The Strategy Unit.

Dudley Vanguard Metric Monitoring Report

April 2012 to December 2017- Q4

NHS
Midlands and Lancashire
Commissioning Support Unit

Summary

This report is the final one in a series of quarterly monitoring reports developed for Dudley Vanguard. The report was intended to provide the vanguard with a ongoing view of some of the key metrics that it was envisaged would be impacted upon as the vanguard developed.

The following provides a brief summary some of the changes seen over the last 2 years.

- There has been a considerable fall in the follow up to new outpatient ratio particularly in more recent months
- Emergency admissions which had been seeing month on month increases stabilised during the Vanguard period. Recent apparent falls however are primary due to a coding change.
- Overall the number of bed days due to delayed transfers of care has increased as has the amount of monthly variation in this measure.
- Admissions for unplanned ambulatory care sensitive conditions (particularly for acute conditions and COPD) appears to have levelled out during the Vanguard period. Although more recent large reductions are due to a coding change rather than a real fall.
- There has been a marginal improvement in the last year in the primary outcome (remaining at home) for patients receiving reablement services
- There has been no discernible change in the total number of emergency bed days.
- Emergency readmissions have increased during the period.
- Quality of life for those with a mental health problem has fallen marginally
- There has been little movement in the number of patients dying in their usual place of residence.

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Methods

Time Series

For each indicator*, a time series graph was produced with each data point representing a month**. All time series begin in April 2012 and end in December 2017***, as data for January and February 2018 is currently incomplete. The vertical axis measures the counts of data unless otherwise stated. The horizontal axis gives the month and year.

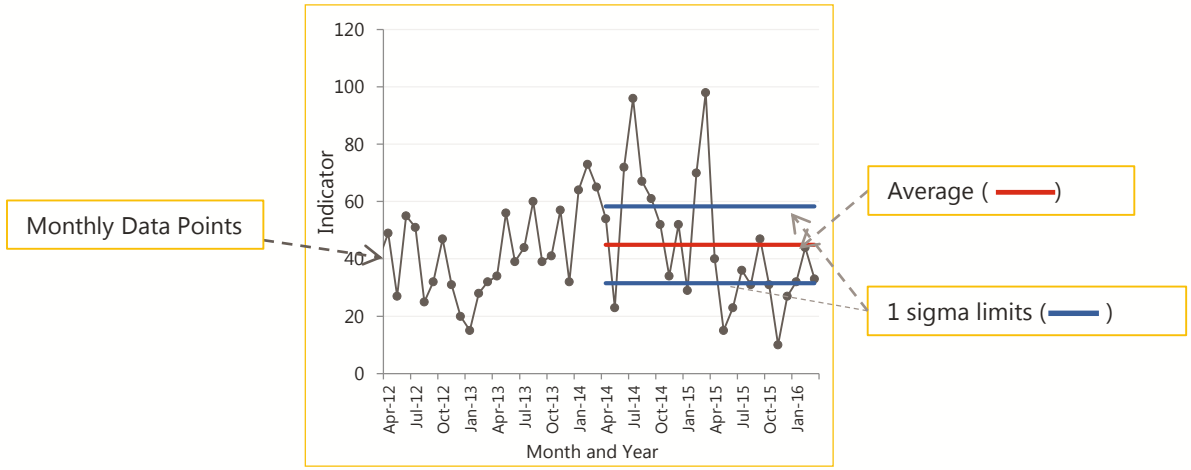
Statistical Process Control (SPC) was applied to the final 32 month period (Apr-2015 – Dec 2017). The average calculated between April 2014 and March 2015 allowed the calculation of control limits for Apr-2015 to Dec-2017. A new average would be recalculated if:

- 4 out of 5 consecutive points were outside of one sigma

- 7 consecutive points were above or below the mean

* From May 2017 (Q1 – Jan to Mar report), Bed days will be calculated using discharges in a month. The number of admissions (slide 7) will still be calculated from admissions in a month, however this may cause an underestimation of admissions as those with a longer length of stay will not be included. Data for bed days in November and December 2017 was not complete therefore August to October 2017 will be used as the latest quarter. From September 2017 patients attending assessment units at Russells Hall Hospital are no longer recorded as an admission and are recorded as an outpatient attendance.

** Reablement, Health related QOF for people with a mental health condition and Deaths in Usual Place of Residence data is published yearly



Funnel Plots

Funnel plots demonstrate variation in a given indicator between GP practices for October to December 2017*. The funnel plot is a scatter graph; weighted GP population is shown on the horizontal axis**, while the corresponding measurement per head of weighted population is shown on the vertical axis.

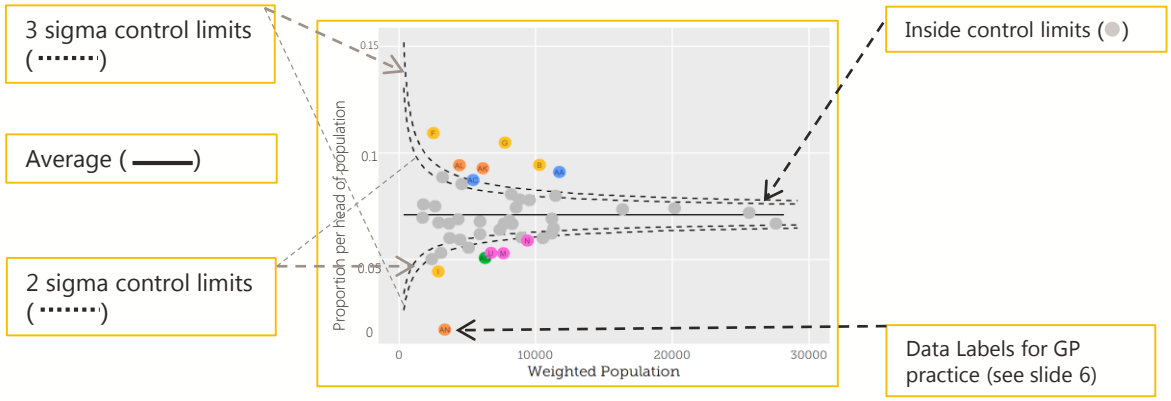
The weighted population allows for variations in the size and age profile of each GP practice. Using the weighted population is a means of standardisation which allows for direct comparisons of GP practices of different sizes, serving different populations.

The upper and lower control limits are the thresholds which determine if a given practice is statistically different from Dudley as a whole. The size of the population determines the width of the funnel. For practices with a small population there is more statistical uncertainty around the measurement. As the number of patients registered at a practice grows, we can be more certain of the measurement and therefore the funnel width (uncertainty narrows)

- If data points are outside three sigma they can be deemed statistically significant.
- Two sigma limits highlight smaller differences, however caution should be taken when interpreting points falling outside two sigma as there is the possibility of type 1 errors. Type 1 errors suggest a data point is statistically different, however it is caused by natural variation.

* Individual GP data is not available for Reablement, Delayed Transfers of Care, Health related quality of life for people with a long term mental health condition and Deaths in Usual Place of Residence.

** The follow up to new outpatient funnel plot uses the number of first appointments along the horizontal axis.



Funnel Key for GP Practices by Locality

Each GP Practice is listed in its relevant locality with its own label below, the coloured point that will appear on the funnel plot is highlighted at the top of each locality table and indicated by the key on each slide.

Dudley & Netherton Locality		
A	M87006	Eve Hill Medical Practice
B	M87017	Steppingstones Medical Practice
C	M87025	Cross Street Surgery
D	M87026	St James MP - White
E	M87028	Netherton Health Centre
F	M87036	Bean Road Surgery
G	M87601	Keelinge House
H	M87605	Central Clinic
I	M87612	St James MP - Porter
J	M87617	Netherton Surgery
K	Y02212	Dudley Partnerships

Halesowen & Quarry Bank Locality		
L	M87001	Meadowbrook Surgery
M	M87014	Lapal Medical Centre
N	M87020	Feldon Lane Surgery
O	M87027	Quarry Bank Medical Practice
P	M87034	Clement Road Surgery
Q	M87602	St Margarets Well Surgery
R	M87623	Alexandra Medical Practice
S	M87625	Crestfield Surgery
T	M87638	Thorns Road Surgery
U	Y01756	Stourside Medical Practice

Kingswinford, Amblecote & Brierley Hill Locality		
V	M87003	Moss Grove Surgery
W	M87005	Three Villages Surgery
X	M87008	Kingswinford Medical Practice
Y	M87009	A.W. Surgeries
Z	M87010	Waterfront Surgery
AA	M87018	Summerhill Surgery
AB	M87023	Wordsley Green Health Centre
AC	M87041	Rangeways Road Surgery
AD	M87618	Quincy Rise Surgery
AE	Y02653	High Oak Surgery

Sedgley, Coseley & Gornal Locality		
AF	M87007	Ridgeway Surgery
AG	M87012	Greens Health Centre
AH	M87015	Lower Gornal Surgery
AI	M87016	Woodsetton Medical Practice
AJ	M87021	Coseley Medical Centre
AK	M87037	Northway Medical Practice
AL	M87620	Castle Meadows Surgery
AM	M87621	Bath Street Surgery
AN	M87629	Bilston Street Surgery

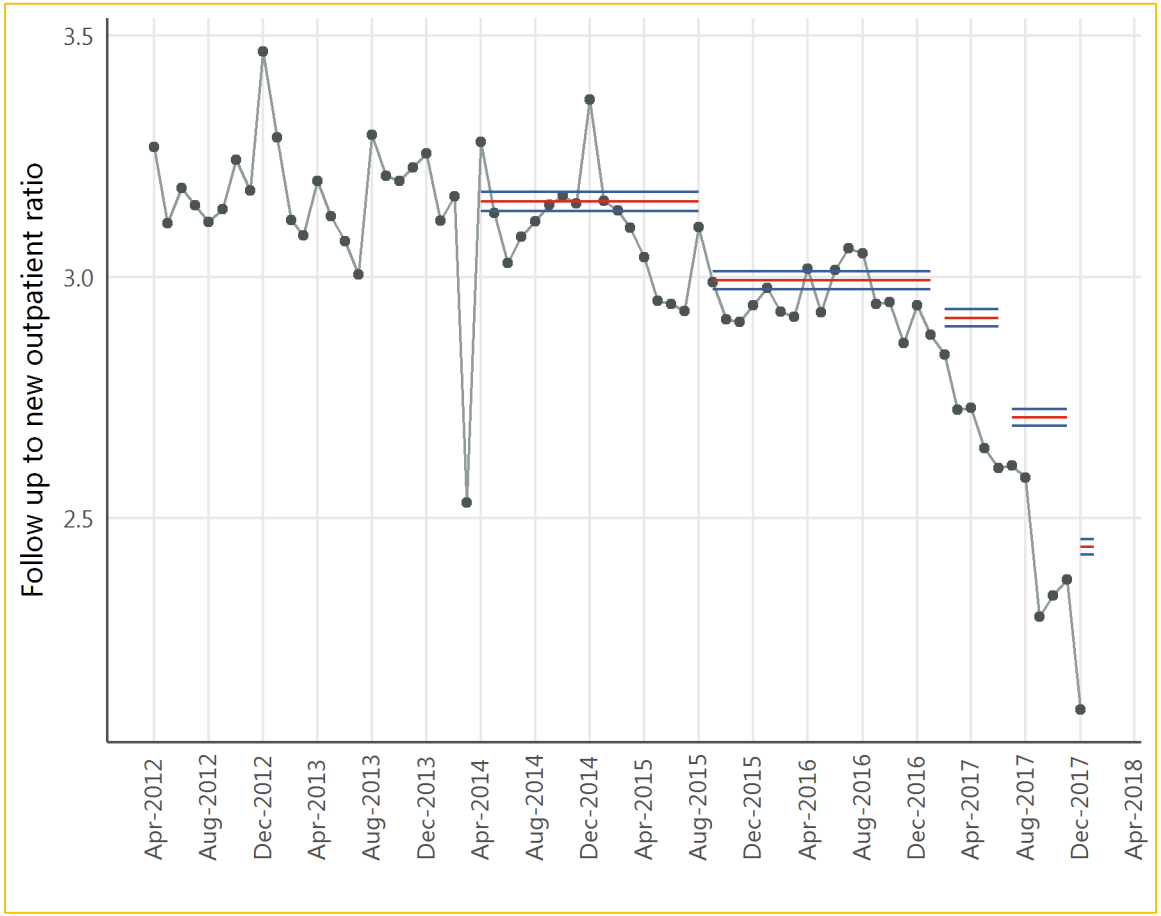
Stourbridge, Wollescote & Lye Locality		
AO	M87002	Norton Medical Practice
AP	M87011	Lion Health
AQ	M87019	Limes Surgery
AR	M87024	Wychbury Medical Group
AS	M87030	Pedmore Road Surgery
AT	M87628	Chapel Street Surgery

Indicators

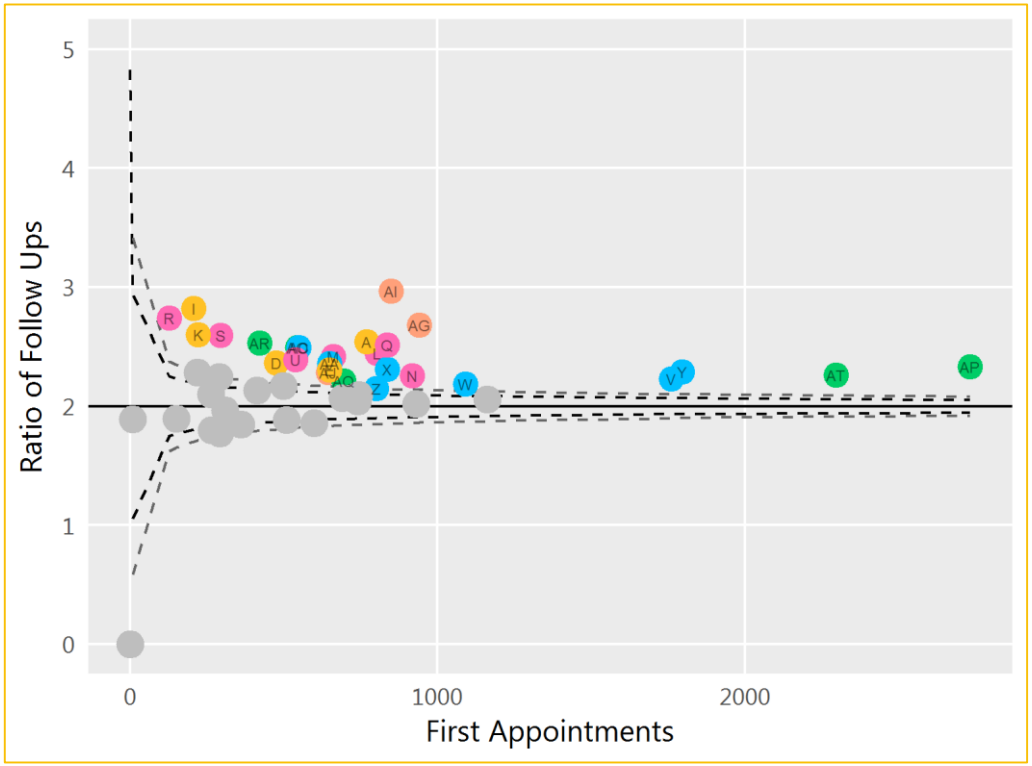
Ref: I14 Follow Up to New Outpatient Ratio

Period: Apr 2012 – Dec 2017 Data Source: SUS Outpatients	Access ✓	Continuity	Coordination	Target -

Follow up to New Outpatient Ratio; Apr 2012 to Dec 2017



Follow Up to New Outpatient Ratio per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

Commentary

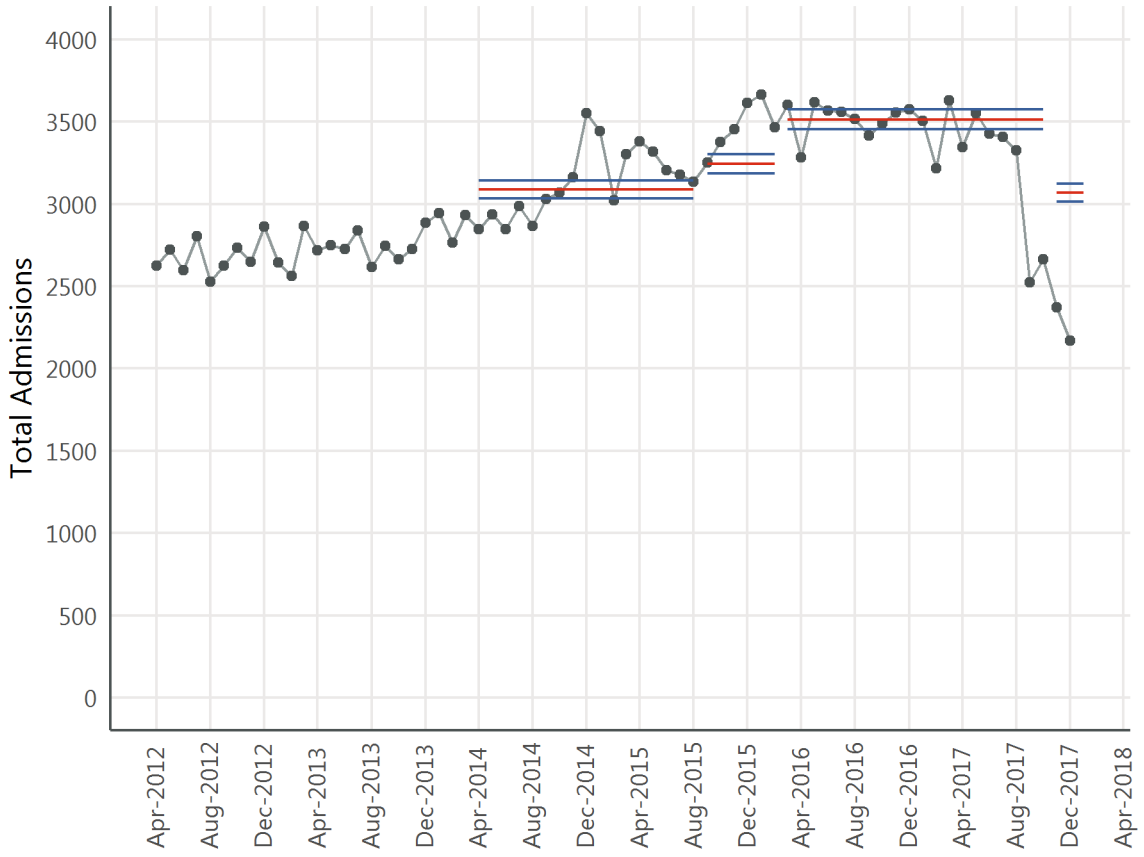
- The average follow up to new outpatient ratio for the latest quarter (Oct to Dec 2017) was 2.13 which was lower than Oct to Dec 2016 average of 2.87, meaning there were more follow up appointments in Oct to Dec 2016 when compared to Oct to Dec 2017. The latest quarter's results were the lowest seen in recent years and the data shows signs of a downward trend from December 2016.

- Of the 46 GP practices, 28 were outside of control limits; all 22 practices were higher than expected from Dudley's average.

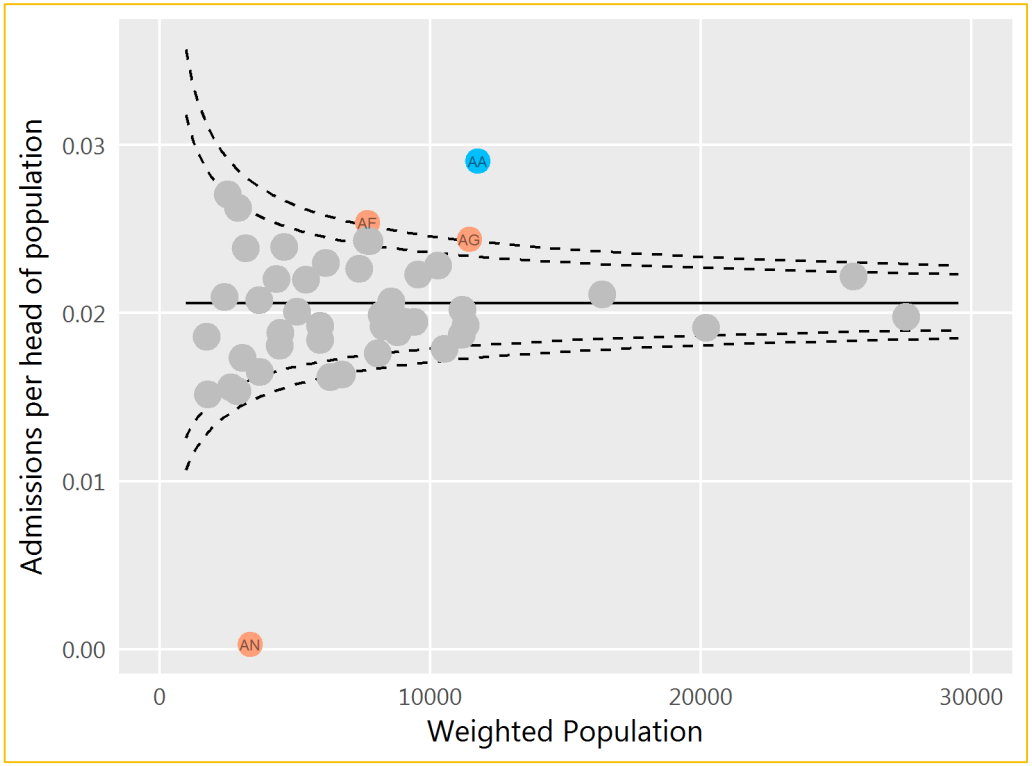
Ref: B12 Emergency Admissions

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity ✓	Coordination	Target 3% reduction by reducing high likelihood practices to standardised predicted rate

Emergency Admissions; Apr 2012 to Dec 2017



Emergency admissions per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

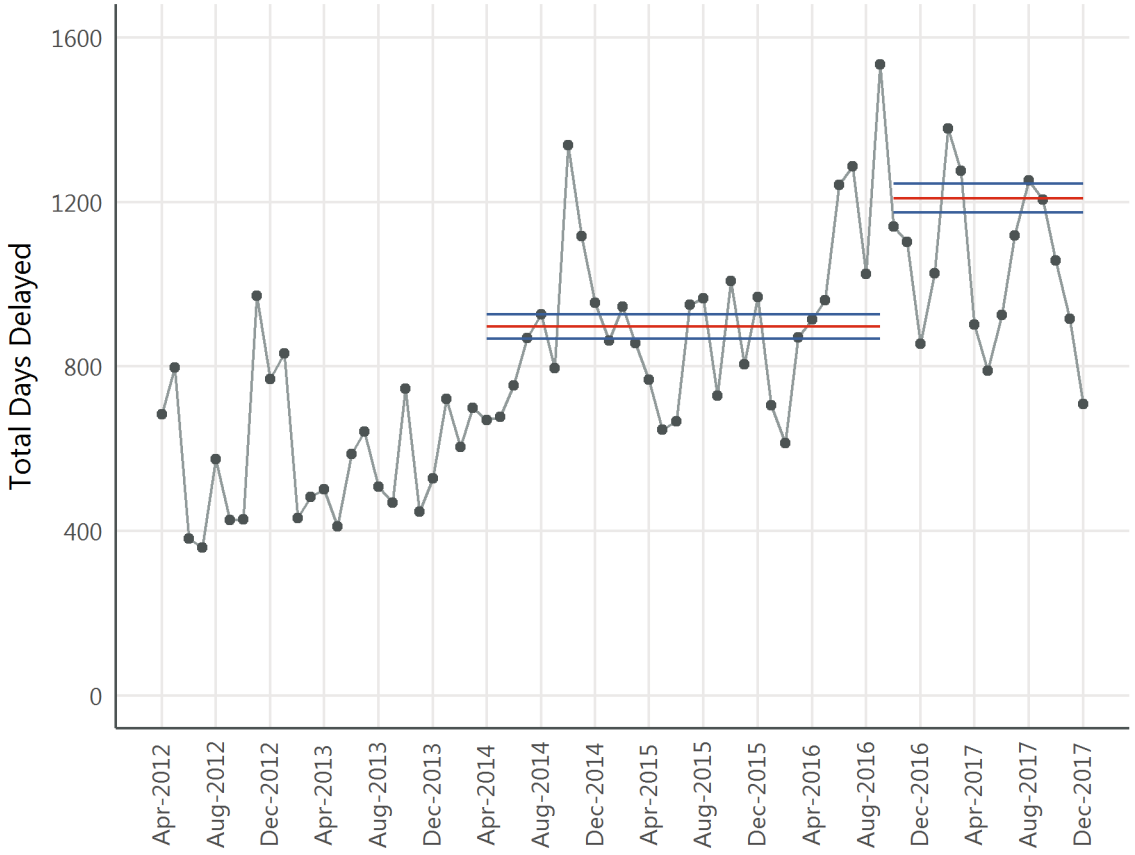
Commentary

- The average number of emergency admissions per month between Mar 2016 and Sep 2017 was 3514. The average number of admissions for the latest quarter (Oct to Dec 2017) was 2,476 admissions whereas between Oct and Dec 2016 there were 3,473 admissions which was a 28% decrease. Between Apr 2013 and late 2014 there was a clear upward trend, then admissions appear to stabilise from March 2016 to July 2017.
- Since September 2017 patients attending assessment units at Russells Hall Hospital have been recorded as Outpatient Attendances rather than Emergency Admissions., which explains the reduction observed in emergency admissions from September 2017. The recent reduction in emergency admissions is concurrent with a rise in outpatient attendances (700 -1000 more per month).
- Of the 46 GP practices, four practices were outside of three sigma, three were higher and one was lower than expected from Dudley's average.

Ref: E13 Delayed Transfers of Care

Period: Apr 2012 – Dec 2017 Data Source: NHSE Statistics	Access	Continuity ✓	Coordination ✓	Target 20% reduction in delayed transfers of care

Delayed Transfers of Care; Apr 2012 to Dec 2017



Data not available

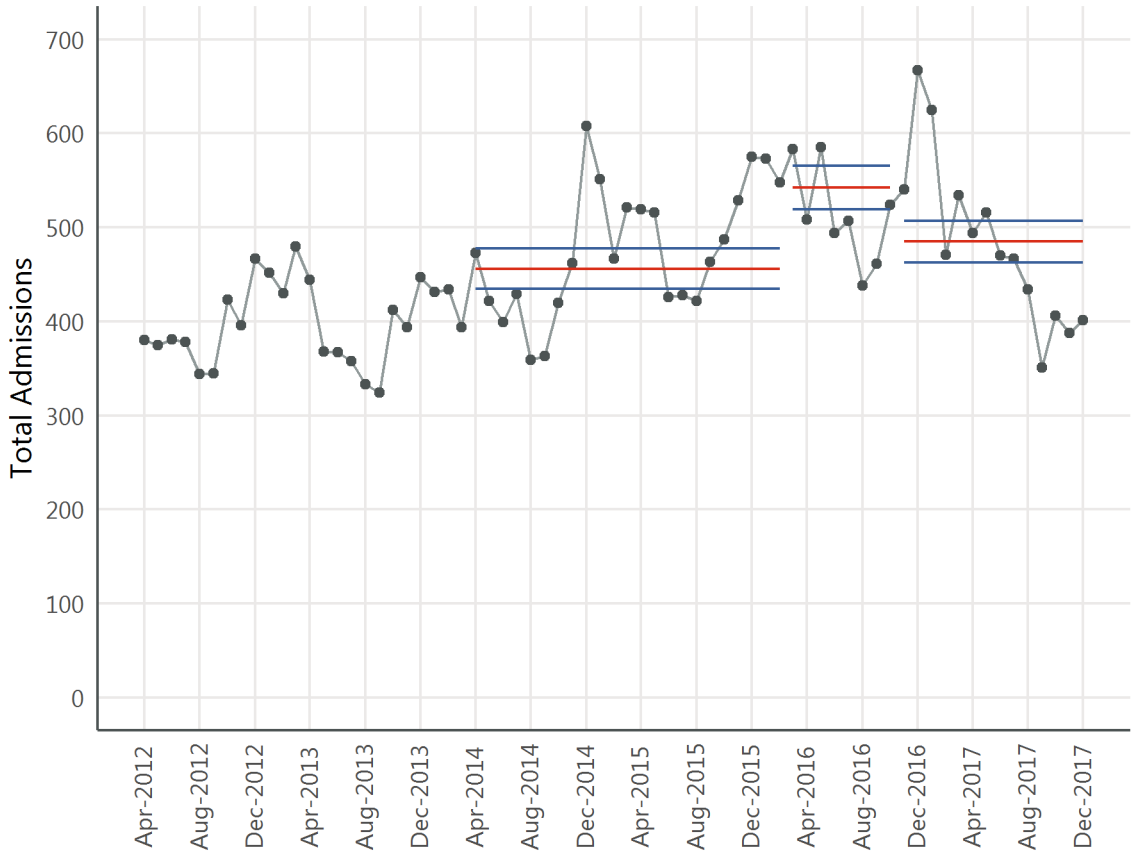
Commentary

- There is large monthly variation over the time period, many factors influence this indicator, not limited to the effects of demand, seasonality and available capacity.
- The average number of delayed transfers of care between Oct and Dec 2016 was 1,033 and the average for the last quarter (Oct to Dec 2017) was 894, which was a 13% decrease. Delayed transfers of care appeared to increase in 2016/17 when compared to 2015/16. 2017/18 has seen delayed transfers of care fluctuate throughout the year, in the latest quarter (Oct to Dec 2017) values receded back to pre 2016/17 levels.

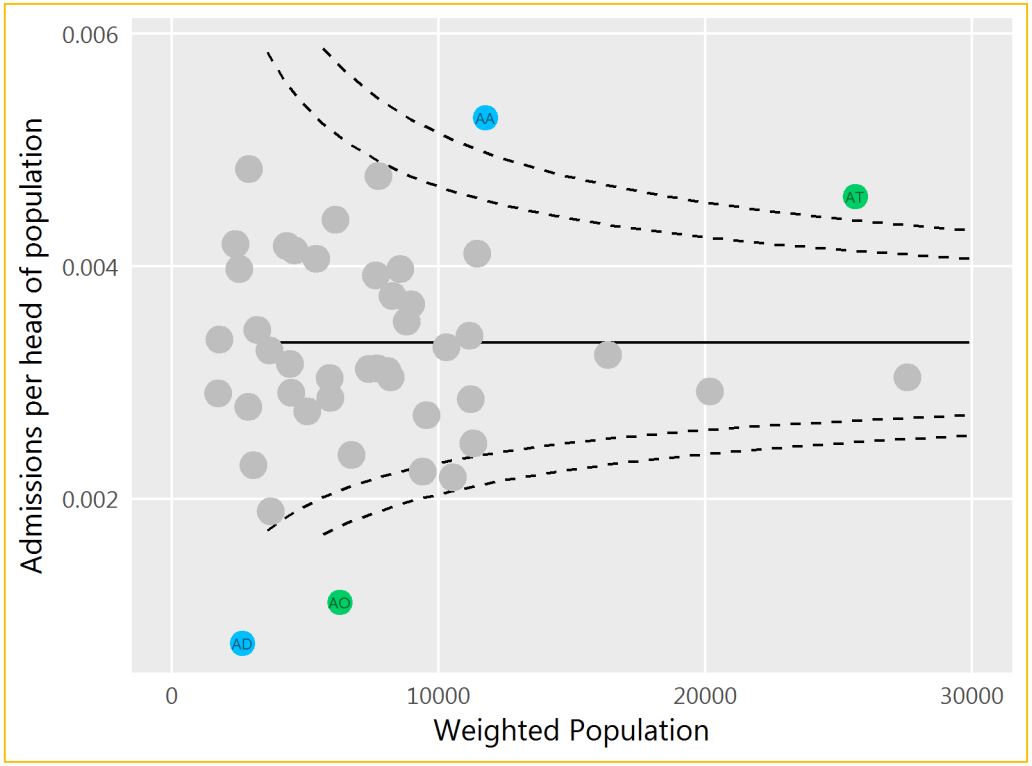
Ref: G Unplanned Hospitalisations for ambulatory care sensitive conditions - Total

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

Total ACSC Admissions; Apr 2012 to Dec 2017



Total ACSC admissions per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

Commentary

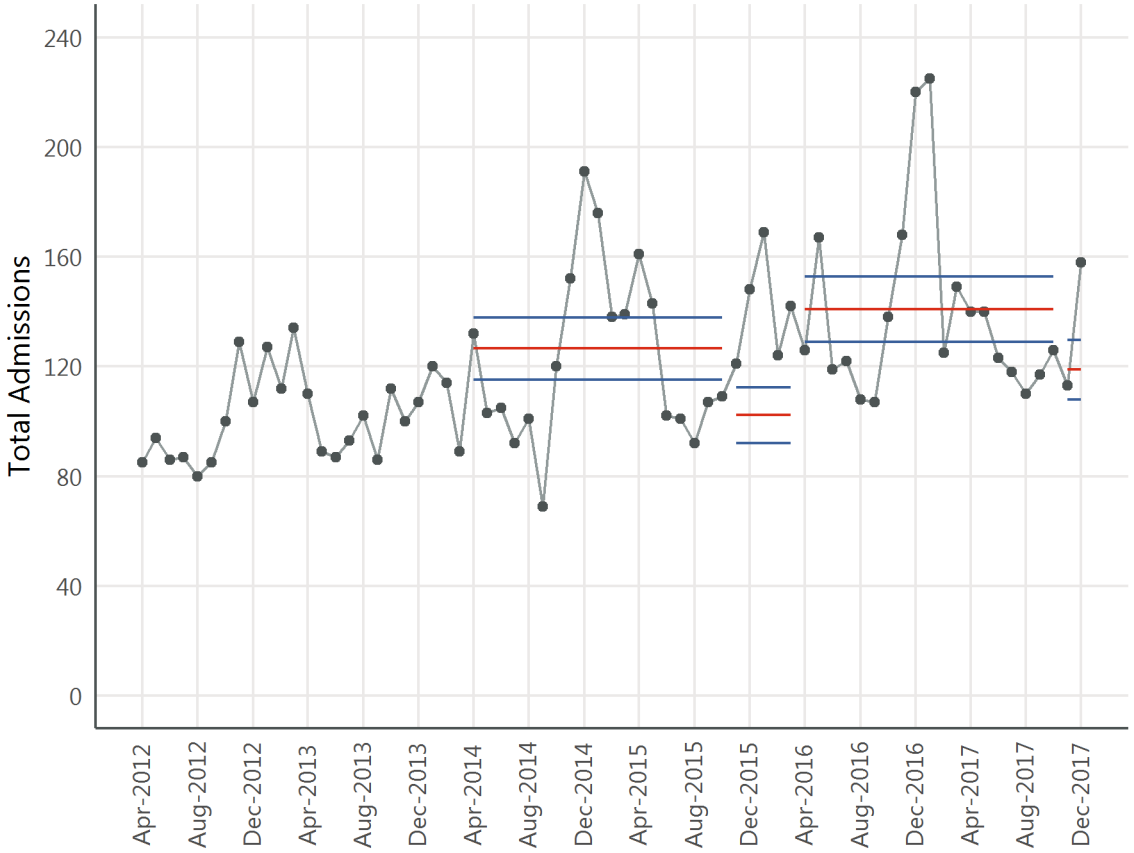
- From Apr 2016 to Dec 2017 unplanned hospitalisations for ACSC fluctuated between 350 and 660 admissions, the lowest monthly number of admissions in recent years was seen in September 2017. The average for the latest quarter (Oct to Dec 2017) was 398 admissions, 31% less than the Oct to Dec 2016 average (577), this can be attributed to the reduction in hospitalisations for acute conditions (see slide 13).

- Of the 46 GP practices, four GP practices were outside of three sigma, two were higher and two were lower than expected from Dudley's average.

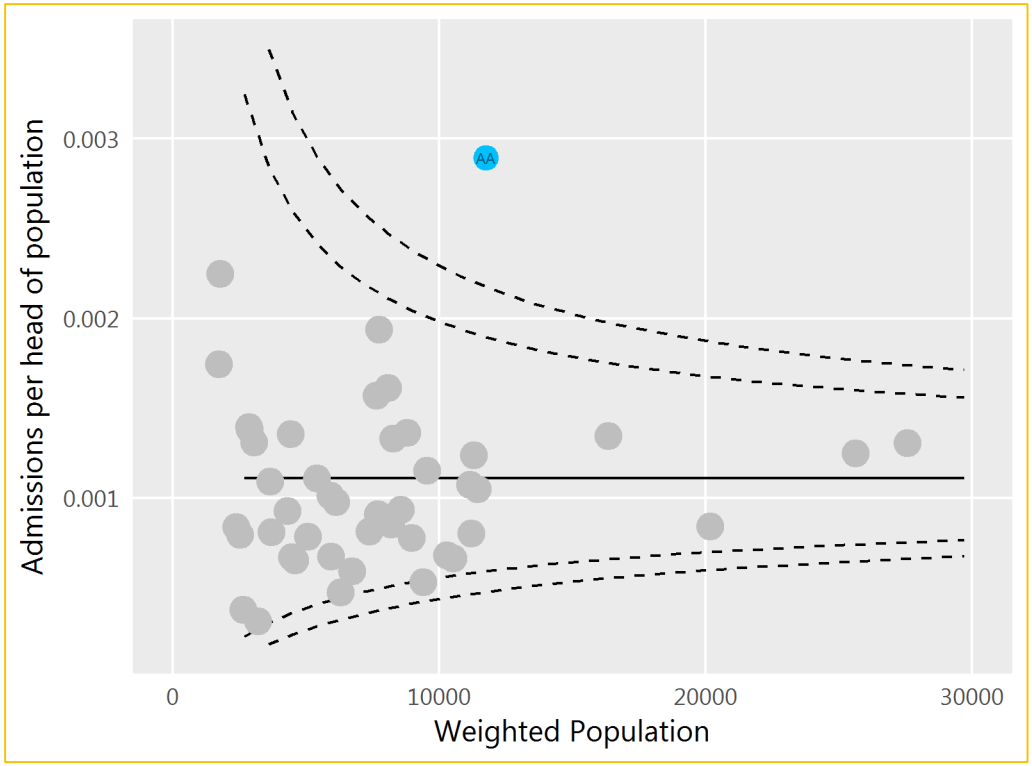
Ref: G Unplanned Hospitalisations for ambulatory care sensitive conditions – Vaccine Preventable

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

ACSC – Vaccine Preventable Admissions; Apr 2012 to Dec 2017



ACSC – Vaccine preventable admissions per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

Commentary

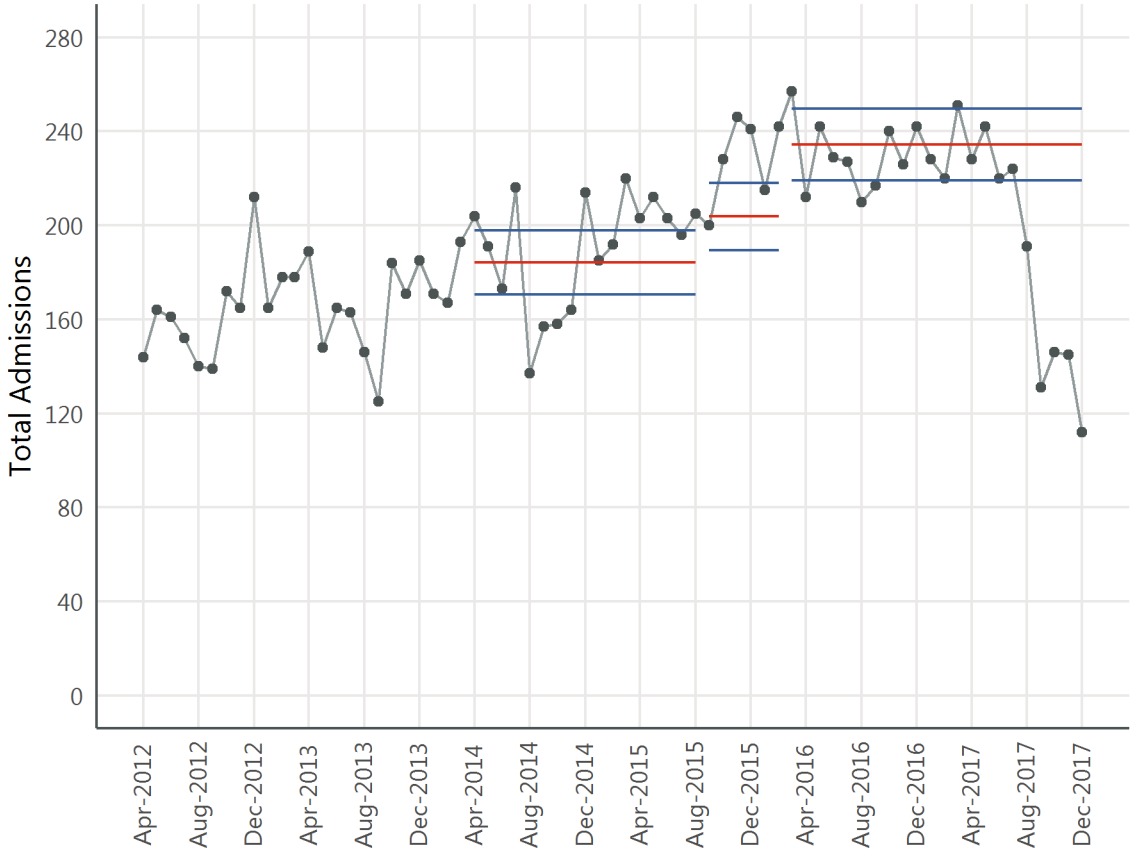
- The latest quarter's (Oct to Dec 2017) average was 132 admissions, which was a 24% decrease from the Oct to Dec 2016 average of 175. High levels of vaccine preventable admissions may suggest unusual levels of communicable diseases circulating in the community, some of which may not be amenable to vaccination strategies. The high level of admissions seen here will be a significant factor in the previous slide - total ACSC.

- Of the 46 GP practices, one GP practice was outside of three sigma which was higher than expected from Dudley's average.

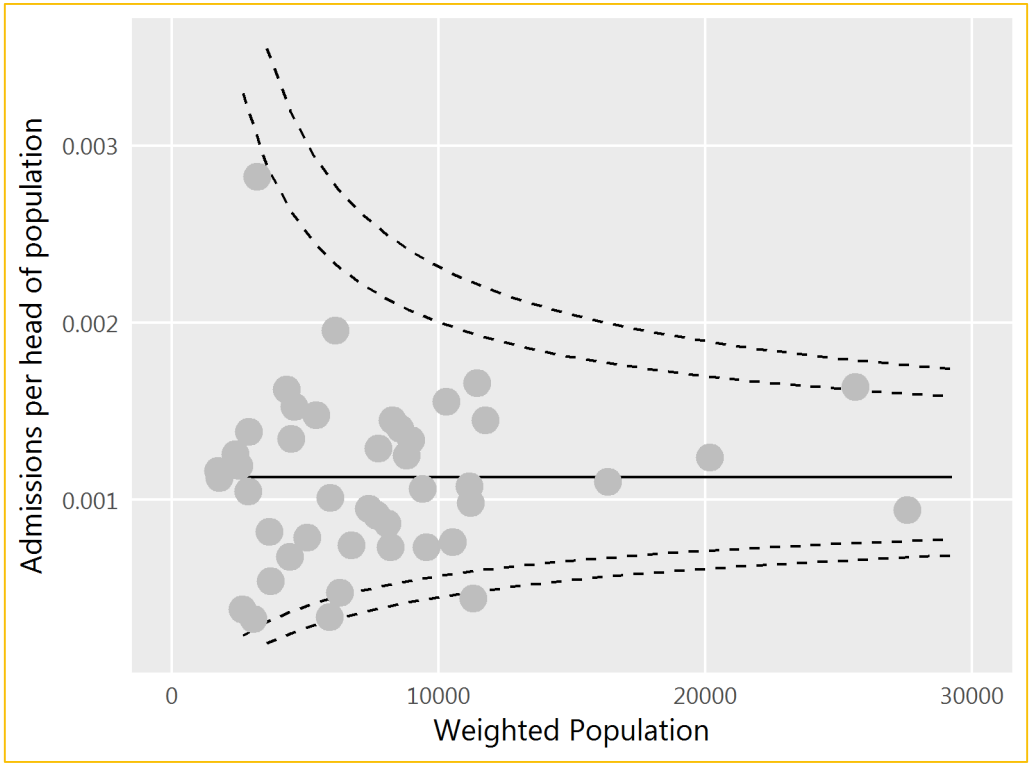
Ref: G Unplanned Hospitalisations for ambulatory care sensitive conditions – Acute conditions

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

ACSC – Admissions for Acute Conditions; Apr 2012 to Dec 2017



ACSC – Admissions for acute conditions per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

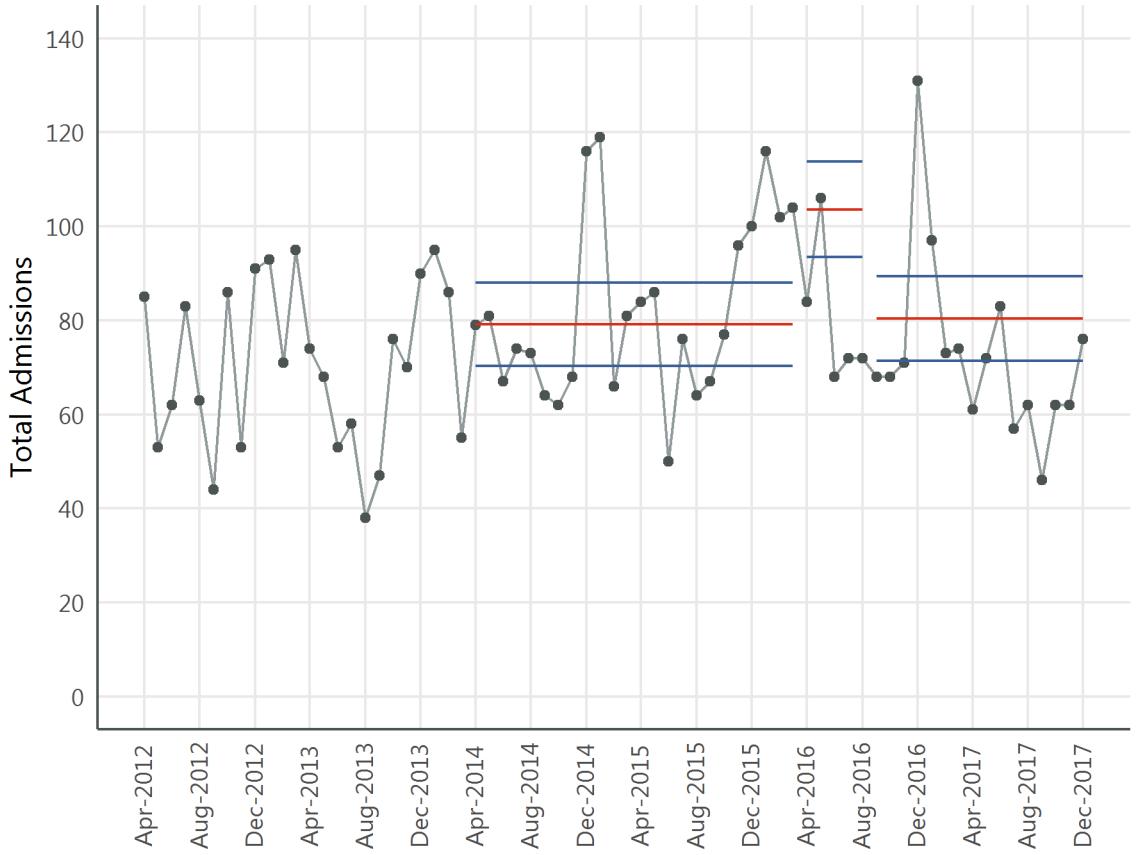
Commentary

- Between Mar 2016 and Dec 2017 the average expected number of admissions for acute conditions was 234 per month, values ranged between 110 and 260 admissions, the latest quarter's average (Oct to Dec 2017) was 134 which was a 43% decrease from Oct to Dec 2016 average of 236. The reduction in acute admissions could be due to the changes in coding patients that attend assessment units at Russells Hall Hospital, patients are now coded as outpatient attendances rather than admissions (see slide 9).
- Of the 46 GP practices, no practices lay outside of three sigma.

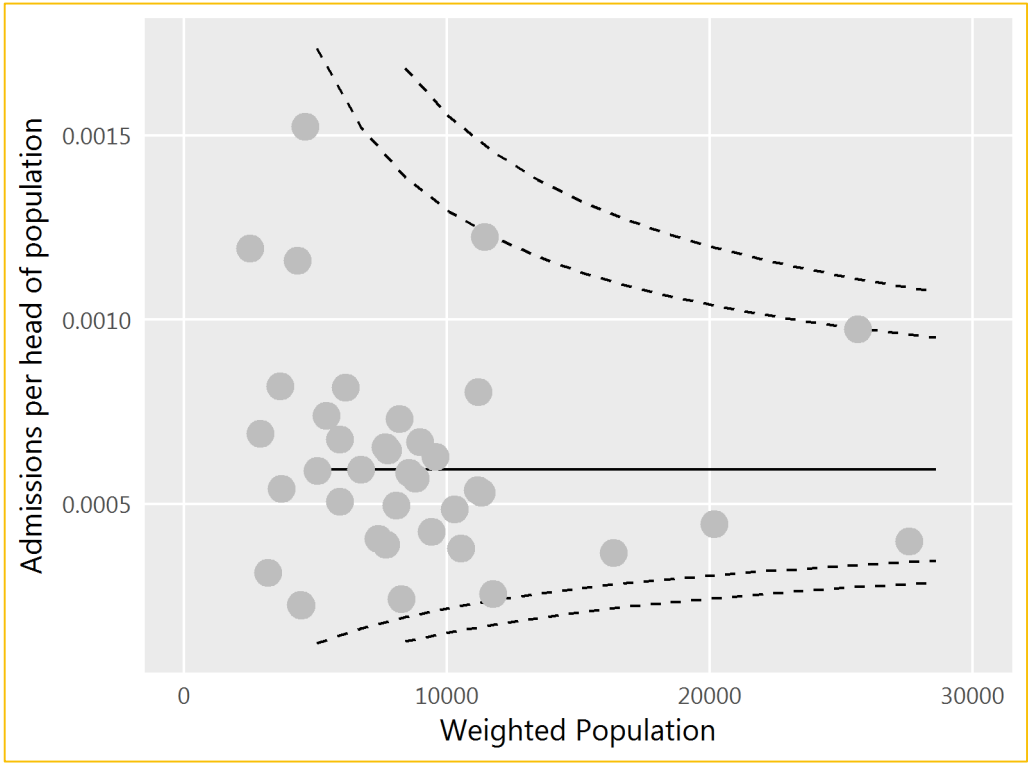
Ref: G Unplanned Hospitalisations for ambulatory care sensitive conditions – COPD

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

ACSC – Admissions for COPD; Apr 2012 to Dec 2017



ACSC – Admissions for COPD per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

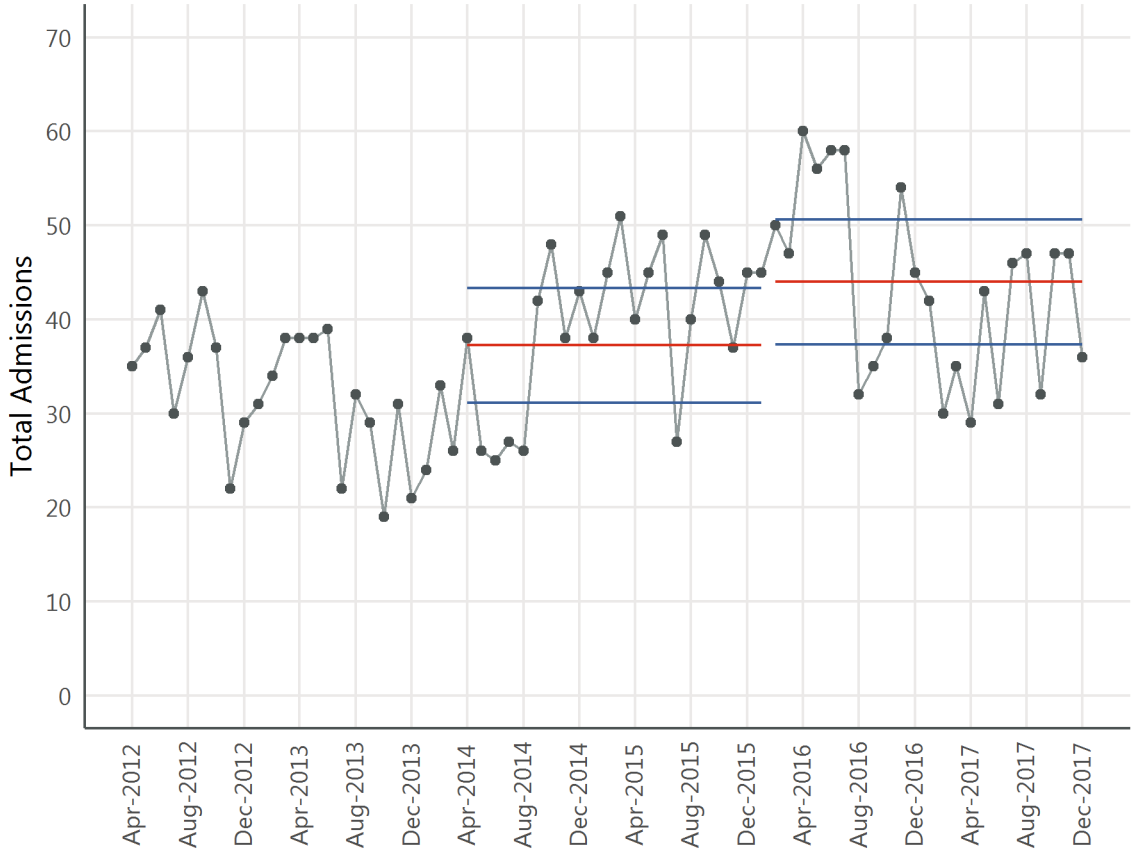
Commentary

- Unplanned admissions for COPD ranged from 35 to 125 admissions per month, peaking at 124 in Dec 2016, the average for the latest quarter (Oct to Dec 2017) was 67, which was a 25% decrease from Oct to Dec 2016 average of 90 admissions per month.
- Of the 46 GP practices, no practices lay outside of three sigma.

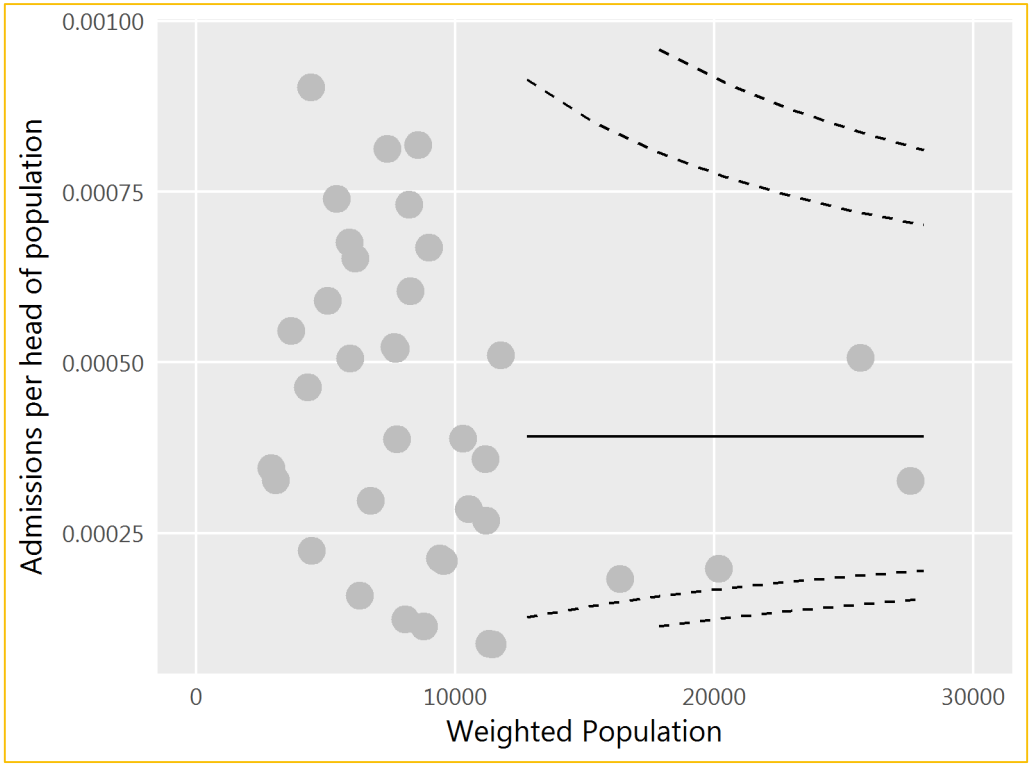
Ref: G Unplanned Hospitalisations for ambulatory care sensitive conditions – Heart Failure

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

ACSC – Admissions for Heart Failure; Apr 2012 to Dec 2017



ACSC – Admissions for Heart Failure per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

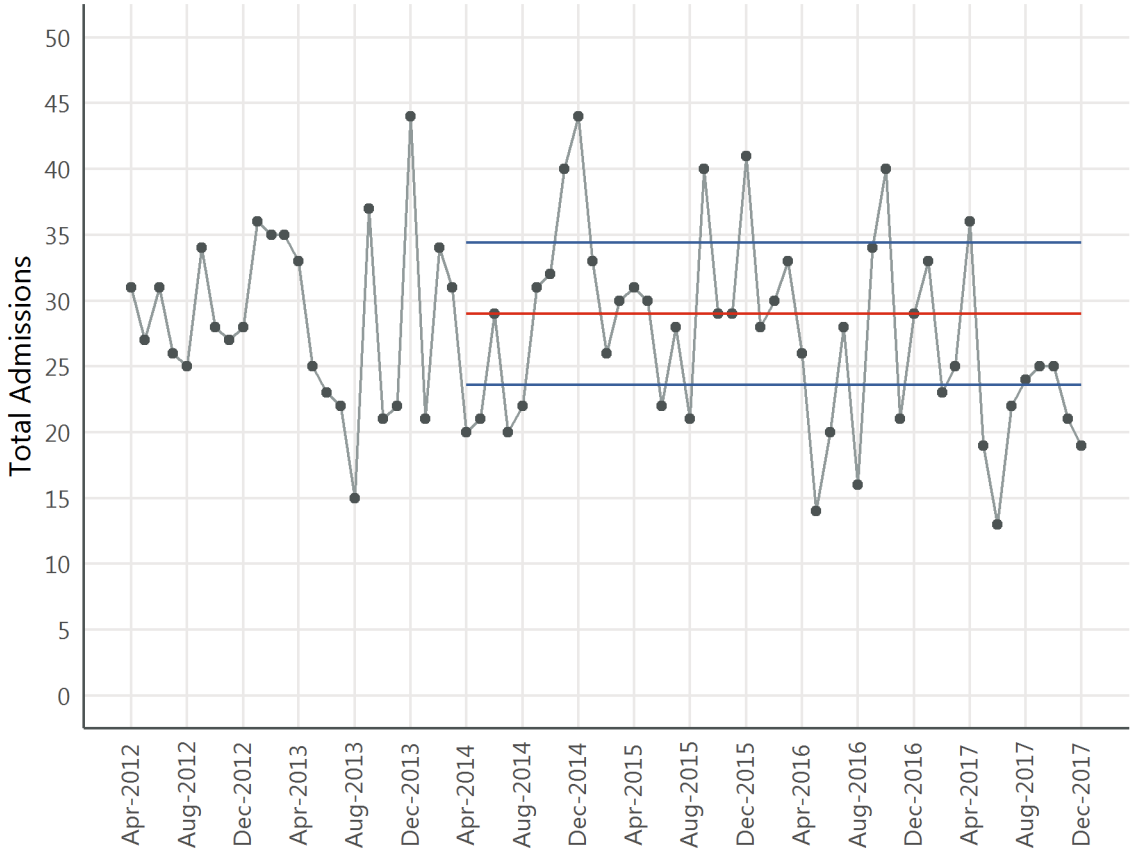
Commentary

- The expected average for February 2016 and December 2017 was 44 admissions, with a range between 29 and 60 admissions per month. The average for the latest quarter (Oct to Dec 2017) was 43 admissions per month, which was a 6% decrease from Oct to Dec 2016 average of 46.
- Of the 46 GP practices, no practices lay outside of three sigma.

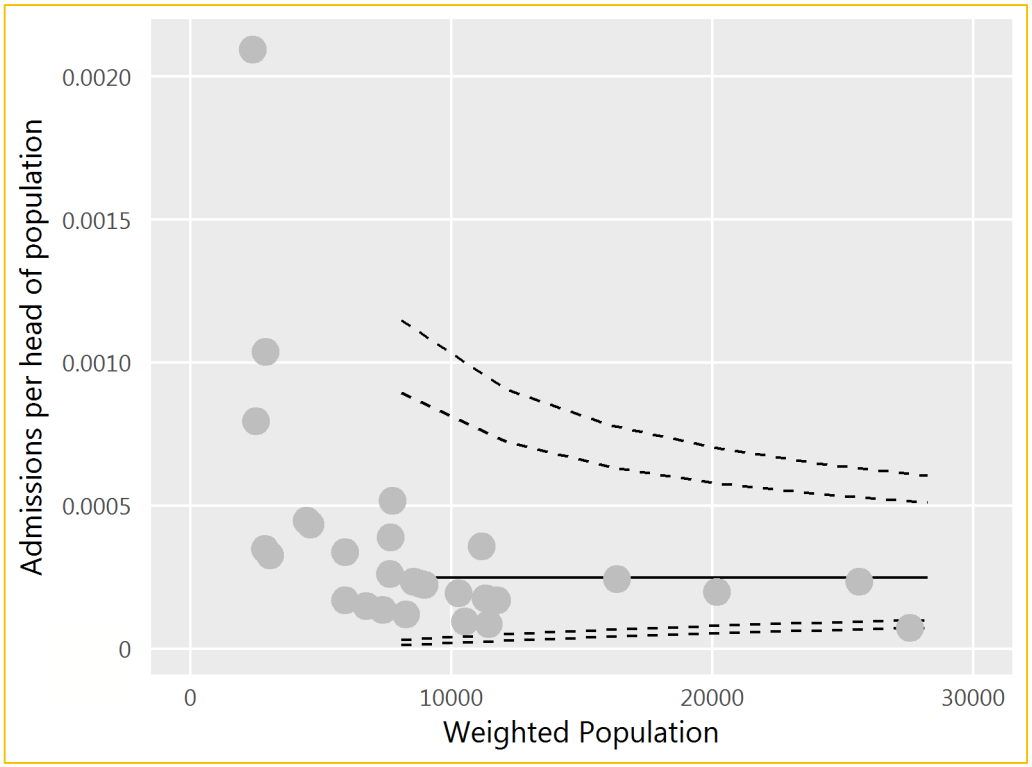
Ref: G Unplanned Hospitalisations for ambulatory care sensitive conditions – Asthma

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

ACSC – Admissions for Asthma; Apr 2012 to Dec 2017



ACSC – Admissions for Asthma per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

Commentary

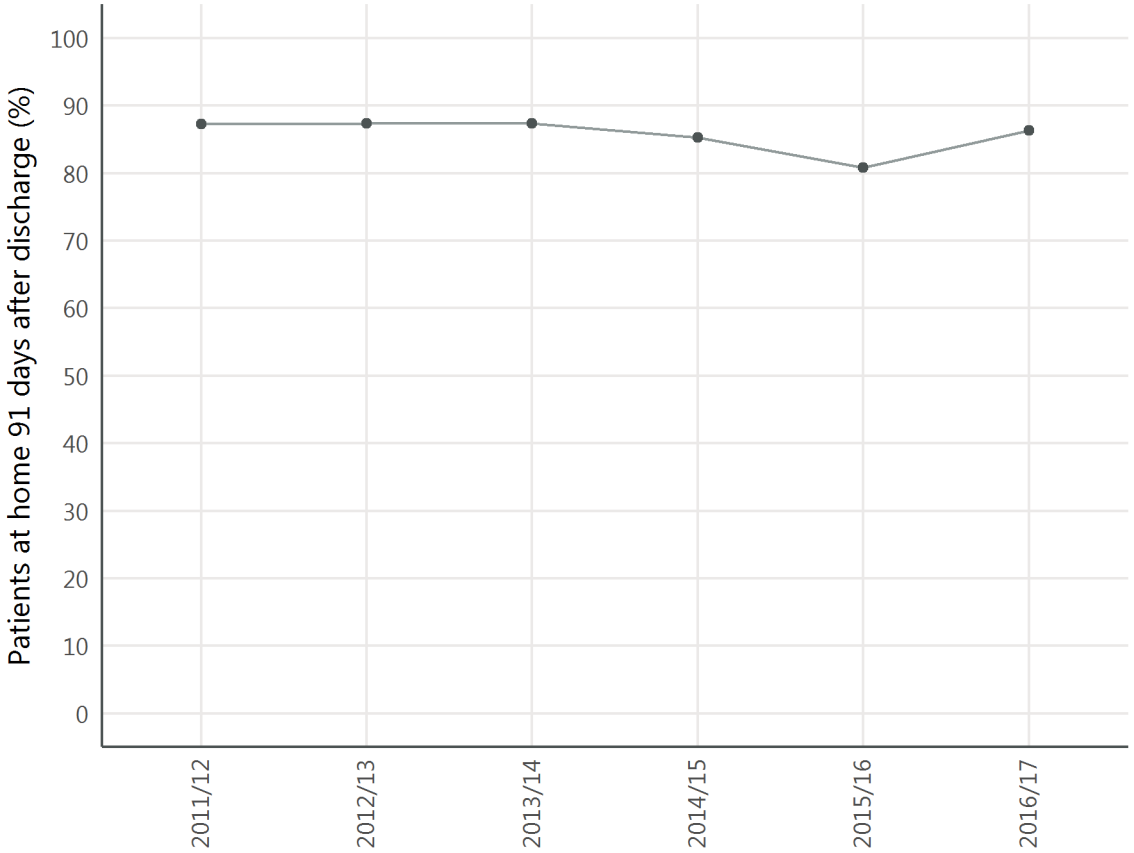
- Unplanned admissions for asthma ranged between 10 and 45 admissions between Apr 2012 and Sep 2017. The average for the latest quarter (Oct to Dec 2017) was 22, which was a 26% decrease from Oct to Dec 2016 average of 30 admissions per month. Overall admissions for asthma between Apr 2016 and Mar 2017 are lower than the admissions seen in the same period in the previous financial year (Apr 2015 to Mar 2016). During 2017/18, asthma admissions have declined to values observed during the first few months of 2016/17.

- Of the 46 GP practices, no practices lay outside of three sigma.

Ref: F22 Number of patients still at home after discharge into rehabilitation/reablement services

Period: 2011/12 to 2016/17 (Yearly) Data Source: HSCIC Indicator Portal	Access	Continuity	Coordination ✓	Target Increase number of patients by 4% (87 to 92%)

Patients at home after discharge to reablement; 2011/12 to 2016/17



Data not available

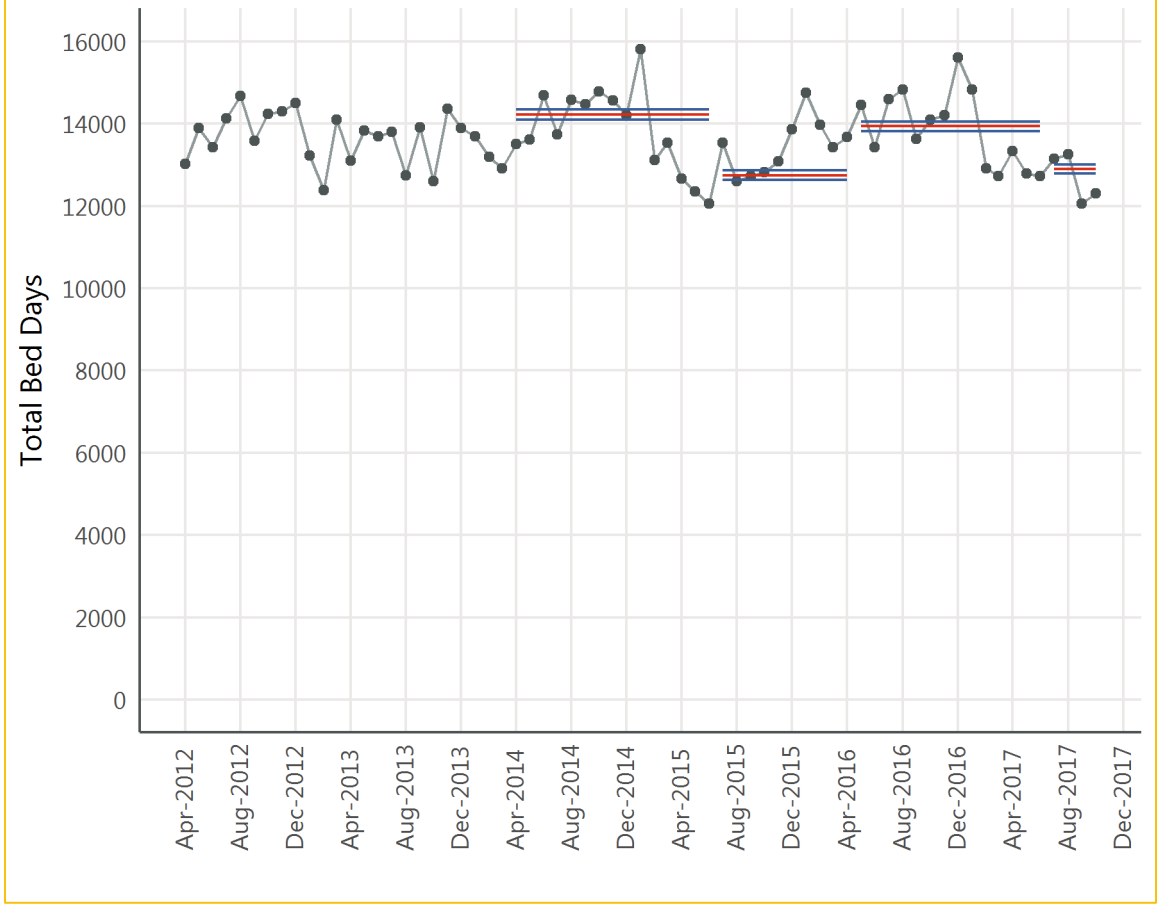
Commentary

- In the first three years the percentage of patients still at home 91 days after discharge remained constant at 87%.
- There was a 7% decline from 2013/14 to 2015/16 in patients being at home 91 days after discharge to reablement services. The percentage of patients at home 91 days after discharge increased to 86% in 2016/17. However this value is 6% lower than the target of 92%. The next publication is scheduled for November 2018

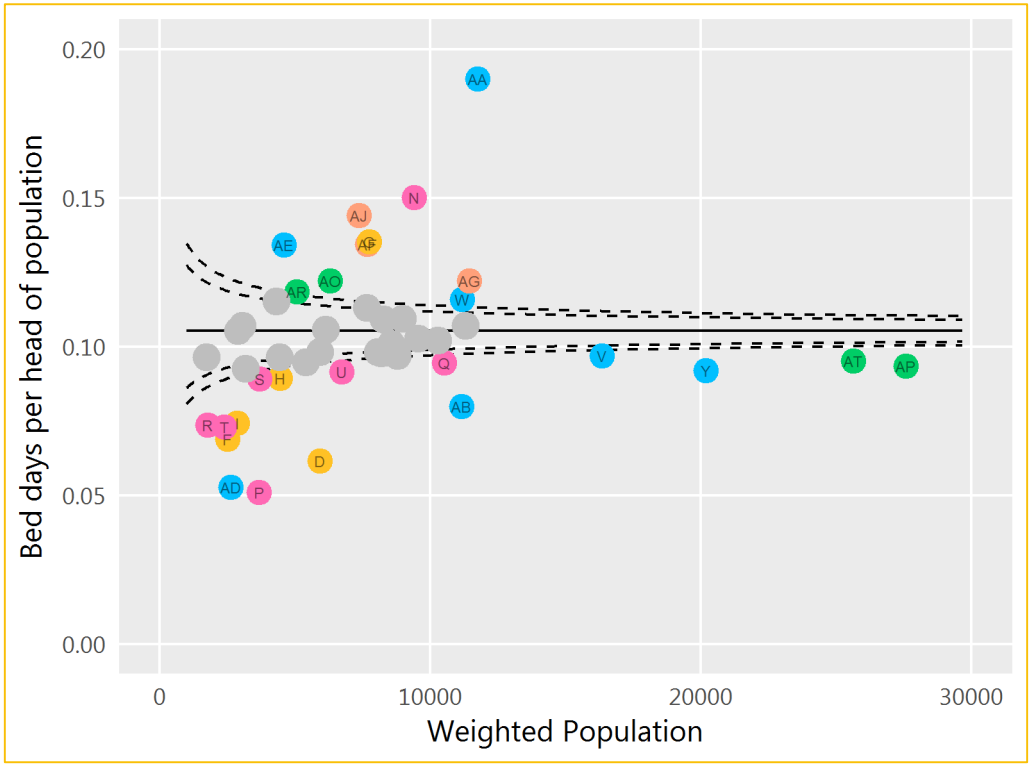
Ref: C Emergency Bed Days

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

Total Emergency Bed Days; Apr 2012 to Dec 2017



Emergency Bed Days per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

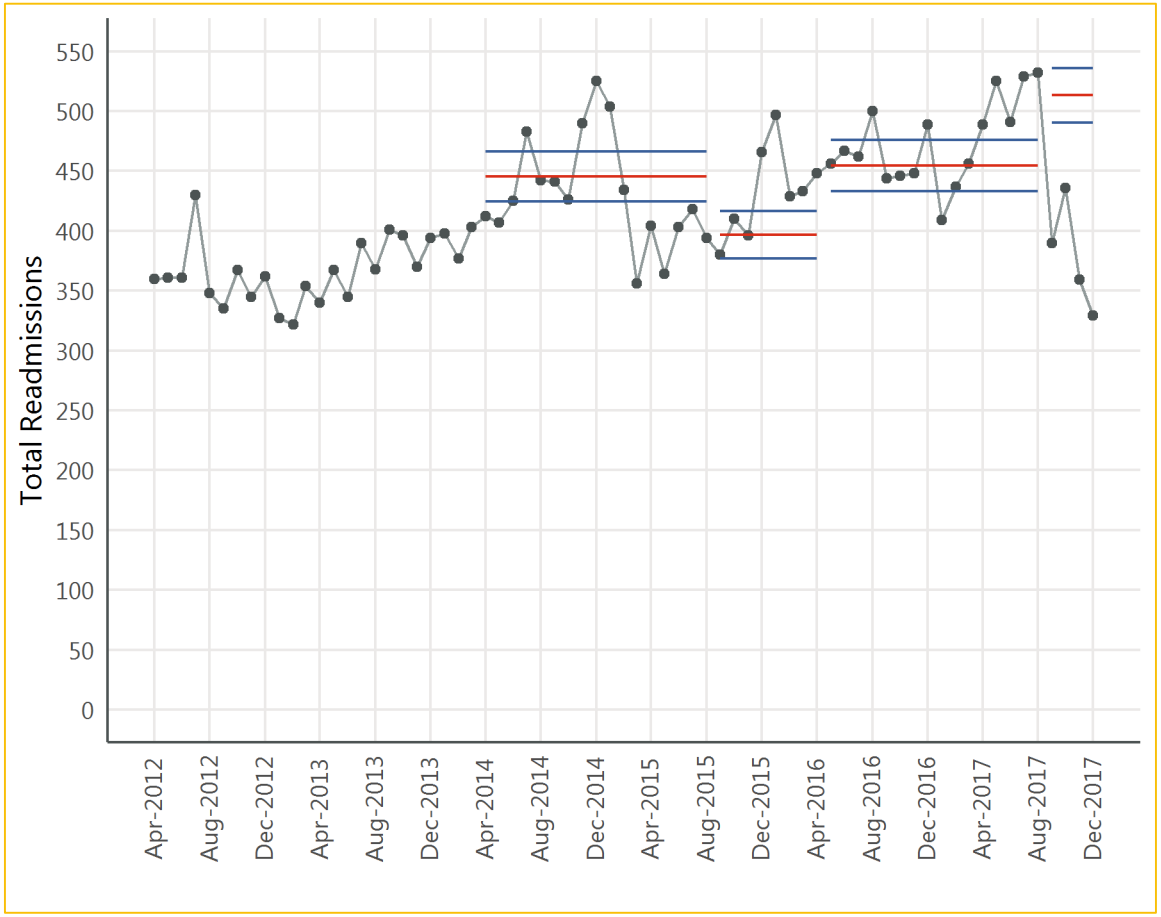
Commentary

- Over the 5 year period the total number of bed days fluctuated between 12,000 and 16,00 per month. The average number of emergency bed days Aug to Oct 2017 was 12,538 which was a 11% reduction from Aug to Oct 2016 average of 14,180 (*refer to slide 4).
- Of the 46 GP practices, 26 practices were outside three sigma control limits; 10 practices were higher and 16 were lower than expected from Dudley's average.

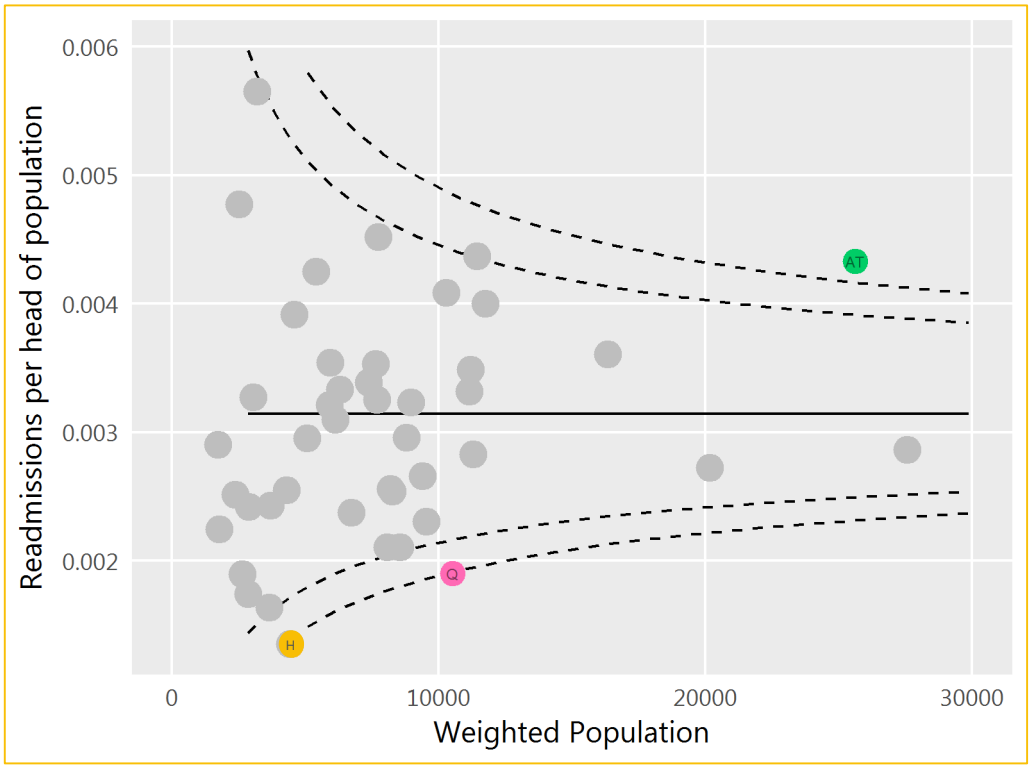
Ref: A Emergency Readmissions within 28 Days

Period: Apr 2012 – Dec 2017 Data Source: SUS Inpatients	Access	Continuity	Coordination ✓	Target -

Emergency Readmissions; Apr 2012 to Dec 2017



Readmissions per GP practice; Oct to Dec 2017



Dudley & Netherton	Halesowen & Quarry Bank	Kingswinford, Amblecote & Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye

Commentary

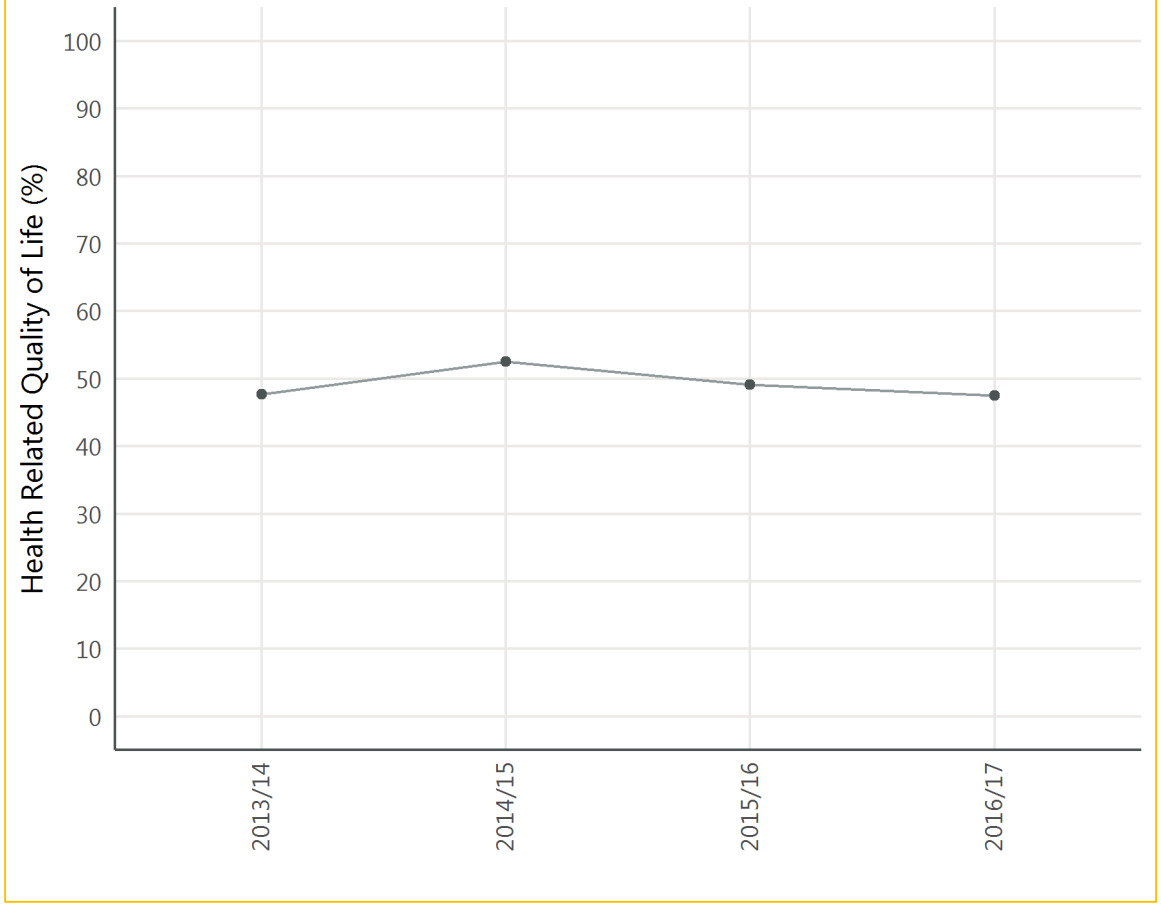
- Emergency readmissions fluctuated between 320 and 530 over the 5 year period. The average from the latest quarter (Oct to Dec 2017) was 375 readmissions, which was a 19% reduction on Oct to Dec 2016 average of 461. There was an upward trend in readmissions seen between Jan 2013 and Jan 2015, the trend then appeared to stabilise until Dec 2015. There was a step increase in admissions between Dec 2015 and Aug 2017, however there appears to have been a reduction in admissions from Sep 2017*. The reduction in readmissions is likely due to the reduction observed in emergency admissions, which is due to a change in data coding (See slide 9).

- Of the 46 GP Practices, three lay outside three sigma, one was higher and two were lower than expected when compared to Dudley's average.

Ref: Health related quality of life for people with a long term mental health condition

Period: 2013/14 to 2016/17 (Yearly) Data Source: HSCIC Indicator Portal	Access	Continuity ✓	Coordination	Target -

QOL for people with a long term mental health condition; 2013/14 to 2016/17



Data not available

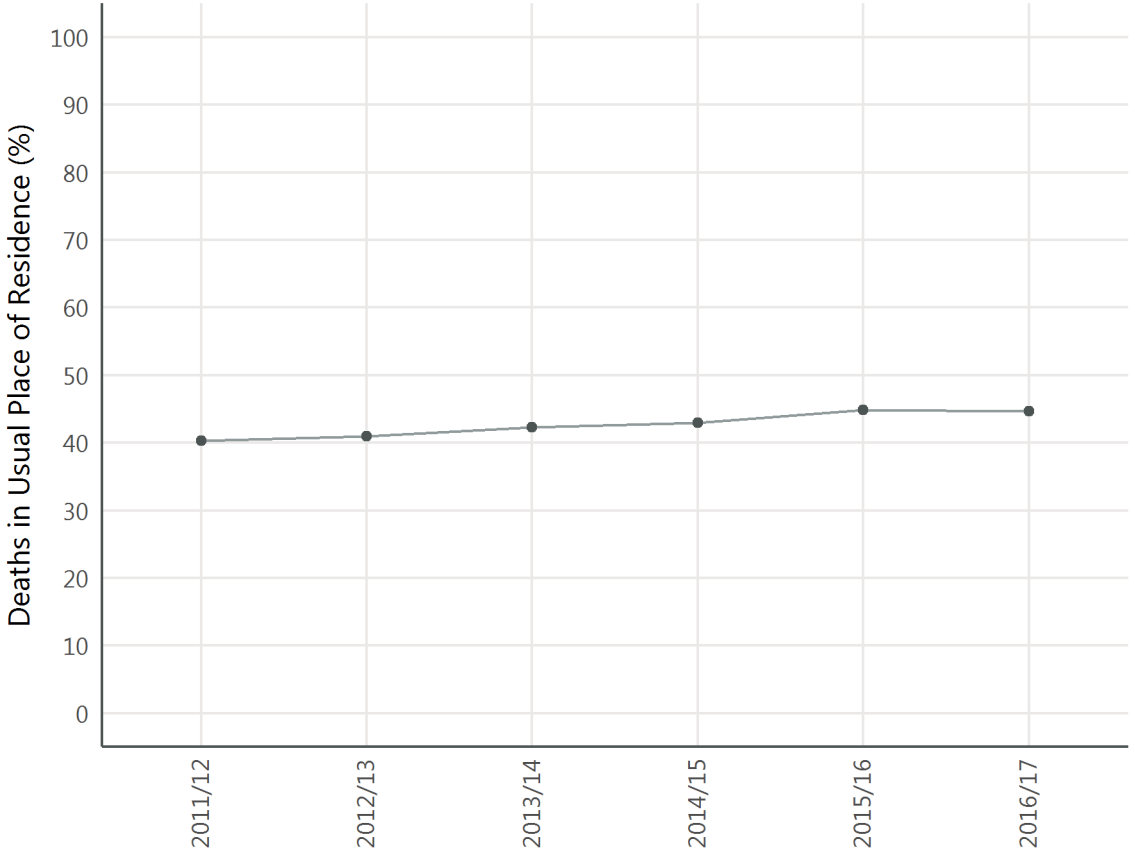
Commentary

- The graph indicates health related quality of life for people with a mental health condition has varied between 48 and 52% since 2013/14.
- Data is representative of six months of the year, two GP patient surveys occur in the year, the first covers July to September and the second covers January to March. The indicator is calculated by summing the EQ-5D score responses of respondents with a mental health condition and dividing by the sum of respondents with a mental health condition.

Ref: Deaths in Usual Place of Residence

Period: 2011/12 to 2016/17 (Yearly) Data Source: HSCIC Indicator Portal	Access	Continuity ✓	Coordination	Target -

Deaths in Usual Place of Residence; 2011/12 to 2016/17



Data not available

Commentary

- Deaths occurring at usual place of residence have increased by 4% from 40% to 44% between 2011/12 and 2016/17.
- 'Deaths in usual place of residence' includes all deaths at home and all deaths in a care home. The percentage of deaths in usual place of residence has been calculated by dividing deaths in usual place of residence by total deaths in the area.
- The next publication is scheduled for September 2018.

For questions relating to this report please contact:

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