

# Health Improvement Monitoring Report

## West Midlands

Quarter 4 2009/10

March 2010







## Table of Contents







<b>1.</b>	<b>Q4 2009/10 Health Improvement Performance Summary</b>	<b>5</b>
<b>2.</b>	<b>Life Expectancy Indicators</b>	<b>10</b>
2.3b	– CVD Mortality (quarterly)	10
2.4b	– Cancer Mortality (quarterly)	10
2.5	– Breast Cancer Screening Coverage	11
2.6	– Breast Cancer Screening Round Length	12
<b>3.</b>	<b>Child and Maternal Health</b>	<b>13</b>
3.3	– Breast Feeding Initiation	13
3.8	– 6 To 8 Weeks Breast Feeding Prevalence	14
3.4	– Smoking During Pregnancy	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
<b>4.</b>	<b>Lifestyles Indicators</b>	<b>20</b>
4.2	– GUM Waiting Times	20
4.3	– Health Trainers Service Development	21
<b>5.</b>	<b>Long Term Conditions Indicators</b>	<b>22</b>
5.1	– Expert Patients Programme	22
5.3	– Blood Pressure Management for CHD Patients	23
5.4	– Cholesterol Management for CHD Patients	24
5.5	– Blood Pressure Management for Stroke patients	25
5.6	– Cholesterol Management for Stroke patients	26
5.7	– Blood Pressure Management for Hypertension Patients	27
5.8	– Seizures Management for Epilepsy	28
5.10	– Blood Pressure Management for Diabetics	29
5.11	– Cholesterol Management for Diabetics	30
5.12	– Blood Pressure Management for CKD Patients	31
<b>6.</b>	<b>Older People Indicators</b>	<b>32</b>
6.4	– Falls Prevention Programmes	32
6.5	– Falls Assessments	33
<b>7.</b>	<b>Primary Care Indicators</b>	<b>34</b>
7.2	– BMI Recording	34
7.3	– Smoking Status Recording (QOF Rec22)	35




















7.4	– Ethnicity Recording New Registrants (QOF Rec21)	36
7.5	– Child Access to NHS Dentistry	37
7.6	– Adult Access to NHS Dentistry	38
<b>8.</b>	<b>Appendices</b>	<b>39</b>
<hr/>		
Appendix A	– Reporting Process and Schedule	39
Appendix B	– Data Sources and Indicative Forward Schedule	41
Appendix C	– Methods	43
Appendix D	– Editorial Group : Terms of Reference	47
Appendix E	– Purpose of the Quarterly Health Improvement Report	48
Appendix F	– PCT Responses : Corrective Action	49

## 1. Q4 2009/10 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																			
2.3b CVD Mortality (Quarterly)	Not Rated																		
2.4b Cancer Mortality (Quarterly)	Not Rated																		
2.5 Breast Cancer Screening Coverage																			

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
2.6	Breast Cancer Screening Round Length	↗ ↗	↗	↗	↗ ↗	↗	↘ ↗	↗	↘ 🎯 ↘	↗	↘ ↗	↘ ↗	↘ ↗	↘ 🎯 ↘	↗ ↗	↗	↗	↗ ↗	↗
<b>3 Child and Maternal Health</b>																			
3.3	Breast Feeding Initiation	↗	↗	↘	↗	✖		↘	↗			↘	↘		↗	↗		↗	↗
3.8	6-8 Week Breast Feeding Prevalence	🎯	✖ 🎯 ↘	🎯 ↘	↗	🎯		↘	🎯	🎯	🎯	🎯	↘		🎯 ↘	🎯	↗	🎯	
3.4	Smoking During Pregnancy (SATOD)				↗								↘	↘			↘	↗	
3.5a	Childhood Vaccinations - DtaP IPV Hib	↗	↘				↗	↗		↘			↗	↗	↗	↗	↘	↘	
3.5b	Childhood Vaccinations - MenC	↗	↘					↗		↘	↗				↗	↗	↘	↘	↗
3.5c	Childhood Vaccinations - MMR	🎯	↗ 🎯	🎯 ↗	🎯 ↗	🎯 ↘	🎯	↘	🎯	🎯	↗ 🎯	🎯	🎯 ↗	🎯	🎯 ↗	↗	🎯 ↘	🎯	🎯

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
3.9	Childhood Weight Management Programmes	↘	↗	↗	↘	↘		✘ ↘	↘	✘ ↘	↗	↗		↘		✘ ↘	↘	↘	↗
<b>4 Lifestyles</b>																			
4.2	GUM Waiting Times	↗		↗	↗		↗	↗		↗	↗		↗	↗	↗		↗	↗	↗
4.3	Health Trainers Service Development	↗ ↗	↗ ↗	✘ ↘	↗ ↗	🎯 ↘	✘ ↘	↗ ↗	✘ ↘	🎯 ↘	↗ ↗	↗ ↗	↗ ↗	🎯 ↘	↗ ↗	🎯 ↘	🎯 ↘	🎯 ↘	🎯 ↘
<b>5 Long Term Conditions</b>																			
5.1	Expert Patients Programmes	↗ ↗	↘	↗ ↗	↗ ↗	✘ ↘	↗	↗ ↘	✘ ↘	↘ ↘	↗	↘	↗	↘	↗	✘ ↘	↗	↘	↗
5.3	Blood Pressure Management for CHD Patients (QOF CHD6)						↘		↗			↗	↗	↘	↗	↗	↘	↗	↗
5.4	Cholesterol Management for CHD Patients (QOF CHD8)	↗ ↗	↗	↘	↘			↗ ↘	↗ ↗		↗ ↗	↗ ↗	↗	↗	↗	↗	↗	↘	↗

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
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)			➔				➔		➔	➔	➔		⬇		➔	⬇	➔	➔
5.6	Cholesterol Management for Stroke Patients (QOF Str8)							➔	➔		➔	➔	➔	⬇	➔	➔	➔		➔
5.7	Blood Pressure Management for Hypertension Patients (QOF BP5)	➔ ➔	⬇	➔	⬇	⬇	⬇	➔ ➔	⬇	⬇	➔	➔	➔	⬇	➔	➔	⬇	➔	➔
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)	⬇	⬇	⬇	➔	⬇	⬇	⬇	⬇	⬇	⬇	➔	⬇	⬇	➔	➔	⬇	⬇	⬇
<b>6 Older People</b>																			
6.4	Falls Prevention Training 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
6.5	Falls Assessments																		
<b>7 Primary Care</b>																			
7.2	BMI Recording																		
7.3	Smoking Status Recording (QOF Rec22)																		
7.4	Ethnicity Recording (QOF Rec21)																		
7.5	Child Access to NHS Dentistry																		
7.6	Adult Access to NHS Dentistry																		

## 2.3b – CVD Mortality (quarterly)

## West Midlands– Oct – Dec 2009

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

Not Rated

- There were 736 (equivalent to 1037 seasonally adjusted) under 75's deaths from CVD in the West Midlands in Oct – Dec 2009.
- Of the 17 PCTs in the West Midlands, only Shropshire 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). Shropshire was significantly below the expected baseline.

## 2.4b – Cancer Mortality (quarterly)

## West Midlands– Oct – Dec 2009

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

Not Rated

- There were 1315 (equivalent to 1786 seasonally adjusted) under 75's deaths from CVD in the West Midlands in Oct – Dec 2009.
- Of the 17 PCTs in the West Midlands only North Staffordshire 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). North Staffordshire was significantly above the expected baseline.

## 2.5 – Breast Cancer Screening Coverage

### West Midlands – Mar-09

#### Alerts

Data:

Trend: 

Target:

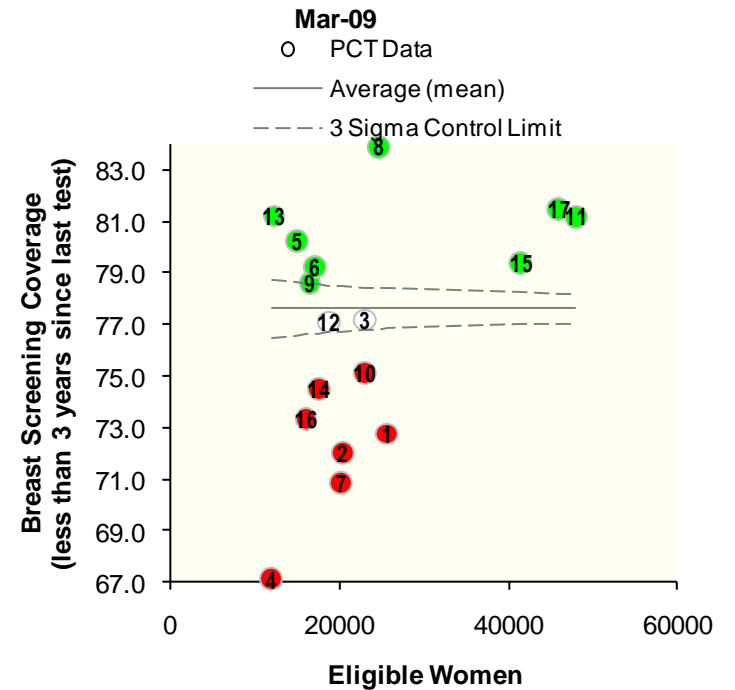
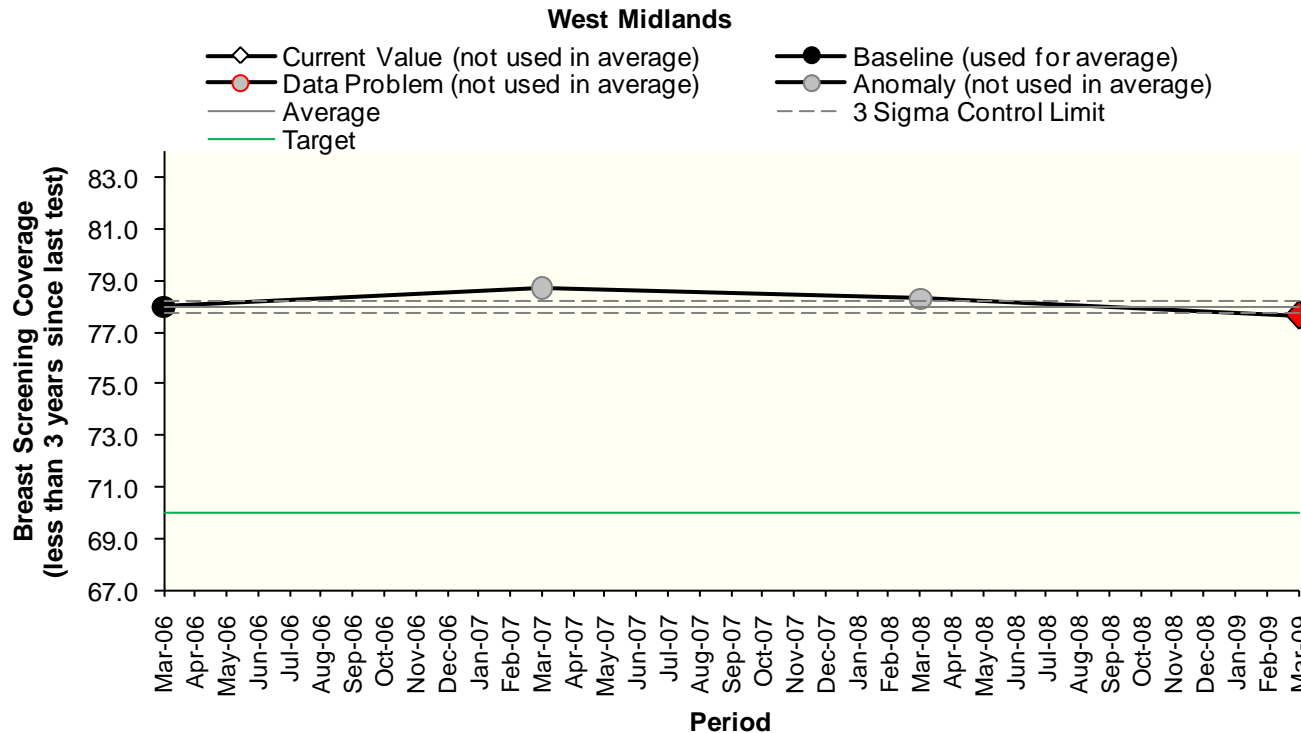
WM Average:

This indicator measures the proportion of eligible women who were screened for breast cancer in the last 3 years. Women aged between 50 to 70 are now eligible for breast cancer screening, however until a full 3 year round is completed in 2008/9, coverage is presented for 53-64 year olds women. The national minimum standard for this indicator is 70%. Data Source: HSCIC [www.IC.nhs.uk](http://www.IC.nhs.uk)

- The West Midlands breast cancer screening 3 year coverage for Mar-09 was **77.6%**.
- 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 70.0%.
- 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



## 2.6 – Breast Cancer Screening Round Length

### West Midlands– Jan-Mar 10

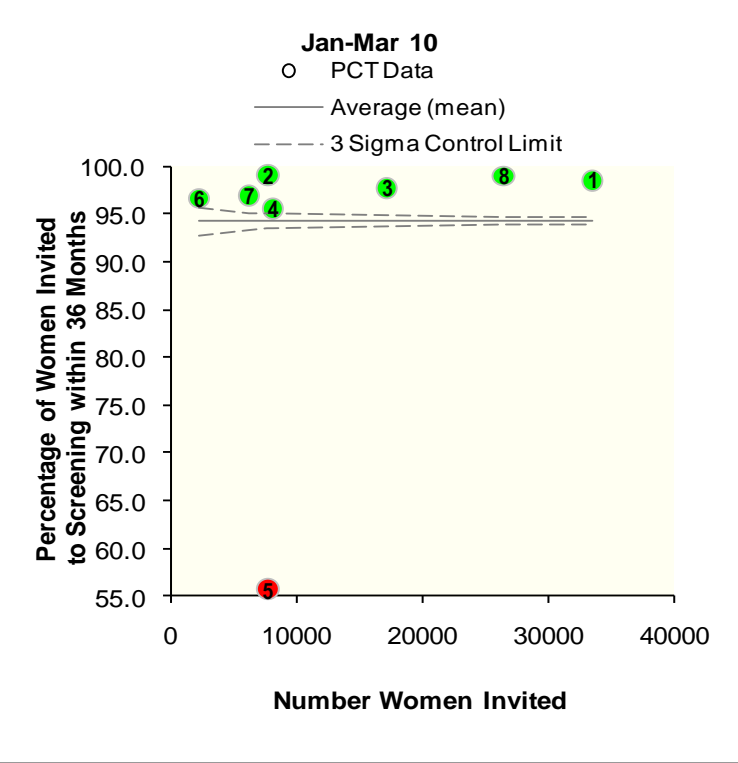
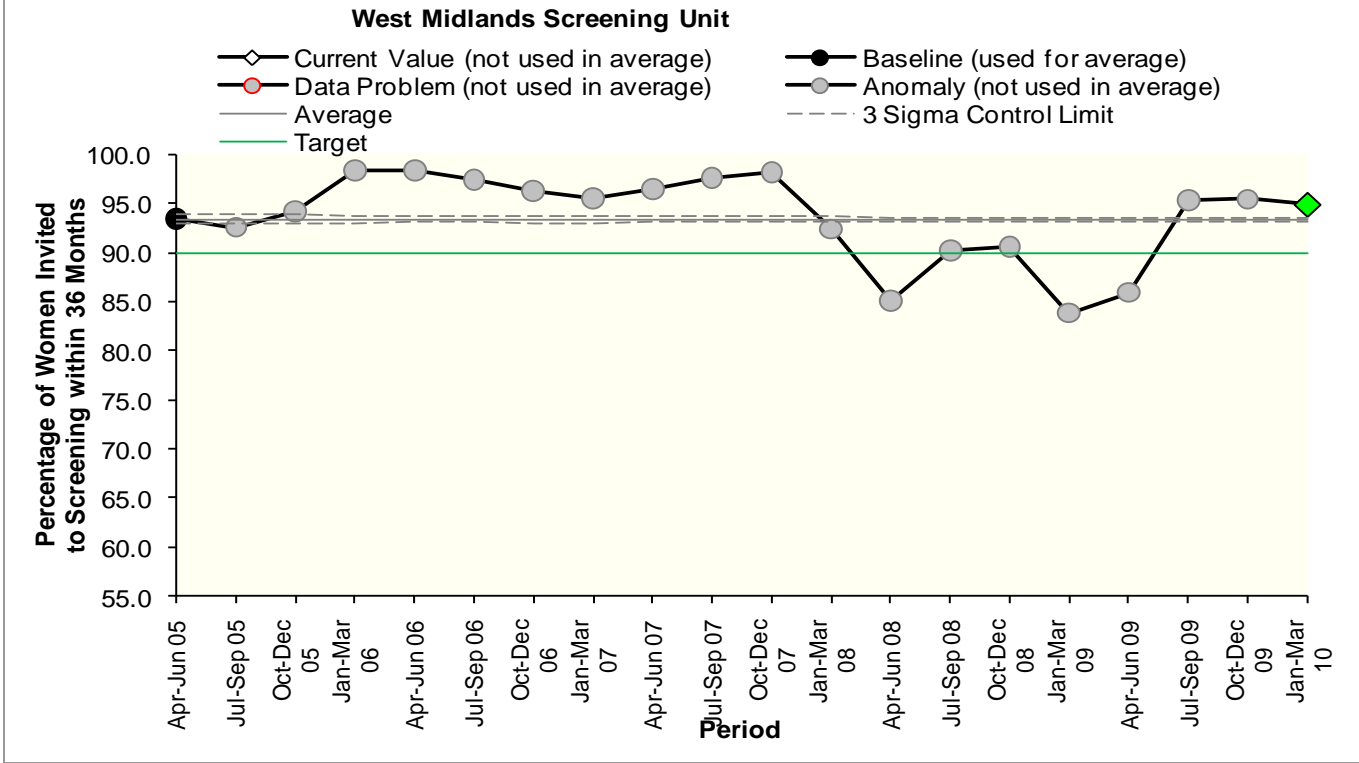
Alerts	
Data:	
Trend:	↗
Target:	
WM Average:	

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](http://www.wmpho.org.uk/wmciu)

- The West Midlands percentage of women offered screening within 36 months for Jan-Mar 10 was **94.9%**.
- 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%.
- Of the 8 screening units, 7 were better than and 1 was 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

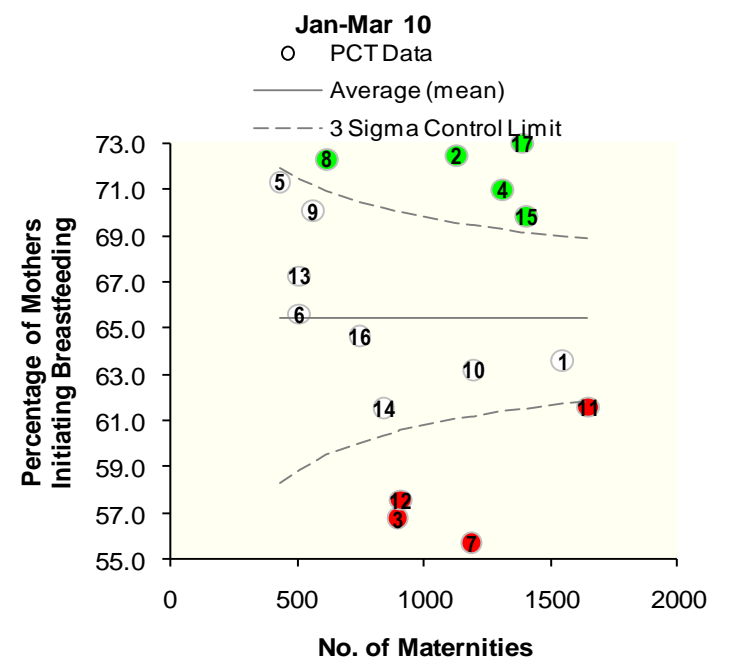
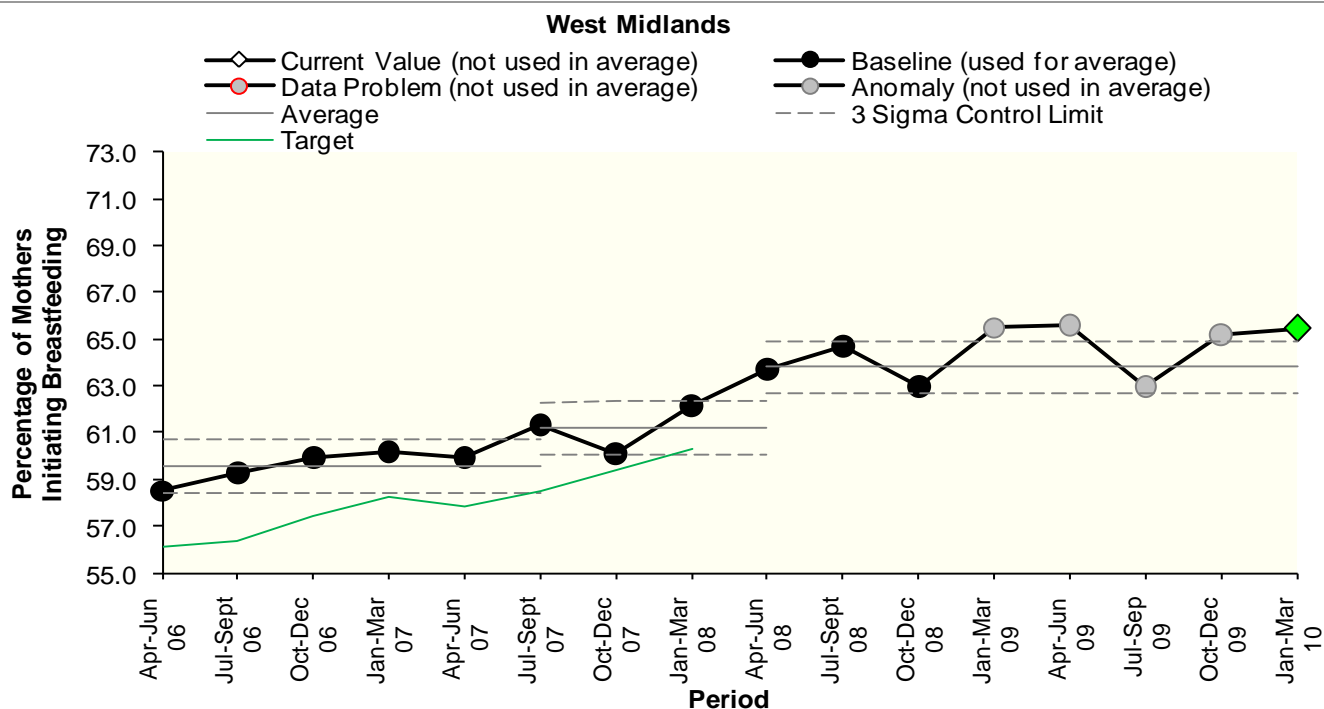
West Midlands – Jan-Mar 10

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:	

- The West Midlands breastfeeding initiation rate for Jan-Mar 10 was **65.4%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- 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



### 3.8 – 6 To 8 Weeks Breast Feeding Prevalence

#### West Midlands– Jan-Mar 10

#### Alerts

Data:

Trend:

Target:

WM Average:

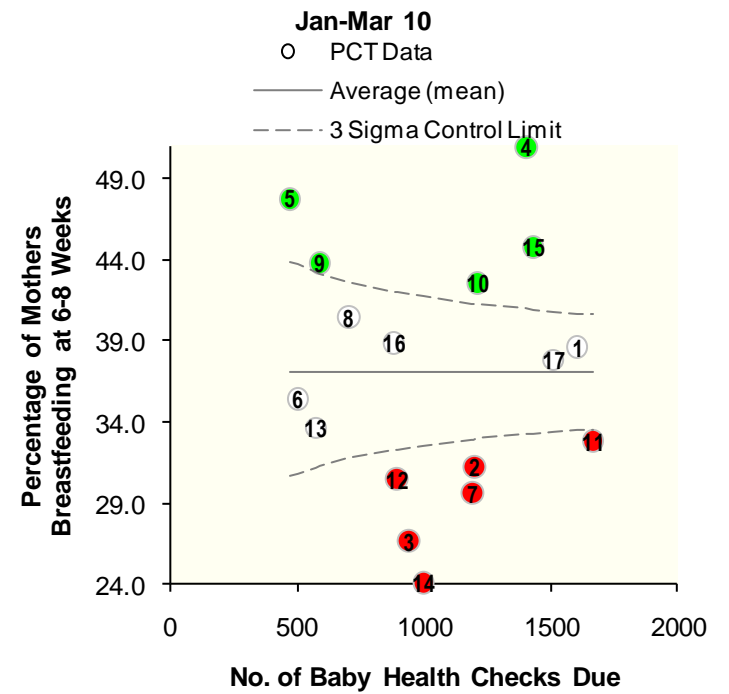
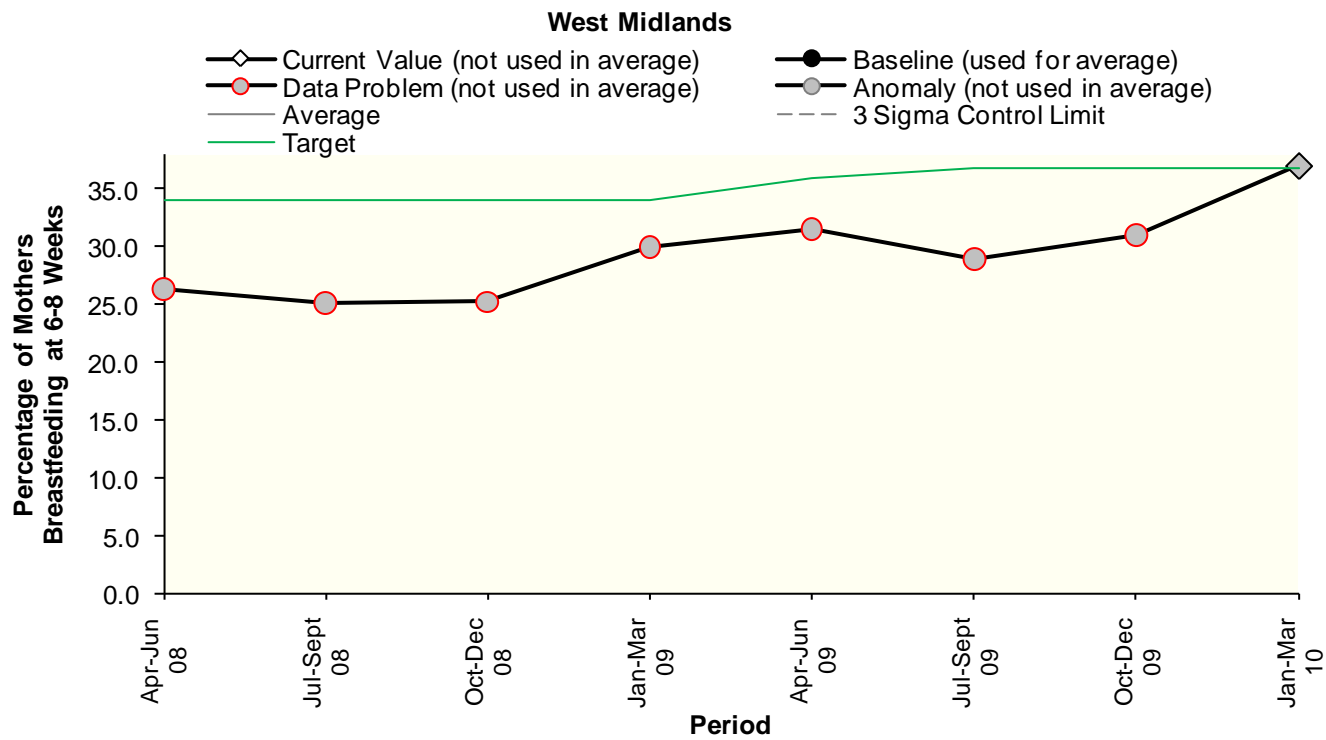
This indicator measures the number of infants that are totally or partially breastfed at 6-8 weeks as a proportion of all infants that are due for a check at 6-8 weeks. It is anticipated that the breastfeeding status of 85% of new mothers will be established. This is a Vital Signs indicator. Data Source: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

- The West Midlands breastfeeding 6-8 week prevalence rate for Jan-Mar 10 was **37.0%**.
- Current performance is above the target trajectory of 36.8%.
- 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
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



### 3.4 – Smoking During Pregnancy

#### West Midlands – Oct-Dec 09

#### Alerts

Data:

Trend:

Target:

WM Average:

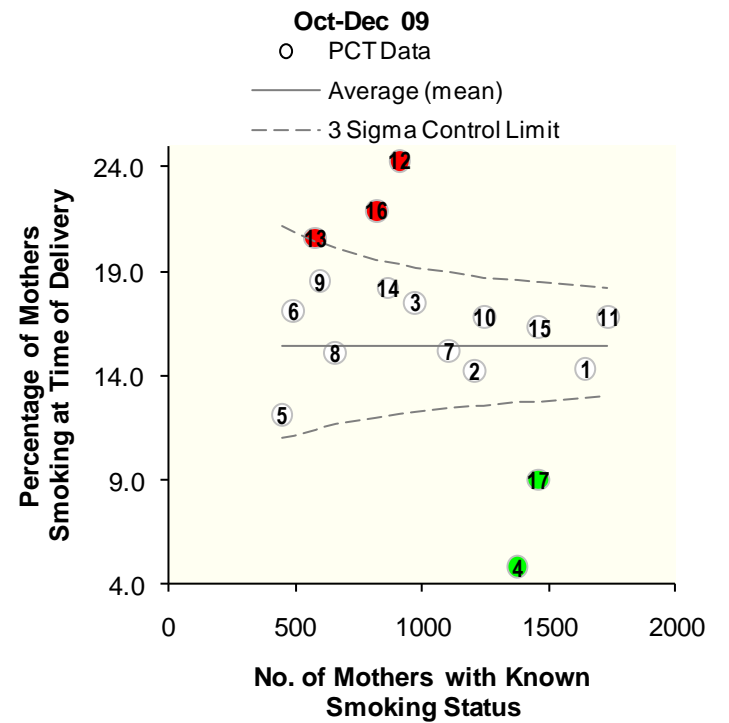
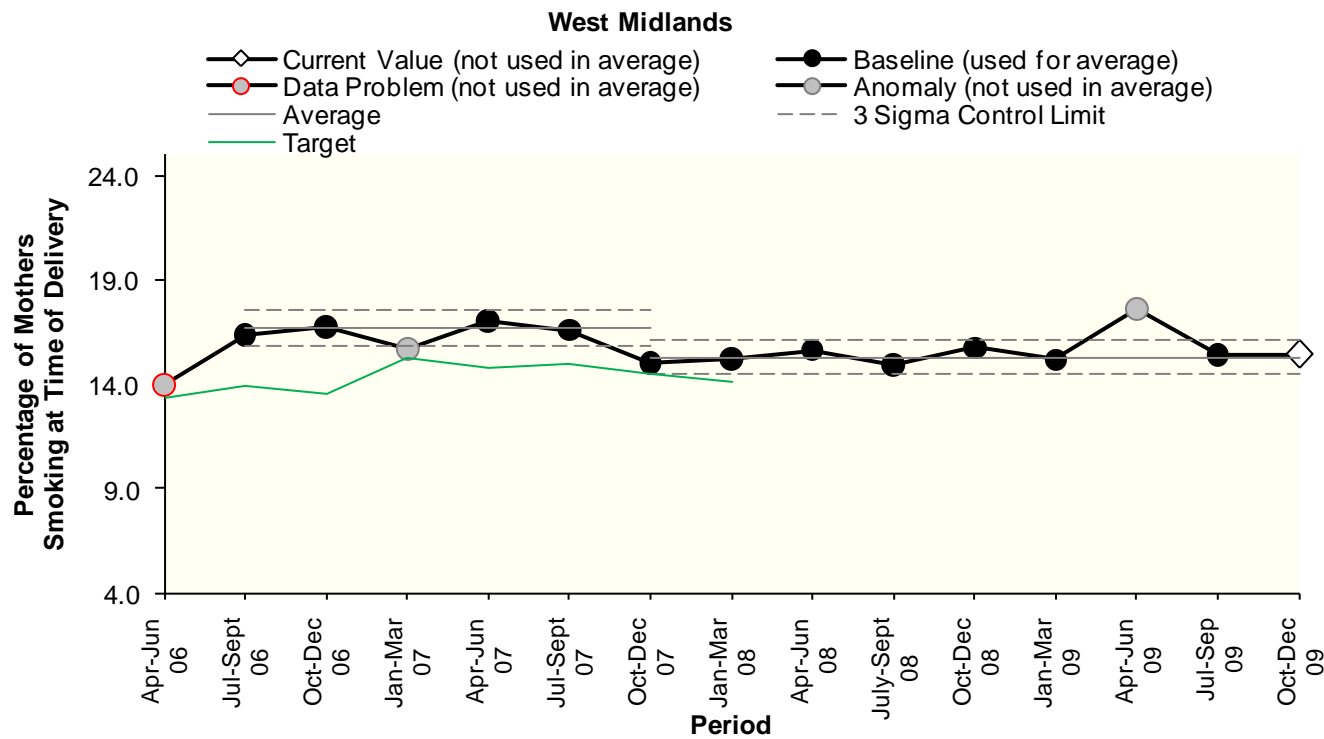
This indicator measures the number of mothers who smoke at the time of delivery as a proportion of mothers with known status. It is anticipated that the smoking status of 95% of new mothers will be established. There is a national target to reduce smoking during pregnancy rates by 1 percentage point per annum. Data Source: LDPR-C via Unify2 & Omnibus HSCIC

- The West Midlands rate of smoking at time of delivery for Oct-Dec 09 was **15.4%**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Of the 17 PCTs, 3 were worse than and 2 were 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



### 3.5a – Childhood Vaccinations – DtaP IPV Hib

#### West Midlands– Jul-Sep 09

#### Alerts

Data:

Trend:

Target:

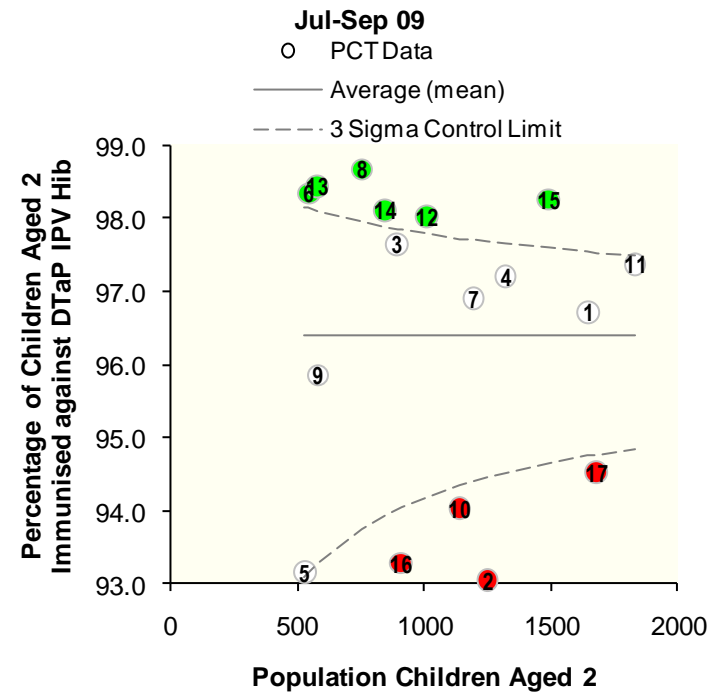
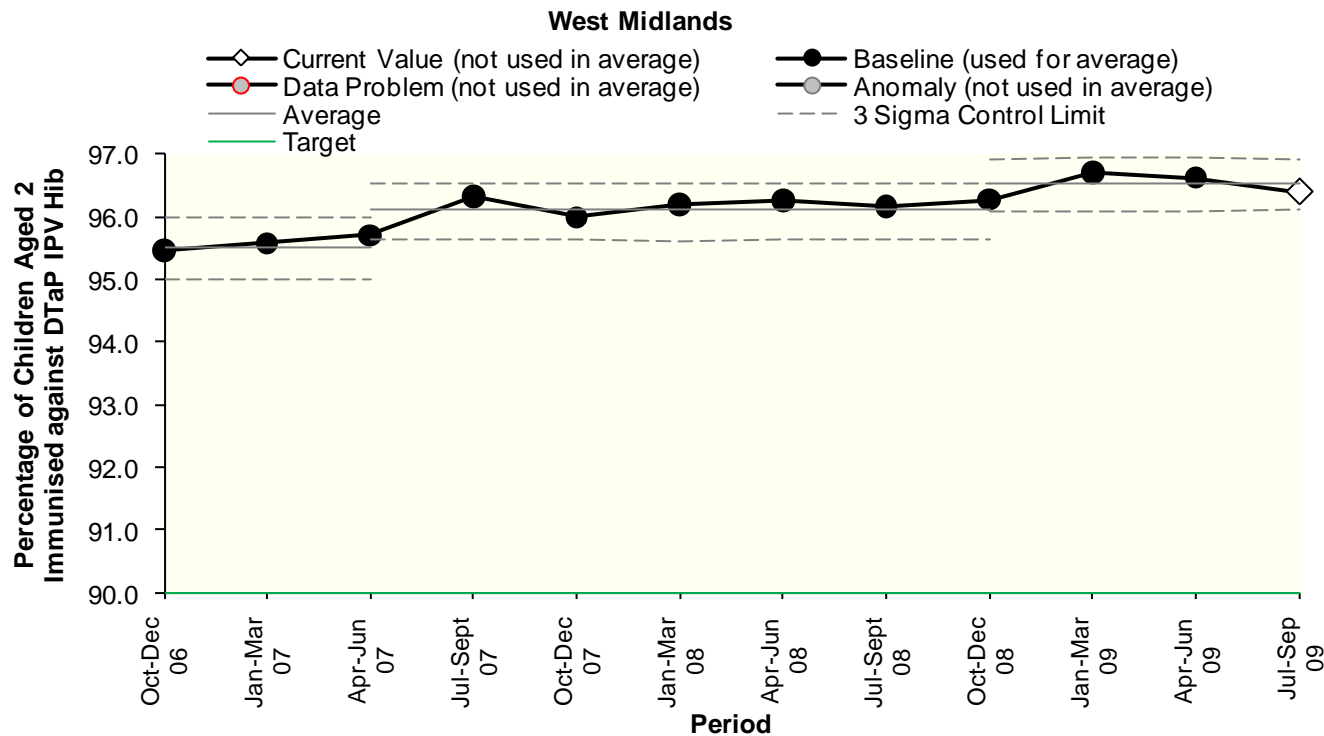
WM Average:

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

- The West Midlands percentage of children aged 2 immunised for DTaP IPV Hib for Jul-Sep 09 was **96.4%**.
- 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%.
- Of the 17 PCTs, 6 were better than and 4 were worse than expected from the West Midlands average.

#### Funnel Key:

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



### 3.5b – Childhood Vaccinations - MenC

#### West Midlands– Jul-Sep 09

#### Alerts

Data:

Trend:

Target:

WM Average:

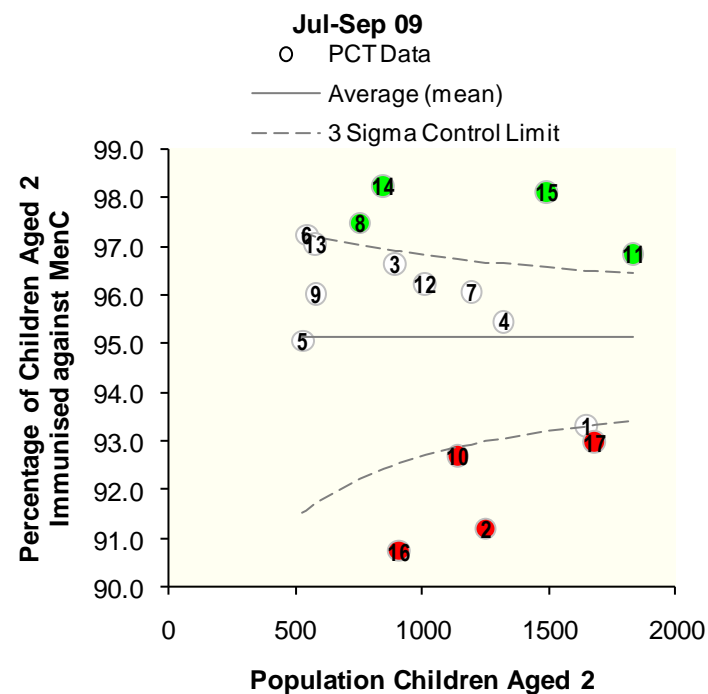
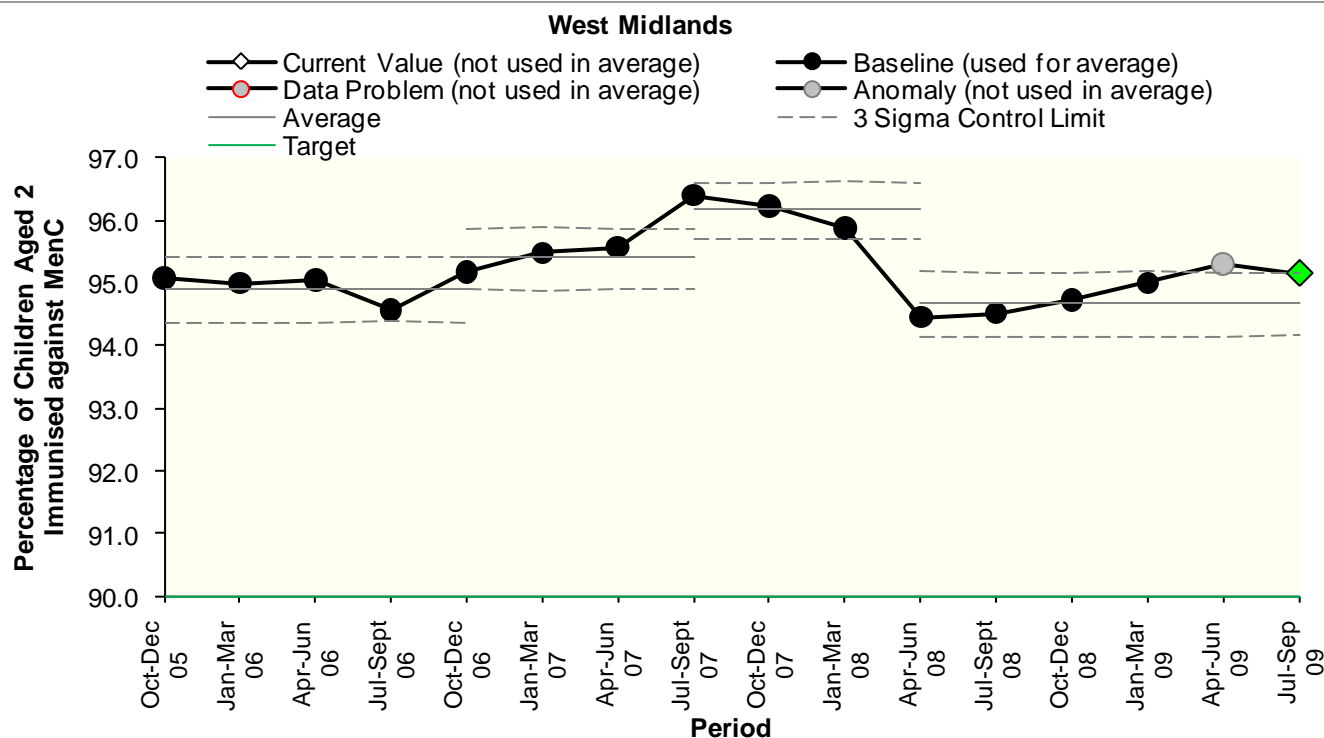
This indicator measures the proportion of children aged 2 years that have received all vaccinations for meningitis C as set out in the national immunisations schedule. The WHO target for childhood vaccination coverage is 95%. This indicator forms part of a Vital Signs indicator. Data Source: HPA COVER

- The West Midlands percentage of children aged 2 immunised for MenC for Jul-Sep 09 was **95.2%**.
- 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%.
- Of the 17 PCTs, 4 were better than and 4 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



### 3.5c – Childhood Vaccinations - MMR

#### West Midlands– Jul-Sep 09

#### Alerts

Data:

Trend:

Target:

WM Average:

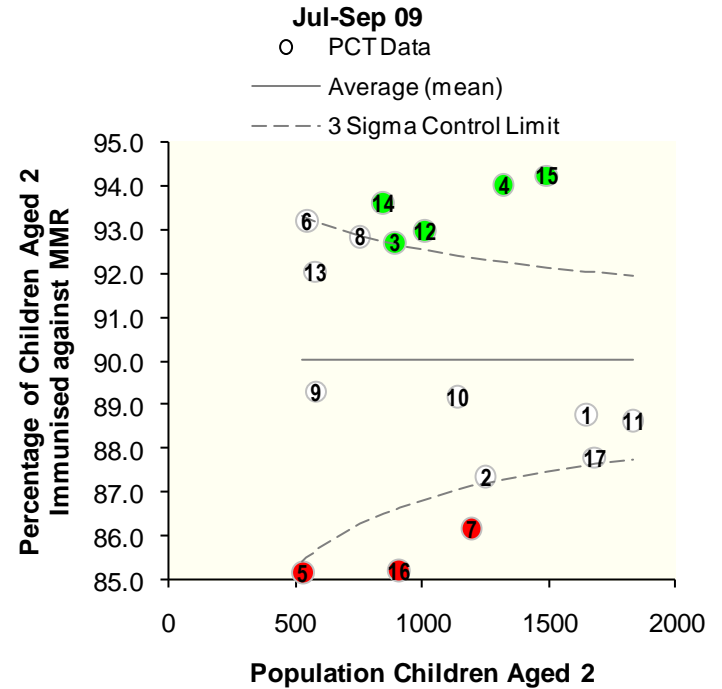
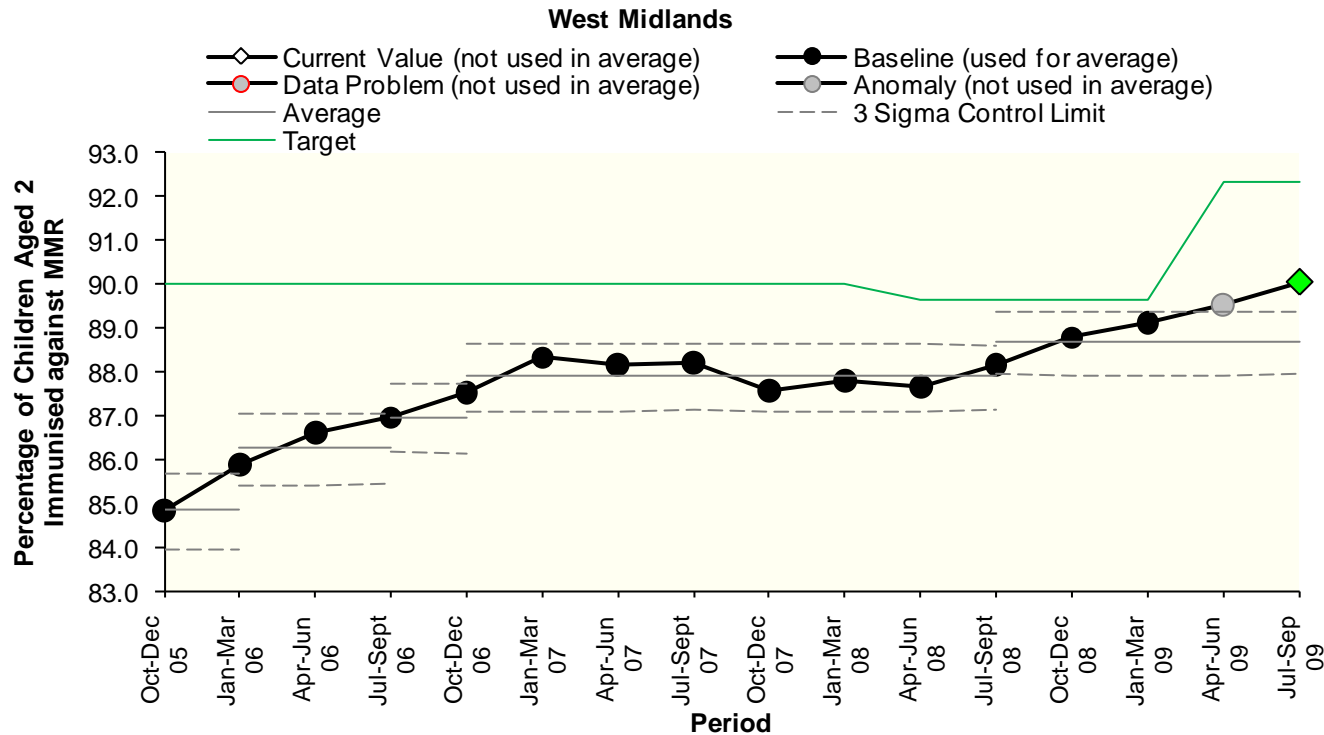
This indicator measures the proportion of children aged 2 years that have received all vaccinations for measles, mumps and rubella as set out in the national immunisations schedule. The WHO target for childhood vaccination coverage is 95%. This indicator forms part of a Vital Signs indicator. Data

Source: HPA COVER & VS Targets

- The West Midlands percentage of children aged 2 immunised for MMR for Jul-Sep 09 was **90.0%**.
- 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 92.3%.
- 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

#### West Midlands – Jan-Mar 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.

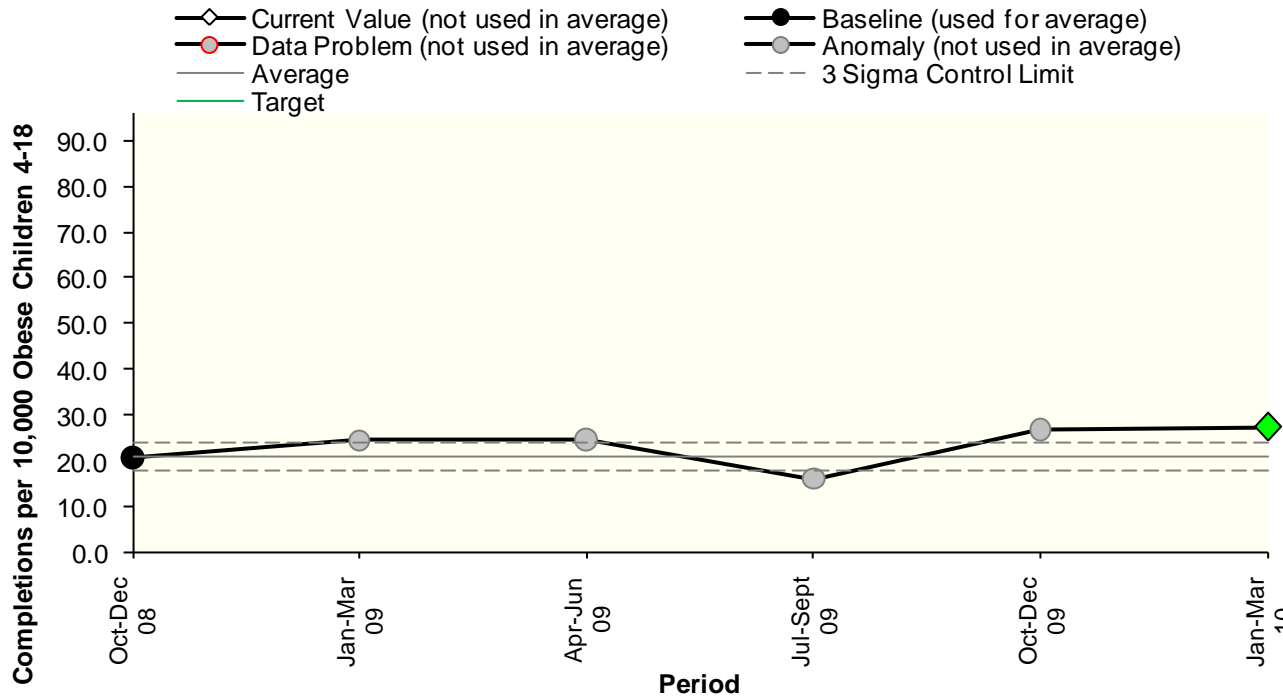
Data Source: PCT Returns, IC, ONS

Alerts	
Data:	
Trend:	↗
Target:	
WM Average:	

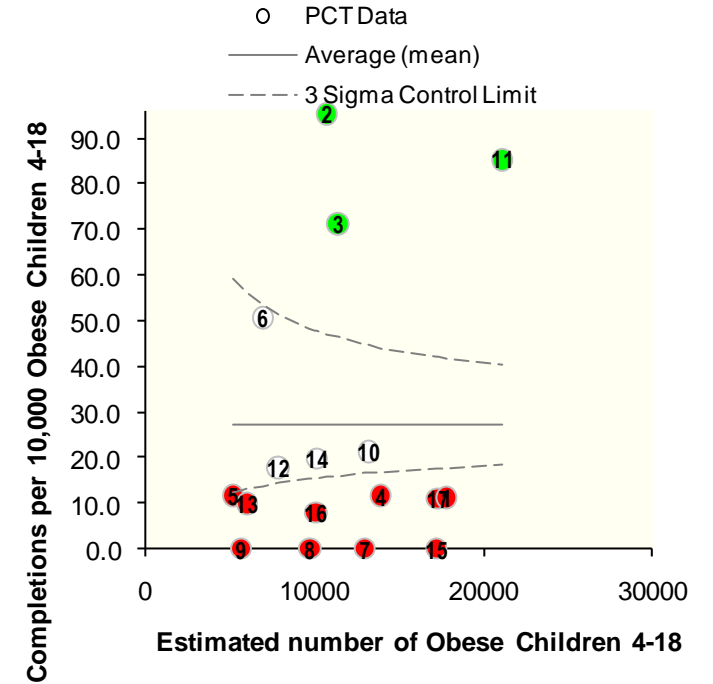
- The West Midlands children completing weight management programme for Jan-Mar 10 was **27.2 per 10,000**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 3 were better than and 10 were worse than expected 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

West Midlands



Jan-Mar 10



4.2 – GUM Waiting Times

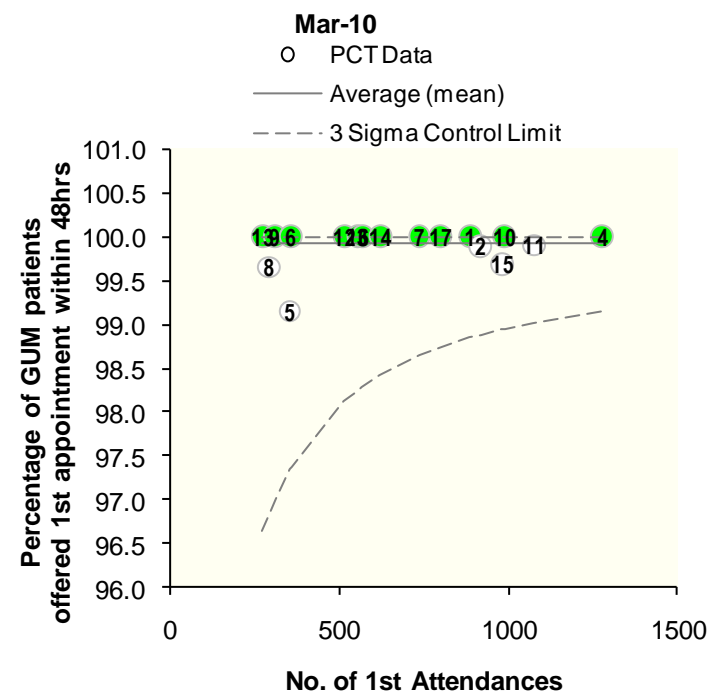
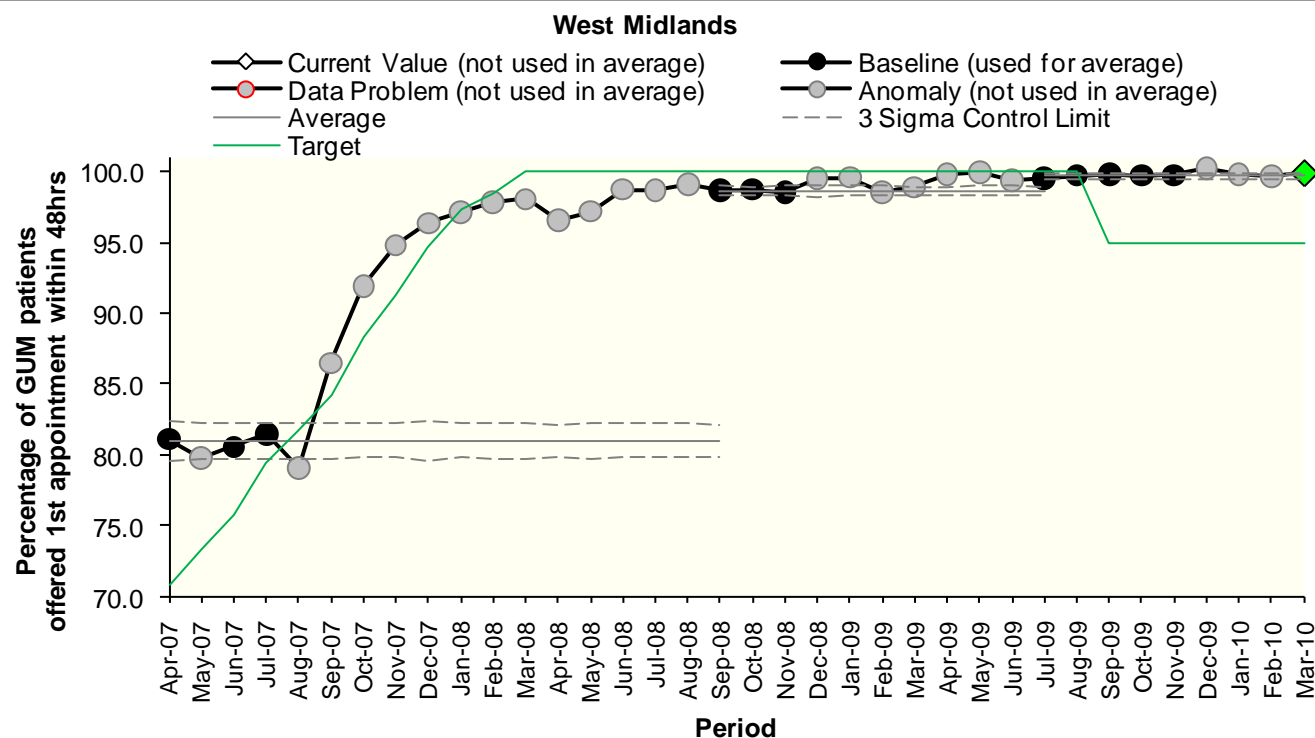
West Midlands – Mar-10

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

- The West Midlands percentage of GUM patients offered 1st appointment within 48hrs for Mar-10 was **99.9%**.
- 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 95.0%.
- Of the 17 PCTs, 12 were better than and 0 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



### 4.3 – Health Trainers Service Development

#### West Midlands– Jan-Mar 10

#### Alerts

Data:

Trend:

Target:

WM Average:

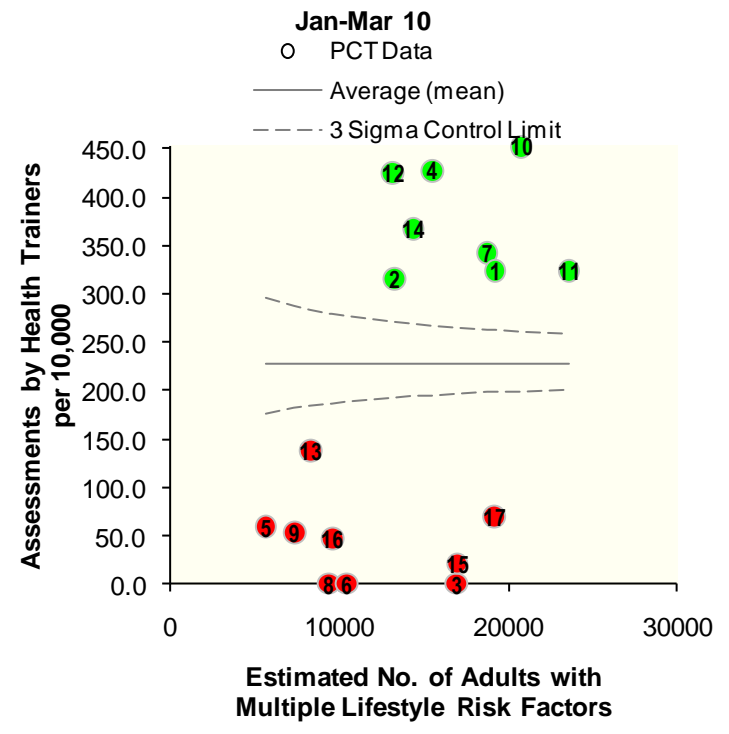
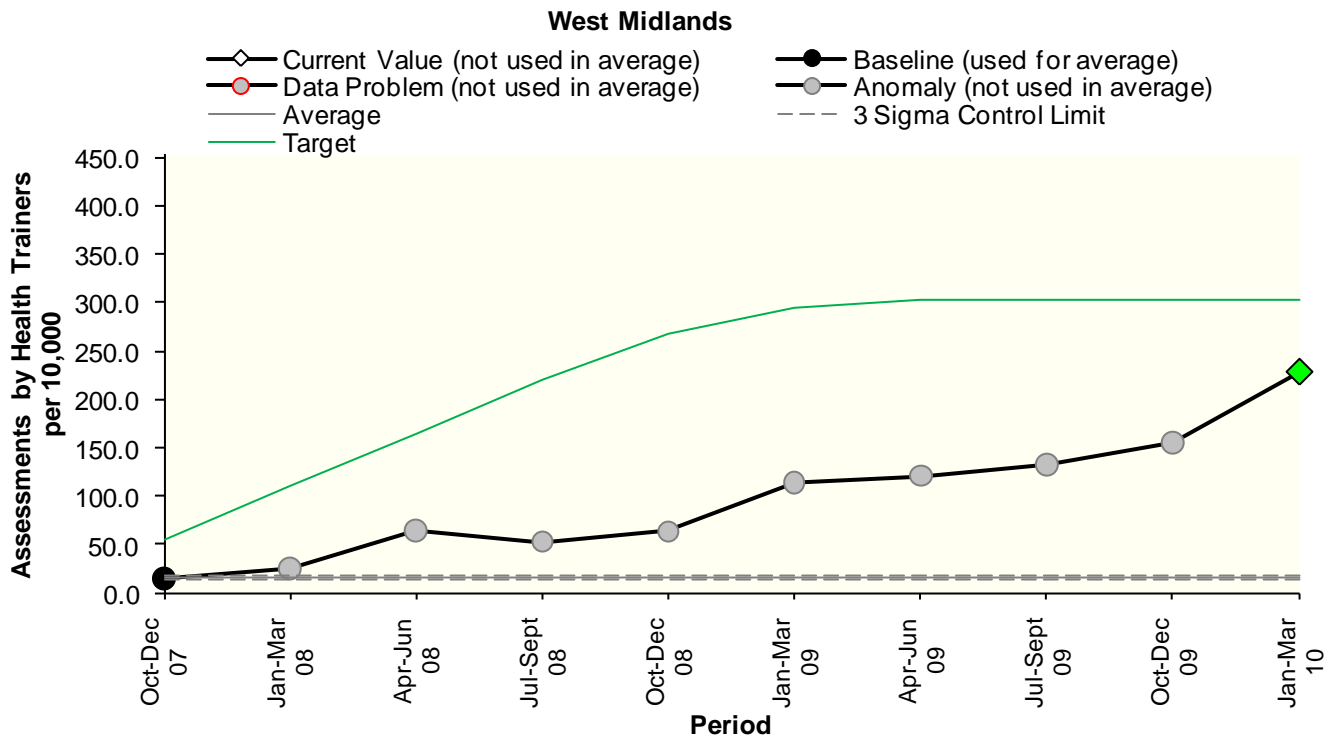
This indicator measures the number of assessments completed by the health trainer’s service per 10,000 adults with multiple lifestyle risk factors. Recurrent resources were made available to PCTs in 2006/7 and 2007/8 to establish health trainer services as part of the Choosing Health initiative.

Data Source: TIH

- The West Midlands rate of health trainers for Jan-Mar 10 was **228.3 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 below the target trajectory of 303.3 per 10,000.
- 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. Long Term Conditions Indicators

### 5.1 – Expert Patients Programme

#### West Midlands – Jan-Mar 10

#### Alerts

Data:

Trend: ➔

Target:

WM Average:

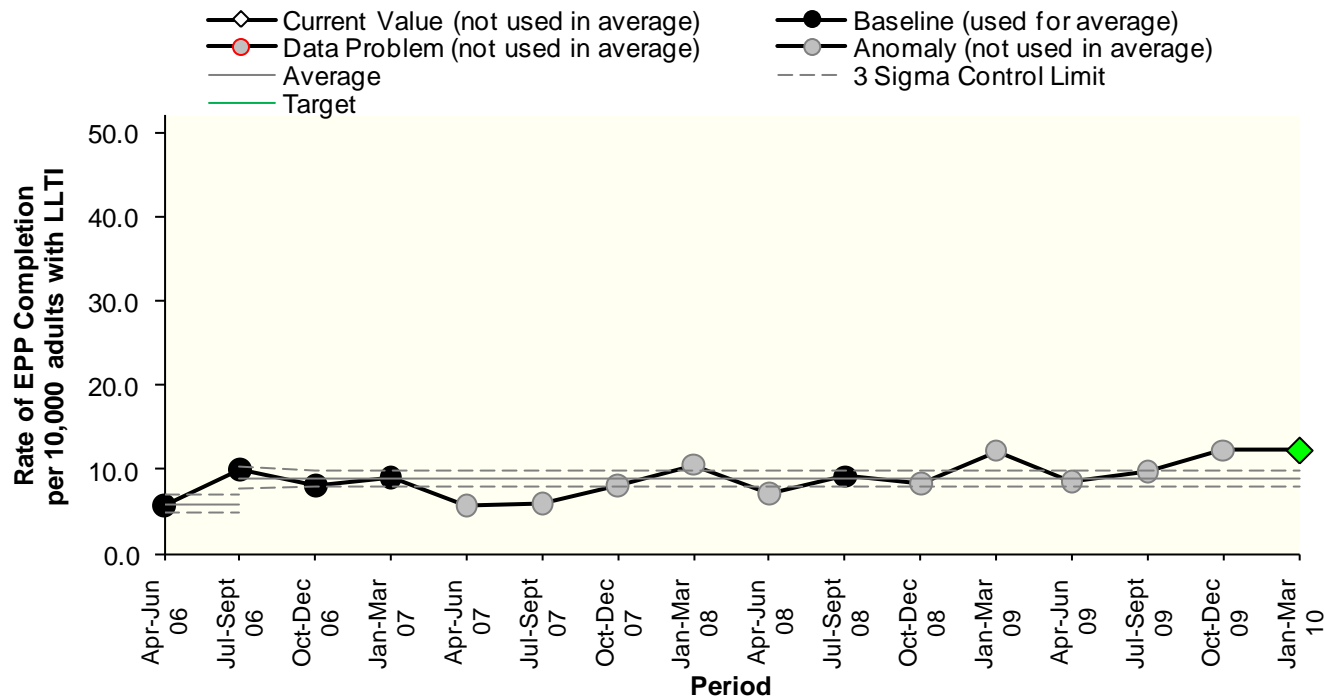
The indicator measures the number of patients completing the expert patients programme per 10,000 adults with a long term condition. The Expert patients programme is the leading self-care management programmes in the UK. The Government set a target to make 100,000 places on Expert Patients Programmes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

- The West Midlands expert patient programme rate for Jan-Mar 10 was **12.3 per 10,000**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 4 were better than and 8 were worse than expected from the West Midlands average.

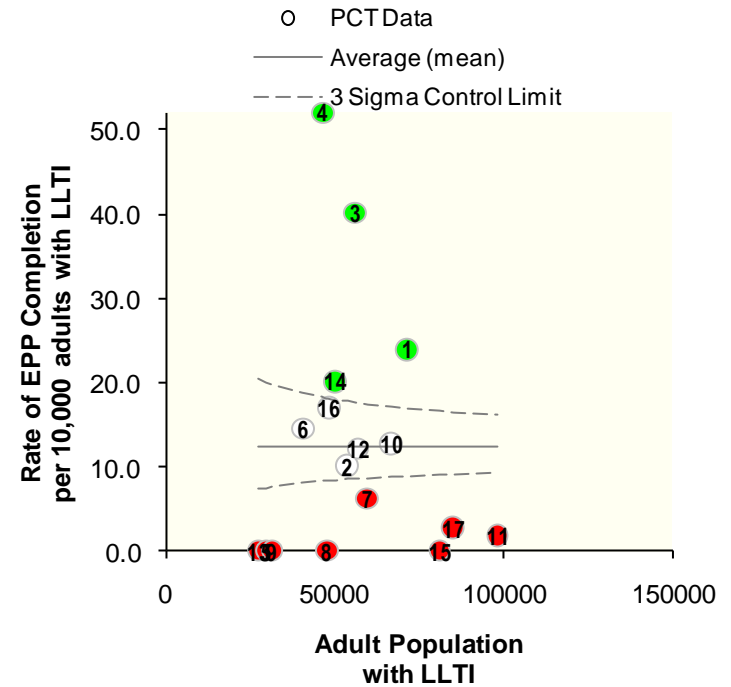
#### Funnel Key:

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

#### West Midlands



#### Jan-Mar 10



### 5.3 – Blood Pressure Management for CHD Patients

#### West Midlands – Mar-10

#### Alerts

Data:

Trend:

Target:

WM Average:

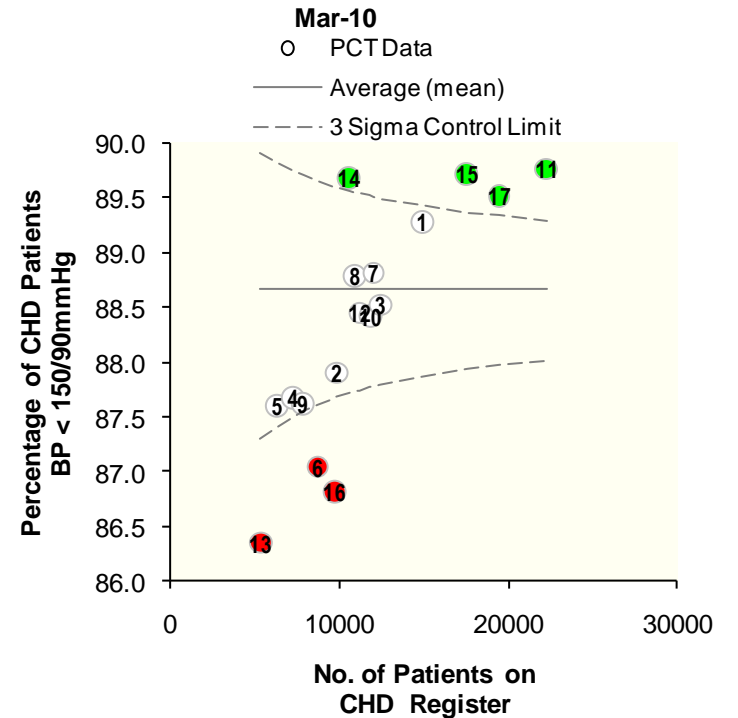
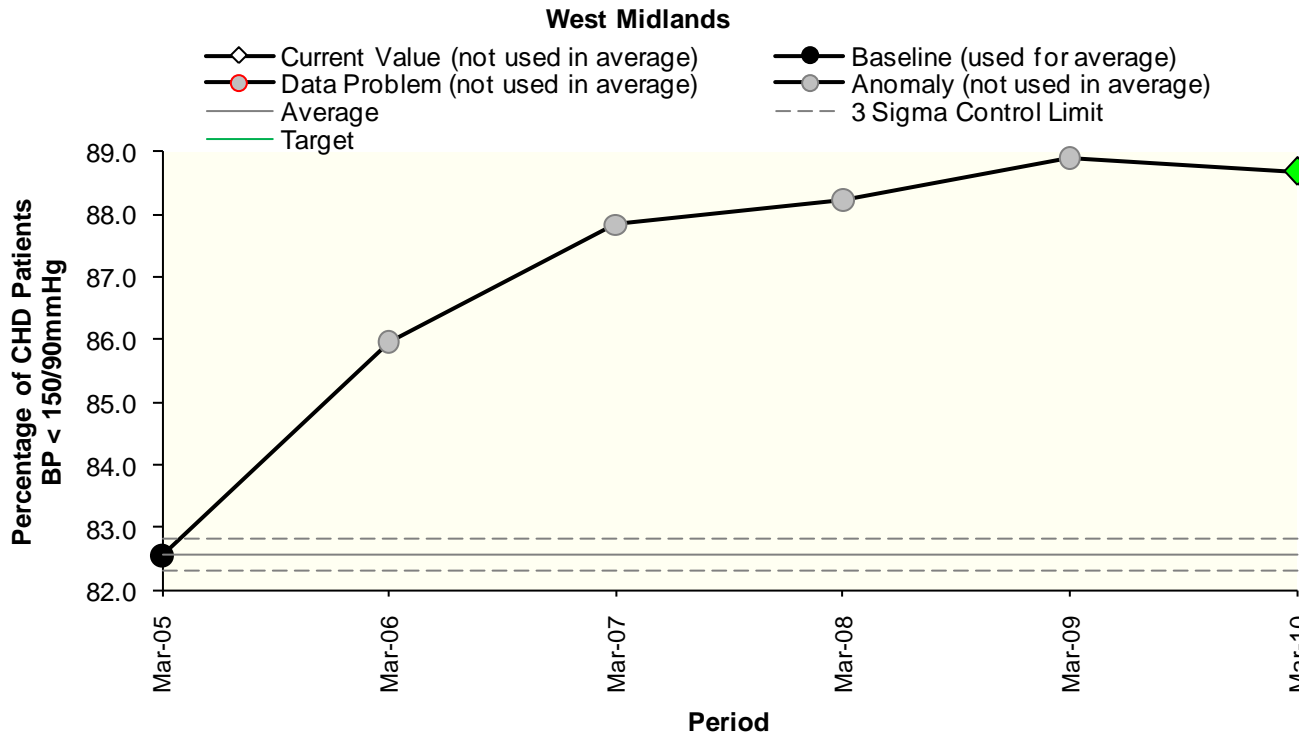
This indicator measures the percentage of patients on CHD registers whose last blood pressure reading (taken within 15 months of year end) was below 150/90 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year end position. Indicator values are reset at the end of March each year. This is QOF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

- The West Midlands percentage of CHD patients with BP<150/90mmHg (in last 15 mths) for Mar-10 was **88.7%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 4 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



## 5.4 – Cholesterol Management for CHD Patients

### West Midlands – Mar-10

#### Alerts

Data:

Trend:

Target:

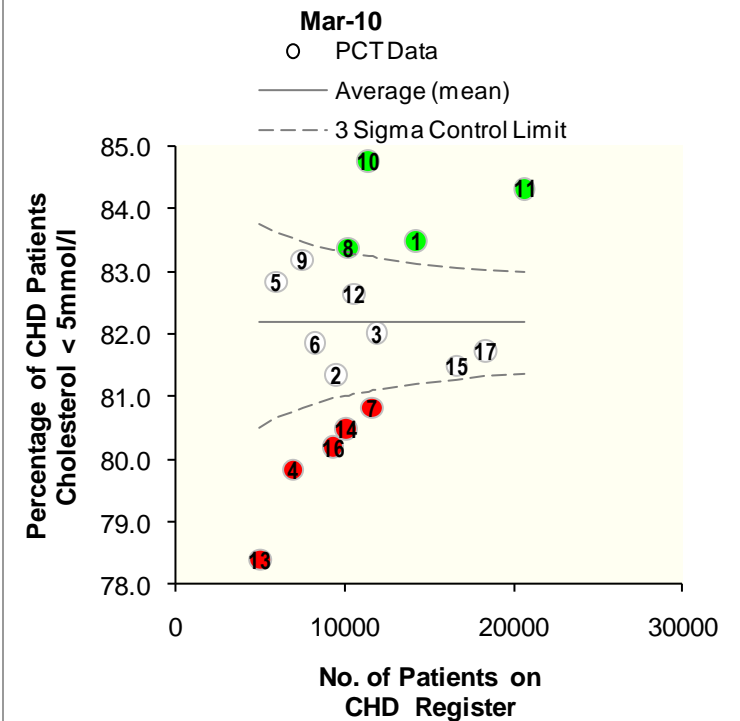
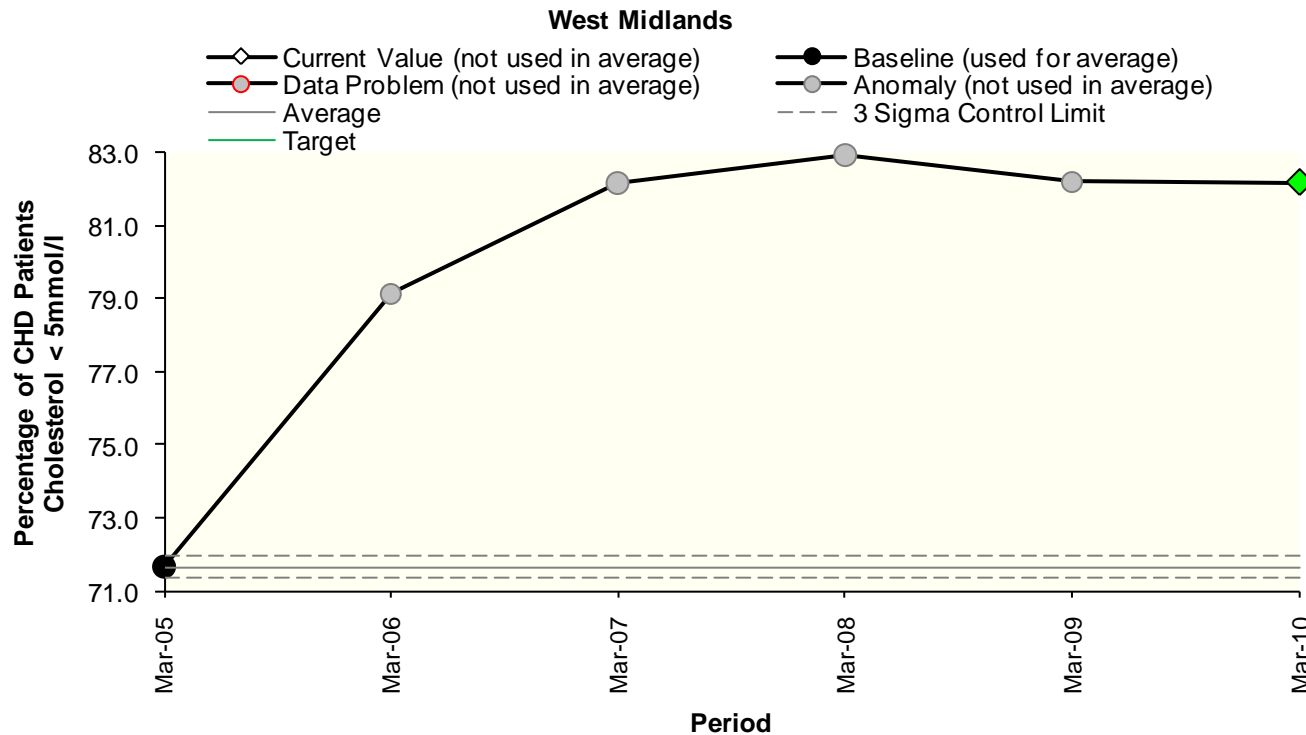
WM Average:

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

- The West Midlands percentage of hypertension patients with cholesterol <5mmol/l (in last 15 mths) for Mar-10 was **82.2%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- 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



## 5.5 – Blood Pressure Management for Stroke patients

### West Midlands – Mar-10

#### Alerts

Data:

Trend:

Target:

WM Average:

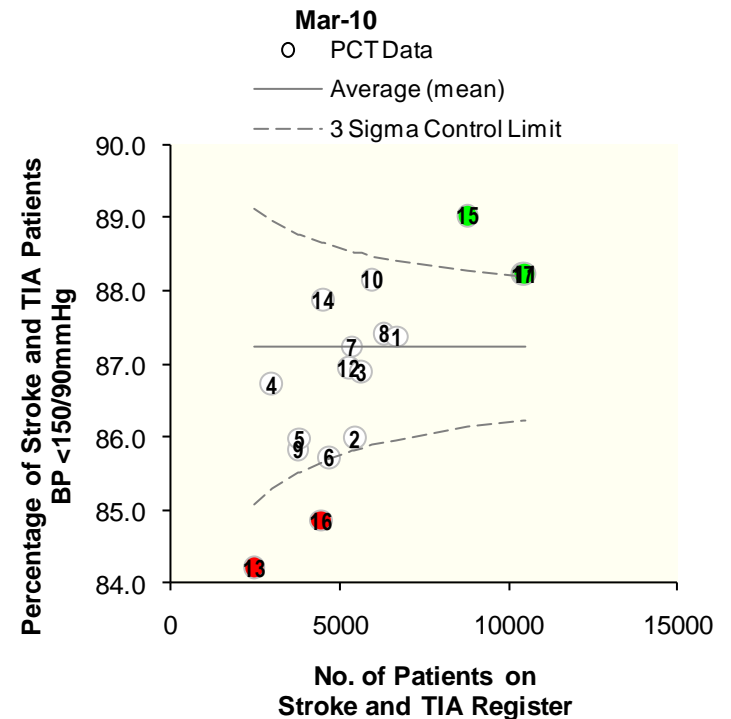
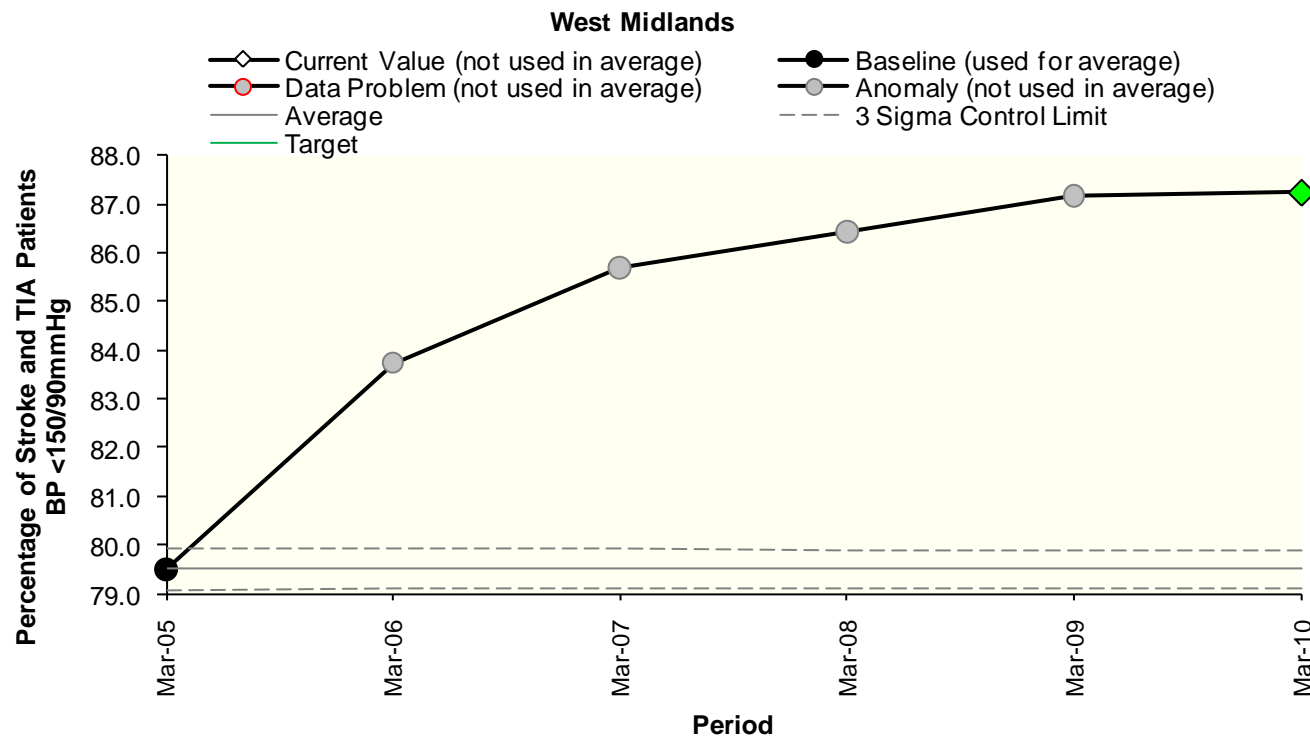
This indicator measures the percentage of patients on Stroke and TIA registers whose last blood pressure reading (taken within 15 months of year end) was below 150/90 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year.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

- The West Midlands percentage of stroke and TIA patients with BP <150/90mmHg (in last 15 mths) for Mar-10 was **87.2%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 3 were better than and 2 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



## 5.6 – Cholesterol Management for Stroke patients

### West Midlands – Mar-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

- The West Midlands percentage of stroke and TIA patients with cholesterol <5mmol/l (in last 15 mths) for Mar-10 was **77.8%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 2 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

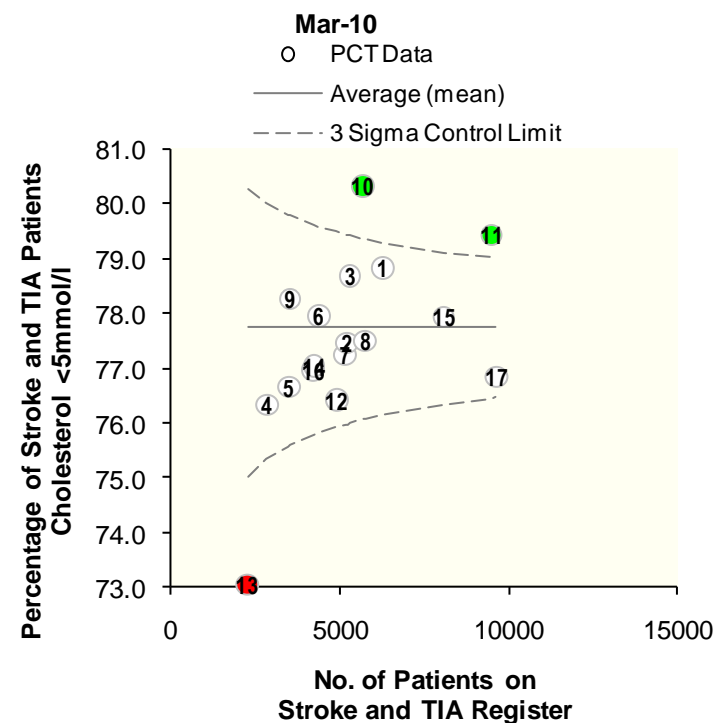
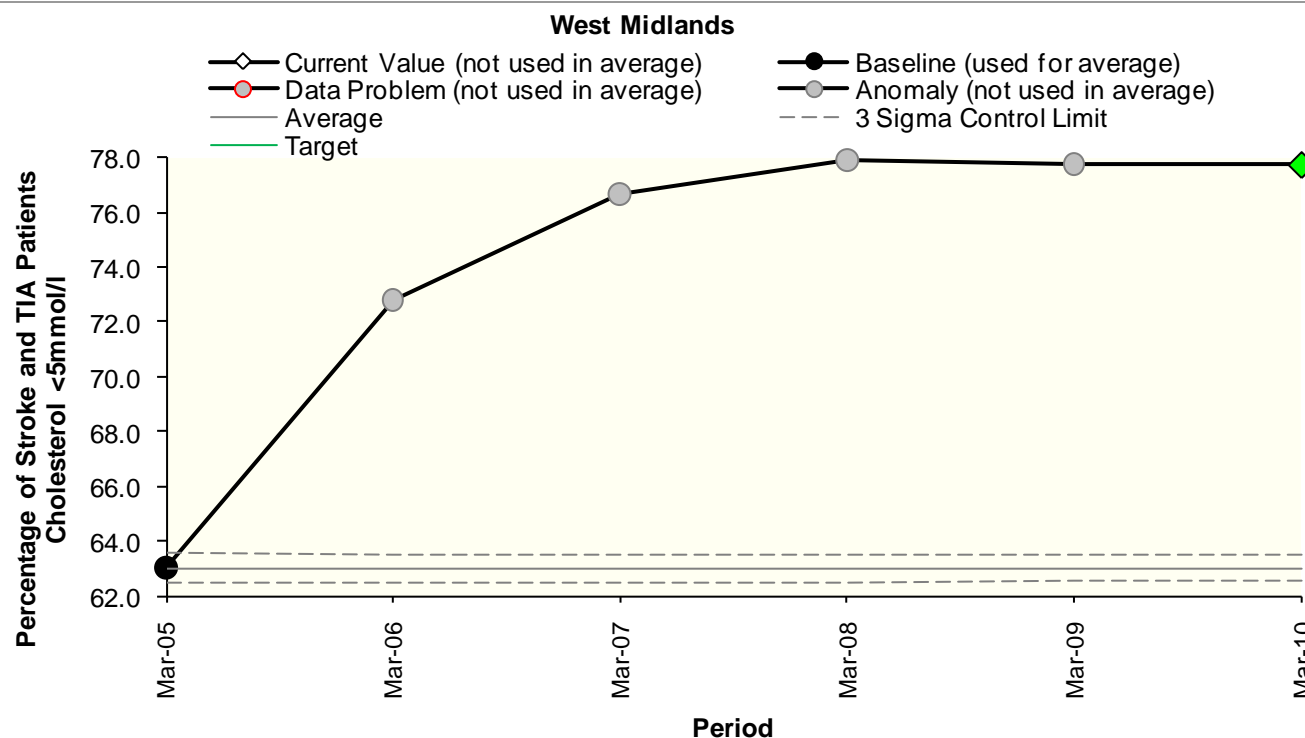
13. Telford & Wrekin

14. Walsall

15. Warwickshire

16. Wolverhampton

17. Worcestershire



## 5.7 – Blood Pressure Management for Hypertension Patients

### West Midlands – Mar-10

#### Alerts

Data:

Trend:

Target:

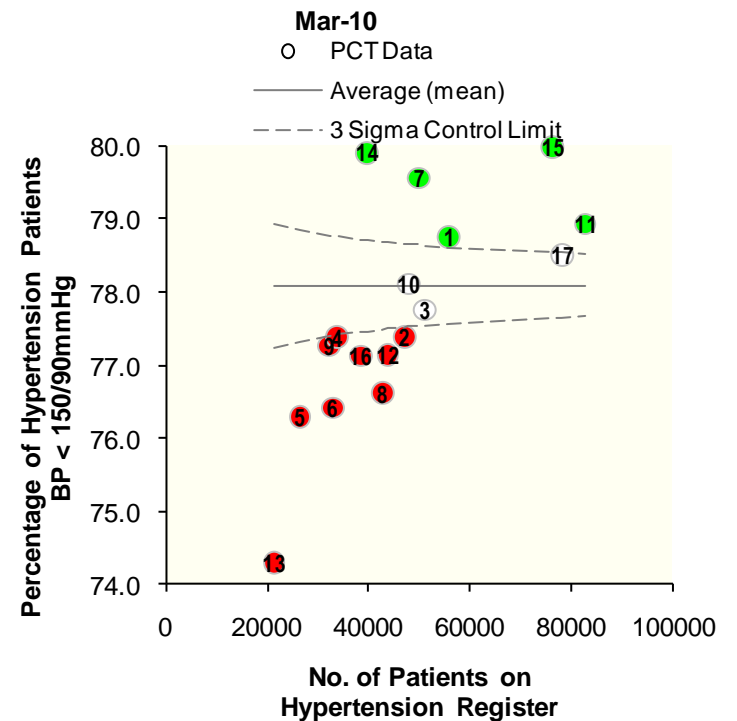
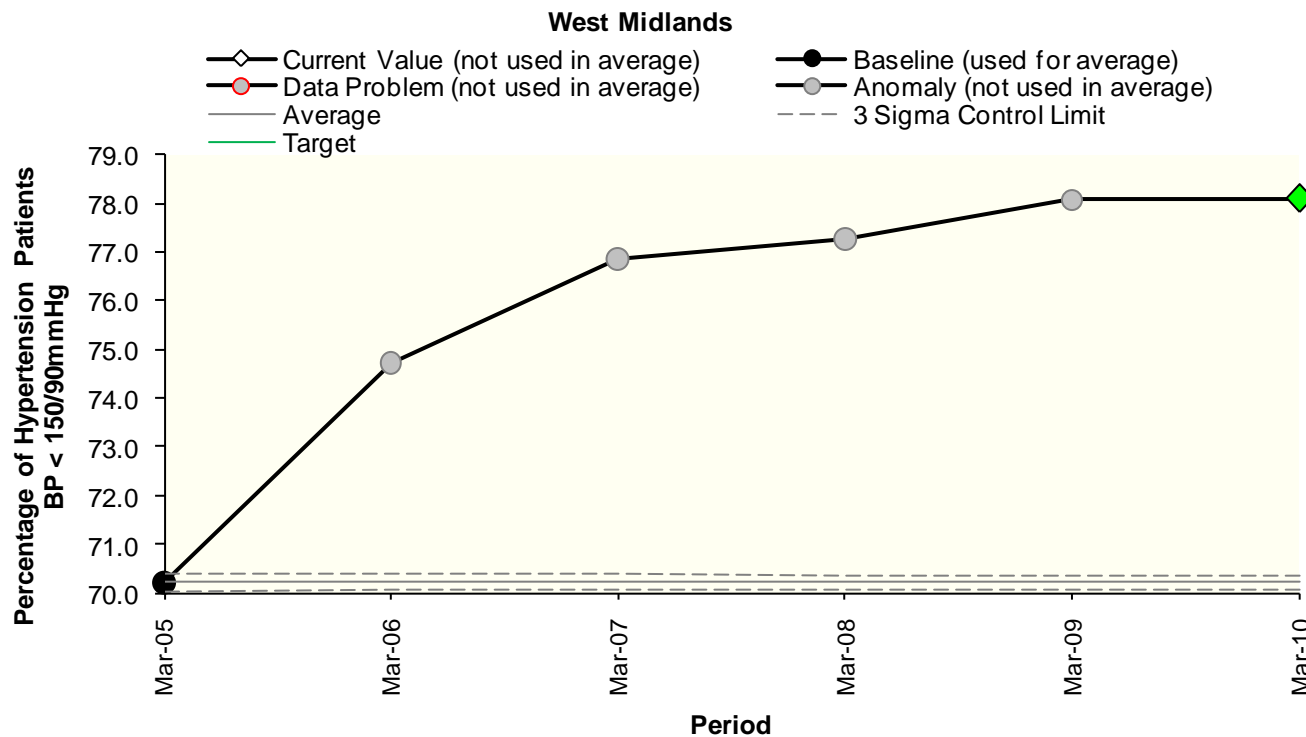
WM Average:

This indicator measures the percentage of patients on hypertension registers whose last blood pressure reading (taken within 9 months of year end) was below 150/90 mm Hg. Results in 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 BP5. Data Source: QMAS

- The West Midlands percentage of hypertension patients with BP<150/90mmHg (in last 9 mths) for Mar-10 was **78.1%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 5 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



## 5.8 – Seizures Management for Epilepsy

### West Midlands – Mar-10

#### Alerts

Data:

Trend: ↗

Target:

WM Average:

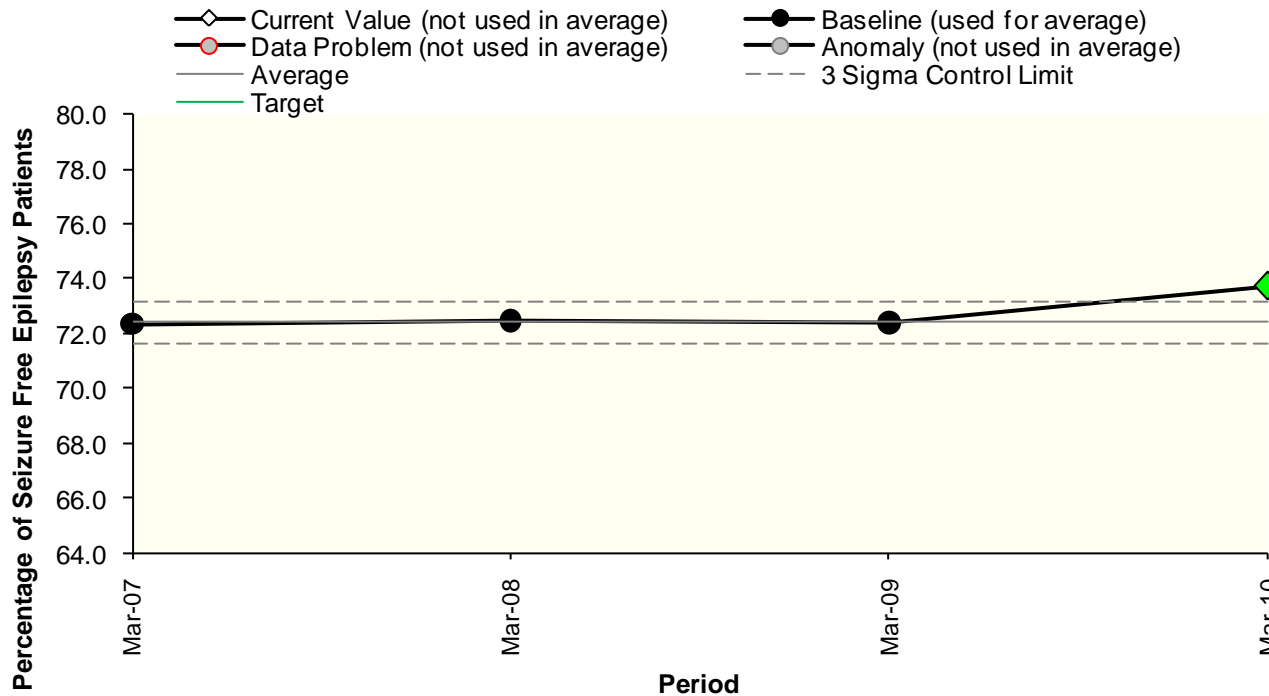
This indicator measures the percentage of patients on epilepsy registers aged 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded within the 15 months of year end. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each year. This is QOF indicator Epil8. Data Source: QMAS

- The West Midlands percentage of drug treated epilepsy patients seizure free (in last 12 mths) for Mar-10 was **73.7%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 4 were better than and 3 were worse than expected from the West Midlands average.

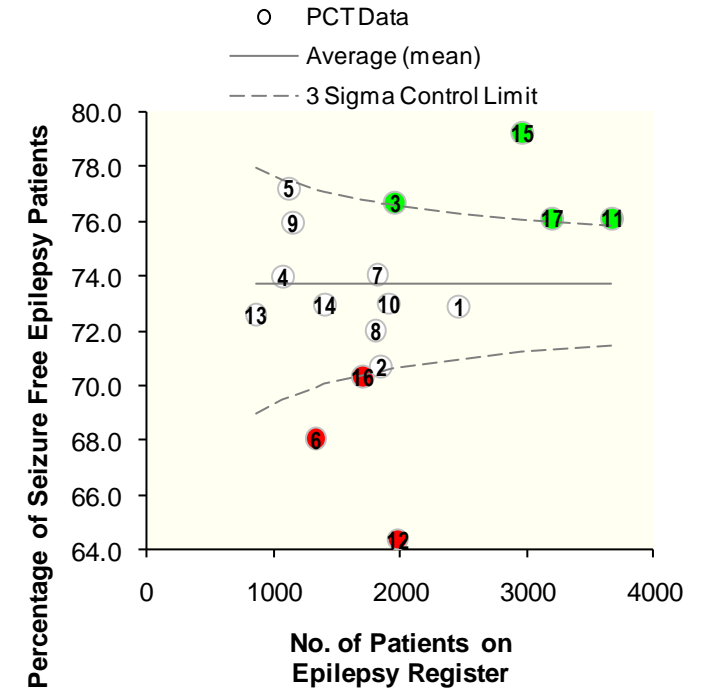
#### Funnel Key:

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	15. Warwickshire
7. Sandwell	16. Wolverhampton
8. Shropshire	17. Worcestershire

#### West Midlands



#### Mar-10



## 5.10 – Blood Pressure Management for Diabetics

### West Midlands – Mar-10

#### Alerts

Data:

Trend:

Target:

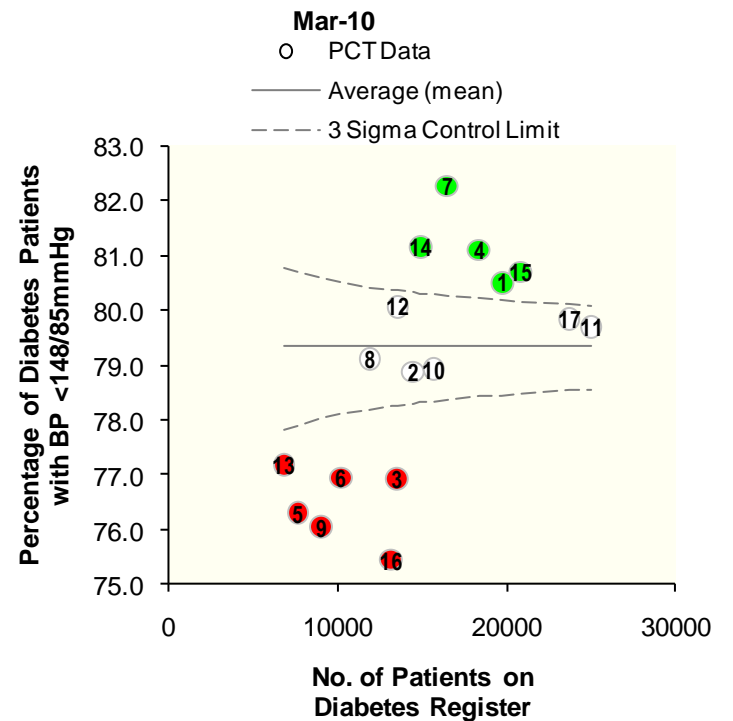
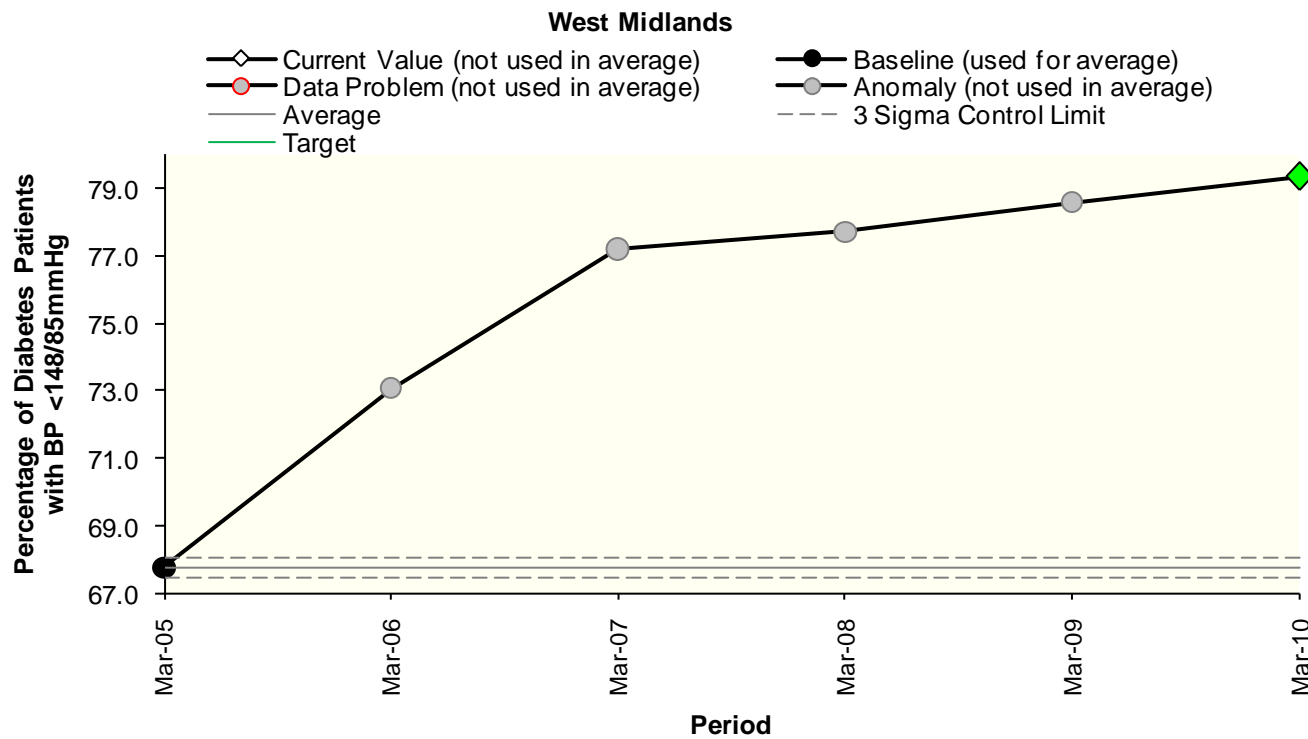
WM Average:

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

- The West Midlands percentage of diabetes patients with BP <148/85mmHg (in last 15 mths) for Mar-10 was **79.3%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- 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



## 5.11 – Cholesterol Management for Diabetics

### West Midlands – Mar-10

#### Alerts

Data:

Trend:

Target:

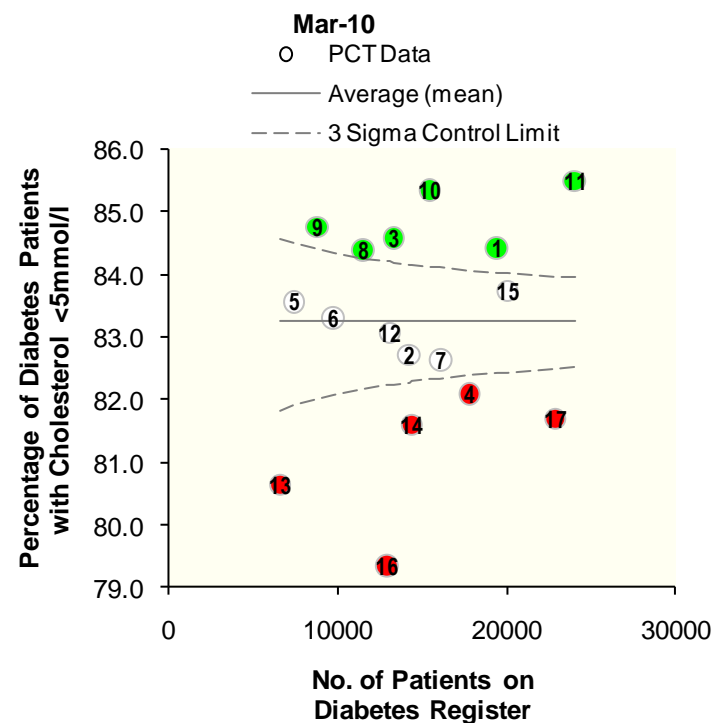
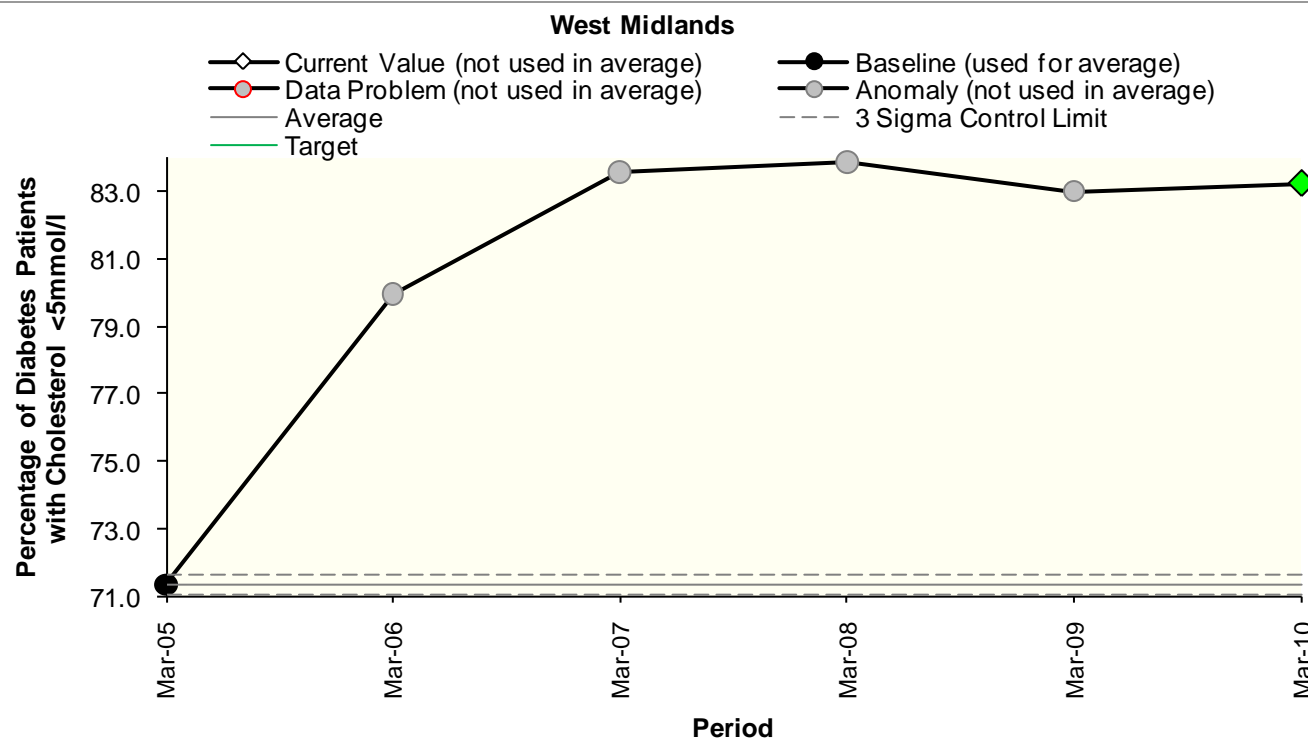
WM Average:

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

- The West Midlands percentage of diabetes patients with cholesterol <5mmol/l (in last 15 mths) for Mar-10 was **83.2%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 6 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



## 5.12 – Blood Pressure Management for CKD Patients

### West Midlands – Mar-10

#### Alerts

Data:

Trend: 

Target:

WM Average:

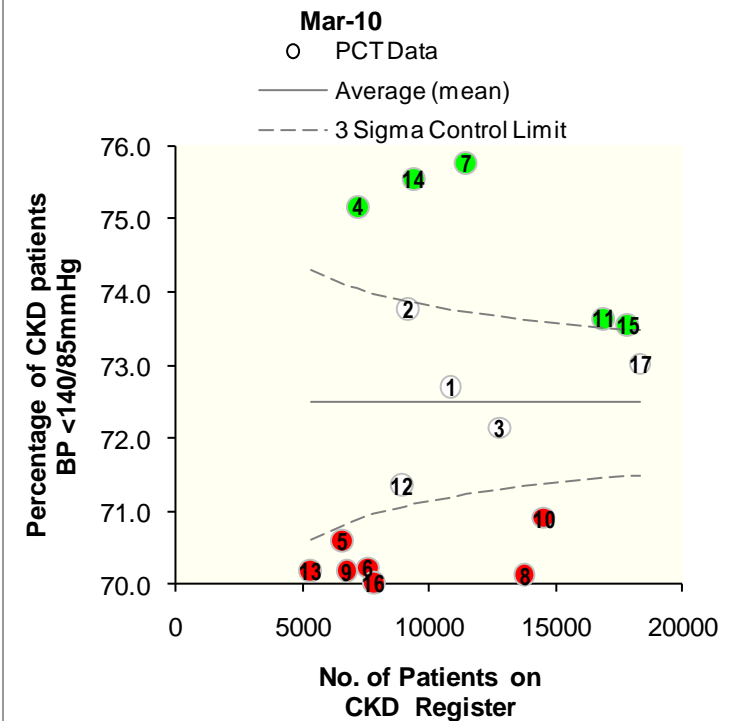
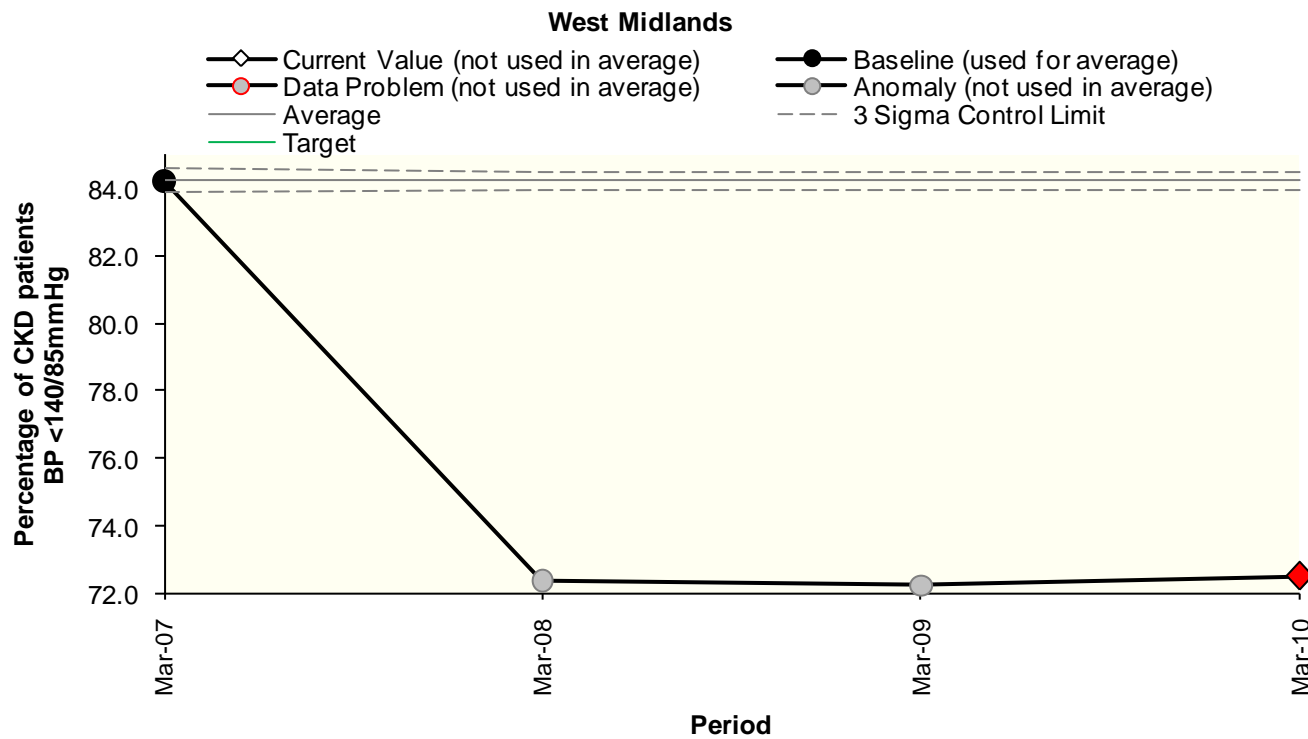
This indicator measures the percentage of patients on chronic kidney disease registers whose last blood pressure reading (taken within 15 months of year end) was below 140/85 mm Hg. Results in Q1, Q2 and Q3 show performance towards a year-end position. Indicator values are reset at the end of March each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

- The West Midlands percentage of CKD patients with BP <148/85mmHg (in last 15 mths) for Mar-10 was **72.5%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Of the 17 PCTs, 5 were better than and 7 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



6.4 – Falls Prevention Programmes

West Midlands – Jan-Mar 10

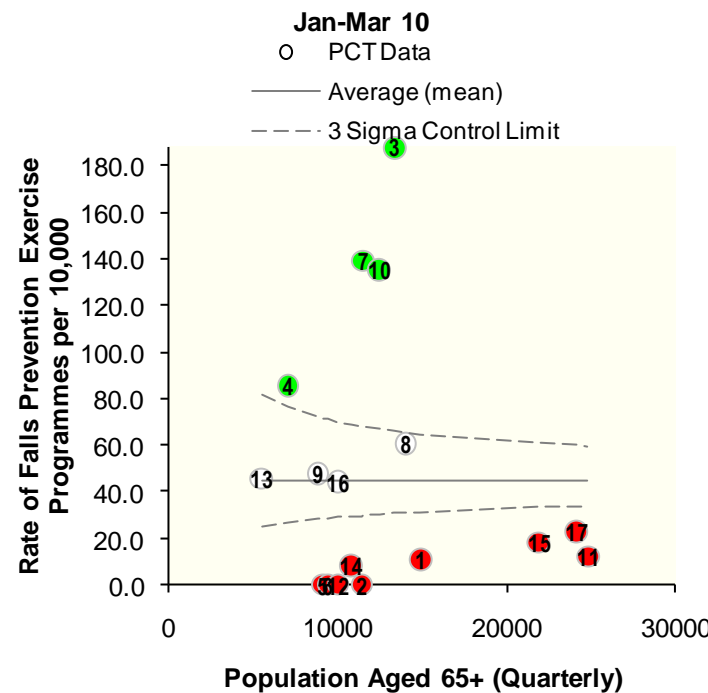
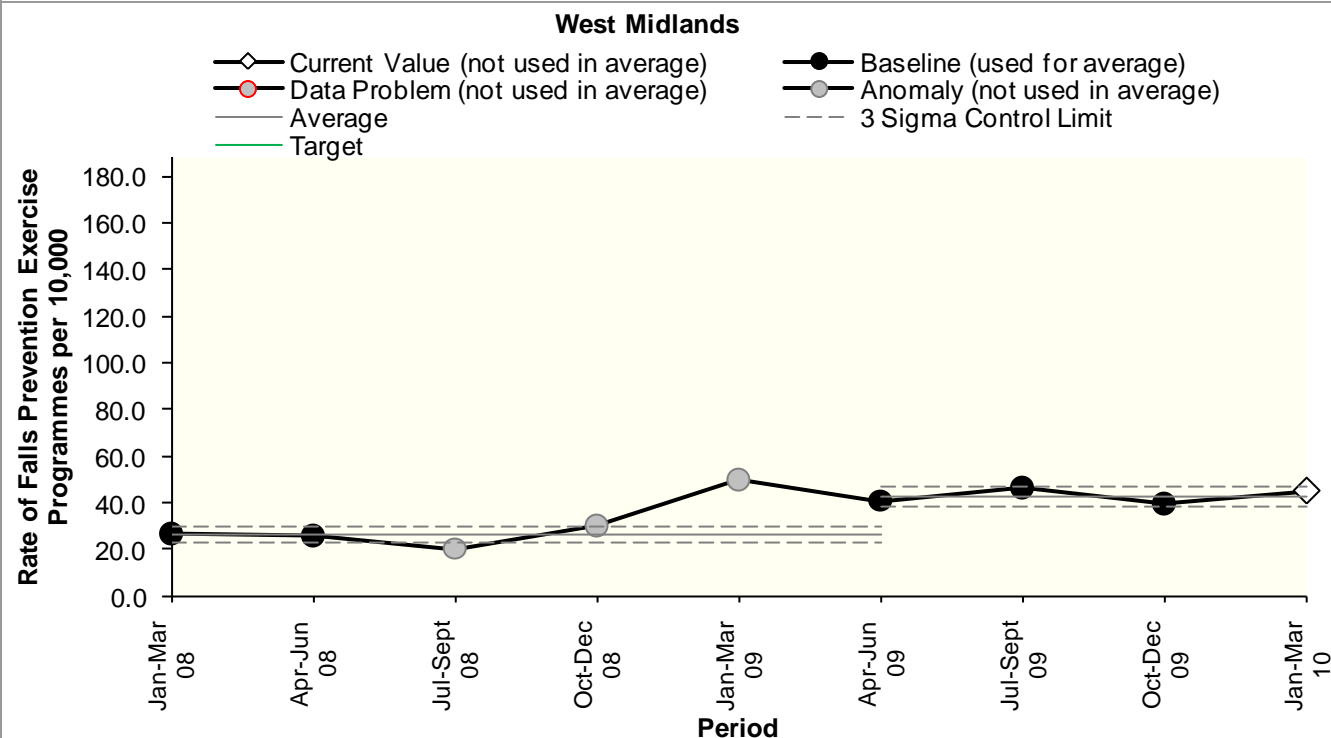
Alerts	
Data:	
Trend:	
Target:	
WM Average:	

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

- The West Midlands rate of falls prevention exercise programmes for Jan-Mar 10 was **45.0 per 10,000**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Of the 17 PCTs, 4 were better than and 9 were worse than expected from the West Midlands average.

Funnel Key:

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



## 6.5 – Falls Assessments

### West Midlands – Jan-Mar 10

#### Alerts

Data:

Trend:

Target:

WM Average:

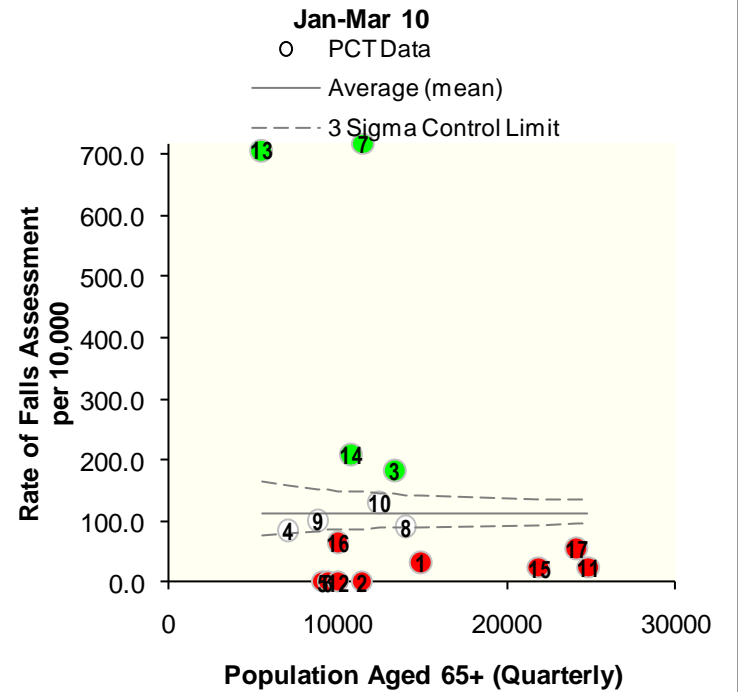
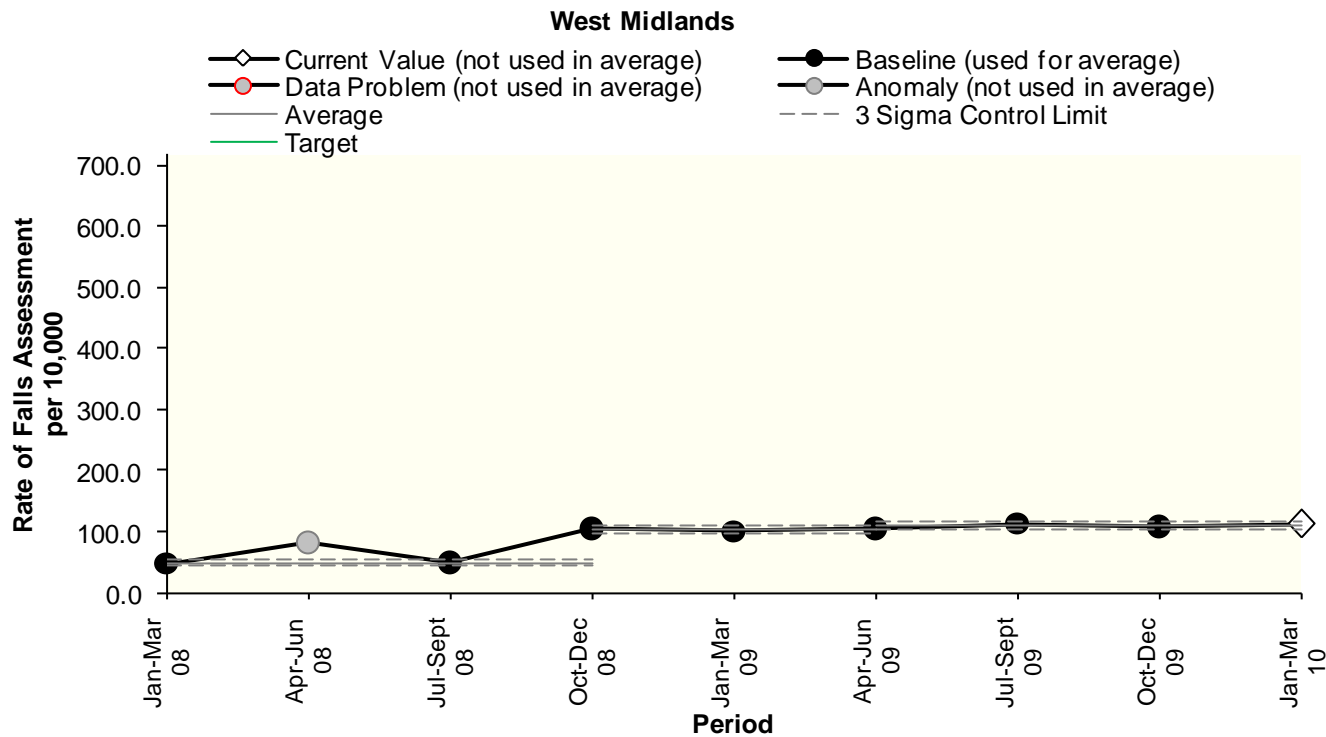
This indicator measures the number of people aged 65 or over who have had a multidisciplinary falls assessment per 10,000 population aged 65+. A multi-disciplinary falls assessment should include a falls history review, an osteoporosis assessment and a least one more of the following components as required: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

- The West Midlands rate of falls assessment for Jan-Mar 10 was **112.7 per 10,000**.
- Current performance is not significantly different to the latest baseline average (i.e. within the control limits for trend).
- Of the 17 PCTs, 4 were better than and 9 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



7.2 – BMI Recording

West Midlands – Oct-Dec 09

Alerts

Data:

Trend:

Target:

WM Average:

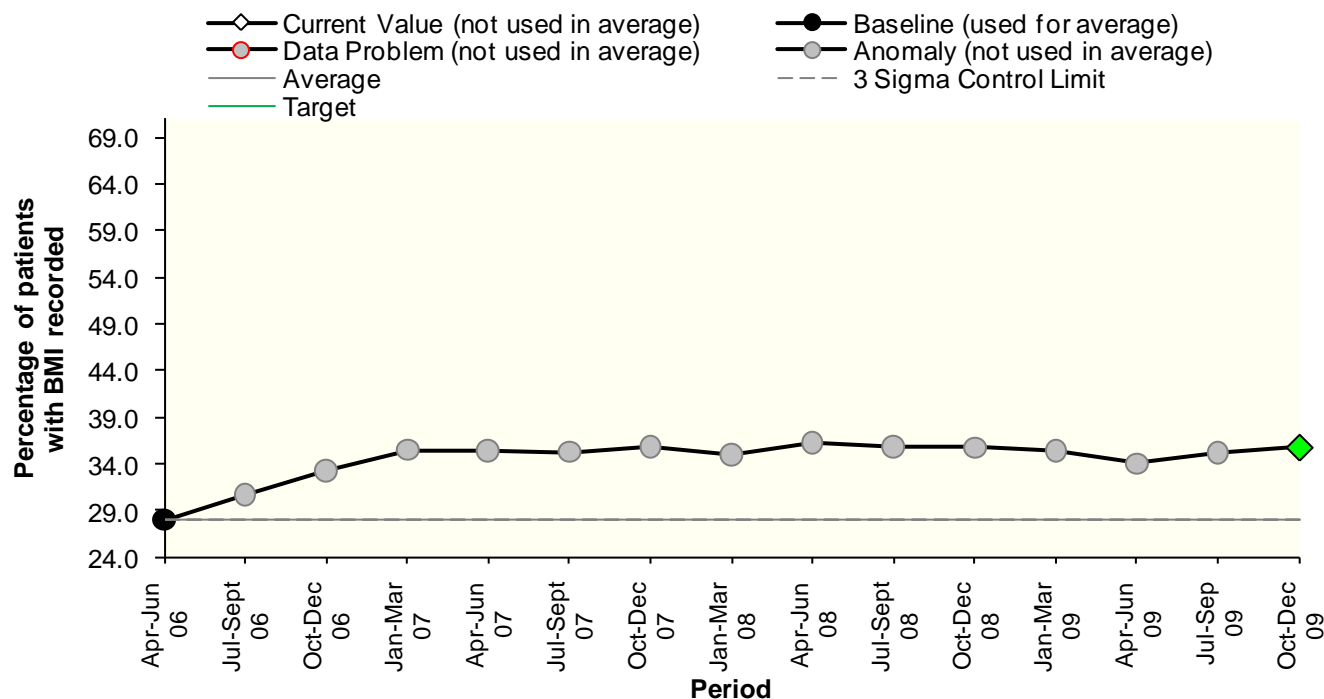
This indicator measures the proportion of patients registered with GP practices aged 16 or over who have had their BMI recorded in the last 15 months. This is a VSMR indicator. Data Source: LDPR-C & HSCIC

- The West Midlands percentage of patients who have had their BMI recorded (last 15mths) for Oct-Dec 09 was **35.7%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 7 were better than and 10 were worse than expected from the West Midlands average.

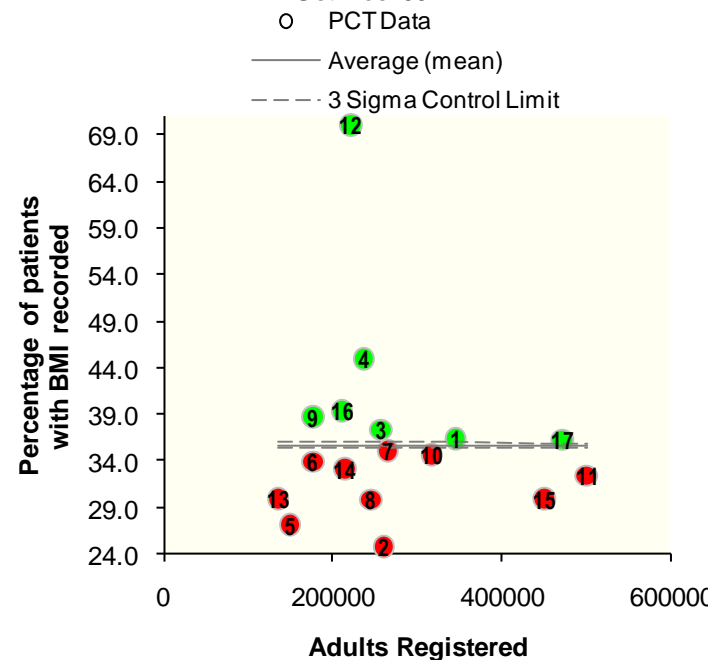
Funnel Key:

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

West Midlands



Oct-Dec 09



### 7.3 – Smoking Status Recording (QOF Rec22)

#### Alerts

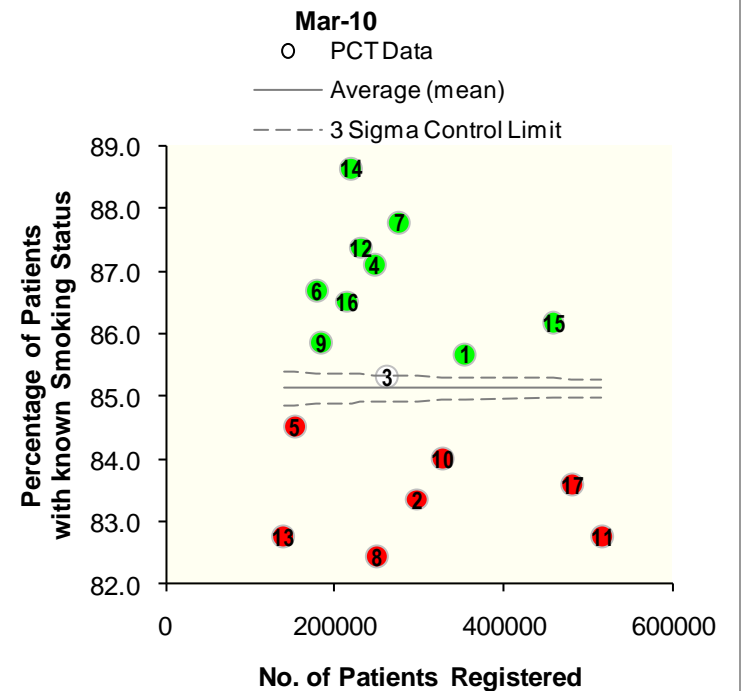
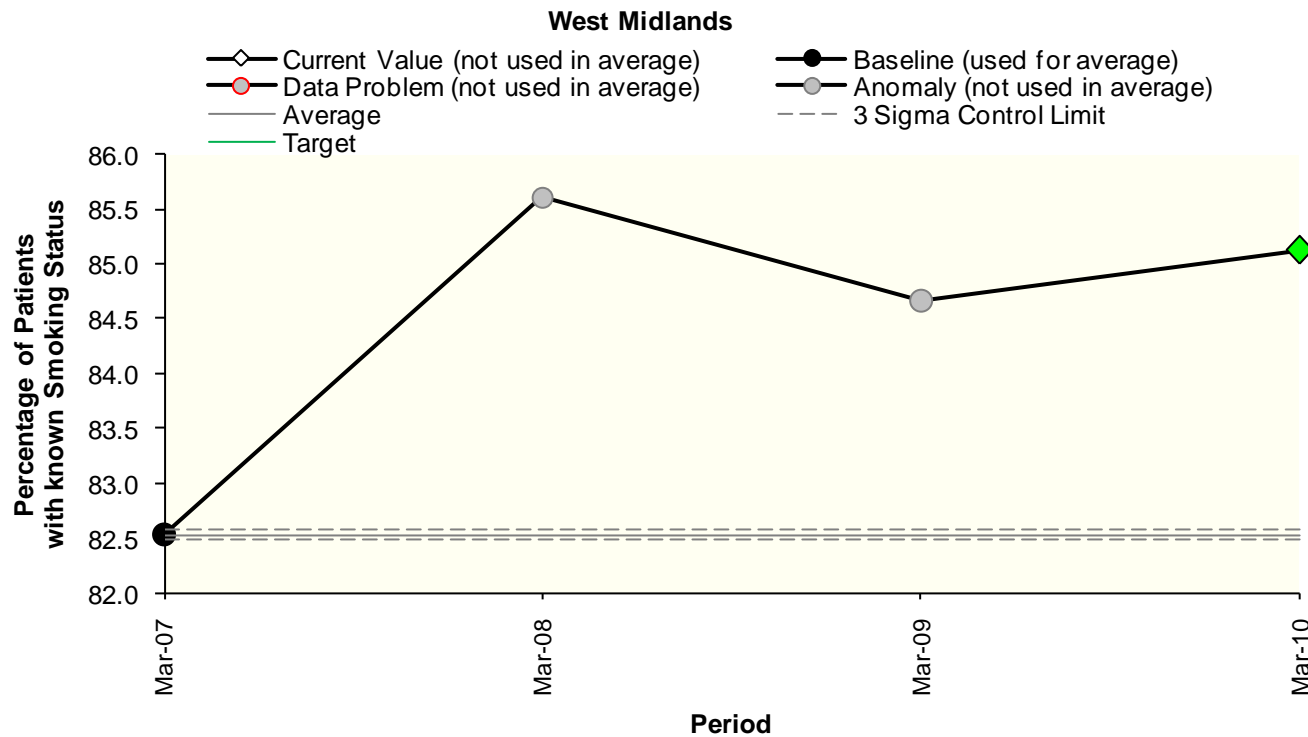
#### West Midlands – Mar-10

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

Data:	
Trend:	↗
Target:	
WM Average:	

- The West Midlands percentage of patients with known smoking status for Mar-10 was **85.1%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 9 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



## 7.4 – Ethnicity Recording New Registrants (QOF Rec21)

### West Midlands – Mar-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

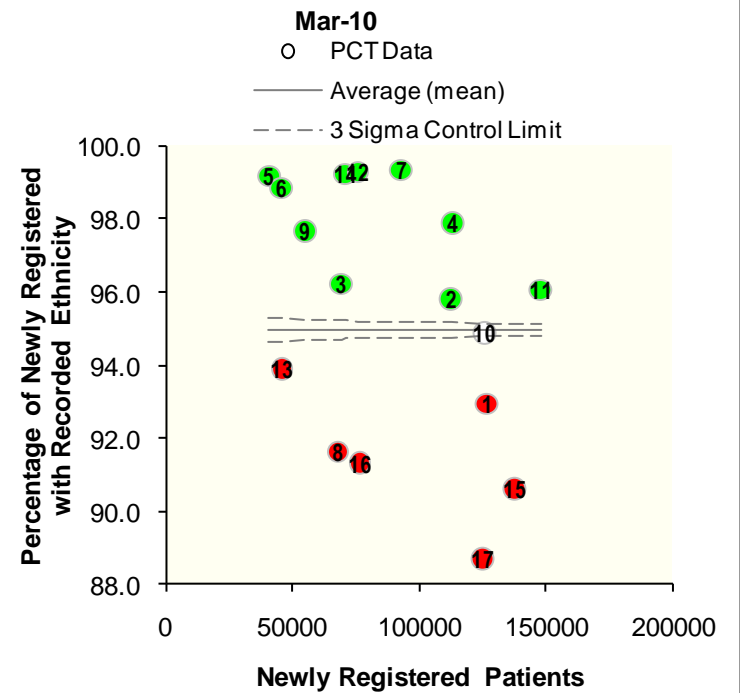
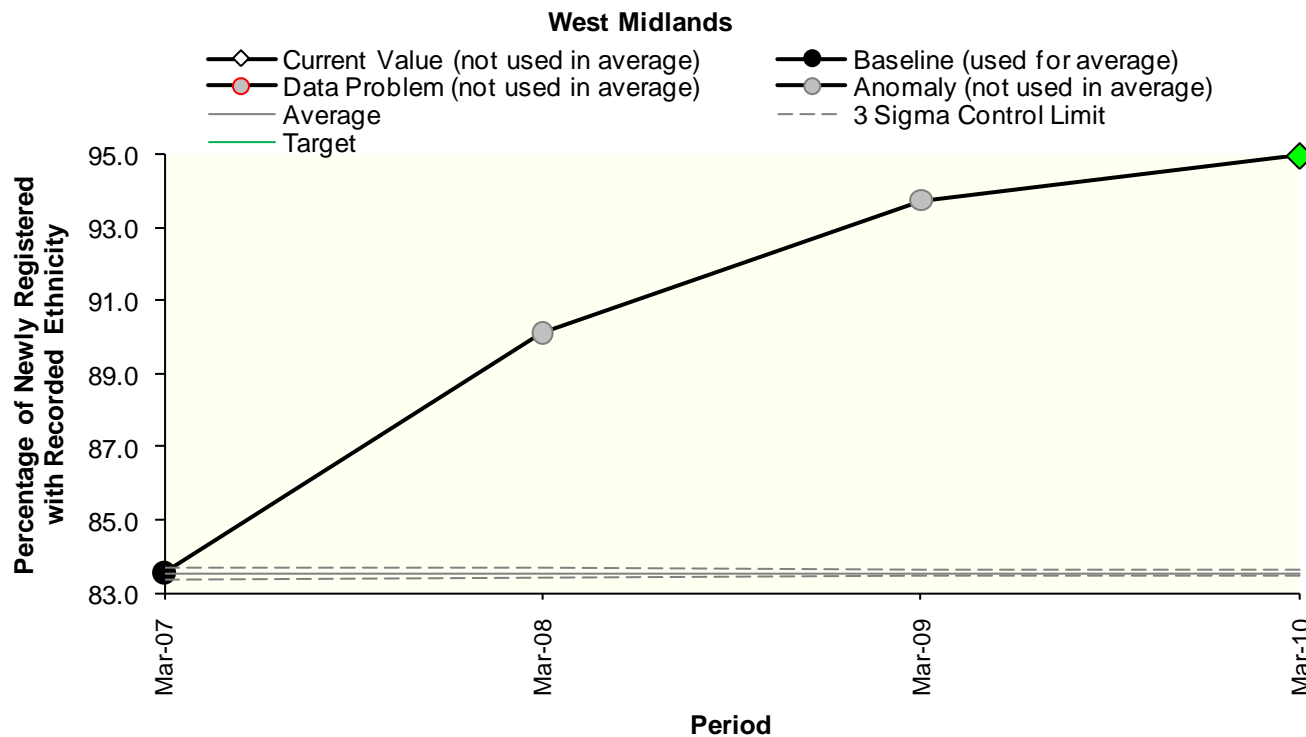
- The West Midlands percentage of newly registered patients with recorded ethnicity for Mar-10 was **95.0%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 10 were better than and 6 were worse than expected from the West Midlands average.

#### Funnel Key:

1. Birmingham East & North
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



## 7.5 – Child Access to NHS Dentistry

### West Midlands – Dec-09

#### Alerts

Data:

Trend:

Target:

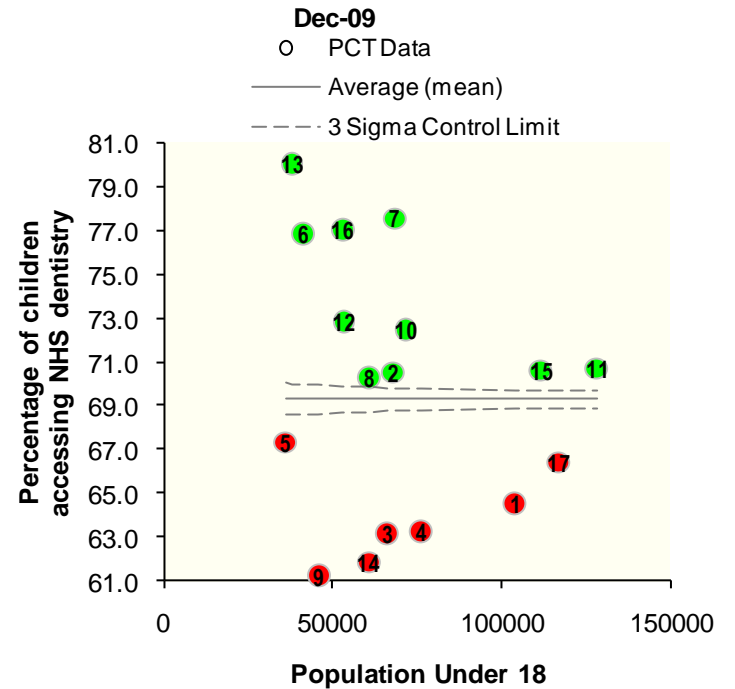
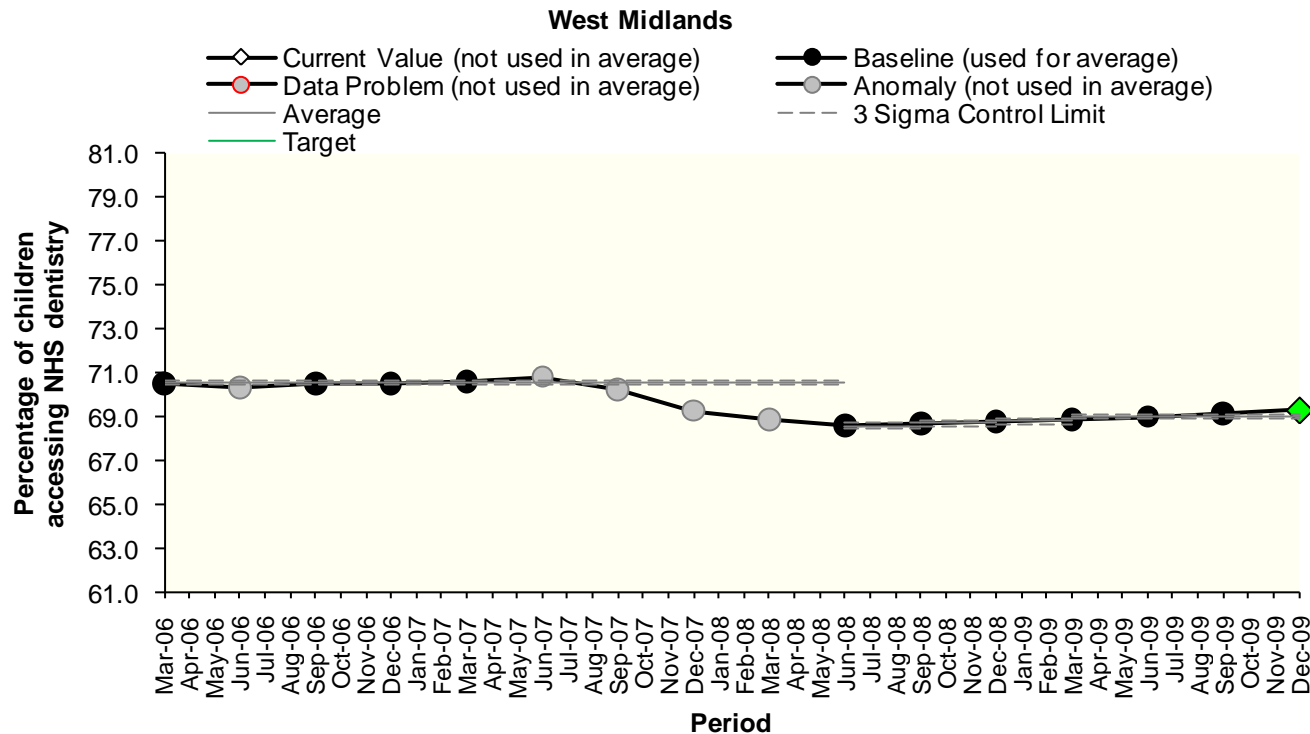
WM Average:

This indicator measures the proportion of children (aged under 18) who have seen an NHS dentist in the 24 months. Data on the number of people seen are calculated on a provider basis (i.e. activity is assigned to the PCT to which the dentist is contracted) whereas population is calculated on a resident basis. This indicator forms part of a Vital Signs indicator. Data Source: HSCIC [www.ic.nhs.uk](http://www.ic.nhs.uk)

- The West Midlands percentage of children accessing NHS dentistry for Dec-09 was **69.3%**.
- Current performance is significantly higher than the latest baseline average (i.e. above the upper control limits for trend).
- Of the 17 PCTs, 10 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



## 7.6 – Adult Access to NHS Dentistry

### West Midlands – Dec-09

#### Alerts

Data:

Trend: 

Target:

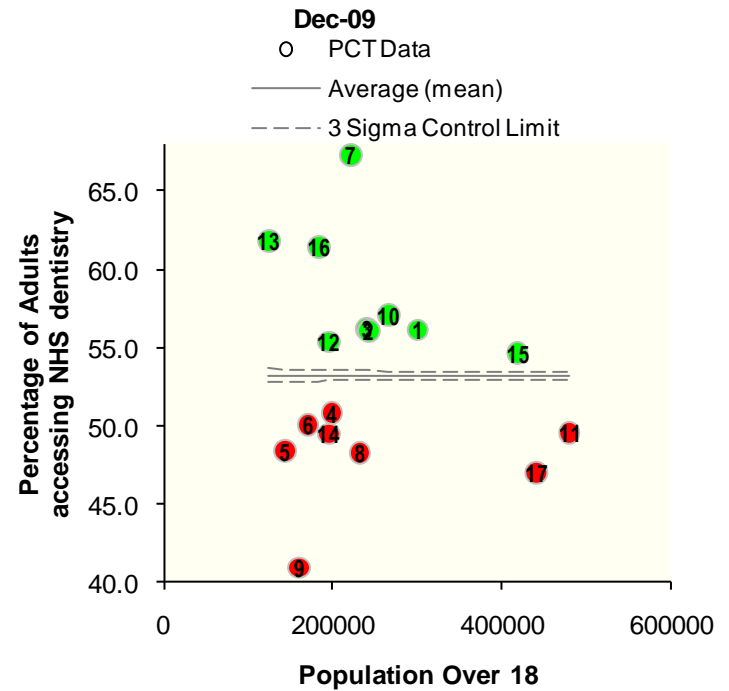
WM Average:

This indicator measures the proportion of adults (aged 18 and over) who have seen an NHS dentist in the 24 months. Data on the number of people seen are calculated on a provider basis (i.e. activity is assigned to the PCT to which the dentist is contracted) whereas population is calculated on a resident basis. This indicator forms part of a Vital Signs indicator. Data Source: HSCIC [www.ic.nhs.uk](http://www.ic.nhs.uk)

- The West Midlands percentage of adults accessing NHS dentistry for Dec-09 was **53.2%**.
- Current performance is significantly lower than the latest baseline average (i.e. below the lower control limits for trend).
- Of the 17 PCTs, 9 were better than and 8 were worse than expected from the West Midlands average.

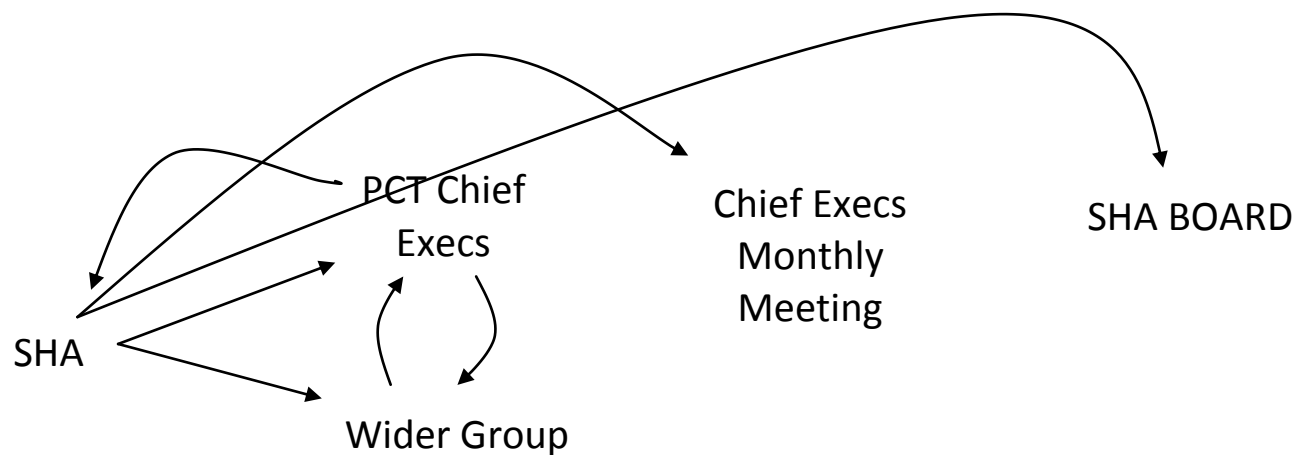
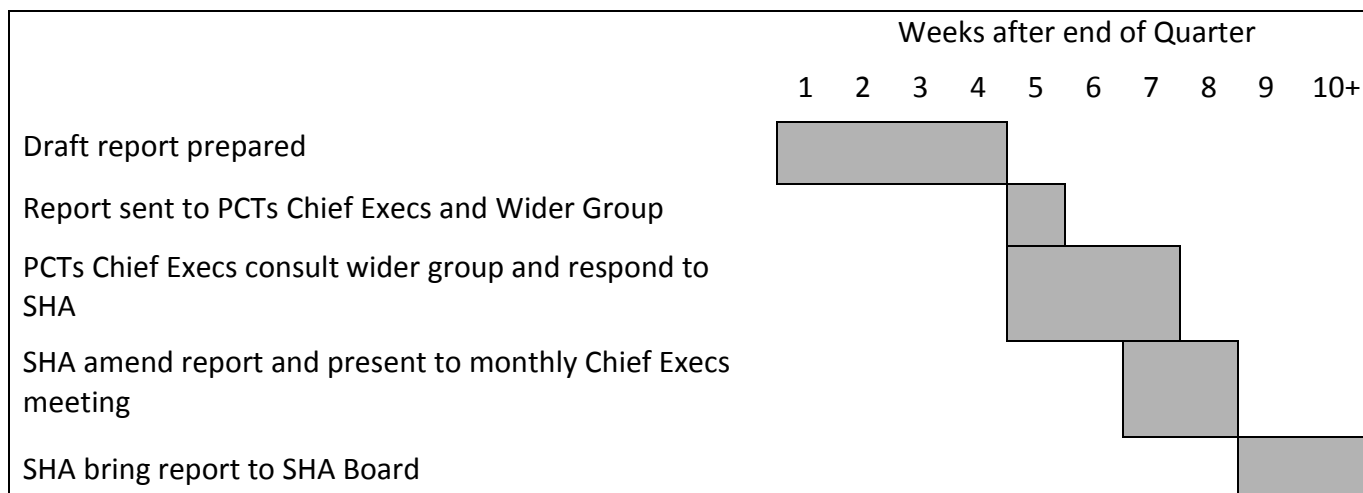
#### Funnel Key:

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



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;

<b>End of Q</b>	<b>Editorial Group Meeting</b>	<b>Draft Report Issued to PCTs</b>	<b>PCT Response Deadline</b>	<b>Final Report Issued</b>
30/06/2009	01/07/2009	03/08/2009	21/08/2009	04/09/2009
30/09/2009	23/09/2009	02/11/2009	20/11/2009	04/12/2009
31/12/2009	15/12/2009	01/02/2010	19/02/2010	05/03/2010
31/03/2010	16/3/2010	03/05/2010	21/05/2010	04/06/2010

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		●		
Long Term	Expert Patients Programme	5.1	PCT Return	M	●	●	●	●

Domain	Indicator	No	Source	Freq	09/10			
					Q1	Q2	Q3	Q4
Conditions	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  $\chi^2$  distributions for values less than 389 (as described in the APHO Technical Briefing 3: Commonly Used Public Health Statistics and their Confidence Intervals<sup>1</sup>). 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%.

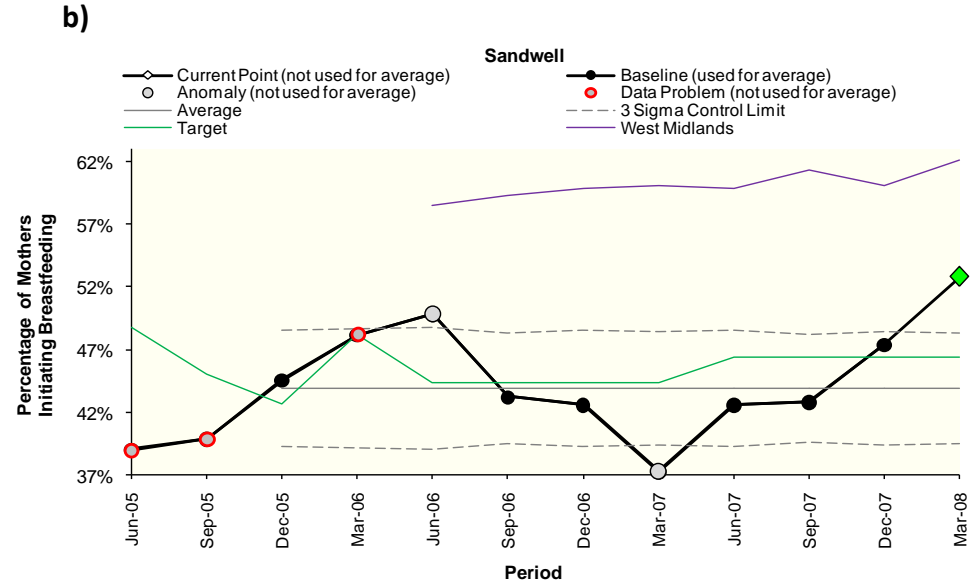
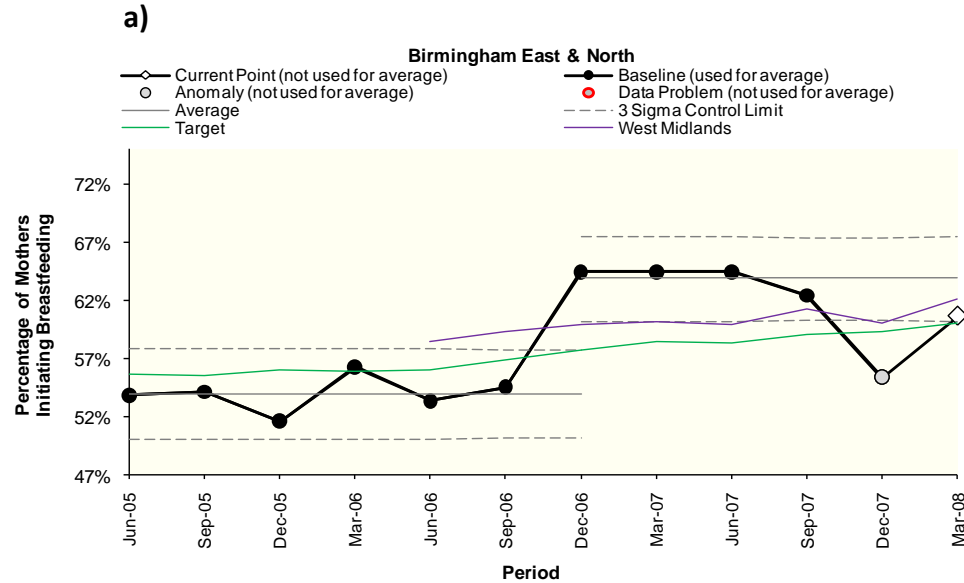
Special cause rules are used to trigger a reset of the control limits, suggesting there has been a change in the process. These are an amalgamation of those found in SPC texts such as R. Carey (2003) *Improving Healthcare with Control Charts*, those already utilised in the previous assessment of quarterly 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

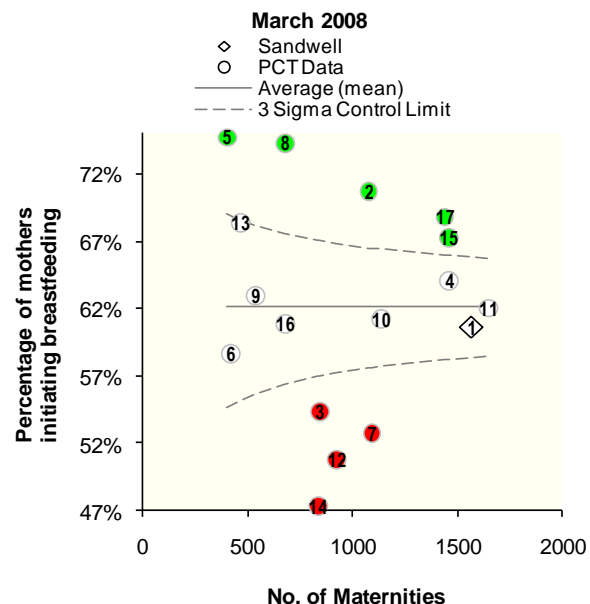


Data included in the calculation of the baseline are shown by the solid black circles, the average of these points form the baselines (shown by the solid horizontal grey line). Points not included in the base line are shaded grey either due to being an anomaly (black outline) or data quality alert (red 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 Method<sup>1</sup>) 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	BIRMINGHAM EAST & NORTH - Comments on Performance
2.3b	CVD Mortality (Quarterly)	Performance on trajectory to meet 2010 PSA target.
2.4b	Cancer Mortality (Quarterly)	Performance within control limit although showing an upward trend since October 2008.
2.5	Breast Cancer Screening Coverage	The trend for uptake is slowing going down and we need to take corrective action. The public health team are currently developing a clear action plan that will include social marketing and targeting practices / women that are due to be called for screening in the round plan. Data has now been collected from the service that will allow us to identify and map previous non attendees and develop mechanisms to increase awareness of the benefit of attending their next due screening test.
2.6	Breast Cancer Screening Round Length	City, Sandwell & Walsall screening unit are performing well above the target of 90%.
<b>3</b>	<b>Child and Maternal Health</b>	
3.8	6-8 Week Breast Feeding Prevalence	As a result of the actions taken by the Trust Breastfeeding Strategic Committee, the percentage of missing data has been significantly reduced over the last 2 quarters ensuring that the data coverage target was achieved in Q4. However, the Trust target set for 09/10 breastfeeding prevalence was not achieved by 0.1%. A root cause analysis has been initiated by provider to look at reasons for continued 10% missing data, the results & actions will be discussed at the next BF Strategic Committee meeting.
3.4	Smoking During Pregnancy (SATOD)	NHS BEN has implemented a number of initiatives in order to increase the number of pregnant smokers accessing our community stop smoking clinics and the number of women quitting through these services. As a result of this, the Trust has recorded an increase in the number of women making contact with services during 2009/10 when compared to the previous year (51% increase). The stop smoking service has also observed an upward trend in the number of pregnancy 4-week quits delivered through the services from previous years. Recent initiatives include:  1) A new care pathway was developed and implemented which includes enhanced follow up and support to women up until delivery and postpartum. 2) Greater engagement with Maternity services through training all community midwives to deliver brief advice, including a CO test and refer into the specialist service. This comprehensive 'opt in' system has

Ref	Indicator	BIRMINGHAM EAST & NORTH - Comments on Performance
		<p>increased the number of women engaging with stop smoking services.</p> <p>3) The Trust implemented a 'healthy incentive' scheme, offering rewards in the form of vouchers for quitting throughout the pregnancy and post delivery. This has contributed to decreased attrition rates from stop smoking clinics.</p> <p>In order to reduce the smoking at delivery rates, the service is currently conducting an analysis of activity within the wards reporting to have the highest smoking at booking rates. This work will inform where the stop smoking service needs to enhance the pathway further to reduce attrition rates and ensure long-term quitters. This work will be carried out in collaboration with the acute and community maternity services.</p>
3.5c	Childhood Vaccinations - MMR	<p>A vaccination Strategic Committee has been reinvigorated with the 1<sup>st</sup> inaugural meeting taking place on 24.5.10, part of the focus of this group is to improve childhood immunisation uptake rates. We suspect that the swine flu vaccination programme has had an adverse effect on the routine childhood immunisation programme and are aware that some of our practices have had capacity issues. A formal locality report will be sent to all practises reflecting their quarterly performance for 09/10. Poor performers will be asked to produce action plans to improve target uptake rates.</p>
3.9	Obesity	<p>The PCT has worked jointly with HOBtPCT and SBPCT to re-design children's weight management programmes with an agreement that we intend to commission a programme that:</p> <ul style="list-style-type: none"> <li>▪ Includes all school aged children (up to 16 years).</li> <li>▪ Has a referral criterion that accommodates children who are overweight as well as obese (91<sup>st</sup> centile). However, priority will be given to children above the 98<sup>th</sup> centile</li> <li>▪ Can accommodate larger volumes of children than Watch It</li> <li>▪ Provides greater choice dependent on family needs</li> </ul> <p>The redesigned service will be commissioned from Sept 2010 and is intended to increase capacity for NHS BEN to 400 families per year (still subject to final agreement with provider) compared to current planned capacity of 120</p>
<p><b>5 Long Term Conditions</b></p>		
5.12	Blood Pressure Management CKD Patients	<p>The PCT continue to monitor this target, although current performance of 72.2 is not significantly different to the west midlands average (i.e. within the funnel control limits), the PCT continue to support service</p>

Ref	Indicator	BIRMINGHAM EAST & NORTH - Comments on Performance
	(QOF CKD3)	<p>improvement by identifying clinical champions to support practices, identify key GPs to be supporting delivery, proactively manage end of year QOF assessments, introduce CKD module within Birmingham Own Health to support management of CKD.</p> <p>Designed and developed top ten guide list for GPs for improving management of CKD. Working 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. This project has been in progress in NHS BEN from the beginning of January 2010 and aims to tackle the awareness, diagnosis and treatment of chronic kidney disease across all stages of the illness.</p> <p>Practices have been given desktop guides for the treatment and management of CKD that were developed by the nephrology department Heart of England Foundation Trust in collaboration with the PCT local steering group members. A software tool has been installed into a few selected practices to facilitate management of CKD patients.</p>
6	Older People	
6.4	Falls Prevention Training Programmes	A falls prevention clinical policy has been approved and is being launched June 10. The policy raises the awareness of falls risk and the importance of assessment in over 65's. This will identify those at risk and provide a referral pathway into falls prevention service and access to falls prevention programmes. Falls prevention programmes will be routinely offered to all bed based intermediate care clients
6.5	Falls Assessments	See above re policy. The policy places a responsibility on all clinicians to carry out falls risk assessments on all clients over 65yrs at first contact, high and medium risk groups will be offered group programmes and/or individual multi-factorial assessment and programmes. Joint programme with Birmingham city Council, now carrying out falls assessments for over 65's. Falls assessments are a CQIN for 10/11 and numbers carried out will be audited throughout the year.
7	Primary Care	
7.4	Ethnicity Recording (QOF Rec21)	Although performance remains below the West Midlands average, improvement has been made over the year. The DES for ethnicity which was initially to be run from April 2008-March 2010, has been extended and will now run until March 2011. This provides practices with an incentive to focus on for improving compliance with recording of ethnicity. The Primary care team will also look to actively promote compliance of this QOF

Ref	Indicator	BIRMINGHAM EAST & NORTH - Comments on Performance
		indicator with practices as part of their contract monitoring framework
7.5	Child Access to NHS Dentistry	The team will be undertaking a poster campaign during 'National Smile Month' (16 <sup>th</sup> May – 16 <sup>th</sup> June 2010), to promote 'NHS Dentistry if FREE FOR CHILDREN'. The posters will be distributed to GP practices, dental practices, Opticians, pharmacists, schools, libraries and community centres etc for display in their waiting/prominent areas. It is also planned that the oral health co-ordinator will visit local primary schools to provide oral health educational training to members of staff; who will then incorporate this information into their teaching sessions to children.
7.6	Adult Access to NHS Dentistry	Performance within control limit. Based on the evaluation process of The Dental Access Programme the panel presented recommendations to the trust board to make conditional offers of contract awards to the preferred bidders. These recommendations were duly ratified by the trust board. It is planned that all contract mobilisation will be no later than November 2010.

Ref	Indicator	COVENTRY - Comments on Performance
2.5	Breast Cancer Screening Coverage	Coventry is one of the eleven PCTs within the region that have seen a persistent decline in coverage over the last 3 years (2006/07 – 2008/09), although coverage is still above the 70% target (71.5%). This is most likely due to a similar decrease in uptake over the same time period.  The Public Health Department, in collaboration with the WSC Breast Screening Service, is currently pilot-testing two interventions to increase breast screening uptake in selected practices. The most successful intervention will consequently be rolled out across the city and coverage is expected to rise again.
3	Child and Maternal Health	
3.3	Breast Feeding Initiation	<ul style="list-style-type: none"> <li>• Infant Feeding Advisor in place.</li> <li>• Working towards UNICEF Baby Friendly Initiative stage 2 at UHCW.</li> <li>• At the time community midwives collect PKU, ie. 5 days, breastfeeding status will be recorded.</li> </ul>
3.8	6-8 Week Breast Feeding Prevalence	<ul style="list-style-type: none"> <li>• The recording status has improved over the last six months.</li> <li>• Infant Feeding Team now in place to address increasing rates and duration beyond 6-8 weeks.</li> <li>• Working towards UNICEF Baby Friendly Initiative stage 2.</li> </ul>
3.4	Smoking During Pregnancy (SATOD)	Coventry is participating in the tariff scheme which makes payment for 4 week quitters and quits at delivery, with a higher payment for targeted groups e.g. ethnic minorities, young people and routine & manual workers.

Ref	Indicator	COVENTRY - Comments on Performance
		<p>There are three providers who have been awarded the separate stop smoking in pregnancy contract where Coventry is the co-ordinating commissioner. These include Coventry Community Health Services, University Hospital Coventry and Warwickshire and Holbrooks Dentalcare. This will enable pregnant women to be captured through the normal routes and also through alternative routes, such as when having their teeth checked.</p>
3.5a	Childhood Vaccinations – Dtap	<p>The National Support Team (NST) for Immunisation and Vaccinations from the Department of Health visited Coventry in December 2009. Their report has been received and has highlighted a number of areas for priority action.</p> <p>These include;</p> <ul style="list-style-type: none"> <li>• Vision and Strategy</li> <li>• Commissioning</li> <li>• Organisational Arrangements</li> <li>• Data and Needs Assessment</li> <li>• Workforce, capacity and training</li> </ul>
3.5b	Childhood Vaccinations – MenC	<p>A review of the current immunisation and vaccination action plan has been undertaken to take into account the NST report recommendations and recent NICE guidance for improving uptake of immunisations. NHS Coventry is implementing the key changes that will ensure sustained high uptake of immunisations and vaccinations across the city.</p>
3.5c	Childhood Vaccinations - MMR	<p>NHS Coventry can demonstrate quarter on quarter improvement during the last 12 months to the point where we are performing above Regional and National figures for immunisation uptake in the 0-5 year age group in Q3 2009/10. Particularly pleasing is an improvement in MMR uptake.</p> <p>The PCT has been working very hard with practices over the last 18 months to improve immunisation uptake. It is unlikely that this is due to chance, it is more likely to be a combination of inputs over the last 18 months. During this time the PCT has undertaken the following:</p> <ul style="list-style-type: none"> <li>• A data cleansing exercise with most practices and the Child Health Information System</li> <li>• Workshops for practices on 'what works' in promoting immunisation uptake. A product of this was a briefing sheet 'Top 10 Tips for improving uptake' circulated to every practice in the city.</li> <li>• Immunisation workshops and information packs for Health Visitors and School Nurses.</li> <li>• Immunisation packs to all nurseries in the City</li> <li>• High profile media campaign on immunisations and MMR in particular.</li> <li>• Transformational programme with 8 practices.</li> <li>• A greater awareness of our immunisations deficit within General Practice</li> </ul>

Ref	Indicator	COVENTRY - Comments on Performance
		<ul style="list-style-type: none"> <li>• An increase in immunisation training for practice nurses and other staff on 'swine flu' will have helped also.</li> <li>• Practice visits to discuss immunisation issues.</li> </ul>
5	Long Term Conditions	
5.1	Expert Patients Programmes	<p>The numbers on the Expert Patient Programme fluctuated between 58 in Q2, 93 in Q3, and 54 in Q4 of 2009/10</p> <p>EPP team did extremely well in Q3 with 93 participants finishing the programme, but this resulted in the downward trend when 54 participants finished in Q4. The extreme cold weather played some part in the drop in numbers of people with Long term condition to attend EPP courses.</p>
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	<p>Coventry PCT feeds back information on these categories via the QOF review process. It is accepted that Coventry needs to do more feedback of information to GPs in the city. A software tool to do this (Websnaps – also used in Sandwell) is in use in the intranet and will be developed further by Public Health; a Clinical Engagement Group is being set up to engage with local GPs. It is anticipated that active feedback of information will improve recording under these categories</p>
6	Older People	
6.4	Falls training programme	<p>The Older People's Partnership has commissioned the Physical Active For Health Team in Coventry City Council to provide EXTEND (strength and balance training) classes for older people in the community. 66 group sessions were held in Q3 09/10.</p>
6.5	Falls Assessments	<p>NHS Coventry, Coventry City Council and PricewaterhouseCoopers are working in partnership to develop an "Optimal Care Pathway" for people who experience or are at high risk of falls in Coventry. This pilot project is due to report in April 2010, and will make recommendations on the development of an integrated health and social care falls pathway. The findings from this work will be used to inform the commissioning of a new Community Falls Service, due to be in place by Q3 10/11.</p> <p>2010/11 CQUIN schemes for both UHCW and CCHS include falls indicators. These include identification of those at risk of falling, provision of information about measures they can take to prevent further falls, and a multifactorial assessment, or referral into the Falls Service for this to take place once established.</p> <p>Orbit Care and Repair completed 130 Home Safety Checks in Q3, resulting in 61 properties being fitted with the necessary equipment.</p>

Ref	Indicator	COVENTRY - Comments on Performance
6.6	Pneumococcal Vaccination Rates	
7	Primary Care	
7.2	BMI Recording	Coventry PCT feeds back information on these categories via the QOF review process. It is accepted that Coventry needs to do more feedback of information to GPs in the city. A software tool to do this (Websnaps – also used in Sandwell) is in use in the intranet and will be developed further by Public Health; a Clinical Engagement Group is being set up to engage with local GPs. It is anticipated that active feedback of information will improve recording under these categories.
7.3	Smoking Status Recording (QOF Rec22)	Coventry PCT feeds back information on these categories via the QOF review process. It is accepted that Coventry needs to do more feedback of information to GPs in the city. A software tool to do this (Websnaps – also used in Sandwell) is in use in the intranet and will be developed further by Public Health; a Clinical Engagement Group is being set up to engage with local GPs. It is anticipated that active feedback of information will improve recording under these categories.

Ref	Indicator	DUDLEY - Comments on Performance
3	Child and Maternal Health	
3.8	6-8 Week Breast Feeding Prevalence	As part of a comprehensive action plan to increase breast feeding, NHS Dudley is in the process of developing a buddy support system in the community and maternity unit to encourage mothers to breastfeed and support them to initiate and continue to breastfeed until 8 weeks postpartum. 57 buddies have now been trained and are starting their support work.
3.5a	Childhood Vaccinations - Dtap	We are above the target trajectory
3.5b	Childhood Vaccinations - MenC	We are above the target trajectory
3.5c	Childhood Vaccinations - MMR	We are below the target trajectory by 0.3%. This quarter was affected by the impact of swine flu disease on our primary care providers (GPs).

Ref	Indicator	DUDLEY - Comments on Performance
4	Lifestyles	
4.2	GUM Waiting Times	The GUM service is now consistently meeting its waiting time target
4.3	Health Trainers Service Development	Recruitment process for the first 5 Health Trainers began in February 2010. Recruitment is a long process because the potential workforce has to be identified from local communities and supported in order to be able to apply for the posts. There is a phased recruitment process over the next 12 months to bring the workforce up to the planned 10 wte capacity.
5	Long Term Conditions	
5.7	Blood Pressure Management for Hypertension Patients (QOF BP5)	Primary Care Commissioning Department to discuss as part of QOF/contract review meetings with practices and specialist nurse
5.10	Blood Pressure Management for Diabetics (QOF DM12)	Primary Care Commissioning Department to discuss as part of QOF/contract review meetings with practices and specialist nurse.
7	Primary Care	
7.5	Child Access to NHS Dentistry	Marketing activities are currently taking place with the focus being placed on targeting children and highlighting the importance of attending the dentist.

Ref	Indicator	HEART OF BIRMINGHAM - Comments on Performance
2.5	Breast Cancer Screening Coverage	A Local Enhanced Service (LES) was commissioned near the end of 2008 to tackle the issue of low coverage. The uptake in some practices has increased and there are currently nine HoB practices with over 80% uptake. The expected increase is due to be reflected in the 2010/11 data for PCT coverage and the LES work will continue until at least the end of 2010 after which time this will be addressed through the SWBH acute provider's service development and improvement plan for 2010/11.

Ref	Indicator	HEART OF BIRMINGHAM - Comments on Performance
3	Child and Maternal Health	
3.3	Breast Feeding Initiation	Data obtained via perinatal institute and has been delayed due to one reporting hospital being slow to respond. Initiation rate at Q4 is 71%.
3.8	6-8 Week Breast Feeding Prevalence	Have now met the required target of 90% data completeness and have surpassed the target for breastfeeding prevalence at 6-8 weeks, data shows 50.9% prevalence at Q4. Systems are being put in place to ensure sustaining a robust data collection system. High prevalence figures are in line with other PCTs having breastfeeding peer support services.
3.5c	Childhood Vaccinations - MMR	The MMR Active Patient Management programme will continue. For Quarter 3 and Quarter 4 2009 we expect to maintain an MMR uptake level above the West Midlands average for children aged 24 months.
3.9	Obesity	Due to low numbers through the children's weight management programmes, the service is being redesigned to increase capacity. New service due to commence from August 2010.
5	Long Term Conditions	
5.4	Cholesterol Management for CHD Patients (QOF CHD8)	The CVD screening programme may have led to an increase in the number of CHD patients diagnosed, who have had treatment initiated but not reached optimal management control. The Deadly Trio team and Cardiac specialist team will be monitoring the increased numbers of patients diagnosed with CHD. They will monitor, and support practices to reduce cholesterol levels.
5.11	Cholesterol Management for Diabetics (QOF DM17)	We believe there has been an increase in the number of Diabetics diagnosed since CVD screening started in April 2009, which may have led to an increase in the number of uncontrolled cholesterol recordings. The PCT will monitor and support individual GP's in identifying uncontrolled cholesterol levels to reach the optimal cholesterol levels.
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	There has been an increase in the number of patients diagnosed since starting the CVD screening programme in April 2009. The PCT will support individual GP practices to reach their optimal blood pressure control levels.

Ref	Indicator	HEREFORDSHIRE - Comments on Performance
3	Child and Maternal Health	
3.8	6-8 Week Breast Feeding Prevalence	All Children Centres county- wide have adopted a peer support programme delivered by the Infant Breastfeeding Adviser for accessible and sustained support. This contributes to the Action Plan for the UNICEF Baby Friendly initiative. Be Healthy Group of the Herefordshire LSP has been overseeing the implementation this action plan across the county. This will help to achieve the 6-8 weeks Breast Feeding Prevalence target.
3.5c	Childhood Vaccinations - MMR	Herefordshire Population Health Improvement Business Plan (infectious Diseases) 2010-11 is being implemented; the key strands include a nurse led immunisation outreach service targeting clusters of unimmunised children, social marketing campaign to influence knowledge, behaviour and attitude of parents towards MMR vaccine, and workforce development through a rolling programme of immunisation training. These actions will help to achieve the MMR uptake trajectory for 2010-11.
4	Lifestyles	
4.3	Health Trainers Service Development	In 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. Since April 2010, Health Trainers' focus has been on 1:1 interventions; this will help to achieve the target for 2010-11.
5	Long Term Conditions	
5.1	Expert Patients Programmes	Low number of courses held therefore low number of participants attending EPP during this quarter due to EPP Co-ordinator illness. Plans in place to increase number of courses now EPP Co-ordinator is back to full health.
6	Older People	
6.4	Falls Prevention Exercise Programmes	Mechanisms now put in place to collect figures, key professionals now in post to facilitate this.

<b>Ref</b>	<b>Indicator</b>	<b>HEREFORDSHIRE - Comments on Performance</b>
6.5	Falls Assessments	Mechanisms now put in place to collect figures, key professionals now in post to facilitate this.

<b>Ref</b>	<b>Indicator</b>	<b>NORTH STAFFORDSHIRE - Comments on Performance</b>
<b>3 Child and Maternal Health</b>		
3.8	6-8 Week Breast Feeding Prevalence	Investment and interventions are in development to support improvement. These include taking forward the first stage in Baby Friendly Status in community settings, the development of a Peer BF Support programme, and a helpline to support at risk community groups within our priority areas. A breast feeding strategy is also in development.
3.5c	Childhood Vaccinations - MMR	Actions to improve performance in this area are being taken forward.
3.9	Obesity	We have put in place a range of activities to increase the number of children from priority areas who access healthy weight and physical activity programmes. Data collection processes from individual providers have been enhanced to capture and report participation rates on a 4-weekly /quarterly basis.
<b>4 Lifestyles</b>		
4.3	Health Trainers Service Development	In Quarter 3 of 2009/10, a decision was taken to discontinue the service, based on ongoing monitoring of activity in relation to participation and engagement rates within our priority areas. Community engagement options to support increased access to lifestyle services are currently being scoped, with a focus on evidence of effectiveness in relation to impact on at risk communities in line with our five-year Strategic Plan 'Delivering A Healthy Future'.
<b>5 Long Term Conditions</b>		
5.3	Blood Pressure Management for CHD Patients (QOF CHD6)	We have developed and initiated a locally enhanced QOF programme (known as QOF XL). This includes stretch targets for hypertension and cholesterol management of people with CHD, diabetes and stroke, with incentives for practices to achieve higher quality outcomes.

<b>Ref</b>	<b>Indicator</b>	<b>NORTH STAFFORDSHIRE - Comments on Performance</b>
5.4	Cholesterol Management for CHD Patients (QOF CHD8)	All of our practices have signed up to our QOF XL programme (please see above).
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)	All of our practices have signed up to our QOF XL programme (please see above).
5.6	Cholesterol Management for Stroke Patients (QOF Str8)	All of our practices have signed up to our QOF XL programme (please see above).
5.8	Seizures Management for Epilepsy (QOF EPIL8)	We are supporting practices to improve the care of people with ambulatory care sensitive conditions; epilepsy is one of the four key conditions to be included in our Balanced Scorecard project.
5.10	Blood Pressure Management for Diabetics (QOF DM12)	All of our practices have signed up to our QOF XL programme (please see above).
5.11	Cholesterol Management for Diabetics (QOF DM17)	All of our practices have signed up to our QOF XL programme (please see above).
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	The validation of clinical registers for patient with CKD is currently underway, following the identification of anomalies.
<b>7</b>	<b>Primary Care</b>	
7.6	Adult Access to NHS Dentistry	Slippage of mobilisation for May 2009 contract, which opened in November 2009; new contract awarded in May 2010 to open October 2010. An action plan has been agreed with the SHA and we are working closely with the SHA data analyst. An advertising campaign to promote access to NHS dentistry is underway.

<b>Ref</b>	<b>Indicator</b>	<b>SANDWELL COUNTY - Comments on Performance</b>
		No Response Received

Ref	Indicator	SHROPSHIRE COUNTY - Comments on Performance
2.6	Breast Cancer Screening Round Length	<p>Objective - Ensure adequate staffing levels and contingency plans are in place with the provider to ensure round length can be met for current service  Action - Recruitment of additional permanent staff and utilise bank staff in mean time (£76,000 within contract settlement with SCPCT and NHS T&amp;W)</p> <p>Objective - Smooth out activity “humps” for Q4 2009/10 and Q1 2010/11 and future proof the system to deliver round length in Q2 2010/11 and for remainder of year.  Action - To amend call/recall system to ensure activity is smoothed over</p>
<b>3 Child and Maternal Health</b>		
3.8	6-8 Week Breast Feeding Prevalence	<p>Shropshire County PCT, local Maternity Services and Shropshire Children’s Centres are working together to improve local breastfeeding rates. Children’s Centres and the Health Visiting Service have successfully achieved, with commendation, UNICEF’s Baby Friendly Stage One and are currently working towards Stage Two. Evidence shows that Baby Friendly can have a positive impact on local breastfeeding rates. As part of Baby Friendly the numbers of peer supporters/groups and services offering support to mums wishing to breastfeed is increasing and the ‘Shropshire Welcomes Breastfeeding Award’ is becoming established in all settings that hold baby clinics and some commercial premises.</p>
3.4	Smoking During Pregnancy (SATOD)	<p>Shropshire’s prevalence of smoking is lower than the regional average and our current performance is better than the regional average for this indicator.</p>
3.5c	Childhood Vaccinations - MMR	<p>A data cleansing exercise is underway to insure accurate data is recorded. A full action plan for immunisation incorporating a public facing MMR campaign has been developed for 2010/11.</p> <p>GP surgeries where a ‘queue has built up are being targeted for additional assistance. Also recruitment into the immunisation coordinator post will further facilitate MMR uptake for 2 year olds.</p>
3.9	Obesity – child weight measurement programmes	<ul style="list-style-type: none"> <li>• Shropshire has excellent coverage rates across both age groups for the National Child Measurement Programme.</li> <li>• Shropshire has implemented routine feedback of children’s measurement results to parents of both Reception age and Year 6 children</li> <li>• Shropshire is developing a local resource aimed at providing information to parents on local physical activity opportunities to support parents feedback letters.</li> </ul>

Ref	Indicator	SHROPSHIRE COUNTY - Comments on Performance
		<ul style="list-style-type: none"> <li>Shropshire is developing plans to redesign provider services to deliver a structured weight management programme linked to the NCMP feedback letters. The pilot programme will commence in the new school term.</li> </ul>
4	Lifestyles	
4.3	Health Trainers Service Development	Work is underway to include health trainers into future service re-design plans for lifestyle risk management services.
5	Long Term Conditions	
5.1	Expert Patients Programmes	The PCT has adopted a tariff based programme in line with other PCTs in the region. We have included some quality standards within the contract to ensure that providers meet the standards and work to QIPP principles.
5.3	Blood Pressure Management for CHD Patients (QOF CHD6)	See 5.7 below
5.5	Blood Pressure Management for Stroke Patients (QOF Str6)	See 5.7 below
5.7	Blood Pressure Management for Hypertension Patients (QOF BP5)	A PID has been produced and has been approved by the programme board, with the overall aim of the project being to work in partnership with the primary care commissioning, medicines management and lifestyle risk management services to identify patients with uncontrolled blood pressure and treat accordingly.
5.10	Blood Pressure Management for Diabetics (QOF DM12)	See 5.7 above
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	See 5.7 above. It is expected that the tackling hypertension project will help to influence the effectiveness of treatment for CKD patients.
7	Primary Care	

Ref	Indicator	SHROPSHIRE COUNTY - Comments on Performance
7.2	BMI Recording	All our 45 practices hit their QOF target which is to have a register; a review of the target is underway as part of the PCT's adult obesity prevention programme. This issue will be discussed as part of our next round of QOF visits and include a review of their present register and their predicted prevalence for this indicator.
7.3	Smoking Status Recording (QOF Rec22)	This target is whether the practice has a record for each patient for their smoking status. To achieve full points for this target a surgery must have 90% of patients recorded and baseline line is 41%. 37 of our practices have a recording level of 70-89% and 8 practices have 90%+ to gain full points. This is another issue which is on our list for discussion at the next QOF visit.
7.4	Ethnicity Recording (QOF Rec21)	Ethnicity recording: to gain this target practices must have 100% recording of our practices: 23 practices hit the target and 12 practices had 99%, 9 practices 97-54% and one outlier. This target is very tricky because of practice list size movements and many practices are 100% on 29 March and just under on 31 March as QMAS data is taken from their systems. The practices that are below 80% will be followed up at their next QOF Visit.

Ref	Indicator	SOLIHULL CARE TRUST - Comments on Performance
3	Child and Maternal Health	
3.3	Breast Feeding Initiation	The breastfeeding rates for Solihull have increased significantly as a result of a multifaceted approach. The social marketing campaign "be a star" will continue however Solihull mothers are now delivering at other maternity units due to the closure of Solihull maternity unit and therefore are not receiving the information about specific services available to them. As a result the impact of the campaign may be reduced. Funding from the Solihull Partnership for the breastfeeding initiation initiative has now ceased. The implications of this are being closely monitored and an action plan has been developed.
3.8	6-8 Week Breast Feeding Prevalence	The Breastfeeding duration rates for Solihull also increased significantly. The community breastfeeding support service funded initially by the Solihull partnership will continue as SCT PUBLIC HEALTH are now funding the project.
3.4	Smoking During Pregnancy (SATOD)	In January 2010 a new referral 'opt out' scheme was launched which means that every pregnant woman who smokes is routinely referred into The Stop Smoking Service at booking unless they decide to opt out. Alongside this, all pregnant woman are now being routinely CO monitored at booking. This serves to personalise advice given about smoking and motivate pregnant women to quit. These actions have been endorsed by HINST. Furthermore, referrals are no longer made solely to the Specialist Advisor for Pregnancy. To improve the

Ref	Indicator	SOLIHULL CARE TRUST - Comments on Performance
		accessibility to pregnant smokers they can now access pharmacy and GP schemes. Work is also underway on a social marketing project for smoking in pregnancy.
3.5c	Childhood Vaccinations - MMR	The North practices have met and put together a strategy, pending clarification about PBC resources.
3.9	Obesity	NI56 NCMP data for year 6 children. Measures put in place to increase school coverage, improve accuracy of class registers and monthly monitoring of progress on collection of data.
<b>4 Lifestyles</b>		
4.2	GUM Waiting Times	
4.3	Health Trainers Service Development	Continuing work to increase the number of referrals into the Health Trainer service through raising awareness amongst residents in the North of the borough. Action plan in place to establish the service within the North Solihull Integrated Health & Adult Social care team. Service is being established within GP practices in the North as part of the expansion of the NHS Health Check Programme. Work is continuing with the aim of strengthening relationships with other key partners and third sector agencies.
<b>6 Older People</b>		
6.5	Falls Assessments	The basic falls awareness training is now mandatory for Care Trust staff working with older people
<b>7 Primary Care</b>		
7.5 & 7.6	Child & Adult Access to NHS Dentistry	<ul style="list-style-type: none"> <li>• There is a steady and consistent increase in the number of children and adults accessing Solihull dentists</li> <li>• The social marketing and dental access campaign continues with a focus on disadvantaged communities to address oral health inequalities</li> <li>• Two new dental procurements will come on line later this summer and in March 2011; this will increase accessibility and address oral health needs in the Shirley and Balsall Common areas of the Borough.</li> <li>• A report to the Board noted that historically a significant number of people in parts of Solihull immediately adjacent to the Birmingham PCTs attend a dentist in those areas.</li> </ul>

Ref	Indicator	SOLIHULL CARE TRUST - Comments on Performance
		<ul style="list-style-type: none"> <li>The data provided in the Health Improvement Monitoring Report does not reflect the relative progress made in comparison with the other West Midlands PCTs; the Department of Health dental vital signs monthly performance report, ranks Solihull 6th of the 17 West Midlands PCTs in performance against profile. This is more of a "good news" story.</li> </ul>

Ref	Indicator	SOUTH BIRMINGHAM - Comments on Performance
2.5	Breast Cancer Screening Coverage	<ul style="list-style-type: none"> <li>Breast cancer screening service 3 year coverage is 75%, uptake is above the minimum standard of 70%</li> <li>Business case for the expansion programme has been approved by UHB Trust board which includes commissioning activity to increase uptake</li> <li>Quarterly monitoring and quality group established and active</li> <li>Digital equipment planned to be operational from September 10 and pull in age expansion at the same time.</li> <li>Currently reviewing extra sites to host the mobile and static units and revised hours of operation. Additional</li> <li>patients will be called by the Breast Screening Service once sites have been identified.</li> <li><input type="checkbox"/> Regional Breast Screening website plans in motion with local site to follow, improving access to service information and appointments.</li> </ul>
3	Child and Maternal Health	
3.4	Smoking During Pregnancy (SATOD)	<p>Reducing Smoking in Pregnancy is a high priority for improvement for 2010/11.</p> <p>There will be a redesigned pathway focusing on the whereby pregnant smokers at 'booking' will need to 'opt out' of being contacted by PCT stop smoking services.</p>
3.5a	Childhood Vaccinations - Dtap	<p>Current performance is above the PCT trajectory. To increase further uptake we have analysed data returns to the child health system and found a deficiency in data collection. We are implementing actions to increase the robustness of data reporting and with GP practices particularly the low performers to increase their uptake at practice level.</p> <ul style="list-style-type: none"> <li>The PCT is introducing a 'Failsafe' system for childhood immunisation. <ul style="list-style-type: none"> <li><input type="checkbox"/> We are confident that following the implementation of the system the required improvement in uptake will be achieved by September 2010.</li> </ul> </li> </ul>

Ref	Indicator	SOUTH BIRMINGHAM - Comments on Performance
5	Long Term Conditions	
5.12	Blood Pressure Management CKD Patients (QOF CKD3)	<ul style="list-style-type: none"> <li>Service re-design project agreed with primary and secondary care partners to improve identification and management in both primary and secondary care.</li> <li>New CVD LES includes identification and management. CKD LES in development.</li> </ul>
7	Primary Care	
7.3	Smoking Status Recording (QOF Rec22)	<ul style="list-style-type: none"> <li>The Stop Smoking and BMI recording through PCT Local Enhanced Service (LES) is currently being reviewed.</li> <li>The Stop Smoking Services will be starting routine feedback to general practices for clients who enter the service. This will help bolster current smoking status.</li> </ul>

Ref	Indicator	SOUTH STAFFORDSHIRE - Comments on Performance
3	Child and Maternal Health	
3.8	6-8 Week Breast Feeding Prevalence	<p>Final figures have been obtained and the DOH has agreed to our very late revision request, we have achieved prevalence and coverage figures for Q4. This will give us an overall achieved CQC rating for 09/10.</p> <p>All providers are working towards UNICEF Baby Friendly Accreditation and have achieved the Certificate of Commitment which is the first step towards the full award.</p>
3.5c	Childhood Vaccinations - MMR	We expect to achieve 90.6% by end Q4. Our coverage rate is slowly increasing; however a significant number of parents choose to access single vaccines through a private provider.
4	Lifestyles	
4.3	Health Trainers Service Development	<p><b><u>HMP</u></b></p> <p>The offender data collection is progressing, we now have the go ahead to access and take out the offender HT clients paperwork from the establishments which are active. NOMs are supporting this and will be writing out to each HMP Estate to inform them that data can be accessed and will be entered onto the DCRS.</p>

Ref	Indicator	STOKE ON TRENT - Comments on Performance
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 Q3 data from October to December 09 NHS Stoke on Trent vaccination uptake rates have been within the top 20 PCTs out of 152 in England for all cohorts. We do continue to set higher immunisation targets than other areas to promote high standards.</p> <p>Actions currently undertaken to increase this level:-</p> <ul style="list-style-type: none"> <li>• MMR catch-up campaign from Aug 08 - children aged 6 / less are being rescheduled for appointments in GP practices. Latest Q3 targets from October to December 09 show MMR uptake rates have increased to 94.2% (cohort 2)</li> <li>• Q3 data from October to December 09 show Men C vaccination rates have risen to 96.7% (cohort 2)</li> <li>• Q3 data from October to December 09 show DtaP/IPV vaccination rates have risen to 98.2% (cohort 2)</li> <li>• From the Q3 data we are currently 7<sup>th</sup> placed out of 152 PCTs within England for cohort 2 (children aged 2) and are 4<sup>th</sup> placed within the West Midlands SHA.</li> <li>• We do monitor uptake rates at a GP practice level on a quarterly and annual basis and these are shared with the GP practices.</li> <li>• 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</li> <li>• Information regarding vaccination uptake levels are disseminated widely within the organisation via the V+I Newsletter (produced quarterly)</li> <li>• COVER data is now shared with all immunisers at the V+I childhood immunisation updates.</li> <li>• 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.</li> </ul>
<p><b>6 Older People</b></p>		
6.4	Falls Prevention Programmes	It is stated in the report that no data was submitted, however this will resume in the next quarter. Previous performance at Q3 09/10 put us 5 <sup>th</sup> in the West Midlands and within control limits and is therefore not considered to be an area for concern.
6.5	Falls Assessments	It is stated in the report that no data was submitted, however this will resume in the next quarter. Previous performance at Q3 09/10 put us just outside control limits and when data is available we can assess our performance.

Ref	Indicator	TELFORD AND WREKIN - Comments on Performance
2.6	Breast Cancer Screening Round Length	<p>Additional recurring funding (£26k p.a.) was agreed within the SaTH and NHS T&amp;W contract settlement. This has funded the recruitment of additional, permanent screening staff in the Shropshire Breast Screening Unit, bank staff are also being utilised to clear the backlog and deliver the round length standard. The call and recall process has also been adjusted to smooth out activity in the system, caused by historic slippage fixes and catch ups. This process is matching revised call and recall invitations to clinic appointment availability, ensuring activity is smoothed over during the next two quarters. This will facilitate the delivery of the round length standard for 3 consecutive months allowing the implementation of digital mammography by December 2010, as per the Vital Sign requirement.</p>
<p><b>3 Child and Maternal Health</b></p>		
3.5c	Childhood Vaccinations - MMR	<p>NHS Telford and Wrekin has put in place a systematic process to improve immunisation rates. This is demonstrated to be effective and working in the data provided. Immunisation results in Telford &amp; Wrekin are showing consistent steady improvement towards the national targets. The MMR report has shown continuous improvement for 6 quarters. In general the approach involves:</p> <ol style="list-style-type: none"> <li>1. The implementation of a robust data cleansing exercise that identifies: <ul style="list-style-type: none"> <li>• Unvaccinated children ensuring that these children are reappointed for vaccination</li> <li>• Children who have transferred out of the Telford and Wrekin borough (on confirmation, these children are removed from the local Child Health Register)</li> <li>• Children who have already received vaccination and an update of the Child Health Register</li> </ul> </li> <li>2. The reduction of the numbers of children waiting for a vaccination appointment by increasing the number of appointments and clinics per practice.</li> </ol> <p>A recent initiative that is being introduced to the local immunisation programme is the delivery of an in-home service for children who are difficult to reach and difficult to engage with. The impact of this intervention will be monitored during the next twelve months.</p>

Ref	Indicator	TELFORD AND WREKIN - Comments on Performance
		<p>Other developments in the next 12 months include:</p> <ul style="list-style-type: none"> <li>▪ Closer partnership with Shropshire County PCT. This will enable more efficient working by the immunisation facilitation team</li> <li>▪ Reinvigoration of the District Immunisation Committee. This will have the impact of promoting immunisation issues across a broader work force including the PCT clinical governance team</li> <li>▪ Restructuring of immunisation facilitation teams immunisation advice service. This is likely to be away from a telephone advice line towards either a locally provided internet based service or national advice sources. This will enable more efficient working by the immunisation facilitation team locally.</li> </ul>
<b>4 Lifestyles</b>		
4.3	Health Trainers Service Development	<p>The existing contract with the local authority has been expanded to include recruitment of an additional 3 WTE Health Trainers.</p> <p>A specialist Health Trainer for alcohol has been appointed to support tier 1 of the alcohol pathway.</p> <p>Newly appointed Health Trainers within the Community Health Services contract have now completed the training and are receiving referrals and completing assessments.</p> <p>An immediate priority includes targeted work for people with long term conditions to ensure patients are supported by Health Trainers to access Lifestyle Risk Management Services.</p> <p>Health Trainers are supporting the NHS Health Check Programme ensuring personalised plans are developed for 'at risk' individuals and supporting onward referral to appropriate support services.</p>

Ref	Indicator	WALSALL - Comments on Performance
3	Child and Maternal Health	
3.8	6-8 Week Breast Feeding Prevalence	<ul style="list-style-type: none"> <li>• Data Collection: Missing data is still being chased up by the lifestyle services team to ensure maximum possible coverage is obtained. Performance for final quarter achieved target.</li> <li>• Specialist Health Visitor Post recruited to and commences in post on 24/5/10. This is to add leadership capacity to Health Visitors in supporting breastfeeding. Specialist Infant Feeding midwife role advertised w/c 10<sup>th</sup> May to add capacity in Hospital and community setting to reduce number of women ceasing breastfeeding prior to 6-8 week checks.</li> <li>• Existing paid support workers are working in the community with health visitor clinics and have provided support to 39 women since January 2010. Work to embed these workers within the Hospital and work to develop pro-active referrals is ongoing. Development of referral pathways and support to Health Visitors is ongoing in the community and already has increased activity within the team. Additional 1.2 wte Peer Support posts commenced in April to add capacity to the service</li> <li>• Work is ongoing on Baby Friendly accreditation which promotes and support breastfeeding in the Community. Ongoing training of Health Visiting staff, students and Children's Centres staff promotes breastfeeding in communities.</li> </ul>
3.5c	Childhood Vaccinations - MMR	NHS Walsall's performance at Q2 was 94.2% and therefore 0.8% below the target trajectory of 95%. Performance improved further in Q3 to 94.4% and exceeded the target in Q4 by achieving 95.1%.

Ref	Indicator	WARWICKSHIRE - Comments on Performance
3	Child and Maternal Health	
3.1	Infant Mortality	
3.8	6-8 Week Breast Feeding Prevalence	Jan to March 2010 prevalence rate was 44.8%. This is below the trajectory for the PCT but is also the highest rate in the West Midlands and reflects the hard work undertaken by the child health team to improve breastfeeding status recording. There has been some slippage with the NHS Warwickshire project to implement the UNICEF Baby Friendly Initiative standard and increase initiation and duration of breastfeeding

Ref	Indicator	WARWICKSHIRE - Comments on Performance
		at 6-8 weeks. As a result, project implementation did not commence until October 2009, 7 months after the planned project implementation date. Since January 2009, each Acute Trust and Community Health have Infant feeding leads and this is a significant milestone for taking the project forward and achieving initiation and 6-8 week targets.
3.9	Obesity – Childhood weight management programmes	<p>Unfortunately, in Q4 no children "completed". 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 but we cannot report these until they have "completed". This should be included in the next quarter. 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 just gathering info about our commissioning requirements for this which will have a impact on this target.</p>
4	Lifestyles	
4.3	Health Trainers Service Development	<p>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. The service currently has an establishment of 2.58 WTE health trainers and we currently have a vacancy (0.43) and a vacancy for a senior health trainer (0.53). In addition, one member of staff has been on long term sick and is just beginning to pick up clients. The service is to be commissioned out from October and I have not filled the vacancies as this will allow the new provider to appoint their own staff. NHSW are commissioning the service for 1000 new client contacts per year.</p>
5	Long Term Conditions	
5.1	Expert Patients Programmes	Situation as per section 4.3 (Health Trainers)

Ref	Indicator	WARWICKSHIRE - Comments on Performance
6	Older People	
6.5	Falls Assessments	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
7	Primary Care	
7.4	Ethnicity Recording (QOF Rec21)	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.
7.5	Child 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>Overall drop in performance attributed to the impact of swine flu vaccinations  Performance has improved to 88.8% in the period Oct – Dec 2009  Ongoing monitoring of MMR uptake and support given to practices, catch-up queries managed as they occur including liaison with GP practices and Provider Services.  Action taken and practices with queues visited and support and advice given for action plan.  Training given to new practice nurses to ensure continued uptake and good practice, continued training given as needs are identified.  Two part-time applicants have been appointed as Immunisation Co-ordinators - one is from clinical background and the other clinical audit and management (perfect skill mix for this role).  Continued support and induction training until end of June.  Training, awareness raising and promotion for health visitors and health visitor support workers.</p>
4	Lifestyles	

Ref	Indicator	WOLVERHAMPTON CITY - Comments on Performance
4.3	Health Trainers Service Development	New Recruits started in Q4. Current workforce is one Health Trainer (HT) lead, 3 senior HTs, 8 HTs and 1 administrator. Completed interventions were not planned until Q1 2010-2011, however, in March 146 clients were referred to the service, 92% were appropriate, 122 assessments were completed and 28 personal health plans created.
6	Older People	
6.5	Falls Assessment	A high rate of sickness and annual leave has been experienced in this quarter which has been reflected in the number of assessments we have been able to achieve. A vacancy has been held from 1/1/10 which was filled in April.

Ref	Indicator	WORCESTERSHIRE - Comments on Performance
3	Child and Maternal Health	
3.8	6-8 Week Breast Feeding Prevalence	Current performance better than West Midlands figures. Target for NHSW is very challenging and higher than other West Midland trusts
3.4	Smoking During Pregnancy (SATOD)	Figures have been resubmitted recently
3.5c	Childhood Vaccinations - MMR	MMR: Data cleaning exercise has been underway. The expected MMR uptake for age 2 for 2009/10 is improved from the Q2 results in the report at around 90.6%.
4	Lifestyles	
4.3	Health Trainers Service Development	The target alert for the Health Trainer Service in Worcestershire remains red because it is based on the service having 31 WTE Health Trainers in post. The pilot programme is set to end in July, with a newly commissioned countywide service commencing from 1 <sup>st</sup> August. However, the new service will only have 11.3 WTE Health Trainers, and 2 WTE Senior Health Trainers. This means that service capacity will continue to be far below that, which was originally envisaged and the target will continue to remain red.

Ref	Indicator	WORCESTERSHIRE - Comments on Performance
5	Long Term Conditions	
5.1	Expert Patients Programmes	<p>Because of the adverse weather in January and February 2010, 5 courses in total were cancelled – 2 at Evesham and 3 at Great Witley. The Participants affected have moved onto waiting lists for future courses, attended a later course or withdrawn altogether.</p> <p>There are 8 courses planned for the first quarter 2010-2011.</p> <p>It is worth noting that the Worcestershire Volunteer team have recently been awarded the national Investing in Volunteers Award. This should ensure the continuing sustainability of the programme in Worcestershire.</p>
7	Primary Care	
7.4	Ethnicity Recording (QOF Rec21)	We monitor all of the QOF indicators to ensure compliance and have identified a number of them that can be directly affected to ensure our health improvement plans are implemented
7.5	Child Access to NHS Dentistry	PCT is currently procuring £3.5m additional activity in Worcestershire, provision to commence starting September 2010
7.6	Adult Access to NHS Dentistry	As above