

FINANCE AND PERFORMANCE REPORT 2011/12
1 APRIL 2011 – 31 JANUARY 2012

SOMERSET PRIMARY CARE TRUST
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CONTENTS

CONTENTS	Page
1 FINANCE	1
- Financial Framework	1
- Headquarters and Central Programmes	5
- Improving Health and Reducing Health Inequalities.....	6
- Primary Care Commissioning.....	8
- Secondary Care Commissioning: NHS and Non NHS Contracts.....	12
- Clinical Commissioning Group.....	21
- 2011/12 Development Programme.....	26
- Managed Programmes.....	29
- Summary.....	32
- Capital.....	33
2 PERFORMANCE	35
3 PRIMARY CARE	74
4 SUSTAINABLE DEVELOPMENT	83

APPENDICES

- APPENDIX 1: HEADQUARTERS AND CENTRAL PROGRAMMES**
- APPENDIX 2: FUNDING FRAMEWORK FOR HEALTH AND HEALTH INEQUALITIES**
- APPENDIX 3: BUDGET FRAMEWORK FOR PRIMARY CARE COMMISSIONING**
- APPENDIX 4: SERVICE LEVEL AGREEMENT/CONTRACT VALUES BY PROVIDER**
- APPENDIX 5: YEAR TO DATE PLANNED AND ACTUAL COMMISSIONED ACTIVITY LEVELS AS AT 31 JANUARY 2012**
- APPENDIX 6: SERVICES COMMISSIONED BY THE SOUTH WEST SPECIALIST COMMISSIONING GROUP**
- APPENDIX 7: CONTRACT VALUES FOR SERVICES FROM THE INDEPENDENT AND PRIVATE SECTOR**
- APPENDIX 8: BUDGET FRAMEWORK FOR CLINICAL COMMISSIONING GROUP**
- APPENDIX 9: CASHFLOW SUMMARY**
- APPENDIX 10: ANALYSIS OF QIPP SAVINGS**
- APPENDIX 11: CORPORATE SCORECARD**
- APPENDIX 12: SUSTAINABLE DEVELOPMENT ACTION PLAN**

1 FINANCE

1.1 This section sets out details of the financial framework and summarises the financial position of the Somerset Primary Care Trust, outlining how revenue funding is allocated across the organisation, to deliver the organisation's key targets for 2011/12.

1.2 This report also details the capital programme for 2011/12 and implementation progress.

FINANCIAL FRAMEWORK

Key Objectives

1.3 The Financial Framework for 2011/12 builds on the Financial Framework included in 'The Annual Operating Plan 2011/12' and details operational plans for the delivery of these goals in the current year.

1.4 The Financial Framework for 2011/12 is underpinned by a focus on the key functions of the Primary Care Trust which are to:

- engage with the local population to improve health and wellbeing
- commission a comprehensive and equitable range of high quality, equitable, responsive and efficient services, within allocated resources
- provide access to high quality, responsive and efficient services where this provides best value

1.5 The Financial Framework for 2011/12 makes provision for:

- improving the health status of the population, and reducing inequalities, in partnership with local authorities
- contributing to wellbeing and sustainable community development, in partnership with local authorities
- protecting health, including a robust system of emergency planning
- assessing the health needs of its population, mapping against service provision and expectations including patient choice, and deciding local priorities for developing and transforming services
- designing services in partnership with clinically based commissioners and other partners, drawing on evidence of cost effectiveness and best practice and enabling provider innovation

- working with the Strategic Health Authority, the Local Authority and other Primary Care Trusts, to shape the structure of supply through stimulating provider interest and placing contracts. The aims being to:
 - * promote patient choice and competition between providers, and to maximise contestability
 - * ensure services are joined up for patients along pathways through providers working in partnership
- managing demand for service and living within its cash limited allocation of resources, particularly through Clinically Based Commissioning and transformation of community services
- performance managing primary and secondary care providers through contracts and wider relationships, ensuring contract requirements are met on national and local targets, quality and equity of access, and taking systematic account of patient and practice feedback

1.6 The Financial Framework for 2011/12 puts in place resource allocations to ensure that all national targets and standards are met or exceeded. Performance management is integrated with the management of resources, so that resources follow priorities. Key priorities for 2011/12 are:

Improving Health

- to reduce the gap in life expectancy to the level of the best in the region by March 2014, and improve life changes for vulnerable children
- to reduce the mortality rate for cardio-vascular disease for people under 75 years to 42.2 per 100,000 directly aged standardised population by March 2013
- to increase the rate of smoking quitters to 805 per 100,000 population aged 16 and over by March 2013
- to reduce the rate of under 18 teenage conception to 19.4 per 1,000 females aged 15-17 by March 2013
- to ensure that 96% of genito urinary medicine patients are seen by the service within 48 hours by March 2013
- to halt the rise in obesity levels by March 2013

Eliminating Waiting

- to move to a position where the concept of 'waiting' has disappeared and patients are able to book appointments to suit their personal convenience

Improving Health Services

- to reduce healthcare acquired infections
- to demonstrate sustained impact in reducing avoidable emergency admissions
- to improve stroke services and ensure that stroke patients spend 90% of their time on a stroke unit, by March 2013
- to provide the best services in the South West for people with long term conditions, reducing emergency bed days for this population group
- to respond to the national Dementia Strategy and improve identification of patients with dementia in primary care
- to develop services for alcohol misuse and halt the increase in alcohol related admissions by March 2013
- to improve palliative care services so that by March 2013, 25% of patients will be supported to die at home, where this is their wish
- to complete the building programme at South Petherton Community Hospital by June 2011 and seek to secure funding for Bridgwater Community Hospital, in line with the Outline Business Case approved by the Primary Care Trust Board on 16 December 2009

Sources of Funds

1.7 Table 1 sets out the resource allocations for NHS Somerset in 2011/12.

Table 1: Sources of Funds

Description	Amount £'000
Recurrent baseline brought forward from 2010/11	782,174
2011/12 growth funding	25,201
Sub total	807,375
Notified adjustments:	
• Dental Allocation	22,937
• General Ophthalmic Services	4,745
• Pharmaceutical Services Global Sum	6,469
• Quality and Outcome Framework	9,818
• National Specialist Commissioning Advisory Group Funding	(2,677)
• Old Long Stay Adjustment	(1,325)
• Out of Hours Development Funding	878
• Headroom funding held by Strategic Health Authority	(8,285)
• Central Budget Distribution	3,871
• NHS Stop Smoking Services	491
• Return of 2010/11 Top Slice	2,987
• Return of 2010/11 Underspend	7,965
• Home Oxygen Service	295
• Other Allocations	5,065
Sub Total	860,609
Anticipated adjustments:	
• Other Allocations	4,283
Total Sources	864,892

1.8 Within the sources of funds shown in Table 1, the following allocations have been taken into account:

- net funding of £22,937,000 for primary dental services including:
 - * gross baseline funding less patient charges revenue, totalling £22,057,000
 - * additional growth funding totalling £880,000
- devolved allocations of £6,469,000 for the Pharmaceutical Global Sum Payment and £4,745,000 for General Ophthalmic services
- £9,818,000 to support GMS and PMS allocations in respect of the Quality and Outcomes Framework, Adult Vaccination Programmes, contract fees for dispensing doctors and personal administration fees for non dispensing doctors
- funding totalling £3,871,000 in respect of central funding. This funding relates to funding allocations previously made through the modernisation agency, including:
 - * funding to support the adult vaccination programme
 - * development of the child and adolescent mental health services

- * support for audiology services
 - * funding to support the services provided by NHS Direct
 - * improving services for people with Chronic Fatigue Syndrome
 - * the accelerated discharge of patients inappropriately placed in high secure services
- a net reduction of £2,677,000 in respect of services commissioned by the National Specialist Commissioning Group on behalf of the Primary Care Trust
 - the return of the underspend of £7,965,000 and top slice of £2,987,000 from 2010/11

Applications of Funds

1.9 Against the funding available set out in Table 1, the application of funds is set out in Table 2.

Table 2: Applications of Funds

Description	£'000
Headquarters and Central Programmes	15,378
Improving Health and Reducing Health Inequalities	2,633
Primary Care Commissioning	110,922
Secondary Care Commissioning	475,639
Clinical Commissioning Group	242,326
2011/12 Development Programme	994
2011/12 Non-Recurring Development Programme	1,300
Managed Programmes	15,700
Total	864,892

HEADQUARTERS AND CENTRAL PROGRAMMES

- 1.10 In May 2006, the Department of Health published guidance on the Functions and Roles of Primary Care Trusts and Strategic Health Authorities. The management arrangements of Somerset Primary Care Trust have been developed in line with the requirement to deliver national and local priorities. The arrangements are currently being reviewed to reflect the requirements set out in Equality and Excellence: Liberating the NHS.
- 1.11 Within Table 2, £15,378,000 is identified to support the headquarters and central functions of the Primary Care Trust.
- 1.12 Table 3 sets out the Headquarters and Central Programmes for the Primary Care Trust, together with performance to 31 January 2012, with further detail provided in Appendix 1.

Table 3: Headquarters and Central Programmes

Headquarters and Central Programmes	Whole Time Equivalent Establishment	Whole Time Equivalent Actual	Annual Budget	Movement in Budget	Revised Annual Budget	Year to Date (under)/ overspend
			£'000	£'000	£'000	£'000
Chair and Non-Executives	-	-	125	-	125	(7)
Professional Executive Committee	-	-	135	-	135	(13)
Chief Executive and Support Staff	4.00	4.00	436	-	436	(15)
Corporate Services and Communications	24.75	22.38	4,288	(1,048)	3,240	-
Finance and Performance	23.33	20.33	2,534	(780)	1,754	-
Information Management	4.30	2.50	1,958	(472)	1,486	1
Nursing and Patient Safety	17.87	15.92	1,090	63	1,153	-
Primary Care Development	68.06	56.50	2,743	(265)	2,478	-
Public Health	32.59	32.47	2,108	(178)	1,930	-
Secondary Care Provider Development	10.59	7.80	641	(118)	523	(6)
Strategic Development and Partnerships	22.36	19.43	1,312	330	1,642	-
Workforce	8.10	5.50	1,741	(1,265)	476	-
Total	215.95	186.83	19,111	(3,733)	15,378	(40)

1.13 Allocations set out in Table 3 are based on a roll forward of budgets from 2010/11. All costs are stated at 2011/12 pay and prices and have been updated to reflect inflationary uplifts.

1.14 Within the initial funding allocation framework for Headquarters and Central Programmes, costs relating to central corporate functions undertaken on behalf of Somerset Community Health were included. This included inter alia Recruitment and HR services, Information and Finance. A proportion of these services transferred to Somerset Community Health with effect from 1 April 2011 in advance of the acquisition of the Primary Care Trust's provider function by Somerset Partnership NHS Foundation Trust. The effect of these transfers is included within Table 3.

1.15 The Operating Framework for the NHS in England 2011/12 set out the requirements to reduce management and agency costs by 30% by 2013/14. NHS Somerset had the lowest management cost in 2009/10 in the South West, and did not have a prescribed management cost saving requirement. As part of the reorganisation required to support 'Equality and Excellence: Liberating the NHS' vacancy funding totalling £1.2 million has been held within the Primary Care Trust to support the development of a Clinical Commissioning Group. The funding included within Table 3 has been amended to take this into account.

1.16 A year end breakeven position is forecast against Headquarters and Central Programmes.

IMPROVING HEALTH AND REDUCING HEALTH INEQUALITIES

1.17 Tackling health inequalities is a national and local priority and there are national targets for life expectancy and infant mortality. The Strategy to

Improve Health and Reduce Health Inequalities was approved by the Board in April 2007.

1.18 The Somerset Public Health Team, working with the Professional Executive Committee, has set out a programme of work to deliver improvements in public health linked to the following priorities:

- tackling health inequalities
- reducing the number of people who smoke
- tackling obesity
- improving sexual health
- mental health and wellbeing
- reducing harm and encouraging sensible drinking
- promoting health and active life amongst older people

1.19 Table 4 below shows the programme of investment for 2011/12, with a further analysis of spend to 31 January 2012 shown in Appendix 2.

Table 4: Funding Framework for Improving Health and Reducing Health Inequalities

Development	Whole Time Equivalent Establishment	Whole Time Equivalent in Post	Initial Programme Cost £'000	Movement in Programme £'000	Revised Programme £'000
Chlamydia Screening	1.00		220	(137)	83
Vascular Screening	0.60		150		150
Human Papilloma Virus Vaccination			40	89	129
Integrated model for sexual health services			210	(24)	186
Children Services		1.00	140	95	235
Partnership working	0.60	0.60	275		275
Smoking cessation	1.00		159	(44)	115
Tackling Obesity Services			575	(350)	225
Older People Services			295	(24)	271
Mental Health Services			140		140
Drugs and Alcohol Services			100		100
Sustainability	1.00	1.00	50		50
Housing/Transport Services			120		120
Develop public health capacity	5.60	3.40	250	(46)	204
Developing the voluntary sector			157		157
AAA Screening				193	193
TOTAL	9.80	6.00	2,881	(248)	2,633

1.20 Funding of £590,000 has been transferred from the programme during 2011/12 to support programmes at Somerset Community Health. Further funding of £11,000 has been transferred to Somerset Partnership NHS Foundation Trust to support the sexual health clinics and £24,000 to

Yeovil District Hospital NHS Foundation Trust in respect of the fracture liaison service.

- 1.21 Additional funding of £377,000 has been received which relates to £89,000 resource limit increase for the Human Papilloma Virus vaccine programme, £95,000 to support children services and £193,000 for the Abdominal Aortic Aneurysm National Screening Programme.
- 1.22 A year end breakeven position is forecast against the Improving Health and Reducing Health Inequalities Programme.

PRIMARY CARE COMMISSIONING

- 1.23 Table 2 identified funding of £110,922,000 supporting Primary Care Commissioning. The budget framework for 2011/12 is set out below in Table 5, with a further analysis of spend to 31 January 2012 shown in Appendix 3.

Table 5: Budget Framework for Primary Care Commissioning

Programme	Annual Budget £'000	Year to Date (under)/ overspend £'000
Pharmacy Contract	5,586	375
Total Prescribing	5,586	375
GMS and PMS	70,179	-
GP Led Health Centre	2,213	-
Out of Hours Service	5,411	-
Other Primary Care Schemes	2,884	-
Total GP Services	80,687	-
Primary Dental Services	19,999	-
General Ophthalmic Services	4,650	-
Total	24,649	-
TOTAL	110,922	375

Pharmacy Contract

- 1.24 The Contractual Framework for Community Pharmacy clarified the role of community pharmacy and its contribution to the achievement of targets for the health sector to improve the health of the population, widen access, increase patient choice and help people with long term conditions. The funding was released through the reduction in the drug tariff for generic medicine to support this.
- 1.25 Following consultation and legislation in the Health and Social Care Act 2008, the Department of Health devolved from 1 April 2010 funding of £6,469,000 to support the balance of funding for Community Pharmacy services, to enable Primary Care Trusts to directly commission all Community Pharmacy services. This is in line with the Department of Health's policy over recent years to devolve NHS funding to Primary Care Trusts, as far as possible.

- 1.26 The additional devolved funding relates to the Global Sum, which includes professional fees, establishment payments, repeat dispensing payments and pre-registration trainee costs.
- 1.27 The professional fees element of the Community Pharmacy Contract has been devolved to the Clinical Commissioning Group. This cost is essentially driven by the number of items prescribed by GP practices.
- 1.28 On 8 September 2011, the Department of Health issued a revision to the Community Pharmacy Contractual Framework Funding for 2011/12. An analysis of the correspondence identified that a further reduction in generic medicine prices (Category M) has been deployed to fund an increase in the Community Pharmacy Contractual Framework funding in 2011/12.
- 1.29 An overspend of £375,000 has been brought into the year to date financial position in respect of the elements of the Pharmacy Contract which have not been delegated to the Clinical Commissioning Group. A forecast overspend of £450,000 has been built into the year end position in respect of this.
- 1.30 Elements of the Prescribing, Home Oxygen and Pharmacy Contract budgets were devolved to the Clinical Commissioning Group from 1 August 2011.

GP Services

- 1.31 Within Table 5, £70,179,000 has been earmarked to support the provision of GP Services through GMS and PMS contracts within Primary Care. This funding is based on a roll forward of 2010/11 budgets, adjusted to reflect the agreement of new Directed and Local Enhanced Services.
- 1.32 Within this framework funding has been included for:
- core service provision
 - the Quality and Outcomes Framework
 - local and national enhanced services
 - vaccination and immunisation programmes
 - minor surgery payments
 - primary care premises
- 1.33 The Primary Care Trust has agreed a five year programme of investment in infrastructure supporting Primary Care Medical Services across Somerset. This recognises that in some parts of the county, the existing premises do not meet current standards in terms of patient access, size and/or quality. Further expansion of the estate is required to support the

transfer of care from a secondary care hospital setting to a more local primary care setting. The majority of the extensions/refurbishments have now been completed. The first new surgeries within the current framework at Dulverton and Milborne Port opened in 2009, and projects recently completed are Wellington Medical Centre (December 2010), Cranleigh Gardens, Bridgwater (January 2011), Abbey Manor in Yeovil (March 2011), Berrow Surgery (May 2011), Castle Cary (August 2011) and Wincanton (December 2011). New surgeries currently under construction are Ilminster, South Petherton, Creech, Frome and Beckington Branch, and Glastonbury Health Centre. In addition, extension projects are currently under construction at Highbridge Medical Centre, Redgate Surgery and Warwick House Surgery.

- 1.34 Additional funding of £1.5 million has been transferred from the 2011/12 development programme to support capital grants for the premises programme. Further funding of £444,000 has been allocated to support premises costs across GMS and PMS and other primary care schemes.
- 1.35 Funding of £11,000 has been transferred to the Somerset Partnership NHS Foundation Trust contract to support leg ulcer clinics.
- 1.36 All practices in Somerset participate in the voluntary Quality and Outcomes Framework. A local Quality Assurance Tool has also been developed by Nursing and Patient Safety Directorate, and comparative information is shared with practices.
- 1.37 The Primary Care Trust will continue to encourage existing general practices to offer appointments in the evening and/or on Saturday mornings. The Primary Care Trust aspires for all patients to be able to access primary care in extended hours, and will continue to work with practices to achieve this.

GP Led Health Centre

- 1.38 The new GP Led Health Centre in Yeovil opened in August 2009, following a competitive tendering process in 2008. The centre offers primary care services to registered and unregistered patients from 8.00 am to 8.00 pm, seven days per week, including appointments for walk-in patients and pre-bookable slots.
- 1.39 Funding of £113,000 has been transferred from Federation Based Commissioning to support an Urgent Care GP Pilot Local Enhanced Service from 5 December 2011.

Out of Hours Service

- 1.40 Somerset Primary Care Trust is responsible for ensuring that appropriate out of hours service arrangements are in place for the population of Somerset. The Primary Care Trust has agreed a Service Level Agreement

with South Western Ambulance Service NHS Foundation Trust for the provision of this service.

Dental

- 1.41 Since April 2006, Primary Care Trusts have been responsible for commissioning NHS primary dental care services and have received devolved budgets to support this responsibility.
- 1.42 Net funding of £22,937,000 was allocated by the Department of Health in 2011/12 to support primary dental services, including additional growth funding.
- 1.43 Dental funding from the Department of Health was fully devolved into the Primary Care Trust's baseline from 1 April 2010, and costs are kept under close review throughout the year.
- 1.44 A funding transfer of £2,201,000 has been transferred to support the work of the Primary Care Dental Service provided by Somerset Partnership NHS Foundation Trust.
- 1.45 Funding of £37,000 has been transferred to Somerset Partnership NHS Foundation Trust for the additional Occupational Health Service commissioned from Taunton and Somerset NHS Foundation Trust to support dental practitioners.
- 1.46 Any cost pressures in 2011/12 due to increases in price or demand must be met from within the Primary Care Trust's baseline funding.
- 1.47 Access to NHS dental services in Somerset is good with patients able to access services across the county.
- 1.48 NHS Somerset also commissioned two new practices at South Bridgwater and Berrow. The Bridgwater practice opened with one chair (November 2010) and subsequently increased its capacity to two chairs (August 2011) at its temporary site. The permanent premises are expected to be completed in August 2012. The Berrow practice opened with two chairs on 9 May 2011.

General Ophthalmic Services

- 1.49 Funding for the General Ophthalmic Services has also been devolved from the Department of Health into the Primary Care Trust's baseline from 1 April 2010.
- 1.50 Payments to contractors for the provision of general ophthalmic services for the residents of Somerset are now drawn from funds which are part of the Primary Care Trust resource and cash limit. Somerset Primary Care Trust has a responsibility to manage quality and costs of the service.

- 1.51 NHS Somerset's allocation is £4,650,000 for General Ophthalmic Services.
- 1.52 Any cost pressures due to increases in price or demand must be met from within the Primary Care Trust's baseline funding.

Summary

- 1.53 An overspend of £450,000 across all Primary Care schemes is factored into the year end position.

SECONDARY CARE COMMISSIONING: NHS AND NON NHS CONTRACTS

- 1.54 In excess of two thirds of the Primary Care Trust's annual budget is spent on Secondary Care Commissioning.
- 1.55 The contracts by provider for 2011/12 are set out below in Table 6. A further analysis of spend to 31 January 2012 is shown in Appendix 4.

Table 6: Contract Values by Provider

Secondary Care Commissioning	Initial Programme £'000	Contract Variations £'000	Revised Value £'000	Year to Date (under) /overspend £'000
Foundation Trusts				
Dorset County Hospital NHS Foundation Trust	2,996	(238)	2,758	-
Gloucestershire Hospitals NHS Foundation Trust	133	(18)	115	-
Poole Hospital NHS Foundation Trust	131	13	144	-
Royal Devon and Exeter NHS Foundation Trust	7,940	(114)	7,826	(124)
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	790	293	1,083	(27)
Salisbury NHS Foundation Trust	865	(1)	864	(132)
South Western Ambulance Service NHS Foundation Trust	17,227	459	17,686	-
Taunton and Somerset NHS Foundation Trust	184,436	6,497	190,933	-
University Hospitals Bristol NHS Foundation Trust	14,849	234	15,083	106
Yeovil District Hospital NHS Foundation Trust	73,917	4,225	78,142	-
Sub total	303,284	11,350	314,634	(177)
Other NHS Trusts				
Bath and North East Somerset Primary Care Trust	486	45	531	-
Bristol Primary Care Trust	-	77	77	-
North Bristol NHS Trust	6,326	43	6,369	(70)
Northern Devon Healthcare NHS Trust	456	(32)	424	-
Plymouth Hospitals NHS Trust	280	45	325	-
Southampton University Hospital NHS Trust	560	(62)	498	78
Weston Area Health NHS Trust	13,988	9	13,997	343
Wiltshire Primary Care Trust–Maternity Services	2,735	(92)	2,643	192
Sub total	24,831	33	24,864	543
Total NHS Service Level Agreements	328,115	11,383	339,498	366

- 1.56 Frameworks are based on a roll forward of 2010/11 agreements adjusted to reflect agreed developments, non recurring adjustments actioned in 2010/11 and the application of the National Tariff deflator of 1.5%.
- 1.57 Based on data for the period 1 April 2011 to 31 January 2012, the Weston Area Health NHS Trust contract is over performing against plan in the following areas:

- trauma and orthopaedic inpatients and outpatients
- colorectal surgery
- urology day cases
- a provision of £400,000 has been made within the year end forecast in respect of this

Secondary Care Services

Performance Expectations for Quality, Innovation, Productivity and Prevention

- 1.58 There is a broad range of national performance standards applicable to secondary care services. Many of these are targeted at improving access and choice and at ensuring that the services provided are of a high standard and quality. The Operational Framework for 2011/12 reinforces the need to maintain delivery of existing standards and to ensure that where further progress is required that it is achieved. In addition, there is a significantly increased focus on patient experience and clinical quality. All providers of secondary care services are expected to meet all national targets and to make progress towards local targets.

Waiting Times

Admitted and Non Admitted Care Pathways

- 1.59 The Primary Care Trust has commissioned providers to ensure that 90% of admitted and 95% of non-admitted patients complete their patient pathway from GP referral to treatment within 18 weeks.
- 1.60 There are a number of performance issues relating to the delivery of these targets and these are set out in the performance section of the report.

Ambulance Response Times

- 1.61 The overall ambulance response times South Western Ambulance NHS Foundation Trust for both emergency and non-emergency calls during 2010/11 were above the required standards, including the performance relating to the Somerset area with the exception of the 8 minute emergency calls standard.
- 1.62 Further details are detailed in the performance section of the report.

Cancer Screening Programme

- 1.63 Somerset continues to make progress towards the implementation of the Cancer Reform Strategy. The emphasis is to diagnose cancer earlier by raising awareness and extending screening programmes and ensuring

faster access to treatments including surgery, radiotherapy and chemotherapy, which are delivered in the most appropriate setting.

Coronary Heart Disease

- 1.64 NHS Somerset continues to work with the two acute providers and Somerset Partnership NHS Foundation Trust to consolidate and improve health services for people with coronary heart disease across the county.

Stroke

- 1.65 NHS Somerset is developing an integrated pathway for stroke patients reflecting the planned provision of community based specialist stroke services at South Petherton Community Hospital. In addition, the ongoing development of stroke services within the community at Yeovil District Hospital NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust will continue.

Maternity Matters

- 1.66 The changes in the national Payment by Results tariff for maternity services are supporting the implementation and delivery of 'Maternity Matters' by ensuring both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust are being recompensed for the improved quality that is being commissioned from the service. A complete review of maternity services is being completed in conjunction with the acute providers.

Commissioning for Quality and Innovation (CQUIN)

- 1.67 The Primary Care Trust identified funding of £4,204,000 representing 1.5% of contract value in 2011/12. This funding reflects the heightened focus on promoting quality and ensures that quality improvements are considered as part of each financial discussion.
- 1.68 The CQUIN scheme has also been extended and providers of ambulance, community, mental health and learning disability services on a national standard contract, like providers of acute services, are eligible to earn the full 1.5% of contract value subject to agreeing and achieving the agreed CQUIN goals.
- 1.69 Providers can non recurrently earn the additional CQUIN money for meeting agreed quality standards through their local CQUIN scheme, once the gateways of existing national targets as a minimum has been achieved. The CQUIN goals must be stretching and focused, and reflect local priorities and the priority areas set out in 'The Operating Framework for the NHS in England 2011/12'.
- 1.70 Contract variations include:

- growth funding to support the delivery of waiting times across contracts
- further transfers of funding to the specialised commissioning portfolio for 2011/12
- the release of CQUIN funding to contracts
- a transfer of funding to Yeovil District Hospital NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust for Clinical Excellence Awards

1.71 A summary of baseline activity is included as Appendix 5.

Specialist Commissioning

1.72 The South West Specialist Commissioning Group is collectively procuring the following services on behalf of all Primary Care Trusts in the South West:

- blood and marrow transplantation (all ages)
- complex spinal services (adult)
- deep brain stimulation for Parkinsons Disease
- stereotatic radio surgery/therapy
- specialised burn care services (all ages)
- renal services (adult) – transplantation
- pulmonary hypertension
- HIV/AIDS treatment and care (all ages)
- Cleft lip and palate services (all ages)
- High secure forensic services
- Medium secure forensic services
- Neonatal intensive care (NICU – including intensive care, high dependency unit (HDU) and special care baby unit (SCBU))
- Paediatric intensive care (PICU)
- Morbid obesity services (all services)

- Specialised Rheumatology services (adults)
- Congenital heart disease (adults)
- Cystic fibrosis (all ages)
- Specialised services for children
- Medium secure mental health services (independent sector)
- Low secure mental health services
- Neurosciences
- Neurology
- Specialised orthopaedics
- Fertility services
- Specialised renal services
- Cochlear implants/bone anchored hearing aids

1.73 Table 7 shows the current funding allocation from the Primary Care Trust to the South West Specialist Commissioning Group for specialist services in 2011/12. A further analysis of spend to 31 January 2012 is shown in Appendix 6.

Table 7: Services Commissioned by the South West Specialist Commissioning Group

Provider	Initial Programme	Contract Variations	Revised Value	Year to Date (under /overspend)
	£'000	£'000	£'000	£'000
Foundation Trusts				
Basingstoke and North Hampshire NHS Foundation Trust	183	23	206	-
Chelsea and Westminster Hospital NHS Foundation Trust	119	71	190	-
Dorset County Hospital NHS Foundation Trust	54	221	275	-
Frimley Park Hospital NHS Foundation Trust	-	263	263	-
Guys and St Thomas' NHS Foundation Trust	435	(70)	365	-
Kings College Hospital NHS Foundation Trust	74	47	121	-
Moorfields Eye Hospital NHS Foundation Trust	57	(10)	47	-
Papworth Hospital NHS Foundation Trust	17	15	32	-
Royal Devon and Exeter NHS Foundation Trust	1,183	175	1,358	-
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	411	(331)	80	-
Royal Orthopaedic Hospital NHS Foundation Trust	111	(79)	32	-
Salisbury NHS Foundation Trust	424	74	498	-
Taunton and Somerset NHS Foundation Trust	5,631	371	6,002	-
The Royal Marsden NHS Foundation Trust	65	73	138	-
University College London Hospitals NHS Foundation Trust	583	(106)	477	116
University Hospital Birmingham NHS Foundation Trust	211	76	287	-
University Hospitals Bristol NHS Foundation Trust	8,148	476	8,624	(284)
Yeovil District Hospital NHS Foundation Trust	569	1	570	-
Sub total	18,275	1,290	19,565	(168)
Mental Health and Learning Disability Services				
Somerset Partnership NHS Foundation Trust – Specialist Low Secure Mental Health Service	803	-	803	318
Other Mental Health and Learning Disability Services	5,255	25	5,280	544
Sub total	6,058	25	6,083	862
Other NHS Trusts				
Avon and Wiltshire Mental Health Partnership NHS Trust	20	(2)	18	-
Barts and The London NHS Trust	263	(23)	240	-
Birmingham Children's Hospital NHS Trust	53	(44)	9	-
Buckinghamshire Hospitals NHS Trust	80	(35)	45	-
Great Ormond Street Hospital for Children NHS Trust	204	(53)	151	180
Imperial College Healthcare NHS Trust	334	37	371	60
North Bristol NHS Trust	9,822	767	10,589	491
Nuffield Orthopaedic Centre NHS Trust	25	57	82	-
Oxford Radcliffe Hospitals NHS Trust	127	(35)	92	-
Plymouth Hospitals NHS Trust	44	51	95	-
Portsmouth Hospitals NHS Trust	70	13	83	-
Royal Brompton and Harefield NHS Trust	409	(72)	337	-
Royal Free Hampstead NHS Trust	234	129	363	133
Royal National Orthopaedic Hospital NHS Trust	29	116	145	-
Royal United Hospital Bath NHS Trust	433	96	529	-
Southampton University Hospitals NHS Trust	257	48	305	-
Swansea University NHS Trust	-	105	105	-
The Leeds Teaching Hospitals NHS Trust	14	(2)	12	-
Independent Sector Providers	12	76	88	-
PET Scans	235	68	303	-
Other Specialised Commissioning	1,142	(755)	387	-
Sub total	13,807	542	14,349	864
TOTAL	38,140	1,857	39,997	1,558

- 1.74 The Primary Care Trust receives monitoring information from Bristol Primary Care Trust as the host organisation for specialist commissioning and this informs Somerset Primary Care Trust's year end position.
- 1.75 Based on data for the first ten months of the year, a year to date overspend of £1,558,000 has been reported. A large proportion of this overspend relates to Low Secure Mental Health services. A provision has been made within the year end forecast for an overspend of £1 million against this programme area.
- 1.76 As at 31 December 2011, there were 21 patients placed within Low Secure Mental Health services, with eight of these at Somerset Partnership NHS Foundation Trust (reported within section 7), ten with independent sector providers, and three with other NHS providers. 15 of these patients have been resident for the full nine month period. The current budget provision for low secure mental health services is sufficient to fund an average of 10 patients per month.
- 1.77 A significant overspend has also been incurred with North Bristol NHS Trust in respect of renal services (including kidney transplants), spinal services and other specialised orthopaedics. Activity is variable on a monthly basis reflecting the specialist and high cost nature of the activity. A provision of £500,000 has been made within the current position to manage the year end.

Non NHS Contracts

- 1.78 In addition, the Primary Care Trust commissions a range of services from the independent and private sector and contract values are set out below in Table 8. A further analysis of spend to 31 January 2012 is shown in Appendix 7.

Table 8: Contract Values for Services from the Independent and Private Sector

Scheme/Provider	Initial Programme	Contract Variations	Revised Value	Year to Date (under) /overspend
	£'000	£'000	£'000	£'000
Brain Injury Rehabilitation	225	(24)	201	-
British Red Cross	276	-	276	-
British Pregnancy Advisory Service	40	-	40	-
Continuing Care	27,679	(791)	26,888	-
COPD Contract	-	677	677	-
Private Sector Diagnostic Capacity	231	-	231	-
Dorothy House Hospice	224	3	227	-
Exceptional Treatments	1,167	(203)	964	-
NHS Funded Nursing Care	10,170	-	10,170	(292)
Renal Services	2,750	-	2,750	-
High Cost Drugs	1,723	(348)	1,375	-
High Cost Low Volume	209	-	209	(86)
Odstock Medical Limited	30	-	30	-
Marie Stopes	175	-	175	42
Non Contractual Activity	3,966	-	3,966	-
Other Commissioning	8,433	(6,090)	2,343	(354)
Palliative Care Funding	241	69	310	-
Partnership Working – Pooled Budgets	19,356	623	19,979	-
Partnership Working – Other	757	6,837	7,594	-
Patient Transport Services	300	70	370	-
Personal Health Budgets	-	504	504	-
Shepton Mallet Treatment Centre	13,369	-	13,369	(1,568)
Spells in Private Sector	974	-	974	2,044
St Margaret's Hospice	1,645	123	1,768	-
Voluntary Car Services	625	-	625	-
Weston Hospice	129	-	129	-
TOTAL	94,694	1,450	96,144	(214)

1.79 Contract variations have been actioned to reflect agreements reached during the 2011/12 commissioning process.

1.80 Shepton Mallet Treatment Centre is currently under performing against contract and an underspend of £1,568,000 is reported year to date. This is offset by activity in excess of plan with other providers.

Continuing Healthcare

1.81 Continuing Healthcare budgets for 2011/12 have been uplifted to reflect both volume and price changes. The uplift has been funded through growth and the release of savings realised through the implementation of Continuing Healthcare QIPP scheme initiatives.

Partnership Agreements

1.82 Included within the Non NHS Contracts are three pooled budget agreements (joint funding) which have been agreed under Section 31 of the Health Act 1999.

- 1.83 These arrangements are based on a formal partnership agreement which sets out the services covered by the pooled budget, the aims and outcomes of pooling financial resources, the funds to be contributed by each partner and the percentage of risk share. The three schemes are detailed in Table 9.

Table 9: Partnership Agreements with the Local Authority

Scheme	Primary Care Trust Contribution £'000
Integrated Community Equipment Store	1,015
Learning Disabilities Services	14,533
Substance Misuse	4,431
Total	19,979

Integrated Community Equipment Service

- 1.84 The Somerset Integrated Community Equipment Service (ICES) is a partnership of organisations that include Somerset County Council and NHS Somerset. The ICES Partnership seeks to create and sustain an Integrated Community Equipment Service for Somerset residents which is fully capable of meeting demand and that delivers the goals of all ICES partners.
- 1.85 Launched in 2001, jointly commissioned and funded arrangements for the delivery of a countywide, integrated community equipment service are well established. The principal aim of the service is to provide simple aids to daily living and nursing equipment to:
- enable people to live as independently as possible in their own homes
 - prevent avoidable hospital admissions
 - ensure a speedy discharge from hospital following an inpatient stay
- 1.86 There is currently significant pressure on this allocation. Work is being undertaken jointly with Somerset County Council to consider how this expenditure can be brought back within the Primary Care Trust's contribution.

Learning Disability Service

- 1.87 NHS Somerset funds services within this partnership to meet the health needs of people with a learning disability. Somerset County Council acts as both commissioner and provider for the service and sub-commissions Somerset Partnership NHS Foundation Trust, from pooled health and social care funds, to manage the health needs of adults with learning disabilities. NHS Somerset is responsible for ensuring that funds dedicated to the health needs of people with learning disabilities are used as effectively and efficiently as possible.

Drug and Alcohol Service

- 1.88 Drug and alcohol services are commissioned by the Drug and Alcohol Action team which is a statutory partnership with representation from NHS Somerset, Somerset County Council, Avon and Somerset Constabulary and the Somerset Probation Service.
- 1.89 Performance against the programmes is regularly reviewed to ensure agreed outcomes are delivered and, where appropriate, actions taken in year to manage potential overspends so there is no adverse impact on service delivery or in the achievement of corporate priorities.

CLINICAL COMMISSIONING GROUP

- 1.90 Table 10 sets out budgets delegated to the Clinical Commissioning Group, with further detail in Appendix 8. A detailed scheme of delegation is in place for each of the delegated budgets. Further programme areas will be devolved during 2011/12 and the Clinical Commissioning Group will be accountable for managing performance against the scheme of delegation.

Table 10: Budget Framework for Clinical Commissioning Group

Programme	Annual Budget £'000	Year to Date (under)/overspend £'000
GP Prescribing	77,377	(2,008)
Home Oxygen Service	1,421	33
Pharmacy Contract	8,355	42
Other Prescribing	310	-
Total Prescribing	87,463	(1,933)
Other Programmes		
Federation Based Commissioning	936	(353)
Clinical Commissioning Group funding	1,070	(110)
Secondary Care Contracts		
Royal United Hospital Bath NHS Trust	23,296	699
Somerset Partnership NHS Foundation Trust	129,551	-
Total of Secondary Care Contracts	152,857	699
TOTAL	242,326	(1,697)

GP Prescribing

- 1.91 Prescribing budgets for 2011/12 have had a net uplift of 3% applied to reflect both volume and price changes. This takes into account opportunities to deliver QIPP savings against the baseline budget.

- 1.92 The Business Services Authority has released a forecast based on data to December, that indicates a prescribing underspend of £2.4 million. This is the seventh forecast of the year and historically there has been some volatility in this position. This new forecast represents a significant movement of £700,000 in the prescribing underspend forecast from the previous forecast for November. The alteration in the end of year forecast has been replicated at regional and national level and the Medicines Management Team is currently working with the Business Services Authority to understand the reasons for this movement. At this stage it appears to relate to the methodology used in calculating the forecast outturn. An underspend of £2.5 million has now been factored into the forecast year end position, and this will be kept under close review.

Home Oxygen Service

- 1.93 In 2006/07 Primary Care Trusts received allocations for the Home Oxygen Service. Previously, this was funded through non discretionary expenditure. The funding allocation includes the concentrator service, headsets and stands and some pharmacist fees, as well as the cost of oxygen itself.
- 1.94 Savings were realised in 2009/10 following a tendering process for this service, and a year end breakeven was achieved in 2010/11.
- 1.95 The South West has been undertaking a review of the current contract for Home Oxygen services which is provided by Air Liquide. There has also been a parallel exercise where other Strategic Health Authority areas have been re-procuring Home Oxygen services through a National Procurement Framework for Home Oxygen services. The Department of Health have reported significant additional reductions being achieved by the Strategic Health Authorities using the National Procurement Framework and recommended NHS South West to reconsider their options in light of emerging new information.
- 1.96 An overspend of £33,000 has been brought into the year to date financial position in respect of this.

Pharmacy Contract

- 1.97 The professional fees element of the Community Pharmacy contract have been devolved to the Clinical Commissioning Group. This cost is essentially driven by the number of items prescribed by GP practices.
- 1.98 On 8 September 2011 the Department of Health issued a revision to the Community Pharmacy Contractual Framework Funding for 2011/12. An analysis of the correspondence identified that a further reduction in generic medicine prices (category M) has been deployed to fund an increase in the Community Pharmacy Contractual Framework funding in 2011/12.

- 1.99 This relates to the whole Community Pharmacy Contract, a part of which has not been devolved to the Clinical Commissioning Group relating to essential and advanced services, locally authorised payments and prescription charge income.
- 1.100 A forecast overspend of £50,000 has been built into the year end position in respect of the increase in the community pharmacy contract, relating to the part devolved to the Clinical Commissioning Group.

Federation Based Commissioning

- 1.101 An important element of the Clinical Commissioning Group allocations is working with GP practices through Federation Based Commissioning, formerly known as Practice Based Commissioning, which enables primary care clinicians to lead the development of new local services.
- 1.102 Funding of £1,111,000 has been transferred from this programme to Somerset Community Health to support Somerset Primary Link and the Clinical Assessment Units at Dene Barton and Bridgwater.
- 1.103 The initial focus of Federation Based Commissioning was seeking to reduce avoidable emergency admissions. A series of services have been developed, within the community, to provide alternatives to hospital admissions. Somerset Primary Link, the Clinical Assessment and Treatment Units and Community COPD services continue but the GP Acute Care service at Taunton and Yeovil was decommissioned at 31 March 2011. Practices are provided with information on patients who are at risk of future admissions and are working with community matrons and social care to develop care plans that support patients in the community wherever possible.
- 1.104 The Federation Based Commissioning funding that has been transferred to date is detailed below:
- funding of £38,000 for Enhanced care for patients in specialist residential care beds (Taunton), £111,000 for Skin Cancer Services and £35,000 for Complex Care GP (Bridgwater) has been transferred within GP Services
 - £114,000 has been transferred within the Primary Care directorate to support LES and enhanced service schemes relating to the prescribing pharmacist at St James, Complex Care GP at West Mendip, and non melanoma skin cancer scheme
 - a total of £240,000 has been transferred to meet the estimated annual costs of the Acute Community Eyecare Scheme within Primary Care Commissioning
 - funding of £40,000 has been transferred to Somerset Partnership NHS Foundation Trust to support the dietetics service

- funding totalling £1,000,000 has been released to support urgent care schemes at Taunton and Yeovil
- £677,000 has been transferred to Secondary Care commissioning to support the BUPA Home Healthcare service
- Gold Standard framework funding of £42,000 has been transferred to the Nursing and Patient Safety directorate
- funding of £43,000 has been transferred from the Federation Based Commissioning budget to the Secondary Care Commissioning Directorate to support direct access to brain type Natriuretic Peptide testing to potential cardiology patients at Taunton and Somerset NHS Foundation Trust
- funding of £113,000 has been transferred to the Primary Care Directorate to support an Urgent Care GP Pilot Local Enhanced Service run by the GP Led Health Centre

1.105 An underspend of £353,000 has been brought into the year to date financial position to reflect the funding which has not yet been committed to specific schemes, or will not be fully utilised by specified schemes. In particular, there has been slower uptake than expected for the Primary Care Insulin Conversion Local Enhanced Service and the Acute Community Eyecare Service (ACES).

1.106 These budgets were devolved to the Clinical Commissioning Group from 1 June 2011.

Clinical Commissioning Group Funding

1.107 The Operating Framework for the NHS in England 2011/12 identified a development fund of £2 per head to support the development of clinical commissioning groups. This has been funded through management cost savings.

Royal United Hospital Bath NHS Trust

1.108 The delegated responsibility for the commissioning function for the Royal United Hospital Bath NHS Trust was devolved to Somerset Clinical Commissioning Group from 1 December 2011.

1.109 The Royal United Hospital Bath NHS Trust contract is currently over performing against plan in the following areas:

- high cost drugs and devices
- outpatient activity

- gastroenterology, cardiology, general surgery and ENT inpatients
- a forecast overspend of £900,000 has been built into the year end position in respect of the over performance at Royal United Hospital Bath NHS Trust

Somerset Partnership NHS Foundation Trust

- 1.110 The delegated responsibility for the commissioning function for Somerset Partnership NHS Foundation Trust was devolved to Somerset Clinical Commissioning Group from 1 October 2011.

Performance Expectations

- 1.111 Building on developments in 2009/10, the development of existing community mental health service provision continued during 2010/11, focusing on the enhancement of existing performance to meet the standards set for people receiving access to crisis resolution/home treatment services and early intervention in psychosis services. Opportunities for rationalising inpatient provision and investing in enhanced community provision will continue, with the implementation of proposed changes to inpatient provision in Mendip and the building phase of the redevelopment of the Broadway Park site in Bridgwater.
- 1.112 Building on the significant progress achieved to date in developing community specialist mental health provision and the achievement of the standards set out in the national Strategic Framework for Mental Health, in 2011/12 the focus of service developments will be on maintaining the gains made in patient care and treatment while also working towards the achievement of the strategic objectives and vision set out in the “New Horizons” policy document.

Specialist Child and Adolescent Service

- 1.113 Working with Somerset County Council, in the context of delivering a comprehensive countywide Child and Adolescent Mental Health Service (CAMHS), specialist CAMHS services was reviewed in 2009/10 with the aim of ensuring the service fully meets all the needs of young people in Somerset.

Specialist Older People’s Services

- 1.114 The Somerset Dementia Strategy was finalised in 2010/11 and the first year of the associated work plan rolled out. This will incorporate a review of secondary care memory services and an improvement in the early diagnosis of dementia, enabling the achievement of this as a World Class Commissioning priority. Joint work with the Local Authority and Third Sector partners will enable other work plan priorities to be addressed and incorporated within commissioned services.

Emotional Health and Wellbeing Service

- 1.115 Somerset's Emotional Health and Wellbeing Services (incorporating Improved Access to Psychological Therapies) commenced in October 2009. The service is provided by Somerset Community Right Steps, collaboration between Somerset Community Health, Turning Point, MIND and Somerset Racial Equality Council. Services are provided in a range of settings within the community, often but not exclusively from primary health care premises. In 2011/12, commissioners will work to ensure equality of access and waiting times, which have been key challenges since the inception of the service in October 2009, are improved.

Waiting Times

- 1.116 The agreement of a CQUIN target and payment to the specialist mental health provider will facilitate a reduction in waiting times to no more than three weeks from referral to treatment and three weeks from assessment to first treatment. This is a significant improvement on previous performance and is an important step in achieving a 'no wait' culture in mental health services.

2011/12 DEVELOPMENT PROGRAMME

- 1.117 As part of the 2011/12 Local Delivery Plan the Primary Care Trust has developed a development programme totalling £17,766,000.
- 1.118 The programme is summarised in Table 11.

Table 11: 2011/12 Development Programme

Scheme	Initial Programme £'000	Issued to Programmes £'000	Revised Programme £'000
National Assumptions			
- Reablement Funding	1,440	(446)	994
- Cancer Drugs and Associated Treatment Costs	2,300	(2,300)	-
- Strategic Investment Fund	7,700	(7,700)	-
Demand Issues/Pressures			
- Drugs and Devices	1,500	(1,500)	-
- Primary Care Premises Programme	2,000	(2,000)	-
- Non-Elective Access Funding	626	(626)	-
- Primary Care Access	1,200	(1,200)	-
- Specialist Commissioning	1,000	(1,000)	-
TOTAL	17,766	(16,772)	994

- 1.119 Key elements of the 2011/12 development programme include:
- funding to support reablement services to promote better services for patients on discharge from hospital. Primary Care Trusts are required to develop local plans in conjunction with the Local Authority, Foundation Trusts and Community Health Services to utilise the funding to deliver seamless care for patients discharged from hospital and prevent avoidable hospital readmission

- a provision to meet the additional cost of cancer drugs and associated treatment costs to support the National Cancer Drugs Fund
- the earmarking of funding against recurrent growth in line with the South West Operating Framework for 2011/12. Funding of £7,700,000 has been set aside to increase the headroom funding set aside in 2010/11. Commitments are expected to be made on a non-recurring basis. In line with the South West Operating Framework, the Primary Care Trust will be expected to agree the applications of funds with the Strategic Health Authority
- additional funding to support growth and demographic pressures on the spend programme on drugs and devices
- funding to support the Primary Care Trust's ongoing programme of development of primary care infrastructure
- a provision to meet the growth in non-elective activity
- funding to support the inflationary and growth costs associated with the devolution of a number of central budgets including primary dental services, pharmacy services and general ophthalmic services
- a provision to support the increase in secure service placement commissioned through the South West Specialist Commissioning Group

2011/12 Non Recurring Development Programme

- 1.120 The growth funding which the Primary Care Trust received has been supplemented by:
- the return of funding lodged with the Strategic Health Authority in 2010/11
 - the return of the underspend from 2010/11
- 1.121 Against this funding the Primary Care Trust has developed a non recurring development programme which is set out in Table 12.

Table 12: Non Recurring Development Programme

Programme	Initial Programme £'000	Issued to Programmes £'000	Revised Programme £'000
Support for joint working between health and social care	6,737	(6,737)	-
Primary Care Access	800	(800)	-
Carers and Health Visitors	1,400	(100)	1,300
Increase in Non-Elective Threshold	971	(971)	-
Other Schemes	1,900	(1,900)	-
Secondary Care Access	753	(753)	-
TOTAL	12,561	(11,261)	1,300

1.122 The non recurring programme together with managed programmes comprises a key element of the Primary Care Trust's financial risk management strategy and funding will be released in line with need and affordability in the context of the overall financial position. Key elements of the programme comprise:

- £6,737,000 to support joint working between health and social care. This funding has been transferred to Secondary Care Commissioning for Somerset County Council to invest in social care services to benefit health and to improve overall health gain. The Primary Care Trust has agreed with Somerset County Council the following priorities against this allocation:
 - * minimise delayed discharges from both acute and community hospitals
 - * reduce readmissions to hospital
 - * prevent avoidable admissions to both community and acute hospitals
 - * provide appropriate care in people's homes and in the community to maximise health outcomes
- a provision to meet the additional costs from population growth and demographic pressures associated with the devolution of a number of central budgets including primary dental services, pharmacy and ophthalmic services
- funding to support additional investment to support carers as detailed in 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' and to develop an effective health visiting service as set out in the 'Health Visitor Implementation Plan 2011-15 – A Call to Action'
- a provision to recognise an increase in the non-elective threshold payment

- provision to manage the costs of additional activity in excess of the 2010/11 outturn in secondary care
- a non recurring contingency representing less than 0.4% of the Primary Care Trust's allocation. The contingency is managed as part of the Primary Care Trust's managed programmes
- further funding to support the commitments outlined in 'The Operating Framework for the NHS in England 2011/12' including vascular check programme, end of life strategy, abdominal aortic aneurysm screening programme and heart failure

1.123 Against the development programme for 2011/12, an underspend of £400,000 is now forecast.

MANAGED PROGRAMMES

1.124 Managed programmes comprise a series of specific allocations of funding pending their transfer to budgets during the year. An analysis of the managed programmes is set out in Table 13.

Table 13: Managed Programmes

Scheme	Programme £'000	Movements to Programmes £'000	Revised Programme £'000
CQUIN	4,204	(3,837)	367
Headroom	16,285	(16,285)	-
Development of Clinical Commissioning Group	1,000	(1,000)	-
Other programmes	1,053	(1,053)	-
• impairment		3,643	3,643
• social care reducing delayed discharges		1,565	1,565
• winter pressures access		1,001	1,001
Surplus	7,965	-	7,965
Contingency	3,379	(2,220)	1,159
TOTAL	33,886	(18,186)	15,700

1.125 Managed programmes, and the development programme, comprise an important element of the Primary Care Trust's risk management strategy. Funds are held centrally and are only released to individual programmes once the programme has been agreed and expenditure commitments identified. This provides flexibility to manage any in year pressures or volatility, and requires robust financial control by budget managers.

1.126 Within the 2011/12 managed programmes, the Primary Care Trust has earmarked £7,965,000 to be reported as an underspend, to ensure the NHS in South West can meet its commitments agreed with the Department of Health. This funding will be returned in 2012/13 and enables the Primary Care Trust to meet its projected expenditure requirements.

- 1.127 Managed programmes includes a contingency of £3,379,000, representing less than 0.4% of the Primary Care Trust's allocation. This contingency will be maintained during 2011/12, but will be managed as part of the Primary Care Trust's non recurring investment programme, with funding released as risks to the delivery of financial targets are mitigated.

Headroom Funding

- 1.128 Against funding earmarked for the establishment of a 'headroom fund', a number of applications have been developed and funding has been allocated to the programmes in respect of:

- funding to support the pump priming of QIPP schemes agenda
- funding to bridge the cost of the legacy programme of community hospital developments comprising Minehead Community Hospital and South Petherton Community Hospital crystallising in 2011/12
- non recurrent funding to support year 1 of the Taunton and Somerset 3 year financial framework

The balance of funding against the Headroom Fund has been centrally top sliced by the Strategic Health Authority, to be returned to the Primary Care Trust in 2012/13.

Better Payment Practice Code

- 1.129 NHS bodies are required to pay NHS and trade creditors in accordance with the Better Payment Practice Code. The target is to pay 95% of NHS and trade creditors within 30 days of receipt of goods or a valid invoice, whichever is the latter, unless other payment terms have been agreed with the supplier. This will be monitored during 2011/12 to ensure compliance.
- 1.130 Figures 1 and 2 set out the performance against both NHS and Non NHS creditors.

Figure 1: NHS Better Payment Practice Code Performance

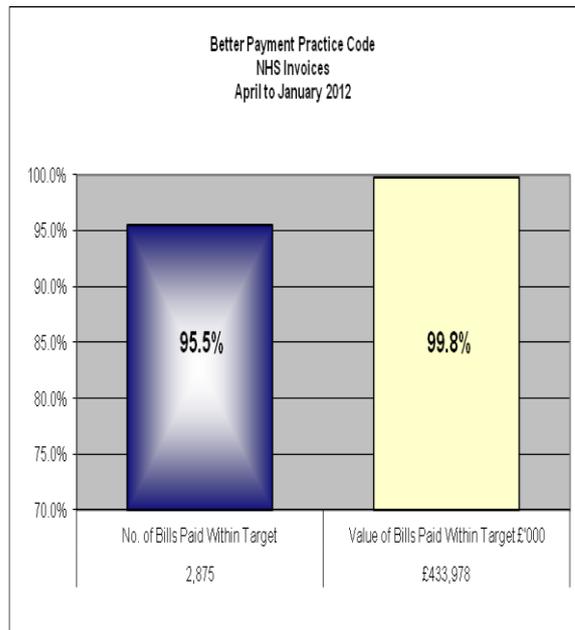
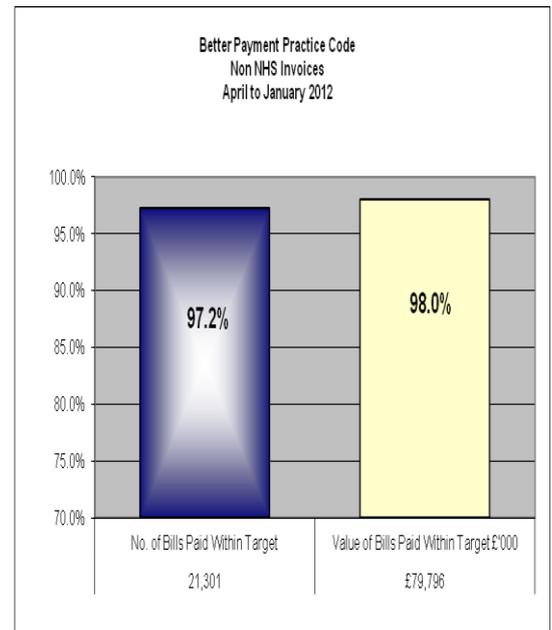


Figure 2: Non NHS Better Payment Practice Code Performance



10 Day Performance

- 1.131 Somerset Primary Care Trust paid 42.6% of its non NHS suppliers within 10 days.

Performance against Cash Limit

- 1.132 The Primary Care Trust has a statutory duty not to exceed its annual cash limit. As at 31 January 2012, the Primary Care Trust's cash limit was £857,616,000. A cash flow summary is shown as Appendix 9. The Primary Care Trust achieved this duty.

QIPP

- 1.133 On 20 October 2010, the Government announced details of the spending review covering the four years 2011/12 to 2014/15. This reflected the Government's commitment to protecting the health budget.
- 1.134 The Primary Care Trust has established the QIPP Programme Board, consisting of representatives from GP commissioners, NHS provider organisations, Somerset County Council and key members of the Primary Care Trust. The Board has developed a QIPP plan for 2011/12 – 2013/14, which identifies key opportunities for improving quality of care whilst using resources more efficiently and effectively.
- 1.135 The plan has been developed to ensure that real quality improvements are made in Somerset through a strong partnership approach, joint planning and decision making. Appendix 10 shows details of the QIPP savings delivered in 2011/12.

SUMMARY

1.136 Table 14 sets out the year end forecast position as at 31 January 2012.

Table 14: Year End Forecast Position against Programmes

Programme	Forecast (under)/overspend £'000
Headquarters and Central Programmes	-
Improving Health and Reducing Health Inequalities	-
Primary Care Commissioning	450
Secondary Care Commissioning	2,000
Clinical Commissioning Group	(1,970)
2011/12 Development Programme	-
2011/12 Non Recurring Development Programme	(400)
Managed Programmes	(8,045)
Total	(7,965)

1.137 A year end underspend of £7,965,000 will be achieved, in line with the Primary Care Trust's financial plan for 2011/12.

Statement of Financial Position

1.138 Table 15 details the statement of financial position for the Somerset Primary Care Trust as at 31 January 2012.

Table 15: Statement of Financial Position of the Primary Care Trust as at 31 January 2012

	Closing Balance 31 March 2011 £'000	Closing Balance 31 January 2012 £'000	Movement £'000
Non-current assets			
Property, plant and equipment	97,079	96,781	(298)
Intangible assets	154	121	(33)
Other financial assets	-	-	-
Trade and other receivables	-	-	-
Total non-current assets	97,233	96,902	(331)
Current Assets			
Inventories	177	47	(130)
Trade and other receivables	7,686	7,512	(174)
Other financial assets	-	-	-
Other current assets	-	-	-
Cash and cash equivalents	19	348	329
Sub total	7,882	7,907	25
Non-current assets classified as held for sale	1,660	1,660	-
Total current assets	9,542	9,567	25
Total assets	106,775	106,469	(306)
Current liabilities			
Trade and other payables	(52,945)	(50,391)	2,554
Other liabilities	-	-	-
Provisions	(2,879)	(2,879)	-
Borrowings	(177)	(184)	(7)
Other financial liabilities	-	-	-
Total current liabilities	(56,001)	(53,454)	2,547
Non-current assets plus/less net current assets/liabilities	50,774	53,015	2,241
Non-current liabilities			
Trade and other payables	-	-	-
Provisions	(2,435)	(2,246)	189
Borrowings	(6,694)	(6,598)	96
Other financial liabilities	-	-	-
Other liabilities	-	-	-
Total non-current liabilities	(9,129)	(8,844)	285
Total Assets Employed	41,645	44,171	2,526
FINANCED BY:			
TAXPAYERS' EQUITY			
General fund	32,083	34,609	2,526
Revaluation reserve	5,579	5,579	-
Donated asset reserve	3,903	3,903	-
Government grant reserve	80	80	-
Other reserves	-	-	-
Total Taxpayers' Equity	41,645	44,171	2,526

Environmental Accounting

- 1.139 Environmental accounting is an important tool for understanding the role played by the natural environment in the economy. Environmental accounts provide data which highlights the contribution of natural resources to economic wellbeing, and the costs imposed by pollution or resource degradation.
- 1.140 NHS Somerset's Sustainable Development and Carbon Reduction Strategy Action Plan has been developed in response to the recognition of the need for NHS Somerset to take action on climate change.

- 1.141 Progress on the themes contained within the Action Plan which are likely to produce the most significant carbon footprint reduction across the Trust, are being monitored by the Sustainable Development Working Group.
- 1.142 The Trust is introducing environmental accounting to collect, analyse and assess the environmental and financial performance data obtained through the combination of data from progress against the implementation plan and the financial accounting system. This will enable the Trust to assess the financial impact of the Sustainable Development and Carbon Reduction Strategy and, if appropriate, take corrective management action to reduce environmental impact.

CAPITAL

- 1.143 In addition to revenue funding, the Primary Care Trust receives a capital allocation to support the improvement of Primary Care Trust's infrastructure. In January 2011, the Primary Care Trust submitted its proposed Capital Programme for 2011/12. Capital allocations for 2011/12 have been confirmed and the programme has been revised in line with actual allocations, as set out in Table 16.
- 1.144 During 2011/12, the key focus for the Primary Care Trust is to ensure that it manages its assets effectively and sustainably to help deliver its strategic priorities and service needs.
- 1.145 The Primary Care Trust constantly reviews its asset base to ensure that assets are required, are fit for purpose and provide value for money to meet current and future needs. Through this process, under-performing or surplus assets are rationalised or disposed of, and it is important to ensure that this links with strategies of the local NHS and other public sector partners.

Table 16: Capital Programme

Capital Programme	Plan £'000	Actual £'000
Sources of Funds:		
Capital Resource Limit	9,127	-
Repayment of Capital to South West Strategic Health Authority	(3,150)	-
Sale of land at Frome	74	
Sale of Glastonbury Health Centre	416	
Total Central Capital Sources of Funds	6,467	-
Applications of Funds:		
Minehead Community Hospital	200	-
South Petherton Community Hospital	800	520
Bridgwater Community Hospital	-	164
Estate Services Works	3,814	878
Information Management and Technology	600	503
Primary Care IT Replacement Programme	300	182
Other Schemes	753	2
Total Capital Applications of Funds	6,467	2,249

1.146 Key elements of the programme are:

- the completion of South Petherton Community Hospital in line with available funding. Funding for the redevelopment of Bridgwater Community Hospital is currently under review
- an ongoing programme of investment within Primary Care Trust properties to address health and safety schemes, backlog maintenance and patient experience in line with the Estates Strategy of the Primary Care Trust
- an ongoing programme of investment in information technology systems to ensure the benefits of technology development are realised
- capital resource limit has been revised to reflect the transfer of the capital grants.

2 PERFORMANCE

INTRODUCTION

- 2.1 NHS Somerset is committed to raising the standards of care delivered to patients and enhancing the patient's experience of healthcare services, through the attainment of national quality standards and service targets. The Primary Care Trust has implemented a robust and integrated performance framework to monitor progress against the key targets and objectives, across the breadth of its responsibilities.
- 2.2 The NHS Somerset performance management framework aims to:
- reflect the Primary Care Trust's key priorities
 - ensure that effective monitoring and reporting mechanisms are in place across the whole of the organisation
 - ensure that directorates have ownership of, and are accountable for, their targets
 - ensure that action is being undertaken, where necessary, to address any areas of underperformance
 - ensure that performance frameworks are included as an integral part of Primary Care Trust business cases and project plans
- 2.3 The key performance standards to be achieved by the NHS Somerset during 2011/12 include:
- the National Productivity Metrics
 - ambitions set out in the Strategic Framework
 - key priorities and integrated performance measures from the National Operating Framework for 2011/12
 - contract requirements – national requirements reported locally
- 2.4 This report is divided into separate areas covering:
- performance delivered by Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust
 - performance delivered by other principal Trusts serving the population of Somerset
 - other key performance areas

Taunton and Somerset NHS Foundation Trust

2.5 Table 1 sets out the activity undertaken by the Trust for the period 1 April 2011 to 31 January 2012, against the contract framework.

Table 1: Comparison of Reported Activity to Plan between 1 April 2011 and 31 January 2012

Activity	Annual Plan	Year to Date Plan	Year to Date Actual	Variance	% Variance
Elective	39,569	32,817	31,629	-1,188	(3.6)
Inpatient Non Electives	35,346	29,552	32,228	2,676	9.1
Outpatient First Attendance	102,560	85,060	86,791	1,731	2.0
Outpatient Follow Up	195,124	161,829	162,374	545	0.3
Outpatient Procedures	7,893	6,546	11,669	5,123	78.3
Critical Care	3,568	2,983	3,227	244	8.2
Accident and Emergency	50,050	41,845	40,970	-875	(2.1)
GP/GDP Written Referrals Made	49,743	40,602	40,427	-175	(0.4)
Other Referrals	36,262	30,210	29,289	-921	(3.0)
Elective Waiting List	3,878		4,471	593	15.3
Outpatient Waiting List	5,367		5,102	-265	(4.9)

2.6 Through commissioning groups established as part of the 2011/12 contract, work has been undertaken to identify reasons for variances against plan and mitigating actions developed to address these issues.

2.7 Table 2 sets out the Trust-wide performance of Taunton and Somerset NHS Foundation Trust in respect of emergency and urgent care during the reporting period 1 April 2011 to 31 January 2012.

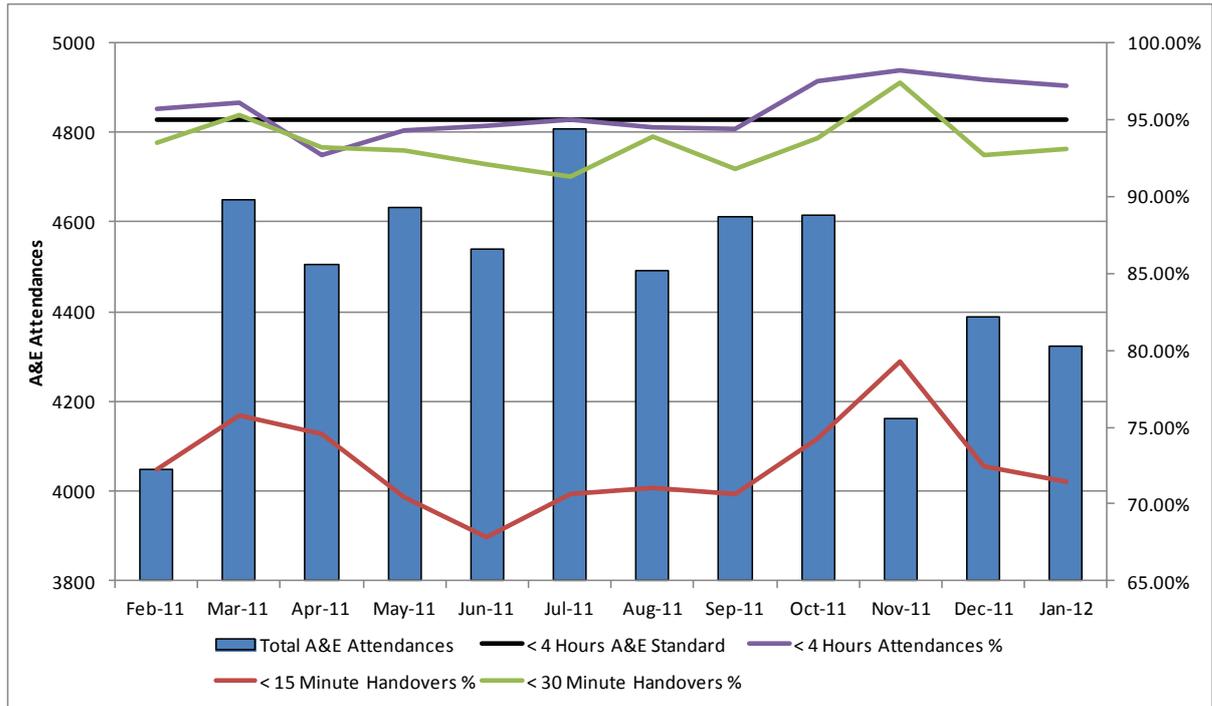
Table 2: Emergency and Urgent Care Performance Scorecard between 1 April 2011 and 31 January 2012

Emergency Care	Standard	Achievement	Variance (+/-)
Cumulative percentage of patients spending no more than four hours from arrival to admission, transfer or discharge	95.0%	95.6%	0.6%
Ambulance turnaround times inside 30 minutes (to A&E)	100.0%	93.2%	(6.8%) (1,100 patients)
Ambulance turnaround times inside 15 minutes (to A&E)	91.8% (tbc)	72.2%	(19.6%) (4,112 patients)
Level of emergency admissions to increase by less than 1% annually	1.0%	5.2%	4.2% (921 patients)
Operations cancelled at the last minute offered another admission within 28 days	100.0%	98.9%	(1.1%) (4 patients)
Percentage of people who have had a stroke and spend at least 90% of their time on a stroke unit	80.0%	80.2%	0.2%

Emergency and Urgent Care

2.8 Figure 1 below details the Trust’s Accident and Emergency Department performance and 15 minute and 30 minute ambulance handover performance between 1 February 2011 and 31 January 2012.

Figure 1: Accident and Emergency Department performance and 15 minute and 30 minute ambulance handover performance between 1 February 2011 and 31 January 2012



2.9 For the period 1 January to 31 January 2012, Accident and Emergency four hour attendance performance was 97.22% and the operational standard of 95% was achieved in month. Cumulatively for the period 1 April 2011 to 31 January 2012 performance was above the required standard with performance at 95.55%. Four hour performance from October 2011 to date has improved and the Trust has an A&E improvement plan in place where the Trust has seen increased staffing and improved patient flow. Increased physical capacity remains an outstanding action from the A&E improvement plan however capital building works is planned for 2012.

2.10 Between 1 April 2011 and 31 January 2012, 1,100 (6.8%) patients waited 30 minutes or more before being handed over into the care of the hospital.

2.11 During the same reporting period, 16,130 patients were conveyed by ambulance to the Accident and Emergency department at the Trust. Of this total 11,651 patients (72.2%) were transferred to the care of the hospital within 15 minutes against a standard of 91.8%. The Emergency Department had experienced peaks in activity and bed pressures on 3 specific days in January 2012, thus effecting ambulance handover

performance during the monthly period. The Trust has developed an A&E Action Plan that is focused on patient flows, staffing and identifying ways of increasing the size of the department.

- 2.12 Regular meetings are currently being undertaken between Taunton and Somerset NHS Foundation Trust and South Western Ambulance Service NHS Foundation Trust to review performance and address the issues being encountered.
- 2.13 All Primary Care Trusts nationally are required to ensure that levels of emergency admissions increase by less than 1% annually. Comparing 1 April 2011 to 31 January 2012 with the same period in 2010, emergency admissions increased by 1,143 spells or 5.2%. NHS Somerset works closely with the Trust and other healthcare partners to review emergency admissions and implement necessary actions that will impact upon and reduce unscheduled care cases.

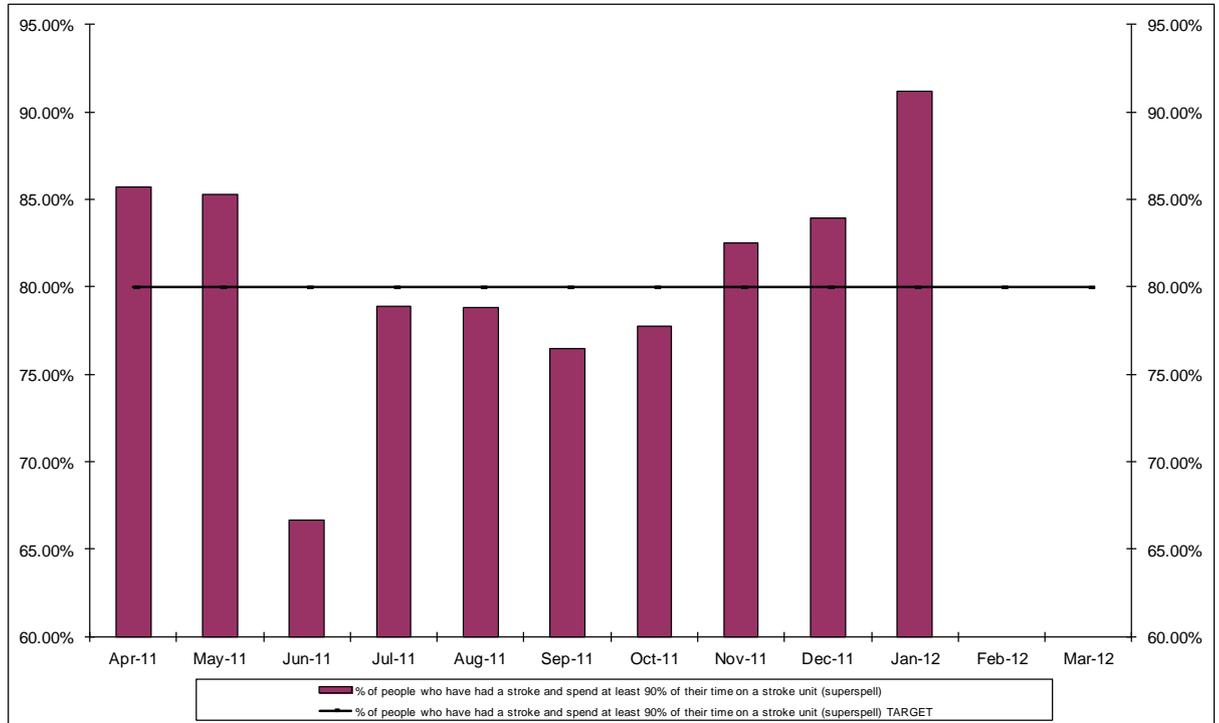
Cancelled Operations

- 2.14 Of the number of cancelled operations during the period of 1 April 2011 and 31 January 2012, 348 (98.9%) patients were offered another admission date within the 28 day standard, there have been a total of four breaches. For the period 1 January to 31 January 2012, one patient was not offered another admission date inside of the 28 day standard. The patient was a trauma and orthopaedics patient and required an HDU bed following surgery, the delay in offer of operation was due to no HDU bed being available. The patient has subsequently been offered an operation date and will be treated in February 2012.

Stroke Services

- 2.15 The operational standard requires that 80% of people who have had a stroke spend at least 90% of their time on a stroke unit.
- 2.16 Figure 2 details Taunton and Somerset NHS Foundation Trust's performance (Somerset patients) in respect of the percentage of people who spent at least 90% of their time on a stroke unit, between the periods 1 April 2011 to 31 January 2012.

Figure 2: 18 Somerset patients who spent at least 90% of their time on a stroke unit - Performance for the period 1 April 2011 to 31 January 2012



- 2.17 For the period 1 January to 31 January 2012, 91.18% of Somerset patients spent 90% of their time on a stroke unit, against a required standard of 80%.
- 2.18 The Trust had a clear set of actions and important developments which has yielded an improvement in stroke performance during Quarter 3. A clinical review of stroke services has concluded which involved key personnel within the stroke pathway. The report, which includes a set of key recommendations, is currently being ratified and ensuing Action Plans are to be developed by the Stroke Pathway Group.
- 2.19 Table 3 sets out the performance scorecard in respect of elective access standards achieved for services delivered to Somerset patients, for the period 1 December 2011 to 31 January 2012.

Table 3: Taunton and Somerset NHS Foundation Trust Key Performance Scorecard (Somerset Relevant Population) between 1 January and 31 January 2012

Indicator		Standard	Percentage Achieved	Variance (+/-)
18 week referral to treatment pathway	Percentage of admitted patients with a referral to treatment pathway of 18 weeks or less	90.0%	90.63%	0.63%
	Number of Specialties not achieving the 18 week admitted patients referral to treatment standard	16/16	13/16	(3 specialties)
	Percentage of non-admitted patients with a referral to treatment pathway of 18 weeks or less	95.0%	96.66%	1.66%
	Number of Specialties not achieving the 18 week non-admitted patients referral to treatment standard	17/17	14/17	(3 specialties)
	The 95 th percentile time waited for admitted patients	23 weeks	26.92	3.92
	The 95 th percentile waited for non-admitted patients	18.3 weeks	17.12	(1.18)
	The median time waited for admitted patients	11.1 weeks	9.21	(1.89)
	The median time waited for non-admitted patient	6.6 weeks	6.76	0.16
	Number of incomplete patient pathways (Trust-wide)	15,000	20,908	(5,908)
	Number of incomplete patients with a referral to treatment pathway of over 18 weeks (Trust-wide)	1,200	3,879	(2,679)
Reduce diagnostic waiting times	Number of Somerset Patients Waiting less than 6 weeks	100.0%	99.76%	(0.24%) (8 patients)
Direct bookings	Percentage of Slot Availability During Month	92.0%	93.93%	1.93%
Genito-Urinary Medicine	Percentage of GUM service first attendances whose first offer was within two normal working days	100.0%	100.0%	0.0%
	Percentage of GUM service first attendances seen within two normal working days	95.0%	98.40%	3.40%

Referral to Treatment - Admitted Completed Pathways

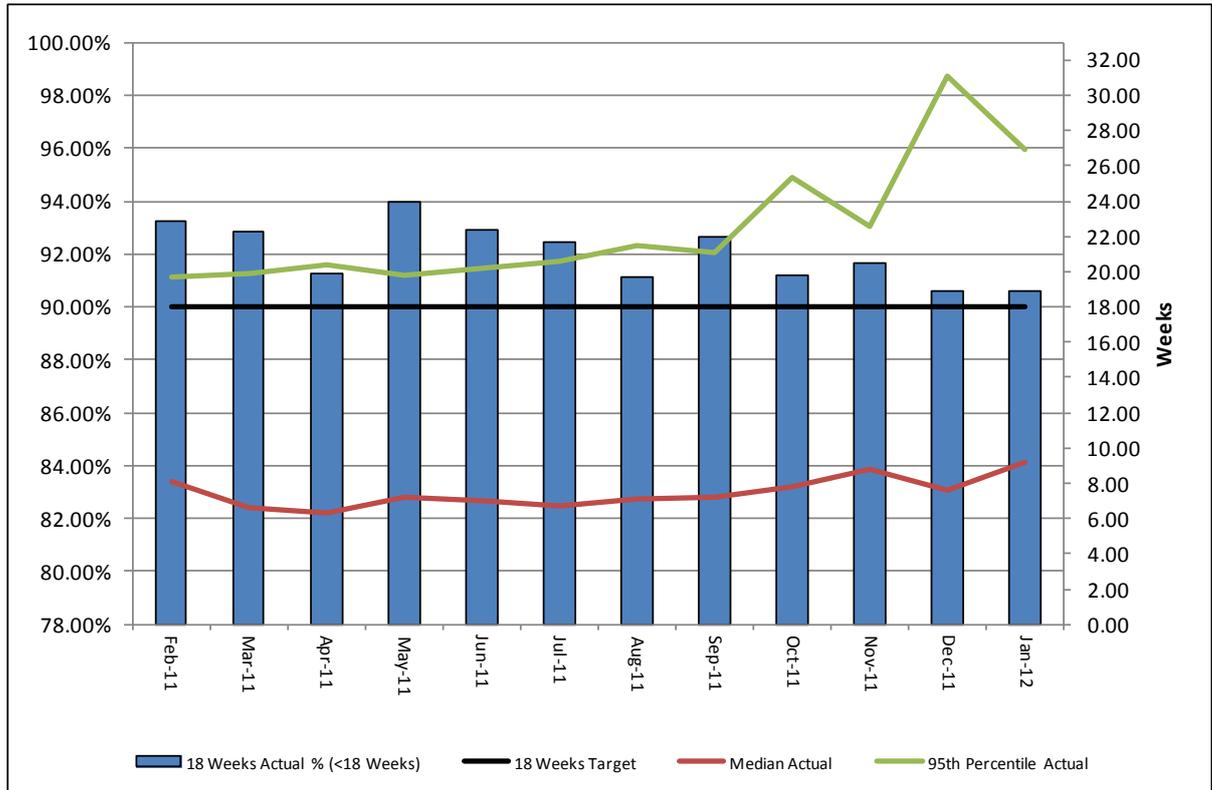
- 2.20 NHS Somerset continues to monitor performance against a standard that requires 90% of patients to be admitted and treated within 18 weeks of referral.
- 2.21 The Trust, during January 2012, achieved the 90% standard at an aggregate level, with 90.63% of completed admitted pathways being inside the 18 week national standard. However, they failed to achieve the 90% standard in all specialties. The Trust continues to work with NHS Somerset transferring patients where appropriate to other providers and putting on additional capacity through waiting list initiatives and additional theatre sessions.
- 2.22 The Trust did not achieve the 95th percentile waiting times standard during January 2012 with performance of 26.92 weeks against the operational standard of 23 weeks. The Trust is currently addressing the backlog that has predominantly accumulated in orthopaedics, ophthalmology, dermatology and a consequence of treating the long wait patients is the under achievement of the 95th percentile.
- 2.23 Table 4 details the specialties in which the national standard of 18 weeks in respect of completed admitted pathways was not achieved during January 2012.

Table 4: Somerset Patients - Admitted Completed Pathways - Specialities where the 18 week 90% standard was not achieved during January 2012

Specialty	18 Weeks
Trauma and Orthopaedics	77.78
Ophthalmology	88.76
Dermatology	62.64

- 2.24 Figure 3 details the Trust's performance in respect of 18 weeks admitted completed pathway targets between the periods 1 February 2011 to 31 January 2012.

Figure 3: 18 Weeks Admitted Completed Pathway Targets – Performance for the period 1 February 2011 to 31 January 2012



Referral to Treatment – Non Admitted Completed Pathways

2.25 NHS Somerset continues to monitor performance against a standard that requires 95% of non admitted patients to be seen and treated within 18 weeks of referral. During January 2012, the Trust achieved the 95% standard at an aggregate level, with 96.66% of completed non admitted pathways being inside the 18 week national standard. However, they failed to achieve the 95% standard in all specialties.

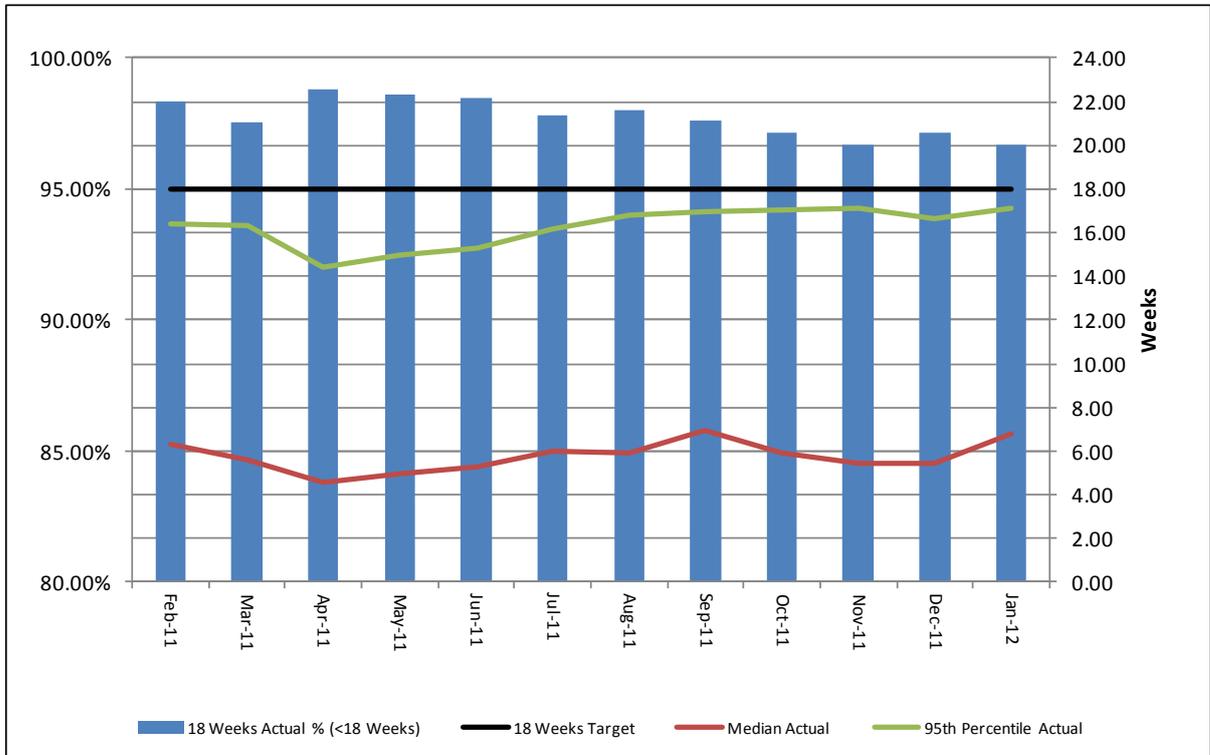
2.26 Table 5 details the specialties in which the national standard of 18 weeks in respect of completed non admitted pathways was not achieved during January 2012.

Table 5: Somerset Patients – Non Admitted Completed Pathways - Specialities where the 18 week 95% standard was not achieved during January 2012

Specialty	18 Weeks
Trauma and Orthopaedics	90.00
Oral Surgery	92.11
Dermatology	92.96

2.27 Figure 4 below details the Trust's performance in respect of 18 weeks non admitted completed pathway targets between the periods 1 February 2011 to 31 January 2012.

Figure 4: 18 Weeks Non Admitted Completed Pathway Targets - Performance for the period 1 February 2011 to 31 January 2012



2.28 NHS Somerset continues to work closely with the Trust to ensure that all appropriate actions are undertaken to ensure that all patients are treated inside of the required standards.

Incomplete Pathways

2.29 In order to sustain the delivery of the contractual operational standards, commissioners and providers need to ensure that from April 2012 a minimum of 92% of the patients on an incomplete referral to treatment pathway should be waiting less than 18 weeks.

2.30 The Trust is currently over-reporting its Incomplete Pathway position due to a large number of missed clock stops. The Trust, Intensive Support Team and NHS Somerset have agreed that the optimum level of incomplete pathways is approximately 15,000 and this level has been agreed on a Trust-wide basis. By applying changes to the RTT system logic the position as at 31 January 2012 significantly improved with the Trust reporting that 20,908 patients were on an incomplete pathway. The proportion of patients exceeding 18 weeks has also improved. The Trust has developed an Incomplete Pathways Action Plan that is being shared with NHS Somerset on a weekly basis that details the data cleansing still

to be undertaken to identify historical missed stops, a review of existing process and prospective training to ensure stops are accurately captured going forward. The Trust was required by the Strategic Health Authority to have validated all over 18 week pathways by end of January 2012. This work has not been completed due to validation resource and complex changes to logic resulting in additional validation having to be undertaken. Additional validation time is being secured to complete this work by the end of March 2012 however there is a risk. Until validation is complete the full risk to the Trust is unknown. However based on historical RTT performance and validation work so far which is removing large numbers as missed stops, this is not currently deemed high risk.

Elective Admissions

- 2.31 Table 1 identified that the total numbers of patients waiting for elective admission as at 31 January 2012 had increased by 593 or 15.3%, compared to the position at 31 March 2011. NHS Somerset is expected to ensure that the total number of Somerset patients waiting will not rise above the total number waiting at 31 March 2011.
- 2.32 Table 6 identifies the specialties with the greatest movements in patients waiting at Taunton and Somerset NHS Foundation Trust, since 31 March 2011.

Table 6: Number of Somerset Patients Waiting for Elective Admission – Principal Areas of Movement

Specialty	Numbers Waiting for Elective Admission as at:		Increase (Decrease)
	31 March 2011	31 January 2012	
Trauma and Orthopaedics	420	773	353
Colorectal Surgery	211	289	78
Urology	336	398	62
ENT	219	274	55
Cardiology	133	82	(51)

Outpatients

- 2.33 Table 1 identified that the number of patients waiting for a first outpatient appointment, as at 31 January 2012, had decreased by 265 or 4.9% compared to the position at 31 March 2011.
- 2.34 Table 7 identifies the specialties with the greatest movements in patients waiting at Taunton and Somerset NHS Foundation Trust, since 31 March 2011.

Table 7: Number of Somerset Patients Waiting for First Outpatient Appointment – Principal Areas of Movement

Specialty	Numbers Waiting for First Outpatient Appointment as at:		Increase (Decrease)
	31 March 2011	31 January 2012	
Urology	232	307	75
Cardiology	283	343	60
Ophthalmology	539	596	57
General Surgery	109	164	55
Maxillo-Facial Surgery	418	295	(123)
Gynaecology	415	289	(126)
Dermatology	426	241	(185)

2.35 NHS Somerset has established revised contract and performance review groups to challenge and quantify any specific increases in particular specialties to ensure that where necessary actions are implemented to remedy capacity or demand changes.

Diagnostic Services

2.36 The local waiting time standard for diagnostic services is that patients should wait no longer than six weeks for any of the 15 key diagnostic tests or procedures.

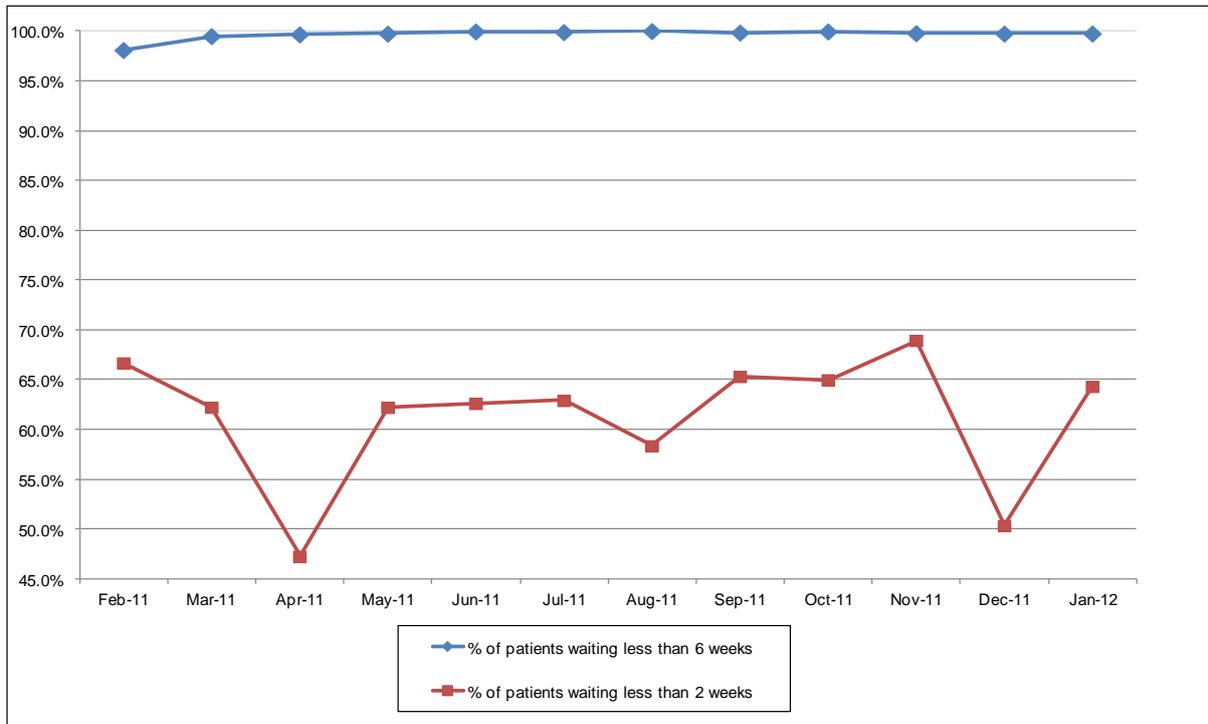
2.37 Table 8 summarises the position in respect of Somerset patients waiting for a key diagnostic test or procedure at Taunton and Somerset NHS Foundation Trust, as at 31 January 2012.

Table 8: Taunton and Somerset NHS Foundation Trust (Somerset patients) Diagnostic Waiting Times by Number Waiting and Length of Wait in Weeks as at 31 January 2012

Diagnostic Tests	0 to <2 Weeks	0 to <6 Weeks	+6 Weeks	Total
Non Obstetric Ultrasound	693	866	0	866
MRI	342	551	0	551
Echocardiography	209	448	6	454
Audiology Assessments	219	406	2	408
CT	252	299	0	299
Peripheral Neurophysiology	97	191	0	191
Gastroscopy	54	118	0	118
Colonoscopy	57	117	0	117
Flexi Sigmoidoscopy	48	87	0	87
Urodynamics	30	58	0	58
Cystoscopy	37	51	0	51
Dexa Scan	46	48	0	48
Barium Enema	19	21	0	21
Sleep Studies	4	7	0	7
Electrophysiology	0	0	0	0
TOTAL	2,107	3,268	8	3,276

2.38 Figure 5 sets out the trend for the percentage of patients waiting two weeks or less and also six weeks or less for a diagnostic test or procedure between 1 February 2011 and 31 January 2012.

Figure 5: Taunton and Somerset NHS Foundation Trust - Somerset Patients Waiting Two Weeks and also Six Weeks or Less for a Diagnostic Test or Procedure



2.39 As at 31 January 2012 and in respect of the number of patients waiting for a key diagnostic test or procedure, eight Somerset patients (0.24%) waited longer than the six week standard. The breaches occurred in audiology assessments and echocardiography testing and in relation to audiology were a result of two home visit cancellations. The remaining six breaches were due to capacity issues as a result of increased demand which was further compounded by an unfilled staff vacancy within the echocardiography service. No ongoing issues have been identified and all patients have been subsequently treated in February 2012.

Direct Bookings

2.40 For the period 1 April 2011 to 31 January 2012, 82.85% of 27,337 direct bookings received resulted in an outpatient appointment being made, against a required standard of 92.0%. There were 4,689 calls to NHS Direct or the local booking line where a direct booking could not be made due to unavailability of slots. Throughout January 2012 the position has significantly improved. The specialities experiencing the greatest level of slot unavailability issues are child services, dermatology, GI and liver and ophthalmology. The recovery plans have resulted in the challenged

specialities yielding in month improvements that will enable the Trust to move towards meeting the revised standard of 92.0%.

Waiting Times for Cancer Treatment

- 2.41 The operational standards require that the following standards to be attained:
- 93% of patients to be seen within two weeks of referral
 - 96% of patients' first treatments to be within 31 days or less from the decision to treat
 - 98% of patients second or subsequent treatments by anti cancer drug treatments, within 31 days or less from decision to treat
 - 94% of patients second or subsequent treatments by surgery, within 31 days or less from decision to treat
 - 94% of patients second or subsequent treatments by radiotherapy, within 31 days or less from decision to treat
 - 85% of patients' first definitive treatment will be within 62 days from urgent GP referral to their first definitive treatment
 - 90% of patients' first definitive treatment will be within 62 days from cancer screening programme or consultant upgrade to their first definitive treatment
- 2.42 Table 9 provides a performance scorecard in respect of the cancer waiting times standards achieved for services delivered to Somerset patients, for the period 1 December to 31 December 2011.

Table 9: Taunton and Somerset NHS Foundation Trust Cancer Waiting Times Performance Scorecard (Somerset Relevant Population) between 1 December and 31 December 2011

Waiting Times Standard	Standard	December 2011 Number inside standard	December 2011 Variance (+/-)	Cumulative Performance Number inside standard	Cumulative Performance Variance (+/-)
Cumulative performance - Seen within two weeks of urgent GP or GDP referral of suspected cancer	93.0%	95.9%	2.9%	96.5%	3.5%
Cumulative performance - Seen within two weeks of breast symptom GP referral	93.0%	100.0%	7.0%	98.2%	5.2%
Cumulative performance - Patients first treatment within 31 days of decision to treat	96.0%	97.9%	1.9%	97.7%	1.7%
Cumulative performance - Patients second or subsequent treatments by anti cancer drug within 31 days of decision to treat	98.0%	100.0%	2.0%	100.0%	2.0%
Cumulative performance - Patients second or subsequent treatments by surgery within 31 days of decision to treat	94.0%	100.0%	6.0%	96.6%	2.6%
Cumulative performance - Patients second or subsequent treatments by radiotherapy within 31 days of decision to treat	94.0%	100.0%	6.0%	99.6%	5.6%
Cumulative performance - Patients first definitive treatment within 62 days of urgent GP or GDP referral	85.0%	94.5%	9.5%	91.7%	6.7%
Cumulative performance - Patients first definitive treatment within 62 days of cancer screening programme referral	90.0%	100.0%	10.0%	96.0%	6.0%
Cumulative performance - Patients first definitive treatment within 62 days of consultant upgrade	90.0%	0.0%	(90.0%) (0.5 patient)	98.2%	8.2%

2.43 In respect of patients whose first definitive treatment should have been within 62 days of consultant upgrade, there was one shared breach with University Hospitals Bristol NHS Foundation Trust during December 2011, where the patient had waited longer than the required standard.

Infection Control

2.44 Table 10 sets out performance in respect of infection control for the period 1 April 2011 to 31 January 2012.

Table 10: Infection Control Performance between 1 April 2011 and 31 January 2012

Infection control		Annual Standard	Actual	Variance (+/-)
MRSA rates	Cumulative number of trust wide reported MRSA Bacteraemias	3	1	2
Clostridium Difficile rates	Cumulative number of trust wide reported CDAD	44	33	(11)

- 2.45 The Trust has appealed against a reported MRSA case relating to the month of May 2011. Confirmation has been received from the HCAI lead at NHS South of England that this case can be disregarded against the Trust trajectory and does not need to be subject to an appeals process, given that there is robust evidence of a joint RCA and a confirmed peri-operative source identified at University Bristol Hospitals NHS Foundation Trust. Whilst NHS Somerset will no longer be considering the case against the Trust's performance and have subsequently amended internal monitoring reports to reflect this, it should be noted that there is no provision by the Health Protection Agency to amend the national database. As a consequence, from both the Strategic Health Authority and national perspective this case will still be attributed to the Taunton and Somerset NHS Foundation Trust.
- 2.46 Discussions are being held with the Trust to ensure actions are taken to manage infection control performance.

Yeovil District Hospital NHS Foundation Trust

2.47 Table 11 sets out the activity undertaken by the Trust between 1 April 2011 and 31 January 2012, against the agreed plans.

Table 11: Comparison of Reported Activity to Plan between 1 April 2011 and 31 January 2012

Activity	Annual Plan	Year to Date Plan	Year to Date Actual	Variance	% Variance
Elective	17,771	14,719	13,457	-1,262	(8.6)
Inpatient Non Electives	14,761	12,377	12,125	-252	(2.0)
Outpatient First Attendance	31,156	25,955	26,053	98	0.4
Outpatient Follow Up	79,051	65,226	67,208	1,982	3.0
Outpatient Procedures	10,340	8,617	8,007	-610	(7.1)
Critical Care	2,726	2,272	2,493	221	9.7
Accident and Emergency	36,227	30,315	30,072	-243	(0.8)
GP/GDP Written Referrals Made	24,967	20,614	19,644	-970	(4.7)
Other Referrals	17,310	14,214	12,705	-1,509	(10.6)
Elective Waiting List	1,260		1,333	73	5.8
Outpatient Waiting List	2,298		2,166	-132	(5.7)

2.48 Table 12 details Yeovil District Hospital NHS Foundation Trust's trust wide performance in respect of emergency and urgent care during the reporting period of 1 April 2011 to 31 January 2012.

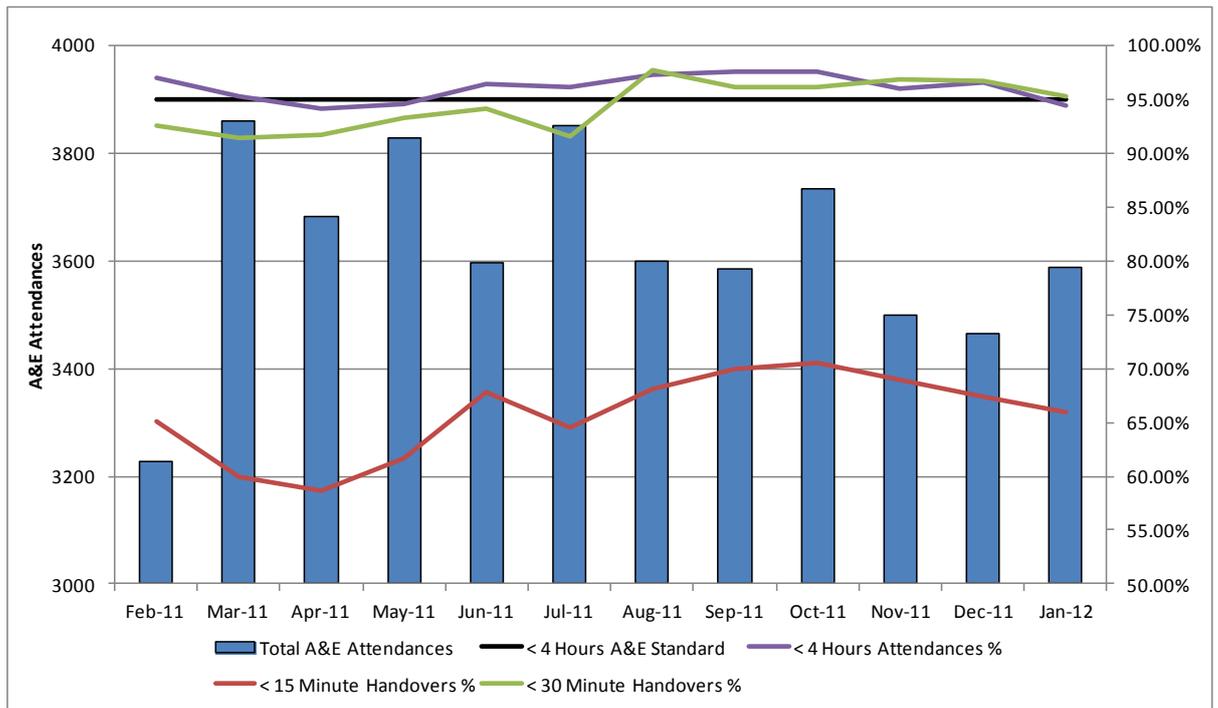
Table 12: Emergency and Urgent Care Performance Scorecard between 1 April 2011 and 31 January 2012

Emergency Care	Standard	Achievement	Variance (+/-)
Cumulative percentage of patients spending no more than four hours from arrival to admission, transfer or discharge	95.0%	96.0%	1.0%
Ambulance turnaround times inside 30 minutes (to A&E)	100.0%	94.9%	(5.1%) (562 patients)
Ambulance turnaround times inside of 15 minutes (to A&E)	89.5% (tbc)	66.4%	(23.1%) (3,332 patients)
Level of emergency admissions to increase by less than 1% annually	1.0%	(5.9%)	(6.9%)
Operations cancelled at the last minute offered another admission within 28 days	100.0%	100.0%	0%
Percentage of people who have had a stroke and spend at least 90% of their time on a stroke unit (April 2011 to December 2012 Performance)	80.0%	75.68%	(4.3%) (6 patients)

Emergency and Urgent Care

2.49 Figure 6 below details the Trust's Accident and Emergency Department performance and 15 minute and 30 minute ambulance handover performance between 1 February 2011 and 31 January 2012.

Figure 6: Accident and Emergency Department Performance and 15 minute and 30 minute ambulance handover performance between 1 February 2011 and 31 February 2012



2.50 Between 1 April 2011 and 31 January 2012, 11,067 patients were conveyed by ambulance to the Accident and Emergency department at the Trust. Of this total 7,344 patients (66.4%) were transferred to the care of the hospital within 15 minutes. During the month of January 2012 performance of 65.9% was achieved in respect of 15 minute handovers.

2.51 During the reporting period 562 (5.1%) patients waited 30 minutes or more before being handed over into the care of the hospital.

2.52 The Trust has shared an action plan with NHS Somerset for improving ambulance handover performance.

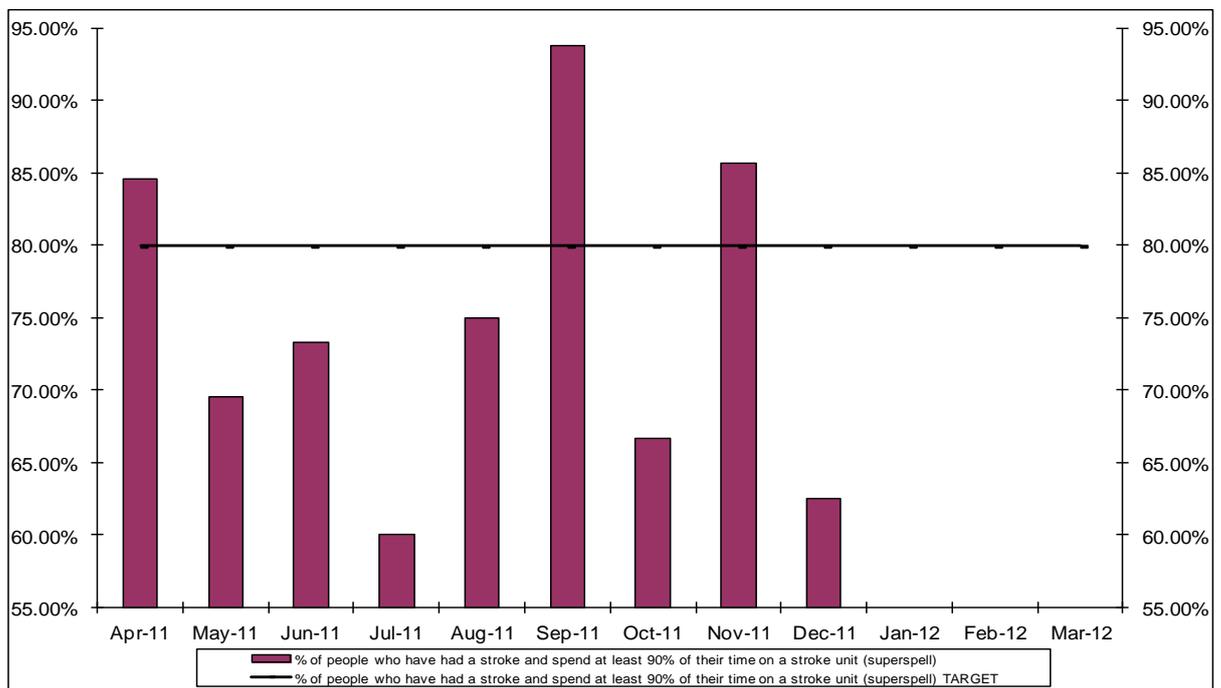
2.53 All Primary Care Trusts nationally are required to ensure that levels of emergency admissions increase by less than 1% annually. Comparing 1 April 2011 to 31 January 2012 with the same period in 2010, emergency admissions decreased by 627 spells or 5.9%. NHS Somerset works closely with the Trust and other healthcare partners to review emergency admissions and implement necessary actions that will impact upon and reduce unscheduled care cases.

Stroke Services

2.54 The operational standard requires that 80% of people who have had a stroke spend at least 90% of their time on a stroke unit.

2.55 Figure 7 details Yeovil District Hospital NHS Foundation Trust's performance (Somerset patients) in respect of the percentage of people who spent at least 90% of their time on a stroke unit, between the periods 1 April to 31 December 2011.

Figure 7: 18 Somerset patients who spent at least 90% of their time on a stroke unit - Performance for the period 1 April to 31 December 2011



2.56 For the period 1 December to 31 December 2011, 62.50% of Somerset patients spent 90% of their time on a stroke unit, against a required standard of 80%. There were six patients who did not spend 90% of their time on a stroke unit during December 2011, of these six patients only three were actual breaches of the 80% standard. All patients were unable to be admitted to the stroke unit due to an outbreak in D&V and closure of the stroke unit.

2.57 The Trust had a set of actions and important developments to improve then maintain stroke performance. A clinical review of stroke services has concluded which involved key personnel in the stroke pathway. The Report, which includes a set of key recommendations, is currently being ratified and ensuing Action Plans are to be developed by the Stroke Pathway Group. In relation to the impact of the Stroke Ward closure as a result of D&V, NHS Somerset received daily operational updates from the

Trust to ensure that breaches due to the outbreak of D&V were kept to a minimum.

2.58 Table 13 provides a performance scorecard in respect of access standards achieved for services delivered to Somerset patients, for the period 1 December 2011 to 31 January 2012.

Table 13: Yeovil District Hospital NHS Foundation Trust Key Performance Scorecard (Somerset Relevant Population) between 1 December 2011 to 31 January 2012

Indicator		Standard	Percentage Achieved	Variance (+/-)
18 week referral to treatment pathway	Percentage of admitted patients with a referral to treatment pathway of 18 weeks or less	90.0%	90.94%	0.94%
	Number of Specialties not achieving the 18 week admitted patients referral to treatment standard	14/14	10/14	(4 specialties)
	Percentage of non admitted patients with a referral to treatment pathway of 18 weeks or less	95.0%	95.05%	0.05%
	Number of Specialties not achieving the 18 week non admitted patients referral to treatment standard	17/17	9/17	(8 specialties)
	The 95 th percentile time waited for admitted patients	23 weeks	22.65	(0.35)
	The 95 th percentile waited for non-admitted patients	18.3 weeks	17.98	(0.32)
	The median time waited for admitted patients	11.1 weeks	6.16	(4.94)
	The median time waited for non-admitted patient	6.6 weeks	6.74	0.14
	Number of incomplete patient pathways (Trust-wide)	6,900	7,691	(791)
	Number of incomplete patients with a referral to treatment pathway of over 18 weeks (Trust-wide)	552	515	37
Reduce diagnostic waiting times	Number of Somerset Patients Waiting less than 6 weeks	100.0%	98.79%	(1.21%) (14 patients)
Direct bookings	Percentage of Slot Availability During Month	92.0%	79.20%	(12.80%) (124 patients)
Genito-Urinary Medicine	Percentage of GUM service first attendances whose first offer was within two normal working days	100.0%	100.00%	0.00%
	Percentage of GUM service first attendances seen within two normal working days	95.0%	93.70% (3 patients)	(1.30%)

Referral to Treatment - Admitted Completed Pathways

- 2.59 NHS Somerset continues to monitor performance against a standard that requires 90% of patients to be admitted and treated within 18 weeks of referral.
- 2.60 The Trust, during January 2012, achieved the 90% standard at an aggregate level, with 90.94% of completed admitted pathways being inside the 18 week national standard. However, they failed to achieve the 90% standard in all specialties.
- 2.61 Table 14 details the specialties in which the national standard of 18 weeks in respect of completed admitted pathways was not achieved during January 2012.

Table 14: Somerset Patients - Admitted Completed Pathways - Specialities where the 18 week 90% standard was not achieved during January 2012

Specialty	18 Weeks
General Surgery	89.93
Trauma and Orthopaedics	80.51
ENT	88.89
Oral Surgery	63.64

- 2.62 Figure 8 below details the Trust’s performance in respect of 18 weeks admitted completed pathway targets between the periods 1 February 2011 to 31 January 2012.

Figure 8: 18 Weeks Admitted Completed Pathway targets – Performance for the period 1 February 2011 to 31 January 2012



Referral to Treatment – Non Admitted Completed Pathways

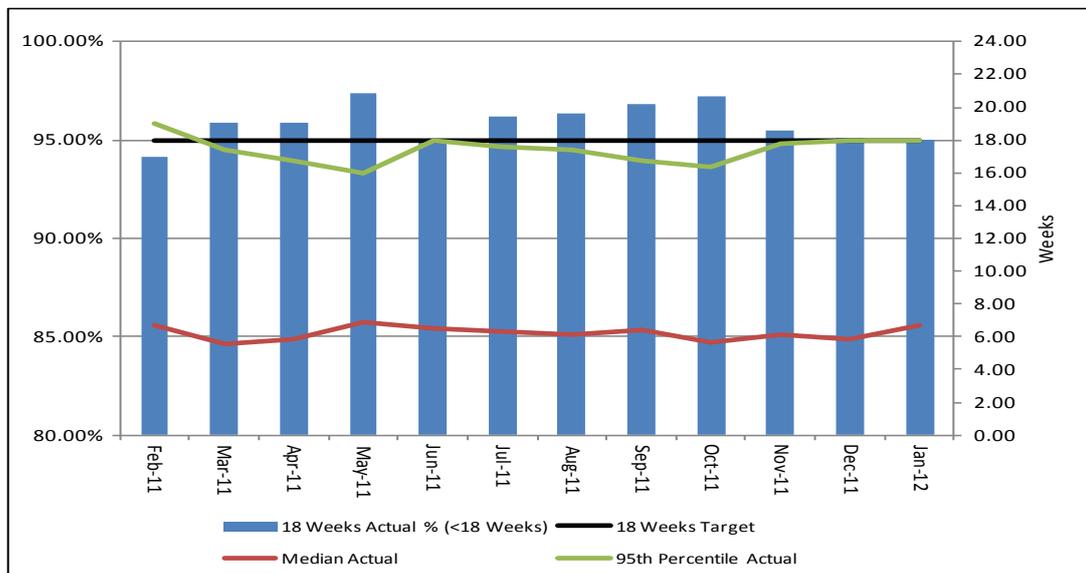
- 2.63 NHS Somerset continues to monitor performance against a standard that requires 95% of non admitted patients to be seen and treated within 18 weeks of referral. The Trust, during January 2012, achieved the 95% standard at an aggregate level, with 95.05% of completed non admitted pathways being inside the 18 week national standard. However, they failed to achieve the 95% standard in all specialties.
- 2.64 Table 15 details the specialties where the standard for 18 weeks was not delivered during January 2012.

Table 15: Somerset Patients - Non Admitted Completed Pathways - Specialities where the 18 week 95% standard was not achieved during January 2012

Specialty	18 Weeks
General Surgery	92.36
Urology	94.25
Trauma and Orthopaedics	84.97
Oral Surgery	87.88
Plastic Surgery	93.75
Neurology	82.86
Geriatric Medicine	83.33
Gynaecology	94.95

- 2.65 Figure 9 below details the Trust’s performance in respect of 18 weeks non admitted completed pathway targets between the period 1 February 2011 to 31 January 2012.

Figure 9: 18 Weeks Non Admitted Completed Pathway Targets – Performance for the period 1 February 2011 to 31 January 2012



- 2.66 NHS Somerset continues to work closely with the Trust to ensure that all appropriate actions are undertaken to ensure that all patients are treated inside of the required standards.

Incomplete Records

- 2.67 In order to sustain the delivery of the contractual operational standards, commissioners and providers need to ensure that from April 2012 a minimum of 92% of the patients on an incomplete referral to treatment pathway should be waiting less than 18 weeks.
- 2.68 The Trust, Intensive Support Team and Primary Care Trust have agreed that the optimum level of incomplete pathways is approximately 6,900 patients of which 301 are waits in excess of 18 weeks (these levels have been agreed on a trust-wide basis). As at 31 January 2012 the Trust reported that 7,691 patients were on an incomplete pathway of which 515 were reported as experiencing a wait in excess of 18 weeks. The numbers waiting over 18 weeks has significantly improved compared to previous months within the current financial year. The current over reporting of incomplete pathways is attributed to patients not being correctly closed down following the non admitted phase of their pathway. The Trust has however validated all over 18 week wait patients and in terms of further validation the trust is working backwards by validating the longest waits first.

Elective Admissions

- 2.69 Table 11 identified that the total numbers of patients waiting for elective admission at 31 January 2012 had increased by 73 or 5.8%, compared to the position at 31 March 2011. NHS Somerset is expected to ensure that the total number of Somerset patients waiting will not be higher than the total number waiting at 31 March 2011.
- 2.70 Table 16 identifies the specialties with the greatest movement in patients waiting at Yeovil District Hospital NHS Foundation Trust, since 31 March 2011.

Table 16: Numbers of Somerset Patients Waiting for Elective Admission – Principal Areas of Movement

Specialty	Numbers Waiting for Elective Admission as at:		Increase (Decrease)
	31 March 2011	31 January 2012	
Oral Surgery	28	94	66
General Surgery	276	336	60
Trauma and Orthopaedics	417	366	(51)

Outpatients

- 2.71 Table 11 reported the number of patients waiting for a first outpatient appointment, as at 31 January 2012, had decreased by 132 or 5.7% compared to the position at 31 March 2011.
- 2.72 Table 17 identifies the specialties with the greatest movement in patients waiting at Yeovil District Hospital NHS Foundation Trust, since 31 March 2011.

Table 17: Numbers of Somerset Patients Waiting for First Outpatient Appointment – Principal Areas of Movement

Specialty	Numbers Waiting for First Outpatient Appointment as at:		Increase (Decrease)
	31 March 2011	31 January 2012	
Gastroenterology	118	191	73
Dermatology	168	91	(77)
Oral Surgery	283	185	(98)

Diagnostic Services

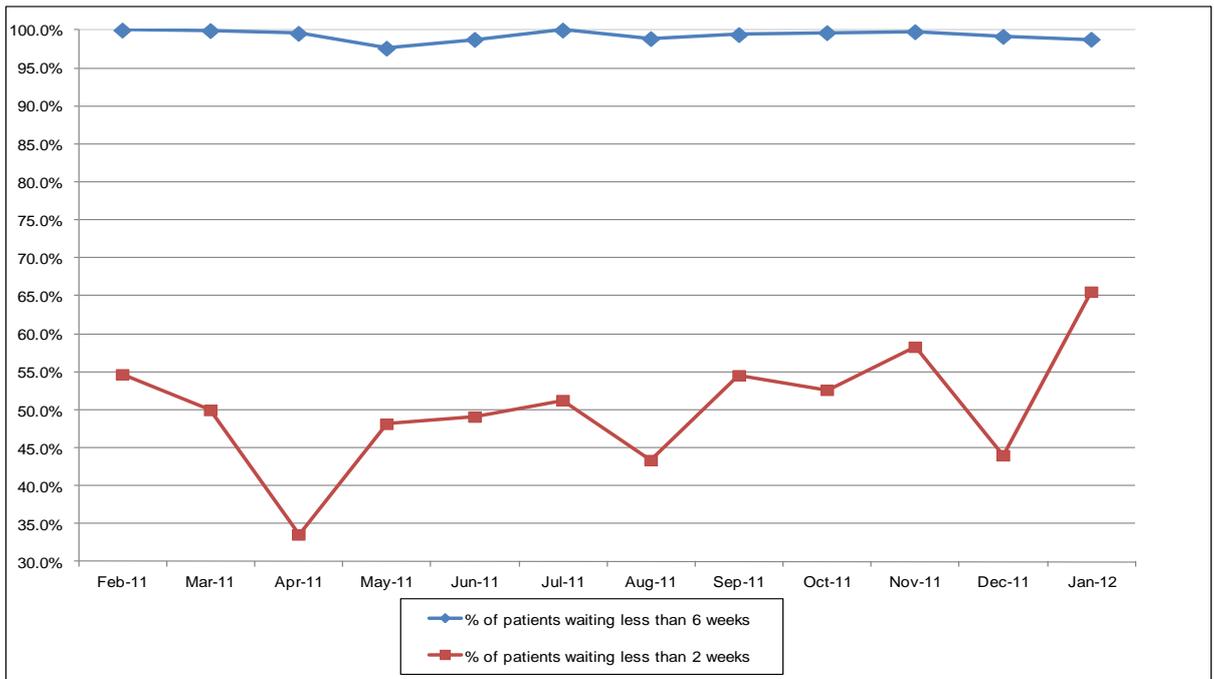
- 2.73 The local waiting time standard for diagnostic services is that patients should wait no longer than six weeks for any diagnostic test or procedure.
- 2.74 Table 18 summarises the position in respect of Somerset patients waiting for a key diagnostic test or procedure at Yeovil District Hospital NHS Foundation Trust, as at 31 January 2012.

Table 18: Diagnostic Waiting Times by Number Waiting and Length of Wait in Weeks as at 31 January 2012

Diagnostic Tests	0 to <2 Weeks	0 to <6 Weeks	+6 Weeks	Total
Non Obstetric Ultrasound	234	348	0	348
MRI	118	181	1	182
CT	121	161	0	161
Audiology Assessments	71	127	1	128
Gastroscopy	48	69	0	69
Flexi Sigmoidoscopy	41	62	4	66
Dexa Scan	49	62	0	62
Colonoscopy	27	48	8	56
Echocardiography	22	39	0	39
Cystoscopy	10	18	0	18
Barium Enema	11	13	0	13
Urodynamics	4	11	0	11
Sleep Studies	3	5	0	5
Electrophysiology	0	0	0	0
Peripheral Neurophysiology	0	0	0	0
TOTAL	759	1,144	14	1,158

2.75 Figure 10 sets out the trend for the percentage of patients waiting two weeks and also six weeks or less for a diagnostic test or procedure between 1 February 2011 and 31 January 2012.

Figure 10: Yeovil District Hospital NHS Foundation Trusts - Somerset Patients Waiting Two Weeks and also Six Weeks or less for a Diagnostic Test or Procedure



2.76 As at 31 January 2012 and in respect of the number of patients waiting for a key diagnostic test or procedure, fourteen Somerset patients (1.21%) waited longer than the six week standard. Of these patients waiting, one patient was waiting for an MRI and one patient for an Audiology Assessment, four patients were waiting for Flexi Sigmoidoscopy and a further eight patients were waiting for a Colonoscopy. Capacity issues within endoscopy still remain, the Trust has produced an Endoscopic Business Case detailing short term remedial actions which includes the agreement for an additional Locum which will provide capacity for additional sessions to address the existing backlog. However, the Locum vacancy has yet to be filled and NHS Somerset has requested a realistic recovery plan and trajectory for achievement of the six week waiting standard from the Trust.

Direct Bookings

2.77 For the period 1 April 2011 to 31 January 2012, 73.25% of 10,148 direct bookings received resulted in an outpatient appointment being made, against a standard of 92.0%. There were 2,715 calls to NHS Direct or the local booking line where a direct booking could not be made due to unavailability of slots. During the period 1 January to 31 January 2012

there were 202 appointment slot issues, of which 124 were breaches of the 92.0% standard. The key issues are capacity within specialties Paediatrics, GI and Liver and Ophthalmology and also polling issues relating to specialty dermatology. The Trust has been requested by NHS Somerset to produce a revised recovery trajectory and action plan to improve slot unavailability performance, which will be jointly agreed by both parties.

Genito-Urinary Medicine

- 2.78 During the period 1 January to 31 January 2012 and in respect of Genito-Urinary Medicine where the standard is that 95% of patients should be first seen within two normal working days, 206 patients were first seen by the GUM service of which 193 were offered and seen within 48 hours. There were three breaches of the 95% standard where all patients had declined appointment to be seen within 48 hours.

Waiting Times for Cancer Treatment

- 2.79 The operational standards require that the following standards to be attained:
- 93% of patients to be seen within two weeks of referral
 - 96% of patients' first treatments to be within 31 days or less from the decision to treat
 - 98% of patients second or subsequent treatments by anti cancer drug treatments, within 31 days or less from decision to treat
 - 94% of patients second or subsequent treatments by surgery, within 31 days or less from decision to treat
 - 94% of patients second or subsequent treatments by radiotherapy, within 31 days or less from decision to treat
 - 85% of patients' first definitive treatment will be within 62 days from urgent GP referral to their first definitive treatment
 - 90% of patients' first definitive treatment will be within 62 days from cancer screening programme or consultant upgrade to their first definitive treatment
- 2.80 Table 19 provides a performance scorecard in respect of the cancer waiting times standards achieved for services delivered to Somerset patients, for the period 1 December to 31 December 2011.

Table 19: Yeovil District Hospital NHS Foundation Trust Cancer Waiting Times Performance Scorecard (Somerset Relevant Population) between 1 December to 31 December 2011

Waiting Times Standard	Standard	December 2011 Number inside standard	December 2011 Variance (+/-)	Cumulative Performance Number inside standard	Cumulative Performance Variance (+/-)
Cumulative performance - Seen within two weeks of urgent GP or GDP referral of suspected cancer	93.0%	93.4%	0.4%	92.9%	(0.1%) (2 patients)
Cumulative performance - Seen within two weeks of breast symptom GP referral	93.0%	100.0%	7.0%	95.0%	2.0%
Cumulative performance - Patients first treatment within 31 days of decision to treat	96.0%	100.0%	4.0%	98.9%	2.9%
Cumulative performance - Patients second or subsequent treatments by anti cancer drug within 31 days of decision to treat	98.0%	100.0%	2.0%	100.0%	2.0%
Cumulative performance - Patients second or subsequent treatments by surgery within 31 days of decision to treat	94.0%	100.0%	6.0%	98.2%	4.2%
Cumulative performance - Patients second or subsequent treatments by radiotherapy within 31 days of decision to treat	94.0%	-	-	-	-
Cumulative performance - Patients first definitive treatment within 62 days of urgent GP or GDP referral	85.0%	92.9%	7.9%	89.7%	4.7%
Cumulative performance - Patients first definitive treatment within 62 days of cancer screening programme referral	90.0%	0.0%	(90.0%) (1 patient)	72.7%	(17.3%) (1 patient)
Cumulative performance - Patients first definitive treatment within 62 days of consultant upgrade	90.0%	50.0%	(40.0%) (0.5 patient)	95.9%	5.9%

2.81 In respect of patients who should have received first definitive treatment within 62 days of cancer screening programme referral, one patient waited longer than the required standard during December 2011, this was due to insufficient capacity in Endoscopy. The Trust is developing access to screening lists which will be monitored as a way of flagging patients waiting greater than two weeks.

- 2.82 In respect of cancer patients who should have received first definitive treatment within 62 days of consultant upgrade, there was one shared patient who waited longer than the required standard during December 2011. The breach is shared with University Hospital Bristol NHS Foundation Trust. The patient was referred from YDH to UBHT on day 51 with MDT discussion occurring on day 77, the delay is being investigated by the Cancer Network.
- 2.83 Areas of under performance are followed up by NHS Somerset with the trust to establish the reasons that have affected performance and to ensure appropriate actions are being implemented to address issues that have caused delays in the treatment of patients.

Infection Control

- 2.84 Table 20 sets out performance in respect of infection control for the period 1 April 2011 to 31 January 2012.

Table 20: Infection Control Performance between 1 April 2011 and 31 January 2012

Infection control		Annual Standard	Actual	Variance (+/-)
MRSA rates	Cumulative Number of trustwide reported MRSA Bacteraemias	1	2	1
Clostridium Difficile rates	Cumulative Number of trustwide reported CDAD	29	19	(10)

- 2.85 As a consequence of two MRSA cases in December 2011 and January 2012 the Trust is now above trajectory. The January 2012 breach is still being investigated and the Primary Care Trust awaits a Root Cause Analysis, however a preliminary action plan has been received. This case is not linked in any way to the previous case in December 2011, there appears to be no emerging trends as the two incidents are isolated.
- 2.86 Discussions are being held with the Trust to ensure actions are taken to manage infection control performance.

All Other Providers

2.87 Table 21 provides a performance scorecard in respect of access standards achieved for services delivered to Somerset patients, for the period 1 January to 31 January 2012, by trusts excluding both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

Table 21: Other Provider Key Performance Scorecard (Somerset Relevant Population) between 1 January and 31 January 2012

Indicator		Standard	Percentage Achieved	Variance (+/-)
18 week referral to treatment pathway	Percentage of admitted patients with a referral to treatment pathway of 18 weeks or less	90.0%	95.09%	5.09%
	Percentage of non-admitted patients with a referral to treatment pathway of 18 weeks or less	95.0%	96.91%	1.91%
	The 95 th percentile time waited for admitted patients	23 weeks	17.97	(5.03)
	The 95 th percentile waited for non-admitted patients	18.3 weeks	16.22	(2.08)
	The median time waited for admitted patients	11.1 weeks	6.77	(4.33)
	The median time waited for non-admitted patient	6.6 weeks	4.95	(1.65)
Reduce diagnostic waiting times	Number of Somerset Patients Waiting less than 6 weeks	100.0%	99.17%	(0.83%) (12 patients)

Referral to Treatment - Admitted Completed Pathways

2.88 NHS Somerset continues to monitor performance against a standard that requires 90% of patients to be admitted and treated within 18 weeks of referral. Table 22 details the main specialties and providers in which the 18 week standard in respect of completed admitted pathways was not achieved during January 2012.

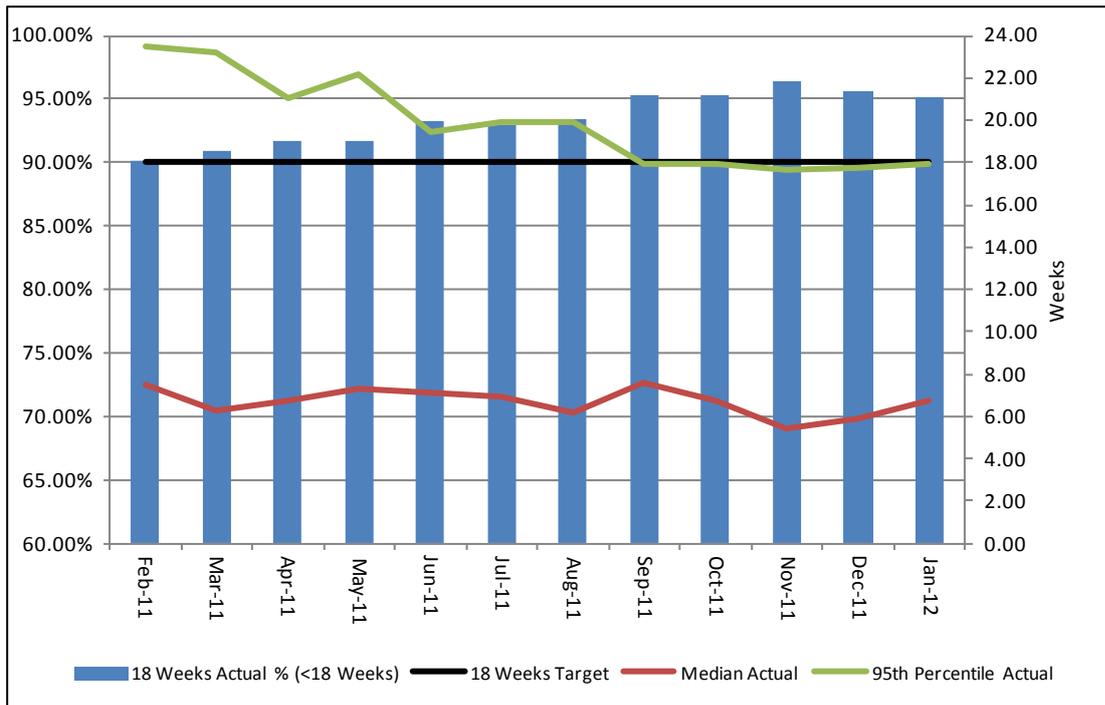
OTHER PROVIDERS

Table 22: Somerset Admitted Patients - Specialities where the 18 week 90% standard, was not achieved during January 2012

Specialty	18 Weeks	Principle Trust
Cardiology	60.00	University Hospitals Bristol NHS Foundation Trust
Dermatology	50.00	Royal Devon & Exeter NHS Foundation Trust
Neurosurgery	85.71	North Bristol NHS Trust

2.89 Figure 11 below details the performance in respect of 18 weeks admitted completed pathway targets between the periods 1 February 2011 to 31 January 2012, for trusts excluding both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

Figure 11: 18 Weeks Admitted Completed Pathway targets – Other Provider Performance for the period 1 February 2011 to 31 January 2012



Referral to Treatment – Non Admitted Completed Pathways

2.90 NHS Somerset continues to monitor performance against a standard in respect of completed non admitted treatment pathways that requires 95% of patients to be treated within 18 weeks of referral. Table 23 details the main specialties and providers in which the 18 week standard was not achieved during January 2012.

Table 23: Somerset Patients – Non Admitted Completed Pathways - Specialities where the 18 week 95% standard was not achieved during January 2012

Specialty	18 Weeks	Principle Trust
Urology	91.67	Royal United Hospital Bath NHS Trust
Trauma and Orthopaedics	91.84	Royal United Hospital Bath NHS Trust
Cardiology	93.94	University Hospitals Bristol NHS Foundation Trust
Oral Surgery	91.38	Royal United Hospital Bath NHS Trust
Thoracic Medicine	93.75	Royal United Hospital Bath NHS Trust
Neurology	92.19	North Bristol NHS Trust
Care of the Elderly	88.89	Royal United Hospital Bath NHS Trust

2.91 Figure 12 below details the performance in respect of 18 weeks non admitted completed pathway targets between the periods 1 February 2011 to 31 January 2012, for trusts excluding both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

Figure 12: 18 Weeks Non Admitted Completed Pathway Targets – Other Provider Performance for the period 1 February 2011 to 31 January 2012



2.92 NHS Somerset continues to work closely with commissioning partners to ensure that all appropriate actions are undertaken to recover performance and ensure that all patients are treated inside of the required standards.

Diagnostic Services

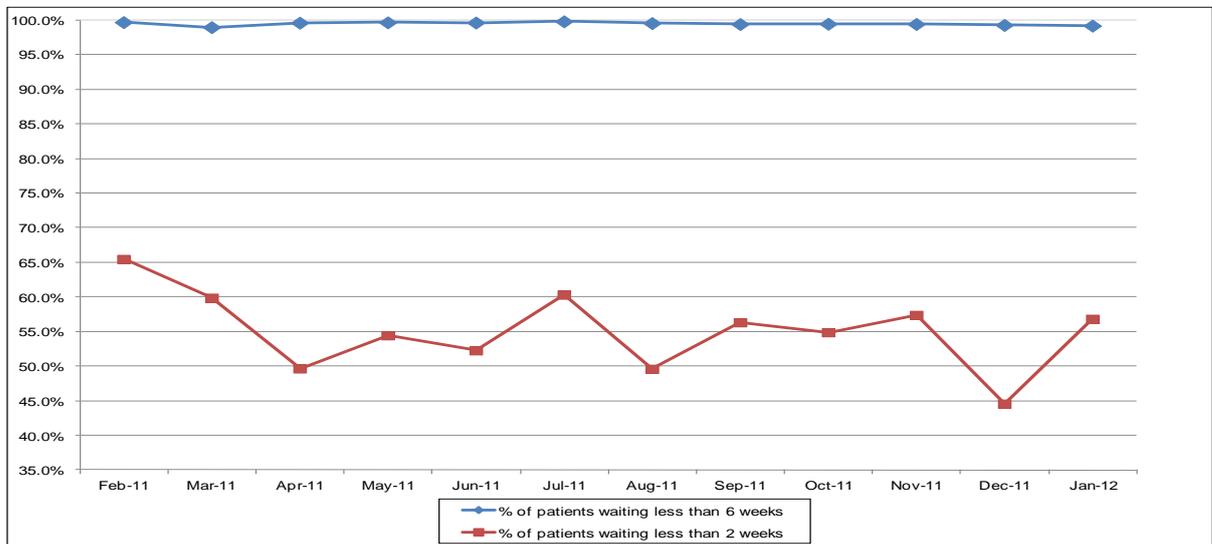
- 2.93 The local waiting time standard for diagnostic services is that patients should wait no longer than six weeks for any diagnostic test or procedure.
- 2.94 Table 24 summarises the position in respect of NHS Somerset patients waiting for a key diagnostic test or procedure, as at 31 January 2012.

Table 24: Diagnostic Waiting Times by Number Waiting and Length of Wait in Weeks as at 31 January 2012

Diagnostic Tests	0 to <2 Weeks	0 to <6 Weeks	+6 Weeks	Total
Non Obstetric Ultrasound	322	537	1	538
MRI	157	244	2	246
Echocardiography	69	163	3	166
CT	101	157	0	157
Gastroscopy	65	132	1	133
Colonoscopy	44	87	0	87
Dexa Scan	24	27	0	27
Flexi Sigmoidoscopy	9	24	0	24
Urodynamics	10	18	0	18
Cystoscopy	11	18	0	18
Peripheral Neurophysiology	3	7	5	12
Audiology Assessments	6	11	0	11
Sleep Studies	5	9	0	9
Barium Enema	7	7	0	7
Electrophysiology	0	1	0	1
TOTAL	833	1,442	12	1,454

- 2.95 Figure 13 sets out the trend for the percentage of patients waiting two weeks and also six weeks or less for a diagnostic test or procedure between 1 February 2011 and 31 January 2012.

Figure 13: Total NHS Somerset Patients Waiting Two Weeks or less and also Six Weeks or less for a Diagnostic Test or Procedure



2.96 As at 31 January 2012, 99.17% of Somerset patients waiting for a key diagnostic test had waited no longer than six weeks. There were twelve Somerset patients during January 2012 who were reported as waiting six weeks or more for a key diagnostic test or procedure. Of this number, eleven patients were waiting for treatment at Royal United Hospital Bath NHS Trust and one patient at Weston Area Health NHS Trust.

2.97 NHS Somerset continues to work towards reducing the overall numbers waiting, to ensure that unnecessary waits are eliminated, and to follow up any issues with commissioning partners and provider trusts to ensure all appropriate actions are undertaken to reduce the numbers waiting.

Waiting Times for Cancer Treatment

2.98 The operational standards require that the following standards to be attained:

- 93% of patients to be seen within two weeks of referral
- 96% of patients' first treatments to be within 31 days or less from the decision to treat
- 98% of patients second or subsequent treatments by anti cancer drug treatments, within 31 days or less from decision to treat
- 94% of patients second or subsequent treatments by surgery, within 31 days or less from decision to treat
- 94% of patients second or subsequent treatments by radiotherapy, within 31 days or less from decision to treat
- 85% of patients' first definitive treatment will be within 62 days from urgent GP referral to their first definitive treatment
- 90% of patients' first definitive treatment will be within 62 days from cancer screening programme or consultant upgrade to their first definitive treatment

2.99 Table 25 provides a performance scorecard in respect of the cancer waiting times standards achieved for services delivered to Somerset patients, for the period 1 December to 31 December 2011.

OTHER PROVIDERS

Table 25: Other Providers - Cancer Waiting Times Performance Scorecard (Somerset Relevant Population) between 1 December and 31 December 2011

Waiting Times Standard	Standard	December 2011 Number inside standard	December 2011 Variance (+/-)	Cumulative Performance Number inside standard	Cumulative Performance Variance (+/-)
Cumulative performance - Seen within two weeks of urgent GP or GDP referral of suspected cancer	93.0%	94.2%	1.2%	94.1%	1.1%
Cumulative performance - Seen within two weeks of breast symptom GP referral	93.0%	100.0%	7.0%	98.0%	5.0%
Cumulative performance - Patients first treatment within 31 days of decision to treat	96.0%	97.1%	1.1%	97.2%	1.2%
Cumulative performance - Patients second or subsequent treatments by anti cancer drug within 31 days of decision to treat	98.0%	100.0%	2.0%	100.0%	2.0%
Cumulative performance - Patients second or subsequent treatments by surgery within 31 days of decision to treat	94.0%	100.0%	6.0%	97.1%	3.1%
Cumulative performance - Patients second or subsequent treatments by radiotherapy within 31 days of decision to treat	94.0%	100.0%	6.0%	99.1%	5.1%
Cumulative performance - Patients first definitive treatment within 62 days of urgent GP or GDP referral	85.0%	78.7%	(6.3%) (2 patients)	85.5%	0.5%
Cumulative performance - Patients first definitive treatment within 62 days of cancer screening programme referral	90.0%	100.0%	10.0%	100.0%	10.0%
Cumulative performance - Patients first definitive treatment within 62 days of consultant upgrade	90.0%	82.6%	(7.4%) (1 patient)	94.7%	4.7%

2.100 In respect of patients who should have received first definitive treatment within 62 days of urgent GP or GDP referral, five patients waited longer than the required standard during December 2011. Four patients related to Royal United Hospital Bath NHS Trust where one delay was due to patient choice, two due to lack of capacity and the remaining patient was because they were also being seen by the Breast Team which delayed appointment for palliative treatment. One patient was waiting for treatment at North Bristol NHS Trust. Whilst all of these patients waited

OTHER PROVIDERS

longer than standard, three were allowable breaches within the deliverable target of 85.0%.

- 2.101 In respect of cancer patients who should have received first definitive treatment within 62 days of consultant upgrade, two patients waited longer than the required standard during December 2011. One delay is a shared patient of University Hospital Bristol NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. The patient was delayed at Yeovil District Hospital NHS Foundation Trust where there was a 22 day wait in reporting and then a subsequent delay with sending slides to the network Multi Disciplinary Team. The patient was then referred to UBHT on day 51 with Multi Disciplinary Team discussion occurring on day 77. The remaining patient was waiting for treatment at North Bristol NHS Trust and was a referral from another Trust (Weston Area Health NHS Trust). Whilst both of these patients waited longer than standard, one was an allowable breach within the deliverable target of 90.0%.
- 2.102 Areas of under performance are followed up by NHS Somerset with the trusts concerned to establish the reasons that have affected performance and to ensure appropriate actions are being implemented to address issues that have caused delays in the treatment of patients.

Infection Control

- 2.103 Table 26 sets out performance in respect of infection control for the period 1 April 2011 to 31 January 2012, in relation to all cases reported for NHS Somerset patients, on a commissioner basis, including the cases recorded by the two local acute trusts.

Table 26: Infection Control Performance between 1 April 2011 and 31 January 2012

Infection control		Annual Standard	Actual	Variance (+/-)
MRSA rates	Cumulative Number of trustwide reported MRSA Bacteraemias	14	5	(9)
Clostridium Difficile rates	Cumulative Number of trustwide reported CDAD	201	211	(10)

- 2.104 In respect of Clostridium Difficile infections, NHS Somerset's April 2011 to January 2012 performance is above trajectory. However, a continued reduction in cases can be attributed in part to the application of the diagnostic algorithm across all Somerset Providers including Primary Care. Epidemiological changes are also responsible for differences in monthly performance therefore a reduction in cases cannot always be attributed to clinical practice alone. Continued surveillance and analysis of cases provides opportunities for improvement and a detailed retrospective review of pre-72 hour cases has highlighted the need to feedback cases to hospital providers where a previous admission has been identified in the preceding 4-6 weeks. It is anticipated that continued reductions will be

OTHER PROVIDERS

seen and it should be noted that the DH and HPA have now issued guidance on the recommended testing and reporting of C.diff infection for implementation from 1st April 2012. NHS Somerset can confirm that it is compliant with the national guidance.

Emergency Admissions

2.105 Table 27 sets out the levels of emergency admissions, by provider, for NHS Somerset patients for the period 1 April 2011 to 31 January 2012 compared to the same period during 2010.

Table 27: Emergency admissions of NHS Somerset patients for the period 1 April 2011 to 31 January 2012, compared to the same period in 2010

Provider	January 2010	January 2011	Variance	% Variance
Dorset County Hospital NHS Foundation Trust	223	247	24	10.8%
North Bristol NHS Trust	525	557	32	6.1%
Royal United Hospital Bath NHS Foundation Trust	3,832	4,025	193	5.0%
Royal Devon and Exeter NHS Foundation Trust	246	256	10	4.1%
Somerset Partnership NHS Foundation Trust	699	710	11	1.6%
Somerset Community Health	1861	1690	(171)	(9.2%)
Other Providers	1005	902	(103)	(10.2%)
Weston Area Health NHS Trust	2180	1922	(258)	(11.8%)
University Hospitals Bristol NHS Foundation Trust	485	403	(82)	(16.9%)
Grand Total	11,056	10,712	(344)	(3.1%)

2.106 Table 27 shows that emergency admissions of Somerset patients to those providers decreased by 3.1%, compared to the corresponding period in the previous year.

2.107 Work continues to be undertaken in conjunction with trusts and NHS Somerset's commissioning partners to ensure the necessary actions are undertaken and maintained in respect of the emergency care agenda.

Accident and Emergency Services

2.108 Table 28 sets out the performance for accident and emergency services in respect of activity undertaken for Somerset patients at Royal United Hospital Bath NHS Trust, for the period 1 April 2011 to 31 January 2012.

Table 28: Accident and Emergency Attendances and Waiting Times performance, for Somerset patients at Royal United Hospital Bath NHS Trust, during the period 1 April 2011 and 31 January 2012

NHS Trust	Total Attendances	Patients waiting under four hours from arrival to discharge or admission	
		Number	%
Royal United Hospital Bath NHS Trust	56,573	54,066	95.57

2.109 The table shows that, of the 56,573 accident and emergency attendances during the period, 54,066 patients (95.57%) waited under four hours from arrival to admission, transfer or discharge, against the 95% standard.

2.110 The Trust-wide performance of other NHS acute trusts, which may be attended by Somerset patients during the same period, is set out in Table 29.

Table 29: Accident and Emergency Attendances, Admissions and Waiting Times for the period 28 March 2011 to 29 January 2012

Provider	Percentage of Patients waiting under four hours from arrival to discharge or admission
North Bristol NHS Trust	93.73%
Royal Devon and Exeter NHS Foundation Trust	93.50%
University Hospitals Bristol NHS Foundation Trust	96.33%
Weston Area Health NHS Trust	94.40%
Dorset County Hospitals NHS Foundation Trust	98.06%

2.111 Table 30 sets out the performance of the Somerset Community Health minor injury units in respect of these standards.

Table 30: Minor Injury Unit Attendances, Admissions and Waiting Times for the period 1 April 2011 to 31 January 2012

Provider	Minor Injury Unit Attendances	Patients waiting under four hours from arrival to discharge or admission	
		Number	%
Somerset Community Health	70,368	70,238	99.81

Ambulance Response Times

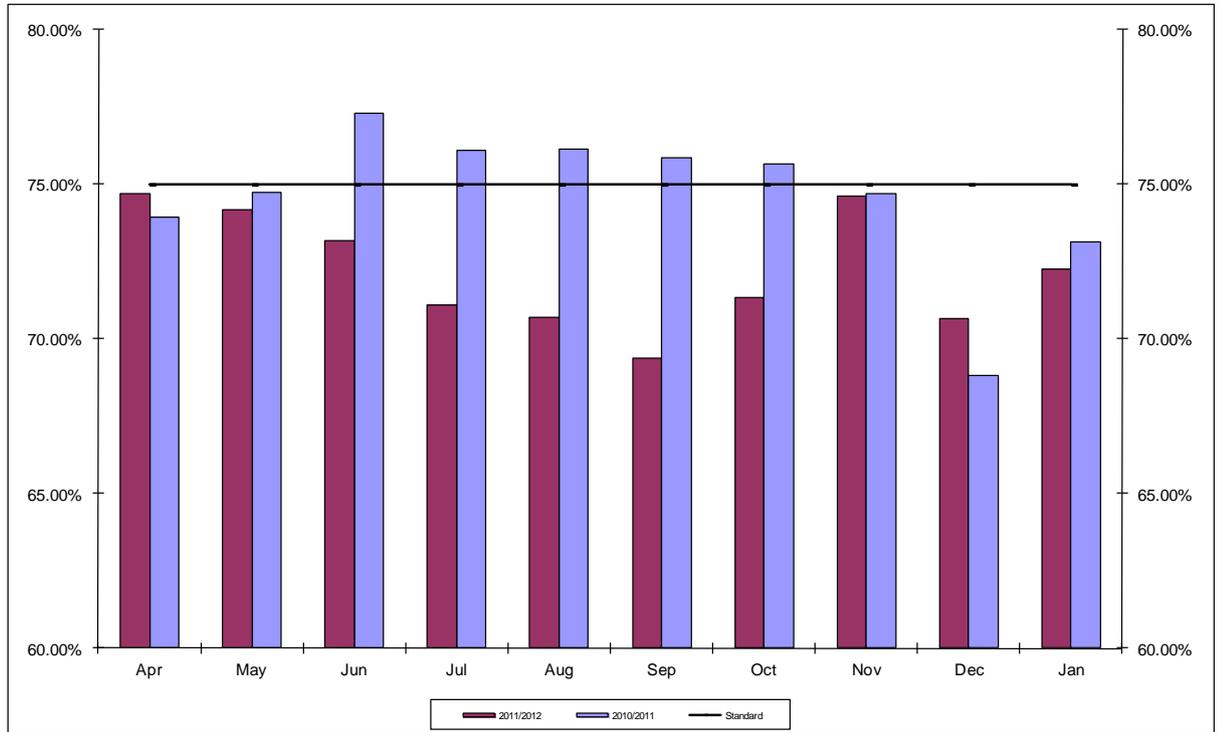
2.112 Table 31 shows the performance of South Western Ambulance Service NHS Foundation Trust in achieving the targets of 75% of all category A calls responded to within eight minutes and 95% of all category A calls responded to within 19 minutes on a Trust-wide basis and across the NHS Somerset area, for the period 1 January to 31 January 2012.

Table 31: Percentage of Category A and B calls receiving a response from South Western Ambulance Service NHS Foundation Trust within the Specified Target Times for the period 1 January to 31 January 2012

Category	Standard	Target	Trust-wide Performance	Performance in Somerset
A	Within 8 minutes	75.0%	75.68%	72.26%
	Within 19 minutes	95.0%	95.35%	95.37%

- 2.113 Table 31 shows that South Western Ambulance Service NHS Foundation Trust achieved the target of 75% of all category A calls responded to within eight minutes on a Trust-wide basis, however performance for Somerset (72.26%) is below the 75% standard. The Trust also achieved the target of 95% of all category A calls responded to within 19 minutes both on a Trust-wide basis and also for Somerset.
- 2.114 Changes brought about through the introduction of NHS Pathways has led to a significant increase in the proportion of calls now categorised as Category A, responses for both Somerset and the Trust as a whole have increased by 31% during the period 1 April 2011 to 31 January 2012 compared to the same period last year. NHS Somerset continues to work closely with the Trust to ensure that actions are implemented to recover performance at a local level. This includes operational meetings with local managers. As previously advised, South Western Ambulance Service NHS Foundation Trust has developed an action plan specific to Somerset with focus on reducing call cycle times (mobilisation, on scene and handover to clear). It has made progress against targets, which are all to be achieved by 31 March 2012. The action plan also identifies the 'Right Care Right Time Right Place' initiative which focuses on increased utilisation of Minor Injury Units, reducing conveyance to Accident & Emergency and increasing joint management of 'fallers'. In addition, service developments are a key area of focus with the relocation of paramedics, responder scheme development, training and resource and also demand modelling. From February 2012 SWAST's monthly reporting will include breakdowns of MIU activity, responder scheme % contribution to performance as well as performance breakdown by locality, all of which will improve insight into and accountability for performance data.
- 2.115 The trend for cumulative performance against the category A eight minute response standard is set out in Figure 14 and shows performance over the period 1 April 2011 to 31 January 2012 compared to the same period last year.

Figure 14: Standards for Ambulance Response Times Performance Trends – Category A Calls Responded Within Eight Minutes in Somerset



2.116 NHS Somerset works closely with the Trust and other partner organisations to ensure that all necessary actions are undertaken to resolve issues that affect response times.

Summary

2.117 The Primary Care Trust has a sound financial position and is addressing areas of underperformance through its contracting arrangements.

3 PRIMARY CARE

3.1 This chapter provides an update regarding performance across the Primary Care Development Directorate for the period of 1 November 2011 to 31 January 2012.

GP Medical Services

Premises development

3.2 Since the review of primary care medical services infrastructure in 2008 the following has been achieved:

- 14 practices have completed extension / refurbishment projects to their existing premises
- eight new surgery developments have been completed
- a further four extension projects are due to be commenced / completed this year
- 6 new surgery developments are under construction (Ilminster, Frome, Beckington branch, South Petherton, Creech and Glastonbury)
- funding has also been approved by the Trust to enable a further 14 new surgery projects to commence construction subject to final details being agreed and key performance indicators being met
- One further practice has confirmed that it does not wish to proceed with its proposed new surgery development

Enhanced Services

3.3 The negotiation meeting for 2012/13 was held on 14 December 2011; this resulted in agreement of NHS Somerset's enhanced services offer. Contracts in respect of 2012/13 are currently being shared with GP practices for signature.

3.4 A number of practices carried out pilot schemes under the Access Local Enhanced Service for 2010/11. The LES was discontinued but the pilots and their evaluation have been continued during 2011/12. 37 Outcome and Evaluation Reports have been received and reviewed by the Local Access Group to date, with 12 reports still to be submitted. A number of Practices have experienced delays in undertaking their pilots and extensions have been agreed for these Practices.

3.5 The majority of Practices who have submitted their Outcome and Evaluation Reports have decided to implement the changes, undertaken during their pilot, on a permanent basis. From the Outcome and

Evaluation Reports received there has been learning identified, which will be shared with all Practices.

- 3.6 The Local Access Group review and compare the National Patient Survey results to identify those Practices who are performing well in order to share good practice and those that may have particular areas of concern to provide advice and support. The Local Access Group will also be involved in the review of the Local Patient Participation Reports, required for the new Patient Participation Directed Enhanced Service, following publication on Practice websites on 31 March 2012.

Quality and Outcomes Framework (QOF)

- 3.7 All post payment verification visits in respect of the 2010/11 process have been undertaken with a small number of actions for practices to improve the quality of their evidence.
- 3.8 The QOF assessment process for 2011/12 was revised to take a risk-based approach. This reduces the evidence needing to be submitted and reviews have been focused on key areas of high financial value or where performance has historically not been achieved. The process has been rolled out successfully and 70 practices have made a submission, with one practice pending feedback. One practice had an extension due to exceptional circumstances; the remaining practices have been chased for a submission. Further evidence is due in February 2012.
- 3.9 A summary of changes to QOF for 2012/13 has been released, this includes additional clinical areas and revised thresholds and new QP indicators relating to Accident and Emergency attendances and primary care access.

Dispensary Services Quality Scheme (DSQS)

- 3.10 The 2011/12 assessment process was sent out to practices early in December 2011 for return and assessment in two tranches between 31 January 2012 and May 2012. Assessment will be mainly by self-declaration of compliance with the DSQS specification, with evidence required only for key areas. Detailed guidance on the requirements for clinical audits has been provided.

National Patient Survey - results for July 2011 to September 2011

- 3.11 Since the previous report, there have been results released for the GP Patient Survey which ran from July to September 2011. There have been a number of changes made to the structure of the national survey, notably:
- the survey will now only be run twice a year (with the next questionnaires being collected from January to March 2012 and results published in June 2012)

- a number of questions and associated weighting calculations have been changed
- practice level data will only be published in June 2012

3.12 The weighting scheme has changed from previous years of the GP Patient Survey, to now include neighbourhood statistics such as ethnicity and deprivation. Because of these changes, as well as changes to questionnaire design and survey frequency, it is not possible to make direct comparisons with previous years' data, even in cases where the same questions have been asked.

3.13 As a result there is only PCT aggregate data to report back on at this stage and comparison to previous quarterly results is not possible. An extract of some of the key questions relating to access and patient experience of services is attached at the end of this section as Table 1.

3.14 However, it is useful to note that, in questions that are broadly comparable, the relative ranking of NHS Somerset against that of the South West and England as a whole has largely improved. Some examples are set out below.

Survey Questions	NHS Somerset	SW Rank (out of 14 PCTs)		National Rank (out of 152 PCTs)	
	Jul-Sep 2011	Q1-Q4 10-11	Jul-Sep 2011	Q1-Q4 10-11	Jul-Sep 2011
Telephone access	82%	8th	9th	35th	28th
Seeing preferred GP	74%	4th	3rd	11th	4th
Satisfaction with opening hours	82%	6th	6th	46th	44th
Confidence and trust in GP	95%	8th	5th	19th	17th
Overall satisfaction	92%	6th	3rd	15th	9th

3.15 NHS Somerset continued to achieve well with top quartile performance for the majority of the key indicators in England and, in particular, the Trust continued to perform well in the questions relating to:

- convenience of appointment – ranked 9 in England with 96%
- able to get an appointment to see or speak with someone – ranked 10 in England with 91%
- overall experience of making appointment - ranked 15 in England with 84%
- seeing preferred GP – ranked 4 in England with 74%
- confidence and trust in GPs remained high at 95%, ranked 17 in England

- overall experience of GP surgery - ranked 9 in England with 92%

3.16 There were some areas in which Somerset practices were on or below the average results for the South West, although it should be recognised that the percentage range of results is often very narrow:

- ease of getting through to someone at GP surgery on the phone
- overheard in reception area
- rating of nurse involving you in decisions about your care
- confidence and trust in nurse
- satisfaction with opening hours

3.17 A high number of practices in Somerset are taking part in a Primary Care benchmarking exercise, organised by the Primary Care Foundation. This reviews practice appointment systems and processes for addressing urgent care. This will highlight areas for improvement and recommend techniques that should address all areas of access.

3.18 In overall terms, Somerset's position in the national rankings has remained relatively high.

Table 1: Extract of GP Patient Survey Results July to September 2011 (Weighted Survey Data)

PCT name	Response rate (%)	Ease of getting through to someone at GP surgery on the phone % Easy (total)	Helpfulness of receptionists at GP surgery % Helpful (total)	Overheard in reception area % Yes (total)	% See their preferred GP always, almost always or a lot of the time (total)	Able to get an appointment to see or speak to someone % Yes (total)	Convenience of appointment % Convenient (total)	Overall experience of making an appointment % Good (total)	Rating of GP involving you in decisions about your care % Good (total)	Confidence and trust in GP % Yes (total)	Rating of nurse involving you in decisions about your care % Good (total)	Confidence and trust in nurse % Yes (total)	Satisfaction with opening hours % Satisfied (total)	Overall experience of GP surgery % Good (total)	Recommending GP surgery to someone who has just moved to the local area % Yes (total)	Confidence in managing own health % Confident (total)	Successful in getting an NHS dental appointment? % Yes	Overall experience of NHS dental services % Very good and % Fairly good
Somerset PCT	50%	82%	92%	81%	74%	91%	96%	84%	79%	95%	69%	89%	82%	92%	87%	94%	96%	85%
South West average	47%	82%	90%	82%	70%	90%	95%	83%	78%	94%	69%	89%	82%	91%	86%	94%	93%	82%
England average	38%	78%	89%	83%	65%	88%	93%	79%	76%	93%	68%	86%	81%	88%	82%	93%	92%	83%

Dentistry

- 3.19 During the two-year period ending 31 December 2011, the number of patients receiving primary dental services in Somerset was 321,052. The total has increased from 320,293 in the last quarter and represents 63% of the Somerset population who have received NHS dental treatment, which is the second highest performance in the South West.
- 3.20 The total number remains below the trajectory however NHS Somerset is commissioning sufficient dentistry capacity to achieve the trajectory milestone but patients choose not to attend.
- 3.21 Following the merger of the IDH and ADP dental providers, the Office for Fair Trading instructed the company to divest itself of four practices in Somerset, namely ADP Blackbrook, IDH North Petherton, ADP Chard and ADP Yeovil. Rodericks Ltd have subsequently taken over their contracts with effect from February 2012.
- 3.22 A short pilot project was developed including dental practices and schools in West Somerset working with NHS Somerset and the healthy schools team, to encourage children to attend the dentist. The project is in a competition format and includes rewards for schools and children for adopting and encouraging health dental habits, including going to the dentist. The pilot was launched last October at Dunster School and covered the West Somerset area over the Autumn school term. The scheme was received enthusiastically and has been extended to the Taunton Deane and Sedgemoor areas to be run over Spring 2012.
- 3.23 NHS Somerset has, as at 31 December 2011 32 practices (approximately 100 dentists) accepting all categories of NHS patients. In addition to this 142 emergency slots are available per week, covering all major towns within the County. The number of emergency slots has been reduced by 25% this year as demand has fallen due to the increased availability of high street dental providers.

National Patient Survey results July 2011 to September 2011

- 3.24 The latest Patient Survey results were released in December 2011 for patients surveyed on dental access from July to September 2011. For this quarter 96% of patients who had wanted to access a dentist during the previous 24 months had been able to do so (50% response rate). This was the best performer in the South West and sixth highest nationally. The figure reflects the sustained progress in improving access to NHS dentistry since 2010.
- 3.25 The survey also measured the overall patient experience of NHS dental services and Somerset had 85% of patients reporting their experience as very or fairly good. This places Somerset in the top quartile nationally and third best in the South West.

Optometry

- 3.26 Practice review visits are being carried out during March to April 2012. An outcome report detailing the findings from both the practice visits and self-assessment returns will be prepared and any learning shared with optometrists and the Somerset Local Optical Committee. The report will also be shared within NHS Somerset through the Patient Safety and Quality Assurance Committee.
- 3.27 The Acute Community Eyecare Service (ACES) now has 30 practices providing the service across Somerset. The current activity is approximately 4,800 per annum (80% of capacity). The accreditation process is being revised in liaison with the Local Optical Committee via the Ophthalmic Pathway Development (Operational) Group, to encourage further optometrists to access the required training and provide the service. The latest accreditation took place on 16 November 2011. An evaluation of the service has begun, in line with the process agreed by the Clinical Commissioning Group. The Clinical Commissioning Group has agreed to extend the service for a further six months initially in order to allow further evaluation to take place.
- 3.28 The level 1 Intra-Ocular Pressures (IOP) Referral Refinement Service, for patients at risk of glaucoma, launched in April 2010 is now provided by 30 practices. Following a further accreditation event held on 3 October 2011, contracts are currently being drafted which will enable an additional six practices to provide the service. Approximately 1,200 patients were seen through the service in the last 12 months to January 2012. To date, the refinement service has reduced the number of referrals to secondary care by discharging approximately 50% of patients seen.

Community Pharmacy

- 3.29 The completed annual contract review programme for 2010/11 highlighted no significant clinical issues. For the first time pharmacies were required to complete the Connecting for Health Information Governance Tool Kit. This has highlighted the need to governance processes and documentation to be strengthened in practice. The Tool Kit submission includes proposals to strengthen future returns, and issues will be monitored by the PCT commissioning in future contract reviews.
- 3.30 NHS Somerset is undertaking a review of its enhanced services for Emergency Hormonal Contraception (EHC) and Minor Ailments. EHC is being relaunched in March 2012 with Patient Guidance Directives (PGDs) for Minor Ailments awaiting sign off from the Taunton and Somerset NHS Foundation Trust.
- 3.31 Two new national services were introduced on 1 October 2011. The New Medicines Service is designed to provide early support to patients to maximise the benefits of particular new medications they have been prescribed. To date approximately 50% of practices have registered to

provide this service. The Medicines Use Review (MUR) Service now prioritises three national target groups and is designed to help community pharmacy demonstrate to commissioners the benefits of the MUR service and provide assurance that it is a high quality, efficient service providing positive health outcomes for patients.

Home Oxygen

- 3.32 A revised Home Oxygen contract is currently being re-procured across England and Wales, but excluding the South-West region. The South-West Home Oxygen service contract was re-procured in 2009 ahead of the national contract.
- 3.33 A decision has been made not to accept an offer from the existing service provider, for financial and service enhancement benefits, in return for a two year extension of the contract to cover from 2014 to 2016.
- 3.34 The Contract Management Board will seek to benefit from the previously proposed service enhancements, within the existing contract.

Primary Care IM&T Programme

- 3.35 The Primary Care Information Management and Technology (IM&T) Team support a growing number of primary care elements of the local and continuing elements of the national IT programme. There are three key work streams which cover a range of ongoing work to ensure the key building blocks of IM&T infrastructure are in place to support new initiatives.

IT systems - Primary Care IM&T Financial Plan for 2011/12

- 3.36 The 2011/12 replacement programme of core IT in general practices has been completed with installation of 33 clinical servers, 27 network servers and 310 PCs, in conjunction with Informatics Service (GP IT Support Team). A Commissioning Intentions paper was produced to discuss the financial plan requirements for 2012/13 with the Finance Directorate.

IM&T Projects

- 3.37 The **Electronic Prescription Service Release 2 (EPSr2)** Project has seen further progress with Microtest First of Type Testing at Springmead Surgery, Chard, linking with Lloyds Pharmacy for recording patient nominations. Work continues to explore full functionality that EPSr2 offers.
- 3.38 Engagement with pharmacy sites across Somerset is progressing well with smartcard registration and issuing to pharmacy team members. Initial information on EPSr2 is also shared with the pharmacy staff, with the need identified for IT systems to be prepared in liaison with pharmacy system suppliers. EPSr2 implementation will continue through 2012,

working with pharmacy and general practice sites in line with availability of systems.

- 3.39 The Summary Care Record (SCR) implementation continues with further practices planning to upload data. Initial steps are underway to introduce the enrichment of SCR, working with a few GPs to understand the process. Usage of SCR also remains a focus, with monitoring of use in urgent care and acute pharmacy settings. SCR has been identified as a key target in the NHS Operating Framework for 2012/13.

Discharge Summaries

- 3.40 Technical developments have recently been made to enable most general practices to receive electronic discharge summaries from the acute setting. 25 practices are currently enabled to receive via this route, with further rollout planned to other practices. Discussions are also underway regarding monitoring of the system to ensure all necessary safeguards are established and extending the project to include other clinical correspondence and with other Trusts providing health care to Somerset patients.

IM&T Processes

- 3.41 Support has been provided to general practice, pharmacy and dental independent contractors, to ensure completion of the annual assessment on the Information Governance Toolkit. Work around smartcards has seen the delivery of training to general practices on the use of User Identity Manager, with ongoing support provided, to enable a more efficient process in provision of smartcards to new staff.

Somerset Booking Management Service (BMS)

- 3.42 As at January 2012, Somerset achieved 101% usage in Choose and Book and was ranked second highest performing PCT in the country on the national Choose and Book performance reports.
- 3.43 As a result of demand pressures on Acute Trusts, there has been a concerted effort to promote choice of GP led Primary Care Dermatology Services, including the introduction of triage on Dermatology referrals by one of the GPwSIs which has resulted in some patients changing their bookings.
- 3.44 Details of these and other elective key indicators at Practice and Federation level are provided monthly to the PCT, GP Practices and GP Federations as part of the Dashboard.
- 3.45 The NHS Somerset Choose and Book Team have continued to work with both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust to develop Advice and Guidance Triage processes from Provider clinicians to GP Practices.

4 SUSTAINABLE DEVELOPMENT QUARTER 3

PROGRESS IN QUARTER 3 (2011/12)

NHS Somerset Sustainable Development and Carbon Reduction Strategy (2011 – 13) and Action Plan (2011/12)

4.1 The NHS Somerset Sustainable Development and Carbon Reduction Strategy (2011 – 2012) and Action Plan (2011/ 2012) has been developed in response to the recognition of the need for NHS Somerset to:

- improve the health of the population, patients and employees by recognising that sustainable behaviour facilitates improved health and wellbeing
- take action on climate change and become an exemplar Trust
- help the wider NHS achieve the Climate Change Act targets set by government
- conform to legislation and best practise guidance
- make cost savings leading to a more efficient Trust

4.2 Progress on the themes contained within the Action Plan are as follows:

Travel and Transport

Business Passenger Miles Claims

4.3 NHS Somerset employees claimed 3,067 business passenger miles in Quarter 3. This is 29% more than the number of passenger miles claimed in Quarter 2.

4.4 An increase in passenger miles claims corresponds to cost and carbon emission savings for the Trust.

Cycle to Work Scheme

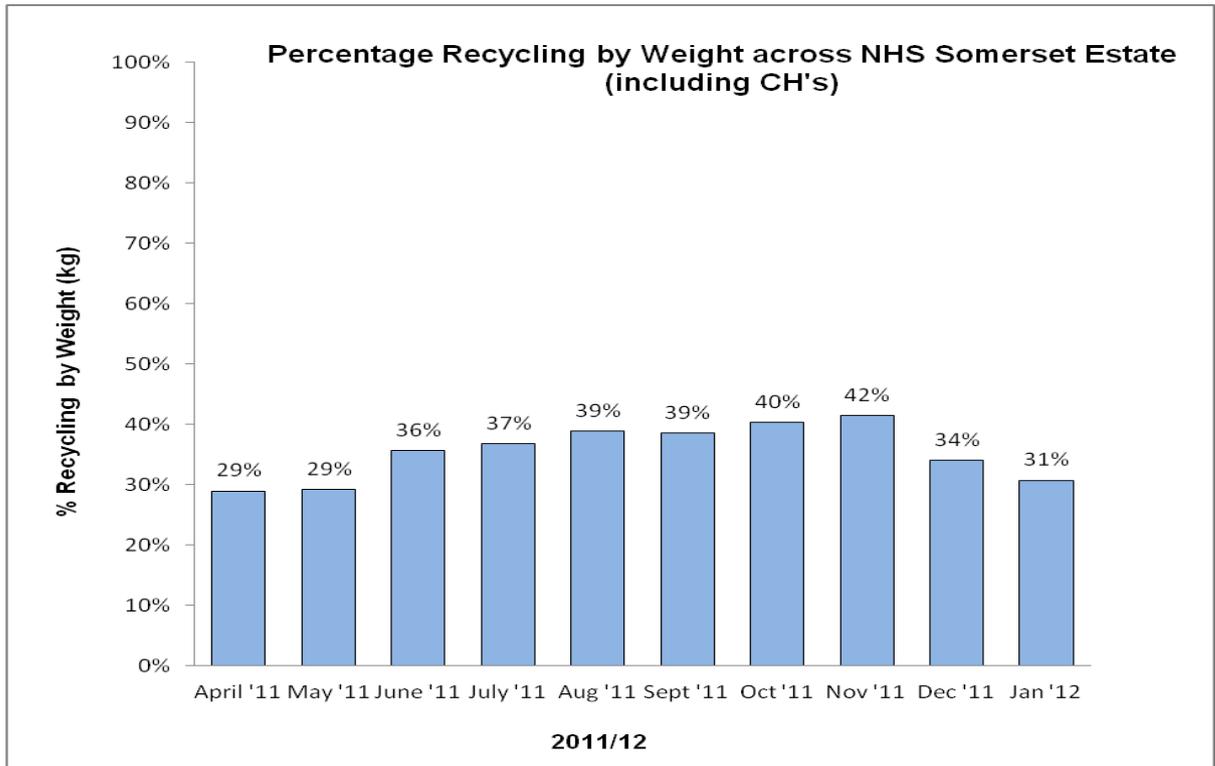
4.5 The Cycle to Work scheme supports NHS Somerset's commitment to sustainable development and contributes to both national and NHS Somerset targets of reducing carbon emissions through employee travel and promoting a healthy workforce.

4.6 As of March 2012, there have been a total of 64 Cycle to Work scheme participants. The majority of these participants are Somerset Partnership employees.

Waste

- 4.7 On 1 February 2011, the waste management contract for NHS Somerset changed with the appointment of Biffa, the new waste contractor.
- 4.8 The new contract has introduced a waste stream called Mixed Dry Recycling (MDR) in order to increase the amount of waste diverted away from landfill and towards recycling. It is envisaged that the new contract will increase the amount of materials recycled from around 30% to 70%.
- 4.9 The new contract brings multiple benefits to the Trust, including:
- legislative compliance
 - contract cost savings (~£16,000 annual savings)
 - cost savings from a reduction in landfill tax
 - carbon footprint reduction
 - bolster of the Trust's corporate responsibility reputation
- 4.10 The waste contract specifies the monthly recording of the total volume of waste collected from each site (for payment purposes) together with its equivalent weight and percentage recycled. As such, Figure 4 displays the 2011/12 monthly percentage recycling across the NHS Somerset estate (by weight), to date.
- 4.11 Points to consider include:
- measurement of the recycling rates is by weight (kg) as a percentage (%) of the total weight of waste produced
 - food waste is disposed of via black sacks and is therefore not included within the recyclable weight
 - clinical waste is disposed of by a different contractor and is therefore not included within the recyclable weight
 - the weight (kg) of the separate waste stream for confidential paper (collected by *ShredIt*) has been added to the Biffa weight of recyclable waste for Wynford House

Figure 4: Percentage recycling by weight across the NHS Somerset estate



4.12 There is a general increasing trend in recycling rates. However, during December and January, rates have declined. As a result, the Sustainable Development Manager is devising an awareness raising campaign to promote waste minimisation and a consideration of the appropriate waste stream for waste disposal. This will be rolled out in March and April.

New Bridgwater Community Hospital

4.13 The Sustainable Development Manager is currently working with the Capital Development team in order to devise the Travel Plan for the proposed new Bridgwater Hospital.

4.14 A Travel Plan is a planning requirement imposed by Somerset County Council by way of a legal section 106 agreement. A Travel Plan will also be required as part of the hospital Building Research Establishment Environment Assessment Method (BREEAM) assessment.

4.15 The Travel Plan includes a package of measures designed to encourage employees and visitors to travel to the hospital by means other than the private car. This will create many health and environmental benefits.

4.16 Measures contained within the Plan include:

- bus shelter and on site bus provision

- secure cycle parking
- secure motorcycle parking
- lockers
- showers
- car share spaces
- travel information points
- video conferencing facilities
- professionally produced travel information leaflets

Smarter Driver Training

- 4.17 The Sustainable Development Manager is organising Smarter Driver Training for NHS Somerset employees.
- 4.18 The Energy Saving Trust (EST) ‘Smarter Driver’ training teaches techniques to enable more fuel efficient driving.
- 4.19 The training will be delivered at the NHS Somerset premises by a driving instructor accredited by the EST and can be undertaken by any driver, regardless of whether or not they undertake business travel.
- 4.20 The benefits include:
- improving fuel consumption by around 15 per cent, producing cost and carbon emission savings
 - estimated that for a driver travelling 12,000 miles a year, employing the EST ‘Smarter Driver’ training principles, would save £250
 - with ‘Smarter Driver’ training, drivers are less likely to suffer from road traffic accidents