

Medicines Management

Medicines remain the most frequent therapeutic intervention offered by the NHS and their costs; both direct and indirect account for more than 15% of the CCG budget.

The Medicines Management Team (MMT) work to ensure that patients in Sheffield are treated with safe, clinically effective, evidence based medicines that deliver value to patients and the health economy. The team work within GP practices and input into interface groups to develop a shared approach (including a comprehensive formulary) to the use of medicines across primary and secondary care.

The Medicines Management Team continue to make good progress in all three areas of work; fentanyl prescribing, reviewing patients on a combination of aspirin with clopidogrel, prasugrel or ticagrelor and supporting practices with the NPSA insulin alert.

Having nearly completed work in these areas, the MMT continue to support practices in other areas to promote safe and effective prescribing. Examples of the work the team have been involved in include; carrying out a methotrexate audit in line with NPSA and Shared Care Protocol advice, reviewing patients on diclofenac in line with the latest MHRA advice. The team have completed this work in over two thirds of practices. The MMT also continue to support practices around the GP care home LES (Locally Enhanced Service), working collaboratively to review patients' medication regimes to improve quality and safety in prescribing.

Opioid prescribing (pain relief):
MMT will identify all patients prescribed fentanyl patches and ensure that practices are fully compliant with all current Medicines and Healthcare Products Regulatory Agency (MHRA) guidance and Care Quality Commission (CQC) recommendations



Insulin prescribing: MMT will identify all patients being prescribed insulin and will ensure that practices are fully compliant with the National Patient Safety Agency (NPSA) alert, including use of an appropriate insulin passport



Cardiovascular disease (CVD):
Patients prescribed combined therapies (combinations of clopidogrel and prasugrel with aspirin) will be reviewed by the team, to ensure appropriate prescribing to reduce risk of harm. This is in line with the Sheffield guidelines for the use of anti-platelets in the prevention and treatment of CVD



Appendices

Quality & Outcomes Report

Appendix A: Health Economy Performance Measures Summary

Red, Amber and Green (RAG) ratings shown below represent the latest known position for performance against each relevant indicator.

The table below highlights all performance measures in NHS England's document 'Everyone Counts: Planning for Patients 2013/14' divided, where appropriate, into portfolios.

Where possible, the RAG rating is against January 2014 performance as at the 24th February 2014 - year to date where appropriate.

58 indicators are reported below.

Please note that some targets are made up of several indicators.

Please also note that Referral to Treatment and Diagnostic Waits data is non-published data and is therefore subject to change once the final, published data is available.

Key

* - Data is currently not available for the Indicator

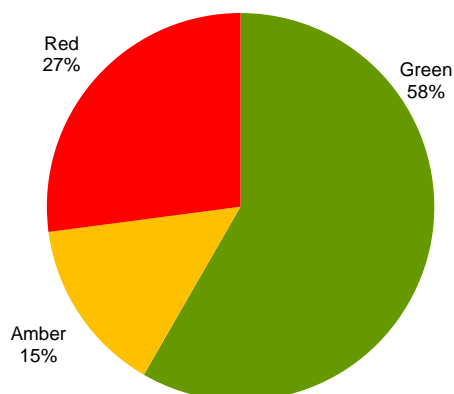
N/A - The indicator is not applicable to this Trust

WIP - Method of measurement is work in progress for this indicator

YTD - Year To Date

QTR - Quarterly

Sheffield CCG RAG Distribution



Acute Services Portfolio - Elective Care

Referral to Treatment - from GP to seen/treated within 18 weeks

	CCG	STHFT	SCHFT
% seen/treated within 18wks - Admitted pathway	91.07%	90.87%	93.39%
% seen/treated within 18wks - Non-Admitted pathway	96.19%	96.12%	97.15%
% still not seen/treated within 18wks - Incomplete Pathway	93.21%	92.99%	95.27%
Number waiting 52+ weeks - Admitted pathway	0	0	0
Number waiting 52+ weeks - Non-Admitted pathway	0	0	0
Number waiting 52+ weeks - Incomplete pathway	0	0	0

Diagnostic Waits - receiving a diagnostic test within 6 weeks

% receiving diagnostic test	98.43%	98.40%	98.55%
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Cancer Waits (YTD)

% seen within 2 weeks - from GP referral to first outpatient appointment	94.59%	94.48%	100.00%
% seen within 2 weeks - as above, for breast symptoms	97.37%	97.22%	N/A
% treated within 31 days - from diagnosis to first definitive treatment	99.01%	98.42%	100.00%
% treated within 31 days - subsequent treatment (surgery)	97.73%	97.99%	N/A
% treated within 31 days - subsequent treatment (drugs)	100.00%	99.95%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.85%	99.68%	N/A
% treated within 62 days - following an urgent GP referral	91.98%	88.28%	N/A
% treated within 62 days - following referral from an NHS screening service	97.59%	96.01%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	95.81%	92.96%	N/A

Activity

Number of Elective Admissions (FFCEs) (YTD)	55717	48631	3843
Number of First Outpatient Attendances (YTD)	130779	119312	5150
Number of Cancelled Operations offered another date within 28 days	N/A	1	2

Quality Standards

Patient Reported Outcome Measures (PROMs) - Hip replacement	0.425	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Knee replacement	0.328	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Groin hernia	0.066	N/A	N/A
Patient Reported Outcome Measures (PROMs) - Varicose veins	0.056	N/A	N/A
Patient overall experience of GP Services	85.80%	N/A	N/A
Patient experience of hospital care	77.30%	WIP	WIP
Friends and Family test: Inpatient - Response (QTR)		34.11%	
Friends and Family test: Inpatient - Score (QTR)		75.02	
Friends and Family test: A&E - Response (QTR)		9.37%	
Friends and Family test: A&E - Score (QTR)		66.83	

Footnotes:

¹ Friends and Family Test:

- Response rated against a national target of 15%; Score rated against the national average, as currently no set target

continued overleaf

Appendix A: Health Economy Performance Measures Summary

Acute Services Portfolio - Urgent Care

Non Elective Care (Right First Time/Long Term Conditions)

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD)	*	95.56%	97.60%
Emergency Readmissions within 30 days	12.48%	N/A	N/A
Non-elective Admissions (FFCEs) (YTD)	46575	37758	6312
Number of attendances at A&E departments - Type 1 (YTD) ¹	125264	86592	38300
Number of attendances at A&E departments - Total (YTD) ¹	147756	110181	38300
Unplanned Hospitalisation for chronic ambulatory care sensitive conditions	985.7	N/A	N/A
Emergency admissions - acute conditions that should not require admission	1495	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	279	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI)	805	N/A	N/A
Urgent Operations cancelled for the second time	N/A	0	0
Patient overall experience of out of hours GP Services	69.17%	N/A	N/A

Yorkshire Ambulance Service (YAS) Ambulance Response Times

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest) ³	81.02%	N/A	N/A	78.19%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits) ³	76.76%	N/A	N/A	75.50%
Category A response in 19 mins ³	98.66%	N/A	N/A	97.36%
Ambulance handover: % handovers to A&E within 15mins ²	*	79.7%	95.1%	84.0%
Crew Clear: % post-handovers (ambulance ready for next call) within 15mins ²	*	85.3%	87.1%	77.0%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0	N/A

Footnotes:

¹ Number of attendances at A&E departments:

- CCG position = total reported from any Provider recording Sheffield-registered patient activity (national A&E data)
- STHFT & SCHFT positions = total provider position (local data, as national is not available by exact months)
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature

² Ambulance handover/crew clear times:

- Whilst official data source and data quality is determined, CCG position reported is as per the YAS position

³ Category A responses:

- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

* CCG data is not collected and so is estimated from Provider data submissions

Long Term Conditions, Cancer and Older People

	CCG
Potential years of life lost (PYLL)	2.62%
Under 75 mortality rate from Cardiovascular Disease (CVD) per 100,000	73.75
Under 75 mortality rate from Respiratory Disease per 100,000	24.55
Under 75 mortality rate from Cancer per 100,000	131.57
Under 75 mortality rate from Liver disease per 100,000	16.58
Proportion of people feeling supported to manage their condition	68.85%
Health-related quality of life for people with long-term conditions	54.35%

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	98.44%
Proportion of people entering psychological treatment against the level of need in the general population	11.29%
The proportion of people who are moving to recovery, following psychological treatment	47.67%
Estimating the diagnosis rate of people with dementia (NB: estimated figure using locally-available data)	68.10%

Quality Standards

Health Care Acquired Infections (HCAI)

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia (YTD)	3	3	0	N/A
Clostridium Difficile (C Diff) (YTD)	161	71	3	N/A
Mixed sex accommodation breaches (YTD)	0	0	0	0

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

1. Crisis Resolution/Home Treatment: As at the end of January, there have been 1,179 home treatment interventions against a 12-month target of 1,202. This equates to 17.7% more patients benefiting from this service than originally planned by the end of January.

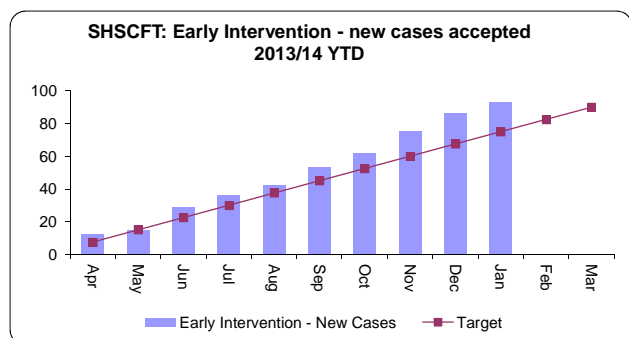
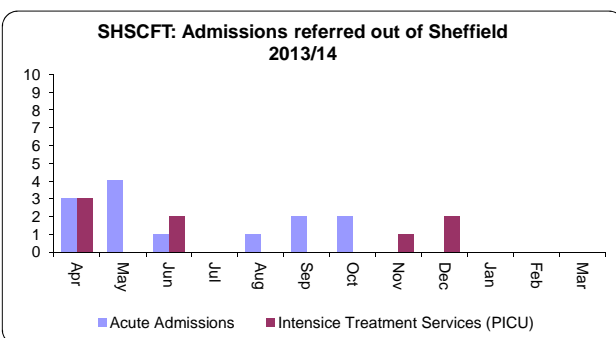
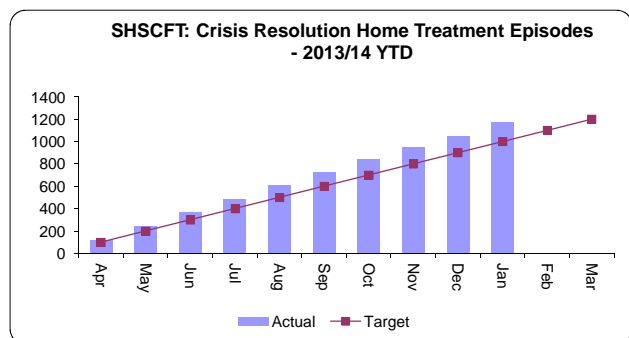
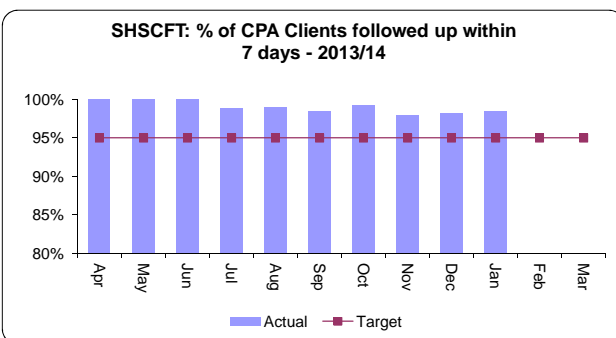
2. CPA 7 day follow up: January's monthly performance is 100%, bringing the YTD performance to 98.44%, above the 95% target. 2 patients were not followed up in Quarter 3, 1 due to staff sickness and 1 due to a patient who DNA'd and staff were unable to contact the patient, despite repeated efforts. The latter has now been seen.

3. Psychosis intervention: Activity over the last year is more closely aligned to the target thresholds. New Community Mental Health Team (CMHT) models have reduced the numbers of dedicated Early Intervention Service (EIS) cases over the Q3 period, which is being reviewed in light of the new service pathways.

4. Psychological therapy services:

- The quarter 3 performance for the proportion of patients receiving psychological therapy continues towards target level; with 11.29% as at the end of quarter 3 against the half-way plan of 11.25%, good progress is being made towards 15% by the end of 2013/14.
- With regards to the proportion of patients having completed treatment that are moving to recovery - please see the Mental Health, Learning Disabilities and Dementia section of Best Possible Health Outcomes (page 18).

SHSCFT Indicators				
All indicators are Year to date				
	Target	December	January	Change
Crisis Resolution / Home treatment	1202	1050	1179	▲
Psychosis intervention - New cases	90	86	93	▲
Psychosis intervention - Maintain Capacity	270	176	174	▼
CPA 7 day follow up	95%	98.20%	98.44%	▲
Anxiety/depression:		Q2	Q3	
% receiving Psychological therapy	15%	8.52%	11.29%	▲
Psychological therapy pts. move to recovery	50%	47.92%	47.67%	▼



APPENDIX B: Ambulance Trust Performance Measures

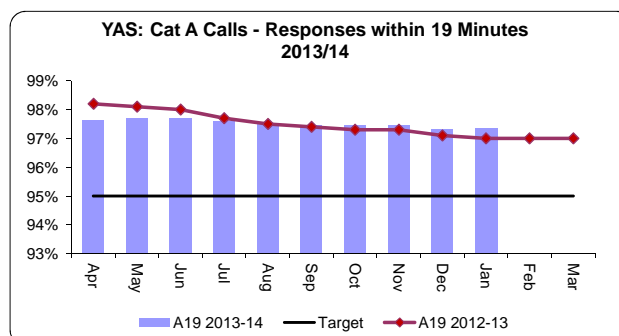
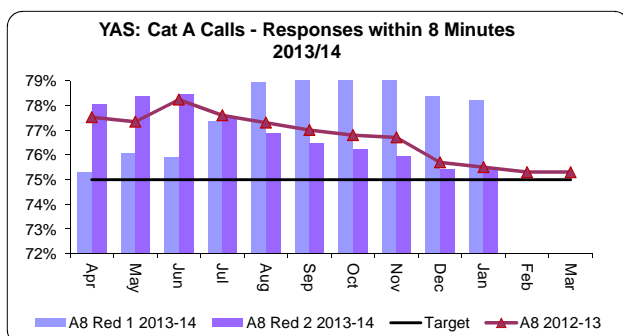
Yorkshire Ambulance Service

For January 2014, both the Category A 8 minute (Red 1 & Red 2) and 19 minute targets continued to be achieved at the Yorkshire Ambulance Service (YAS) Trust level. Performance is formally reviewed monthly by commissioners at the Yorkshire & Humber 999 Contract Management Board. (Red 1 calls are the most time-critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction; these make up less than 5% of all calls. Red 2 calls are serious but less immediately time-critical and cover conditions such as stroke and fits.)

Key Risks: YAS remain above 75% YTD on their red targets, but failure to meet their green targets (with the exception of G4) in 2013/14 remains a considerable cause for concern. (G1 & 2 - serious but non life-threatening, G3 & 4 - non life-threatening.). YAS have indicated that the G1-3 targets will not be achieved in 2013/14. Commissioners are addressing the issue with YAS as part of the on-going contract negotiations for 2014/15.

An action plan for an improved and sustainable level of Red performance in 2013/14 has been agreed with YAS and at the time of writing YAS appear to be on course to achieve their Red service standards for the year as a whole by end March 2014.

YAS Indicators	<u>Target</u>	<u>December</u>	<u>January</u>	<u>Monthly Change</u>
Cat A 8 minutes Red 1 (YTD)	75%	78.38%	78.19%	▼
Cat A 8 minutes Red 2 (YTD)	75%	75.43%	75.50%	▲
Cat A 19 minutes (YTD)	95%	97.33%	97.36%	▲



Data is available for the quality indicators and shows there is a varying degree of fluctuation month-on-month. As target levels have not yet been published, RAG ratings are not reflected in the table below.

Quality Indicators	<u>Target</u>	<u>November</u>	<u>December</u>	<u>Monthly Change</u>
Re-contact after discharge (Phone)		7.6%	6.9%	▼
Re-contact after discharge (Treatment at scene)		4.6%	4.4%	▼
Re-contact after discharge (Frequent Caller)		1.9%	1.8%	▼
Time to answer call (Median)	5 sec	1	1	◄►
Time to answer call (95th Percentile)		20	30	▲
Time to answer call (99th Percentile)		63	81	▲
Time to treatment (Median)		5.7	5.9	▲
Time to treatment (95th Percentile)		14.1	15	▲
Time to treatment (99th Percentile)		21.1	23	▲
Call closed with advice (Phone advice)		4.0%	4.2%	▲
Call closed with advice (Transport)		29.9%	30.3%	▲
Clinical Indicators		<u>August</u>	<u>September</u>	
Outcome from Cardiac Arrest (CA) All		23.8%	20.9%	▼
Outcome from CA Utstein Group (UG)		50.0%	45.2%	▼
Outcome from acute STEMI Angioplasty		82.2%	90.8%	▲
STEMI Care Bundle		87.1%	89.5%	▲
Outcome from Stroke 60 min to Stroke Unit		60.7%	64.6%	▲
Stroke - Appropriate Care Bundle		97.7%	97.7%	◄►
Outcome from CA - Survival to Discharge All		11.3%	10.2%	▼
Outcome from CA - Survival to Discharge UG		37.0%	48.1%	▲
Service Experience		N/A	N/A	

APPENDIX C: Contract Activity



Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 10, Apr 2013 - Jan 2014

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances: 4.2% above plan
 Outpatient Follow-ups: 4.6% above plan
 Outpatient Procedures: 13.3% above plan

Inpatient Elective Spells: 2.4% above plan
 Inpatient Non-elective Spells: 5.7% above plan
 A&E Attendances: 3.8% above plan

Figure 1: Referrals¹

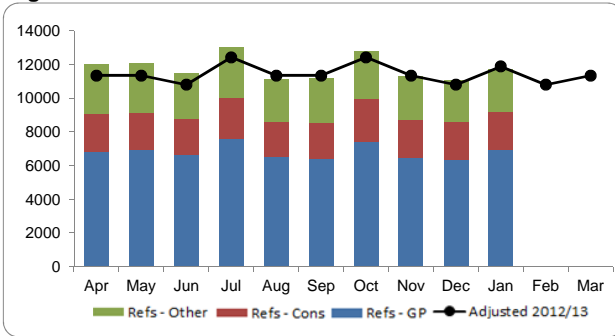


Figure 4: Electives

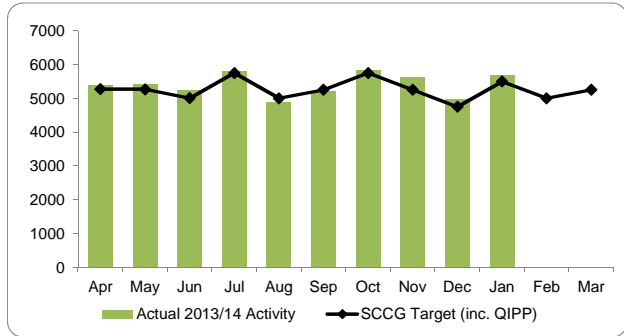


Figure 2: Firsts²

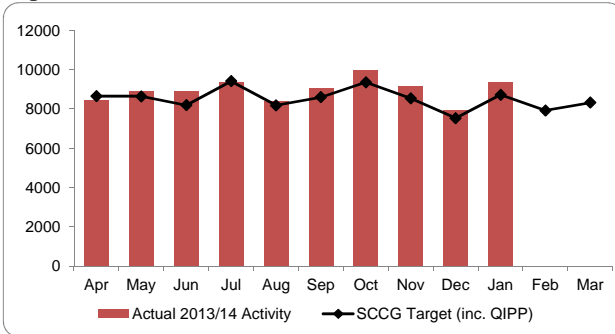


Figure 5: Non-Electives

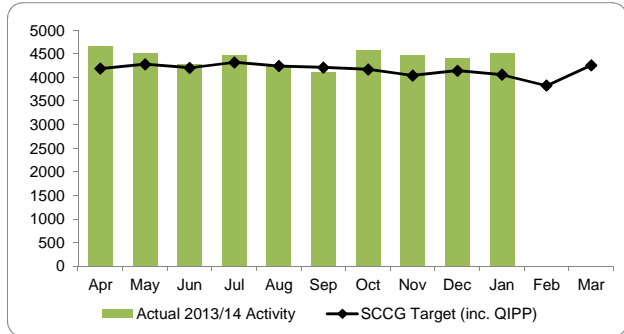


Figure 3: Follow-ups

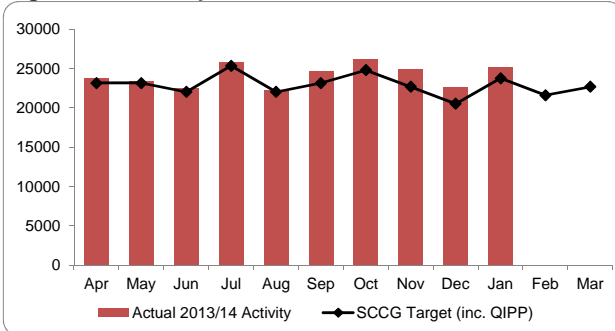


Figure 6: Accident and Emergency

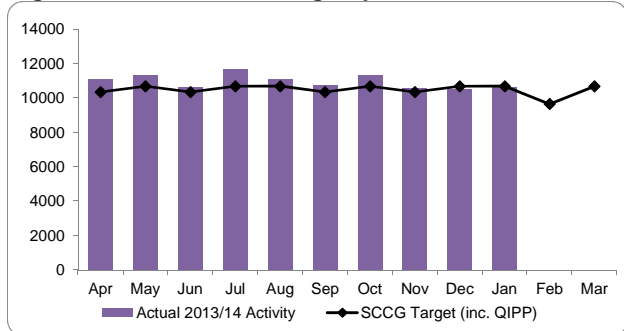


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	89,509	85,871	3,638	4.2%
Follow-ups	241,258	230,665	10,593	4.6%
OP Payable				
Procedures	54,164	47,823	6,341	13.3%
Follow-ups:First Ratio	2.70	2.69	0.01	0.3%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	54,101	52,812	1,289	2.4%
Non Electives	44,252	41,866	2,386	5.7%
Excess Bed Day				
Costs (£000s)	£ 8,080	£ 8,147	£ 67	-0.8%
A&E	109,507	105,495	4,012	3.8%

Source: STHFT Contract Monitoring

Notes:

- ¹ Referrals compared to 2012/13, adjusted for working days and counting changes. Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned. All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental). Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.
- ² First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 2622 (14.2%). Excess Bed Day Costs include MFF (Market Forces Factor).

Produced by NHS Sheffield CCG Contract Team, February 2014

APPENDIX C: Contract Activity



Sheffield Children's NHS Foundation Trust

Sheffield Clinical Commissioning Group

Performance against Sheffield CCG Activity Target at Month 10, Apr 2013 - Jan 2014

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances: 3.8% above plan
 Outpatient Follow-ups: 5.5% above plan
 Outpatient Procedures: 56.3% above plan

Inpatient Elective Spells: 1.9% above plan
 Inpatient Non-elective Spells: 5.2% above plan
 A&E Attendances: 3.5% below plan

Figure 1: Firsts

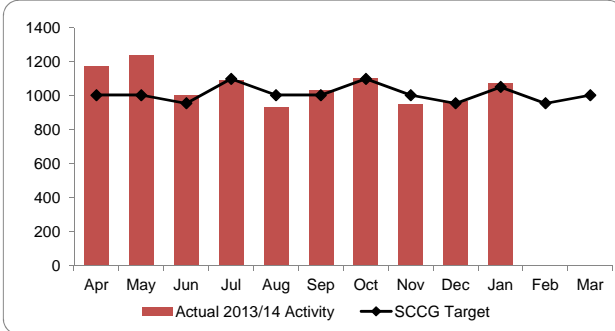


Figure 4: Electives

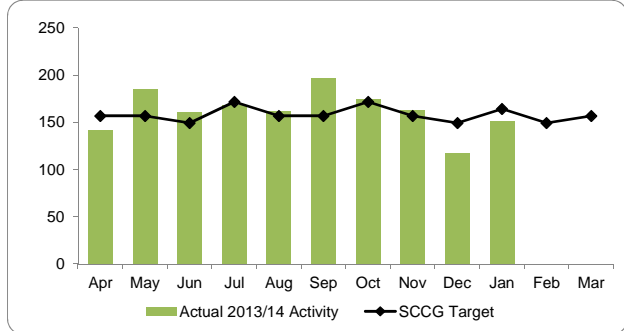


Figure 2: Follow-ups

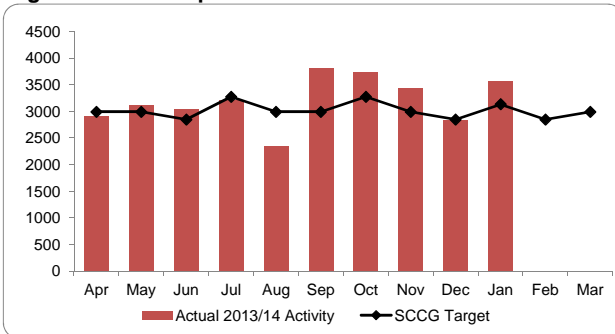


Figure 5: Non-Electives

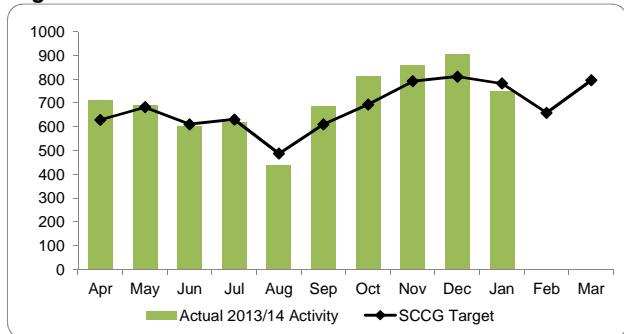


Figure 3: Accident and Emergency

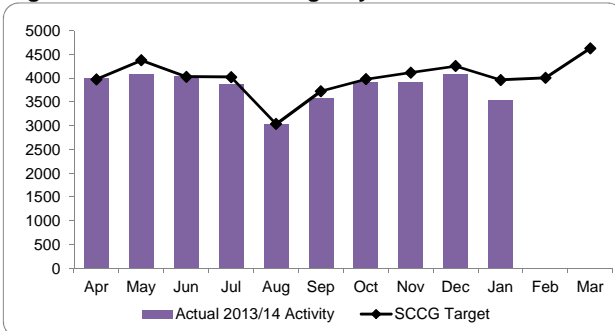


Figure 6: Excess Bed Days

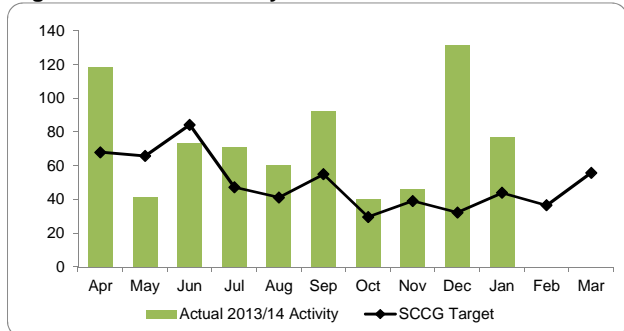


Table 1. Outpatient Activity

Activity	2013/14	Target	Var	% Var
Firsts	10,570	10,186	384	3.8%
Follow-ups	32,023	30,366	1,657	5.5%
OP Payable Procedures	38	24	14	56.3%
Follow-ups:First Ratio	3.03	2.98	0.05	1.6%

Table 2. Inpatient and A&E Activity

Activity	2013/14	Target	Var	% Var
Electives	1,620	1,590	30	1.9%
Non Electives	7,082	6,731	351	5.2%
Excess Bed Day Costs (£000s)	£ 211	£ 170	£ 42	24.5%
A&E	38,097	39,485	-1,388	-3.5%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

Produced by NHS Sheffield CCG Contract Team, February 2014

Appendix D: Public Health Outcome Framework (PHOF) Indicators

Quarterly Report of Public Health Outcome Framework (PHOF) Indicators for Sheffield CCG Governing Body							
							Date: 19-Feb-14
PHOF Indicator ID	PHOF Indicator	Latest Annual time period	Value	Statistically significant compared to England	General Trend Annual	Change last annual period	Notes
1.13 (i)	% of Offenders who re-offend from a rolling 12 month period	2010	28.2	Worse	A	A	Crude rate per 1,000 population
1.13 (ii)	The average number of re-offences committed per offender from a rolling 12 month period	2010	0.75	No Diff	A	R	Crude rate per offender
1.15 (i)	Statutory Homelessness Acceptances (households found to be eligible for assistance, unintentionally homeless and falling within a priority need group)	2012/13	5.1	Worse(*)	A	G	Rate per 1,000 households
1.15 (ii)	Statutory Homelessness: Households in temporary accommodation	2012/13	0.76	Better(*)	A	R	Rate per 1,000 households
2.2 (i)	Breastfeeding: % Initiating breastfeeding	2012/13	77.7	Better	A	R	% of mothers
2.2 (ii)	Breastfeeding: % Babies receiving breast milk at 6-8 weeks	2012/13	50.8	Better	A	G	% of babies
2.3	Smoking status of Mothers at time of delivery	2012/13	14.1	No Diff	R	A	% of mothers
2.4	Conception Rate of Under 18 year olds	2011	35.2	Worse	G	G	per 1,000 females aged 15-17
2.15(i)	Successful completion of drug treatment: Opiate (for example Heroin) users	2012	7.0	Worse	A	R	% of adult users in treatment
2.15(ii)	Successful completion of drug treatment: Non-Opiate users	2012	33.1	Worse	A	R	% of adult users in treatment
2.20(i)	% women eligible for breast screening adequately screened - coverage	2013	78.7	Better	G	A	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.20(ii)	% women eligible for cervical screening adequately screened - coverage	2013	74.6	Better	R	R	% women eligible for breast screening adequately screened (aged 53-70yrs)
2.21(iv)	(iv) % babies registered within the area (currently CCG) both at births and at the time of the report who are eligible for newborn blood spot screening and have a conclusive result recorded on the Child Health System within an effective timeframe.	Not Available					
2.21(v)	(iv) % babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programme NICU (Neonatal Intensive Care Unit) babies) or 5 weeks corrected age (community programmes - well-babies).	Not Available					
2.21(vii)	Diabetic Retinopathy (damage to the retina caused by complications of diabetes) Screening	2011/12	92	Better	G	G	(% aged 12+ offered screening who attended a digital screening event)
2.22(i)	% of Eligible who are offered and an NHS Health Check Programme	2012/13	6.1	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr)
2.22(ii)	% of Eligible who have received an NHS Health Check	2012/13	40.8	Worse	G	G	(% eligible population aged 40-74 offered a check during financial yr, who received one)
3.2	Chlamydia Diagnoses (for 15-24 year olds)	2012	1852	Better	N/A	N/A	Crude rate per 100,000 aged 15-24 yr old ¹
3.3 (iii)1	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 1 year olds	2011/12	95.0	No Diff	G	G	%
3.3 (iii)2	DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis (whooping cough), polio and Haemophilus influenzae type b) vaccination coverage: 2 year olds	2011/12	96.6	No Diff	G	A	%
3.3 (iv)	MenC (Meningitis C) vaccination coverage for 1 year olds	2011/12	93.7	No Diff	G	A	%
3.3 (v)	PCV (Pneumococcal Conjugate Vaccine) coverage - for 1 year olds	2011/12	94.1	No Diff	G	G	%
3.3 (vi)2	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 2 year olds	2011/12	93.9	Better	G	R	%
3.3 (vi)5	Hib/MenC (Haemophilus influenzae type b and Meningitis C) vaccination coverage for 5 year olds	2011/12	92.6	Better	N/A	N/A	%
3.3 (vii)	PCV (Pneumococcal Conjugate Vaccine) booster vaccination for 2 year olds	2011/12	92.8	Better	G	G	%
3.3 (viii)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 2 year olds	2011/12	92.4	Better	G	G	%
3.3 (ix)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving One dose for 5 year olds	2011/12	94.5	Better	G	G	%
3.3 (x)	MMR (Measles, Mumps, and Rubella) vaccination coverage - Receiving Two doses for 5 year olds	2011/12	87.5	Better	G	G	%
3.3 (xii)	HPV (Human Papilloma Virus) vaccination coverage - for 12-13 year olds	2011/12	93.0	Better	G	G	%

NOTE: (*) statistical significance not available

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FOOTNOTE 1 In 2012, several changes were made to the collection and reporting of chlamydia activity data, to deliver a simpler and more representative national surveillance system. It is important to note that as a result of the revisions, chlamydia data for 2012 onwards are not directly comparable with data reported in earlier years.