Area	Clinical Pathway	Sub-pathway / Topic	Primary / Secondary etc	ELCA in-year assessment 2010/11	Performance gaps	*Existing National / Pan-London initiatives*	*Cross-reference with current sector initiatives*	Deliverability of existing initiatives in 2011/12 (RAG)	*Existing Tower Hamlets PCT Initatives*		*Existing City & Hackney PCT Initiatives*		*Existing Newham PCT Initiatives*		Quantification of Gap for 2010/11
Patient experience	Acute care	**Patient satisfaction**	Secondary	All 3 acute trusts had multiple patient satisfaction scores in the bottom 20% of the country (HUH 29 of 60 qns; NUHT 20; BLT 5). In addition, HUH and NUHT received responses in relation to Nursing Care that were assessed as "worse" than other trusts by CQC, overall.	Low levels of patient satisfaction relative to other trusts across the sector, but especially HUH and NUHT.						The Clinical Quality Review group review patient satisfaction surveys and follow up concerns with the Trust.				All 3 acute trusts had multiple patient satisfaction scores in the bottom 20% of the country (HUH 29 of 60 qns; NUHT 20; BLT 5). In addition, HUH and NUHT received responses in relation to Nursing Care that were assessed as "worse" than other trusts by CQC, overall. Trend improving slightly.
	Multiple / Not Applicable	**GP Patient Experience**	Primary	NPCT and TH performed worse than national and London averages on GP patient survey 09/10, including waiting times, quality of care, cleanliness, relationships. C&H generally better than London average, worse than National.	Poor patient experience for GP visits, particularly in TH and NPCT. GP 48 hour access is lower than national average (S11).		Primary Care Performance	Amber.	Partial - initiative targets Patient Access - aligning to pick up other areas	R	C&H monitors the GPPS results on a quarterly basis. Comparitive information is sent to all practices and poor performing practices receive a diagnostic visit. Local work aims for synergy with sector initiatives.	A			Current 48 hour GP access availability is average 76% for ELCA (74% NPCT, 76% C&H, 78% TH) versus 81% nationally. Contributing to high admission rates (refer Urgent and Emergency Care gap statement.) NPCT and TH performed worse than national and London averages on GP patient survey 09/10, including waiting times, quality of care, cleanliness, relationships. C&H
Productivity	Planned care	**Acute Productivity Measures (Planned Care)**	Secondary	Several measures indicate productivity improvements across the sector are possible, including: consultant-to-consultant referrals (A8), Excess Bed Days (A7), First to followup rates (A4, P2), day case rates (A6), DNA rates (P1).	Several measures indicate productivity improvements across the sector are possible, including: consultant-to-consultant referrals (A8), readmissions (A5), shortstay admissions (A1), LOS (A7), First to followup rates (A4), day case rates (A6).		Drive acute productivity to upper quartile	Red. Sector initiative focussing on C2C & F2FU.	Conducted through SACU with PCC support		CSP and Operating Plan initiatives for 10-11. Performance Monitored through Sector acute performance group and reported back to fortnightly CHPCT Directors meeting and monthly PBCE/CCE	A	First OP shift to community settings and Primary Care. Fup shift to community setting and primary care +20% decommissioned. In 2012/13 we will shift an additional 30,086 OPAs In 2013/14 we will shift an additional 29,183 OPAs In 2014/15 we will shift an additional 15,043 OPAs; Development of Integrated Health and Social Care Teams, Virtual wards, Redesign of the following existing teams: community matrons district nurses continuing care and community nurses specialist nurses home rehabilitation service intermediate care, respite and CC beds OTs, SLT, physiotherapies and psychology day hospital social care Activity reductions are expected in GP care, acute care and A&E Diagnostic wastage should be reduced The number of people dying in hospital should be reduced More self care will take place in the home; health and social care economic gain varying between 1.35 million pounds and 2.55 million pounds PA	G	The following figures are estimates of potential annual savings based on average tarrif costs. **FFU:** Achieving London average = £2.0M **Daycases**: Moving elective daycase rate from 61% to 65% = £1.26M (London av 61% also) [Savings only achieved if total beds reduced] **Excess Bed Days:** Reducing excess bed days by 2% towards London average = £494K **C2C Referrals:** Costed data not yet available. Current performance in line with London average. **DNA Rates:** Data not yet available **Identified potential savings = £3.8M**
Health Inequalities	Cancer	**Cancer Screening / Awareness and Early Diagnosis**	Cross-cutting	2008/9 data shows proportion of eligible population participating in breast cancer screening programme: TH (63.5%), CH (58.38) and NPCT (55.58) all below National (77) and London (65) averages (PCT breakdown not yet	Low proportion of the population participating in breast cancer screening programmes, though improving. Bowel cancer screening also improving from low base, cervical static. All a contributor to low overall one year survival rates	National Cancer Screening Programmes	Breast screening improvement programme	Red. Initiative covers breast scr only, with 3yr trajectory.	Developing cancer Strategy for Nov 10	G	Operating plan initiaitve 3: Feeling well, staying healthy		Community development approaches to increase screening uptake, developing plans for providing digital mammography services.	G	Improving one-year survival to England average would result in up to 90 people in INEL living 5 years or more beyond their diagnosis. Improving to best in England would result in up to 300 people in INEL living 5 years or more beyond their diagnosis.
		One year survival rates	Cross-cutting	Cancer 1 yr survival 2006 (%): CH 63.8, TH 58.7, N 56.3. Position in London is 19th, 29th and 31st respectively. TH and N are in bottom 10% nationally	One year survival is lower than London average for all three localities. Newham and Tower Hamlets have particularly poor outcomes and are in the bottom 10% nationally.				Developing cancer Strategy for Nov 10		Operating plan initiaitve 3: Feeling well, staying healthy		Engaging with public, patients, community partners to deliver preventative and health improvement services across a wide range of environments Developing prostate cancer clinic in community setting or in conjunction with West Ham Football Club Develop plans for providing digital mammography services in Newham and age extension of breast cancer services. Possibilities for this service are the use of symptomatic breast services at NUHT, or the Polysystem approach		See above.

Area	Clinical Pathway	Sub-pathway / Topic	Primary / Secondary etc	ELCA in-year assessment 2010/11	Performance gaps	*Existing National / Pan-London initiatives*	*Cross-reference with current sector initiatives*	Deliverability of existing initiatives in 2011/12 (RAG)	*Existing Tower Hamlets PCT Initatives*		*Existing City & Hackney PCT Initiatives*		*Existing Newham PCT Initiatives*		Quantification of Gap for 2010/11
Clinical Quality	Long-term conditions	**Variable management of vascular conditions**	Cross-cutting	Directly Age Standardised mortality rates for circulatory diseases 2006-8: (<75) CH 112.49, TH 120.52, N 118.84, L 79.38, Eng 74.8. Variable management of risk factors such as cholesterol (L3, L7, L13), blood pressure (L10, L12), HbA1C (L8). Also poor diet across sector a contributor (S3).	Management of vascular risk factors in primary care shows a mixed picture when benchmarked against London with examples of performance on indicators well above average, average and below average. Higher mortality in vascular conditions compared to London and England. Trends indicate that mortality rates falling at similar rate to elsewhere which means that the gap persists.		Shift setting of care for OP activity	Red. Scope does not address gap exactly - progress slow.	PCIP - Care Package	G			- Developing the existing vascular risk assessment service to deliver health checks to target populations Engaging with public, patients and community partners to deliver preventative and health improvement services across a wide range of environments Systematically assessing the target population to manage and reduce risk of cardiovascular disease Using point of care testing services during the assessment and supporting the outcome with a range of interventions suited to reduce and manage individual risk. - 15,000 checks each year. Creation of a Integrated multidisciplinary diabetes team that is consultant led and GP championed , Increase to 70% for patients with diabetes in whom the last HbA1C is 7.5 or less in the previous 15 months 50% reduction in emergency admissions with primary care diagnosis of diabetes by 2012 20% reduction in amputation rates by 2012 50% reduction in non-elective admissions with primary diagnosis of diabetes by 2012 50 % reduction in CVD events by 2012 Reduction in mortality rate to 70 per 100,000 by 2015	G	Application of best practice interventions across 100% of eligible population with CVD could reduce All Age All Cause Mortality (AAACM) rate per 100,000 by 75. (DH Modelling, 2006-8 data)
		Variability in management of COPD	Cross-cutting	COPD 12 % with COPD diagnosed and spirometry confirmed: CH 88.1, TH 92, N 81.6, L 89.2, Eng 90.5. COPD mortality rate also high (L4). **More evidence required.**	Performance on spirometry confirmed diagnosis in top quadrant for TH, below average for CH and bottom quadrant for N. COPD mortality rates high across the sector.		QIPP COPD Initiative		PCIP - Care Package	G					Application of best practice interventions across 100% of eligible population with COPD could reduce All Age All Cause Mortality (AAACM) rate per 100,000 by 21.69. (DH Modelling, 2006-8 data)
Productivity	Maternity and newborn care	**Maternity pathway**	Cross-cutting	Variable or poor outcomes across the sector relating to maternity pathway, including: c-section rates (N6, N3), 12+6 (N2), breastfeeding at 6 weeks (N1), patient experience (N9).	Variable or poor outcomes across the sector relating to maternity pathway.	H4NEL	Antenatal care pathway	Red - progress slow, exact scope tbc.	Contributions around early access (amber), breastfeeding (green)	A			Delivering maternity care in the community reduction of 50% of N1 attendances by 2013	G	- Homerton (27.2), NUHT (29.3) and BLT (24.7) all significantly above National (23.5) average C-Section rates. Achieving England average c-section rate = £150K saving for C&H alone. - Newham PCT breastfeeding rates half the national average (15.9%). - Low proportion of pregnant woment seeing midwife within 12 weeks at Homerton (43.5 % vs London 53.7 , England 61.9).
Clinical Quality	Mental health	**Quality of mental health care**	Mental Health	Recent SUI reviews highlighted shortfalls in performance at ELFT. Hospital admissions for mental health/100,000: CH - 678.45, TH - 516.22, N - 438.33, L 332.49, E 305.82.	Best practice mental health approaches not used consistently at ELFT. High rates of acute hospital admissions where mental health is a key contributor.		MH commissioning unit / Whole system review	Red- whole system review not yet commenced.			This area is covered under CQUIN and monitored as part of contract review process.				Whole system review in progress.
Productivity	Multiple / Not Applicable	**Community services**	Cross-cutting	Poor alignment of community services with primary/secondary care clinicians, contributing to poor outcomes, including high readmission rates. **[FURTHER EVIDENCE REQUIRED]**	Poor alignment of community services with primary/secondary care clinicians, contributing to poor outcomes, including high readmission rates.		Sector tariff for community services	Red- current scope unlikely to solve perceived gaps.							
Productivity	Unplanned Care	**Urgent and Emergency Care**	Cross-cutting	Poor performance in urgent and emergency care across various measures: UCC diversion rates (U1), GP Access (NA10),)A&E attendance and admissions (U3, U4), growth in ambulance activity (U5), shortstay admissions (A1), Readmission rate (A5)).	Poor sector wide performance and growth in urgent and emergency care.		Shift 40% of A&E activity to UCCs	Amber.	Urgent Care Strategy and programme - aligned with access and showing v good results eg A&E VO8 attendances reduced through increased GP Access	G	Key CSP initiatives are to Increase UCC diversion rate to 40%, the GP in CDU pilot and to align UCC model with sector approach		Developing a 24 hour primary care led centre delivering urgent care services on the existing A&E site at NUHT and operating a „see and treat" model The interim UCC is now treating 52% of patients attending A&E services. It is expected that increased hours, improved effectiveness and increased skills of practitioners will increase that to 60%	G	**0 LOS:** INEL currently near London average. 10% reduction = £1.6M **Emergency Admissions:** 85% INEL admissions are non-elective. Achieving London av (80%) = £2.3M **Readmissions:** 2010/11 rate 11.5%. Achieving 09/10 rate (10.55%) = £465K [Excluding effect of operating F/W changes] **Minor Attendances:** Transfer of 10% of "Minor" A&E attendances into UCC = £300K **Ambulance:** Potential savings 2011/12 through diverting 10% more to non-A&E settings, treating 5% more patients at scene, and referring 7% more without conveying = £465K. **Identified potential savings = £5M**