



NHS Hounslow Vital Signs Report 2008/09

Making Hounslow Healthier



Contents

Foreword: Chief Executive's Report	P. 2
Introduction	P. 3
Priorities for Health in Hounslow	P. 4
Our Performance	P. 5
NHS Hounslow's Performance Summary 2008/09 – Existing Commitments and National Priorities	P. 7
NHS Hounslow's Performance 2008/09 - Vital Signs	P. 8

Foreword: Chief Executive's Report

I am delighted to provide this report on our performance when measured against Vital Signs in the financial year 2008/09. I am committed to make public this performance report.

This year we have laid the foundations for improving health services and delivering our vision to 'making Hounslow healthier'. The challenge in 2008/09 has been to continue to drive forward a programme of major service improvement offering patients more choice, quicker availability and more locally accessible services, while ensuring we achieved financial balance.

We continued to develop our jointly commissioned services with the London Borough of Hounslow. We are working closely with our Local Government colleagues to ensure that we address the needs of our local population as we move towards the new Comprehensive Area Assessment (CAA) that came into force on 1 April 2009. Under the CAA regime the outcomes of children's services, health, adult social care, waste and recycling, fire, police and other services will be assessed collectively to produce a unified verdict on quality of life and value for money.

Using the World Class Commissioning (WCC) principles we have strived to drive up the quality of care across all aspects of our health services. In October 2008 we produced our Commissioning Strategic Plan (CSP), setting out how we intend to meet the healthcare needs of Hounslow residents and patients over the next five years. This identified four strategic priorities;

- reduce health inequalities and support health improvement
- improve health and wellbeing of children, young people and young mothers
- improve individual experience of high quality services;
- improve access to primary care services – including out-of-hours services, home and community support and care; and the promotion of good oral health.

I'm pleased to say that in Hounslow we are taking an active part in that process as we work to make our Borough healthier.



Nick Relph, Interim Chief Executive

Introduction

NHS Hounslow is responsible for the health of over 250,000 people living in Bedfont, Brentford, Chiswick, Feltham, Hanworth, Heston, Hounslow and Isleworth. We plan and commission a range of care and treatment to meet local health needs. We use NHS money to make a difference deciding how funds are spent locally, by arranging for healthcare in hospitals, in the community and by GPs, dentists, pharmacists and opticians; ensure that there are healthcare options and choices for patients; improve the standard of healthcare; and advise and help local people on staying healthy.

Our Vision

NHS Hounslow has an ambitious vision and plan to better deliver services and resources that respond to individual needs within the context of their family and local community and deliver increased life expectancy for all. We also aim to improve the health and wellbeing of the population of Hounslow to a level equal to or better than that of comparable areas in the UK, whilst reducing the inequalities that exist within our Borough.

This vision is straightforward and clear – that Hounslow will be a place where all our population has the opportunity to live better and live longer, with access to high quality health services.

Our Values

- be locally accountable – involving local public, patients and partners in decision making and governance arrangements
- respect and develop people – valuing diversity and equality, and the contribution of staff, the public and partners to the development of the NHS
- be responsible and sustainable – delivering services responsibly and taking account of environmental issues and sustainability
- be committed to quality and accessibility – ensuring that there is equitable access to consistently high quality services across Hounslow
- achieve together – working with local partners in the public, private and voluntary sectors to provide the right services at the right time, in the right place by the right people to deliver the right outcomes
- improve lives – putting improvement in health and wellbeing and the life expectancy of the community at the heart of everything NHS Hounslow does

We are committed to ensuring that by 2013 local people will;

- have improved lifestyles and wellbeing
- live longer and experience reduced health gaps
- experience safe and integrated services
- have access to the latest and most effective prevention and health treatments
- receive personalised and caring services

Priorities for Health in Hounslow

Public health activities in 2008/09 focused on the World Class Commissioning health outcome indicators. This focus is continuing in 2009/10 and sets the scene for NHS Hounslow's five-year Commissioning Strategy Plan. For further information please view the Commissioning Strategy Plan at <http://www.hounslowpct.nhs.uk/documents/Hounslowcommissioningstrategyplan>

The World Class Commissioning programme is transforming the way health and care services are commissioned.

World Class Commissioning will deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes.

There are four key elements to the programme;

- Vision
- Competencies
- Assurance
- Developing Framework

NHS Hounslow selected these indicators because they represent the broad healthcare needs of the Borough's residents and offer a challenging range of objectives for all those engaged in improving health inequalities in Hounslow. Some indicators are designed to address the causes of premature death in Hounslow, and others highlight how lifestyles and primary and community health services, particularly for the young and vulnerable, need to be addressed.

Public Health Indicators assessed as part of the Annual Health Check in 2008/09 included the following:-

- Stroke
- Hypertension
- Chronic Obstructive Pulmonary Disease (COPD)
- Smoking
- Obesity
- Teenage pregnancy
- Breast cancer screening
- Breast feeding

A detailed overview of performance in these areas can be found in NHS Hounslow's Annual Public Health Report 2008/09. This is available through our website: www.hounslowpct.nhs.uk

Our Performance

Our performance is measured through a number of measures, namely, Standards for Better Health, World Class Commissioning, Assurance Framework, Core Standards and Vital Signs.

Vital Signs measures our performance against national priorities and existing commitments, set by the Department of Health and helps us to make local choices and set local priorities. These targets are outlined in detail within the NHS Operating Framework and are included in Hounslow's Operating Plan and Commissioning Strategy Plan.

There are three tiers of indicators within Vital Signs;

- Tier 1: national targets and standards incorporating hospital acquired infections (HAIs), 18 weeks and cancer waiting times.
- Tier 2: national priorities for local delivery which include childhood obesity, smoking cessation and other public health initiatives focussed on reducing health inequalities.
- Tier 3: local priorities. This element allows NHS Hounslow, in conjunction with London Borough Hounslow, West London Mental Health Trust (WLMHT) and other local service providers, to agree which indicators they choose to drive service improvement. Focus is given to hard to reach areas of the borough where services will make the greatest difference to Hounslow's population. Inherent in this shared agenda is an emphasis on learning disabilities, patient/public satisfaction and social care

We are committed to publishing our performance in 2008/09 for all indicators within Vital Signs and to outlining Hounslow's plans for improving and developing services in 2009/10. This includes;

- a summary of NHS Hounslow's final position for all Vital Signs indicators in 2008/09;
- highlights of plans and activities taking place during 2009/10;
- an outline of the priorities and service developments for 2009/10 and 2010/11.

Annual Health Check 2008/09

The NHS watchdog, the Care Quality Commission, assesses the performance of all NHS trusts against Vital Signs on an annual basis. In 2008/09 this was carried out as part of the Annual Health Check during which every trust is subject to rigorous assessment of the quality of its' healthcare services and the management of financial resources. The Care Quality Commission assesses all trusts in accordance with the following methodology and scoring components.

Existing Commitments Scale

- Fully met
- Almost met
- Partly met
- Not met

Vital Signs Scale

- Excellent
- Good

- Fair
- Weak

Acute and specialist, ambulance, and primary care trusts were assessed against existing commitments and national priorities separately and learning disability and mental health trusts were subject only to a review of national priorities in 2008/09.

For further information on the Annual Health Check and the Care Quality Commission's scoring methodology, please visit: www.cqc.org.uk

Standards for Better Health

As part of the Annual Health Check, all NHS trusts are also required to make a self-assessment of their compliance against the Department of Health's 24 Core Standards for Better Health.

World Class Commissioning (WCC)

The WCC programme is designed to improve local health and wellbeing. In 2008/09 a variety of reviews assessed the quality of NHS Hounslow's strategy for improving health, its financial management and the leadership and processes of the PCT board. NHS Hounslow published its first "assurance" report for WCC in March 2009. The panel's comments included the following statement.

"NHS Hounslow is in the midst of a period of financial difficulty, but the Board is handling this well. The PCT has demonstrated recent successes and is beginning to take a leadership role in many arenas, particularly Healthcare for London. The panel believes that the PCT will continue its current improvement trajectory as long as it is able to make appointments in key vacancy areas, adopt a method of paced organisational development, and continue to shape a vision for the future while executing it at the same time."

Who Scrutinises Us?

As well as working in partnership with other local organisations, we also work with independent bodies who act as watchdogs over all decisions and proposals made by NHS Hounslow.

Local Involvement Networks (LINKs) are individuals and groups from across the community who are funded by and supported to hold the local health and social care to account. For more information and how to find out how you can join Hounslow LINKs go to <http://www.communityvoiceonline.org>.

Hounslow Health Overview and Scrutiny Committee (OSC) is made up of locally elected councillors and exists to scrutinise how NHS bodies operate healthcare services and how we run consultations on proposals for local development. The OSC has the authority to refer any consultation decisions made locally by the NHS to the Secretary of State for Health. We send updates on our proposals, decisions and expenditure to the OSC, and representatives from NHS Hounslow attend each meeting to answer questions and present proposals to the committee.

NHS Hounslow's Performance Summary 2008/09

Existing Commitments and National Priorities

Existing Commitments

Indicator
Access to GUM clinics
Ambulance Category A calls meeting 8 minute standard
Ambulance Category A calls meeting 19 minute standard
Ambulance Category B calls meeting 19 minute standard
Commissioning of crisis resolution services
Commissioning of early intervention in psychosis
Revascularisation
Data quality on ethnic group
Delayed transfers of care (DTC)
Diabetic retinopathy screening
Inpatients waiting longer than the 26 week standard
Outpatients waiting longer than the 13 week standard
Total time in A&E

2008/09

RAG	Score
G	3
G	3
G	3
R	0
R	0
G	3
G	3
G	3
R	0
G	3
G	3
A	2
A	2

No. of Existing Commitments Indicators Assessed 2008/09
Maximum Possible Score
Actual Score 2008/09
Achievement Rating 2008/09

13
39
28
PARTLY MET

Note 4

National Priorities

Indicator
Rates of Clostridium Difficile (All Providers)
Rates of Clostridium Difficile (WMUH)
Percentage of patients seen in 18 weeks - admitted
Percentage of patients seen in 18 weeks - non-admitted
Patient reported measure of GP Access
Cancer 2 week waits - GP referral to treatment
31 day referral to treatment for all cancers (inc. new cancer commitment indicators in Q4)
62 day referral to treatment for all cancers (inc. new cancer commitment indicators in Q4)
Breast Cancer screening for women aged 53 - 70 years
Chlamydia Screening Programme roll-out
Commissioning of CAMHS
Implementation of Stroke Strategy:
All-age all cause mortality rate per 100,000
Under 75s CVD Mortality Rate (per 100,000)
Under 75s Cancer Mortality Rate (per 100,000)
Four Week Smoking Quitters
Number of women who have seen a midwife at 12 weeks
Teenage Conception Rates
Childhood Obesity Data - Primary School Age
Children who complete immunisation by recommended ages
Breastfeeding status recorded
Number Drug Users in effective treatment
Self-reported experience of patients & users
NHS staff survey scores
Primary Dental Services

2008/09

RAG	Score
G	3
G	3
TBC	
G	3
G	3
G	3
A	2
A	2
G	3
R	0
G	3
G	3
G	3
A	2
G	3
R	0
G	3
R	0
R	0
R	0
TBC	
G	3
R	0

Note 1

Note 1

Note 2

Note 2

No. of National Priorities Indicators Assessed 2008/09
Maximum Possible Score (excludes indicators where results are not yet available)
Actual Score 2008/09
Achievement Rating 2008/09

23
63
42
WEAK

Note 4

NOTES

- 18 Weeks and C.diff indicators are assessed as being 1 target each with only 1 score achievable in both cases.
- TBC denotes targets that have not yet received final results for 2008/09. These have not been included in the scoring or rating on this report.
- RAG status and scoring are in accordance with NHS London and CQC guidance on the Annual Health Check 2008/09
- Results shown in this report are unconfirmed at this time and may be subject to further change. Final results published by the CQC in October 09.

NHS Hounslow's Performance 2008/09: Vital Signs

This section details NHS Hounslow's performance against Vital Signs targets in 2008/09. Each target records a RAG status (RED, AMBER, GREEN) to indicate target failed, underachieved or achieved respectively.

Tier 1: Vital Signs A

1)

<i>Clostridium Difficile</i>			
Number of <i>Clostridium Difficile</i> cases 2008/09	Trajectories for <i>Clostridium Difficile</i> cases 2008/09	Result (as a percentage)	RAG
201	254	79.13	G

2)

<i>Proportion of patients seen within 18 weeks for admitted pathways</i>			
Admitted patients waiting 18 weeks or less	Number of patients admitted	Result (as a percentage)	RAG
3372	3579	94.22	G

In 2008/09

- NHS Hounslow achieved the required aggregated position of 90% (admitted) and 95% (non admitted) for 2008/09.

In 2009/10

- NHS Hounslow continues to meet an aggregated position of 90% and 95%. However, with low numbers of elective admitted activity, it is difficult to ensure that this position is met by specialty consistently. The trusts have an operational patient tracker list that is being used by the clinical business units to proactively manage patients through their 18 week pathway.

3)

<i>Access to Primary Care</i>			
Respondents who were able to get an appointment the same day or in next 2 working days	Respondents who tried to get an appointment fairly quickly in the 6 months prior to survey	Result (as a percentage)	RAG
6350	8298	76.52	TBC*

* final results for this target will not be published by the Care Quality Commission until October 2009.

Improving Services Access

A number of activities and plans have been put in place for 2009/10 and these are continuing to develop. Key areas of focus include the following:-

- GPs need to receive data on 6–8 week checks and breast feeding achievement for their respective practices in order to assess their progress against target.
- GPs require up to date information on breast feeding services including National Childbirth Trust Breast Feeding Groups. Mailouts to all GP practices to ensure this is provided commenced in June 2009.
- NCT breast feeding advisors have been invited to attend the Hounslow Practice Managers Forum to promote awareness of breast feeding services.

Extended Opening Hours

- The Department of Health has set a requirement that at least 50% of GP practices in each PCT should offer extended opening (defined as before 8am and after 6.30pm Monday to Friday and weekends). Providing extended hours will enhance choice and convenience for patients as well as improving access, choice of practitioner and the opportunity to consult within 2 days.

2009-10

- The local specification for extended hours has been revised to include a criteria of 45 core opening hours before practices are eligible to provide this service. The target for 2009/10 is 44/57 practices (73%). As at early September 2009, NHS Hounslow had already ensured 47/57 practices had signed up to extended hours, thus achieving our target for 09/10.

4)

Breast Cancer Screening			
Women screened for breast cancer in the last three years (aged 53 - 70)	Women eligible for breast screening on 31 March 2008 (aged 53 - 70)	Result (as a percentage)	RAG
12473	18817	66.29	A

5)

Cancer Waits 31 Days (surgery and drug)			
Patients who received subsequent treatment (surgery and drug treatment) within 1 month	Patients receiving subsequent treatment (surgery and drug treatment)	Result (as a percentage)	RAG
63	64	98.44	G

6)

Cancer Waits 62 Days			
Patients treated in 2 months detected through GP, screening and consultant upgrade	Patients detected through GP, screening and consultant upgrade	Result (as a percentage)	RAG
27	29	93.10	G

In December 2008, the changes to waiting times for cancer treatments went live as outlined in the Cancer Reform Strategy (2007).

Key changes included:-

- The measurement of cancer waiting times was brought into line with the 18 weeks reporting methodology

- The range of cancer standards was expanded to include consultant upgrades, subsequent treatments and to ensure those patients identified by screening programmes were included within a 62 day pathway
- In order to monitor performance against these standards, Providers are required to collect data for a much larger volume of patients and episodes and no longer required to collect information about suspensions or clock pauses arising from patients' unfitness for treatment or from their taking time to think about and discuss their various treatment options. Therefore it was initially anticipated that Performance would be seen to reduce as fewer adjustments/pauses could be made to the patient pathway.
- NHS London, the London Cancer Network, National Cancer Action Team and providers and commissioners have worked closely together to achieve the cancer targets. Representatives from NHS Hounslow, Acute Commissioning and WMUH Cancer Services attended 2 separate workshops in November 2008. The first was facilitated by the National Cancer Action Team to help Providers and Commissioners understand and address issues involving the new cancer waits targets. The second workshop was facilitated by the West London Cancer Network and focused on the interface with cancer screening service.
- In addition to this there have been specific events organised for the MDT co-ordinators based in Provider Trusts who are responsible for tracking and reporting on patient pathways.
- The West London Cancer Network has further worked with Commissioners and Providers by facilitating a monthly "Cancer Waits Meeting" overseen by a network Cancer Waits Improvement Manager, a newly appointed post to support and sustain the delivery of the cancer targets. Recent work for the group has included a network access policy, with a patient leaflet for GPs to introduce to patients when referring them for an urgent 2 week wait appointment, other work has focused on an Inter Trust Referral form to ensure all data requirements are captured when patients are referred between Providers for treatment.
- NHS Hounslow has ensured that the cancer targets agenda is discussed and reviewed at the Cancer Locality Group attended by PCT and West Middlesex University Hospital representatives.

7)

Implementation of Stroke Strategy			
Patients who spent at least 90% of their time on a stroke unit	Patients who were admitted to hospital following a stroke	Result (as a percentage)	RAG
35	100	35.00	R

- Throughout 2008/09 issues with data validation and availability of services meant that the Stroke indicator only achieved 35% of its annual target (70%). A designated stroke unit and a thorough investigation into data procedures has led to a notable improvement in the target in Q1, 2009/10. The current position at the end of Q2 is 52% and it is anticipated that work on improving pathways and increasing bed capacity in the stroke unit will enable this target to be achieved by the end of 2009/10.

Tier 2: Vital Signs B

1)

All age all cause mortality rate per 100,000 population				
Directly standardised death rate 2008, per 100,000 population (using 2007 population data) (Females)	Result	Directly standardised death rate 2008, per 100,000 population (using 2007 population data) (Males)	Result	RAG
792	494.84	567	712.00	G

2)

Cardiovascular disease (CVD) mortality rate: people aged 75 or less		
Directly standardised death rate 2008, per 100,000 population	Result	RAG
88	77.10	G

3)

Cancer mortality rate: people aged 75 or less		
Directly standardised death rate 2008, per 100,000 population	Result	RAG
109	104.67	G

4)

Stop Smoking Target			
Target No. of 4 Week Smoking Quitters (annually)	Actual No. of 4 Week Smoking Quitters (annually)	Result (as a percentage)	RAG
1837	1696	92.34	A

- Hounslow Stop Smoking Service is currently 6th in London and 21st in the country (of 152) for **numbers setting a quit date** per 100,000 population.
- It is also 10th in London and 50th in the country for **quits** per 100,000 population.
- It is intended that greater GP involvement in 09/10 will help to boost the number of referrals to the service and ultimately the number of 4 week smoking quitters.

5)

Maternities			
No. women who have been seen for an assessment by a relevant professional by 12 weeks and 6 days of pregnancy	No. women who have been seen for an assessment by a relevant professional at any time during pregnancy	Result (as a percentage)	RAG
908	1222	74.30	G

6)

Under 18 conception rate per 1,000 females aged 15 to 17			
Conceptions to females (aged 15 - 17)	Females (aged 15 - 17)	Rate per 1,000 females (aged 15 - 17)	RAG
174	3710	46.90	R

7)

Obesity among primary school aged children (reception year)			
Children in reception year recorded as obese for their age in the past school year	Children in reception year with height and weight recorded in the past school year	Result (as a percentage)	RAG
295	2264	13.03	G

8)

Obesity among primary school aged children (year 6)			
Children in year 6 recorded as obese for their age in the past school year	Children in year 6 with height and weight recorded in the past school year	Result (as a percentage)	RAG
521	2299	22.66	G

Healthy Weight: Obesity

We have been working closely with a wide range of partner agencies on this important agenda, this includes a comprehensive Strategy and Action Plan in line with the headings suggested in Healthy Weight: Healthy Lives (2008). Key activities include:-

- effective local leadership and joint ownership and collaboration on Actions, Healthy Weight (HOOPS) Co-ordinator;
- development of greater local understanding of issues relating to Healthy Weight and overweight;
- national Childhood Measurement Programme (NCMP) in Hounslow;
- early prevention of weight problems to avoid problems in adulthood;
- training and capacity building.

Progress in 2009/10

- date of first meeting of High Level Strategic Steering Group agreed early October;
- recruitment process in progress for Healthy Weight Co-ordinator;
- progress on agreeing targets on hold. We believe that national action and support for this is likely to be forthcoming shortly;
- 94% children in YR and Y6 measured (target to measure 90%). Awaiting analysis and ratification of results from DH – expected early December;
- early years food and physical activity action plans to be discussed at first meeting of High Level Strategic Steering Group;
- weight management programme for minimum of 60 children is underway with first session due to start October 09.
- training audit of those who have already received training and development is being prepared to support purchasing of further pertinent resources.

9)

Immunisation			
Children immunised for each of: DTaP, IPV and Hib (at 1), PCV Booster (at 2), Hib and MenC (at 2), DTaP and IPV (at 5), MMR (at 2), MMR (at 5)	Children aged 1, 2 and 5 multiplied by the number of appropriate immunisations	Result (as a percentage)	RAG
12045	18887	63.77	R

- This target did not achieve in 2008/09 due to technical issues around data collection & quality. Throughout 08/09 and continuing in 09/10, IT specialists have been working with the Child Health team to resolve issues on RiO where this information is currently stored. It is anticipated that activities to improve systems and data reporting will ensure these issues are addressed and the target achieves amber or green by the end of 2009/10.

10)

Breastfeeding at 6-8 Weeks			
Infants with breastfeeding status recorded at 6 - 8 week checks	Infants due for 6 - 8 week checks	Result (as a percentage)	RAG
698	1012	68.97	R

- The target for breastfeeding in 2008/09 was not achieved due to data quality and service access issues. Plans are in place and work has commenced to address both of these areas. At present, NHS Hounslow is also working to improve data quality on child immunizations but once this has been achieved similar issues relating to 6-8 week checks and breastfeeding will also be addressed.
- Plans are also in place to encourage GPs through the Quality and Outcomes Framework (QOF), to gather breastfeeding data during the child health check and to code this via their clinical systems. This will then improve data collection processes and increase target numbers in 2009/10.

11)

Commissioning a comprehensive child and adolescent mental health service (CAMHS)			
Trust points	Points available	Result (as a percentage)	RAG
14	16	87.50	G

12)

Chlamydia Screening Programme			
Persons tested for chlamydia (aged 15 - 24)	The PCT population (aged 15 - 24)	Result (as a percentage)	RAG
4253	28300	14.52	A

13)

No. Drug Users in Effective Treatment			
Problematic drug users who were effectively engaged in treatment	Problematic drug users who were admitted into treatment	Result (as a percentage)	RAG
324	403	80.40	R

- During the course of 2008/09, Hounslow achieved its highest percentage of clients completing effective treatment interventions (12 week programmes), increasing from 59% to 80%. The DAAT has put in place an action plan to try and maximize the number of PDU clients being picked up via different routes, primarily the Drugs Intervention Programme. It is also aiming to actually numbers referred into and completing Tier 3 interventions.
- Arrest Referral Workers are currently carrying out increased “Cell Sweeps” which should see an increase in voluntary clients accessing the treatment system.
- The DAAT is also investigating the possibility of accessing the treatment system via satellite operations based at Lakeside and Cherry Tree facilities.
- Quarter 1, 2009/10 presented a particular quiet period with regard to new treatment journeys. All agencies recorded low numbers of referrals between May-June, with only 104 new PDU treatment journeys being reported across all agencies. On this basis, it is predicated that the target will remain RED in Q1, 2009/10 with the ambition of seeing improvements in quarters 2 and 3.

14)

Self reported experience of patients	
Experience of patients	RAG
281.98	TBC*

* final results for this target will not be published by the Care Quality Commission until October 2009.

15)

NHS staff survey scores-based measures of job satisfaction	
Staff Satisfaction	RAG
3.49	G

16)

Access to Primary Dental Services			
No. patients seen in the 24 month period ending 31 March 2009	Target No. patients (from mid-2007 population estimates)	Result (as a percentage)	RAG
136,593	220,600	61.92	R

Activities that have taken place in 2008/09 to increase dental access numbers include the following:-

- door to door mail shot in Hounslow informing people how to find an NHS dentist, NHS charges and general information about treatments;

- local radio interview re how to find an NHS dentist;
- local Press cover re how to find an NHS dentist;
- street campaign – we have sent out a street team to speak to the public about how to find an NHS dentist and booked them in directly to see a dentist, also incentivising patients with a free toothbrush. (Around 1600 patients have been booked in from this venture alone);
- dental stand in the treaty centre informing patients about NHS dentistry.

Future activities planned for 09/10 include the following:-

- posters for local business in the High Streets of Hounslow/Feltham;
- dental practices given a target number of new patients;
- interviews with local radio stations;
- dental stands and street activities;
- events for dentists informing them of the target and their need to work with the PCT to achieve this;
- joint activities with the stop smoking service to inform smokers of the advantages of seeing a dentist.

The issue in Hounslow is not about capacity, except in Chiswick and Feltham, but actually it is about uptake. Negative publicity when the new contract was first issued in 2006 caused people to assume there were very few dentists now offering NHS services. Street campaigns, leaflet drops and other publicity are now focused on raising awareness of the availability of services.

Tier 3: Vital Signs C (Local Area Agreement Targets)

1)

Proportion of adults assisted to live independently			
Indicator for adults aged 18 - 64	Indicator for adults aged 65 and over	Adults assisted through funded support to live independently or supported through organisations that receive social services grant funded services per 100,000	RAG
1431.37	2363.80	3795.17	R

2)

Number of delayed transfers of care per 100,000 population (aged 18 and over)			
Patients (acute and non-acute) whose transfer of care was delayed	Trust GP list population for 2008 for all patients (aged 18 and over)	Delayed transfers of care per 100,000 GP list population	RAG
48	172187	27.68	R

3)

Timeliness of social care assessment			
New clients where the time from first contact to completed assessment was less than or equal to 4 weeks	New clients (aged 18 and over) whose assessments were completed in the year regardless of which year the first contact was made	Result (as a percentage)	RAG
1873	2300	81.43	G

4)

Timeliness of social care packages			
New clients (aged 65 and over) where the time from completed assessment to receipt of all services was 4 weeks or less	New clients (aged 65 and over) whose assessment was completed and who went on to receive all services in the reporting year	Result (as a percentage)	RAG
978	1066	91.74	G

5)

Proportion of all deaths that occur at home		
Target	Actual (as a percentage)	RAG
16.4	18.64	G

6)

Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)			
Indicator for adults aged 18 - 64	Indicator for adults aged 65 and over	Adults and carers receiving social care through a direct payment and/or an individual budget aged 18 and over per 100,000	RAG
98.79	129.29	228.08	G

7)

Proportion of carers receiving a 'carer's break' or a specific service for carers as a percentage of clients receiving community-based services			
Carers receiving different types of services provided as an outcome of an assessment or review	Adults receiving a community - based service during the year	Result (as a percentage)	RAG
1135.00	5829.00	19.47	G

8)

Proportion of GP practices with validated registers of patients without symptoms of cardiovascular disease with an absolute risk of CVD events greater than 20% over the next 10 years			
GP practices with PCT validated registers	GP practices	Result (as a percentage)	RAG
30	56	53.57	G

9)

Rate of hospital admissions per 100,000 population for alcohol related harm		
Directly standardised rate of hospital admissions for alcohol-related harm per 100,000 population	Actual	RAG
870	1,114.85	R

10)

Proportion of patients with diabetes in whom the last HbA1c is 7.5 or less from the Quality Outcomes Framework (QOF)			
Patients with diabetes in whom the last HbA1c is 7.5 or less	Patients with diabetes	Result (as a percentage)	RAG
5777	9413	61.37	G

Language support

If you need help in translation of this Annual Report then please call: 0800 953 0672

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এই প্রচারণার জন্য আপনার অনুবাদের সাহায্য দরকার হলে 020 8583 2299 নম্বরে টেলিফোন করুন

اگر شما برای ترجمه این تشریح به کمک نیاز دارید لطفاً با شماره
0800 583 2299 تماس بگیرید.

ਜੇ ਤਮਨੇ ਆ ਪਤਰਿਕਾ ਨੂੰ ਆਪਾਂ ਨਰ ਸਾਫੇ ਸਦਕੇ ਜ਼ੋਰ ਨੀ ਡੀਯ ਤੋ, ਕ੍ਰਿਪਾ ਫ਼ੋਨ ਕਰੋ: 020 8583 2299

यदि आपको इस पत्रिका के अनुवाद के लिए मदद चाहिए तो कृपया
020 8583 2299 पर फोन करें।

Je li powy_sza broszura wymagana jest w innej wersji j_zykowej, prosimy o kontakt na
numer 020 8583 2299

پڑھنے والوں کے لیے - 020 8583 2299 آ کر آپ کو یہ معلومات کچھنے میں مددگار رہے گا۔ براہ کرم فون نمبر

Haddii aad doonaysid in lagaa caawimo tarjumaada liifetkan faadlan
soo wac 020 8583 2299

Feedback and comments

Please call our Patient Experience Team

0800 953 0676

pals@hounslowpct.nhs.uk

NHS Hounslow

Your local branch of the NHS. We are dedicated to making Hounslow healthier by:

- > looking at the health needs of our residents
- > planning services to meet their needs
- > buying (commissioning) health services for our residents
- > helping Hounslow residents to improve their health and to stay healthy

call: **0800 953 0676**

email: **pals@hounslowpct.nhs.uk**

website: **www.hounslowpct.nhs.uk**

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Please feel free to send us any comments or feedback on this Vital Signs Annual Report to:

communications@hounslowpct.nhs.uk