

London Health Forum: Second Health Indicators Report Quarter One, 2011/12

In its first health indicators report, the London Health Forum recognised the importance of monitoring outcomes as a measure of the quality of service provision in the capital. The second report is intended to contribute to that objective, and to provide a concise account of any changes in outcomes for the benefit of interested parties. As with the first report, the purpose of the indicators is not to provide definitive answers, but to identify some significant changes that may warrant further investigation.

The Forum has chosen four health indicators to monitor in order to track health performance in London during transition and beyond. This second report uses the most recent data released as part of the Information Revolution and highlights changes and emerging trends in the first quarter of 2011/12.

The last report raised some questions relating to the steep rise in early intervention and crisis resolution services across London boroughs. After extensive enquiries were made to follow up on these concerns, it emerged that the data provided to the Forum was faulty. Accurate data has now been received by the Forum, and is used in this report.

The four indicators that the Forum is monitoring are mental health interventions, accident and emergency waiting times, referral to treatment times and rates of immunisation. This report notes a steady increase in waiting times across the capital, as well as continued underperformance in immunisation rates across London.

1) Referral to treatment (RTT) – median and 95th percentile waiting times for admitted, non-admitted patients and patients still awaiting treatment (hospital)

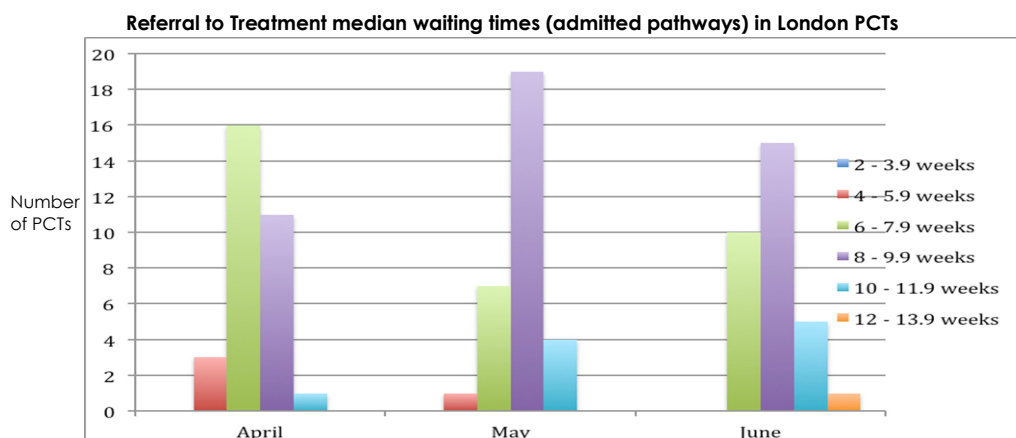
RTT data monitors the length of time from referral through to treatment and is published monthly for admitted, non-admitted and incomplete patient pathways. By monitoring RTTs, the Forum hopes to keep track of any significant breakdown in patient pathways as the commissioning of services moves from PCTs to commissioning groups. This report uses data from April, May and June of 2011.

Median waits

These indicators confirm that waiting times across London are rising. Looking at admitted pathways, it is clear that median waiting times in the capital increased steadily from April to June, from 7.6 weeks to 8.5 weeks. This trend is clearly of some concern, and will continue to be important to monitor as reform sweeps through London's health infrastructure.

Potentially of more concern, however, is the growing distance between waiting times in different PCTs. From the data for these months, it emerges

that the gap between the longest and shortest waiting times in London is growing. Further, PCTs with historically low waiting times are getting worse at a slower rate than PCTs that have tended to have longer waiting times in the past: far from levelling out as overall waiting times in the capital rise, disparities between areas are also increasing.



Some examples highlight these trends. In April, only one PCT had a median waiting time of 10 weeks or longer – in June, there were six with double-figure waits. This, while Harrow PCT and Brent Teaching PCT both posted median waiting times of 6.2 weeks in June, highlighting the significant differences between boroughs.

2) Immunisation – percentage of children completing programmes for a range of immunisations

London's typically low rates of immunisation increase risk for both individual children and for the population as a whole, with 90-95% immunisation needed for 'herd immunity'. Monitoring immunisation rates helps to identify potential disparities between boroughs, and to keep childhood vaccination high on the public health agenda.

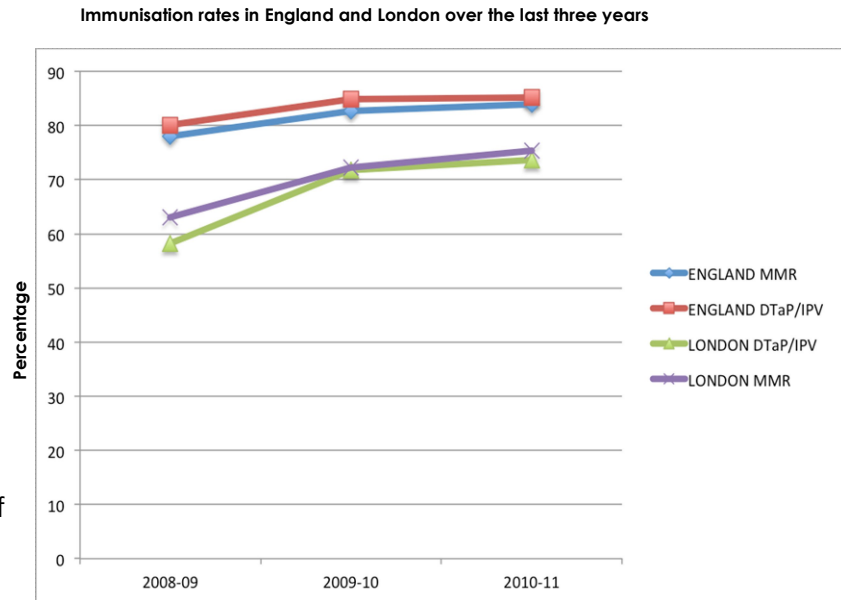
The latest data to be released by the Health Protection Agency relates to quarter four of 2010/11. This section therefore examines change between quarter three and quarter four of that year, and is consequently one quarter behind the other indicators examined in this report.

MMR and Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)

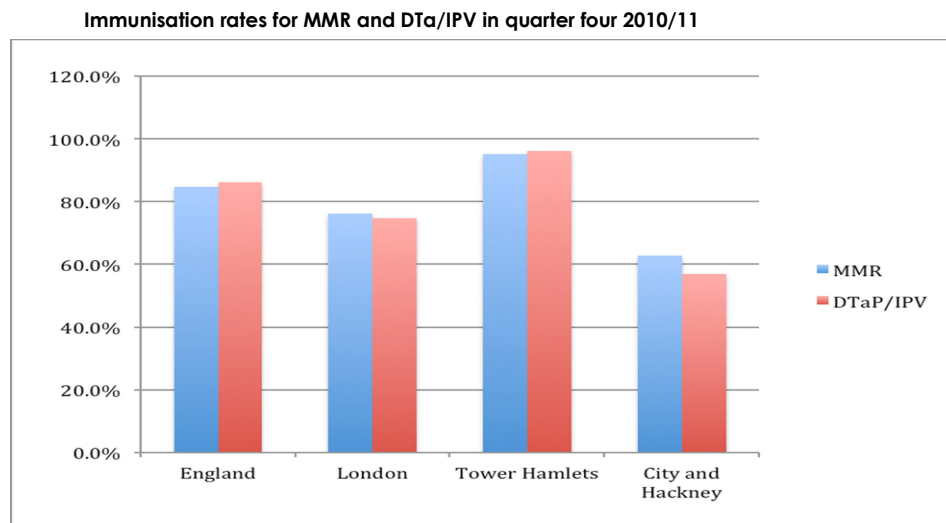
The Forum is monitoring immunisation rates for the second dose of MMR vaccine and the fourth dose of DTaP/IPV in five year olds in the capital.

London's historic under-immunisation continued in this six month period, with only 76.2% of five year olds in London given their second dose of MMR vaccine in quarter four. This compares unfavourably to an average vaccination rate in England of 84.5%. Similarly, only 74.6% of five year olds in London received their fourth dose of DTaP/IPV, compared with 86% of five year olds in England as a whole.

Looking at previous years, it is clear that London as a whole has steadily improved its immunisation rates. However, this has mirrored improvements in England as a whole, meaning that London continues to lag behind the rest of the country.



There were, however, some outlying results. While most PCTs had immunisation rates near the London average, a few were at extremes.



Tower Hamlets was particularly impressive, with an MMR immunisation rate of 95%, the third highest rate for any PCT in the country. However, at the other end of the scale, City and Hackney Teaching PCT had the lowest rate in the country, at 62.7%. Such variation, particularly given the clustering of PCTs and the merging of neighbouring areas through transition, is certainly of interest in monitoring immunisation rates.

3) A&E – quarterly A&E unit data showing performance against the 95% threshold plus activity numbers (hospital/PCT)

A&E attendance figures are of particular importance for London, where highly mobile and often hard-to-reach populations often use accident and emergency as a first point of call. Significant changes in the numbers of people accessing A&E are of particular interest to the Forum as they may represent shortcomings in the accessibility and delivery of primary care services.

In quarter one, London continued to account for a fifth of England's A&E attendances, continuing the trend from 2010-11. London accounted for only 15% of England's GP-registered population last year, raising concerns about London's reliance on A&E services.

The overall trend for A&E attendance in London has been an increase. Last year, London had 4.5% more A&E attendances than the year before, a trend that seems to be continuing this year, with 5.2% more A&E attendances in quarter one compared to the same quarter a year ago. During the changes taking place within the health service it will be important to monitor how London's A&E services cope during the extended transition period.

4) Mental health crisis resolution and early intervention services by Primary Care Trust

London has historically spent more on mental health than other Strategic Health Authorities (SHAs). It is therefore important to monitor mental health outcomes in the capital as accurately as possible. The Forum is examining two indicators: crisis resolution and early intervention services in London. This report analyses data from quarter four of 2010/11 to quarter one of 2011/12.

Crisis resolution

Crisis resolution is a community approach that can prevent admissions to hospital by treating adult patients in their own homes. A crisis resolution team is counted as having 'gatekept' a patient admission to an acute hospital if it has been involved in the decision-making process around that admission, or assessed the patient prior to their being admitted.

London's use of crisis resolution was high in both quarter four and quarter one, with very little change between the two. On average, London PCTs made use of crisis resolution teams for 97.5% of admissions to acute wards, comparing favourably with the average use of these teams in England as a whole. Indeed, 10 PCTs achieved 100% usage of crisis resolution teams for admissions to acute wards in quarter one, and no borough fell below the 90% mark: this demonstrates a continued strong performance for London's mental health services in this regard.

Early intervention services

Early intervention services usually work with people between the ages of 14 and 35 who are at risk of, or are experiencing, their first episode of psychosis. This can help to reduce the severity of the episode, and to reduce hospital stays, relapses and suicide rates.

Different PCTs made varying use of early intervention in quarter one, from four interventions in Havering PCT to 32 in Tower Hamlets PCT. Despite this difference, in London as a whole the use of early interventions remained at a similar rate as in quarter one of the previous year, showing a fairly stable provision of mental health services in the capital.