

Performance, Quality and Outcomes Report: Position Statement

Governing Body meeting

7 March 2019

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Purpose of Paper	
To update Governing Body on key performance, quality and outcomes measures.	
Key Issues	
<p>1. <u>Areas of concern, which remain under review</u></p> <p>A&E four hour wait: This remains an area of close scrutiny, as despite concerted effort across the health and social care community. Additional medical and nursing capacity has been put in place at STH, and the inter-agency Operational Resilience Group continues to put interventions in place to mitigate winter pressures – for example, additional capacity in primary care.</p> <p>Indicators of system pressure: Cancellation of urgent operations, same day cancellations which are not promptly re-scheduled, and breaches of the mixed sex accommodation standard thankfully remain relatively rare occurrences for our patients. In each case however they represent a failure to deliver Constitutional standards and each incidence is reviewed; they are an indicator of pressure in the system which is not uncommon at this time of year.</p> <p>There have however been more same day cancellations, not re-arranged within 28 days, in Quarter 3 of this year, compared to 2017-18. STH attribute this to the operational difficulties they are managing as a result of having to close beds at the Robert Hadfield building (due to the remedial building works). The Trust’s Medical Director is leading work to mitigate this situation and to avoid further surgical cancellations.</p> <p>Delayed transfers of care: Sheffield remains above our NHS England indicative target, but the delays continue to reduce month on month and good progress is being made in implementing our multi-agency action plan.</p> <p>2. <u>Performance and quality highlights</u></p> <p>Diagnostics: STH continues to deliver the 6 week waiting time standard for diagnostics, having made significant progress in addressing in a range of challenged specialities.</p> <p>Elective referral to treatment times (RTT): The CCG again delivered the 18 week standard for the waiting times from referrals to treatment in December, as did both our local providers.</p>	

Health care associated infections: There were no MRSA bacteraemia infections in December.

3. To note in this month's report

Quality Premium for 2017 -18

NHS England recognises good performance against a set of quality measures each year. Achievement of each target attracts a payment; on the other hand, potential payments can be withheld if certain core standards are not met. The Quality Premium scheme is made up of a common set of national indicators and some more localised ones. There is a "time lag" on reporting of some indicators, which means that the money is released in subsequent years. This report relates to the previous financial year, 2017-18. Next month we will provide a position statement on our assessment of how the CCG is performing in the current year.

CCG Improvement Assessment Framework (IAF) – publication of assessment on three Clinical Priority Areas for 2017 -18

The overall IAF ratings were published nationally on 12th July 18 and NHS Sheffield CCG was assessed as "Good", for the second year running. This was based on our delivery in the previous year (April 2017 to March 2018).

The IAF also includes assessment of six "Clinical Priority Areas", which include a range of measures covering issues such as outcomes, patient experience and access. The results of NHS England's assessment of four of the areas were published in January, and the detail of this is covered in the report.

Gluten Free Prescribing Impact Update

In October 2017 NHS Sheffield CCG Governing Body approved the policy to restrict prescriptions for gluten free products. Governing Body asked the Elective Care Portfolio to report on the outcome of this policy, with reference to measures of possible harm to patients.

Appendix 1 details the outcome and efforts to address the possible impact of the policy, particularly with respect to deprivation.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to Quality, Safety and Patient Experience

The recommendations posed to Governing Body are:

1. For adult patients, NHS Sheffield CCG should continue to advise prescribers only to prescribe from a directory limited to Gluten Free bread and flour (Appendix 1), and only to patients they identify as having particular financial or other difficulties making adequate nutrition hard without prescription.

2. The Elective Care team should explore the potential for an enhanced community dietician service one of whose aims is to enhance care for patients with coeliac disease in deprived communities.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield

Specifically the risks:

2.1 Providers delivering poor quality care and not meeting quality targets

2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy

Are there any Resource Implications (including Financial, Staffing etc)?

Not applicable at this time

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

No - none necessary

Have you involved patients, carers and the public in the preparation of the report?

It does not directly support this but as a public facing document is part of keeping the public informed.

Working with you to make Sheffield

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Clinical Commissioning Group

Performance, Quality & Outcomes Report

2018/19: Position statement
using latest information

for the 7 March 2019 meeting
of the Governing Body

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 18/19**	CCG Latest monthly Position		CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
<small>* Mental Health CPA 7 day followup & Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data. ** All Quarterly data relates to Q3 2018/19, except for IAPT & DTOC where Q2 is used. This is the latest available.</small>										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		93.84%	Dec-18		92.00%	93.24%		
	No patients wait more than 52 weeks for treatment to start	0		0	Dec-18		0	0		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		99.71%	Dec-18		99.76%	99.09%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	89.32%	86.71%	Jan-19		84.25%	96.52%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Jan-19		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	94.78%	95.24%	Dec-18		95.45%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	92.77%	94.71%	Dec-18		95.83%			
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from referral with suspicion of cancer to first treatment	96%	95.23%	96.36%	Dec-18		93.63%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	99.60%	98.67%	Dec-18		99.48%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	93.70%	96.10%	Dec-18		96.47%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	90.54%	86.67%	Dec-18		87.88%			
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	77.01%	83.04%	Dec-18		75.89%			
	2 month (62 day) wait from referral from an NHS screening service	90%	93.10%	100.00%	Dec-18		88.46%			
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	82.26%	100.00%	Dec-18		88.16%			
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6 mins 59 secs	Jan-19					6 mins 59 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		19 mins 49 secs	Jan-19					19 mins 49 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		118 mins 12 secs	Jan-19					118 mins 12 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		218 mins 30 secs	Jan-19					218 mins 30 secs

Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q3 18/19**		CCG Latest monthly Position	CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position			
							Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		9.78%	Dec-18		11.11%	1.69%		9.78%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		1.82%	Dec-18		0.97%	0.00%		1.82%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next	Local Reduction		3.79%	Dec-18		4.52%	3.39%		3.79%
	Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next	Local Reduction		0.26%	Dec-18		0.70%	1.69%		0.26%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		0	Dec-18		0	0	0	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	14				13	1		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		1	Dec-18		0	1		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	95.65%						88.46%	

Highest Quality Healthcare - Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	53%	68.12%	70.00%	Dec-18			69.23%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	4.8% (Qtr target)	4.80%	1.61%	Nov-18			1.61%	
	Proportion of IAPT patients moving to recovery	50.00%	49.47%	47.92%	Nov-18			47.96%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	88.74%	92.45%	Nov-18			92.59%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	99.01%	99.06%	Nov-18			99.07%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		79.70%	Jan-19				
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,306 (Qtr target)	7,492	2,094	Dec-18		1,766	240	

Highest Quality Health Care - NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	<p>STH's performance in January was 84.25%, a decrease from the reported December position of 85.13%. The interim target of 90% for Quarter 3 was not met, despite concerted efforts and additional staff. STH's Trust Executives meet with A&E each month to monitor progress on the detailed "Action 95" improvement plan, and the CCG receives an update each week on progress of implementing the actions.</p> <p>A number of initiatives are in hand across Sheffield's health and social care system to address the issues which impact on A&E waiting times. Delivery is monitored by the Operational Resilience Group in order to ensure a co-ordinated our approach to managing the impact of winter pressures, including monthly meetings to discuss pressures and identify solutions. Despite concerted efforts, particularly on improving the efficiency of how patients flow through the system, delivery of the four hour wait has deteriorated, which may be attributed to winter pressures. On a positive note, there have been reductions in Delayed Transfers of Care (DTC) which has eased pressure across the system. DTCs increased slightly throughout January and February, however we remain in a much better position this year than that of previous years.</p> <p>Yorkshire Ambulance Service (YAS) conducted a 24 hour Conveyance Audit at the Northern General Hospital at the end of January. The focus was to gain an understanding of what services are available in the community for ambulance staff to transport patients to, and to check how easily crews are able to access these services. Another aim of the study was to identify barriers and actions to address them, so as to ensure patients can receive care in the right place at the right time. YAS also audited the non conveyed patients (ie those who were assessed and / or treated in situ), in order that 100% of the data was captured. the results of the audit are currently being collated, and we will report on the outcome of this next month.</p> <p>To support with system pressure, the CCG has funded additional appointments in the GP hubs to enhance patient access, and we are in the process of developing the 111 direct booking system for the Sheffield Walk In Centre. The Emergency Department GP streaming system continues to work well, triaging and signposting patients to appropriate services such as the GP Collaborative.</p>	The Trust is implementing its detailed improvement plan and is working towards achieving the performance target in Quarter 4, in line with the NHS Improvement / NHS England trajectory. Achieving the target presents a challenge in the context of winter pressures.	To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&E standard and the delivery of any necessary mitigating actions, as agreed through the Performance Contract Management Board.
Cancer Waiting Times - 62 day waits	<p>STH continues miss delivery of the 31 and 62 day targets; this is due to the ongoing high volume of patient referrals, particularly in Urology and the complexity of treatment in Head and Neck cancer sites, and Urology pathways.</p> <p>As previously outlined, in Head and Neck, there are long term issues relating to patient choice delays, as patients often need extra time to make decisions when considering complex surgery with life changing consequences. Additional significant patient choice delays have been highlighted in both the upper and lower Gastro-intestinal pathways. Increased referrals into Urology for prostate cancer continue and as patients convert to surgical waiting lists the pressures on robotic capacity at STHFT remains high. Additional funding in the region will support current planned activity but not address the robotic surgery capacity shortfall fully. There is no clinical concern identified in regard to these waiting time breaches.</p> <p>The Cancer Alliance are leading an exercise to identify opportunities to increase activity across all cancer sites to improve overall performance in quarter 4 and associated funding requirements. STHFT have provided a number of opportunities. Additionally the Cancer Alliance has met with the Accountable Officers to agree a recovery plan over the short, medium and long term. The Cancer Alliance is leading on this piece of work for the</p>	The Cancer Alliance is addressing the capacity and demand issues which affect STH and neighbouring providers' issues through joint action. Despite concerted work to manage capacity across the system and additional support from NHS England it is probable that these issues will not be fully resolved until quarter 2 2019/20.	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity issues and also to develop integrated pathways to sustain service delivery and performance. To continue to monitor progress against internal improvement plans and escalate to the PCMB as appropriate.
Ambulance Response Times	<p>Yorkshire Ambulance Service is continuing to participate in NHS England's Ambulance Response Programme (ARP) pilot and has now moved to the next stage, Phase 3. YAS are reporting on the new standards, which replaced the previous way of measuring performance.</p> <p>Work is ongoing with regards to training staff, re-designing services, and ensuring that the vehicle fleet is modernised to enable YAS to meet all the targets. An integrated workforce work stream is now established, with an external review being undertaken to understand staffing levels in order to meet national standards.</p> <p>Oversight and management of business cases for YAS service development is being co-ordinated by the Lead Commissioner, Wakefield CCG.</p>	Progress continues to be closely monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire & Humber 999/111 Contract Management Board meeting.	None this month.
Ambulance handover / crew	Whilst ambulance handover performance for STH has seen a small improvement, handover times are still too long (some days have had	The CCG continues to facilitate meetings between	To continue to endorse the approach of monitoring

Highest Quality Health Care - NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
clear times	delays over 1 hour). STHFT is one of the three acute Trusts highlighted as a continuing concern within Yorkshire and Humber. December saw the loss of the YAS Hospital Ambulance Liaison Officer (HALO), HALO capacity resumed within the A&E department in January 2019, Clinical Supervisors have been recruited to the post and HALO's are now present within the department on a daily basis during the department's busiest hours, the HALO is a function within the Emergency Department, due to wider YAS system pressures. The HALO supports with patient handover and allows ambulance crews to be released back on to the road. Ambulance handover performance consistently improved (av. crew delay of 10.5 hours per day) to the beginning of December (av. of 3.22 crew delay hours per day). Delayed hours did increase during December (av. of 4.7 hours per day) which remained consistent throughout January with a slight peak at the beginning of February. It is possible that any progress may not be maintained over the next few months, given the additional pressures of winter and the closure of the Robert Hadfield wing at the Northern General Hospital.	STH & YAS to discuss measures to improve performance moving forward.	ambulance handover performance, the monitoring of any necessary mitigating actions through monthly Contract Management Group meetings with the Trust and support the decision by the UECTDB that this be an area of significant system focus moving forward.
Mixed Sex Accommodation breaches	As reported last month, during November, there were 2 breaches of the Mixed Sex Accommodation guidelines. One of these was at Chesterfield Royal Hospital NHSFT and the other at St Mary's Hospital, London (Imperial College NHSFT). The patient at Chesterfield was in HDU and was clinically fit to be discharged to a ward, however no bed was available due to bed pressures. This meant that the patient had to stay in HDU (in a mixed sex environment) for 28 hours and was therefore an unjustified breach. The breach at Imperial College NHSFT was very similar; the patient was fit to be discharged from ITU but needed to wait 24 hours until a bed on the surgical ward was available. During December, there were no breaches.	Ongoing monitoring.	None requested.
Cancelled Operations - (on day of admission)	During Quarter 3 there were 14 elective operations cancelled at the last minute for patients and then not re-scheduled within 28 days. There was 1 at SCH FT and 13 cancellations at STH FT. The SCH operation was cancelled due to bed availability; it was not rescheduled within 28 days due to availability of the clinician. The patient has now been seen. The CCG has no concerns regarding the Trust's performance going forwards in meeting this standard. At STH, shortages of ward and critical beds have been a key factor in cancellations of surgery. A "deep dive" exercise indicated that this was linked to the required decant of the Robert Hadfield building, due to the remedial building works to address fire safety. The Trust's Medical Director is leading a working group which is mapping demand and capacity, strengthening working arrangements between units (eg critical care and general wards) and implementing a booking tool for critical care. Escalation processes for on the day cancellations have been strengthened and a reinforced process around re-dating patients within 28 days is being developed.	Ongoing monitoring.	None requested.
Cancelled Operations - (Urgent operations cancelled for 2nd time)	One patient had their urgent operation cancelled for a second time in December at SCH FT. The first cancellation related to a denture not arriving in time, the second cancellation was due to an emergency taking precedence.	Ongoing monitoring.	None requested.
Mental Health CPA 7 day follow up	The CCG continues to receive regular assurance at the monthly Contract Management Group from Senior Operational Managers within SHSC on this service area, and the Director of Operations provides regular updates and rationale surrounding any breaches. The Trust has implemented a daily monitoring process which alerts senior managers of breaches. The CCG does still have concerns over the recording of data in real time; the team have questioned the reliability of data due to system errors. This is being reviewed with SHSC in line with the Contract Management processes. We continue to monitor breaches and receive a narrative from the Director of Operations.	CPA, in line with monthly performance reporting, is a standard agenda item at the Contract Management Group (CMG). SHSC continue to focus on improving their data collection systems and the CCG will expect an improvement in order to achieve the National target. We continue to work through this issue with SHSC and to seek performance improvement. The CCG has requested a written protocol by SHSC to address the CPA process for older adults, which is where there are most concerns around performance.	To continue to receive monitoring reports on this national target.

Highest Quality Health Care - NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mental Health / DTOC Measures Performance Dashboard: Actions			
Improved Access to Psychological Therapies (IAPT) Recovery Rate	<p>The 50% recovery target was achieved for October at CCG level, but latest data for November is below target at 47.9%. As previously reported, the Sheffield IAPT provides a service for people with complex needs, and therefore delivery of this target will potentially always be fragile. The service overachieves on all the other standards. The service always has a dip over the Christmas period.</p> <p>We have requested an in-depth report and presentation from IAPT to update us on their service in the Contract Management Group in April, and to review the core purpose of IAPT compared to current delivery. We expect national guidance to be published in March, relating to community services and bridging the gaps in primary care and mental health. This will form part of our review of IAPT with SHSC, as part of the development of a neighbourhood Health and Wellbeing Service, and our mapping of demand and emerging gaps in specialist mental health services.</p>	Ongoing.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Delayed Transfers of Care (DTOC)	<p>The January 2019 data shows month-on-month improvement since October 2018, with volumes of delayed days now only marginally above the NHS England target of 3.5% (maximum) of beds being occupied by delayed transfers.</p> <p>Weekly reports ensure more focused attention of all delays and allow us to monitor delayed patients (rather than delayed days). These reports allow a more immediate appreciation of performance and provide more granular data, which enabled an increase in DTOCs in early February to be quickly addressed.</p>	Ongoing	None requested

Highest Quality Health Care - Quality Dashboard

Performance Indicator	Reporting period	Sheffield CCG		Sheffield Teaching Hospital		Sheffield Children's Hospital		Sheffield Health & Social Care		Yorkshire Ambulance Service			
		Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data		
PATIENT SAFETY													
Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	Q2 18/19			Target	95%	95.04%							
Rate of reporting of patient safety incidents per 1000 bed days, using the National Reporting and Learning System (Trusts which report a higher number of incidents tend to have a more effective safety culture)	Oct17 - Mar18			Provider Actual previous year	37.6	40.84	Provider Actual previous year	76.95	88.84	Provider Actual previous year	59.87	69.79	
Proportion of patient safety incidents resulting in severe harm or death	Oct17 - Mar18			Provider Actual previous year	0.09	0.24	Provider Actual previous year	0.00	0.00	Provider Actual previous year	1.18	0.81	
Incidence of Healthcare Associated Infections - MRSA	Jan-19	Plan	0	0	Plan	0	0	Plan	0	0			
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Jan-19	Plan	16	18	Plan	8	5	Plan	0	1			
	Jan-19 YTD	Plan	161	178	Plan	72	70	Plan	2	9			
Serious Incidents - Number opened in month	Jan-19	No target		7	No target		3	No target		1	No target		1
Serious Incidents - Never Events	Jan-19 YTD				Target	0	2	Target	0	2	Target	0	0
PATIENT EXPERIENCE													
Patient Reported Outcome Measures (PROMS)	Health gain (EQ-5D Index) - hip replacement surgery (primary)	Apr17-Mar18 (Aug release)			England Average	0.470	0.455						
Patient Reported Outcome Measures (PROMS)	Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr17-Mar18 (Aug release)			England Average	0.340	0.339						
Friends and Family Test	Response rate - A & E	Dec-18			Target	20%	20.6%	Children's Trust average	5.6%	13.6%			
Friends and Family Test	Response rate - Inpatients	Dec-18			Target	30%	22.3%	Children's Trust average	42.0%	NA			
Friends and Family Test	Number of responses - Mental Health	Dec-18						Children's Trust average	23	25	Average for Trust last 12 months	185	147
Friends and Family Test	Proportion recommended - A & E	Dec-18			England Average	86.6%	87.9%	Children's Trust average	88.0%	78.6%			
Friends and Family Test	Proportion recommended - Inpatients	Dec-18			England Average	95.7%	94.5%	Children's Trust average	94.0%	80.8%			
Friends and Family Test	Proportion recommended - Mental Health	Dec-18						Children's Trust average	84.9%	88.0%	England Average	89.0%	94.6%
Staff Friends and Family Test	Proportion recommended - as a place of work	Q2 18-19			England Average	64.0%	71.7%	England Average	64.0%	62.7%	England Average	64.0%	58.8%
Staff Friends and Family Test	Proportion recommended - as a place of care	Q2 18-19			England Average	80.5%	92.4%	England Average	80.5%	89.9%	England Average	80.5%	67.5%
Patient Complaints	Number of complaints responded to within agreed timescale	Various			Internal target	85%	92% (Oct18 YTD)	Internal target	85%	75% (Q3 18/19)	Internal target	75%	38% (Q1 18/19)
Mixed Sex Accommodation	Number of breaches	Dec-18	Target	0	0	Target	0	0	Target	0	Target	0	0
Continuing Healthcare (CHC)	Proportion of DST's (Decision Support Tool) completed on patients in an acute hospital setting	Q3 18-19	Target	15%	0%								
Continuing Healthcare (CHC)	Proportion of Referrals completed within 28 days	Q3 18-19	Target	80%	99%								
HOSPITAL MORTALITY													
Summary Hospital-Level Mortality Indicator (SHMI)	Oct17-Sep18				England Average	1.0034	0.9571						
CHILDREN & YOUNG PEOPLE													
Average delivery time for Education Healthcare Plans (EHCP)	Up to Jan 19 YTD	Target	20 wks	21 wks									

Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Patient Safety			
Healthcare Associated Infections	<p><u>Clostridium Difficile (Cdiff)</u></p> <p>STHFT had 5 cases in January (total 70 in year to the end of January) which is 2 cases <i>under</i> the national indicative target for the year to date. Root Cause Analysis (RCA) review of Q2 & Q3 cases underway.</p> <p>SCHFT has had 2 cases in November, 1 in December and 1 in January, on separate wards. These were both non-Sheffield CCG patients, therefore our Infection Prevention and Control (IPC) team had not been made aware of them.</p> <p>A new system has been put in place between the SCH Microbiology and CCG IPC teams to ensure that we receive monthly briefing on all cases in the Trust.</p> <p>NHS Sheffield CCG had 18 cases of C. difficile in January. RCAs continue.</p> <p><u>MRSA Bacteraemia</u></p> <p>In January there were zero cases.</p>	Weekly monitoring.	None requested.
Never Events and Serious Incidents	<p>Never Events are defined as Serious Incidents that are wholly preventable, because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.</p> <p>There were no new never events in January. The 4 Never Events reported in the dashboard relate to 2 that occurred in June, 1 in August and 1 in October, the detail of which has already been reported.</p>	Weekly monitoring.	None requested.
Patient Experience			
Friends and Family Test	<p><u>STHFT</u>: STH triangulates and analyses a wide range of patient experience data and takes action in response to trends identified. Response rates for FFT are good. STH closely monitors FFT response and recommendation rates and takes action when rates drop. This includes ward level improvement plans for inpatient areas where the proportion of people who would not recommend the service is higher than the national average.</p> <p><u>SCHFT</u>: FFT response rate for A&E, inpatients and mental health has improved. Response rate for outpatients continue to be very low. There has been a slight upward trend in the proportion of inpatients that would recommend the Trust over the last two years, 80% in December 2018. The recommend rate for A&E rate has seen a gradual reduction, dropping to 79-80% for September to December 2018.</p> <p><u>SHSCFT</u>: The Trust continues to receive low numbers of responses to FFT, but there has been a gradual improvement over the last two years. In April 2018 the Trust set an internal trajectory for an improvement in the number of responses. The targets have been met or exceeded for seven of the nine months since April 2018.</p>	Ongoing.	None required.
Patient Complaints	<p>The number of complaints responded to within agreed timescale is below target at Sheffield Children's Foundation Trust and at Sheffield Health and Social Care Foundation Trust. At Sheffield Health and Social Care Foundation Trust, the response rate has improved from 23% in Q4 to 38% in Q1 18/19. The CCG is continuing to gain assurance that the Trust is striving to improve this situation and an Action Plan is in place.</p>	Ongoing.	None required.

Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Mixed Sex Accommodation breaches	<p>As reported last month, during November, there were 2 breaches of the Mixed Sex Accommodation guidelines. One of these was at Chesterfield Royal Hospital NHSFT and the other at St Mary's Hospital, London (Imperial College NHSFT).</p> <p>The patient at Chesterfield was in HDU and was clinically fit to be discharged to a ward, however no bed was available due to bed pressures. This meant that the patient had to stay in HDU (in a mixed sex environment) for 28 hours and was therefore an unjustified breach. The breach at Imperial College NHSFT was very similar; the patient was fit to be discharged from ITU but needed to wait 24 hours until a bed on the surgical ward was available.</p> <p>During December, there were no breaches.</p>	Ongoing monitoring.	None requested.
Children and Young People			
Education Healthcare Plans (EHCP)	<p>Education Health Care (EHC) plans have been established to replace Statements of Special Educational Needs for children and young people with special educational needs.</p> <p>Currently the LA maintains 3,201 Education Health Care Plans, of which there is an education and health element of 52%, this total has remained consistent since last year. In the last 12 months 562 new requests for EHCP have been received, compared with 462 on the previous year – an increase of 100 requests.</p> <p>In January there were 48 requests for EHCP assessment. The average timescale for EHCP completion remains at 21 weeks, this has been a gradual improvement year on year from 48 weeks, 2015 of 34 weeks to 2017 of 29 weeks. 43 new EHCP's were issued in January. Out the 43 issued 11 were within 20 weeks</p> <p>There are currently 117 cases to be finalised (26 cases have draft plans issued with families, 60 await agree to assess decision) and require an assessment, 91 are within 0-20 weeks, 24 within 20-40 weeks and 2 are above 40 weeks. 3 new tribunal requests were lodged in January, 0 tribunals relate to health.</p> <p>We have successfully appointed to the Designated Clinical Officer for SEND post on 14th Feb 2019.</p> <p>The recent SEND inspection outcome has been published by Ofsted and CQC, we are now working with Sheffield City Council to write our action plan to address the key areas that require improvement, this will be signed off by the private Governing Body on 7 March with virtual sign off by the Contract Monitoring Group on 12 April. This action plan will require final submission to Ofsted for approval by 20 April and will be discussed further at the public Governing Body in May.</p>	<p>The CYP portfolio is working closely with the SENDSAR Service (previously named the SEND team) in Sheffield LA to support EHCP delivery and track the overall impact of SEND to better inform our commissioning.</p> <p>Health's involvement into the EHCP process requires improvement to support delivery of the EHCP review process for EHCP, monitor provision delivery and review health reports going into EHCP's. The CYP&M commissioning manager is scoping this with the head of SEND and a recent business case to support this has been approved to recruit additional admin staff and a therapist into the SENDSAR service at the LA.</p>	None requested.
Safeguarding			
Safeguarding	<p>Following the two citywide inspections re Children on the edge of care & SEND the outcome letters have been published. Currently there are no specific actions for the Safeguarding Team but there are for the wider CCG especially within commissioning.</p>	Ongoing	Governing Body to note

Highest Quality Health Care - Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for providers within Sheffield CCG locality. The CQC monitors, inspects and regulates health and social care services. Only providers that are rated as either 'Requires Improvement' or 'Inadequate' in the month or have had a 'focussed inspection' will be displayed for information in the table below.

Organisation Name	Provider Name	Organisation Inspection Directorate	Specialism / Services	Date of Inspection report	Overall CQC Rating	CQC Rating	Report
SheffCare Limited	Paddock Hill	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Caring for adults over 65 yrs	11/12/2018	Requires Improvement	Is the service safe? – Requires improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires improvement	http://www.cqc.org.uk/location/1-123398973
The Burton Street Foundation Limited	Residential Support Services	Adult social care	Learning disabilities, Personal care, Caring for adults under 65 yrs	09/01/2019	Requires Improvement	Is the service safe? – Requires improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires improvement	http://www.cqc.org.uk/location/1-668230720

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for all GP practices within Sheffield CCG locality. The table shows the number of Sheffield practices rated under the 4 current CQC ratings.

Practice Overall Rating	Number of Sheffield GP Practices	Proportion of GP Practices
Outstanding	0	0%
Good	85	98%
Requires Improvement	2	2%
Inadequate	0	0%
TOTAL	87	100%

Data as at Quarter 3 2018-19

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for all GP practices within Sheffield CCG locality. The table shows the number of Sheffield practices rated under the 4 current CQC ratings.

Practice Overall Rating	Number of Sheffield Care Homes	Proportion of Care Homes
Outstanding	0	0%
Good	89	79%
Requires Improvement	19	17%
Inadequate	4	4%
TOTAL	112	100%

Data as at Quarter 3 2018-19

Highest Quality Health Care - Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for the 3 largest providers within Sheffield CCG locality. (Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health

Organisation Name	Date of latest inspection report	Specialism / Services	CQC rating	CQC Rating	Comments
Sheffield Teaching Hospitals NHS Foundation Trust https://www.cqc.org.uk/provider/RHQ	14/11/2018	Overall Rating	Good	Is the service safe? – Good Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Outstanding Is the service well-led? – Good	The result is an improvement since the previous visit. An action plan is being developed to address those areas requiring improvement and being managed via the contracting process
		Northern General Hospital	Good		
		Royal Hallamshire Hospital	Good		
		Weston Park Hospital	Requires Improvement		
		Charles Clifford Dental Hospital	Good		
		Community health services	Outstanding		
Sheffield Children's NHS Foundation Trust https://www.cqc.org.uk/location/RCUEE	26/10/2016	Overall Rating	Good	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Good	Full inspection due before March 2019
		Critical Care	Good		
		Medical Care	Good		
		Outpatients and diagnostic imaging	Good		
		Urgent and Emergency Services	Good		
		Neonatal services	Requires Improvement		
		Transitional services	Requires Improvement		
		Surgery	Good		
		End of life care	Outstanding		
Sheffield Health and Social Care NHS Foundation Trust https://www.cqc.org.uk/provider/TAH	05/10/2018	Overall Rating	Requires Improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	The Trust is being managed via the contracting process, site visits and a future Board to Board meeting.
		Wards for people with a learning disability or autism	Good		
		Long stay or rehabilitation mental health wards for working age adults	Good		
		Community mental health services with learning disabilities or autism	Good		
		Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement		
		Community-based mental health services for adults of working age	Good		
		Community-based mental health services for older people	Outstanding		
		Forensic inpatient/secure wards	Requires improvement		
		Mental health crisis services and health-based places of safety	Requires improvement		
		Substance misuse services	Good		
		Wards for older people with mental health problems	Good		

CCG IAF for 2017/18

The overall IAF ratings were published nationally on 12th July 18 and NHS Sheffield CCG was assessed as “ **Good**”, for the second year running, based on our delivery in the previous year (April 2017 to March 2018). There are four ratings: “Outstanding”; “Good” “Requires Improvement” - or “Inadequate”.

The IAF measures a CCG’s performance in a balanced way, assessing Quality of Leadership (25% of the overall score), Financial Management (25% of the score) and our performance against 50 indicators which look at outcomes of care, health outcomes, access to services, patient experience, public health indicators, and corporate governance. The 50 indicators provide a very broad overview of a CCG’s performance, looking at issues as diverse as: one year survival from all cancers; women’s experiences of maternity services; dementia care planning; neonatal mortality; patient experience of GP services, access to extended hours services in primary care, and inequalities in hospital admissions.

The IAF also includes assessment of six "Clinical Priority Areas", which include a range of measures covering issues such as outcomes, patient experience and access. Our assessments for Cancer and Maternity were published in August 2018. Our Cancer services were rated as "Good", whereas for Maternity we were rated as "Requires improvement", based on data from 2016 on 2017 on stillbirths and neonatal deaths, maternal smoking and patient experience. The CCG has been working with partners on these areas and we anticipate an improved rating when the assessment for 2018 -19 is published, although we do not know when this will be.

Recent publication of the remaining four Clinical Priority Areas, January 2019

During the autumn, NHSE undertook assessments were made of CCG performance against the other four Clinical Priority Areas: Mental Health, Dementia, Learning Disabilities and Diabetes. The results were made available in January 2019. These assessments are based on relevant clinical indicators used in the overall IAF and are in addition to the headline assessment of GOOD that Sheffield CCG achieved in July 2018. They relate to a year which has already passed (2017 -18) and will not be taken into account for our IAF rating for 2018 -19, which is expected to be published in July 2019.

The four latest assessments are described below, with an update of action being taken by the CCG.

Mental Health

Indicator Description	Target / national average	Sheffield Value	How to achieve good or outstanding	Value of indicator
IAPT recovery rate - Improving access to psychological therapies proportion of patients moving to recovery	50% (target)	48%	>50%	20%
IAPT Access - Improving access to psychological therapies, number of patients receiving services as a proportion of estimated need	3.95% (national average)	4.85%	Achieved	
EIP wait times - Number of Early Intervention in Psychosis patients seen in 2 weeks	50% (target)	53%	Achieved	20%
CRHT service provision - Crisis Resolution and Home Treatment service provision	Based on a survey	33%	80% - 100%	20%
Inappropriate OOA bed days - Number of out of area placement bed days	>10 and <200	3.1 bed days	Achieved	20%
Overall Rating		Requires Improvement		

Commentary - Mental Health

- **IAPT recovery rate** was 2% under target at Quarter 4 of 17/18. However, the latest figures show that this has improved to 50% of patients moving to recovery. Sheffield IAPT works with people with greater complexity of need, which subsequently impacts on their achievement of the recovery rate. Additionally, there had been a period of instability in the IAPT service as there were 10 new Long Term Conditions pathways in development for IAPT, and as a result, there had been staff movement that temporarily impacted on the core IAPT performance.
- The indicator for **Crisis Resolution and Home Treatment (CRHT)** is based on a survey of providers of mental health crisis service that was carried out on behalf of NHS England in the summer of 2018. Providers submitted details separately for each of the crisis teams that they operate. Sheffield CCG was linked to three crisis teams all provided by Sheffield Health and Social Care NHS FT. These are the Adult Home Treatment team (working age adults), Dementia Rapid Response and Functional Intensive Care Service (older adults)

As none of these services offer 24-hour coverage, and therefore do not offer 24-hour assessments, the services rated poorly. However, SHSC does have an Out of Hours and Crisis team that covers the evening and overnight demand for all client groups, and there is now 24-hour coverage for access to mental health services as a whole through the Single Point of Access (SPA). None of the teams listed above accept a self-referral from new patients, which further reduced the IAF rating, although the SPA triage process is now in place to screen and direct people to the correct services. All of the above teams reported that they do meet the 4-hour maximum waiting time within hours of operation.

Further impacting on this rating was the survey coincided with a period of restructuring of mental health services by SHSC, which was part of the Acute Care Reconfiguration. This was a disruptive process and not all services were in place in their new configurations. In addition, demand has increased significantly - many of the above teams have higher caseload numbers than the national average, and over the last 12 months, there has been a 40% increase in referrals into the SPA for access into mental health services overall, including those relating to a crisis response.

demand and gaps in services should be a priority for investment, to strengthen the response that the city offers to its citizens who experience mental ill health crisis. In the final quarter of 2018/2019, SHSC will open their Psychiatric Decision Unit, which will improve access to 24-hour assessment. This still will not provide open access referrals, as referrals will still be triaged within teams and SPA, and will not address the increase in service demands.

Dementia

Indicator Description	Target / national average	Sheffield Value	How to achieve good or outstanding	Value of indicator
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Improvement and Assessment Framework (IAF) 2017-18

Dementia Diagnosis rate - Estimated prevalence of people aged over 65 diagnosed with dementia	66.7% (target)	78.6%	Achieved	50%
Care plan and post diagnostic support - Proportion of people on the dementia register who have had a care plan review	77.6% (national average)	79.4%	Achieved	50%
Overall Rating	Outstanding			

Commentary - Dementia

Sheffield is an outstanding performer in this area.

Learning Disabilities

Indicator Description	Target / national average	Sheffield Value	How to achieve good or outstanding	Value of indicator
Reliance on Inpatient care for people with a learning disability or autism	Local target	68 per million registered population	Achieve target	50%
LD health check - Proportion of people with a learning disability receiving an annual health check	51.4% (national average)	44.1%	Achieved	25%
LD register - Proportion of population on GP learning disabilities register	0.49% (national average)	0.7%	Achieved	25%
Overall Rating	Requires Improvement			

Commentary - Learning Disabilities

The figures above for reliance on inpatient care reflect the position for the South Yorkshire and North Lincolnshire Transforming Care Partnership (TCP) Area as a whole, and not just Sheffield CCG. There was a variance of 18 patients across the 4 CCGs who are partners within the TCP. Sheffield CCG had been expecting to achieve a target of 9 patients in hospital at the end of Q4 2017/18, and therefore contributed 50% of the overall underachievement of the target trajectory.

- However, Sheffield did experience an unprecedented period of admissions for extremely complex patients at Q4 2016/17 and Q1, 2017/18, and had a higher number of patients stepped down to the CCG by NHSE Specialised Commissioning patients, than they had projected. These factors took us over trajectory at the Q4 of the second year of the Transforming Care Programme.
- The current TCP position as a whole is at Q3 18/19 is now 52 patients instead of the 43 projected target, therefore, there is a TCP variance of 9 patients overall. This is recognised to be a significant improvement and the TCP is expecting to meet the trajectory, within tolerance overall, at programme end at March 2019.
- It should also be noted that Sheffield patients do not account for this over variance, as Sheffield's contribution to the overall position at Q3 2018/19 and into Q4 is actually exceeding the national and TCP planning assumption for the end of the programme by the end of Q4, which has been noted by both the TCP Programme Lead and NHSE.

Diabetes

Indicator Description	Target / national average	Sheffield Value	How to achieve good or outstanding	Value of indicator
Achievement of NICE targets - Diabetes patients that have achieved all the NICE -recommended treatment targets	40.0% (national average)	36.8%	> = 37.9%	50%
Structured Education - Proportion of people with diabetes diagnosed less than a year who attend a structured education course	7.3% (national average)	20.2%	Achieved	50%
Overall Rating	Requires Improvement			

Commentary - Diabetes

There are three NICE recommended treatment targets for adults (HbA1c (blood sugar), cholesterol and blood pressure) and one for children (HbA1c). These have been selected because they are recognised evidence-based measures of whether patients with diabetes are being supported to successfully manage their condition.

The NHSE treatment & care programme has a workstream that specifically targets treatment targets including blood pressure. Our CCG's Primary Care Development Nurses have worked closely with practices to identify these patients encourage review of these patients and are setting up a network of practice nurse champions to spread best practice in achieving targets.

Sheffield CCG is now using some of the programme funding to pay for additional practice nurse capacity in a number of practices to proactively manage the treatment targets and early results are very promising. We ran a Primary Care education event ("PLI") on Diabetes last year, and intended to do further training in the year ahead.

Quality Premium

Composition of 2017/18 Quality Premium

Updated assessment following publication of assessment methodology

The CCG is required to agree a Quality Premium (QP) scheme with NHS England to recognise and reward progress against a national set of 5 overarching quality indicators. This also includes one locally chosen measure.

The table below sets out how the CCG has been assessed on performance for last year (2017 -18) and what this will mean for us financially. The data for Early Cancer Diagnosis will not be available until February / March 2019, so at present we are unable to determine whether 20.5% of the QP has been achieved.

Area	Quality Premium measure	Final assessment	Achieved?	Proportion of QP payment (updated Aug18)
1 Early Cancer Diagnosis	CCGs will need to either: 1. Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2017 calendar year compared to the 2016 calendar year OR 2. Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 & 2 in the 2017 calendar year <i>*invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin</i>	Data not available until February / March 2019		20.5%
2 GP Access and Experience	CCGs will need to demonstrate, in the July 2018 publication, either: 1. Achieving a level of 85% of respondents who said they had a good experience of making an appointment OR 2. A 3 percentage point increase from July 2017 publication on the percentage of respondents who said they had a good experience of making an appointment	Methodological changes mean that 2017 GP Patient Survey cannot be fairly compared to 2016, so the measure was dropped. The 17% that was allocated to this indicator has been re-attributed across all the other measures		
3 Continuing Health Care	Two equal parts: a) 80% of CHC eligibility decision made within 28 days AND	Target > 80% Achieved = 43.1%	NO	10.2%
	b) Less than 15% of full eligibility assessments must take place in hospital. [If only a) or b) is achieved, only half the payment can be made]	Target < 15% Actual = 21.9%	NO	10.2%
4 Mental Health (Improve inequitable rates of access to Children and Young People's Mental Health Services)	CCGs will need to demonstrate, in 2017/18: 1. At least a 14% increase in the number of individual children and young people aged under 18 with a diagnosable Mental Health condition receiving NHS community treatment compared to 2016/17 (2,385 baseline), AND	Target = 14% ↑ Actual = 39% ↑	NO	20.5%
	2. the increase in activity necessary to enable 32% of children and young people aged under 18 with a with a diagnosable Mental Health condition receiving NHS community treatment when they need it (prevalence 11,218)	Target > 32% Actual = 21.7%		

Quality Premium

Area	Quality Premium measure	Final assessment	Achieved?	Proportion of QP payment (updated Aug18)
5 Bloodstream Infections	This measure consists of 3 parts; Part a) Reducing gram negative blood stream infections (BSI) across the whole health community by:			
	i) a 10% reduction in 2017/18 in all E Coli BSI reported at CCG level based on 2016 performance	Target = 10% ↓ Actual = 4.7% ↑	NO	7.2%
	ii) Collection and reporting of a primary care data set on E.coli in Q2-Q4 of 2017/18 [worth 10% of whole measure] revised weighting 2.0% of total QP	No data = Achieved	YES	2.0%
	Part b) Reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care			
	i) A 10% reduction in the Trimethoprim to Nitrofurantoin prescribing ratio for 2017/18 (based on Jun15-May16 data = 2.004)	Target = 10% ↓ Actual = 64% ↓	YES	4.6%
	ii) 10% reduction in prescribing of Trimethoprim to people aged over 70 for 2017/18 (based on Jun15-May16 data = 12,306)	Target = 10% ↓ Actual = 30% ↓	YES	4.6%
	Part c) Sustained reduction of inappropriate prescribing in primary care. Measured by STAR-PU must be equal to or below 2013/14 average performance value of 1.161 items per STAR-PU	Target <= 1.161 Actual = 1.062	YES	2.0%
Local measures	Rate of people on the Care Programme Approach per 100,000 population (mental health services). Target is to increase the number of service people on CPA by 5% per annum from a baseline of Sep-16, to be measured at Mar-18 (from 237.83 (baseline) to 249.76 (target))	Target = 5.0% ↑ Actual = 0.4% ↑	NO	18.1%

NHS Constitution requirements	Constitution measure - CCGs are required to achieve their planned level of performance (as submitted to NHS England) during 2017/18	Final Assessment	Achieved?	Reduction applied to QP payment if not achieved
NHS Constitution measures affecting Quality Premium	Maximum 18 weeks from referral to treatment - incomplete standard	Target >= 92.0% Actual = 95.7%	YES	33.3%
	Maximum four hour waits in A&E departments standard	Target >= 95.0% Actual = 85.2%	NO	33.3%
	Maximum 2 month (62 day) wait from urgent GP referral to first definitive treatment for cancer	Target >= 85.0% Actual = 85.2%	YES	33.3%
	Maximum 8 minute response for Category A (Red 1) ambulance calls. Although new standards have been devised for NHS Ambulance Trusts during 2017/18 these are not being implemented until 2018/19. Consequently, no ambulance standard will be assessed as part of the 2017/18 Quality Premium			

Appendix 1

Gluten Free Prescribing Impact Update

1.1 Introduction

In 2018 NHS Sheffield CCG took a decision to recommend that adult patients with coeliac disease should not be prescribed gluten free food. Exceptionality was at the discretion of GPs on an individual patient basis; where they thought there was a potential harm to patients through inability to purchase gluten freed foods or prepare a gluten free diet themselves.

This paper reviews the outcomes of this policy with recommendations for the future.

1.2 Background

The national prevalence of coeliac disease is 1% (1) so there are likely to be 5000 people in Sheffield who have it whether diagnosed or not.

Our estimate is that there are 2,228 patients with a coeliac code on Systmone. On the assumption that 75% of practices use this electronic patient record, there should be $2,228 \times 100 / 75$ or 2971 diagnosed patients. Thus around 2,000 have not been diagnosed in line with national estimates.

We also estimate that around 1700 are followed up in secondary care, meaning that for 1270 or so their sole care is at their GP practice. Coeliac disease is not included in the Quality Outcomes Framework and there appear to be no valid mechanisms to assess how much care planning takes place for this condition. NICE NG20 recommends a comprehensive annual review. (2)

Poor control through continuing to consume food containing gluten can result in reduced absorption of some nutrients for example iron and vitamin D. There is a risk of long term complications including osteoporosis, ulcerative jejunitis, functional hyposplenism; it can result in a neuropathy with balance and sensory problems, and carries an increased but low risk of cancer (lymphoma of the bowel).

1.3 National Context

The Department of Health and Social Care have recently published the outcomes of a national consultation around gluten free prescribing. ¹The consultation looked at three options; option 3 was the preferred option.

Option 1 – Make No Changes: Make no changes to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004;

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753733/responses-to-the-consultation-on-gluten-free-food-regulations.pdf

Option 2 – End prescribing of GF foods: To add all GF foods to Schedule 1 of the above regulations, or to amend the above regulations, to end the prescribing of GF foods in primary care;

Option 3 – Restrict prescribing of GF foods: To only allow the prescribing of certain GF foods (e.g. bread and mixes) in primary care.

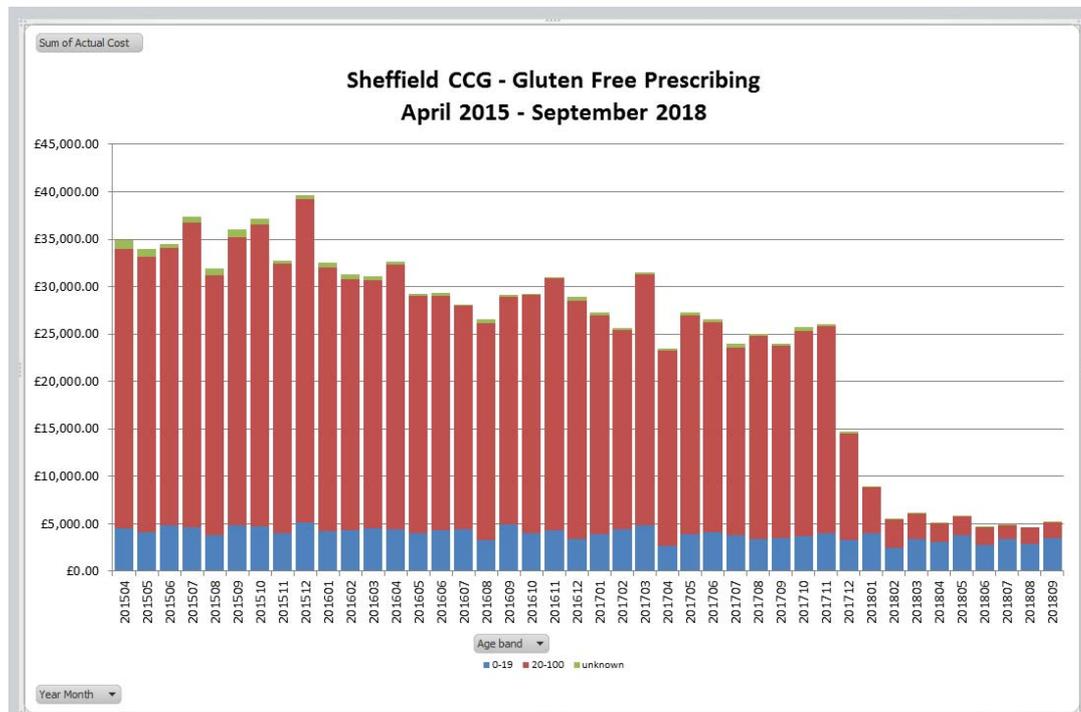
The data from the national consultation impact assessment showed that stopping all gluten free prescribing would save more NHS money and provide more health benefits (**assuming savings were reinvested into other services to generate health gains**). The DHSC went for option 3 to mitigate the health risks to patients with coeliac disease. The allowance within the local policy for GPs to apply discretion should help to mitigate this risk.

2.0 Financial Impact - Prescribing data

Comparing the 6 months following the amendment to the prescribing policy, April to September 2017, with the same period in 2018 the spend on gluten free foods has decreased from £150,000 to £30,000, indicating a full year saving of £240,000.

14/83 practices stopped altogether; the rest continued to prescribe but at a much lower level. With a few exceptions practices have substantially reduced their prescribing, with an average reduction of 80% in the number of items prescribed, and ranging from a reduction of 15-100%.

The graph below shows how prescribing has dropped, the blue represents prescribing in <20 years, thus showing the biggest impact has been on the reduction in prescribing in adult patients.



3.0 Impact on patients

Concerns were expressed by key clinicians, GB members and patient groups about the impact this policy would have on the health of patients, particularly those reliant on free prescriptions for GF foods that might form a significant part of their calorific intake.

The Elective Care Team had undertaken to measure this. We conducted a review of the literature and approached colleagues at the CCG and in the gastroenterology department. However there is no established way to estimate at a population level, for instance checking for gluten antibodies, haemoglobin or iron levels or weight. The only valid measure would be to subject patients to duodenal biopsy which was of course not feasible.

The impact assessment report for the consultation on The Availability of Gluten-Free Food on Prescription in Primary Care looked at whether availability of gluten free products on prescriptions increased adherence to a GF diet. The evidence was not conclusive and the papers acknowledged that adherence to a GF diet varied greatly and was affected by multiple factors. The following were cited as factors that may improve adherence; *better quality choice, cost and availability of GF food, followed by improved awareness and understanding, clearer and universal product labelling and clearer information when eating out.* (3)

We have received a total of 9 formal complaints in the year, 11 enquiries from local Members of Parliament and 11 further comments/concerns. This is comparable with previous years. Appendix B details the concerns.

We did explore the availability of gluten free foods at shops and in particular low cost supermarkets in areas of deprivation; this may disadvantage people in areas of socio-economic variation. It was noted however that all major supermarkets (which offer online ordering) do stock a wide range.

4.0 Conclusion and Next Steps

NHSCCG will have to adopt the national guidance and restrict any prescribing of gluten free products to breads and flour (see appendix 1 for permitted list).

However we will have to decide whether to continue our restrictions based on a baseline view that GPs should not routinely prescribe GF products to adults, but to exercise discretion on individual patient or family need. Note, currently children are unaffected.

The alternative is to continue the restriction to bread and flour but relax the restrictions on who to prescribe to.

One factor in this discussion that has been raised repeatedly is the relatively poor provision of community dieticians in Sheffield that could support patients struggling to manage a gluten free diet with or without prescribed supplements.

It is proposed that the Elective Care Team should explore the potential for an enhanced community dietician service, one of whose aims is to enhance care for

patients with coeliac disease in deprived communities. This would help reduce demand and expenditure on hospital specialist care; incorporating this with a care home support model we could continue making a substantial saving and direct the dietetic resource to those areas of greatest need.

5.0 Recommendations:

- 1 For adult patients NHS CCG should continue to advise prescribers only to prescribe from a directory limited to GF bread and flour (appendix 1), and only to patients they identify as having particular financial or other difficulties making adequate nutrition hard without prescription.
- 2 The elective team should explore the potential for an enhanced community dietician service one of whose aims is to enhance care for patients with coeliac disease in deprived communities.

Paper prepared by: Dr. Charles Heatley, Clinical Director for Elective Care

On behalf of: Brian Hughes, Director of Commissioning and Performance

Date: 7 March 2019

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(1)<http://www.drschaer-institute.com/uk/coeliac-disease/epidemiology-1033.html>
Incidence and Prevalence of Celiac Disease and Dermatitis Herpetiformis in the UK Over Two Decades: Population-Based Study. Joe West , Kate M. Fleming, Laila J. Tata, Timothy R. Card and Colin J. Crooks , Am J Gastroenterol 2014; 109:757–768; doi: 10.1038/ajg.2014.55;

(2)<https://www.nice.org.uk/guidance/ng20/chapter/Recommendations#monitoring-in-people-with-coeliac-disease>

(3)**National impact assessment**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678183/Equality_impact_assessment_-_GF_food.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735078/impact-assessment-for-consultation-on-gf-foods-on-nhs-prescription.pdf

(4)[Adult referral form - Community Dietitians - Oct 2017.doc](#)

(5)[Coeliac%20Pathway%20-%20Leeds-3 \(1\).pdf](#)

Appendix 1 – Gluten free items that are available on the NHS (as of December 2018)

Barkat gluten-free all purpose flour mix	Barkat gluten-free brown rice bread
Barkat gluten-free hi-fibre bread mix	Barkat gluten-free par-baked baguettes
Barkat gluten-free par-baked rolls	Barkat gluten-free par-baked white bread sliced
Barkat gluten-free wheat free multigrain rice bread	Barkat gluten-free white rice bread
Barkat gluten-free wholemeal sliced bread	Ener-G gluten-free brown rice bread
Ener-G gluten-free dinner rolls	Ener-G gluten-free rice loaf
Ener-G gluten-free Seattle brown loaf	Ener-G gluten-free tapioca bread
Ener-G gluten-free white rice bread	Finax gluten-free coarse flour mix
Finax gluten-free fibre bread mix	Finax gluten-free flour mix
Genius gluten-free brown sandwich bread sliced	Genius gluten-free seeded brown farmhouse loaf sliced
Genius gluten-free white sandwich bread sliced	Glutafin gluten-free 4 white rolls
Glutafin gluten-free baguettes	Glutafin gluten-free bread mix 32
Glutafin gluten-free fibre bread mix	Glutafin gluten-free fibre loaf sliced
Glutafin gluten-free high fibre loaf sliced	Glutafin gluten-free multipurpose white mix
Glutafin gluten-free part-baked 2 long white rolls	Glutafin gluten-free part-baked 4 fibre rolls
Glutafin gluten-free part-baked 4 white rolls	Glutafin gluten-free Select bread mix
Glutafin gluten-free Select fibre bread mix	Glutafin gluten-free Select fibre loaf sliced
Glutafin gluten-free Select fresh brown loaf sliced	Glutafin gluten-free Select fresh seeded loaf sliced
Glutafin gluten-free Select fresh white loaf sliced	Glutafin gluten-free Select multipurpose fibre mix
Glutafin gluten-free Select multipurpose white mix	Glutafin gluten-free Select seeded loaf sliced
Glutafin gluten-free Select white loaf sliced	Glutafin gluten-free wheat-free fibre mix
Glutafin gluten-free white loaf sliced	Glutenex gluten-free white bread mix
Innovative Solutions gluten-free bakery blend	Just: gluten-free good white bread sliced
Just: gluten-free good white rolls	Just: gluten-free white sandwich bread
Juvela gluten-free bread rolls	Juvela gluten-free fibre bread rolls
Juvela gluten-free fibre loaf sliced	Juvela gluten-free fibre loaf unsliced
Juvela gluten-free fibre mix	Juvela gluten-free fresh fibre loaf sliced
Juvela gluten-free fresh fibre rolls	Juvela gluten-free fresh white loaf sliced
Juvela gluten-free fresh white rolls	Juvela gluten-free harvest mix
Juvela gluten-free loaf sliced	Juvela gluten-free loaf unsliced
Juvela gluten-free mix	Juvela gluten-free part-baked fibre bread rolls
Juvela gluten-free part-baked fibre loaf	Juvela gluten-free part-baked loaf
Juvela gluten-free part-baked white bread rolls	Lifestyle gluten-free brown bread
Lifestyle gluten-free brown bread rolls	Lifestyle gluten-free high fibre bread rolls
Lifestyle gluten-free white bread rolls	Mums Mill gluten-free quick bread mix
Orgran gluten-free bread mix	Proceli basic mix
Proceli gluten free part-baked baguettes	Tobia Brown Teff Bread Mix
Tobia White Teff Bread Mix	Tritamyl gluten-free brown bread mix
Tritamyl gluten-free flour mix	Tritamyl gluten-free white bread mix
Warburtons gluten free brown bread sliced	Warburtons gluten free brown rolls
Warburtons gluten free white bread sliced	Warburtons gluten free white rolls

Appendix B Concerns and complaints since the policy was introduced

Ref	Type	Description
4200.16	Concern	Concerns regarding recent changes for patients with Coeliac Disease in Sheffield. Reduction in amount of gluten-free food available on prescription
4208	Complaint	My constituents were somewhat displeased with the notion that “Sheffield CCG’s decision to restrict the number of units is considerably more generous than those CCGs who have decided to remove these items from prescription already”, because they inform me that approximately 70% of CCGs are continuing to fulfil national prescribing guidelines for gluten-free foods, whereas Sheffield is not proposing to do that.
4240.16	Complaint	Withdrawal of gluten free foods on prescription for patients with coeliac disease.
4241.16	MP Enquiries	reduction in gluten free foods available on prescription
4245.16	Complaint	Concerns regarding the withdrawal of gluten free products on prescription.
4253.16	Complaint	withdrawal of gluten free food on prescription for coeliac patients
4258.16	MP Enquiries	Enquiry into consultations of the introduction of the new policy regarding limitations on prescription for gluten free food...
17.2016	Complaint	Concern from constituent regarding the SCCG decision to reduce gluten free prescriptions.
44.2016	MP Enquiries	Follow up response/enquiry to Maddy's response to complaint - 4208/16, from Nick Clegg. MP wants to know if the CCG will consider overturning the decision about gluten-free prescribing given all of the responses and feedback from coeliac patients.
51.2016	Complaint	Complaint from MP Mann on behalf of his constituent regarding the CCG's gluten-free prescribing policy.
344.2017	MP Enquiries	MP that says the CCG has had a public meeting on gluten free prescribing and plans to review the policy with local clinicians and Coeliac UK representatives. I would be grateful if you could provide a briefing about this so that Louise is fully up to speed with what the CCG is doing on this particular matter.
422.2017	Comment	Enquiry regarding receiving gluten free on prescription.
459.2017	Concern	Letter of concern regarding the proposal to stop the prescription of gluten free foods for adults aged 18 and above. to be addresses as part of the consultation led by meds management
460.2017	MP Enquiries	Letter sent on behalf of Louise Haigh's constituent about the ongoing issue of the CCG'S policy regarding Gluten Free prescriptions and in particular the recently announced consultation.
479.2017	MP Enquiries	MP enquiry regarding constituent's concern to the withdrawal of gluten free products.
493.2017	MP Enquiries	Withdrawal of gluten-free foods on prescription for patients with coeliac disease.
537.2017	MP Enquiries	Meds Man has received a call from Louise Haigh’s office asking to speak with someone about gluten free.

540.2017	Concern	<p>Regarding the decision by the Sheffield CCG to withdraw prescriptions for Gluten Free products from 1st December 2017.</p> <p>I was diagnosed by a biopsy twenty five years ago with the Coeliac disease and told that I must follow a Gluten free diet for the rest of my life. This decision seems to me very unfair, as the Gluten free staple (Bread) on prescription is a great help. The price of a small Gluten free loaf in most stores is approximately £2.80 - £3, much more expensive than regular bread.</p> <p>I am now 73 years old and would find this withdrawal expensive to cope with and not easy to manage. I intend to see my GP about this as I understand that she may be able to use clinical discretion on this matter.</p>
551.2017	Concern	Correspondence regarding prescriptions for Gluten Free products.
554.2017	Complaint	<p>Telephone call regarding Gluten free prescriptions, with the following issues:</p> <ul style="list-style-type: none"> •He has not been consulted on this change •His medical conditions (insulin dependent diabetic & due to heart condition cannot have potatoes due to their high potassium) should exempt him from the decision •The expense of gluten free products £2.60 for a small (400g) loaf •The brand Juvela is not available in supermarkets •Gluten free products are the same as a medicine to him rather than a food, due to his medical conditions. •This decision has not been thought through <p>I advised complainant that his concerns would be raised with the appropriate staff and that we would respond to him.</p>
579.2017	Concern	Changes to the Gluten free prescribing- requesting a refund from the CCG for prescription prepayment certificate 10104269154
586.2018	Complaint	Concerns regarding short notice given about end of gluten free prescribing. Complainant had purchased pre-paid prescription which they have been unable to use and request refund.
597.2018	Complaint	<p>I am writing to complain about the recent decision of the commissioning group to prevent patients with coeliac disease getting access to gluten free flour. I suffer from both coeliac disease and osteoporosis. I need to get Juvela flour mix as I cannot tolerate the other makes and I add dried milk powder, seeds, nuts to it so that I have the nutrients to combat osteoporosis.</p> <p>I totally agree with the banning for all the other items containing sugar and which are not staples but I am now faced as a pensioner with paying at least £9 for one loaf lasting a week. Why also is it only available to age 18? It is not something people grow out of.</p>
647.2018	Enquiry	As a diagnosed coeliac and patient at one of your practices in Sheffield, please can you advise if you will now be resuming prescribing of gluten free staples as per this directive from the DoH?

730.2018	MP Enquiries	<p>I have been contacted by the above named constituent with regards to gluten-free prescriptions.</p> <p>He has been advised by his GP clinic at Jordanthorpe that he has to pay for gluten-free prescriptions, which will cost him in the region of £100 a month, which is significant proportion of his state pension.</p> <p>He would like some clarification about the matter and I would be grateful if you could provide this.</p>
801.2018	MP Follow Up	<p>Further email from MP on behalf of constituent who is unhappy with the CCG response regarding gluten free prescribing. Feels that Coeliacs should be able to buy bread at the same price as everyone else and that CCG should ask manufacturers why GF products are so expensive.</p>
852.2018	Enquiry	<p>Telephone enquiry received asking why it is that gluten free prescriptions are prescribed in one area of Sheffield compared to other areas of Sheffield which don't.</p> <p>His wife has coeliac and requires gluten free products and he is his carer they find the products expensive and been managing for the past 5-6 months but it is becoming too costly.</p>
860.2018	MP Follow Up	<p>MP requesting an update regarding gluten free prescribing</p>
927.2018	Concern	<p>Despite Department of Health supporting access to gluten free bread & flour on prescription, GP says cannot go against CCG guidance. Requests that CCG contacts GP to request that these are prescribed or provide reasons why given the decision by DH, SCCG does not allow these products to be prescribed by GPs.</p>
928.2018	Enquiry	<p>Enquiring if CCG has changed its stance on gluten free prescribing</p>
945.2018	Enquiry	<p>Enquiry into gluten free prescriptions for adults</p>