

**Oxfordshire Clinical Commissioning Group  
Board Meeting**

<b>Date of Meeting:</b> 29 November 2016	<b>Paper No:</b> 16/82
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<b>Title of Presentation:</b> Integrated Performance Report
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<b>Is this paper for</b> (delete as appropriate)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<p><b>Purpose and Executive Summary (if paper longer than 3 pages):</b> To update the Committee on quality and performance issues to date.</p> <p>The Integrated Performance Report is designed to give OCCG Board assurance of the processes and controls around quality and performance. It contains analysis of how OCCG and associated organisations are performing. The report is comprehensive, but seeks to direct members to instances of exception.</p>
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<b>Financial Implications of Paper:</b>
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<p><b>Action Required:</b></p> <p>The OCCG Board is asked to note the report.</p>
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<b>NHS Outcomes Framework Domains Supported</b> (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

<b>Equality Analysis completed</b> (please delete tick and attach as appropriate)	Yes	No	Not applicable ✓
<b>Outcome of Equality Analysis</b>			

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# Oxfordshire CCG Integrated Performance Report

for Board

v.Final

September 2016



North



North East



Oxford City



South East



South West



West

# Executive Dashboard



Oxfordshire  
Clinical Commissioning Group

Finance Overview – note different reporting months

Reporting period	Provider	YTD				Rating
		Plan cost £000	Actual cost £000	Variance £000	%	
5	Oxford University Hospitals NHS Foundation Trust	£132,083	£132,084	£1	0.00%	Green
5	Royal Berkshire NHS Foundation Trust (not excluded drugs)	£8,584	£8,403	-£181	-2.11%	Green
5	Horton Treatment Centre (Ramsay)	£3,095	£3,149	£54	1.74%	Amber
5	Oxford Health FT	£50,476	£50,678	£202	0.40%	Amber
5	SCAS 999	£8,831	£9,041	£210	2.38%	Amber

Forecast						Move-ment from last month
Plan cost £000	Actual £000	Variance £000	%	Rating		
£ 317,000	£ 317,000	£ -	0.00%	Amber	→	
£ 20,600	£ 20,168	-£ 432	-2.10%	Green	↑	
£ 7,428	£ 8,058	£ 630	8.48%	Amber	↓	
£ 122,996	£ 123,252	£ 256	0.21%	Amber	↓	
£ 21,194	£ 21,782	£ 588	2.77%	Amber	→	

Performance Overview

Measure	Target	Period	OCCG	Rating
RTT	Incomplete Pathways - all patients	92%	4	91.20% Red
2 week	6.3 - Cancer Two week waits	93%	4	95.40% Green
	6.4 - Breast symptoms Two week waits	93%	4	94.90% Green
31 Day	7.4 - 31 Day First Treatment	96%	4	94.40% Red
	7.11 - 31 Day Subsequent Treatment (Surgery)	94%	4	97.50% Green
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	98%	4	100.00% Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	94%	4	97.40% Green
62 Day	8.4 - Cancer Plan 62 day standard (Tumour)	85%	4	76.30% Red
	9.4 - CRS 62 Day screening standard (Tumour)	90%	4	100.00% Green
Ambulance response time	Cat A8 - Red 1	75%	4	65.40% Red
	Cat A8 - Red 2	75%	4	69.70% Red
	Cat A19	95%	4	91.60% Red
4 hour wait	OUHT	95%	4	87.60% Red
	RBFT	95%	4	91.00% Red
	OHFT	95%	4	94.96% Red

OUHT^	Tracking
90.00%	Red
95.10%	Green
95.50%	Green
92.40%	Red
97.20%	Green
100.00%	Green
96.10%	Green
73.00%	Red
100.00%	Green
87.60%	Red

RBFT^	Tracking
94.50%	Green
97.00%	Green
98.00%	Green
98.30%	Green
94.40%	Green
98.50%	Green
99.00%	Green
82.80%	Red
81.40%	Red
91.00%	Red

2016/17 YTD (to end August)	Oxon*	Primary care	OUHT	RBFT	OHFT	Independent providers
Never events	4		2	0.0^	0.0	2
MRSA incidents	Limit	0	0	0	0	0
	Actual	4	2	2	0	0
C Difficile incidents	Limit	61	29	11	3	
	Actual	80	45	29	7	2

KPI	May	Jun
Access 15%	15.9%	15.1%
Recovery 50% 6 week wait	50.6%	50.0%
75% 18 week wait	74.5%	82.5%
95%	94.9%	95.9%

Friends and family - patients likely or extremely likely to recommend (July 2016)	OUHT	RBFT	OHFT	Independe nt	National NHS
The care given at this organisation (staff - Q1 16/17)	88%	85%	78%	N/A	80%
Inpatient (Patient)	96%	99%	N/A	98%	95%
Accident & Emergency (Patient)	83%	92%	N/A	N/A	85%

Key - for Finance overview	
10%	Over/under
3.00%	Over/under
<3.0%	Over/under
↑	Variance =
↔	variance =
↓	Variance =

# Quality and Performance Dashboard -all providers



Oxfordshire  
Clinical Commissioning Group

	Target	Jul '15	Aug '15	Sep '15	Oct '15	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	YTD *		
RTT	Incomplete % within 18 weeks	92%	93.7%	93.8%	93.6%	93.6%	94.0%	93.6%	93.3%	93.2%	92.7%	92.7%	92.7%	92.3%	91.2%	92.2%	
	Incomplete 52+ week waits	0	2	3	4	0	1	3	2	2	1	3	8	9	6		
Diagnostics % waiting over 6 weeks		1%	0.2%	0.2%	0.3%	0.4%	0.3%	0.7%	0.7%	0.4%	0.8%	0.9%	0.7%	0.6%	0.5%	0.7%	
Cancer	Two Week Wait	93%	94.2%	91.9%	93.1%	94.1%	93.5%	90.7%	89.0%	93.3%	91.5%	88.7%	92.8%	94.7%	95.4%	92.8%	
	Two Week Wait - Breast Symptom	93%	92.1%	92.5%	94.9%	97.8%	97.4%	94.8%	92.3%	95.8%	97.9%	93.2%	90.6%	94.6%	94.9%	93.4%	
	31 Day First Treatment (Diagnosis to Treatment)	96%	98.5%	97.5%	96.3%	98.4%	98.5%	98.0%	96.0%	96.1%	96.3%	96.6%	94.8%	96.0%	94.4%	95.5%	
	31 Day Subsequent Treatment (Surgery)	94%	98.0%	97.3%	96.4%	97.5%	100.0%	98.1%	96.1%	93.7%	94.6%	93.2%	95.5%	100.0%	97.5%	96.5%	
	31 Day Subsequent Treatment (Chemotherapy)	98%	100%	100%	100%	100%	100.0%	98.5%	98.1%	100.0%	98.8%	100.0%	98.9%	100.0%	100.0%	99.7%	
	31 Day Subsequent Treatment (Radiotherapy)	94%	99.0%	98.9%	94.9%	97.3%	95.7%	100.0%	92.2%	100.0%	91.9%	78.0%	94.7%	96.2%	97.4%	91.6%	
	62 Day Standard	85%	86.7%	88.9%	89.3%	84.6%	88.9%	87.3%	87.4%	83.9%	86.0%	79.1%	84.9%	75.3%	76.3%	78.9%	
	62 Day Screening	90%	91.7%	95.0%	100.0%	100.0%	88.2%	100.0%	100.0%	94.1%	100.0%	100.0%	95.8%	84.6%	100.0%	94.6%	
A & E	4 Hour Wait	OUHT	95%	96.5%	93.8%	90.6%	88.0%	88.8%	88.2%	84.4%	77.6%	78.9%	87.6%	87.0%	88.2%	87.6%	87.6%
		RBFT	95%	95.7%	96.1%	95.3%	94.5%	94.9%	95.8%	93.9%	88.0%	88.9%	91.1%	93.2%	95.3%	91.0%	92.6%
		OHFT	95%	96.1%	97.1%	96.3%	95.1%	96.9%	97.5%	97.0%	95.2%	96.2%	94.5%	95.5%	97.5%	94.96%	95.6%
	12 Hours Trolley Wait	OUHT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		RBFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delayed Transfers of Care from hospital per 100,000 pop. per month			1052	974	969	1018	1005	791	890	784	881	717	712	622	506	635	
Dementia Diagnosis	Target		64.8%	65.0%	65.3%	65.5%	65.8%	66.0%	66.3%	66.5%	67.0%	65.1%	65.3%	65.4%	65.5%	67.0%	
	Actuals			64.9%	65.3%	65.5%	66.0%	66.0%	66.5%	66.4%	66.7%	65.8%	65.7%	66.3%	67.0%	67.0%	
HCAI	Incidence of C-Diff - YTD		52	63	79	106	117	131	140	148	157	15	35	19	59	59	
	Incidence of C-Diff - YTD Ceiling		48	61	73	85	98	111	124	135	145	11	23	35	48	48	
	MRSA	0	2	1	1	2	0	1	0	1	0	0	1	2	0	3	
A&E (MIU-Type 3)		4 hour wait	95%	96.1%	97.1%	96.3%	95.1%	96.9%	97.5%	97.0%	95.2%	96.2%	94.5%	95.5%	97.5%	94.96%	95.6%
Mental Health	IAPT	Access	15%	17.1%	13.9%	14.6%	18.3%	17.2%	13.2%	16.7%	18.0%	16.5%	15.9%	15.1%		15.5%	
		Recovery	50%	50.6%	52.7%	51.2%	46.1%	45.3%	46.7%	49.4%	49.5%	51.0%	50.6%	50.0%		50.3%	
	People waiting from referral to entering a course of IAPT treatment as % of people who finish a course of treatment.	6 weeks	75%	65.3%	73.9%	66.3%	66.4%	66.7%	72.5%	73.7%	70.6%	70.1%	74.5%	82.5%		78.5%	
		18 weeks	95%	92.1%	94.3%	90.5%	91.6%	91.7%	92.2%	94.9%	93.3%	95.7%	94.9%	95.9%		95.4%	
	Oxfordshire Ambulance Response Time	Cat 1	75%	68.8%	70.6%	69.5%	70.1%	65.4%	78.4%	72.0%	72.6%	58.0%	73.8%	74.5%	72.4%	65.4%	71.1%
Cat 2		75%	68.3%	68.4%	68.7%	72.5%	75.8%	73.1%	72.8%	68.6%	65.9%	74.5%	71.9%	73.4%	69.7%	72.4%	
Cat 19		95%	91.7%	92.5%	92.9%	93.3%	95.0%	93.7%	94.6%	92.8%	92.5%	95.3%	93.6%	92.2%	91.6%	93.2%	

**Key Issues and mitigation**

**52 week waits**  
The number for month 4 has reduced slightly at OUH. The specialty is trauma and orthopaedics. The other 2 long waits are at Imperial College FT and North Bristol and are both T&O.

**Incompletes**  
OUH did not meet this standard with 90%. The specialties are: T&O, Spinal, Neurosurgery, Gynaecology, ENT and Plastics.

**62 day standard**  
RBHFT remedial action plan in place and performance has improved. July standard and screening standard were missed (82.58% and 81.40%) but was much higher than the agreed trajectory (76.8%) . Recovery expected Q3 for both targets. OUHFT failed to meet the 62 day standard as per the agreed trajectory. However, their position is lower (73.02%) than the agreed target for July (78%). Recovery is expected September 16 reported in November 16. OUHFT and OCCG Cancer action plans are in place but concerns are being escalated.

**A and E – four hour waits**  
The A&E performance against the 4 hour target continues to show signs of improvement and consistency. Whilst OUHFT have not met the 95% target, they are ahead of schedule on their revised trajectory which states achievement of 84% in Q1, 87.6% was actually achieved. There is, however, an unresolved issue on NHSI trajectory and OUHFT claimed agreed trajectory, whilst the Q1 submitted trajectory still to be formally agreed and remaining quarterly trajectories currently subject to negotiation.  
September 2016 saw the inaugural meeting of the Oxfordshire A&E Delivery Board. OUHFT have identified the following Top 3 actions to improve A&E performance:  

1. Streaming at the front door
2. Better patient flow management
3. Improving discharge processes

All patients have similarly identified priority areas, additional doctors and reshaping of the assessment actions should impact in October.  
High numbers of attendances continue to make way to A&E at both the Horton and the JR an increase of 8% on last year (YTD).

**Dementia Diagnosis**  
On track.

# Quality premium – 16/17 tracker

The Quality Premium is a financial incentive for the CCG. The incentive requires both achievement of the constitution measures and achievement of each of the quality premium measures. For each constitution measure achieved, 25% of the £3.5m is available depending on achievement of the quality premium measures. Based on July's performance, we would achieve £0. However, performance for the constitution measures is based on Q4 2016/17 according to our STP trajectories. This means that we have time to improve performance and achieve the incentive.

Constitution standard	Owner	Penalty	OCCG July 16 position	Actions and mitigation
<b>RTT-incomplete (92%)</b>	Sharon Barrington	-25%	<b>91.2%</b>	Providers challenged by exception by specialty through the contract by Planned Care team and in regular meetings outside of contract meetings. Cancellations of theatre time is being worked on with improved access to preadmission clinics for high risk patients. Capacity matching to demand is ongoing both for outpatients and elective surgery. July is the only month we have not been compliant this year.
<b>A&amp;E waits (95% within 4 hrs)</b>	Sara Wilds	-25%	<b>87.6%</b>	Provider, commissioners and NHS E discussing trajectory for 16/17, A+E delivery board established with new system wide plan to be reported in October 2016.
<b>Cancer waits – 62 days (85%)</b>	Shelley Hayles & Laura Carter	-25%	<b>76.3%</b>	Regular meetings in place with provider to address waits as well as bi-monthly OUHFT/OCCG Cancer meetings. OUHFT and OCCG Cancer Action Plans in place. Focus on 62 week target, launch of SCAN, Screening, Survivorship and use of mandatory 2ww proforma.
<b>Category A Red 1 ambulance calls (75%)</b>	Sara Wilds	-25%	<b>65.4%</b>	Thames Valley CCGs have issued a contract notice, and are managing a comprehensive remedial action plan in that context. OCCG are supporting.

Quality premium measures	Position
<b>National (20%) – 4% improvement of a subset of cancers diagnosed at stage 1 or 2 against previous year</b>	Unclear and at risk– 12+ month lag, so last years' performance will be used for final payment. Historic data (Q4 2013 = 48.3%, rate of improvement ~1-3% a yr) shows improvement required unlikely.
<b>National (20%) – 83.25% improvement of respondents to GP Patient Survey report a good experience of making an appointment</b>	July 2016 survey showed 80.25%. Data collection for next year starting January. Further investment for GP access sought by primary care team but not likely to impact in the short term. Increasing pressure on primary care are likely to affect patients' experience of making an appointment.
<b>National (20%) – &gt;80% of GP referrals made as e-referrals against previous year</b>	81% M2 2016/17. 2 week wait referrals coming online, which should increase performance.
<b>National (10%) – 5% reduction in antibiotics prescribed by primary care, and a 5% reduction in the proportion of a subset that are broad spectrum</b>	The overall antibiotic items per STAR PU (weighted population) has already achieved its target. The second target - set of broad spectrum antimicrobials as a proportion is close to the target but requires further work from the pharmacy advisors.
<b>Local (10%) – &gt;49.5% of pregnant women are vaccinated for flu from 1<sup>st</sup> Sept 16 to 31<sup>st</sup> Jan 17 (i.e. an increase on 2015/16 performance)</b>	Jemma Graham & Claire Ward Jackson working with provider and flu group respectively to support. Localities team has been briefed on messaging.
<b>Local (10%) – Increase the proportion of those with anxiety/depression accessing IAPT to 15.3% by end of 2016</b>	Q1 HSCIC reports show 2,615 contacts against an annual target of 9,289, which provides a margin of 293 patients for Q1. Provider reports suggest Q2 will provide more of a margin but national reports do not always correspond.
<b>Local (10%) – 35.6% of Oxfordshire residents will have had an NHS Health Check by 31<sup>st</sup> Dec 16</b>	The public health team are on track with a comfortable margin, with GPs having seen 8,162 in the first 6 months against a target of 13,142 for the whole year

# New: Six clinical priority areas baseline assessment

- ❑ The CCG Improvement and Assessment Framework (CCGIAF) will include the six clinical priority areas. These are diabetes, dementia, learning disability, maternity, cancer and mental health.
- ❑ The initial assessment has been released for 3 of the 6 areas which are diabetes, dementia and learning disability. For some of the areas there is lack of clarity regarding the source and timing of the numbers being used: we are exploring these with NHSE.
- ❑ Diabetes: The overall rating for diabetes considers two indicators which are recognised measures of whether patients with type 1 or type 2 diabetes are being successfully supported to manage their condition. The two indicators have each been assessed using National Diabetes Audit (NDA) data to give CCGs a RAG rating. The CCG was given a rating of “Performing Well”.
- ❑ Dementia: The 2016 initial rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia. The CCG was rated as “Top Performing” in this area.
- ❑ Learning Disability: For Learning Disabilities, two indicators are combined to give an overall rating: reliance on specialist inpatient care for people with a learning disability and/or autism and the proportion of people with a learning disability on the GP register receiving an annual health check. The CCG was rated “Needs Improvement”. This rating is driven partly by the incorporation of secure beds commissioned by NHS England specialist for Oxfordshire patients into our numbers. This is in line with national Transforming Care Plan guidance but currently OCCG has no controls over these numbers. In terms of health checks our most recent performance from 2014/15 (41%) was lower than the national average of 47%. This forms a key part of our local Transforming Care Plan.

# Executive Summary 1

## Key Issues

### Delayed Transfers of care (DToC)

- The impact of the DTOC plan has reduced the average weekly headcount from 158 Dec 15 to 113 at 8 September 2016. There has been a steady downward trajectory until an increase in the last 3 weeks. The head count result of 156 on 8<sup>th</sup> sept is cause for concern.
- Current key issues in the DTOC numbers are
  - Flow into and through community hospitals; the number of patients waiting to move from OUH to OH spiked to 41 in the most recent count
  - Continuing delays relating to patients with family issues and/or availability of privately funded care, especially moving out of Community Hospitals
  - Managing the impact of the transfer of reablement services to a new provider from 1 October 2016
- Oxon has improved its comparative position from 151<sup>st</sup> In terms of head count in Nov 15 to 108<sup>th</sup> in September 16. In terms of bed days lost we have improved to 113<sup>th</sup>.
- However, the national measure (which looks at the number of bed days relative to the total occupied bed days) is more problematic given the number of beds that have been realigned as part of the *Balancing the System* initiative.
- The key long-term issue facing the system is the availability of onward care (beds and home care) for people with dementia

### Outpatient clinical communication

Trusts are expected to communicate with GPs within 14 days of any outpatient appointment. This is to ensure the patients ongoing management is clearly understood by the GP and any changes in medication are continued by the GP.

### Inpatient clinical communication

Discharge summaries should be sent to the GP within 24 hours of a patient leaving hospital. Patients often need significant support from their GP so it is imperative they receive prompt communication from the hospital in order to manage the care of their patients.

## Actions

The plan remains mostly on target

- OCC Help to Live at Home initiative delivering additional domiciliary care hours
- New integrated community and hospital discharge reablement pathway has been procured and will commence 1 October 2016
- OCC has procured 17 interim beds
- Implementation of agreed Choice Policy to enable swifter movement of patients in to end place of residence over a 7 day process.

Outstanding/new actions to manage the current pressures

- An audit is taking place of community hospital delays relating to private funders and or family-related delays to identify any areas of practice that could be modified to support flow
- OCC are seeking to maintain levels of dom. care via discussions with providers
- OCC is managing the reablement transition
- A workshop is being set up to identify the needs and the offer to support commissioning of accommodation for people with dementia

The CCG has issued a Contract Query Notice (CQN) and is currently monitoring performance. In July 2016, 82.03% (improving slightly) of letters were sent to GPs within 10 working days. Performance data suggest that there are excessive delays in some specialties and with individual clinicians. Consequently, the Trust are undertaking a "deep dive" to fully understand if these delays relate to technical, administrative or clinical issues. A detailed report will be provided to the October 16 Quality Review Meeting

July 16 figures show that 76.7% of discharge summaries were sent within 24 hours of discharge. The CCG has issued a First Exception Report to the Trust. There has been limited improvement in performance in the previous 9 months. The CCG are currently considering the Trust's new Remedial Action Plan. The Heads of Terms agreed a review of the trajectory and this is the next step to enable us to fully hold to account.



## Key Issues

### Management of test results

OUHFT undertakes over 110,000 investigations each week with the vast majority being managed efficiently and effectively; however, the CCG has concerns about the administration of this process. OUHFT has reported a small number of SIRIs and OCCG regularly receives GP feedback where clinicians have failed to follow up results or inform the patient's GP of the result where clinically appropriate. OUHFT has acknowledged that this represents a potential patient safety risk.

### *C. difficile*

*Clostridium difficile*, is a bacterium that can infect the bowel and cause diarrhoea. The elderly, people with multiple co-morbidities and those who have received multiple courses of antibiotics are most commonly affected by the organism. *C. difficile* infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics. The period to end of August saw a total of 80 cases of *C.difficile* isolated in Oxfordshire patients. This is against a limit of 61 for this time period.

### MRSA

MRSA is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections. There have been 2 cases of MRSA bacteraemia attributed to OUHFT between April and the end of August 16/17, and two cases in the community. One community case has been assigned to third party, the second case has been put forward as third party and is awaiting arbitration by PHE. The target remains 0 for 2016/17.

### CAMHS

The provider is expected to see 75% of children referred to the CAMHS service within 12 weeks. Waiting times remain some way below target, with 41% (up from 30% last month) of referrals assessed within 12 weeks, and some families waiting over 6 months. Recruitment remains a persistent challenge. There has been a 10% reduction in the total number of children waiting.

## Actions

In July 2016, 77.9% of test results were endorsed (electronically signed off by a clinician) within 7 days. This represents a 2-3% improvement each month and is the best performance the Trust has achieved to date. The CCG is currently considering the Trust's new Remedial Action Plan. The Heads of Terms agreed a review of the trajectory and this is the next step to enable us to fully hold to account.

Each case up to the end of August has been discussed at the Health Economy meeting, consisting of Public Health England (PHE), OUHFT, OHFT and OCCG. The meeting establishes if there were any lapses in care leading to the acquisition of *C.difficile* and therefore if the case was avoidable or unavoidable. Of the 80 cases reviewed, 5 cases were deemed avoidable and 4 require further investigation prior to a decision being made.

For both cases at the OUH, post infection reviews have been completed, and identified lapses in care. However, one case was classed as unavoidable, as the source could not be identified and the second was considered avoidable. Learning points regarding nursing and medical care and documentation were identified and a remedial action plan is in place. Both community cases had no interaction with health care services in the three weeks preceding the bacteraemia.

The CCG is monitoring waiting times and provider action plans closely. Recruitment and referrals continue to challenge the service. The NHS England sponsored transformation plan is progressing, and a risk mitigation plan to pro-actively survey patients waiting to ensure that their condition hasn't deteriorated is live and monitored through the contract. Further information is provided in the appendix

# CCG Provider Summary

## Oxford University Hospitals NHS Trust (OUHFT)

### Month 4 position

The primary cost drivers at month 4 are:

- A&E,
- Non Elective spells,
- Non elective excess beddays,
- Outpatient Firsts, and Follow Ups.

This is offset by under performance in:

- Maternity antenatal and post natal pathways,
- Outpatient Procedures,
- Ambulatory Units and
- "Other". Most of Other relates to Unbundled Inpatient palliative care.

Critical Care has moved back to an underspend this month.

### A&E Attendances

A&E continues to over-perform at levels similar to last month at 352k (6.9%), and 4.3% over the activity plan. The higher percentage overspend compared to activity suggests a higher acuity linked to the increased activity in NEL.

### Ambulatory Care Pathways

The activity recorded and charged within the ambulatory units is still under Plan, by 30% in activity terms and 38% (£385k) under against the financial plan. Within this, AAU is running at 71% under plan, and the DDU activity is also less than the same period last year. At the same time short stay and same day NEL admissions are running at respectively 18% and 14% over plan. It is still paramount that the Trust is able to explain to OCCG the relationship between the reduced non admitted ambulatory activity and the significant increase in admitted short stay and same day activity. Given the apparent financial over-performance in NEL, it is also essential that activity is captured and charged in a robust and transparent way.

If non admitted ambulatory activity was running to plan, and activity currently charged as NEL admissions was instead charged as ambulatory, the estimated financial impact would equate to just over £1m for the first 4 months of 2016/17.

### Non Elective

The Non-Elective POD (including non-elective non-emergency admissions) is £1.9m (1486 spells) above plan at Month 4, and compared to month 4 last year, activity is 9% higher. The overspend against the NEL POD, however, is partially offset by the MRET credit above plan of £898k and the MT lag credit of £245k.

Month 4 YTD 2016/17										Month 4 YTD 2015/16			
Grouped POD	POD	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%	Activity Actual	Price Actual	Activity %	Price %
<b>A&amp;E</b>		39,991	41,721	1,730	4.3%	£5,129,123	£5,481,138	£352,015	6.9%	38,795	£4,421,084	8%	24%
<b>Ambulatory Emergency Care</b>		2,871	2,002	-869	-30.3%	£1,025,740	£640,512	£385,227	-37.6%	1,531	£589,703	31%	9%
<b>Non-Elective</b>		18,270	19,756	1,486	8.1%	£31,523,899	£33,413,655	£1,889,756	6.0%	18,043	£31,130,743	9%	7%
<b>Elective</b>		17,132	17,670	538	3.1%	£19,157,802	£19,082,047	£75,755	-0.4%	17,285	£19,648,579	2%	-3%
<b>Excess Bed Days</b>		5,203	6,345	1,142	22.0%	£1,260,060	£1,515,939	£255,879	20.3%	6,636	£1,601,362	-4%	-5%
<b>Critical Care</b>		3,545	3,031	-514	1.2%	£3,243,935	£3,097,849	£146,086	-4.5%	3,620	£3,237,887	-85%	-82%
<b>Diagnostic Imaging whilst Outpatients</b>		25,077	25,639	562	2.2%	£2,556,491	£2,522,689	£33,802	-1.3%	24,916	£2,519,396	3%	0%
<b>Direct Access</b>		1,534,636	1,539,527	4,891	0.3%	£4,805,808	£4,892,363	£86,554	1.8%	1,501,412	£4,767,197	3%	3%
<b>Drugs &amp; Devices</b>		6,179	6,257	78	1.3%	£6,216,178	£6,242,869	£26,691	0.4%	5,569	£5,172,924	12%	21%
<b>Maternity</b>		4,896	4,816	-80	-1.6%	£4,598,182	£4,401,303	£196,878	-4.3%	5,037	£4,580,159	-4%	-4%
<b>Outpatient First</b>		60,797	61,690	893	1.5%	£8,389,627	£8,630,226	£240,599	2.9%	52,660	£6,963,269	17%	31%
<b>Outpatient Follow Up</b>		94,430	101,403	6,973	7.4%	£8,446,035	£8,774,170	£328,135	3.9%	85,091	£7,147,921	19%	24%
<b>Outpatient Other</b>		7,655	8,074	419	5.5%	£341,076	£364,538	£23,463	6.9%	9,679	£1,241,033	-17%	-71%
<b>Outpatient Procedure</b>		24,690	23,041	-1,649	-6.7%	£4,610,035	£4,378,541	£231,494	-5.0%	23,613	£4,459,704	-2%	-13%
<b>Activity Driven Total</b>		1,848,492	1,864,151	15,659	0.8%	£105,822,513	£107,668,549	£1,846,036	1.7%		£101,384,365		4%

# OUHT Activity vs contract dashboard



Oxfordshire

Clinical Commissioning Group

Month 4 YTD 2016/17										Month 3 YTD 2016/17			
Grouped POD	POD	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%	Activity Variance	%	Price Variance	%
	A&E	39,991	41,721	1,730	4.3%	£5,129,123	£5,481,138	£352,015	6.9%	1,009	3.4%	£237,291	6.2%
	Ambulatory Emergency Care	2,871	2,002	-869	-30.3%	£1,025,740	£640,512	-£385,227	-37.6%	-621	-28.8%	-£282,300	-36.8%
	Non-Elective	18,270	19,756	1,486	8.1%	£31,523,899	£33,413,655	£1,889,756	6.0%	1,070	7.9%	£1,366,182	5.8%
	Elective	17,132	17,670	538	3.1%	£19,157,802	£19,082,047	-£75,755	-0.4%	665	5.2%	£61,036	0.4%
	Excess Bed Days	5,203	6,345	1,142	22.0%	£1,260,060	£1,515,939	£255,879	20.3%	1,206	31.1%	£250,282	26.6%
	Critical Care	3,545	3,031	-514	1.2%	£3,243,935	£3,097,849	-£146,086	-4.5%	-101	-3.8%	£66,957	2.8%
	Diagnostic Imaging whilst Outpatients	25,077	25,639	562	2.2%	£2,556,491	£2,522,689	-£33,802	-1.3%	1,143	6.1%	£27,099	1.4%
	Direct Access	1,534,636	1,539,527	4,891	0.3%	£4,805,808	£4,892,363	£86,554	1.8%	10,024	0.9%	£113,130	3.1%
	Drugs & Devices	6,179	6,257	78	1.3%	£6,216,178	£6,242,869	£26,691	0.4%	-19	-0.4%	£21,047	0.5%
	Maternity	4,896	4,816	-80	-1.6%	£4,598,182	£4,401,303	-£196,878	-4.3%	-17	-0.5%	-£76,507	-2.2%
	Outpatient First	60,797	61,690	893	1.5%	£8,389,627	£8,630,226	£240,599	2.9%	1,832	4.1%	£330,969	5.3%
	Outpatient Follow Up	94,430	101,403	6,973	7.4%	£8,446,035	£8,774,170	£328,135	3.9%	6,359	9.0%	£472,795	7.5%
	Outpatient Other	7,655	8,074	419	5.5%	£341,076	£364,538	£23,463	6.9%	433	7.5%	£14,437	5.6%
	Outpatient Procedure	24,690	23,041	-1,649	-6.7%	£4,610,035	£4,378,541	-£231,494	-5.0%	-1,167	-6.0%	-£145,976	-4.2%
	Activity Driven Total	1,848,492	1,864,151	15,659	0.8%	£105,822,513	£107,668,549	£1,846,036	1.7%			£2,258,200	2.9%

## Planned care:

### Outpatient first appointments

At Month 4 first outpatients shows a reduced overspend but still over performing by 2.9%, £241k (5% at month 3) in cost and 1.5% (4% at month 3) in activity. The month on month improvement is within both consultant led and non consultant led activity, however consultant led activity is still over by 4.6%, compared to an underspend against non consultant led of 10.5%.

### Outpatient Follow Ups

At Month 4 follow up outpatients show a reduced overspend, but still over performing by 7.4% in activity (9% last month) and 3.9% in cost, £328k (7.5%) last month. This is mainly driven by single professional consultant led activity – over by 7.3% with non consultant led activity under by 4.7%.

**Suspected Cancer Pathway (SCAN):** The aim of this project is to achieve a faster diagnosis for those patients who have low risk but not no-risk symptoms of cancer, this is largely being funded by Cancer Research UK (CRUK) and NHS England. Finances have been approved by CRUK and the first amount of monies has been sent through. The project group is currently within the implementation phase; baseline data collection for the project cohort is due to start in October and the Go-live for this project is November 2016 and work is currently on track for achieving this.

**Headache:** This project aims to improve quality of service delivery and accessibility for headache patients in Oxfordshire via a community headache clinic. The business case has been completed and was accepted by PMB in August. The service specification is now being developed and go-live for this project is April 2017

**ENT:** The ENT project is delayed whilst OUHT ENT submit an outline business case to its management team this does not completely align with recommendations of the CCG GP Lead for ENT. A paper has been written by the ENT Clinical Lead outlining the service model and this will be discussed at the next Planned Care Programme Board.

**Ophthalmology:** The Contract for this project has now been signed. Service is now live the initial data analysis is expected at the contract meeting in September 2016.

**Cardiology:** A full business case has been completed and accepted by PMB. The service specification is now being developed and go live for this project is April 2017.

**Bladder and Bowel Service:** Finances have now been agreed and the project can now move into implementation phase.

**Musculo-Skeletal:** Procurement has been suspended to reconfigure the physio and triage elements of the service.

## South Central Ambulance Service

### Summary of performance on 999

- The 999 service has under performed at month 4 of 2016/17 at Thames Valley contractual level.

SCAS Performance Month 4 and year to date	Month 4 - July			2016/17 Year to Date		
	% of RED 1 Incidents within 8 Minute Target (75%)	% of RED 2 Incidents within 8 Minute Target (75%)	% of RED 19 Incidents within 19 Minute Target (95%)	% of RED 1 Incidents within 8 Minute Target (75%)	% of RED 2 Incidents within 8 Minute Target (75%)	% of RED 19 Incidents within 19 Minute Target (95%)
Oxfordshire	65.4%	69.7%	93.2%	71.1%	72.4%	91.6%
North Cluster (TV Contractual Level)	68.2%	71.0%	94.6%	73.2%	74.2%	92.5%
SCAS Overall	68.4%	70.9%	94.6%	72.7%	73.0%	93.1%

- Month 4 activity has declined across the contract for Red 1, Red 2 and Red 19 has declined significantly compared with improved performance over Q1. Improvements had been seen in the service throughout the previous 6 months which is directly linked to the Remedial Action Plan that has been agreed between the provider and the commissioners for 2015/16. Actions put in place by the provider were previously having a positive effect on performance across the board.
- Month 4 total calls (Oxfordshire) amounted to 8,011 compared to an indicative plan of 7,623
- On 8<sup>th</sup> September NHS Improvement wrote to Rachel Pearce and Dominic Hardy at NHS England to advise that SCAS application for Sustainability & Transformation Funds (STF) has been approved. Under the rules of STF providers that meet the conditions of the fund will not face a 'double jeopardy' scenario where they incur contract penalties as well as losing access to STF funding. NHS Improvement have advised NHS England that they do not expect commissioners to apply penalties for the year 2016/17. However commissioners responsibility to monitor and hold providers to account for relevant operational and clinical quality standards still stand.
- Currently the continuation of the Remedial Action Plan and Contract Performance Notice that were in place for Red 1, Red 2 and Red 19 performance on the 2015/16 contract, has been agreed by the CRM for 16/17, however the trajectory for 2016/17 for improved performance is still being negotiated, as proposed trajectories (developed with the lead commissioner) do not see performance achievement in the year 2016/17. Oxfordshire CCG have requested additional assurances from SCAS prior to agreeing to these trajectories.
- On 15<sup>th</sup> September a TV and SHIP Commissioner and Provider workshop was held around SCAS workforce. The session outlined the current workforce issues for SCAS, the vacancy factor, the actions being taken to address recruitment issues in the short and long term, and also the actions being taken to reduce attrition within the current workforce. This session has provided much needed assurance to commissioners around the Thames Valley patch that workforce problems were being owned at the most senior level within SCAS.
- SCAS continues with the National Ambulance Resilience Project (NARP) which is making a positive impact on performance and appropriateness of resources that are dispatched to call outs. NARP is influencing national ambulance performance targets and later this year NHS England will make recommendations for change based on evidence gathered.
- The Contract Performance Notice for Stroke has now been closed down. Contract review meeting will continue to monitor over the next 2 months for assurance.

## South Central Ambulance Service

### Summary of performance on 111

- The 999 service has performed in the most part at month 4 of 2016/17.

NHS 111 Oxfordshire - July 2016 Contract SITREP									
Incident Reporting	KPI	KPI Description	#	%	Telephony Reporting	KPI	KPI Description	#	%
	Incident Reporting	Calls Triaged	Total Calls Triaged	14,240		87.71%	Telephony Reporting	Calls Offered	Total Calls Offered
Calls Triaged In Hours			1,822	12.79%	Calls Answered	Total Calls Answered		16,236	98.33%
Calls Triaged Out Of Hours			12,418	87.21%	Total HCP Calls Answered	96			
Calls Not Triaged		Total Calls Not Requiring 111	1,920	11.83%	Total Dental Calls Answered	0			
Calls To A Clinical Advisor		Total Calls To Clinicians	2,605	18.29%	Calls Answered In 60 Seconds	15,504		95.49%	
		Clinician Warm Transfers	698	26.79%	Calls Answered In 70 Seconds	15,654		96.42%	
		Clinician Callbacks	1,907	73.21%	Calls Answered In 90 Seconds	15,843		97.58%	
Episode Lengths		Avg Episode Length	0:19:11		Calls Answered In Hours	2,473		15.23%	
		Avg Health Advisor Episode Length	0:08:54		Calls Answered Out Of Hours	13,763		84.77%	
		Avg Clinician Episode Length	0:10:12		Calls Abandoned	Calls Abandoned After 30 Seconds		91	0.55%
111 to 999 Incidents	Total Incidents To 999	1,554	9.57%	Call Answer Delay	Maximum Call Answer Delay	0:11:02			
	Calls To A&E	Total Calls Sent To A&E	1,360	8.38%					

- 95.49% of calls were answered within 60 seconds in Month 4 (Target 95%). SCAS has made significant improvement to call answering following a Contract Performance notice and implementation of a Remedial Actions Plan agreed by commissioners. This CPN has now been closed due to achievement and will be monitored for the next 3 months at CRM for assurance purposes.
- 9.57% of 111 calls were transferred to the 999 service in month 3 against a KPI target of <10%. Additionally the total number of 111 calls resulting in an A&E disposition was 8.38% against a KPI target of <5%, this has been discussed in depth at CRM and commissioners are concerned around the failure of this target. Commissioners are assured that SCAS are not causing the increase in ED disposition and in fact this is a reflection of higher demand for the service. Using the Intelligent Data Tool Commissioners will be looking further in to the ED dispositions to ascertain if there are gaps in service provision that is driving the increased activity.
- There are still concerns regarding the % of calls transferred directly to the clinician which in month 4 was 26.79% against a target of 85%. A remedial action plan and trajectory is in place to recover the position on this target and while this currently sits below acceptable levels, SCAS is making improvements monthly and it has also been identified that there are potential data quality issues within SCAS's clinical system which means the counting of Warm Transfers is excluding a large number. SCAS have procured an IT Solution to rectify this issue and go live is in September 2016. SCAS have advised at the current time they are underreporting this target (due to data quality issues) by 30-45%. As soon as the IT solution is live, commissioners should see an instant improvement in performance. This is being monitored via contract review meetings, which are now in Thames Valley shadow form

## Oxford Health Foundation Trust (OHFT)

- OHFT is meeting the national targets in relation to mental health performance and is making good progress in respect of the new waiting targets for early intervention in psychosis and access to psychological therapy from April 2016. Further national standards are expected in relation to Crisis intervention and we are working with OH to anticipate the reporting requirements.
- The Outcomes Based Contract in respect of mental health services for adults with severe mental illness commenced on 1 October 2015. Outcome indicators and thresholds have been agreed and performance reports are being provided. Achievement against indicators will be baselined in the first year of the contract. Issues regarding the delivery of baselines have been identified and remedial action required by the provider.
- The OHFT Emergency Department Psychiatric Service has experienced some challenges owing to staff absence and recruitment in meeting access targets of 1 hour in the John Radcliffe hospital and 1.5 Hours in the Horton General hospital. This is being monitored through the contract review meeting
- The OHFT-SCAS ambulance triage project is reporting a high number of callers to 999/111 that are known to MH services (>60%) and that the pilot has managed to avoid ambulance dispatch in more than 40% of cases. A review of the way in which we commission MH urgent care is under way under the scope of the local Crisis Concordat.
- The process of reviewing all OH service specification is ongoing. OCCG and CSU are meeting on a weekly basis to discuss outstanding areas and meetings between OH and OCCG are being set up to conclude each specification before the longstop date.
- **Key Performance Indicators (KPIs) and Audit:**
- In July the Older People's Directorate was required to report against 44 KPIs. 32 were achieved = 73% compliance rate ( an increase of 6% on M3). 5 of the 10 National Quality Requirements were not achieved (50%) and all relate to OOH performance. 4 of the 16 Local Quality Requirements were not achieved (75%) and are for Safeguarding Children Level 3 compliance (targeted training in hand and compliance due by September 16), completed induction programme, inpatient letters sent to GPs within 24 hours (weekly reporting implemented and compliance due by the end of August 16) and no more than 4% cancellations by all provider services (data error).
- In July the Adults Directorate was required to report against 8 Local Quality Requirements and only 3 were achieved (38% compliance). The following were not achieved: Safeguarding Children's Level 1, 2 and 3 training (targeted training in place), completed induction programme and 1 x Datix responded to within 2 weeks.
- 18 KPIs were reportable in July with 2 indicators not being achieved (89%). The following were not achieved; rehabilitation patients having on improved FIM score of 11+ (an analysis tool and robust methodology for evaluating FIM was launched in July and individual domain reporting now in place) and patients being seen with 12 week wait for MSK Physiotherapy (high numbers of referrals – 17% over plan, change in referral patterns from OUHFT – trauma patients from North and City now being sent to OH and have a higher complexity, and changes to MSK Hub upload of clinical information with referrals reduces efficiency when accepting patients). MSK Physiotherapy performance is being discussed regularly as part of the OCCG Deep Dive meetings and separate meetings with OH and OUHFT are in place to discuss referral patterns for trauma patients and clinical uploads from the Hub). Patient outcomes and patient satisfaction remain on target.

## Oxford Health Foundation Trust (OHFT)

- **Out of Hours (OOH) Service Cost and Volume:** activity broadly in line with plan.
- 6 of the 10 reportable monthly national quality requirements (NQRs) were achieved in June. The following NQRs were not achieved:
  - OOH % of unfilled shifts ( $\leq 2\%$ ): 21%;
  - OOH urgent triage (walk in) - time to triage ( $\leq 95\%$  within 20 minutes): 81%;
  - OOH non-urgent triage (walk in) - time to triage ( $\leq 95\%$  within 60 minutes): 89%;
  - OOH urgent face to face base visit - time to triage ( $\leq 95\%$  within 2 hours): 82%
- Recruitment action continues unabated with Emergency Practitioner band 6 recruitment met with an increased number of applicants and interviews held for Advanced Practitioners with offers of appointments to now follow. Sessional GP interest now stands at 38 with 28 applications received of which 12 individuals have been started in shifts. References continue to be the main cause of application delays. A third advertisement for permanent salaried GPs has closed with one applicant who was not qualified.
- A trial has been conducted at Abingdon involving an Emergency Nurse Assessor taking observations on every walk in patient to better inform patient safety. This proved 100% successful and is now being considered for role out to Oxford and Witney subject to the availability of staff to work additional shifts.

### Community services

#### Deep-dives

A series of deep dives into specific areas is being carried out. Two areas were identified initially; Physiotherapy and Podiatry, both of which have long waits for the service. A full report will identify any issues and any actions agreed to manage these areas.

Further deep dives are planned in other areas. These are: Care Home Support, End of Life, and Physical Disability. These will be in Q3.

#### OH Rebasing

CSU has undertaken a rebasing exercise on OH data and the following observations can be made (on data October 2015 to March 2016)

- District Nursing

167 patients had over 101 contacts in the 6 month period, of which 5 patients had an average of 355 contacts each.

1322 patients received 21-100 contacts, 4965 had 2-20 contacts and 1508 had 1 contact.

- Podiatry

Trendline shows an overall increase in activity but this is very slight. There has been an overall increase in Biomechanics (follow ups) which is due to the complexity of patients and the increasing needs for Orthotics

- Tissue viability

Activity increased in 2015/16 from an average of 8 to 15 contacts (Q3) to 19-24 contacts per working day (Q4), this is a stepped change and likely suggests changes in staffing or demand.

- Diabetes activity

February and March 2016 showed a decline from the prior months which will need to be tested in the 2016/17 data.

# Royal Berkshire Foundation Trust (RBFT)

## Summary month 3 June 2016

- Month M03 performance against plan – activity is 117 above plan which equals to 0.1% variance. Financial underperformance against plan is £95k which equals to 1.9% variance. There are 32 uncoded episodes of care with estimated value of £36k.
- Areas of particular over performance are:
  - Outpatient Procedures
  - Ad hoc adjustments
  - Other Items (rehabilitation bed days)

## Further information on areas of over performance

Outpatient Procedures - YTD over performance of £51k - Increase in reported performance is being challenged as counting and coding change as a result of RBFT introducing new data warehouse. M3 YTD challenge value is £38k and is part of the overall counting and coding challenge listed above in the table of financial adjustment.

Other items – over performance of £37k

The main activity causing over performance are rehabilitation bed days. 142 bed days were reported in M03 against plan of 19. CSU Informatics is currently reviewing this data and challenging it as appropriate.

# Independent Acute Providers

## Summary

- At M5, total activity within the Independent Acute Providers is up 5.68% (£704,000) with underperformance at The Manor and Berkshire Independent Hospital.
- Provisions have been made under the Activity Planning Assumptions across all contracts for 16/17 to ensure that all Patella Resurfacing is costed as HB21C (as opposed to the most expensive HR05Z) which will adjust spend when 16/17 contracts are signed.
- Results of audit work is ongoing – Foscoote has been issued with its final reconciliation letter and OCCG is awaiting a response. Manor financial reconciliation letter has been sent and a negative response has been received by OCCG. This is being pursued. Ramsay has also been issued with their final reconciliation letter but they have yet to respond – this is being chased.
- The new Prior Approval Process is in place and due to go live in October 2016. This is contained within all provider contracts for 16/17.

Month period	Provider	YTD					Forecast				
		Plan cost £000	Actual cost £000	Variance		Rating	Plan cost £0	Actual cost £0	Variance		Rating
				£0	%				£0	%	
5	Circle Reading	£551	£653	£102	18.51%		£ 1,322	£ 1,566	£ 244	18.46%	
5	Berkshire Independent Hospital	£246	£222	-£24	-9.76%		£ 590	£ 533	-£ 57	-9.66%	
5	Spire Dunedin Hospital	£176	£197	£21	11.93%		£ 422	£ 473	£ 51	12.09%	
5	Ramsay (does not include spinal)	£3,095	£3,149	£54	1.74%		£ 7,428	£ 8,058	£ 630	8.48%	
5	Nuffield the Manor	£780	£655	-£125	-16.03%		£ 1,873	£ 1,572	-£ 301	-16.07%	
5	Foscoote	£314	£372	£58	18.47%		£ 755	£ 892	£ 137	18.15%	



# General Practice– access to services

NHS Oxfordshire Clinical Commissioning Group			ACCESSING YOUR GP SERVICES				MAKING AN APPOINTMENT		OPENING HOURS		OVERALL EXPERIENCE				
OCCG Locality Performance Report Access to GP services + Making an appointment + Opening Hours +Overall Experience July '16			SURVEY RESPONSE RATE	Ease of getting through to someone at GP surgery on the phone	Helpfulness of receptionists at GP surgery	Overall experience of making an appointment	Satisfaction with opening hours	Overall experience of GP surgery	Recommending GP surgery to someone who has just moved to the local area						
Locality	Practices	Response rate (%)	Very+Fairly Easy %	No.s of outliers <51%	Very+Fairly Helpful %	No.s of outliers <77%	Very+Fairly Good %	No.s of outliers <52%	Very+Fairly Satisfied %	No.s of outliers <61%	Very+Fairly Good %	No.s of outliers <77%	Yes, would definitely & probably recommend %	No.s of outliers <62%	
SE OCG	South East Oxfordshire Locality	10	53.46%	79%	0	90%	0	84%	0	81%	0	95%	0	90%	0
SW OCG	South West Oxfordshire Locality	13	48.93%	75%	0	87%	0	81%	0	78%	0	89%	0	84%	0
NO OCG	North Oxfordshire Locality	12	48.85%	82%	0	90%	1	78%	1	79%	0	89%	1	83%	1
WO OCG	West Oxfordshire Locality	9	48.08%	82%	0	90%	0	80%	0	77%	0	91%	0	82%	0
NE OCG	North East Oxfordshire Locality	9	45.11%	81%	0	90%	0	77%	0	77%	0	90%	1	82%	1
OC OCG	Oxford City Locality	24	31.85%	79%	0	87%	2	80%	1	75%	2	87%	2	80%	1
OXON	OXON	Total 77	42.38%	79%	0	88%	3	80%	2	77%	2	90%	4	83%	3
	OXON RANGE min-max		14% - 62%	51.2% - 100%	n/a	63.4% - 100%	n/a	46.8% - 100%	n/a	55.9% - 94%	n/a	66.7% - 100%	n/a	50.6% - 100%	n/a
NA	Results for England as a whole		38.92%	70%	n/a	87%	n/a	73%	n/a	76%	n/a	85%	n/a	78%	n/a

- The data shows results of the GP patient survey at locality level – it is the most recent data available and covers aggregated data collected July-September 2015 and January-March 2016.
- In all cases the CCG achievement is above the England average, although there are individual practices and localities that fall below this average
- One practice is deemed an outlier in 4 out of the 6 indicators and one practice is an outlier in 3 out of 6 indicators. The Locality Co-ordinators will work with these practices to understand the reasons.
- The CCG continues to commission improved access through the same day urgent hubs until such time as the new GP Access Fund is launched and commissioned and is working with localities to invest in primary care to ensure that is sustainable for the future.

Outliers are defined using the Inter quartile Range (IQR). The IQR is the size of the 2<sup>nd</sup> quartile or the difference between the 75<sup>th</sup> percentile minus the 25<sup>th</sup> percentile. Therefore it is the spread of the “middle” values. Using the IQR, data values which are substantially larger or smaller than the 75<sup>th</sup> percentile or 25<sup>th</sup> percentile respectively are referred to as Outliers.

K	In top 25% of OCCG	
E	Within middle 50% of OCCG	
Y	In bottom 25% of OCCG	