

Locality Performance Report August 2023

Part of Greater Manchester
Integrated Care Partnership



BURY
INTEGRATED CARE
PARTNERSHIP

Presentation by:

Contents



Section	Slide Number
Headlines	3
Urgent Care	4
Elective Care	5
Mental Health	8
Adult Care	10
Learning Disabilities	11
End of Life	12
Long Term Conditions	13
Community Services	14
Primary Care	16

August Headlines



Please note that unless stated, all intelligence relates to Bury registered patients at all providers.

In June 23, the total number of GP appointments increased by 8% on the previous month.

A&E attendances remain high and have not seen the usual seasonal drop. The high attendances impacted on A&E 4 Hour performance, decreasing by 2.1% in July and an increased number of patients experiencing 12 hour waits.

Elective waits have increased for the third consecutive month in July with 31,548 patients currently waiting. Patients waiting over 78 weeks decreased by 61% compared to May, with 25 patients remaining.

Cancer 2WW and 28 Days have both increased slightly on performance in June, this is despite higher referrals in the last two months, which is a trend seen across GM.

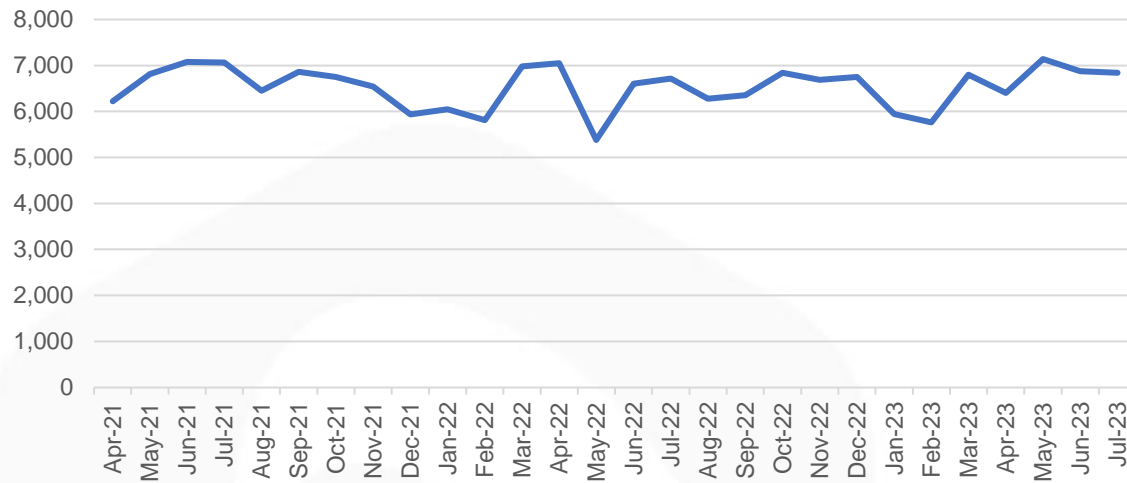
IAPT patients seen within timeframe has increased in June and Bury is currently performing better than GM.

The percentage of the Bury population on the palliative care register has increased in July.

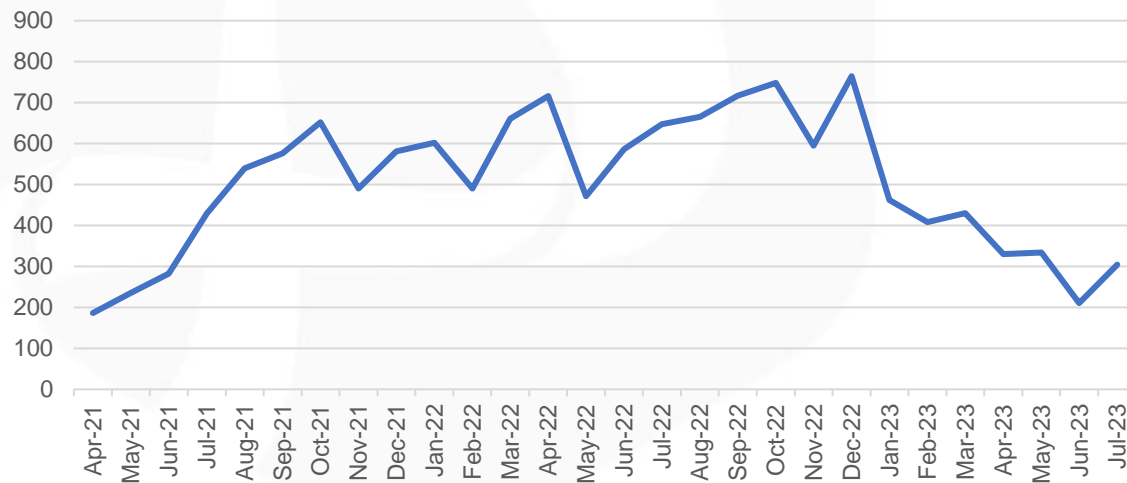
UCR 2 hour response was above the target of 70% in May at 75%, this was previously 60% in April.

Urgent Care

A&E Attendances



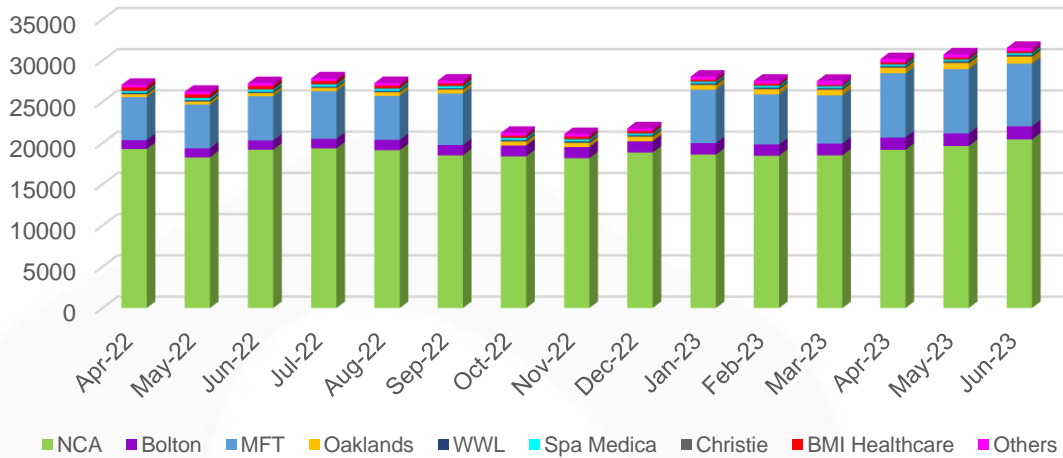
12 Hour Waits



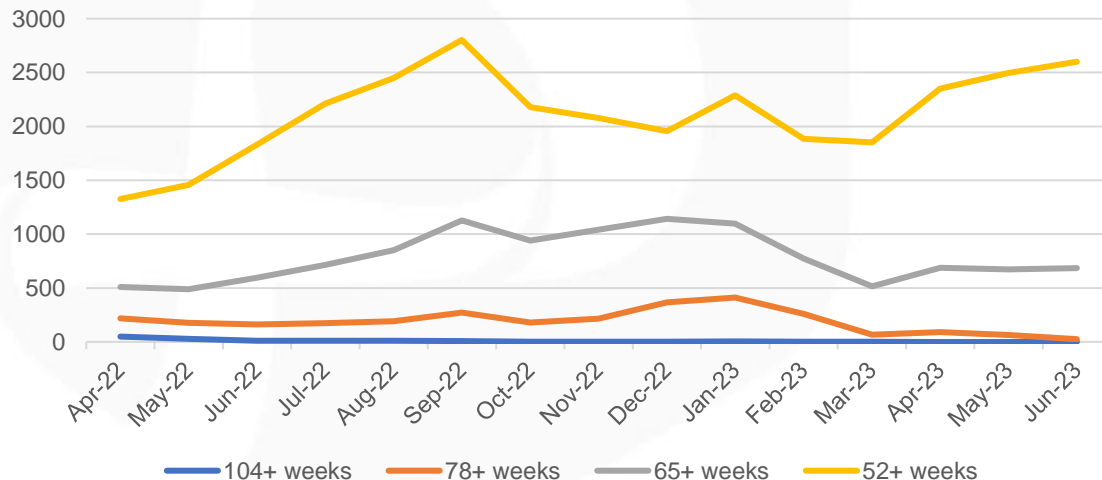
- There were 6,843 A&E attendances from Bury registered patients in July 23, broadly similar to July 22 (6,716). However, noting a slightly higher proportion of Adult attendances than usual at 78% of attendances this year compared with 74% in July last year.
- 4 hour performance in July was 70.6%, a slight decrease on the previous months performance of 72.7%.
- The number of patients experiencing 12 hour waits (from arrival) rose slightly in July to 304, after a downwards trend in previous months.
- A&E attendances for mental health conditions have stayed static in the last few months.

Elective Care

Bury Waiting List: All Specialties



Summary: Long Waits

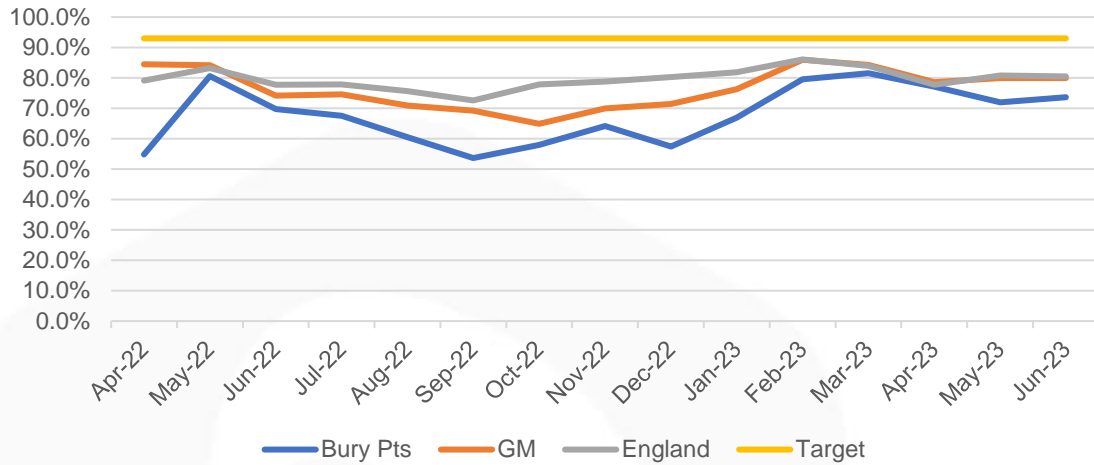


- Oct, Nov & Dec 22 elective waits impacted by lack of MFT data. Published data since January 23 now includes MFT.
- Published June data shows an increase on May 23 (+2.6%, +793 pathways). Since May 23 there have been small increases across some specialties with Dermatology showing a 8.5% increase and T&O showing an increase of 6.5%.
- Small reductions seen across seven specialties in June, Plastic Surgery (-6.8% since May) and Oral Surgery (-3.4% since May) .
- Immediate target was to eliminate 78+ week waits by Apr 23. These have decreased on May's figure by -61.5% in June. Primarily the decrease is in Oral Surgery. GM expected there to be approx 675 78+ week waits at end of March, figures show there were 1054.

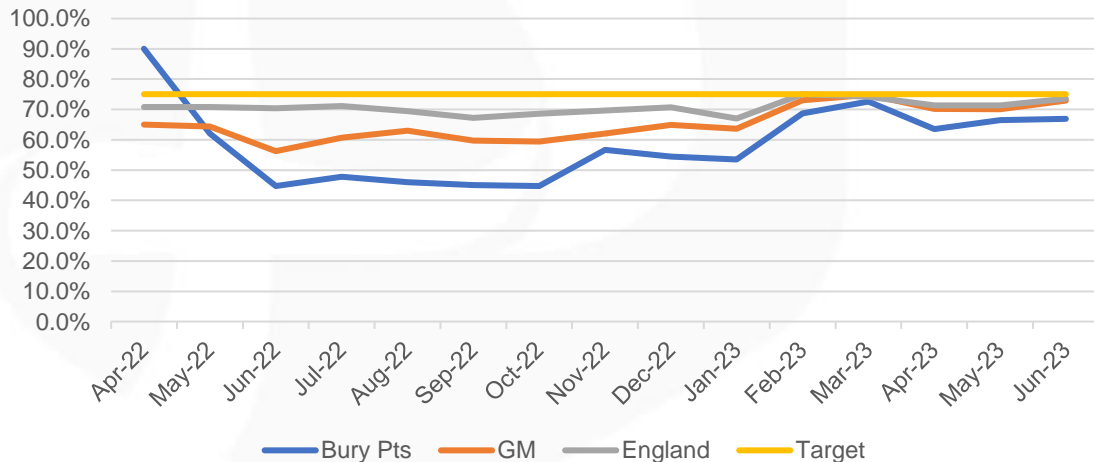
Elective Care



Cancer 2WW Performance



Cancer 28 Day FDS Performance



Cancer 2WW:

- Increase in performance in June to 73.6% for Bury patients, GM performance remained the same at 79.9%.
- Decrease by 1 to 266 breaches in June for Bury patients, 40% of which were in Skin (105) , up from 35% in May.
- Next highest were Gynae (80) and Breast (60)

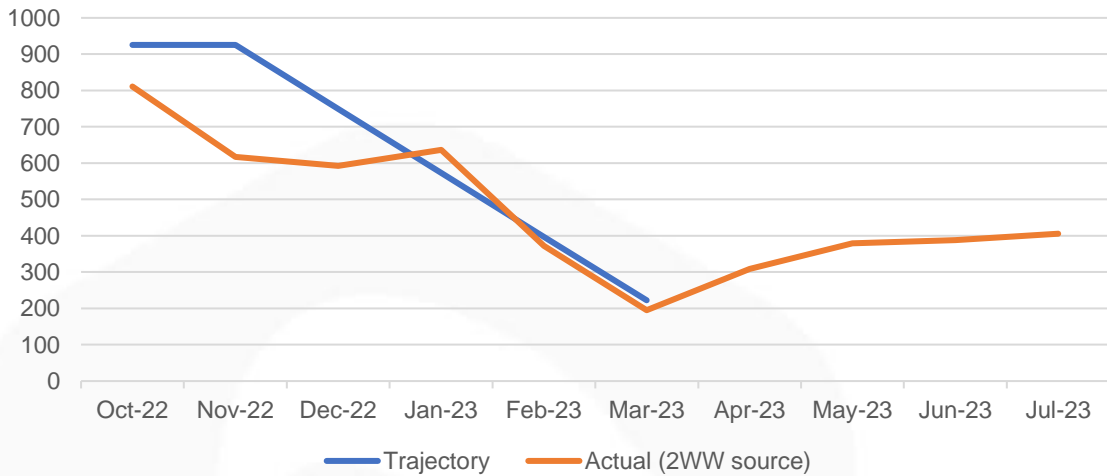
Cancer 28 days FDS:

- Increase in performance in June to 66.9% for Bury, however this is still below GM at 72.9%.
- Haematological cancers performance was at 40% in June, the second lowest of the tumour groups with only 2 referrals seen within timeframe.
- Gynaecology's performance is 22.5% for June which is a decrease on 29.0% in May.
- Skin Cancers have improved on 42.5% Performance for May to 61.7% in June.
- 23/24 guidance has restated the requirement to meet the 75% target by March 2024.
- Guidance also sets requirement to increase the % of cancers diagnosed at stages 1&2. Latest data (2020) shows Bury as 3rd best in GM at 53.6% compared to GM at 51.4%.

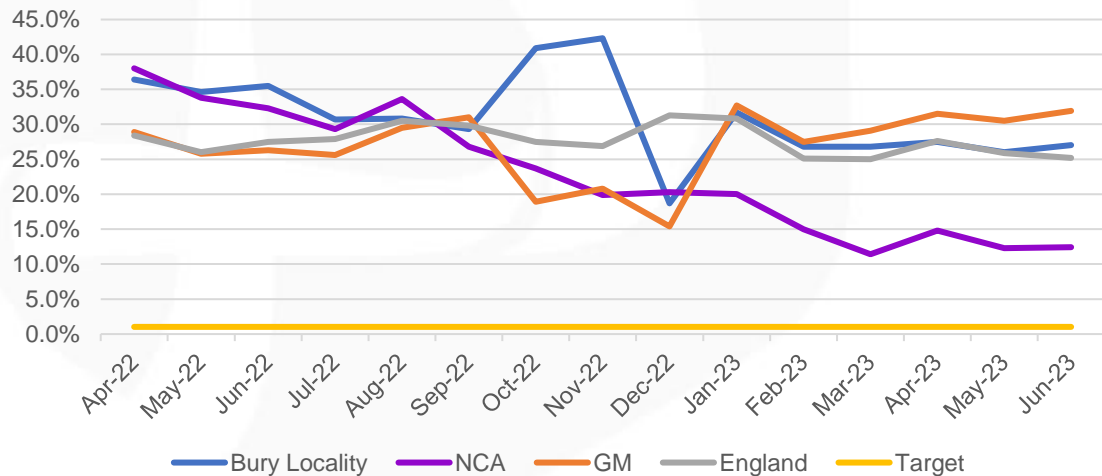
Elective Care



NCA Cancer Waits >62 Days v Trajectory



Diagnostic 6 Week Waits Benchmark



Cancer 62 day waits:

- 23/24 guidance sets the requirement to continue to reduce the number of patients waiting over 62 days.
- Current NCA target is 222 patients waiting >62 days by March 23. NCA is was below the trajectory but has increased again through the start of 23/24. NCA has a weekly cycle of improvement in place in dermatology, colorectal, urology and gynae with a view to recovering against the trajectory.

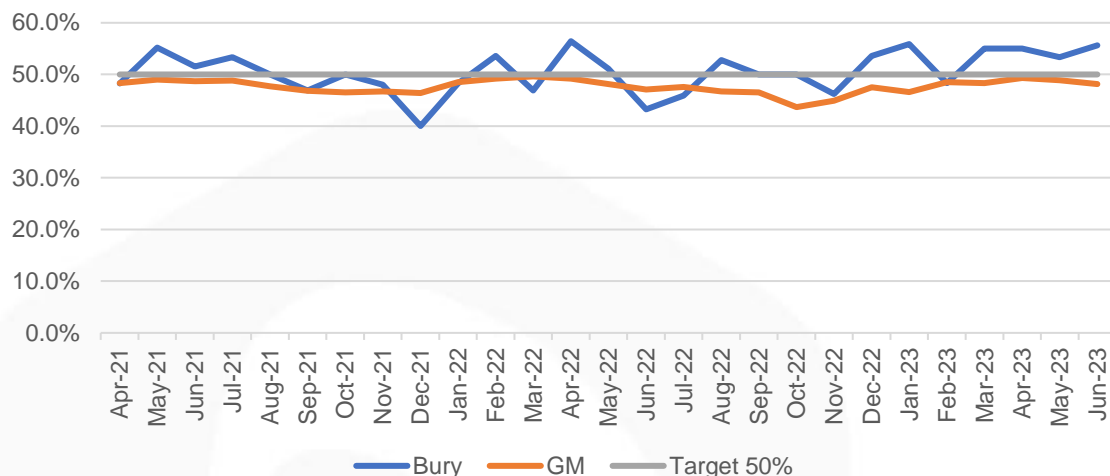
Diagnostic Performance:

- MFT Data is now included from Jan 23.
- June's performance of 27.0% is a slight decrease on the May figure (26.0%).
- Across November to January NCA performance has remained steady, but has seen increases and decreases since. Performance decreased from 12.3% in May to 12.4% in June.
- 23/24 requirement is to continue to work towards 95% of patients receiving diagnostic test <6 weeks by March 2025.

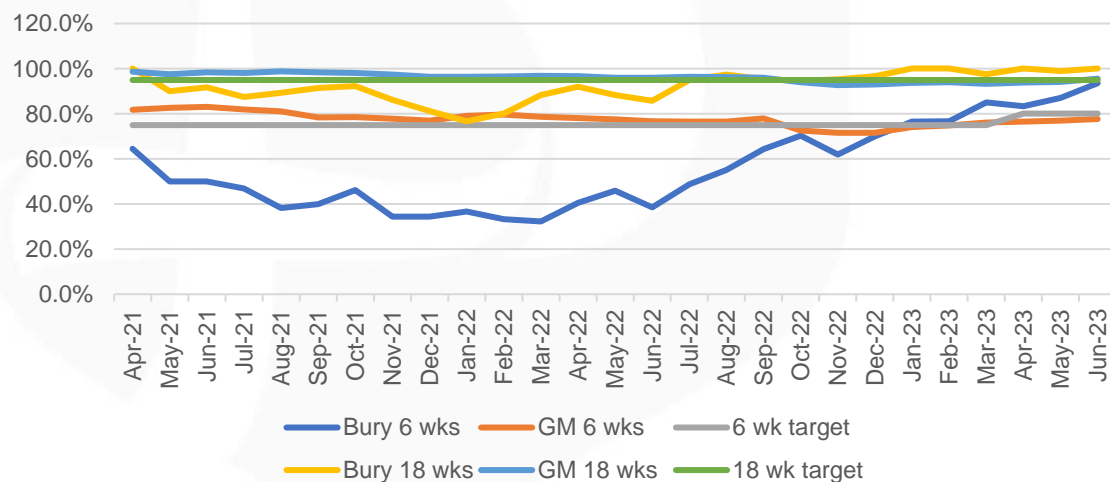
<https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PTL-TrustVersion/PTLWeeklySummaryReport?:iid=1>
<https://tabanalytics.data.england.nhs.uk/views/DiagnosticsWaitingTimesandActivityDashboard/PerformanceSummary?%3Aembed=y&%3Aiid=4&%3AisGuestRedirectFromVizportal=y#1>

Mental Health

IAPT Recovery Rate



IAPT Waiting Times

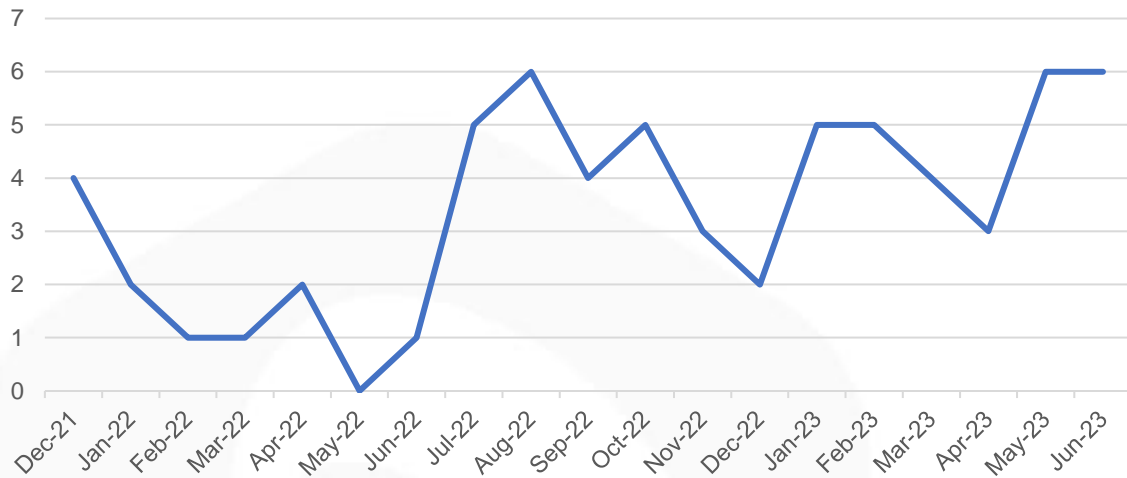


- IAPT: recovery rate – the rate for Bury has increased from May to June by 2.3%, with the current recovery rate at 55.6%. The GM rate decreased by 0.8% in June and is currently at 48.1%.
- IAPT: Seen within 6 weeks – the rate for patients seen within 6 weeks has increased by 6.5% in June with the current rate being 93.5%. This is significantly higher than the GM rate of 77.7%.
- IAPT: Seen within 18 weeks - the rate for patients seen within 18 weeks has increased by 1.1% in June with the current rate being 100%. This is higher than the GM rate of 95.5%

Mental Health

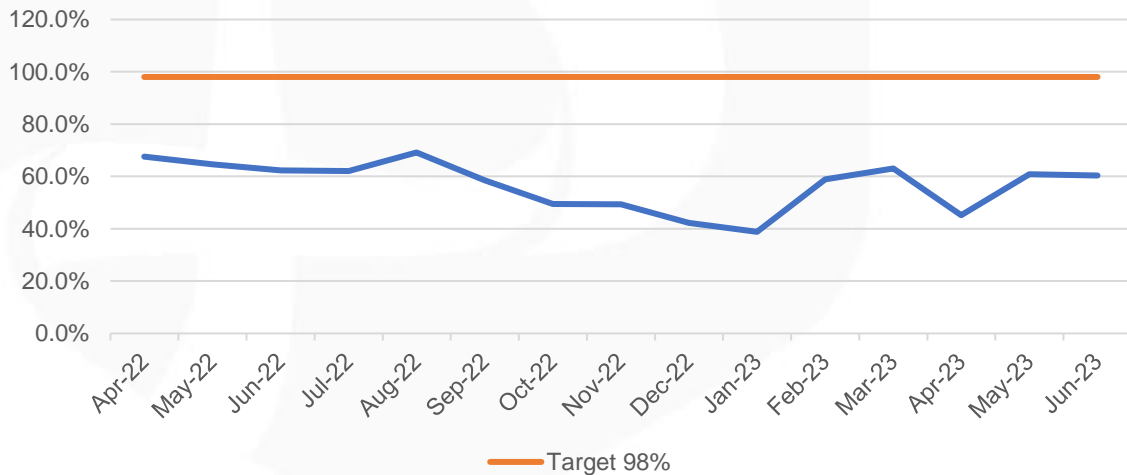


MH Out of Area Placements



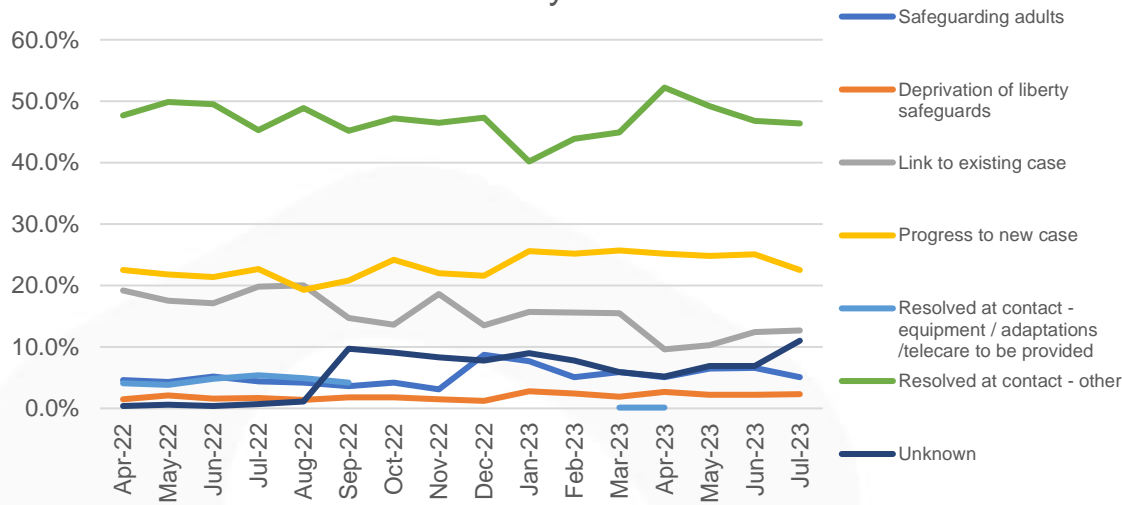
- MH out of area placements – the number of out of area placements in June has remained the same as May at 6.
- Access rate to Children and Young People’s Mental Health Services – A decline in the proportion of CYP commencing treatment within 18 weeks has been seen at PCFT across 2022/23 and reflects the increasing demand seen since COVID-19. A joint proposed investment plan has been developed for the Bury system which, if approved, would see increased clinical capacity within the core CAMHS service. June has seen a decrease from May by 0.5%.

CYP % commence treatment within 18 weeks (PCFT)

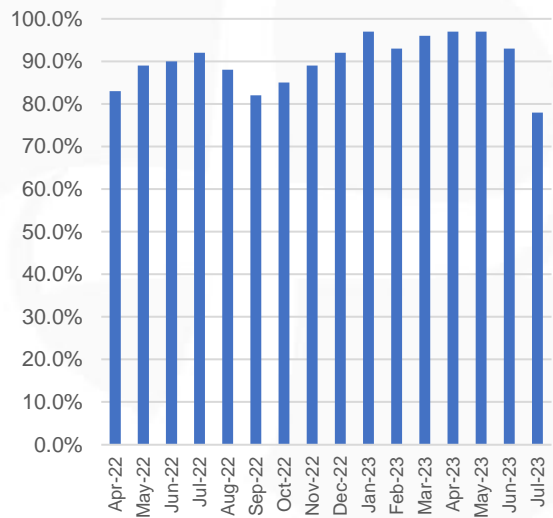


Adult care

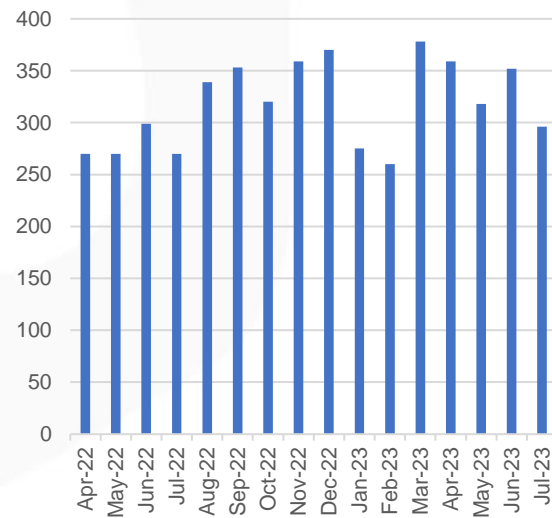
Contacts By Outcome %



ASC - IMC Occupancy (Killelea)



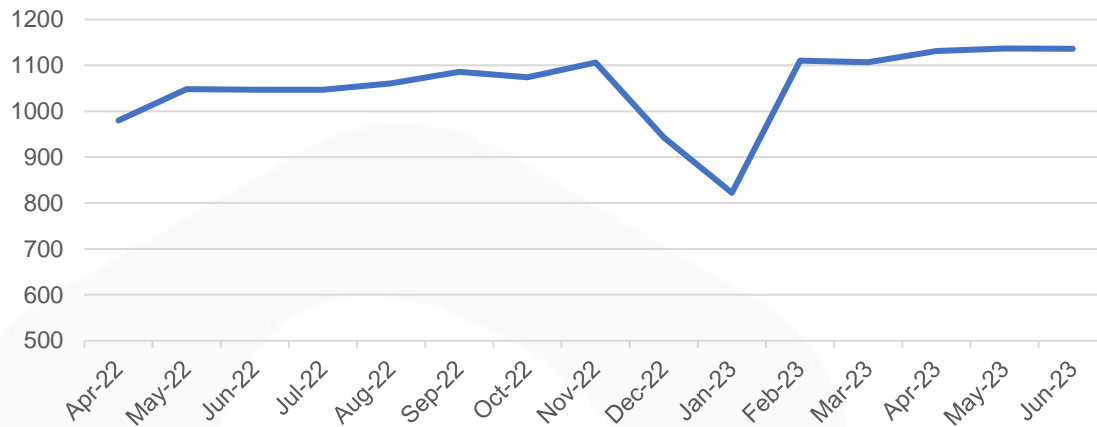
ASC - Rapid Response



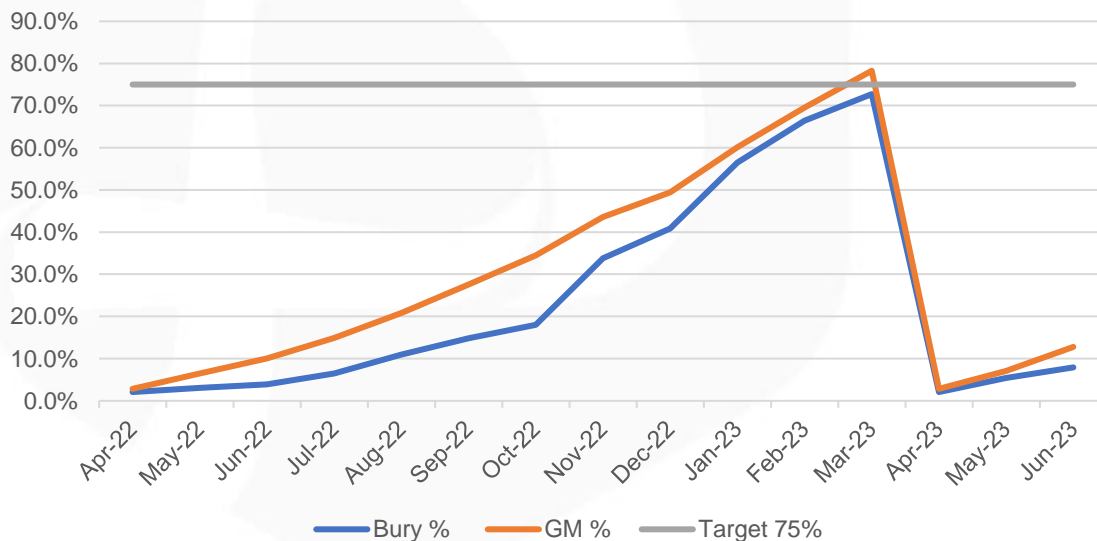
- The contact rate per 1000 population is not currently available from Aug 22.
- Contacts by outcome – 22.5% of contacts progressed to a new case in July, which is a decrease on 25.1% in June. 5.1% of contacts resulted in safeguarding in July, compared to 6.6% in June. The percentage of unknown outcomes increased to 11.0% in July from 6.9% in June, the highest it has been since Sept 22.
- IMC Occupancy for Killelea – Bed occupancy was down to 78% in July which is the lowest since February 22.
- ASC rapid response – Total referrals were down by 15.9% to 296 in July from June.

Learning Disabilities

Bury LD Register Size



LD Health Check Completion: Cumulative

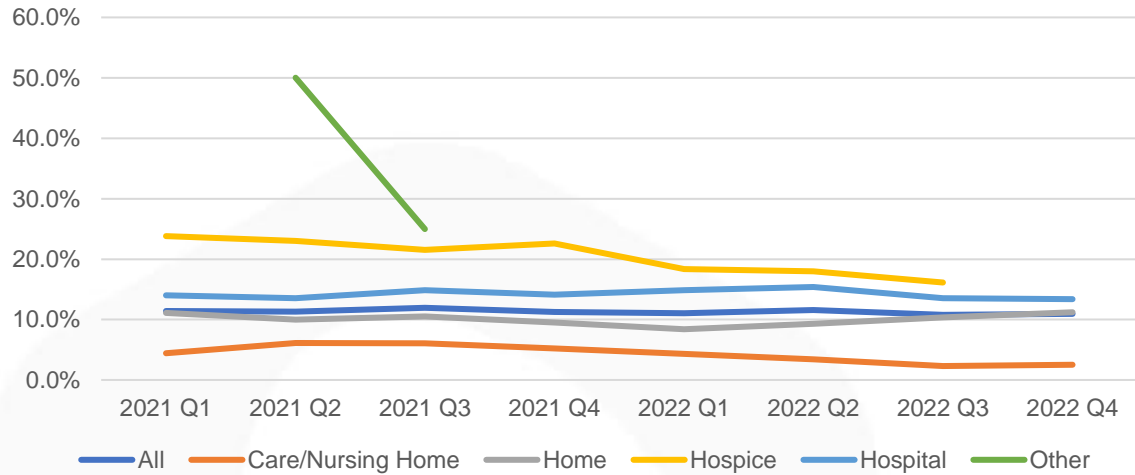


- LD Register: Requirement also to increase the LD register size. Register has increased by 15.4% in the 12 months to Apr 23 though as shown above a drop in register size is evident in December & January. This relates to data being included for only 23 of Bury's GP Practices. The missing data has been highlighted to the primary care team. Register size has decreased by one in June 23.
- LD Health checks: The cumulative position in 23/24 to Jun shows 7.9% of Bury patients have received an AHC. This compares to 12.7% for GM. Most AHC tend to take place in Q4.

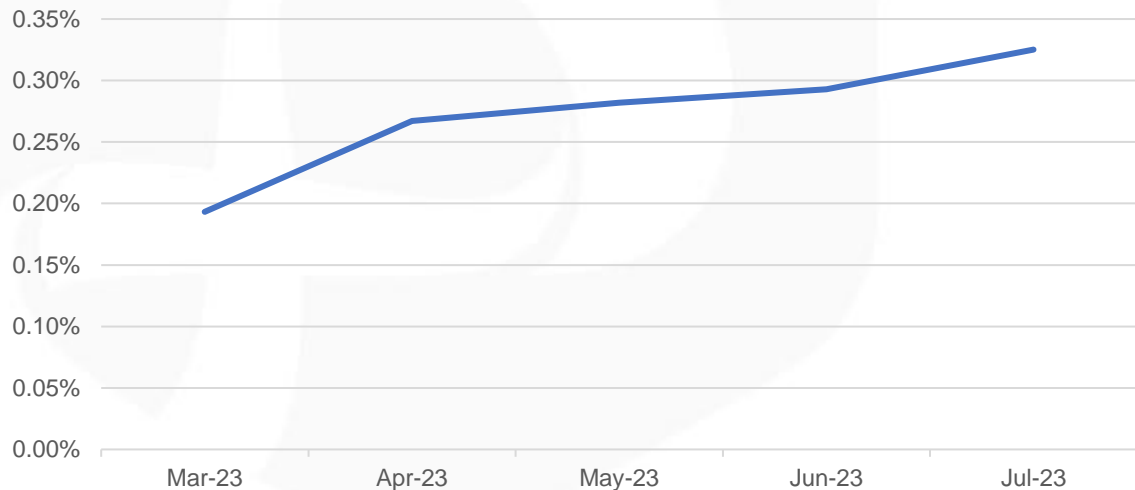
End of Life



3+ Admissions in the Last 90 Days of Life



% of Bury Total Population on Palliative Care Register



- Percentage of patients with 3+ admissions in the last 90 days of life – 11.0% of all deaths in Q4 of 2022 had three or more admissions in the last ninety days of life. Of those patients that died at home, 11.2% had three or more admissions, which was an increase from 10.4% on Q3.
- The percentage of the Bury population on the palliative care register has increased in July to 0.33% from 0.29% in June. This figure has been increasing each month.

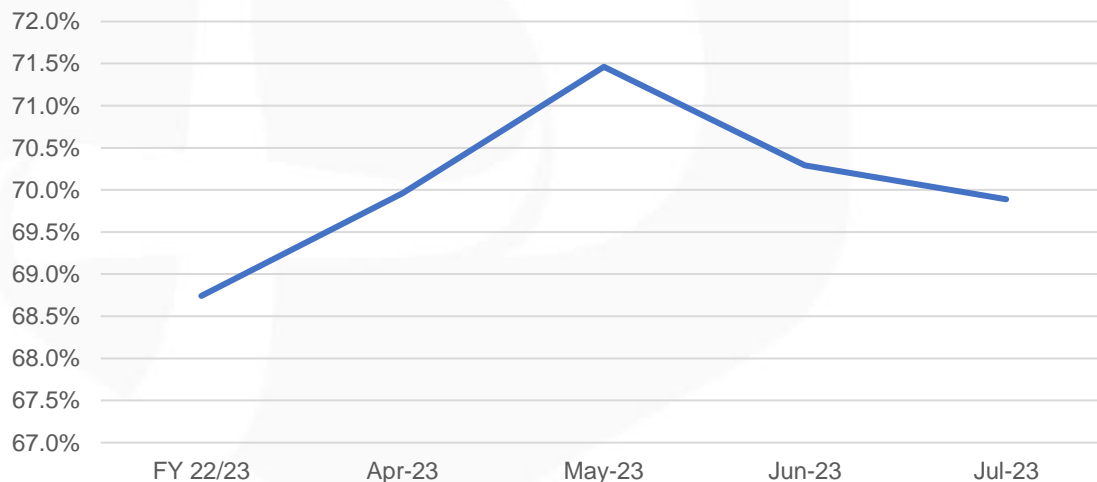
Long Term Conditions



Diabetes Type 1	All Eight Care Processes		
Bury	355	895	39.70%
England	107,795	265,910	40.50%
Diabetes Type 2 and other	All Eight Care Processes		
Bury	6,205	12,045	51.50%
England	1,985,545	3,436,315	57.80%

- Diabetes – For the period January 22 to March 23 39.7% of Bury patients with Type 1 diabetes had all eight care processes compared to 40.5% for England. 51.5% of those with Type 2 diabetes had all eight care processes compared to 57.8% for England.
- % of hypertension patients who are treated to target as per NICE guidance – 69.9% of patients were treated within target for July, which is a decrease on June which was 70.3%, however the YTD figure of 70.4% for 23/24 is still above to 22/23 figure of 68.7%

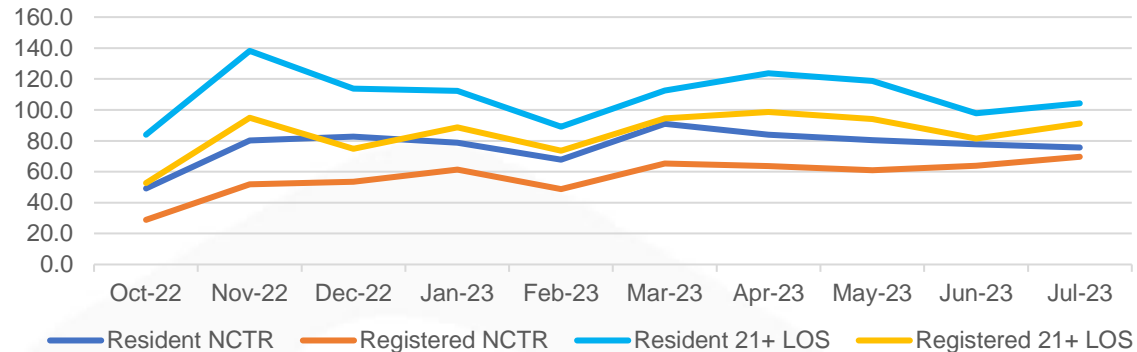
% CHD with BP>140/90 on Anti-Hypertensive Meds <6m



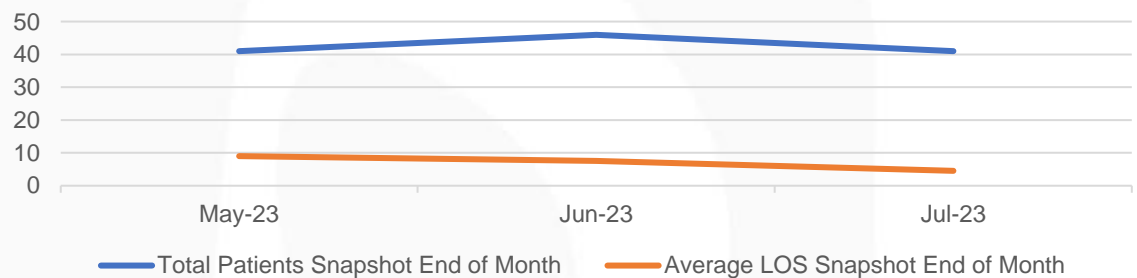
Community Services



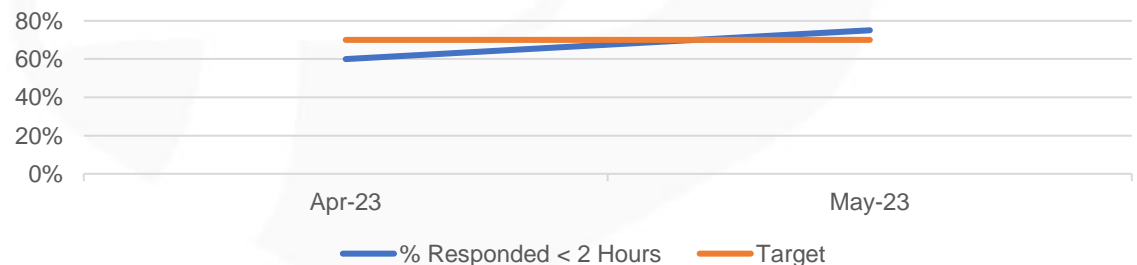
No Reason/Criteria to Reside (NCTR) & Super Stranded (21+ LOS) Patients



NCA Virtual Wards



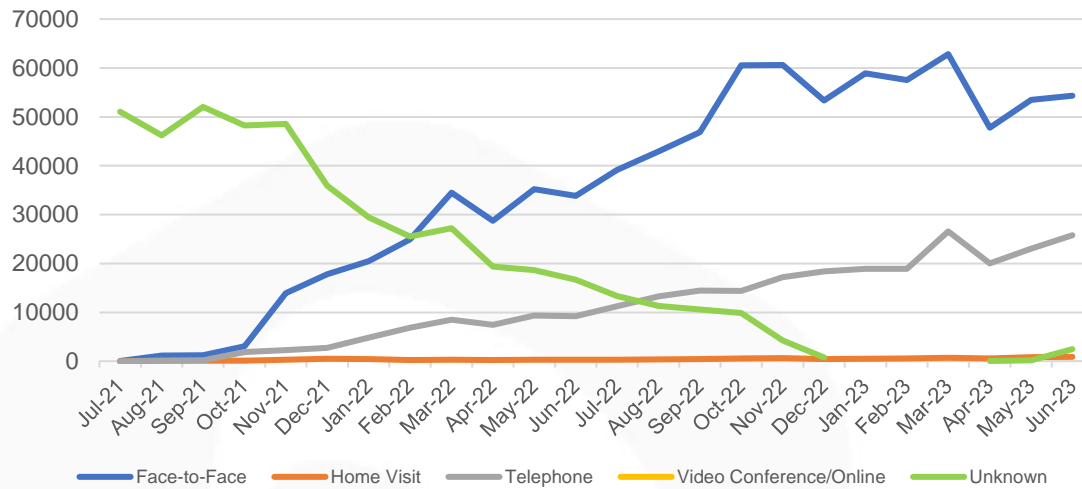
2-Hour Urgent Community Response (UCR)



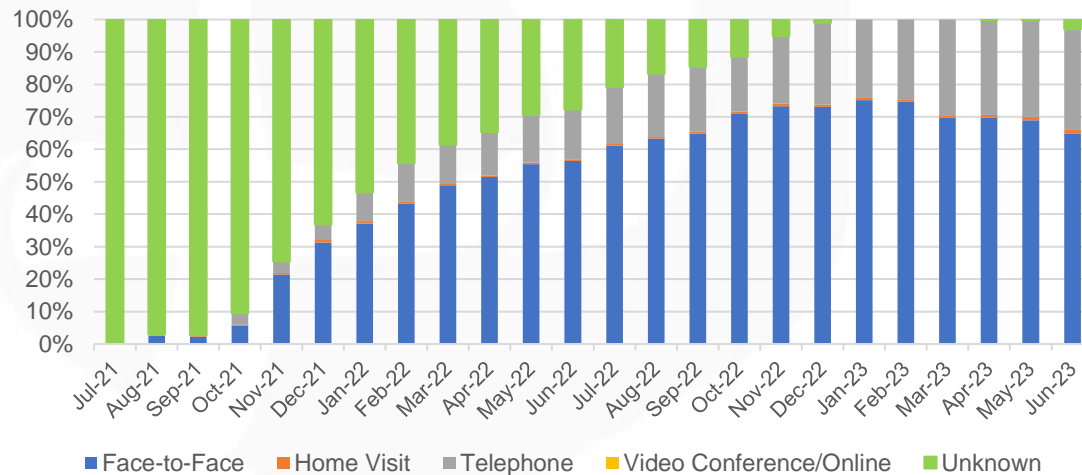
- NCTR monthly average for July was down by 2.8% for Bury residents to 75.6 from 77.8 in June. However the monthly average for registered patients went up by 8.9% to 69.6 from 63.9 in June.
- The average monthly length of stay since NCTR for residents has decreased by 9.3% from June to July, whereas the average for registered has increased by 0.8%. The average LOS for June for resident was 12.7 days and registered 12.8 days.
- The Super Stranded monthly average went up in July from June for both resident and registered with registered showing a larger increase of 11.9% from 81.6 in June to 91.3 in July.
- The total patient snapshots in Virtual Wards at the end of July decreased by 10.9% on June to 41 patients from 46. The LOS also decreased by 40% to an average LOS of 4.5 days at the end of July.
- UCR 2 hour response was above the target of 70% in May at 75%, this was previously 60% in April.

Primary Care

GP Appointments by Type



GP Appointments by Type %



- In June 23 the total number of GP appointments has increased by 8% on May 23.
- 64.9% of GP appointments were Face-to-Face in June 23 compared to 69.0% in May. Although the percentage split is lower for Face-to-Face in June 23 the number of appointments has increased by 1.6% on May 23.
- Home visits have increased by 5.6% in June but the percentage split by type remains at 1.1% for all appointments which was the same in May 23.
- The number of Unknown appointments types has increased significantly in June to 2463 appointments from 210 in May.