HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
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Report of:	Cambridgeshire and Peterborough Clinical Commissioning Group	
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NHS CONSTITUTION INCLUDING TARGETS AND PERFORMANCE

RECOMMENDATIONS
It is recommended that Peterborough Health Scrutiny Committee: 1. Note the NHS Constitution, as well as the current performance of local health services benchmarked against the pledges made within the Constitution.

1. ORIGIN OF REPORT

1.1 This report has been compiled in response to a question from Councillors.

2. PURPOSE AND REASON FOR REPORT

2.1 This report examines what people can expect from the NHS constitution and how the situation currently compares in Peterborough.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The NHS Constitution for England pledges the national standards for health treatment as follows:

"This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions. References in this document to the NHS and NHS services include local authority public health services, but references to NHS bodies do not include local authorities." [p2 – for more see Background Documents]

3.2 The NHS Constitution Handbook sets out these standards in greater detail. *Part III: Patients and the public* covers: Access to health services; Quality of care and environment; Nationally approved treatments, drugs and programmes; Respect, consent and confidentiality; Informed choice; Involvement in your healthcare and in the NHS; Complaint and redress; and Patient and public responsibilities.

3.3 Page 25 of the Handbook refers to the responsibility Clinical Commissioning Groups have for commissioning most local health services. The CCG is expected to "assess the health

requirements of the populations they serve, take account of inequalities in access to and outcomes from healthcare services, and commission the services that they consider necessary to meet the population's needs.

"CCGs are working closely with their local authority, and its partners including Health and Wellbeing Boards and Local Healthwatch, to assess and address local needs across health, public health and social care through joint strategic needs assessments and local commissioning plans."

The CCG is pleased to report and demonstrate ongoing engagement with Local Authorities, Health and Wellbeing Boards and Healthwatch as indicated above. It continues to welcome input from Councillors on the Peterborough Scrutiny Health Committee as part of this.

3.4 Pages 31-34 of the Handbook refer to patients' right to access services within specific waiting times, and the NHS pledge "to provide convenient, easy access to services within the waiting times set out in this Handbook". This includes a 'referral to treatment' (RTT) time of 18 weeks maximum for non-urgent conditions; to be seen by a cancer specialist within a maximum of two weeks where appropriate; and for patients to wait a maximum of four hours in A&E – from arrival to admission, transfer or discharge. In detail:

"**What this right means for patients**
You have the right to:

- start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and
- be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

If this is not possible, the clinical commissioning group or NHS England, which commissions and funds your treatment, must take all reasonable steps to offer a suitable alternative provider, or if there is more than one, a range of suitable alternative providers, that would be able to see or treat you more quickly than the provider to which you were referred. A suitable alternative provider is one that can provide clinically appropriate treatment and is commissioned by a clinical commissioning group or NHS England. You will need to contact either the provider you have been referred to or your local clinical commissioning group before alternatives can be investigated for you. Your clinical commissioning group or NHS England must take all reasonable steps to meet your request.

Your right to start treatment within 18 weeks from referral will include treatments where a consultant retains overall clinical responsibility for the service or team, or for your treatment. This means the consultant will not necessarily be physically present for each appointment, but will take overall responsibility for your care. The setting of your consultant-led treatment, for example whether hospital based or in a GP-based clinic, will not affect your right to start treatment within 18 weeks. (for information on mental health services, where the first waiting time standards are now being implemented, see *)

Exceptions
The right to treatment is subject to various exceptions. In particular, the right to treatment within 18 weeks from referral will cease to apply in circumstances where:

- you choose to wait longer;
- delaying the start of your treatment is in your best clinical interests, for example where smoking cessation or weight management is likely to improve the outcome of the treatment;
- it is clinically appropriate for your condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage;
- you fail to attend appointments which you had chosen from a set of reasonable options; or
- the treatment is no longer necessary.

The following services are not covered by the right:

- mental health services that are not consultant-led*
- maternity services; and
- public health services provided or commissioned by local authorities.

*The first mental health access and waiting time standards are currently being introduced and the Government has committed that by 31st March 2016, 75% of people accessing psychological therapies should do so within 6 weeks, 95% of people accessing psychological therapies should do so within 18 weeks, and 50% of people experiencing a first episode of psychosis should access early intervention in psychosis services within 2 weeks."

"There are a number of government pledges on waiting times, including:

- a maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers;
- a maximum 31-day wait for subsequent treatment where the treatment is surgery;
- a maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy;
- a maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen;
- a maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers;
- a maximum 62-day wait from referral from an NHS cancer screening service to first definitive treatment for cancer;
- a maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers);
- a maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected;
- a maximum four-hour wait in A&E from arrival to admission, transfer or discharge;
- patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral;
- a maximum 7-day wait for follow-up after discharge from psychiatric in-patient care for people under adult mental illness specialties on Care Programme Approach.
- all patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice; and
- all ambulance trusts to respond to 75 per cent of Category A calls within eight minutes and to respond to 95 per cent of Category A calls within 19 minutes of a request being made for a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner."

The planning guidance for 2018/19 (Refreshing NHS Plans for 2018/19) states that commissioners and providers should plan that their RTT waiting list will be no higher in March 2019 than in March 2018.

"In addition, local authorities with public health responsibilities should bear in mind that it is best practice for the care of patients and their sexual partners to offer genito-urinary medicine appointments as soon as possible, and that the clinical evidence indicates a maximum of 48 hours."

See Background Documents for further reading.

3.5 Cambridgeshire and Peterborough CCG regularly reports on its performance against these standards, as well as against its own targets, in an Activity report to the Governing Body. The latest report in July covered activity at Month 2 (CCG wide). Key points include;

- All referrals are higher than plan by 5.5% - believed to be partially due to the prolonged and severe 2017/18 winter and its subsequent impact into 2018/19
- Outpatients appointments are slightly more than 10% above plan
- Planned procedures are 2.9% below plan
- Unplanned spells for emergency activity are 0.8% above plan
- A&E attendances are 3.5% below plan

Mitigating actions to be taken are:

- GP Referrals - GP practice visits: cohort 1 (30 highest referring practices) to be visited by end of July (on track; visits commenced; all visits booked); cohort 2 (46 practices) to be visited by end of September (on track, booking commenced).
- Other referrals - patient level review of Consultant referrals; to understand adherence to policy, coding, change of pathways, tertiary referrals. Also to relieve pressure on acute medicine and patient journey. To begin mid-July.
- First Outpatients - whole system Dermatology summit took place during July 2018, to discuss provision and increased demand. Implementation of high impact interventions in Ophthalmology in July.
- Follow Up Outpatients – Trust-wide initiatives to move to telephone follow up, taking into account any risks associated with this change.
- Planned care – Clinical policy development, revision and implementation. Continue the move to Outpatient from Day Case activity.
- Unplanned care – an Ambulatory Care Summit took place on 29 June 2018 to share best practice and increase this throughout Cambridgeshire and Peterborough (specifically for Cambridge University Hospitals).

To conclude, the CCG has seen in some areas, over performance versus plan up to the end of the current reporting period. It is taking mitigating actions in all over performing areas and despite the limited 2018/19 financial impact of activity changes it is clear that it must deliver its activity plan for 2018/19.

See Background Documents for further reading.

3.6 The CCG can also report current performance, and how this compares to previous years, across three areas:

1. NHS Constitution and other Key Performance Indicators (KPIs)
2. NHS Outcomes Framework
3. Improvement and Assessment Framework clinical priority ratings: 2016, 2017 and 2018.

As follows;

NHS Constitution and other Key Performance Indicators (KPIs)

Directorate	Indicator	Target / Threshold	2016 / 17 Full Year	2017 / 18 Full Year	2018 / 19 YTD	2018 / 19 YTD is at:
Integrated Care	Estimated diagnosis rate for people with dementia	67%	61.3%	65.2%	64.2%	Jun'18
	MH - completed therapy and are moving to recovery	50%	47.7%	50.0%	51.0%	Jun'18

	Mental Health - CPA follow up < 7 days	92%	95.9%	95.9%	91.6%	May'18
Planned Care	Cancer - 2 week wait	93%	95.3%	95.2%	90.8%	May'18
	Cancer - 2 week wait breast	93%	95.9%	95.7%	94.6%	May'18
	Cancer - 31 day first definitive treatment	96%	98.0%	97.8%	97.1%	May'18
	Cancer - 31 day subsequent surgery	94%	97.5%	94.0%	95.7%	May'18
	Cancer - 31 day subsequent drug	98%	99.8%	99.0%	100.0%	May'18
	Cancer - 31 day subsequent radiotherapy	94%	97.0%	97.5%	98.4%	May'18
	Cancer - 62 day first definitive treatment	85%	84.9%	85.0%	81.3%	May'18
	Cancer - 62 day screening	90%	92.1%	87.3%	**81.4%**	May'18
	RTT % in 18 weeks	92%	93.0%	91.4%	89.9%	May'18
	Diagnostics - < 6 weeks	99%	97.7%	98.2%	96.9%	May'18
Quality and Safety	Safety - Incidence of MRSA (CCG/Trust Assigned)	0	0	4	2	Jun'18
	Safety - Incidence of C difficile	188	154	192	31	Jun'18
	Gram negative blood stream infections (GNBSI) rolling 12 month total	481	**524**	**557**	**562**	12 mths to May'18
	Respect: Mixed Sex Accommodation	0	**28**	**25**	**10**	May'18
	VTE Risk Assessment	95%	97.0%	96.5%	n/a	n/a
	Proportion of cases with a positive NHS CHC checklist, where the NHS CHC eligibility decision is made by the CCG within 28 days.	80%	n/a	**59.7%**	97.0%	Jun'18
	Proportion of all full NHS Continuing Healthcare assessments completed in an acute hospital setting.	15%	n/a	**33.9%**	3.3%	Jun'18
	Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care	1.163	1.104	1.077	1.079	Apr'18
	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	11%	12.4%	12.4%	12.4%	Apr'18
	Inappropriate antibiotic prescribing for UTI in primary care: Trimethoprim: Nitrofurantoin prescribing ratio	1.525	n/a	1.022	0.974	Apr'18
	Inappropriate antibiotic prescribing for UTI in primary care: number of trimethoprim items prescribed to patients aged 70 years+	21,795	n/a	19,436	19,163	Apr'18
Urgent and Emergency Care	A&E waits % in 4 hours	95.0%	**82.8%**	**86.9%**	**89.1%**	Jun'18
	Delayed Transfers of Care (bed days lost as % of occupied bed days)	3.5%	7.4%	6.7%	6.8%	May'18

	Ambulance Response Times: C1 an immediate response to a life threatening condition <7mins	07:00	n/a	08:47	08:22	May'18
	Ambulance Response Times: C2 serious condition <18mins	18:00	n/a	27:41	23:51	May'18
	Ambulance Response Times: C3 urgent problem <120mins	120:00	n/a	82:09	65:01	May'18
	Ambulance Response Times: C4 non-urgent problem <180mins	180:00	n/a	102:25	78:00	May'18

NHS Outcomes Framework (table 1 CCG; table 2 England for comparison)

Table 1: CCG

Ref	Indicator	CCG							
		2010	2011	2012	2013	2014	2015	2016	Trend
CCG OIS 1.1	Potential years of life lost (PYLL) from causes considered amenable to healthcare per 100,000	1,829.0	1,708.3	1,677.6	1,883.8	1,728.6			
CCG OIS 1.25	Neonatal mortality and stillbirth rate per 1,000 live births and stillbirths				5.0	7.9	5.3	7.3	
CCG OIS 2.1	Health-related quality of life for people with long-term conditions, average adjusted health status (EQ-5D™) score			0.779	0.769	0.763	0.769	0.761	
CCG OIS 2.2	Proportion of people who are feeling supported to manage their condition, directly standardised percentage			69.6%	67.9%	66.2%	65.4%	64.8%	
CCG OIS 3.1	Emergency admissions for acute conditions that should not usually require hospital admission, dasr per 100,000	925.2	967.3	1,040.1	1,055.0	1,147.7	1,177.8	1,204.3	

Table 2: England

Ref	Indicator	England							
		2010	2011	2012	2013	2014	2015	2016	Trend
CCG OIS 1.1	Potential years of life lost (PYLL) from causes considered amenable to healthcare per 100,000	2,082.1	2,041.7	2,003.1	2,027.4	2,064.5			
CCG OIS 1.25	Neonatal mortality and stillbirth rate per 1,000 live births and stillbirths				7.3	7.1	7.0	7.1	
CCG OIS 2.1	Health-related quality of life for people with long-term conditions, average adjusted health status (EQ-5D™) score			0.743	0.744	0.743	0.743	0.741	
CCG OIS 2.2	Proportion of people who are feeling supported to manage their condition, directly standardised percentage			66.7%	65.6%	65.1%	64.4%	64.3%	
CCG OIS 3.1	Emergency admissions for acute conditions that should not usually require hospital admission, dasr per 100,000	1,069.3	1,084.6	1,181.9	1,180.5	1,273.0	1,314.2	1,357.0	

Improvement and Assessment Framework clinical priority ratings: 2016, 2017 and 2018

Clinical Priority	Indicator	Code	Jul'16 Assessment	Jul'17 Assessment	Jul'18 Assessment
Diabetes	Patients who achieved NICE targets	103a	Greatest need for improvement	Inadequate	Not yet assessed
	Attendance of structured education course	103b			
Cancer	Cancers diagnosed at early stage	122a	Needs improvement	Outstanding	Outstanding
	Cancer 62 days of referral to treatment	122b			
	One-year survival from all cancers	122c			
	Cancer patient experience	122d			
Mental Health	IAPT recovery rate	123a	Needs improvement	Requires Improvement	Not yet assessed
	New: IAPT access rate	123b			
	EIP 2 week referral	123c			
	MH - CYP mental health	123d			
	MH - Crisis care and liaison	123e			
	MH - OAP	123f			
Learning Disability	LD - reliance on specialist IP care	124a	Needs improvement	Not assessed	Not yet assessed
	LD - annual health check	124b			
	New: Completeness of GP LD register	124c			
Maternity	Neonatal mortality and stillbirths	125a	Needs improvement	Not assessed	Requires improvement
	Experience of maternity services	125b			
	Choices in maternity services	125c			
	Maternal smoking at delivery	125d			
Dementia	Dementia diagnosis rate	126a	Greatest need for improvement	Good	Not yet assessed
	Dementia post diagnostic support	126b			
C&P CCG Overall Rating:			Inadequate	Requires Improvement	Inadequate

3.7 **Local A&E Four Hour Performance**

The CCG is furthermore able to provide data for the North West Anglia NHS Foundation Trust (NWAFT) for the months of April, May and June 2018, plus comment on next steps as follows:

Peterborough Hospital is part of the North West Anglia NHS Foundation Trust (NWAFT). NWAFT is not meeting the national target for 95% of patients to be seen within 4 hours in the Accident and Emergency department. However, as part of a plan agreed with NHS England, the Trust has a recovery trajectory to reach 90% by August 2018 and 95% by March 2019, to bring the Trust back in line with the national target. At both of the NWAFT hospitals (Peterborough and Hinchingbrooke) this trajectory is now being met.

The performances at each of the hospitals and the average across the Trust are as follows:

At Peterborough City Hospital

Target: **95%**	Recovery : **Mar'19**	Apr'18	May'18	Jun'18
	Local Trajectory	**84.90%**	**86.00%**	**87.30%**
	Actual	**81.00%**	**83.20%**	**88.50%**

At Hinchingbrooke Hospital

Target: **95%**	Recovery : **Mar'19**	Apr'18	May'18	Jun'18
	Local Trajectory	**84.90%**	**86.00%**	**87.30%**
	Actual	**84.60%**	**88.30%**	**91.20%**

Average NWAFT Performance

Target: **95%**	Recovery : **Mar'19**	Apr'18	May'18	Jun'18
	Local Trajectory	**84.90%**	**86.00%**	**87.30%**
	Actual	**86.23%**	**87.90%**	**91.41%**

The actions agreed and currently being implemented by the Trust to help them achieve the recovery trajectory are:

- Implement a robust GP streaming model, to manage patients with a minor condition who attend A&E. This will reduce the number of these patients seen in A&E, and enable the hospital to achieve an A&E performance of 98% for those minor patients who do not transfer to the GP streaming service
- Realignment of the Emergency Department staffing to match patient demand, reduce variations in clinical practice and optimise the skills available by implementing a recruitment drive has been completed
- Maximise the use of the Ambulatory Care Unit
- Review and redesign the current Medical Assessment Unit (MAU) assessment and pathways, to ensure patients have a short stay on the unit
- Design and implement discharge pathways for the 'top admitting' conditions (those which create the highest number of admissions)
- Maximise the use and efficiency of the discharge lounge, and open a discharge lounge at Hinchingbrooke Hospital
- Implement daily ward discharge target ranges, to increase discharge efficiency
- Reinforce and embed a sustainable 'Red to Green' process (a visual management system to assist in the identification of wasted time in a patient's journey through hospital)
- Additional staff engagement and training where required
- Implement a system-wide Stranded Patients Taskforce at Peterborough City Hospital and at Hinchingbrooke. These groups aim to reduce the number of patients who have been in hospital for 21 days or more by identifying what these patients are waiting for, how many could be treated in a different setting and agree a plan to facilitate their discharge
- CCG-led 12-week intensive system-wide action plan, to implement Discharge to Assess Integrated Discharge Teams, SAFER (a process blending five elements of best practice) and effective referral management of complex discharges. The system overall

is required to reduce the number of Delayed Transfer of Care (DToC) patients to 3.5% (patients clinically assessed as safe to discharge but something is delaying discharge).

4. CONCLUSION

4.1 The CCG has detailed here;

1. What national standards are set by the NHS Constitution for England
2. How the CCG is currently performing, with regards to referral times, constitutional standards and KPIs, NHS Outcomes, and the Improvement and Assessment Framework
3. How the local Trust is currently performing, with regards to waiting times at A&E
4. Next steps for addressing 2) and 3) versus the Constitution standards.

The CCG is committed to working with its partners in the local health system, including NWAFT, to ensure all efforts are made to provide patient services in line with the national Constitution.

5. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

5.1 The NHS Constitution for England:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

The Handbook to The NHS Constitution:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/474450/NHS_Constitution_Handbook_v2.pdf

Cambridgeshire and Peterborough CCG Governing Body paper 03.3 – Activity Report Month 2.pdf – from 03 July 2018 meeting. Accessible via:
https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2018-19/ ; select **03 July 2018** from **Categories** on the right hand side. The paper is on page 2 (click through the numbered pages below the list of papers)

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