# PIA Locality Report

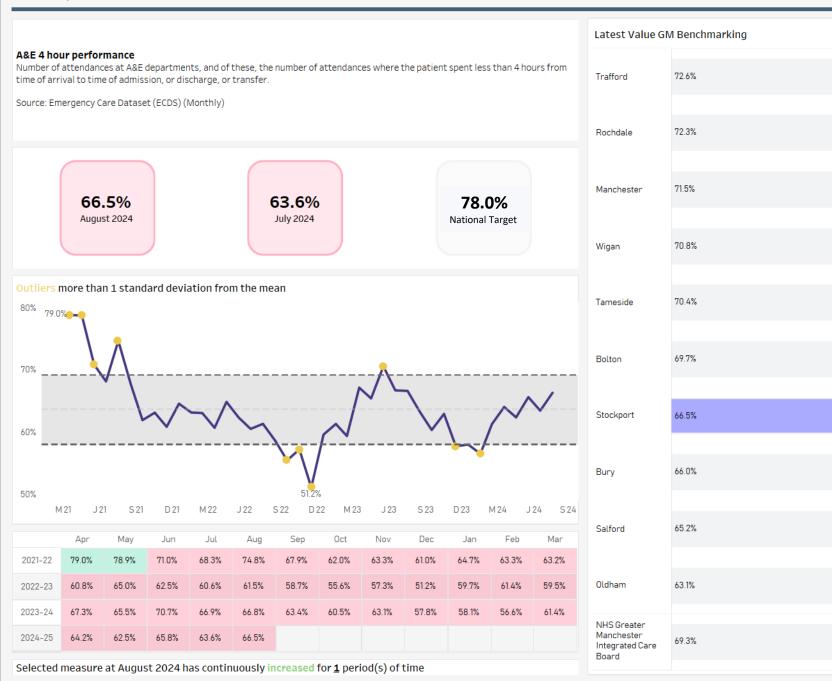
September 2024 Reporting Period up to August 2024

Show Definitions											
Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	Quartile
Urgent Care	N/A	A&E 4 hour performance	Monthly	Aug 24	66.5%	63.6%	Ø	76.0%	5,900	8,878	N/A
	N/A	A&E Attendances	Monthly	Aug 24	8,878	9,776	8	N/A	N/A	N/A	N/A
	S123a	Adult general & acute bed occupancy adjusted for void beds (Type 1 Only) (Stockport FT)	Monthly	Mar 24	94.8%	96.4%	8	92.0%	588	620	Inter
	N/A	No Reason/Criteria To Reside patients (NCTR) as % of occupied beds	Monthly	Aug 24	8.4%	9.8%	8	N/A	1,566	18,625	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Aug 24	2,881	3,408	8	N/A	N/A	N/A	Lower
Elective Care	EM07a	GP Referrals Made (General and Acute)	Monthly	Mar 24	5,878	6,139	8	5,744	N/A	N/A	Inter
	EM07	Total Referrals Made (General and Acute)	Monthly	Mar 24	9,564	9,712	8	10,411	N/A	N/A	Inter
Cancer	N/A	Cancers Diagnosed At Early Stage using Full Registration Data	Annual	Dec 21	53.3%	53.5%	8	75.0%	807	1,515	Inter
Mental Health & Learning	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Jun 24	16.2%	11.7%	Ø	75.%	269	1,662	Upper
Disabilities	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Jun 24	4,110	4,145	8	5,125	N/A	N/A	Inter
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Jul 24	75.5%	74.7%	Ø	66.7%	3,201	4,239	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar 24	790	695	Ø	0	N/A	N/A	Lower
	N/A	Number of MH patients with no criteria to reside (NCTR)	Monthly	Aug 24	8	5	0	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Aug 24	5.7%	7.5%	8	N/A	8	141	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental Illnesses	Monthly	Jun 24	1,445	1,415	Ø	3,625	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Jun 24	390	445	8	N/A	N/A	N/A	Inter
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Jun 24	265	260	Ø	N/A	N/A	N/A	Inter
	S125a	Long length of stay for adults (60+ days)	Monthly	Jun 24	62.5%	33.3%	Ø	0.%	25	40	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Jul 24	96.4%	95.4%	Ø	N/A	215	223	N/A
Primary Care	S053b	% of hypertension patients who are treated to target as per NICE guidance	Annual	Mar 23	73.3%	64.7%	Ø	77.%	36,567	49,866	Upper
	S053c	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	Quarterly	Mar 24	63.7%	62.6%	Ø	62.1%	9,755	15,320	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Jul 24	84.2%	83.7%	Ø	82.1%	133,398	158,413	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Jun 23	265	271	8	N/A	N/A	N/A	Inter
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Jun 24	104.6%	105.1%	8	87.1%	N/A	N/A	Lower
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Jun 24	7.2%	7.3%	8	10.%	14,858	205,717	Inter

## Stockport - Oversight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator					
Urgent and Emergency Care	Reduce adult general and acute bed occupancy below 92%	Currently available in the scorecard at trust level but not locality				
Primary Care and Community Services	Proportion of Urgent Community Response referrals reached within two hours	Currently available in the scorecard at trust level but not locality				
	% patients describing their overall experience of making a GP appointment as good	Build in progress				
	Proportion of virtual ward beds occupied	Currently unavailable at locality level due to inaccurate reporting				



#### Narrative

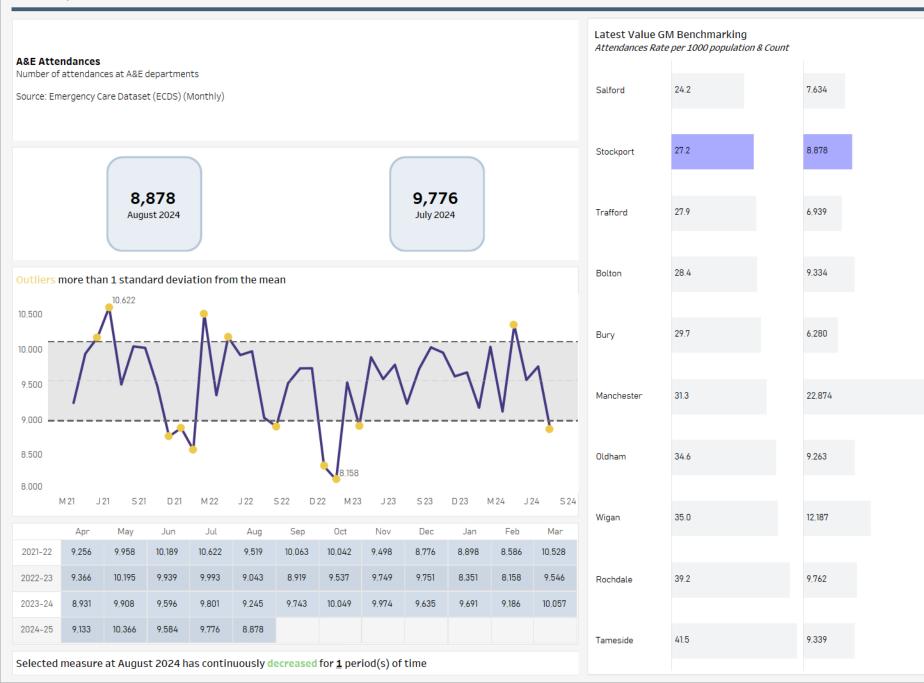
#### Updated: 13<sup>th</sup> September 2024

In August 2024, 66.5% of those who attended A&E waited less than 4 hours from arrival to either the time of admission, the time of discharge or the time of transfer. This is a 2.9% improvement on the previous month and remains 11.5% below the national target of 78%. A&E performance has continued in an upward trajectory since February 2024.

There is an urgent and emergency care plan which covers admissions avoidance, hospital flow and discharge elements. A jointly agreed Performance Improvement Plan is submitted monthly to GM and NHS England. It contains agreed actions from the Trust and Locality across (currently) thirteen workstreams, each of which contributes a percentage to reach the >78% performance target. This includes improvement in Intermediate Care, Brokerage, Home First, reducing long length of stay in community beds, and increasing virtual ward utilisation. 3 workstreams are aimed at improving internal flow:

- Increasing the percentage of patients being assessed and streamed within 15 minutes of arrival by reviewing and streamlining the pathways from front door to triage.
- Mobilising the new in-house Urgent Treatment Centre and increase utilisation of the service.
- Reducing the amount of time taken for patients in ED to receive key diagnostics including blood results, x-rays and CT scans.

Workstreams report through internal trust governance and the Locality Safe and Timely Discharge Group, highlights of which are received by Stockport Urgent and Emergency Care Delivery Board.



#### Narrative

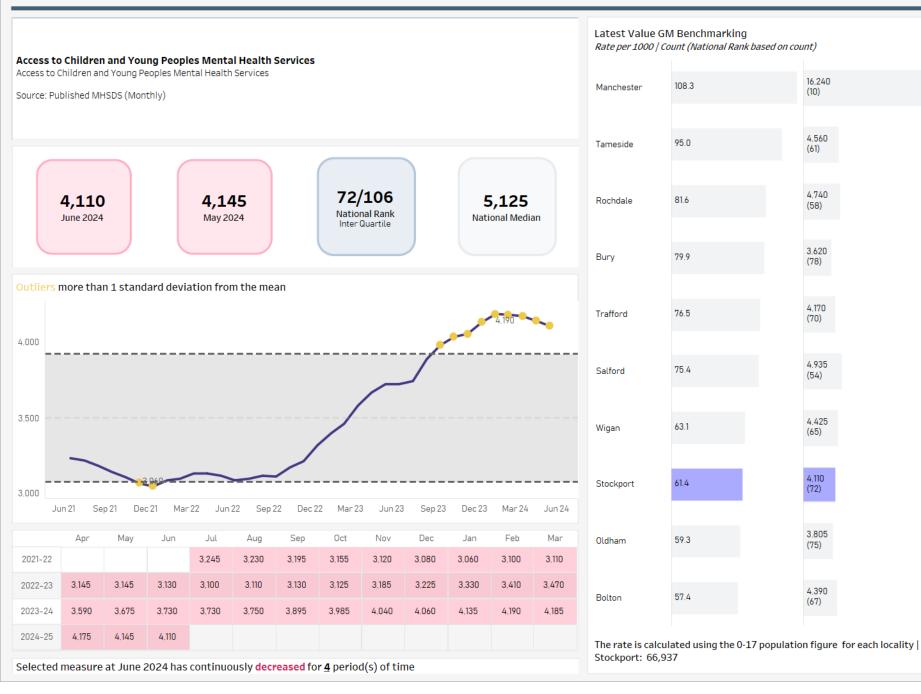
Updated: 13<sup>th</sup> September 2024

In August, there were 8878 attendances in A&E (5904 being seen within 4 hours).

Attendances in August 2024 were amongst the lowest recorded in recent years; lower than that recorded in the same period in August 2023 (-367), August 2022 (-165) and August 2021 (-641).

Stockport continues to have amongst the lowest A&E attendances per 1000 population in Greater Manchester (27.2 per 1000), second only to Salford (24.2). These are attendances regardless of residence as a rate per 1000 of the GP registered population of Stockport.

Despite this, the previous slide describing the hour A&E target still remains challenging for the Trust to achieve.



#### Narrative

#### Updated: 13<sup>th</sup> September 2024

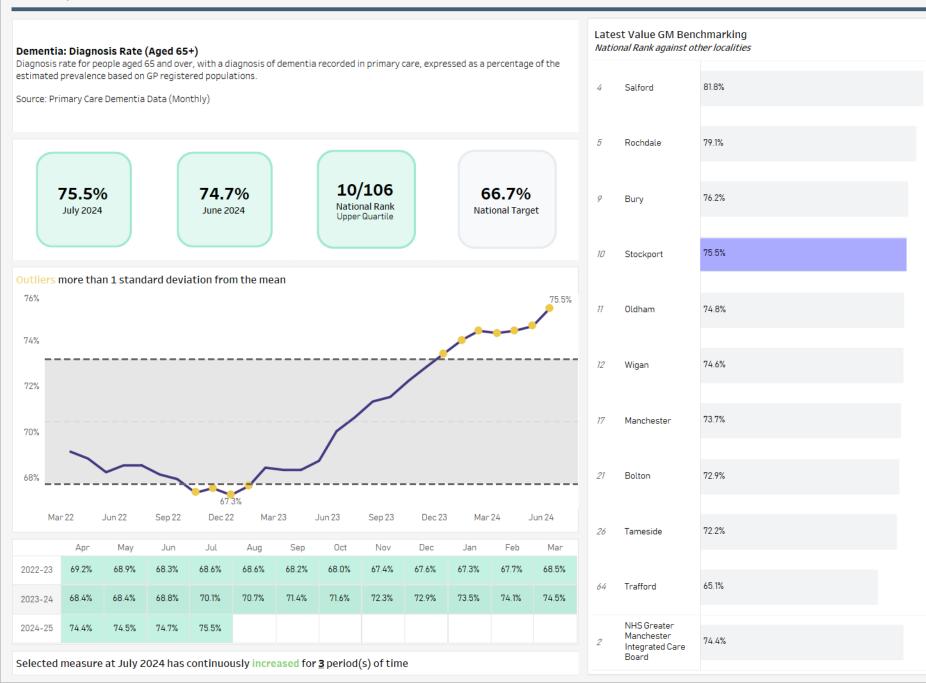
As of June 2024, Stockport had 4110 children and young people accessing mental health services; 1015 below the national median.

There has been a general increase in access from September 2022 that coincides with the mobilisation of Mental Health Support Teams in schools.

We are now beginning to see the contacts plateau which will continue over the summer during holiday season due to the Mental Health Support Teams not operating but is expected to increase from September onward.

CAMHS are almost fully recruited to their workforce and staff are at capacity. We will see a steady increase from the Mental Health Support Teams in Schools as the teams expand and increase their offer.

We are also exploring how we report to the Mental Health Services Data Set from Stockport NHS Foundation Trust to capture the 1,000 Children and Young People on the ADHD pathway.



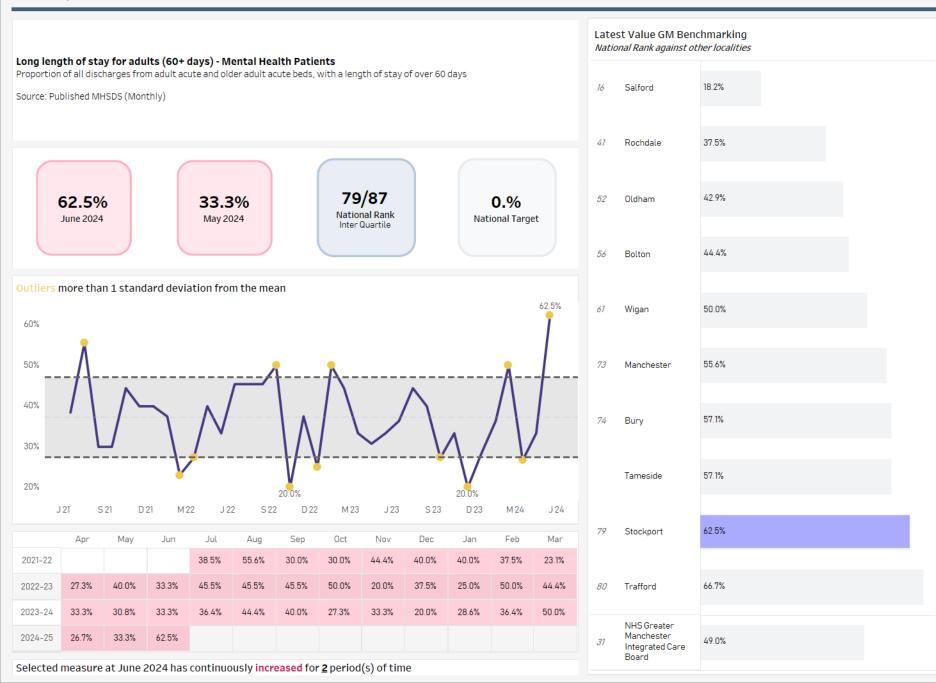
#### Narrative

Updated: 13<sup>th</sup> September 2024

Stockport continue to have a high proportion of people with dementia aged 65 and over being recorded in primary care; exceeding the national target of 66.7%.

Stockport have the 4<sup>th</sup> highest rate in Greater Manchester and 10<sup>th</sup> in the country.

Please note direction of travel over and above target is positive.



#### Narrative

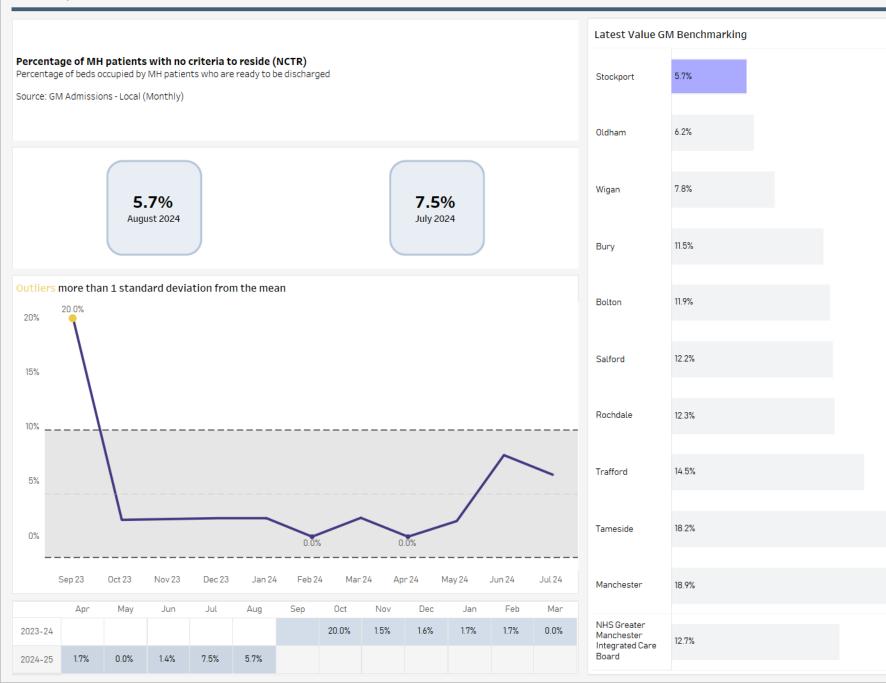
#### Updated: 13<sup>th</sup> September 2024

The position as of June 2024 shows 62.5% of all discharges from adult acute and older acute beds with a length of stay of over 60 days; a significant decrease compared with May (33.3%) and a deteriorating position compared to April (26.7%).

Twice weekly bed meetings are in place where there is a focus on patients who are in acute mental health wards over 60 days.

All patients now have an estimated date for discharge; however, some patients were experiencing longer lengths of stay due to complex treatment pathways, involving long stays in psychiatric intensive care units, medication changes, and often co-occurring conditions, rather than delays in discharge contributing to long length of stay.

The national target of 0% is a significant challenge.

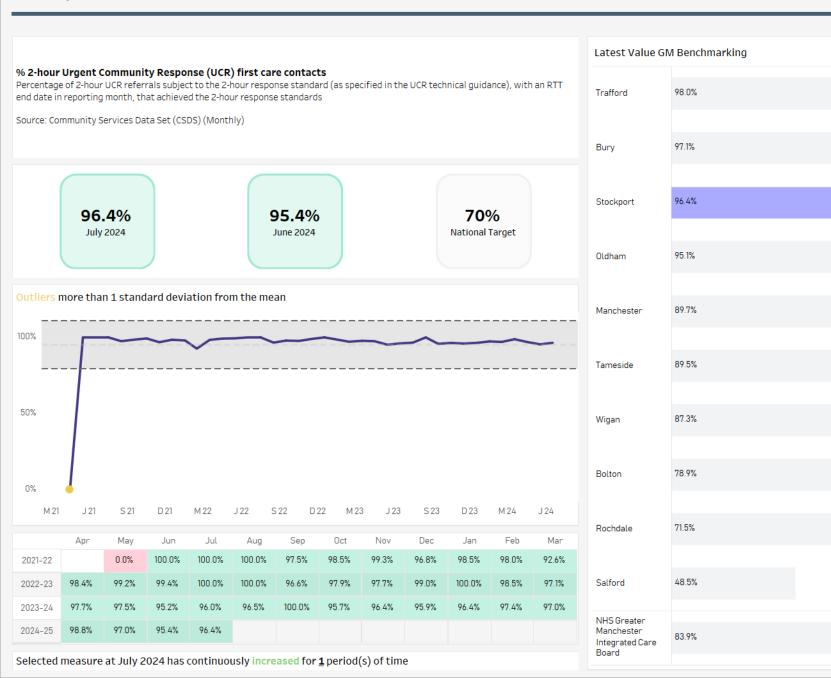


#### Narrative

Updated: 13<sup>th</sup> September 2024

The percentage of occupied beds by mental health patients who are ready to be discharged in August was 5.7%, the lowest in Greater Manchester.

All patients now have an estimated date of discharge, any barriers to discharge are identified on admission and the system partners work closely to facilitate discharge. The Performance Improvement Plan for Clinically Ready for Discharge is being monitored in the weekly Locality Escalation Meeting.

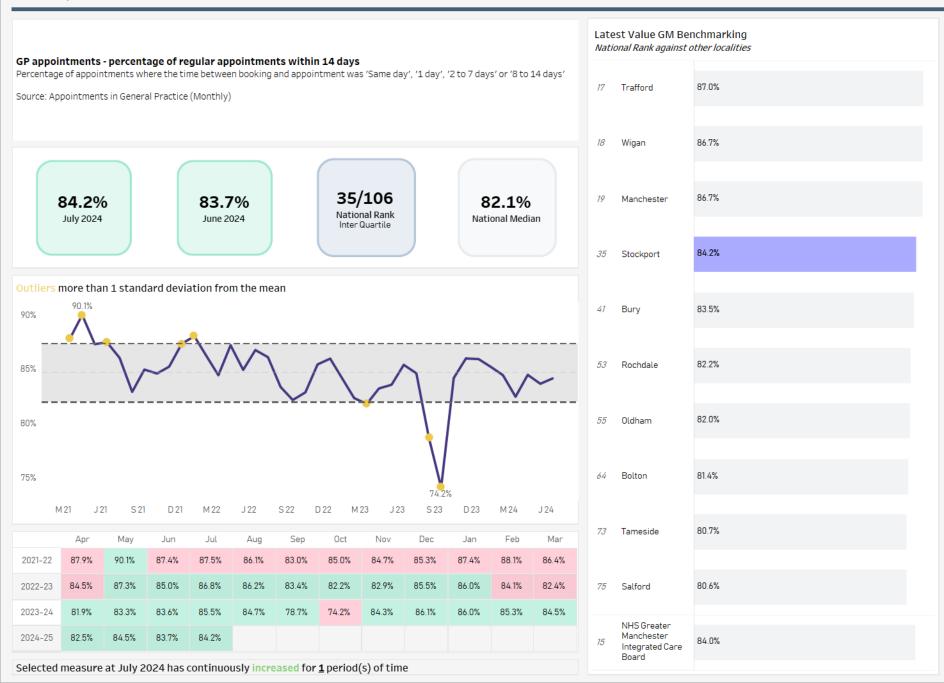


#### Narrative

Updated: 13<sup>th</sup> September 2024

Stockport continues to exceed the 70% target for a 2-hour urgent community responses for all referrals (96.4%).

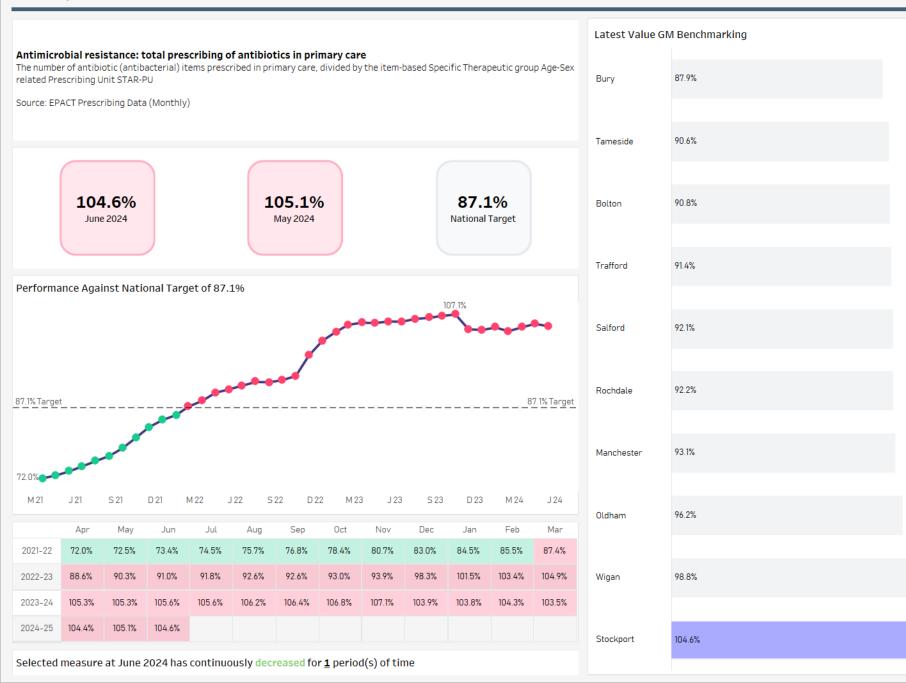
Work is ongoing to increase referrals to the service in line with the national guidance on UCR referral trajectory which may impact the performance. However, response rates are still expected to exceed the national target.



#### Narrative

Updated: 13<sup>th</sup> September 2024

The percentage of GP appointments where the time between booking and attendance was within 14 days was above the national median in Stockport (84.2%) according to July's figures.



#### Narrative

#### Updated: 13<sup>th</sup> September 2024

The total number of antibiotics prescribed in Stockport locality is above the national target (87.1%) at 104.5% for June.

This is a 0.5% improvement (decrease) in the rate since May. Over the previous 2 years there has been increase in prescribing of antibiotics which peaked at 107.1% in Nov 2023.

Actions are being undertaken to reduce prescribing include:

- Improvement in antimicrobial resistance metrics and practice supported through the Locality Commissioned Service.
- Providing practices with monthly updated prescribing data from searches to underpin a real-time quality improvement change methodology and work with service improvement plan leads for each Primary Care Network.
- Education sessions to raise awareness and support improvements in practice.
- Running cross interface antimicrobial resistance working group (with primary care, secondary care and out of hours provider representation) chaired by Public Health to identify opportunities and support change.
- GM Behavioural Change Model to support change practice in antimicrobial resistance.

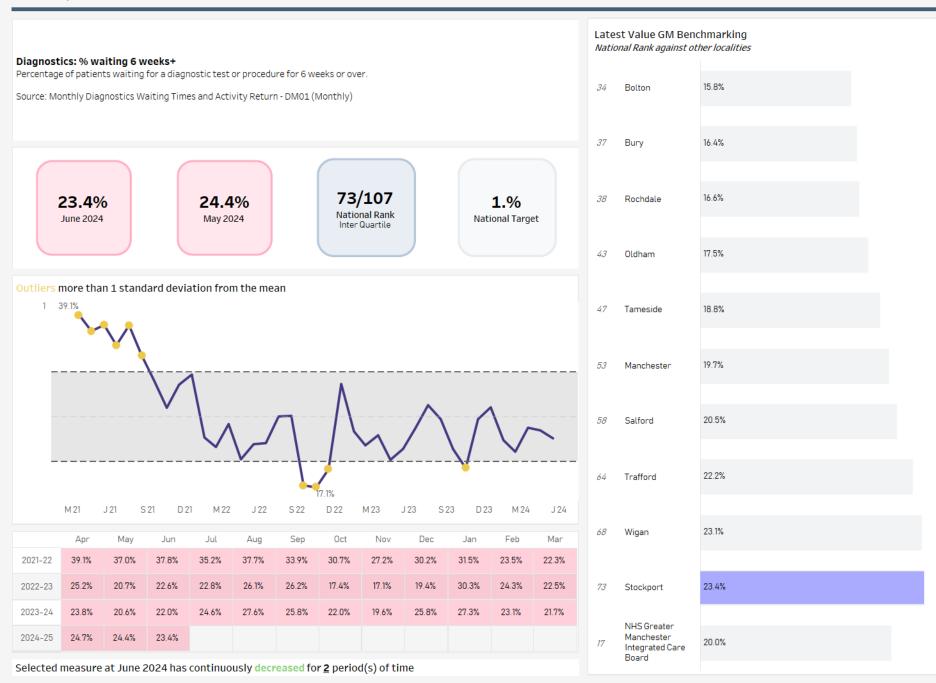
## Stockport - Sight Metrics

Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Elective Care	EB28	Diagnostics: % waiting 6 weeks+	Monthly	Jun 24	23.4%	24.4%	8	1.%	2,145	9,180	Inter
	EB20	RTT incomplete: 65+ week waits	Monthly	Jun 24	435.0	465.0	۷	0.	435	N/A	Inter
Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Jun 24	82.2%	79.9%	Ø	75.%	1.378	1.676	Upper
Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 22	1.0	1.9	8	1.5	3	2,940	Inter
	S022a	Number of stillbirths per 1.000 total births	Annual	Dec 22	3.1	3.7	8	3.2	9	2.940	Inter
Screening and Immunisations	S049a	Breast screening coverage, females aged 53-70, screened in last 36 months	Annual	Dec 23	67.9%	61.4%	Ø	N/A	23,433	34.492	Inter
	S046a	COVER immunisation: MMR2 Uptake at 5 years old	Quarterly	Mar 24	90.6%			95.%	767	847	Inter
	S050a	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Quarterly	Mar 24	77.3%	76.8%	Ø	80.%	65,085	84,155	Upper
	S047A	Seasonal Flu Vaccine Uptake: 65 years and over	Monthly	Feb 24	83.2%	83.0%	Ø	85.%	52,676	63,320	Upper

## Stockport - Sight Metrics

The below metrics are currently missing from the report due to lack of locality level reporting or the measure is currently being built.

Theme	Indicator						
Cancer	Total patients waiting over 62 days to begin cancer treatment vs target	Build in progress					
LD and Autism	Inpatients with a learning disability and/or autism per million head of population	Build in progress					
Primary Care and Community Services	Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Build in progress					
Screening an d immunisati on	Bowel screening, aged 60-74, screened in the last 30 months	DQ issues					



#### Narrative

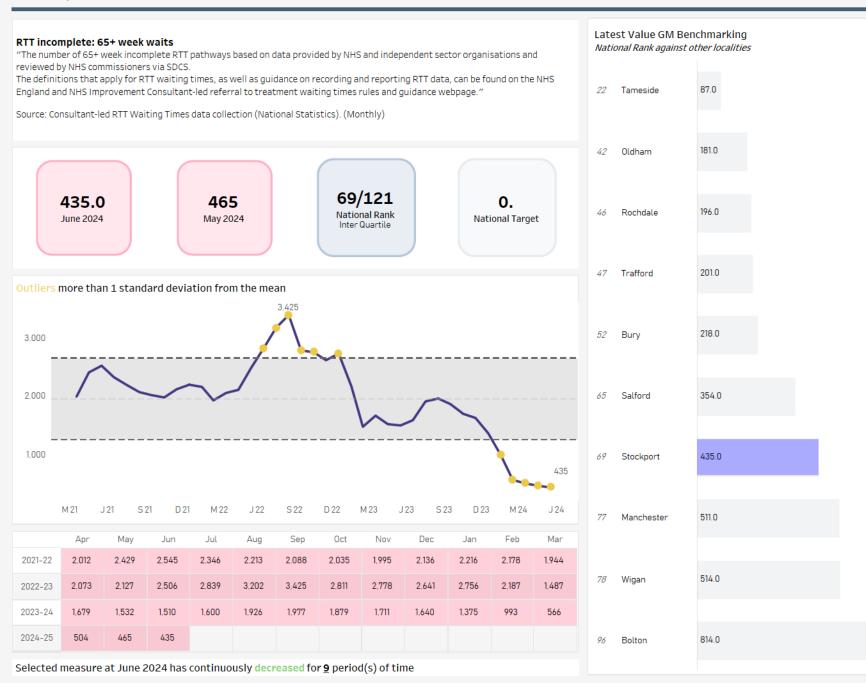
Updated: 13<sup>th</sup> September 2024

In June 2024, 23.4% of people waited 6 weeks or more for a diagnostic test; a decrease of 1% from May. The most challenging areas for Stockport patients are for, ECHO, CT scans, and MRI scans.

The areas with the longest times are ECHO, Sleep studies (respiratory physiology) and MRI.

The Trust have two MRI scanning units in place off-site and this should result in an improvement in wait times.

The Stockport/Tameside Community Diagnostic Centre is now live (from 1<sup>st</sup> August 2024) with Stockport access to the modalities listed below. This should also result in improved wait times.

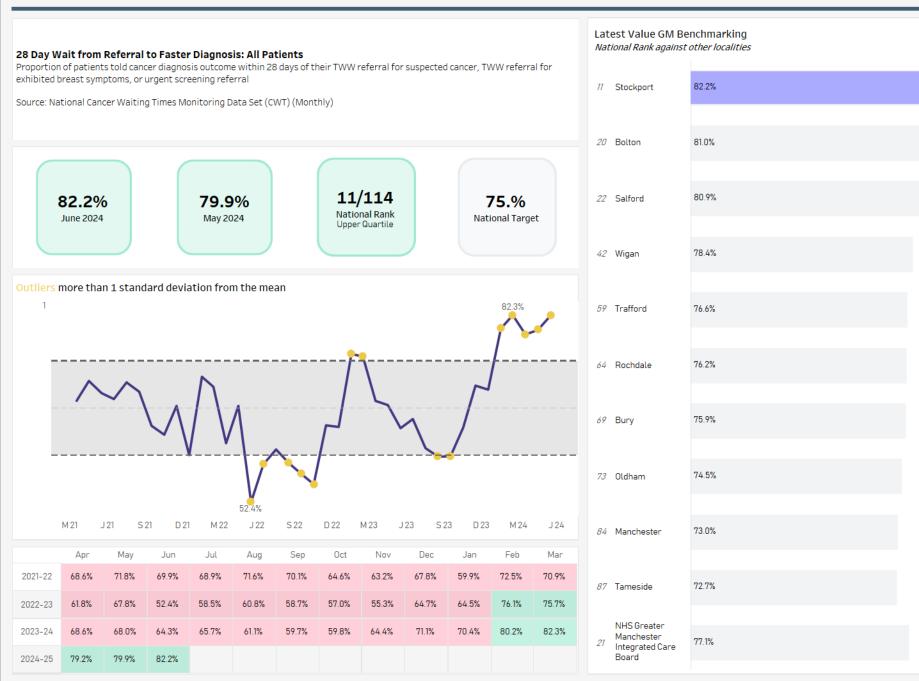


#### Narrative

Updated: 13<sup>th</sup> September 2024

As of the beginning of September, there were 65 patients would not meet the 65-week target at SFT. This is considerably lower than the June figure currently reported.

The number of 65 + week incomplete pathways has continued to decrease from September 2022.



#### Narrative

#### Updated: 13<sup>th</sup> September 2024

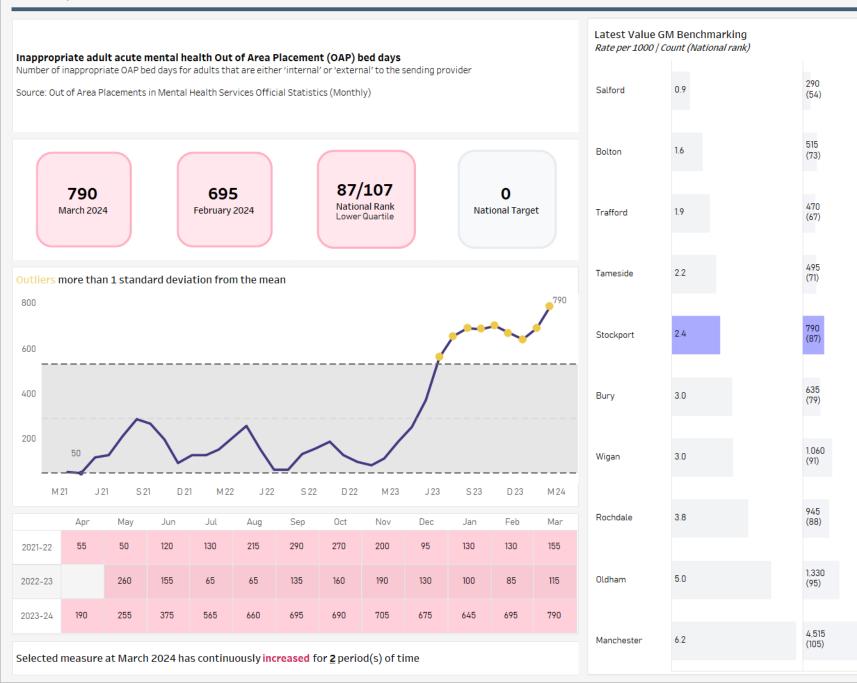
The proportion of patients told their cancer diagnosis outcomes within 28 days of a referral for suspected cancer was above the national target in Stockport in June 2024 (82.2%). Stockport were the highest performing locality in Greater Manchester, and the 11<sup>th</sup> highest in the country.

Stockport Foundation Trust has worked with the individual tumour groups to support them in achieving the 28 Day Faster Diagnosis Standard.

Actions have included weekly meetings with the tumour groups to discuss individual patients on the PTL and what is needed to support providing a definitive diagnosis. e.g. a specific diagnostic.

In addition, there is a member of staff who is responsible for providing an overview of these patients and following up with individual clinicians/departments to support achievement of the 28 Day Faster Diagnosis Standard.

There are still variations between individual tumour groups due to various factors including diagnostic capacity and external specialist diagnostics.



#### Narrative

#### Date only up to 31<sup>st</sup> March 2024

#### Commentary Updated: 13th September 2024

The total number of inappropriate adult acute mental health out of area placement bed days is not reported monthly on Tableau at present.

The number of inappropriate adult acute mental health Out of Area Placement (OAP) bed days reported in March 2024 was 790, against the national target of 0.

The performance reported as of March 2024 shows an increased in bed days for acute mental health out of area placements.

Daily reports on Out of Area Placements (OAPS) are received by Locality and although Stockport are not at 'zero OAPs' we maintain a good position in Greater Manchester, with only 2 patients in out of area PICU beds and consequently fewer bed days than reported in March.

Weekly Locality escalation meetings continue to review all OAPs, and fortnightly GM Multi Agency Discharge Events (MADE) chaired by GM Chief Medical Officer – are in place for escalation for individual localities, these have now changed to be on a Trust footprint.