6. North Staffordshire
7. Sandwell
8. Shropshire

9. Solihull
10. South Birmingham
11. South Staffordshire
12. Stoke-on-Trent
13. Telford & Wrekin
14. Walsall
15. Warwickshire
16. Wolverhampton
17. Worcestershire



5.11 – Cholesterol Management for Diabetics

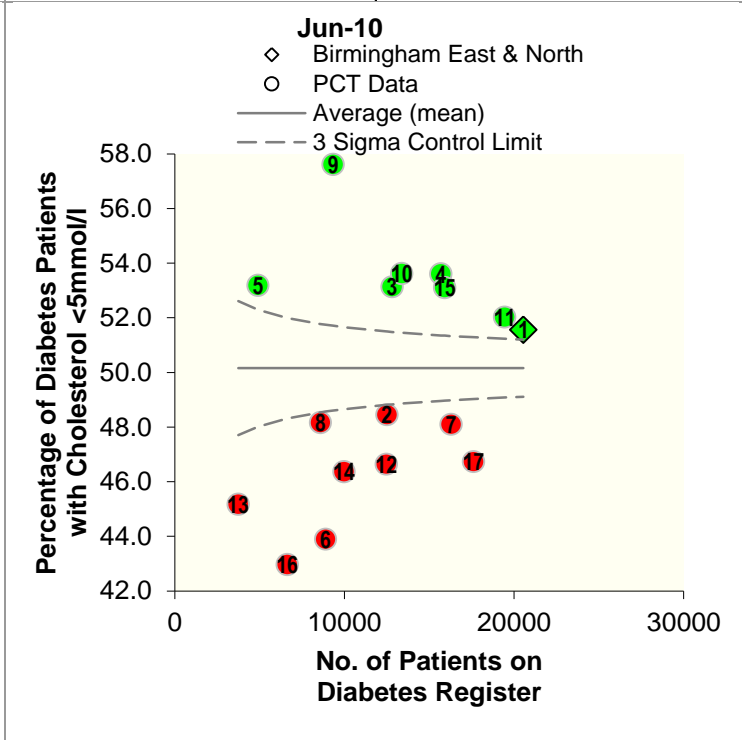
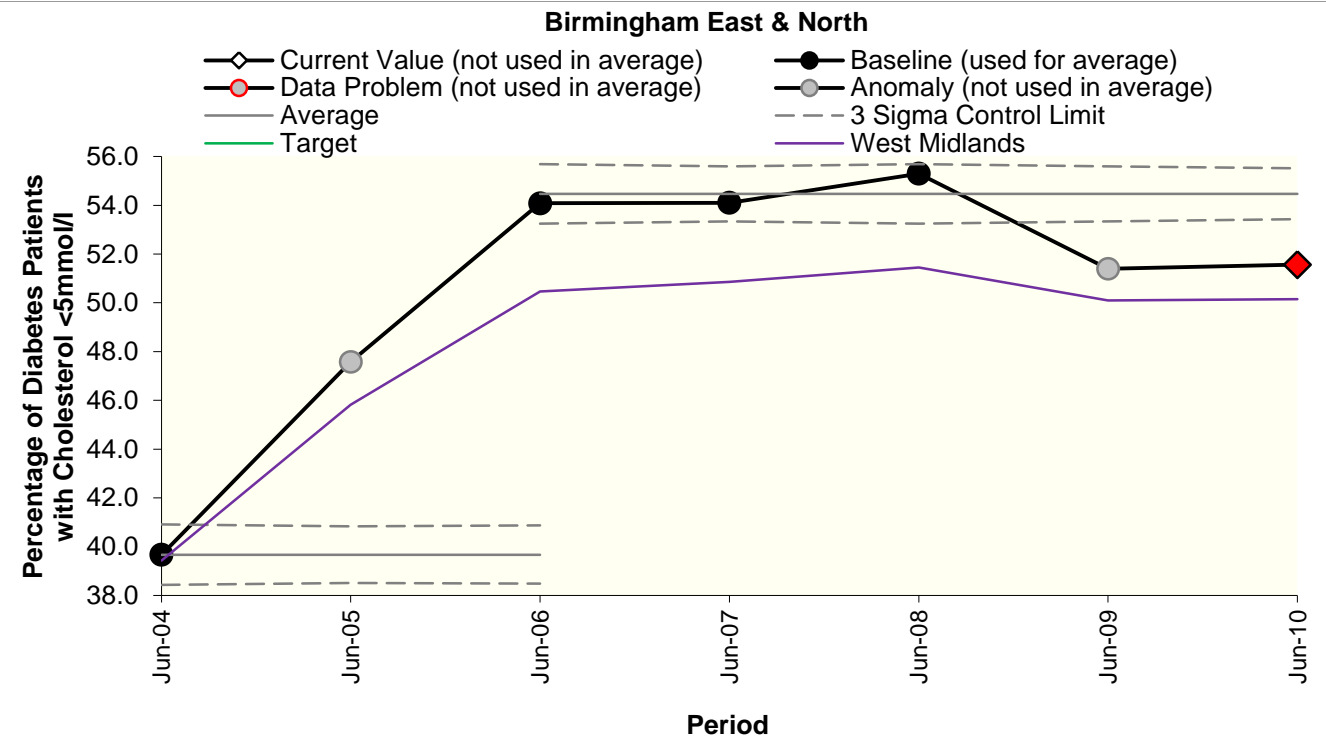
Birmingham East & North – Jun-10

Alerts	
Data:	
Trend:	↘
Target:	
WM Average:	↗

This indicator measures the percentage of patients on diabetes registers whose last cholesterol measurement (taken within 15 months of year end) was below 5mmol/l. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator DM17. Data Source: QMAS

- Birmingham East & Norths percentage of diabetes patients with cholesterol <5mmol/l (in last 15 mths) for Jun-10 was **51.6%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is significantly higher than the West Midlands average (i.e. above the funnel upper control limit).
- Of the 17 PCTs, 8 were better than and 9 were worse than expected from the West Midlands average.

Funnel Key:	
1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



5.12 – Blood Pressure Management for CKD Patients

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average: ▼

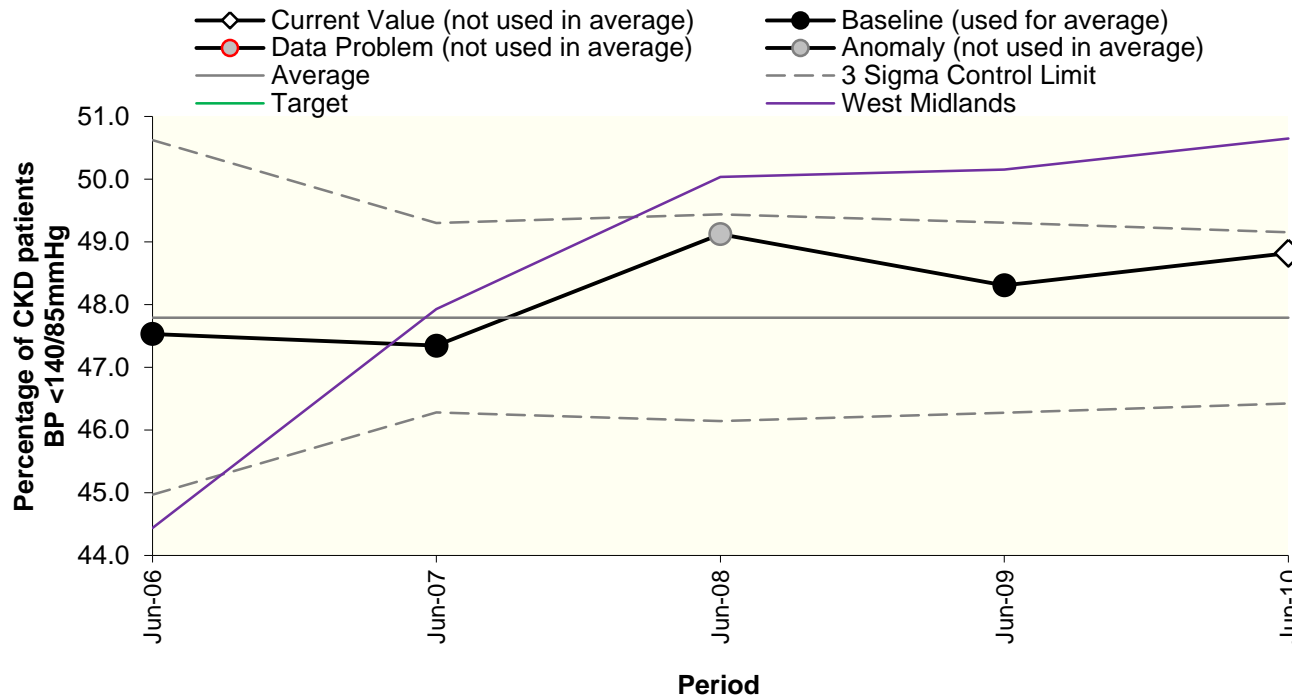
This indicator measures the percentage of patients on chronic kidney disease registers whose last blood pressure reading (taken within 15 months of year end) was below 140/85 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator CKD3. Data Source: QMAS

- Birmingham East & Norths percentage of CKD patients with BP <148/85mmHg (in last 15 mths) for Jun-10 was **48.8%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 4 were better than and 5 were worse than expected from the West Midlands average.

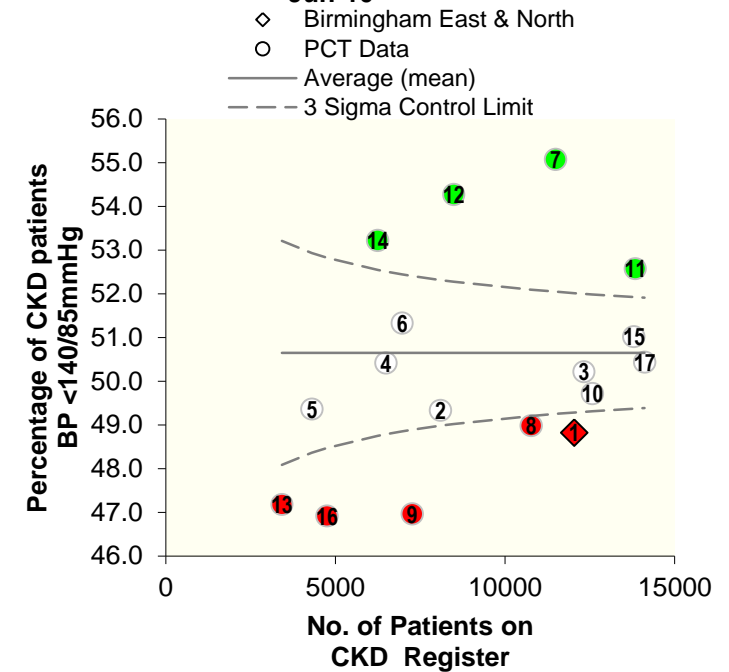
Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



Jun-10



6.4 – Falls Prevention Programmes

Birmingham East & North – Apr-Jun 10

Alerts

Data: ✘

Trend: ↘

Target: □

WM Average: ▼

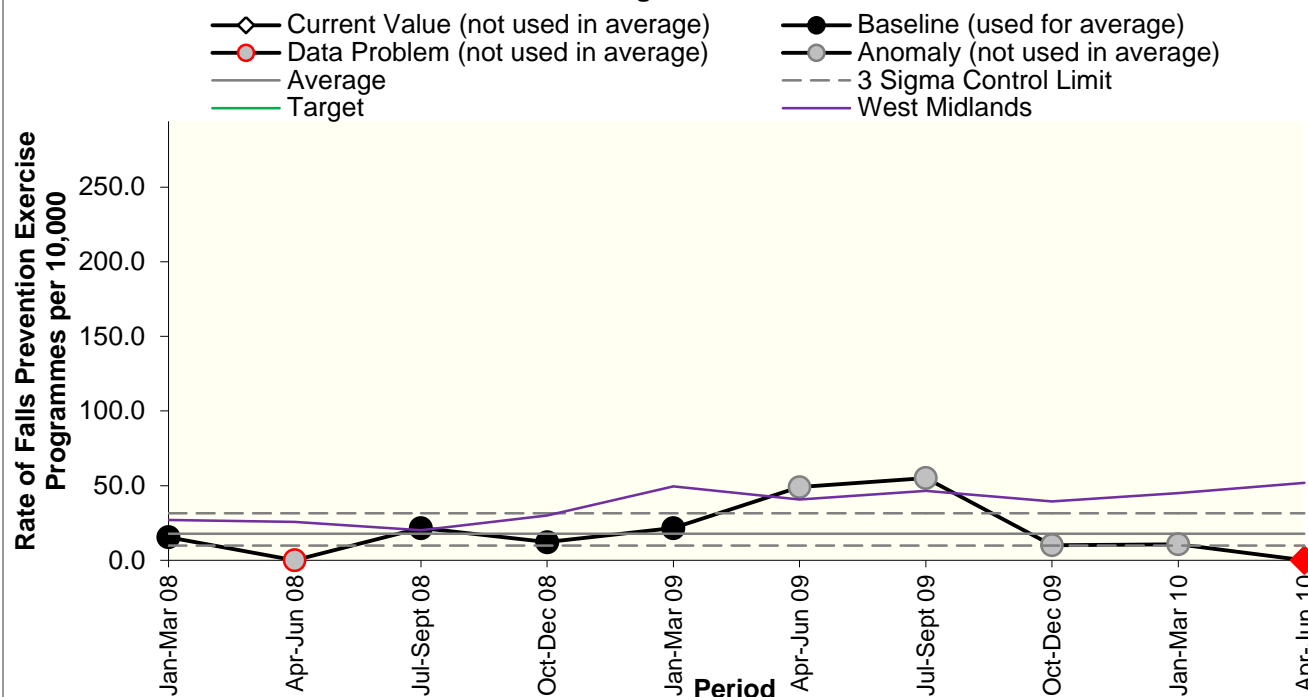
This indicator measures the number of people aged 65 and over who have experienced a fall, who have completed a programme of progressive strength and balance exercises per 10,000 adults aged over 65. programmes should last at last six weeks and may comprise one-to-one or group sessions, be evidence based in falls prevention and be tailored to the individual by an appropriately trained professional. Data Source: PCT Return

- Data Error: No Data Submitted
- Birmingham East & Norths rate of falls prevention exercise programmes for Apr-Jun 10 was **0 per 10,000**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 4 were better than and 8 were worse than expected from the West Midlands average.

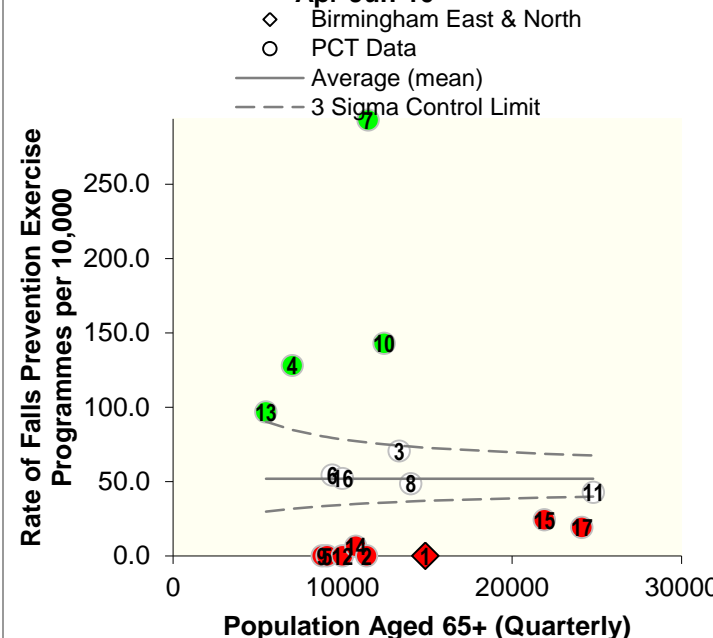
Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



Apr-Jun 10



6.5 – Falls Assessments

Birmingham East & North – Apr-Jun 10

Alerts

Data: ✘

Trend: ↘

Target: —

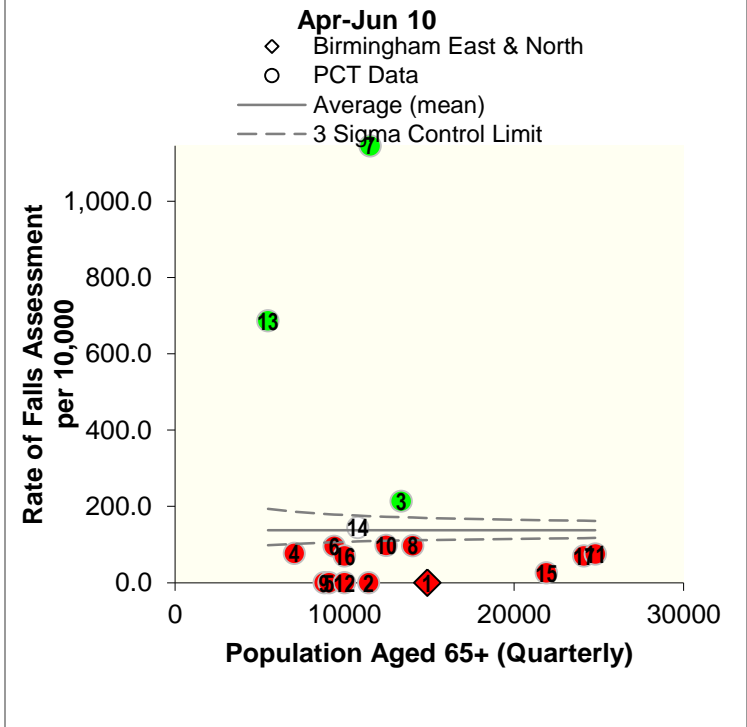
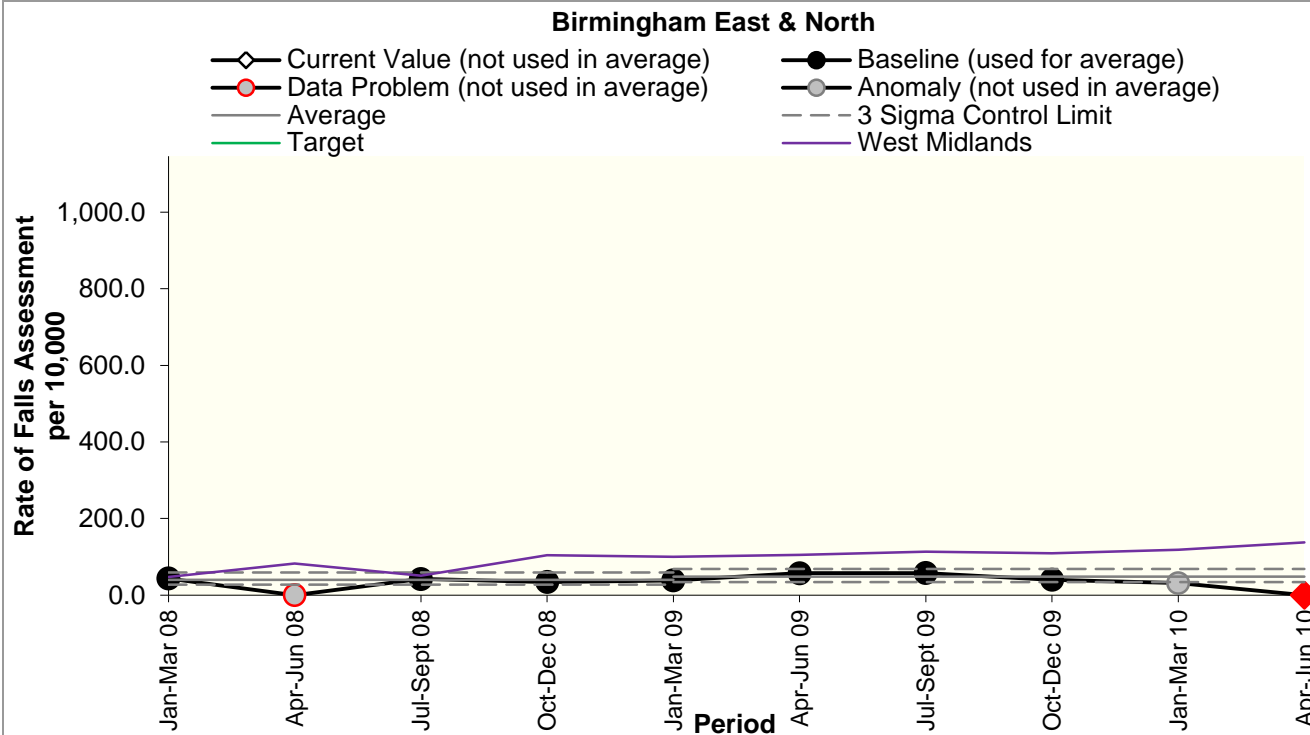
WM Average: ✔

This indicator measures the number of people aged 65 or over who have had a multidisciplinary falls assessment per 10,000 population aged 65+. A multi-disciplinary falls assessment should include a falls history review, an osteoporosis assessment and a least one more of the following components as required: medication review, home safety check, vision assessment, physiotherapist-led gait/balance/mobility assessment. Data Source: PCT Return

- Data Error: No Data Submitted
- Birmingham East & Norths rate of falls assessment for Apr-Jun 10 was **0 per 10,000**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 3 were better than and 13 were worse than expected from the West Midlands average.

Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire



7.3 – Smoking Status Recording (QOF Rec23)

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

WM Average:

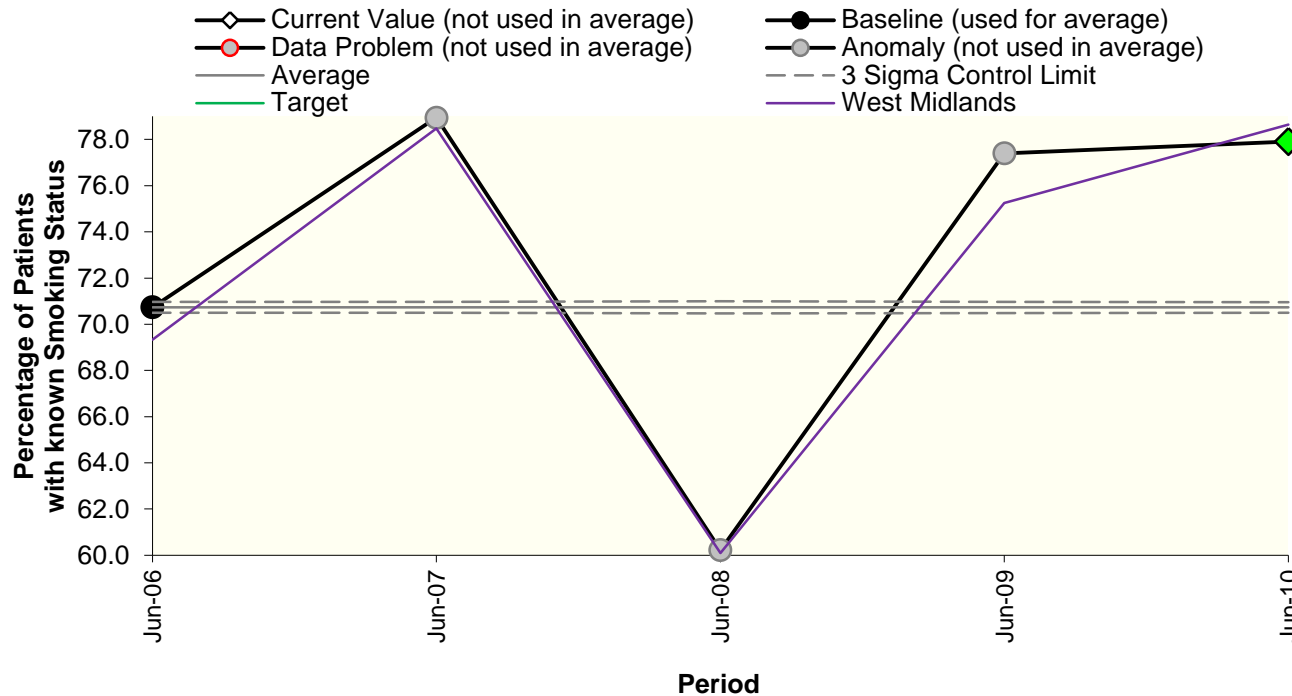
This indicator measures percentage of patients aged over 15 years whose smoking status has been recorded within 27 months of year. The smoking status of non-smokers aged 25 and over and ex-smokers who have not smoked for at least 3 years need only be recorded once and thereafter only should their smoking status change. Results in Q1, Q2 and Q3 show performance towards a year end position. Indicator values are reset at the end of March each year. This was formally QOF indicator Rec22 and is now Rec23. Data Source: QMAS

- Birmingham East & Norths percentage of patients with known smoking status for Jun-10 was **77.9%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 7 were better than and 7 were worse than expected from the West Midlands average.

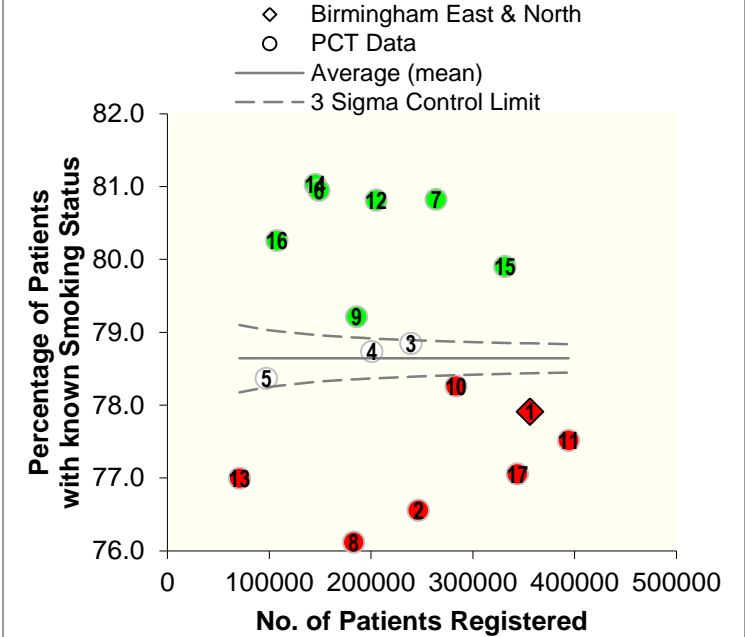
Funnel Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Birmingham East & North



Jun-10



7.4 – Ethnicity Recording New Registrants (QOF Rec21)

Birmingham East & North – Jun-10

Alerts

Data:

Trend:

Target:

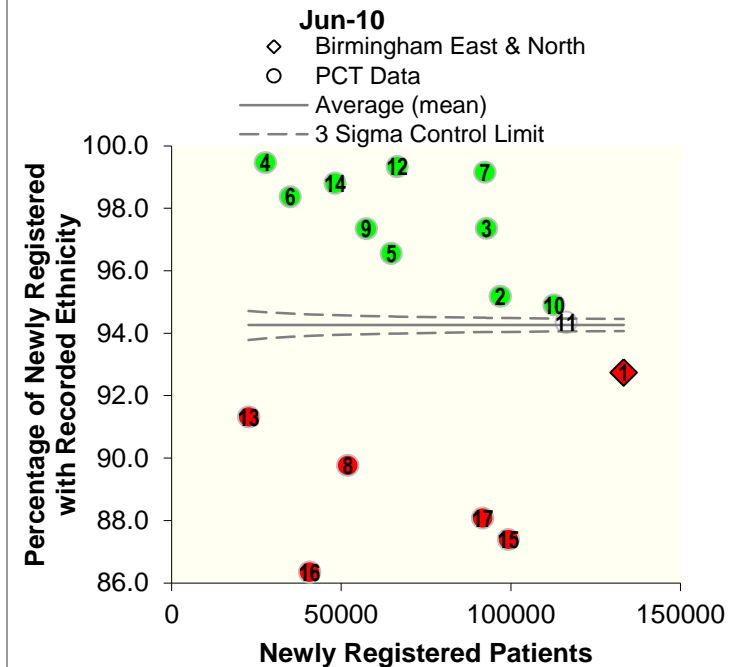
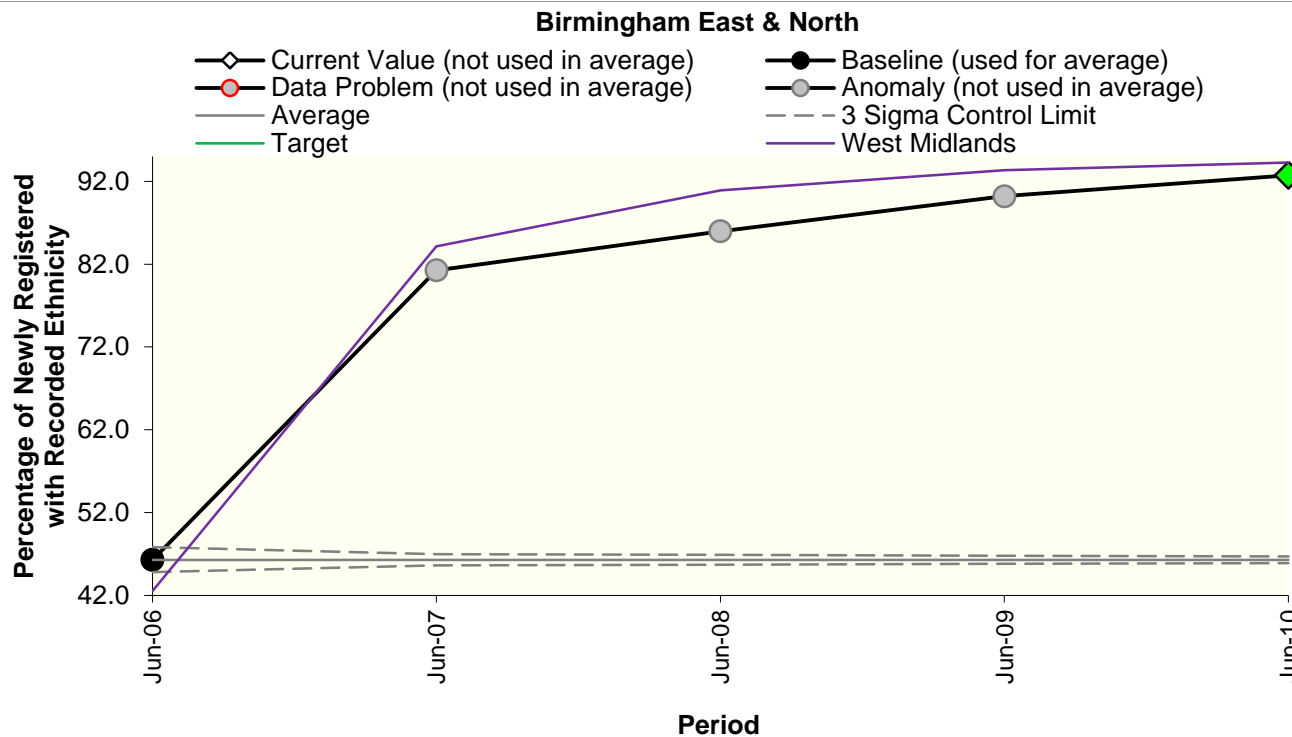
WM Average:

This indicator measures the proportion of patient who have registered with GP practices since April 2006 who have had their ethnicity recorded. Patients who refuse to divulge their ethnicity can be recorded as such and will therefore not effect the practice's or PCT's result. This is QOF indicator Rec21. Data Source: QMAS

- Birmingham East & Norths percentage of newly registered patients with recorded ethnicity for Jun-10 was **92.7%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Current performance is significantly lower than the West Midlands average (i.e. below the funnel lower control limit).
- Of the 17 PCTs, 10 were better than and 6 were worse than expected from the West Midlands average.

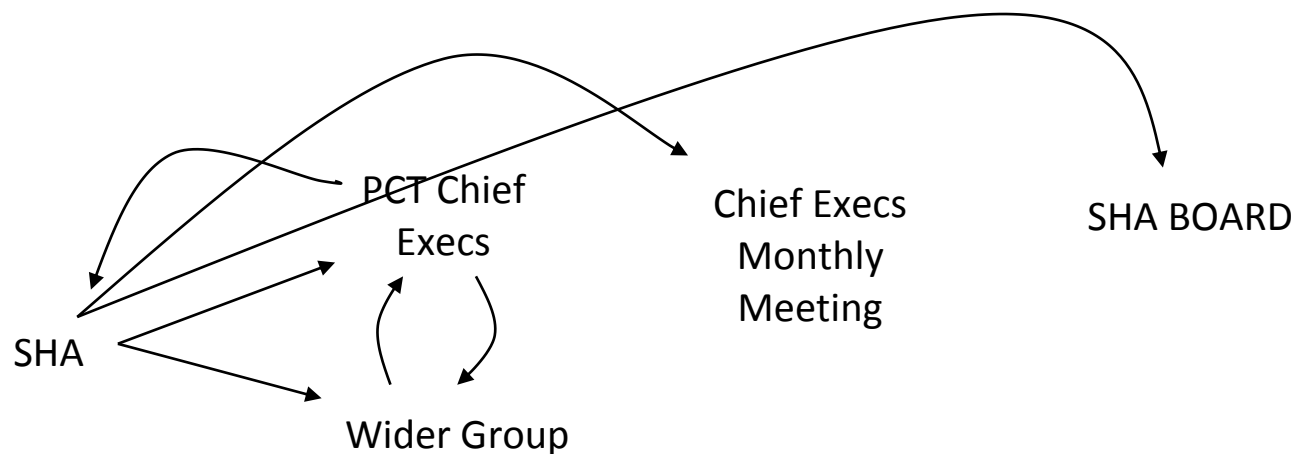
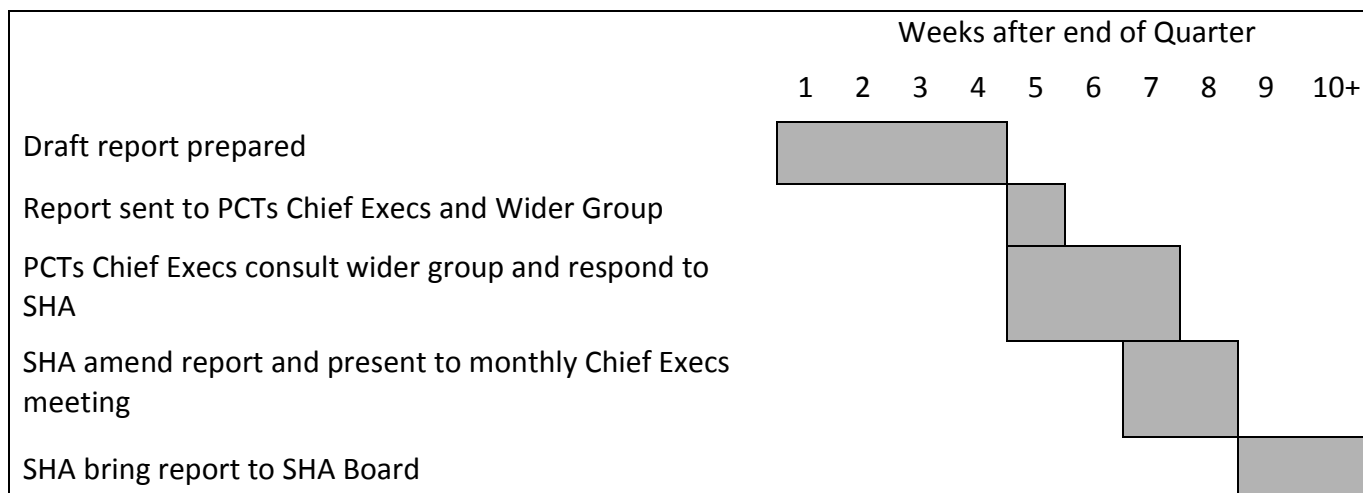
Funnel Key:

1. Birmingham East & North	9. Solihull
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	17. Worcestershire



Appendix A – Reporting Process and Schedule

Quarterly Health Improvement reports will be produced and considered according to the following process;



PCTs will be asked to submit a response to the draft report setting out inaccuracies in the report improvements in performance since the end of the quarter and activity planned or in place to address any alerts. These response will be appended to the end o the final version of the report that will be taken to the NHSWM public Board meeting.

Reports will be issued according to the following timetable;

End of Q	Editorial Group Meeting	Draft Report Issued to PCTs	PCT Response Deadline	Final Report Issued
30/06/2010	26/07/2010	02/08/2010	20/08/2010	03/09/2010
30/09/2010	25/10/2010	01/11/2010	19/11/2010	03/12/2010
31/12/2010	24/01/2011	31/01/2011	18/02/2011	04/03/2011
31/03/2011	25/04/2011	02/05/2011	20/05/2011	03/06/2011

Appendix B – Data Sources and Indicative Forward Schedule

Domain	Indicator	No	Source	Freq	09/10			
					Q1	Q2	Q3	Q4
Life Expectancy	All Cause All Age Mortality	2.1	ONS Annual Deaths & PCT Quinary mid year populations	A			●	
	Inequalities in Mortality	2.2	ONS Annual Deaths, ONS PCT Quinary mid year populations & DCLG IMD 2007	A	●			
	CVD Mortality (3yr pooled)	2.3a	ONS Annual Deaths & PCT Quinary mid year populations	A			●	
	CVD Mortality (quarterly)	2.3b	PHMF	Q	●	●	●	●
	Cancer Mortality (3yr pooled)	2.4a	ONS Annual Deaths & PCT Quinary mid year populations	A			●	
	Cancer Mortality (Quarterly)	2.4b	PHMF	Q	●	●	●	●
	Breast Cancer Screening Coverage	2.5	HSCIC	A				●
	Breast Cancer Screening Round Length	2.6	West Midlands Breast Screening QA Reference Centre	Q	●	●	●	●
	Cervical Cancer Screening Coverage	2.7	HSCIC	A		●		
Child & Maternal health	Infant Mortality	3.1	ONS Annual Deaths & Births	A			●	
	Perinatal Mortality	3.2	ONS Annual Deaths & Births	A			●	
	Breast Feeding Initiation	3.3	LDPR-C & VSMR-C	Q	●	●	●	●
	Breast Feeding 6 to 8 Week Prevalence	3.8	VSMR-C	Q	●	●	●	●
	Smoking During Pregnancy	3.4	LDPR-C & HSCIC	Q	●	●	●	●
	Childhood Vaccinations	3.5	HPA COVER	Q	●	●	●	●
	Childhood Height and Weight Measurement	3.6	HSCIC / NCMP	A			●	
	Child Dental Health	3.7	Dental Epi Survey	2A				
Lifestyles	Smoking Cessation Service Activity	4.1	SS Returns	Q	●	●	●	●
	GUM Waiting Times	4.2	GUMAMM via Unify2	Q	●	●	●	●
	Health Trainers	4.3	TIH	Q	●	●	●	●
	Teenage Conceptions	4.4	TPU	A			●	
	Incidence of STIs	4.5	HPA	Q		●		

Domain	Indicator	No	Source	Freq	09/10			
					Q1	Q2	Q3	Q4
Long Term Conditions	Expert Patients Programme	5.1	PCT Return	M	●	●	●	●
	QOF Clinical score	5.2	QMAS	A		●		
	Blood pressure mgt for CHD patients	5.3	QMAS	M	●	●	●	●
	Cholesterol mgt for CHD patients	5.4	QMAS	M	●	●	●	●
	Blood pressure mgt for Stroke patients	5.5	QMAS	M	●	●	●	●
	Cholesterol mgt for Stroke patients	5.6	QMAS	M	●	●	●	●
	Blood pressure mgt for hypertension patients	5.7	QMAS	M			●	●
	Seizures mgt for epilepsy	5.8	QMAS	M	●	●	●	●
	HbA1C mgt for diabetics	5.9	QMAS	M	●	●	●	●
	Blood pressure mgt for diabetics	5.10	QMAS	M	●	●	●	●
	Cholesterol mgt for diabetics	5.11	QMAS	M	●	●	●	●
	Blood pressure mgt CKD patients	5.12	QMAS	M	●	●	●	●
Older People	Excess Winter Deaths	6.1	ONS Annual Deaths	A			●	
	Flu Vaccination	6.2	HPA	A	●			
	Ambulance Calls to Falls	6.3	WMAS	Q				
	Fall Prevention Programmes	6.4	PCT Return	Q	●	●	●	●
	Falls Assessments	6.5	PCT Return	Q	●	●	●	●
	Pneumococcal Vaccination	6.6	HPA	A			●	
Primary Care	QOF Total score	7.1	QMAS	A		●		
	BMI Recording	7.2	HSCIC	Q	●	●	●	●
	Smoking Status recording	7.3	QMAS	M	●	●	●	●
	Ethnicity Recording – New Registrants	7.4	QMAS	M	●	●	●	●
	Child Access to NHS Dentistry	7.5	HSCIC	Q	●	●	●	●
	Adult Access to NHS Dentistry	7.6	HSCIC	Q	●	●	●	●

Control Charts

Indicators have been presented where possible by two different views utilising Statistical Process Control (SPC) methodology. A p-chart has been used to look at the trend of the indicator in each individual PCT whilst a funnel chart has been used to compare between PCTs in the West Midlands for the most recent data.

P-Charts

These are charts showing the trend of proportions. In these charts the final point is assessed against control limits set around the baseline (average of the previous data). Using the average for the trend and the denominator at each measure 1, 2 and 3 standard deviation control limits are calculated by the Wilson method for percentages and for directly age standardised rates by the Dobson method with Byars approximation for observed values greater than 389 and Using the link between the Poisson and χ^2 distributions for values less than 389 (as described in the APHO Technical Briefing 3: Commonly Used Public Health Statistics and their Confidence Intervals¹). These limits are then used to assess individual points in sequence.

Values may be excluded from the calculation of the control limits if they are determined to be:

1. An anomaly = a single point above or below 3 standard deviations from the baseline
2. Data quality alert = for most indicators this is a check for no data submitted or the proportion exceeding 100%. For breastfeeding initiation and smoking during pregnancy this also includes when the data collection rate calculated by the proportion of known status in comparison to the number of maternities exceeds 100% or is below 95%.

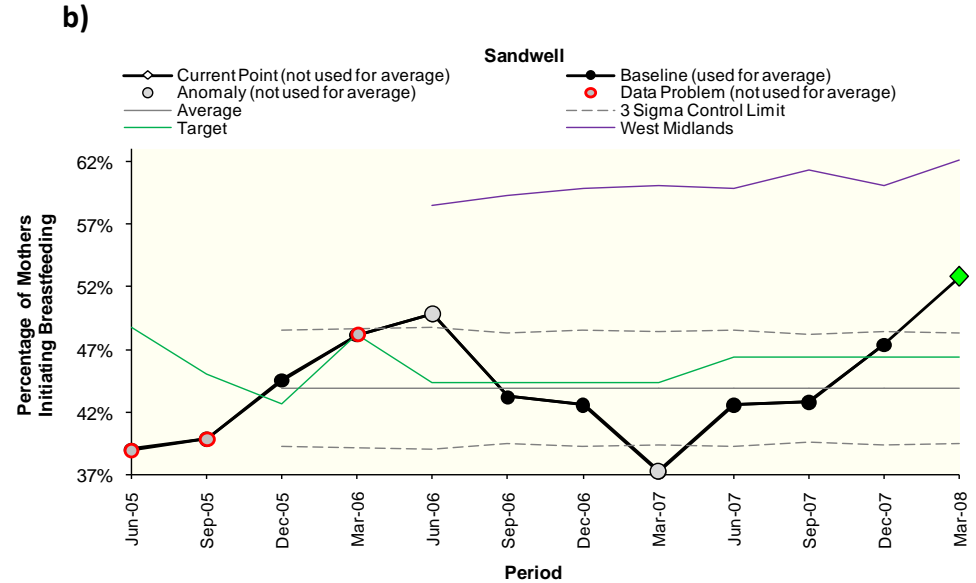
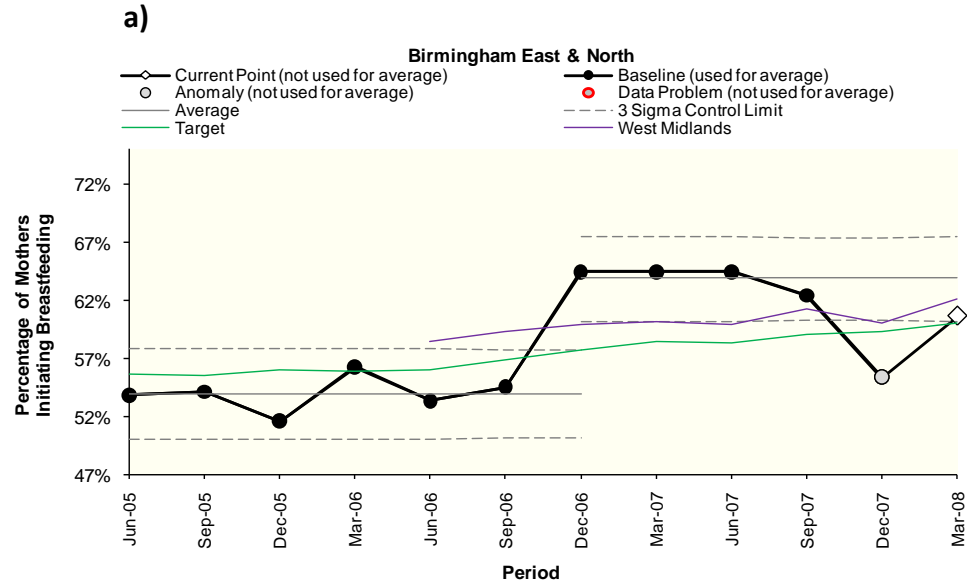
Special cause rules are used to trigger a reset of the control limits, suggesting there has been a change in the process. These are an amalgamation of those found in SPC texts such as R. Carey (2003) *Improving Healthcare with Control Charts*, those already utilised in the previous assessment of quarterly CVD and Cancer deaths and pragmatic decisions by the editorial team to fitting control limits by a standard and automated approach. The rules that have been used to reset the control limits are as follows:

1. 2 out of 3 above the upper 2 standard deviation control limit (not shown on the chart)
2. 2 out of 3 below the lower 2 standard deviation control limit (not shown on the chart)
3. 4 out of 5 above the upper 1 standard deviation control limit (not shown on the chart)
4. 4 out of 5 below the lower 1 standard deviation control limit (not shown on the chart)
5. 7 points consecutively increasing
6. 7 points consecutively decreasing
7. 7 consecutive points greater than the baseline
8. 7 consecutive points less than the baseline
9. 10 out of 11 points above the baseline
10. 10 out of 11 points below the baseline

In addition to these rules in order to form a new baseline criteria must be met.

1. 3 consecutive points must be within control (within 3 standard deviations) of their average.
2. And they must meet the data quality requirements of that indicator (see above).

Examples

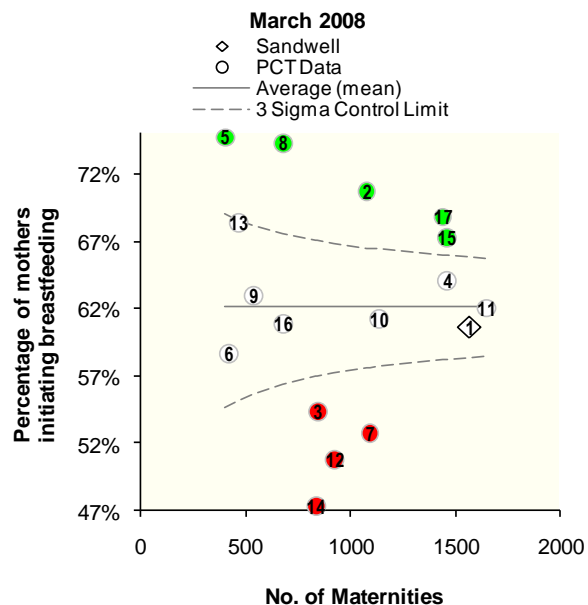


Data included in the calculation of the baseline are shown by the solid black circles, the average of these points form the baselines (shown by the solid horizontal grey line). Points not included in the base line are shaded grey either due to being an anomaly (black outline) or data quality alert (red outline). Control limits at 3 standard deviations from the baselines are shown by dashed grey lines. The current performance being assessed against the previous data is shown by a diamond. This diamond is shaded if it triggers one of the special cause rules and will be assessed when the next data point becomes available to see if the limits should be reset.

Funnel Chart

Funnel charts have been calculated around the West Midlands average (solid horizontal grey line) using 3 standard deviation control limits (Wilson Method¹) shown by dashed grey lines that become narrower with a increasing denominator (from left to right). PCTs are coded by number alphabetically and shaded if they exceed the upper control limit or fall below the lower control limit. A colour coded key is also provided. The PCT being assessed is shown by a diamond symbol to distinguish it from the other points.

Example
c)



Key:

1. Birmingham East & North	9. Solihull
2. Coventry	10. South Birmingham
3. Dudley	11. South Staffordshire
4. Heart of Birmingham	12. Stoke-on-Trent
5. Herefordshire	13. Telford & Wrekin
6. North Staffordshire	14. Walsall
7. Sandwell	15. Warwickshire
8. Shropshire	16. Wolverhampton
	17. Worcestershire

Alerts

The results of these analyses are summarised by the following 6 alerts:

Data:	✘	Data not submitted or failed quality check
Trend:	↗	Current performance is significantly higher than the latest baseline average
Trend:	↘	Current performance is significantly lower than the latest baseline average
Target	🎯	Current performance is below target trajectory
WM Average:	⚡	Significantly below the West Midlands average
WM Average:	⚡	Significantly above the West Midlands average

1. APHO (2008) APHO Technical Briefing 3: Commonly Used Public Health Statistics and their Confidence Intervals
<http://www.apho.org.uk/resource/item.aspx?RID=48457>
2. R. Carey (2003) Improving Healthcare with Control Charts (ASQ: Wisconsin)

Index of Disparity

This report uses the relative population weighted index of disparity to assess the level of inequalities in mortality rates with PCTs.

To understand how this index works, consider a population that is split into 5 sub-groups, A, B, C, D and E of the same size and age distribution. If there were 1,000 deaths in total within the population, then one might reasonably expect that approximately 200 of these would belong to each of the population subgroups, A to E. If this were the case then one could conclude that there was equality in mortality rates between groups.

If however, 240 deaths occurred in group A, 210 in group B and only 150 in group E, then one could say that the 50, or 5% of the deaths (i.e. those that occurred in groups A and B rather than from E) were unevenly distributed.

The Index of Disparity uses this approach to estimate the proportion of deaths that are unequally distributed between population sub-groups.

In our example the 5 sub-groups, A to E, were of equal size and demographic structure. Given that this is unlikely to occur in the real world, two adjustments are required – population weighting and age and sex direct standardisation of mortality rates.

In this report, the population subgroups are defined by local deprivation quintile. Local deprivation quintiles divide a PCT into 5 areas. The first deprivation quintile contains the 20% of areas (lower super output areas) with the lowest levels of deprivation as defined by the Index of Multiple Deprivation 2004. The second deprivation quintile contains the next 20% of areas with the next lowest levels of deprivation and so on.

The Index of Disparity is a relatively new measure proposed by Jeffrey Percy, National Center for Health Statistics, in 2002. This report uses a relative population weighted version of the Index of Disparity. The formula used to derive the relative population weighted index of disparity is shown below.

For the 5 deprivation quintiles

$$\text{rpwID} = \frac{\sum |x_i - x_p| \cdot p_i}{2 \sum x_p}$$

Where;

$$1 < i < 5$$

x_i - directly standardised mortality rate of deprivation quintile i

x_p - population weighted average of the directly standardised mortality rates for all quintiles

p_i - the proportion of the population in deprivation quintile i

Confidence intervals are derived using a bootstrapping method

Appendix D – Editorial Group : Terms of Reference

An editorial group has been established to ensure that the indicators and analytical methods used in West Midlands Quarterly Health Improvement report provide a comprehensive, timely and robust assessment of PCT performance on health improvement, whilst minimising the data collection requirements on healthcare organisations. The Editorial Group will meet on a quarterly basis to review feedback from the Public Health Observatory about issues relating to the production of the report and from PCTs about the indicators and analytical methods. The group will be responsible for determining which indicators should be included in future reports and the analytical methods that should be employed. The Editorial Group should aim to strike the best possible balance between the competing requirements of the report, namely;

- *Comprehensiveness* – the report should aim to provide a overview of progress against selected health improvement objectives within the influence of PCTs
- *Comprehensibility* – the report should initially focussed on a PCT audience and in particular to Board Level and WCC pertinent reports. The contents of the report can be fed into Quality Observatory and (subject to editorial scrutiny) for Quality Accounts.
- *Timely* – indicators should provide feedback on performance as quickly as possible
- *Robust* – indicators should reflect performance as accurately and comparably as possible and acknowledge limitations in the data

Minimise data collection requirements - where possible the report should use data that can derived from existing national or local datasets. New collection systems should be established as a last resort and should be designed to minimise the administrative burden on healthcare organisations.

A workplan for the Editorial Group will be developed and maintained, setting out the timetable for indicator development and review. Tasks will be shared between group members according to their expertise, interest and capacity. The Editorial Group will not be responsible for reviewing draft reports.

Core Membership

Lola Abudu (Chair) – West Midlands SHA

Stacey Croft (Production) – West Midlands Public Health Observatory

Andrew Bull – NHS Birmingham East and North

Andy Hood – NHS Walsall

Babatunde Olowokure – Health Protection Agency

Gavin Rudge – University of Birmingham

Helen Onions – Telford & Wrekin PCT

John Denley – South Birmingham PCT

Kam Mavi – NHS Walsall

Lorraine Simmonds – West Midlands SHA

Mohammed Mohammed – University of Birmingham

Ben Parfitt – West Midlands SHA

Peter Fryers – Worcestershire PCT

Rachel Halliwell – South Staffordshire PCT

Stuart Bourne – Worcestershire PCT

Last Updated: April 2009

Appendix E – Purpose of the Quarterly Health Improvement Report

The quarterly Health Improvement Report aims to provide a regular, comprehensive and easily understood overview of the performance of PCTs in improving the health of its population. The report will grow and change to incorporate new measures and improved analytical and presentational techniques as determined by the Editorial Board.

The SHA anticipates that the PCT Chief Executive will respond to the draft report, detailing

- corrections to data items
- information about the arrangements that are in place or corrective actions that are planned to take to bring about improvement for those measures where the PCT has received a poor (red) assessment. This information will form part of the final report.

The SHA anticipates that the final report will be considered by PCT Boards. In addition, the PCT may wish to use the report to provide feedback to local services (both in-house and commissioned) and prioritise service improvement and redesign initiatives.

The report will also be used by NHS West Midlands to assess performance of PCTs. Results presented in the report will inform the PCT risk ratings which are used by the SHA to determine levels of intervention.

The final Quarterly Health Improvement Report will be presented to the SHA Board and will be made available on the public SHA website.

Appendix F – PCT Responses : Corrective Action

Ref	Indicator	NHS Birmingham East & North - Comments on Performance
2.6	Breast Cancer Screening Round Length	Confirmation awaited from finance to confirm that funds will be available for the digitisation of breast screening service to enable age expansion as per vital sign. The original request via investment / disinvestment was deemed weak. The Cancer commissioner is due to put this through gateway – an exact date is awaited, however consortium have agreed in principal to funds to enable the service to move ahead.
3 Child and Maternal Health		
3.3	Breast Feeding Initiation	The PCT is continuing to work with Heart of England Foundation Trust to sustain the improvement in data capture.
3.8	6-8 Week Breast Feeding Prevalence	Prevalence has improved as a result of improved data capture.
3.5a	Childhood Vaccinations – Dtap & MenC	<p>NHS BEN has set a challenging aspiration of 95% uptake for all childhood immunisation schedules for under 5's which is in line with WHO advice to sustain high uptake levels to guarantee herd immunity for vulnerable groups.</p> <p>An action plan to improve immunisation uptake rates has been devised & implemented following recommendation from the NST visit Nov 2009:</p> <ul style="list-style-type: none"> • Quarterly data cleansing exercise with all 6 localities and Bham CHIS • Enhanced GP performance template detailing missing schedules for children within quarter (approved at PEC June) • Greater awareness of BEN immunisation annual deficit 2009 with key stakeholders (GPs & HVs) • Plan immunisation workshops in Autumn for GPs & Health Visitors to address training needs • Immunisation media campaign • Tailored invitations targeted to Asian community developed prototype card to be launched in August for Washwood Heath & Bordesley Green communities • Transformation work to be targeted with 8-9 GP practices identified as poor performers – visits planned Autumn • Greater choice offered to parents for appts for immunisation extended clinics and Saturday morning & evening clinics piloted for 2 GP localities.

Ref	Indicator	NHS Birmingham East & North - Comments on Performance
3.5c	Childhood Vaccinations - MMR	The data in the SHA report for MMR April-June is incorrect stating uptake at 84.9%. The denominator is 1520 and numerator is 1324 for the MMR cohort 24mths. Current performance is significantly higher at 87.1% source: CHIS Bham. A high profile media campaign on immunisations & MMR in particular with Children's Centres, Health Centres, is planned for Autumn period, with the Pharmacies campaign launched in June for MMR. Discussions will take place with Castle Vale HVs to offer MMR vaccine to traveller site reported to be in area.
3.9	Childhood Weight Management Programmes	The re-designed weight management programme will commence in September 2010 and capacity has been agreed at 283 for first half year compared to 60 with previous programmes. The PCT is taking steps to ensure that there will be capacity to expand proactive follow-up for the NCMP to ensure adequate uptake of the programmes on offer.
3.11	Antenatal continuity of carer	42% target is incorrect as there was missing data from 3 maternity units (HoEFT) collected via PEER programme perinatal institute – the data collected by PI is retrospective methodology notes on site interrogated – some notes off site so not accurate data. There were also issues with recruiting & training data clerks hence data set is not accurate. NHS BEN/ Solihull Trust Maternity Recovery Programme Board are discussing the value of the PEER system and provider plans to improve data collection processes.
4	Lifestyles	
4.2	GUM Waiting Times	The narrative which indicates NHS Birmingham East and North is not achieving target relates to patients being seen within clinic. The original 'target' for patients seen within 48hrs was 95% to support the 100% of patients offered an appointment within 48hrs. It should be noted that since the GUM access target became an operational standard there has been no national target for 'seen' only patients being 'offered an appointment. In agreement with NHS West Midlands Strategic Programme Lead for Sexual Health the target for 'seen' was locally agreed at 90%. (NHS BEN achieved 86.7%) The PCT aim to ensure an understanding of local service capacity and demand which captures efforts made locally by providers to reconfigure services and commission services to meet the needs of patients unwilling to be seen within 48hrs.
4.3	Health Trainers Service Development	Our externally commissioned company Health Exchange met the target set for 1 June 2009 - 31/5/10. We have 5 WTE Health trainers and they are expected to see 1200 new clients per year. Not all areas have their quota of health trainers in post and therefore have not met their SHA target.

Ref	Indicator	NHS Birmingham East & North - Comments on Performance
5	Long Term Conditions	
5.1	Expert Patients Programmes	A significant reduction in staff capacity has impacted on service delivery. This situation has been partly rectified through the recruitment of a Self Management Service manager and an EPP facilitator. It is envisaged that all posts will be filled by October 2010 which will ease the recent dip in programme activity allowing the service to restore former high performance.
5.3	Blood Pressure Management for CHD Patients (QOF CHD6)	The PCT continue to monitor this target although current performance of 62.4 % has changed. The PCT continues to provide service improvements by providing a locality breakdown, so that plans around improvement are discussed and engagement with medicine management in improvement of prescribing. Data has been extracted from QMAS showing the position as at the end of July 2010. Please note data for 2 practices is not yet available this needs to be further explored by primary care commissioning so that an improvements can be defined. . A software tool has been installed into a few selected practices to facilitate management of blood pressure for CHD patients to further explore whether NHS Health checks have had direct impact from screening due to patients being identified but not reaching their optimal treatment plan.
5.4	Cholesterol Management for CHD Patients (QOF CHD8)	The PCT continue to monitor this target, although current performance of 43.4 % has changed .The PCT continues to provide service improvement by providing locality breakdown, so that plans around improvement are discussed and engagement with medicine management in improvement of prescribing .Data has been extracted from QMAS showing the position as at the end of July 2010. Please note data for 2 practices is not yet available this needs to be further explored by primary care commissioning so that an improvements can be defined. . A software tool has been installed into a few selected practices to facilitate management of cholesterol for CHD patients. To further explore whether NHS Health checks have had direct impact from screening due to patients being identified but not reaching their optimal treatment plan.

Ref	Indicator	NHS Birmingham East & North - Comments on Performance
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	<p>The PCT continue to monitor this target, although current performance of 48.8 %. The PCT continues to provide service improvement by providing locality breakdown, so that plans around improvement are discussed and engagement with medicine management in improvement of prescribing discussed. Data has been extracted from QMAS showing the position as at the end of July 2010. Please note data for 2 practices is not yet available, this needs to be further explored by primary care commissioning so that an improvements can be defined.</p> <p>Having identified clinical champions to support practices, continue to identify key GPs to be supporting delivery, proactively manage QOF assessments, further understand progress re introduction of CKD module within Birmingham Own Health to support management of CKD.</p> <p>Continue to work with third sector Kidney Research UK, having built on the success of its 'ABLE Peer Educator' model (A Better Life through Empowerment) and develop the service to target a wider set of vulnerable groups and communities whose health inequalities put them at risk of suffering from all cardiovascular issues, including kidney disease.</p> <p>Developing an audit of the use of the desktop guides for the treatment and management of CKD and further explore service improvements. A software tool has been installed into a few selected practices to facilitate management of CKD patients.</p>
6	Older People	
6.5	Falls Assessments	Data not supplied for quarter, Clinical lead post currently vacant.
7	Primary Care	
7.3	Smoking Status Recording (QOF Rec22)	Performance is both above target and improving. This indicator was not planned to be included on QOF visits to practices in 2009-10 due to its consistent improvement and the number of priority disease areas that are planned to be covered. However this can be included if deemed to be a significant priority.
7.4	Ethnicity Recording (QOF Rec21)	Performance is continuing to improve and is approaching the West Midlands average. Again, this indicator was not planned to be included on QOF visits to practices in 2009-10 due to its consistent improvement and the number of priority disease areas to be included on this visits. This can be included if deemed to be a significant priority.

Ref	Indicator	NHS COVENTRY - Comments on Performance
3	Child and Maternal Health	
3.11	Antenatal continuity of carer	This is a new indicator. The person who leads on this indicator is not available to comment on performance for this quarter. However, the Divisional Nurse Director of UHCW will ensure that the information is available for next quarter.
4	Lifestyles	
4.2	GUM Waiting Times	We have negotiated a reduction of the target to 90% in agreement with the SHA's sexual health lead. This was based on a local audit of patients' preferences which showed that a proportion of attendees expressed a preference for an appointment that fell outside of the 48 hour period.
5	Long Term Conditions	
5.1	Expert Patients Programmes	<p>The expert patient programme is now part of the Chronic Disease Self-Management Programme, and the service has been contracted out to several providers. The data is submitted to the Healthcare Commissioning Service who send it to the SHA; however the data flow to the people at WMPHO producing the Health Improvement Report and back to the PCT has not yet been established. There is currently a vacancy for the lead for this indicator.</p> <p>89 people completed the expert patient course during this quarter (April to June 2010, which is an increase on the previous quarter.</p>
5.10	Blood Pressure Management for Diabetics (QOF DM12)	Coventry is funding a LES to improve the care of patients who are at high risk of CVD. It is anticipated that this will increase the case ascertainment of patients with diabetes and improve BP and cholesterol control (using statins and anti hypertensives) in patients with a ten year risk of 30% risk or more. It is anticipated that this will improve control of the above two risk factors in diabetics who do not currently have CVD.
5.11	Cholesterol Management for Diabetics (QOF DM17)	Coventry is funding a LES to improve the care of patients who are at high risk of CVD. It is anticipated that this will increase the case ascertainment of patients with diabetes and improve BP and cholesterol control (using statins and anti hypertensives) in patients with a ten year risk of 30% risk or more. It is anticipated that this will improve control of the above two risk factors in diabetics who do not currently have CVD.

Ref	Indicator	NHS COVENTRY - Comments on Performance
6	Older People	
6.4	Falls Prevention Training Programme	A proposal for a Community Falls Service, which will address the issues impacting upon these measures, is being considered by the Business Case Group in September. The proposal, which contains four options, will be considered on the value for money and cost effectiveness demonstrated.
6.5	Falls Assessments	A proposal for a Community Falls Service, which will address the issues impacting upon these measures, is being considered by the Business Case Group in September. The proposal, which contains four options, will be considered on the value for money and cost effectiveness demonstrated.
7	Primary Care	
7.3	Smoking Status Recording (QOF Rec22)	No additional activity is planned to improve this statistic.

Ref	Indicator	NHS DUDLEY - Comments on Performance
3	Child and Maternal Health	
3.8	6-8 Week Breast Feeding Prevalence	Dudley is in the process of developing a peer support system in the community, children's centre and maternity unit to encourage mothers to initiate and sustain breastfeeding for 6-8 weeks. The project is likely to start within 4 months. In addition to other measures (Coventry University Breast feeding Awareness (CUBA) training, feedback to HVs/GPs etc).
3.10	Completed health and social assessment before 13 weeks	Note that data coverage is not always 100%. Dudley's Infant Mortality Reduction Action Plan includes a requirement for a full review of the antenatal care pathway. This is now underway and will be completed by year end. Included in the review is an audit of late booking and social marketing research with previous late bookers.
3.11	Antenatal continuity of carer	(See above).
4	Lifestyles	
4.3	Health Trainers Service Development	Programme now underway. 7.5 wte Heath Trainers are currently undergoing training.

Ref	Indicator	NHS DUDLEY - Comments on Performance
5	Long Term Conditions	
5.1	Expert Patients Programmes	NB Q4 data is not an 'anomaly'. There were a large number of course completions in Q4 from one of our course providers
5.3	Blood Pressure Management for CHD Patients (QOF CHD6)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.4	Cholesterol Management for CHD Patients (QOF CHD8)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)	Data is taken from QMAS which has been reset – practices operate a recall system for monitoring patients over the QOF year – PCT would expect this achievement to rise in the next quarter. There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.6	Cholesterol Management for Stroke Patients (QOF Str8)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.8	Seizures Management for Epilepsy (QOF EPIL8)	Data is taken from QMAS which has been reset – practices operate a recall system for monitoring patients over the QOF year – PCT would expect this achievement to rise in the next quarter. There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.10	Blood Pressure Management for Diabetics (QOF DM12)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.11	Cholesterol Management for Diabetics (QOF DM17)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August
7	Primary Care	
7.3	Smoking Status Recording (QOF Rec22)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August

Ref	Indicator	NHS DUDLEY - Comments on Performance
7.4	Ethnicity Recording (QOF Rec21)	There are seven practices whose data has not been submitted to QMAS for end of June which also has an effect on the figures reported – PCT will monitor the QMAS reports for August

Ref	Indicator	NHS HEART OF BIRMINGHAM - Comments on Performance
3 Child and Maternal Health		
3.5c	Childhood Vaccinations - MMR	The active patient management programme to increase the uptake of MMR is ongoing. The average for Q1 is higher than the West Midlands average and with a higher number of resolutions made recently, there will be an increase to the performance rate by next quarter.
3.9	Childhood Weight Management Programmes	Reasons for low numbers: <ul style="list-style-type: none"> • For the paed's service, one clinic has moved location which has affected attendance/drop out rate • For Watch It, the current service has been decommissioned and will no longer operate from the end of August. The redesigned children's weight management programme will commence in September. Therefore, numbers going through the programme are declining.
3.12	Smoking in Pregnancy (At Booking)	HoB's performance for Jan to Mar was 8.9% which is good when compared with the WM average. Good performance should be below the WM average but this is not reflected in comments or graph
4 Lifestyles		
4.3	Health Trainers Service Development	Referral arrangements linked to CVD screening are working well
5 Long Term Conditions		
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)	Local figures based on systolic only indicate a compliance rate of 85% Action plan in place to improve this
6 Older People		
6.5	Falls Assessments	Staff on leave meant not as many assessments covered in this period. Next quarter should show an increase

Ref	Indicator	NHS HEREFORDSHIRE - Comments on Performance
2.6	Breast Cancer Screening Round Length	Despite trend, current performance is above target at 93.4%
3 Child and Maternal Health		
3.3	Breast Feeding Initiation	Current performance is significantly above WM average
3.5c	Childhood Vaccinations - MMR	A multi-targeted approach is being taken to increase uptake; includes pilot scheme with school nurses + education of GP practice staff.
3.9	Childhood Weight Management Programmes	A range of initiatives are in place to address childhood obesity, these include structured child weight management programmes such as MEND 7-13 and post-MEND, a local social marketing campaign - Herefordshire Change4Life (including events and sessions focussed on behavioural change), and a pilot summer reward scheme incentivising increased physical activity and healthy eating in the summer holidays for children in years 3-6.
3.11	Antenatal continuity of carer	There has been an increase in the number of newly qualified midwives into the service due to a number of vacancies. Whilst this will be a positive in the medium to long-term, it has affected the antenatal continuity of carer KPI in the short-term. This has been identified and is in the process of being addressed along with a wider maternity service review incorporating community and acute services.
4 Lifestyles		
4.2	GUM Waiting Times	Sexual health needs assessment recently completed: findings informing service development via programme work streams.
4.3	Health Trainers Service Development	Health trainer service is currently undergoing development in line with local population health improvement plans. During Q4 this service supported the local Stop Smoking social marketing campaign with a view to improving quit rates for the health trainer service and piloting provision of the service in new and different settings, such as Herefordshire Info Centres. This reduced the number of 1:1 interventions as the emphasis was on marketing and promotion of the service.

Ref	Indicator	NHS HEREFORDSHIRE - Comments on Performance
5	Long Term Conditions	
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)	Care pathway for stroke being implemented as part of the introduction of a new and more integrated model of health and social care in Herefordshire and the development of a new integrated care organisation.
5.6	Cholesterol Management for Stroke Patients (QOF Str8)	Care pathway for stroke being implemented as part of the introduction of a new and more integrated model of health and social care in Herefordshire and the development of a new integrated care organisation.
6	Older People	
6.5	Falls Assessments	Falls Practitioner has now been appointed across the County Hospital and PCT Provider arm. However, we will follow up the lack of submission of data based on referrals to the Falls Service to put in place by end of quarter 2.

Ref	Indicator	NHS NORTH STAFFORDSHIRE - Comments on Performance
3	Child and Maternal Health	
3.5c	Childhood Vaccinations - MMR	Vaccination continues to be promoted by community staff as part of the local Healthy Child Programme.
4	Lifestyles	
4.2	GUM Waiting Times	An action plan is in place to ensure that current performance improves. GUM performance is a key agenda item for the provider contract meetings. Delivery of services will soon be reconfigured following the opening of new premises in Cobridge, while satellite services are likely to operate across the area in more local venues such as Milehouse Primary Care Centre.
4.3	Health Trainers Service Development	Activity levels for this service were low, and the service was stopped in January 2010. We are undertaking a review of effective community engagement models for future implementation to support and enhance engagement with communities within our priority ward areas to address health inequalities and support behaviour change.
5	Long Term Conditions	
5.1	Expert Patients Programmes	Following an initial pilot, the PCT are currently in the process of evaluating the impact of the Expert Patient Programme. Should the programme be re-commissioned, it will be in place from April 2011.
6	Older People	
6.4	Falls Prevention Training Programmes	Awaiting further information from Staffordshire Joint Commissioning Unit who commission this service on our behalf.
6.5	Falls Assessments	Awaiting further information from Staffordshire Joint Commissioning Unit who commission this service on our behalf.

Ref	Indicator	NHS SANDWELL - Comments on Performance
3	Child and Maternal Health	
3.4	Smoking During Pregnancy (SATOD)	Sandwell PCT is currently reviewing the Smoking in Pregnancy Service in light of the recent introduction of the new market rules and tariffs for Stop Smoking in Pregnancy Services.
3.5c	Childhood Vaccinations - MMR	<p>Sandwell PCT are aware that MMR uptake remains lower than it should be. Actions taken to address this include,</p> <ul style="list-style-type: none"> • Strategy production • An individual immunisation performance dashboard to each GP practice which demonstrates clearly where uptake needs to improve. • The public health immunisation team target practices with low performance to request they write an action plan for improvement, the team will support them • A data cleansing exercise has been conducted • A task and finish group has been established to look at data issues • MMR is included in all immunisation education and training • A LES is being prepared as an incentive for practices that need to catch up

Ref	Indicator	NHS SHROPSHIRE - Comments on Performance
2.6	Breast Cancer Screening Round Length	<p>£76k recurrent funding has been released jointly by Shropshire County PCT and NHS Telford & Wrekin from April 2010. This is for recruitment of additional permanent staff for the provider to deliver breast screening services.</p> <p>The Screening Manager has also amended the call/recall system to ensure activity peaks are smoothed out. This has ensured round length is in place for Q2 (having now reached 98%)</p>
3	Child and Maternal Health	
3.3	Breast Feeding Initiation	Data quality assurance measures have been reinforced to prevent a re-occurrence
3.8	6-8 Week Breast Feeding Prevalence	Data quality assurance measures have been reinforced to prevent a re-occurrence

Ref	Indicator	NHS SHROPSHIRE - Comments on Performance
3.5c	Childhood Vaccinations - MMR	<p>Efforts are ongoing to improve data recording at practice level through practice visits, in depth monitoring of practice queue lists and PCT wide staff training for practice nurses and health visitors resulting in further improvements within the last year. Inconsistencies in coding for MMR at age 2 are still however occurring and it is now proposed that a policy to ensure greater consistency across all practices be developed for Shropshire County and Telford and Wrekin. This will be discussed at the next meeting of the District Immunisation Committee in October.</p> <p>A briefing for August 2010 for Practice Nurses and all other immunisers entitled* "Needle Points" has been prepared highlighting the need for improvement in relation to MMR issues and will be widely disseminated during August and September. Practice level scrutiny of immunisation queues has also identified queues consisting largely of MMR vaccinations and the backlog is being addressed via the provision of additional clinics and improved management of queues overall. A fuller understanding of the reasons for the shortfall in the achievement of the target indicate that public campaigns to improve uptake are better focused at practice level and our team of immunisation facilitators are continuing to drive improvements at this level.</p> <p>It is expected that this range of interventions will enable us to meet our target for 2010- 11</p>
3.9	Childhood Weight Management Programmes	<ul style="list-style-type: none"> • Shropshire has excellent coverage rates across both age groups for the National Child Measurement Programme. • Shropshire has implemented routine feedback of children's measurement results to parents of both Reception age and Year 6 children • Funding has been redirected from management costs into frontline provision in order to build capacity and capability for local School Nursing Service to deliver a pilot weight management service linked to the National Child Measurement Programme. The pilot will commence in November 2010 and will be delivered within a specific geographical area within the county.
3.11	Antenatal continuity of carer	<p>An initial audit of our performance in this area is indicating that performance is higher than the figure suggests. Action is being taken to address a problem with the quality of data provided and it's compatibility with the requirements of the perinatal institute.</p> <p>Data is being collected by our main provider (SATH) and efforts are being made by them to provide a better quality of data in the future in a format that will be comparable with the perinatal institute. By quarter 3 this compatibility problem will be resolved allowing our rates to improve.</p>

Ref	Indicator	NHS SHROPSHIRE - Comments on Performance
4	Lifestyles	
4.3	Health Trainers Service Development	The PCT is investing additional resources via its Health Checks Programme to enable a health trainers service to be offered within GP surgeries
5	Long Term Conditions	
5.1	Expert Patients Programmes	<p>The generic Expert Patient Programme is currently being provided in Shropshire by EPP CIC. Referral to the course is made via the GP. Courses have been running and have been well attended since April 2010. There are courses scheduled through to January 2011 within various areas of the county. Interest has been expressed by further companies wishing to provide the course within Shropshire and discussions are currently taking place with these providers.</p> <p>As this is a new scheme the first quarter's data is being audited at present.</p>
5.11	Cholesterol Management for Diabetics (QOF DM17)	PCT CVD Prevention & Medicines Management staff are visiting each General Practice to assist them improve monitoring and care of this patient group.
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	See 5.11 above
6	Older People	
6.5	Falls Assessments	Service Review under way in order to increase the number of assessments conducted
7	Primary Care	
7.3	Smoking Status Recording (QOF Rec22)	Action plan underway to target those general practices whose recording is under 70% and assist them to improve data completion
7.4	Ethnicity Recording (QOF Rec21)	Data quality is being addressed alongside other primary care initiatives see 5.11 and 7.3 above

Ref	Indicator	SOLIHULL CARE TRUST - Comments on Performance
4	Lifestyles	
4.3	Health Trainers Service Development	Whilst the development falls outside target recent investment is having a positive effect and it is anticipated that this will continue as the service becomes established.
5	Long Term Conditions	
5.1	Expert Patients Programmes	It would appear that data has not been provided for this indicator for some time. It will not be possible to investigate and correct this prior to the deadline for this report however, it will be investigated shortly with a view to providing timely information in the future.
6	Older People	
6.4	Falls Prevention Programmes	It would appear that data has not been provided for this indicator on this occasion. It will not be possible to investigate and correct this prior to the deadline for this report however, it will be investigated shortly with a view to providing timely information in the future.
6.5	Falls Assessments	It would appear that data has not been provided for this indicator on this occasion. It will not be possible to investigate and correct this prior to the deadline for this report however, it will be investigated shortly with a view to providing timely information in the future.

Ref	Indicator	NHS SOUTH BIRMINGHAM - Comments on Performance
3	Child and Maternal Health	
3.5a	Childhood Vaccinations - Dtap	Although NHS South Birmingham's is benchmarked below other PCT within NHS West Midlands, it's percentage performance for children aged 2 immunised for DTaP IPV Hib for Jan-Mar 10 was 94.6%. The current performance is above the target trajectory of 90.0%. In Q1 the PCT implemented a dedicated failsafe/ data management project to improve data quality. Initial findings show data is lost between GP practices and child health data system and discrepancies in Q1 data which we are recalculating locally this should improve performance.

Ref	Indicator	NHS SOUTH BIRMINGHAM - Comments on Performance
3.5b	Childhood Vaccinations - MenC	Although NHS South Birmingham's is benchmarked below other PCT within NHS West Midlands, it's percentage performance for children aged 2 immunised for MenC for Jan-Mar 10 was 92.2%. The current performance is above the target trajectory of 90.0%. In Q1 the PCT implemented a dedicated failsafe/ data management project to improve data quality. Initial findings show data is lost between GP practices and child health data system and discrepancies in Q1 data which we are recalculating locally this should improve performance
3.5c	Childhood Vaccinations - MMR	<p>South Birmingham's percentage of children aged 2 immunised for MMR for Apr-Jun 10 was 87.8%. It is recognised that this is below the target trajectory of 90.0%. However, the current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).</p> <p>For NHS South Birmingham the main issues are:</p> <ul style="list-style-type: none"> • data is lost between GP practices and child health data system; • significant number of parental declines, the denominator is not adjusted for parental declines although they are recorded in child health. <p>As indicated above the PCT has initiated a data cleansing process to improve data quality and capture which should ensure submitted figures accurately reflect the level of immunisation achieved.</p>
3.11	Antenatal continuity of carer	This indicator is difficult to achieve as midwives share their work in teams. Only one PCT (North Staffs) has managed to achieve this target since it was first measured (maternity commissioners have asked to meet with North Staffs to share learning and good practice). The IfH Project Board is currently reviewing the construction of this measure – awaiting outcome.
4 Lifestyles		
4.2	GUM Waiting Times	The narrative which indicates NHS South Birmingham is not achieving target relates to patients being seen within clinic. The original 'target' for patients seen within 48hrs was 95% to support the 100% of patients offered an appointment within 48hrs. It should be noted that since the GUM access target became an operational standard there has been no national target for 'seen' only patients being 'offered' an appointment. In agreement with NHS West Midlands Strategic Programme Lead for Sexual Health the target for 'seen' was locally agreed at 90% (PCT performance 89.6%). The PCT aim to ensure an understanding of local service capacity and demand which captures efforts made locally by providers to reconfigure services and commission services to meet the needs of patients unwilling to be seen within 48hrs.

Ref	Indicator	NHS SOUTH BIRMING HAM - Comments on Performance
5	Long Term Conditions	
5.1	Expert Patients Programmes	<p>Provision of EPP is being reviewed as part of the Trusts delivery plan. Possible actions are:</p> <ul style="list-style-type: none"> • Continue to deliver EPP with Short term contract and specification for new supplier due to problems with present Tutors in delivery with the aim to deliver maximum possible with numbers of requesting applicants • Deliver limited EPP in 2010/11 using remaining Tutors and no outside contract • Deliver existing EPP requests only in 2010/11
6	Older People	
6.5	Falls Assessments	A falls prevention pathway has just been launched for use by community, primary care and third sector staff. This should lead to an increase in the number of people referred for a multi-disciplinary assessment. Work is also underway with the provider to address the number of DNA's in the Falls Clinic.
7	Primary Care	
7.3	Smoking Status Recording (QOF Rec22)	The PCT will flag the issue to the GP QOF assessors who will be able to identify key issues and actions with individual practices. The PCT will also flag this indicator as an area of concern in the annual letter to each practice.

Ref	Indicator	NHS South Staffordshire - Comments on Performance
3	Child and Maternal Health	
3.5a	Childhood Vaccinations - Dtap	Exceeded PCT Vital Signs target of 95%
3.5b	Childhood Vaccinations - MenC	Exceeded PCT Vital Signs target of 95%
3.5c	Childhood Vaccinations - MMR	Target for 2010/11 has been revised to 91.5%. Uptake continues to improve. Currently calling in children for HIB mop-up campaign – if no pre-school booster or MMR these will be given as well.

Ref	Indicator	NHS STOKE ON TRENT - Comments on Performance
3 Child and Maternal Health		
3.5c	Childhood Vaccinations - MMR	<p>For MMR we continue to set a challenging target of over 95% in line with WHO recommendations which supports high uptake levels to ensure herd immunity for vulnerable groups (i.e. those with cancer or immunosuppression where vaccination is not possible). For previous COVER data Stoke on Trent vaccination uptake rates have been consistently within the top 20 PCTs out of 152 in England for all cohorts. We do continue to set high immunisation targets to promote high standards.</p> <p><u>Actions currently undertaken to increase this level:-</u></p> <ul style="list-style-type: none"> • MMR catch-up campaign from Aug 08 - children aged 6 / less are being rescheduled for appointments in GP practices. Latest Q4 targets from January to March 10 show MMR uptake rates are 93.7% (cohort 2) this is a slight decrease from the previous quarter. • From the Q4 data we are currently 14th placed out of 152 PCTs within England for cohort 2 (children aged 2) and are 6th placed within the West Midlands SHA. • We do monitor uptake rates at a GP practice level on a quarterly and annual basis and these are shared with the GP practices. • COVER data is now available down to a GP practice level - information recording the numbers of children vaccinated are shared with all current immunisers within the organisation. The last COVER 4 data did show a decrease in figures and 23 GP practices were contacted to put an action plan in place and best practice guidance from this exercise has been shared with individual practices and recommendations will be disseminated in the V+I Newsletter in October 10. This is particularly relevant for the hard to reach groups. A Childhood V+I Policy has been devised where a defaulter's care pathway has been agreed and the hardest to reach children vaccinated at home by Health Visitors. • Information regarding vaccination uptake levels are disseminated widely within the organisation via the V+I Newsletter (produced quarterly) • COVER data is now shared with all immunisers at the V+I childhood immunisation updates. <p>We have started monitoring GP Practices as part of the Quality Improvement Framework and a baseline of all vaccination rates per GP Practice has been undertaken. GP Practices who are below average will be expected to produce comprehensive action plans to show how they will improve vaccination uptake rates.</p>

Ref	Indicator	NHS STOKE ON TRENT - Comments on Performance
3.11	Antenatal continuity of carer	We are currently monitoring this as part of the PEER data set for the West Midlands Perinatal Institute. Significant additional investment has been agreed in community midwifery which has improved our performance (current caseloads 1:100 as recommended via Birth Rate Plus and Maternity Matters). The Head of Midwifery is driving the target.
6 Older People		
6.4 & 6.5	Falls Prevention Programmes and Falls Assessments	<p>The Falls data return has unfortunately not been submitted in this quarter due to staff absences at the Joint Commissioning Unit. This has now been picked up and the return will start being submitted again as soon as possible. In addition the following actions are now being taken to improve performance:</p> <ul style="list-style-type: none"> - New Falls leads have been put in place - Meetings have taken place to look at current issues and agree a way forward - Ensuring there is strategic direction - A refreshed Stoke-on-Trent Falls and Bone Strategy Group has been reconvened and the first meeting is due to take place at the beginning of September - A Falls Co-ordinator post has been extended until March 2011.

NHS WALSALL – no submission received at time of production of final report

Ref	Indicator	NHS WARWICKSHIRE - Comments on Performance
2.6	Breast Cancer Screening Round Length	Current performance is significantly higher than the West Midlands average.
3 Child and Maternal Health		
3.3	Breast Feeding Initiation	Warwickshire's breastfeeding initiation rate has increased over the last quarter Q1 10/11, 72.12% compared to Q4 09/10 69.78%, Q3 70.03%, Q2 72.06%, and Q1 73.23%. Work is underway to ensure we have achieved Baby Friendly Stage One by the end of 2010 and Stage 2 by the end of 2011 and good progress has been made. Breastfeeding peer support training is being rolled out across the county which will also contribute to the target.
3.8	6-8 Week Breast Feeding Prevalence	Warwickshire's breastfeeding 6-8 week prevalence rate for Apr-Jun 10 was 42.12%. Q4, Jan to March 2010 prevalence rate was 44.26%. Total breastfeeding prevalence has increased slightly within these latest figures.

Ref	Indicator	NHS WARWICKSHIRE - Comments on Performance
3.5a	Childhood Vaccinations - Dtap	The trend is upwards and current performance remains significantly above the West Midlands average.
3.5b	Childhood Vaccinations - MenC	
3.5c	Childhood Vaccinations - MMR	
3.9	Childhood Weight Management Programmes	<p>The position has remained the same with unfortunately, no children "completing" the programme.</p> <p>Food Fun and fitness had parents of young children on it. We currently have a number of school nurses "working with" (in progress) children and weight management. We also currently have a programme like MEND running with Alderman Smith School in Nuneaton - again we cannot record children as "completed" until the programme has finished</p> <p>A number of other programmes are also being run but are not captured in this target. For example the cook and eat programmes, physical activity programmes, mental wellbeing programmes etc.</p> <p>Warwickshire are currently undertaking a tendering process for childhood obesity services which will have a significant impact on this target.</p>
3.10	Completed health and social assessment before 13 weeks	Current performance is significantly above the West Midlands average.
3.11	Antenatal continuity of carer	Between Jan to March 2010 only 36.2% of women in Warwickshire received 75% of their antenatal visits in the primary care setting with the same midwife. This is slightly lower than the West Midlands average. The Maternity Clinical Network are currently working to improve performance on this indicator.
3.12	Smoking in Pregnancy (At Booking)	Warwickshire's Smoking in pregnancy (at booking) for Jan-Mar 10 was 18.1%. Current performance is significantly lower than the latest baseline average but not significantly different to the West Midlands average. Additional funding from April 2010 means that the Service now has significantly increased capacity. The Service is in the process of being transferred to George Eliot Hospital.

Ref	Indicator	NHS WARWICKSHIRE - Comments on Performance
4 Lifestyles		
4.2	GUM Waiting Times	There has been a slight fall in the percentage of GUM patients offered 1st appointment within 48 hours. However performance remains above the West Midlands average.
4.3	Health Trainers Service Development	<p>Warwickshire's rate of health trainers for Apr to June 2010 was 20 per 10,000 compared with a WM average of approximately 250.</p> <p>The Warwickshire target is 173 assessments per month based on 27 wte health trainers however, Warwickshire in fact has 3.11 WTE trainers which would account for the poor performance against target.</p> <p>The figures not expected to increase until we have completed preparatory work for releasing savings so that we may invest in more health improvement, expected 2011-2012. In the meantime we have located all our health trainer resources in Nuneaton and Bedworth our Spear head areas. And in other districts work with community development programmes and children's centres to build capacity in others to promote health such as tackling obesity. NHSW are commissioning the service for 1000 new client contacts per year.</p>
5 Long Term Conditions		
5.1	Expert Patients Programmes	<p>The rate for Apr to June 2010 was 0 per 100,000</p> <p>Please see narrative above in 4.3</p>
6 Older People		
6.5	Falls Assessments	<p>The rate of falls assessments for Apr to June 2010 was 26 per 10,000. This compares with a WM average of over 100.</p> <p>The PCT is just starting to have discussions about providing the falls service countywide, within existing resources. This is a very complex process and may take some time to set up</p>

Ref	Indicator	NHS WARWICKSHIRE - Comments on Performance
7	Primary Care	
7.4	Ethnicity Recording (QOF Rec21)	<p>The percentage of newly registered patients with recorded ethnicity for June 2010 was 87.4%. This is significantly lower than the WM average of 94.0%.</p> <p>Last quarter we provided the following narrative: The Ethnicity DES incentivises the recording of Ethnicity and 1st language for all registered patients. Although a 2 year DES from 08/09 to 09/10, the majority of practices only signed up mid way through the first year so we wouldn't expect to see much change until early next year.</p>
7.6	Adult Access to NHS Dentistry	At 70.5% performance is higher than the West Midlands average

Ref	Indicator	WOLVERHAMPTON CITY - Comments on Performance
3	Child and Maternal Health	
3.5c	Childhood Vaccinations - MMR	<p>A media campaign including Wolverhampton's main local paper highlighting the risks of not having the MMR Immunisation and the benefits to your child.</p> <p>Target list made available to every GP of children who have not had MMR before they are 2 years old.</p> <p>The PCT is actively encouraging every GP in Wolverhampton to campaign regarding all childhood immunisations.</p> <p>Health visitor support workers are now in post and full training is being given by Immunisation Coordinator's of the importance of their promotional role.</p> <p>A new data base has been set up with a full list of all the immunisers in Wolverhampton.</p> <p>A newsletter has been implemented to introduce the new Immunisation Coordinations and to help continue the links already set up within the city.</p>

Ref	Indicator	WOLVERHAMPTON CITY - Comments on Performance
3.10	Completed health and social assessment before 13 weeks	<p>HIP summary reported Q4 data.</p> <p>Performance data is now available for Q1 2010/11: Q1 = 90.4% against a target of 86.0%</p> <p>Therefore the current performance is on track and no corrective actions are deemed necessary at this time.</p>
3.11	Antenatal continuity of carer	<p>Although current performance is below the target trajectory of 75.0% it is significantly higher than the West Midlands average.</p> <p>This indicator was set as part of Project 2c -and is a West Midlands Perinatal Institute (WMPI) identified target as part of this project.</p> <p>There has been discussion between Commissioners, Providers and WMPI about the difficulties in achieving this target although Wolverhampton is one of the better performing areas.</p> <p>The conclusion to these discussions is that the denominator within this target will change to incorporate ante-natal visits by 2 midwives as opposed to measuring the number of visits by the "same midwife".</p> <p>This proposal is waiting for final confirmation.</p>
<p>4 Lifestyles</p>		
4.3	Health Trainers Service Development	<p>Current performance is not significantly different to the West Midlands average.</p> <p>The planned Health Trainer service includes 25 Health Trainer staff. The service started in January 2010 but a phased recruitment process was adopted.</p> <p>The first phase recruited 13 staff (1 HT Lead, 3 Senior HT, 8 HT and 1 admin); these staff are now fully operational.</p> <p>The second phase of recruitment is underway and will recruit a further 12 HT. These staff will be in post by September and be trained by November.</p> <p>Reduced staffing levels have impacted on the number of assessments completed by the service. This is being addressed through the further recruitment. However, we would not expect the target of 304.7 per 10,000 to be achieved until the new recruits are fully operational in Q4 2010-2011.</p>

Ref	Indicator	NHS WORCESTERSHIRE - Comments on Performance
3	Child and Maternal Health	
3.11	Antenatal continuity of carer	The issue for Worcestershire is that a lot of the midwives are part time NHSW working to address this with Worcestershire Acute NHS Trust
4	Lifestyles	
4.2	Health Trainers Service Development	In the process of recruitment