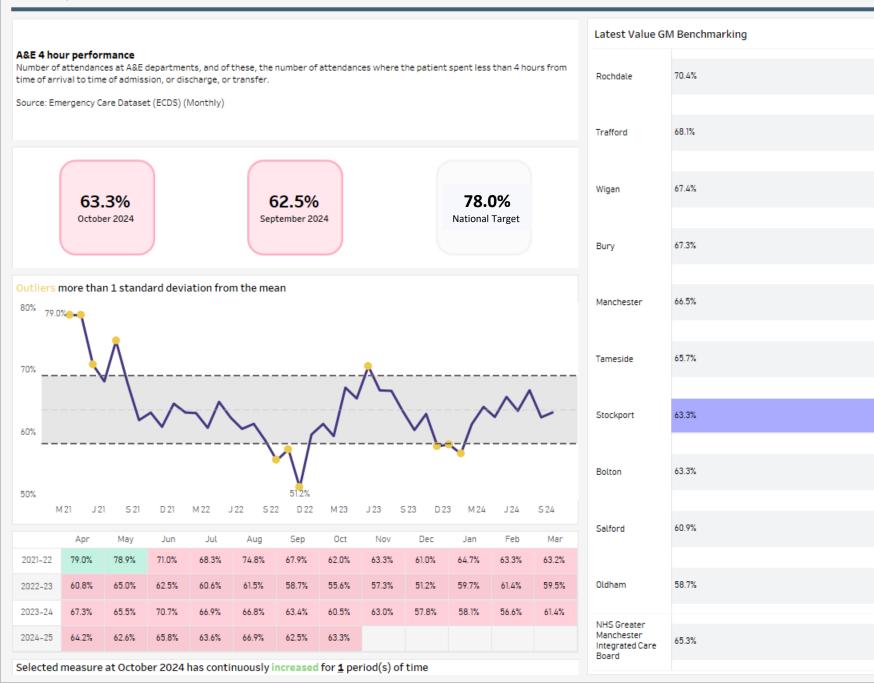
# PIA Locality Report

Activity up to October 2024

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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	Oct 24	63.3%	62.5%	Ø	76.0%	6,172	9,753	N/A
	N/A	A&E Attendances	Monthly	Oct 24	9,753	9,346	Ø	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	Oct 24	8.5%	9.1%	8	N/A	1,809	21,297	N/A
	EM11	Total number of specific acute non-elective spells	Monthly	Oct 24	1,841	3,241	8	N/A	N/A	N/A	Lower
	EM30a	Average number of adult G&A overnight beds available (Stockport FT)	Monthly	Oct 24	93.6%	93.5%	0	N/A	574	613	Inter
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 Disabilities	S030a	% of patients aged 14+ with a completed LD health check	Monthly	Aug 24	32.8%	25.6%	Ø	75.%	543	1,658	Upper
	EH09	Access to Children and Young Peoples Mental Health Services	Monthly	Aug 24	4,080	4,110	8	5,038	N/A	N/A	Inter
	EAS01	Dementia: Diagnosis Rate (Aged 65+)	Monthly	Sep 24	76.5%	76.0%	Ø	66.7%	3,259	4,261	Upper
	S086a	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	Mar 24	790	695	0	0	N/A	N/A	Lower
	N/A	Number of MH patients with no criteria to reside (NCTR)	Monthly	Oct 24	8	9	8	N/A	N/A	N/A	Inter
	N/A	Percentage of MH patients with no criteria to reside (NCTR)	Monthly	Oct 24	5.3%	6.0%	8	N/A	8	150	Inter
	S110a	Overall Access to Community MH Services for Adults and Older Adults with Severe Mental IIInesses	Monthly	Aug 24	1,475	1,450	Ø	3,658	N/A	N/A	Lower
	S081a	Talking Therapies: Access Rate	Monthly	Aug 24	330	380	8	N/A	N/A	N/A	Lower
	S131a	Women Accessing Specialist Community Perinatal Mental Health Services	Quarterly	Aug 24	280	275	Ø	N/A	N/A	N/A	Inter
	S125a	Long length of stay for adults (60+ days)	Monthly	Aug 24	33.3%	42.9%	8	0.96	15	45	Inter
Community	N/A	% 2-hour Urgent Community Response (UCR) first care contacts	Monthly	Sep 24	96.4%	96.0%	Ø	N/A	162	168	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	77.96	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	Jun 24	63.6%	63.7%	8	62.1%	10,125	15,930	Inter
	S129a	GP appointments - percentage of regular appointments within 14 days	Monthly	Sep 24	83.2%	84.4%	8	81.2%	131,332	157,833	Inter
Quality	S042a	E. coli blood stream infections	Monthly	Aug 23	274	265	Ø	N/A	N/A	N/A	Inter
	S044a	Antimicrobial resistance: total prescribing of antibiotics in primary care	Monthly	Aug 24	103.2%	104.3%	8	87.1%	N/A	N/A	Lower
	S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Monthly	Aug 24	7.3%	7.3%	Ø	10.96	14,868	204,084	Inter



## Narrative Updated: 15<sup>th</sup> November 2024

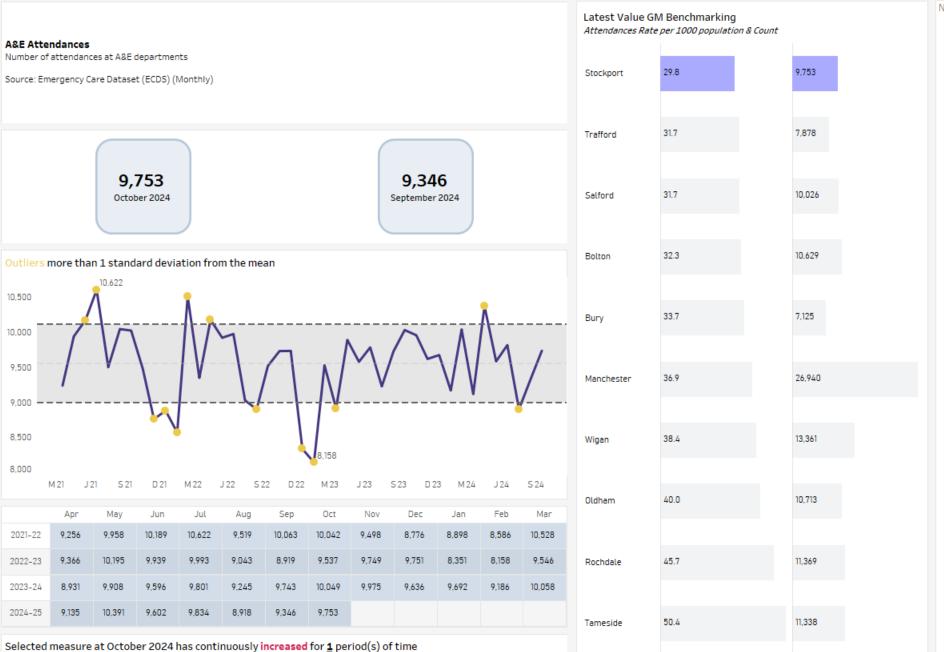
In October 2024, 63.3% of those who attended A&E waited less than 4 hours from arrival to either the time of admission, the time of discharge or the time of transfer. This is a 0.8% increase from September. Historically in October A&E attendance increases and performance against the standard of care decreases. Despite an increase in attendance in October, performance improved but remains 14.7% off the national standard of care of 78% by March 2025.

There is an urgent and emergency care plan that covers admission 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 the Locality across 13 workstreams, each contributing to reach the 78% performance standard of care .e.g. Intermediate care, brokerage, Home First, Reducing long lengths of stay in community beds etc.

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

All programme leads within the Urgent and Emergency Care Delivery Board are to bring specific, time bound detailed updates to support our ongoing assurance on this target.



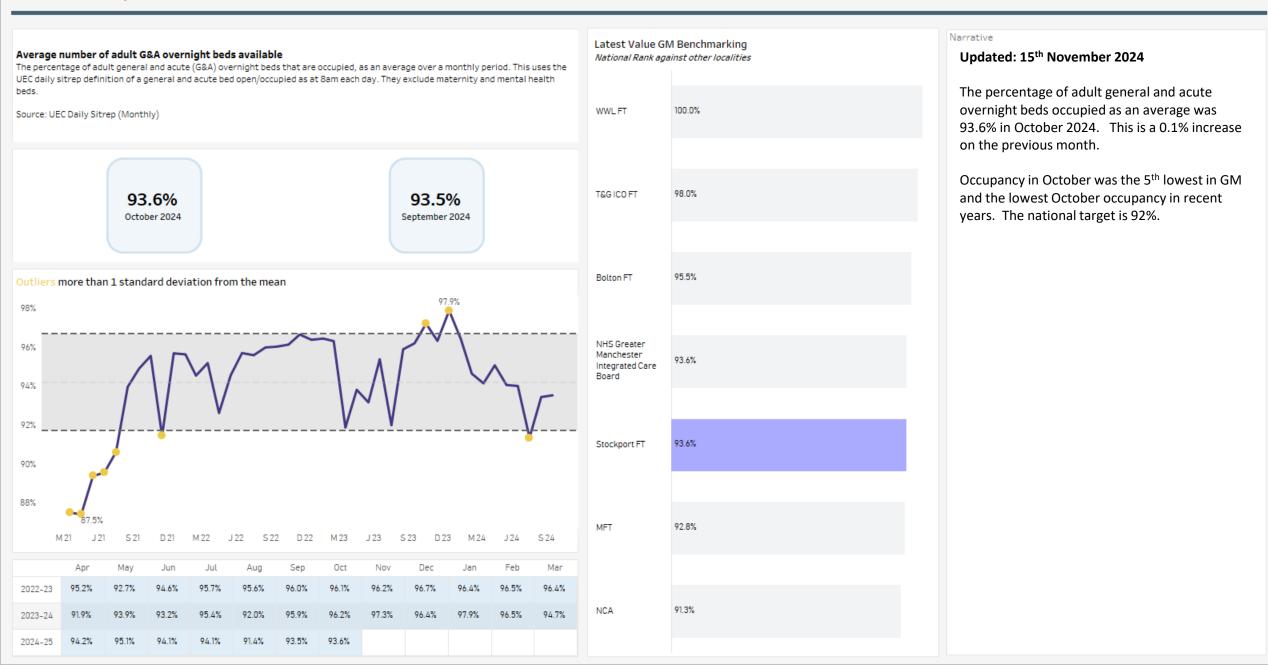
## Narrative

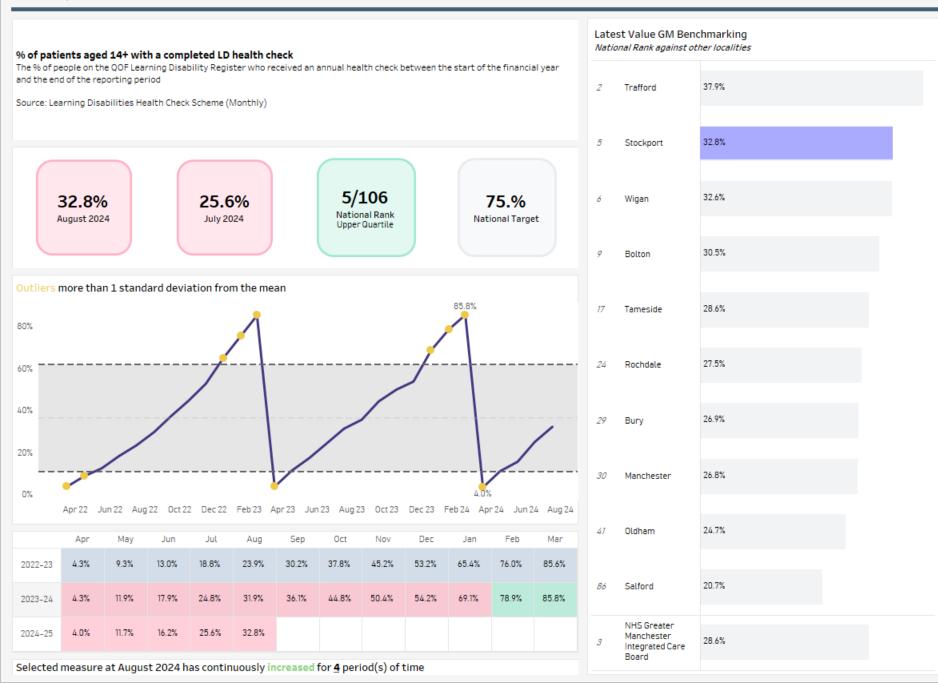
Updated: 15<sup>th</sup> November 2024

In October, there were 9753 attendances in A&E (6173 being seen within 4 hours).

The number of attendances in October 2024 increased by 407 from August.

Stockport had the lowest rate of attendances per 1000 population in Greater Manchester (29.8 per 1000 population).





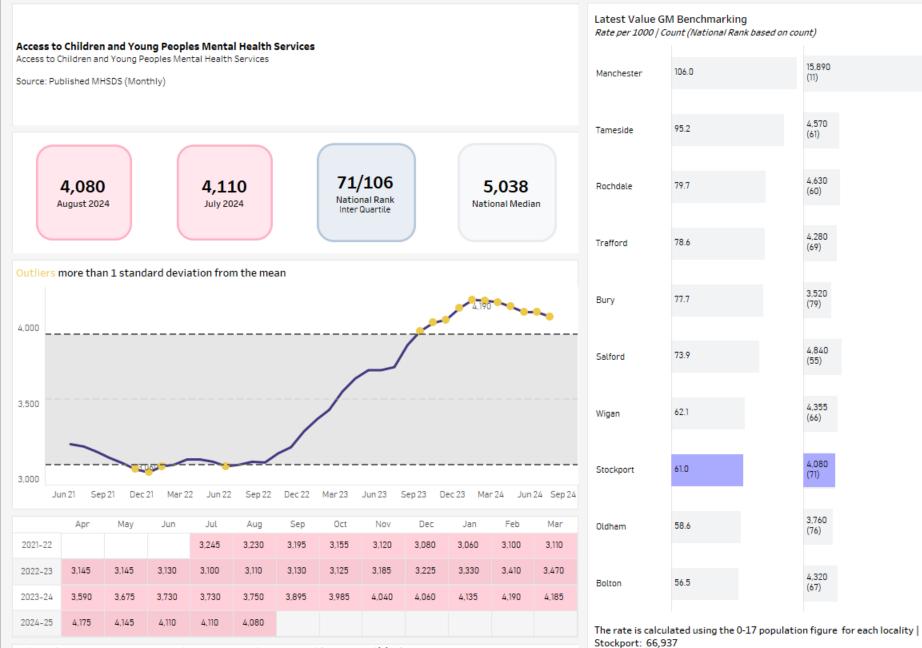
### Narrative

## Updated: 15<sup>th</sup> November 2024

The standard for achieving 75% of people on the Quality Outcomes Framework Learning Disability register receiving an annual health check is an annual target that Stockport has achieved over the last three years.

As of August 2024, 32.8% have received an annual health check in Stockport. At this point in the year, this would be above an incremental target of 31.3%.

The performance to date shows that Stockport is performing better than the previous two years (2022-23, and 2023-24).



## Narrative

Updated: 15<sup>th</sup> November 2024

As of August 2024, Stockport had 4080 children and young people accessing mental health services, 30 less than the previous month and 958 below the national median.

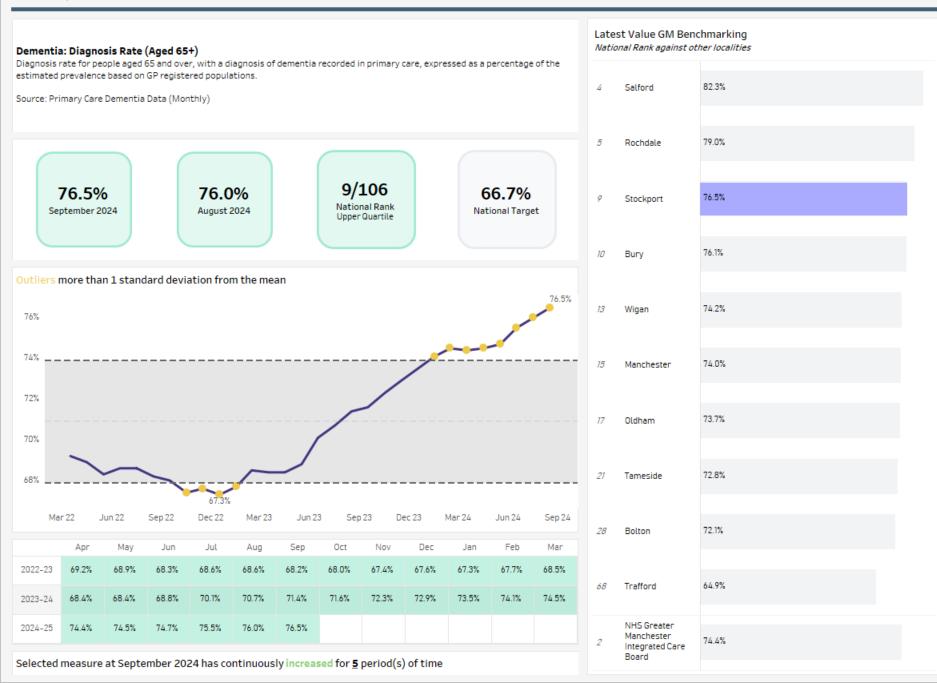
There has been a general increase in access from September 2022 that coincides with the mobilisation of Mental Health Support Teams in schools.

We are now beginning to see the contacts plateau which will continue during holiday season reporting period due to the Mental Health Support Teams in schools only operating in term time 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. This was an action agreed in September's Quarter 2 Locality Assurance Meeting.

Selected measure at August 2024 has continuously decreased for 1 period(s) of time



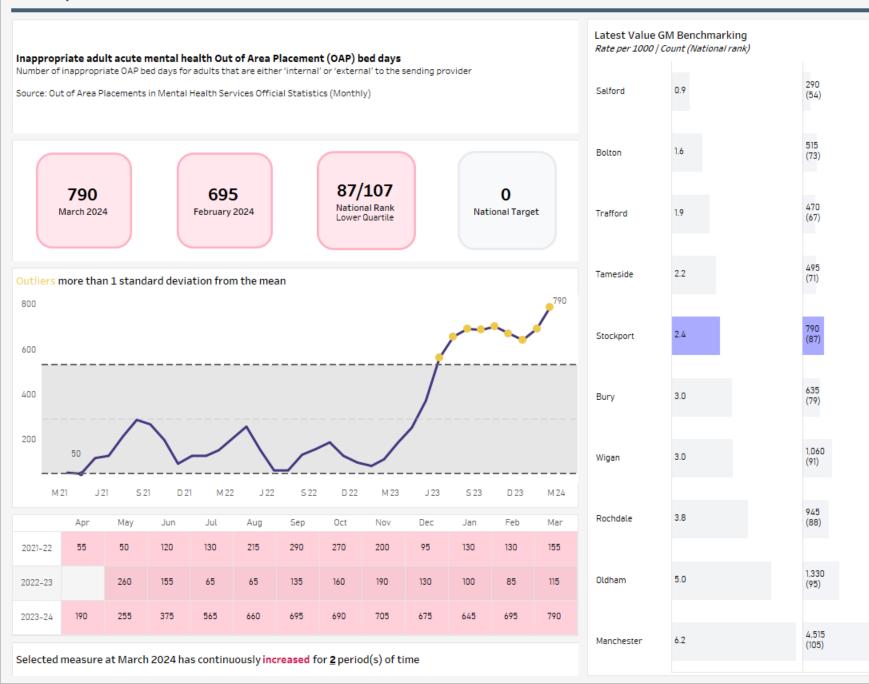
## Narrative

## Updated: 15th November 2024

Stockport continue to have a high proportion of people with dementia aged 65 and over being recorded in primary care with 76.5%; exceeding the national target of 66.7%.

Stockport have the 3rd highest rate in Greater Manchester and 9<sup>th</sup> in the country.

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



## Narrative

Updated: 15<sup>th</sup> November 2024 – no data since March 2024

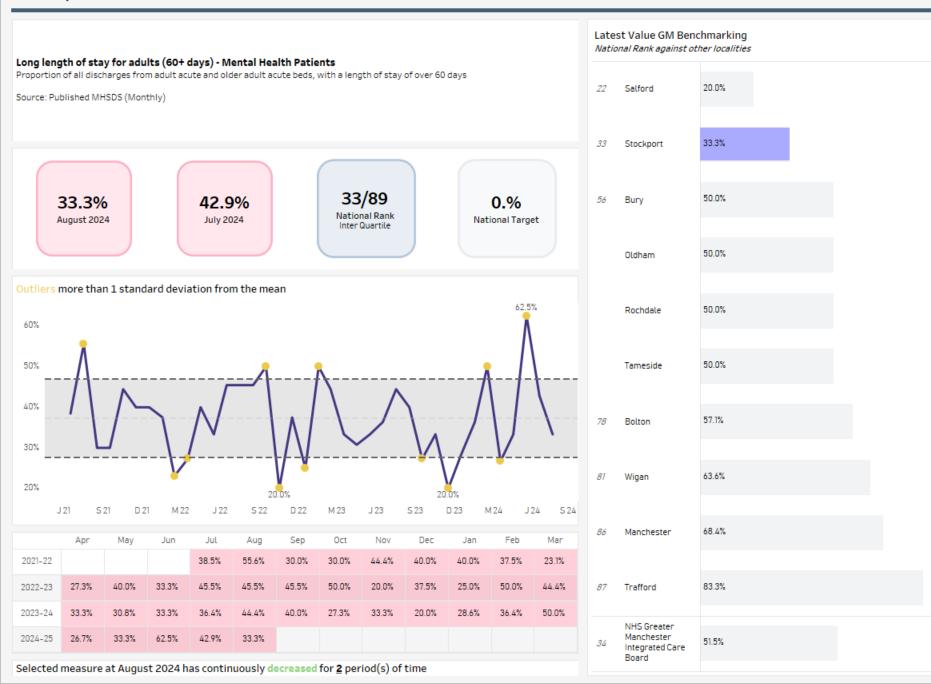
The total number of inappropriate adult acute mental health out of area placement bed days is not reported monthly on Tableau at present.

The number of inappropriate adult acute mental health Out of Area Placement (OAP) bed days reported in March 2024 for the previous 3 months (January to March) was 790 . The national target is 0.

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

As of the 20<sup>th</sup> November 2024, Stockport have 1 out of area placement with a total length of stay of 30 days.

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.



### Narrative

## Updated: 15<sup>th</sup> November 2024

The position as of August 2024 shows 33.3% of all discharges from adult acute and older acute beds with a length of stay of over 60 days; continuing to decrease compared with July (42.9%) and June (62.5%).

Stockport has now the second lowest rate of long lengths of stays in Greater Manchester and ranked 33<sup>rd</sup> lowest in the country.

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 experiencing longer lengths of stay tend to be 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.

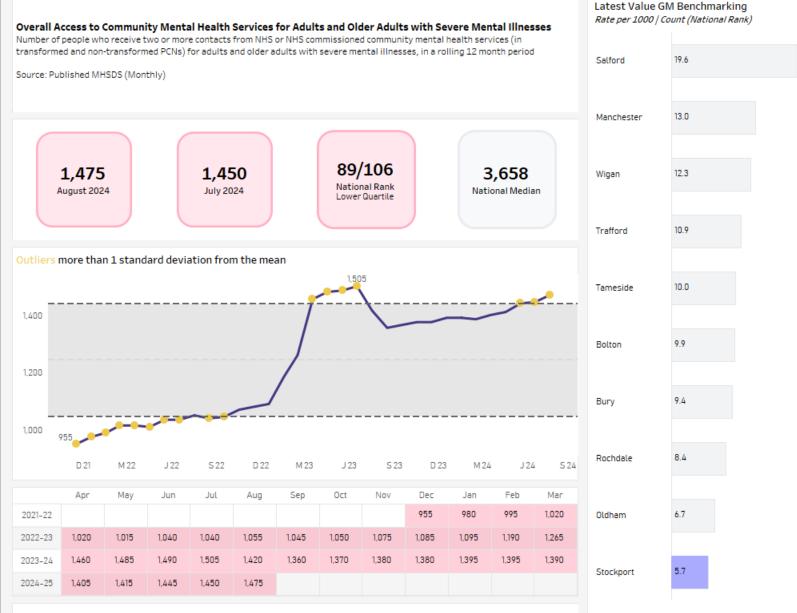


### Narrative

## Updated: 15<sup>th</sup> November 2024

The percentage of occupied beds by mental health patients who are ready to be discharged in October was 5.3%, the second lowest in Greater Manchester and 0.7% lower than reported in September.

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

4,925

(43)

7.665

(28)

3,430

(57)

2,115

(74)

1,775

(78)

2,505

(66)

1,565

(85)

1,615

(84)

1.365

(91)

1,475

(89)

Updated: 15<sup>th</sup> November 2024 – no national target

In August, 1475 adults with severe mental illness received two or more contacts from NHS or NHS commissioned community mental health services in a rolling 12-month period. This is a slight increase in the number reported for July (1450) but 2183 below the national median of 3658.

The position in Stockport for increasing access for people with serious mental illness needs to improve. Currently access for Stockport is the lowest in GM and 89<sup>th</sup> in the country as the transformed Mental Health PCN Living Well Teams are not yet mobilised. Plans are in place to address this with the procurement of the VCFSE partners, but this has been delayed as we are awaiting approval from the STAR process.

We have now agreed to proceed with the procurement of the VCFSE partners and support the Living Well model until approval from the STAR process. We are aiming to recruit for February 2025.

Selected measure at August 2024 has continuously increased for 5 period(s) of time

The rate is calculated using the 18+ population figure for each locality | Stockport: 260,055

Latest Value GM Benchmarking % 2-hour Urgent Community Response (UCR) first care contacts Percentage of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT 98.1% Trafford end date in reporting month, that achieved the 2-hour response standards Source: Community Services Data Set (CSDS) (Monthly) Oldham 97.8% Wigan 97.7% 96.4% 96.0% 70% September 2024 August 2024 National Target 96.8% Bury Outliers more than 1 standard deviation from the mean 96.4% Stockport 100% 95.4% Manchester 50% 91.0% Tameside 81.6% Rochdale 0% M 21 J 21 S 21 D 21 M 22 J 22 S 22 D 22 M 23 J 23 523 D 23 M24 J24 S 24 Bolton 76.7% May Jul Aug Sep Oct Nov Dec Feb Mar Apr Jun Jan 0.0% 100.0% 100.0% 100.0% 97.5% 98.5% 99.3% 96.8% 98.5% 98.0% 92.6% 2021-22 54.3% 98.4% 100.0% 96.6% 100.0% 98.5% 97.1% Salford 99.2% 99.4% 100.0% 97.9% 97.7% 99.0% 96.5% 100.0% 95.9% 96.4% 97.4% 97.0% 2023-24 97.7% 97.5% 95.2% 96.0% 95.7% 96.4% NHS Greater 96.4% 96.0% 96.4% 2024-25 98.8% 97.0% 95.4% Manchester 89.8% Integrated Care Board Selected measure at September 2024 has continuously increased for 1 period(s) of time

## Narrative

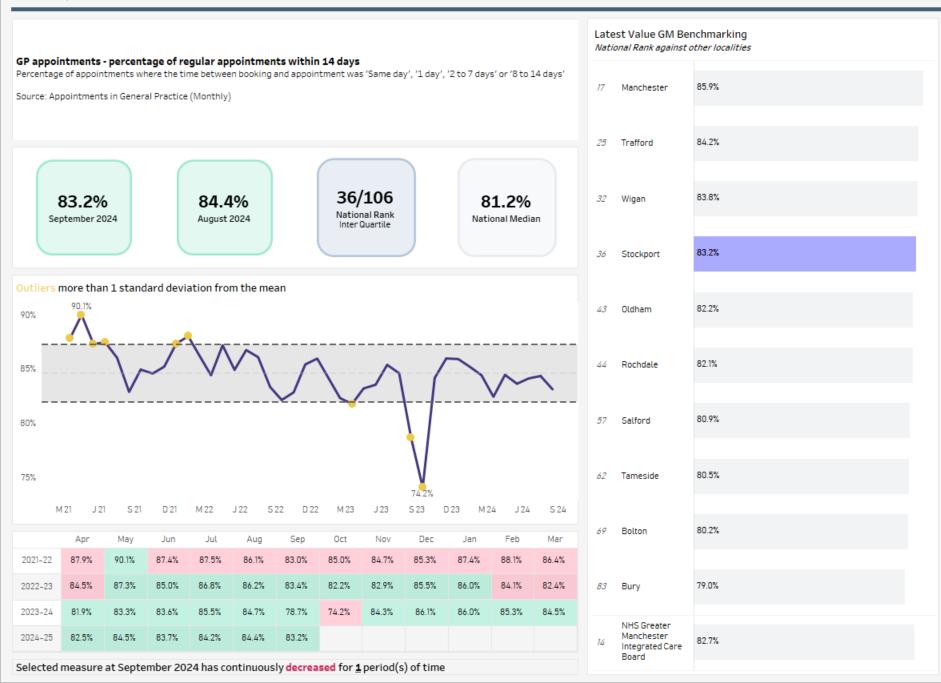
Updated: 15<sup>th</sup> November 2024

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

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.

It should be noted this indicator only reflects outcomes of what is referred to the service. Low utilisation and lower acuity cases will mean we're more likely to achieve the national 2-hour performance trajectory.

Further work is being undertaken to explore whether we have similar utilisation rates to GM and mature services nationally and to identify any gaps in the system maturity matrix.

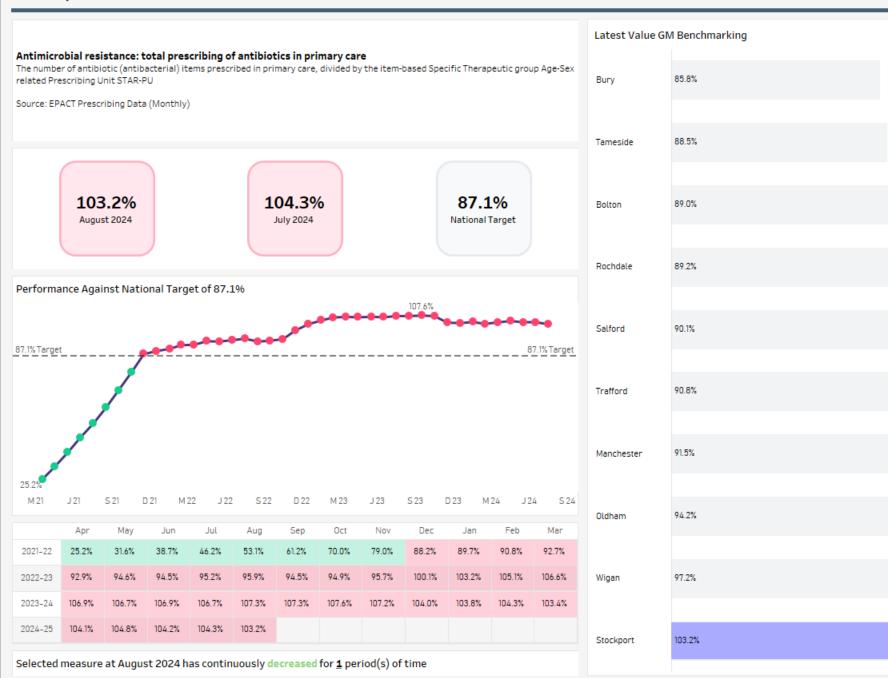


### Narrative

## Updated: 15<sup>th</sup> November 2024

The percentage of GP appointments where the time between booking and attendance was within 14 days was above the national median in Stockport (83.2%) according to September's figures.

Stockport has remained above the national median since October 2023, has the fourth highest rate in Greater Manchester and ranks 36<sup>th</sup> in the country.



### Narrative

## Updated: 15<sup>th</sup> November 2024

The total number of antibiotics prescribed in Stockport locality is above the national target (87.1%) at 103.2% for August; the highest rate in Greater Manchester.

This is a 1.1% decrease in the rolling 12 month rate reported in July. Over the previous 2 years there has been increase in prescribing of antibiotics which peaked at 107.1% in November 2023.

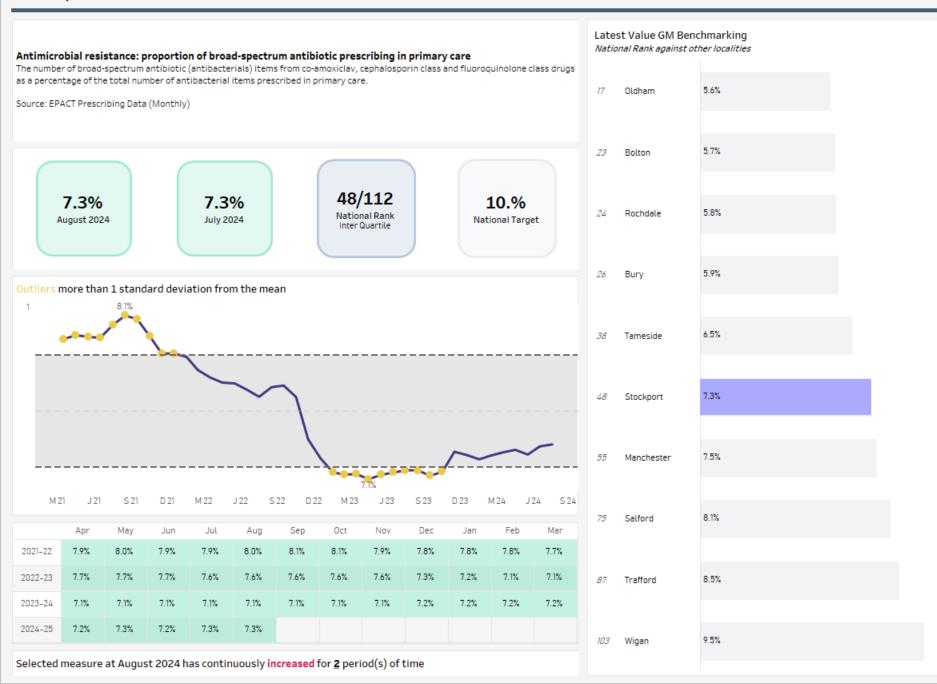
Actions are being undertaken to reduce prescribing include:

Communicating to Stockport locality practices the details on the Antimicrobial stewardship GM Quality scheme standard in Primary Care on 18th October 2024.

Asking Practices to:

- Complete baseline a GP Target selfassessment and identify a practice level Antimicrobial stewardship (AMS) Champion
- Submit of a Quality Improvement project
- Complete an AMS Peer-to-Peer review session

It was World Antibiotic Awareness week in November and practices participated in this as part of the quality scheme. We expect practice participation in the AMS quality standard to pick up after the communications have gone out. Peer to peer support review sessions are being offered for the practices with the highest levels of broad-spectrum antibiotic prescribing. We're also linked into the GM AMS standard group which is meeting next month.



### Narrative

Updated: 15<sup>th</sup> November 2024

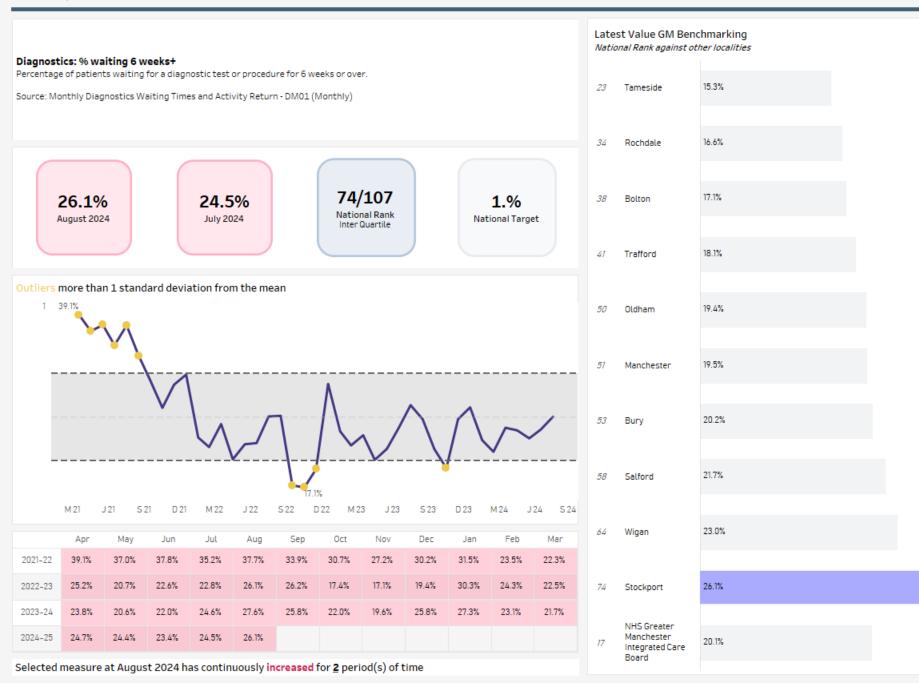
The proportion of broad-spectrum antibiotics prescribed in Stockport remained below the 10% national target in August 2024 and unchanged at 7.3%.

Stockport ranks 48th out of 112 services nationally and maintaining a steady trajectory by remaining low on this metric.

For actions being undertaken, please refer to slide 15.

# Stockport - Sight Metrics

DefainCodeMeasureMeasureFrequencyDateLeterProvideToppel/MealMeanerPennomeElective CarBaseDepositios % weining & weekisDepositios % weining & weekisMonthyAng 2428 %26 %36 %21 %210 %			-									
$\frac{1}{10000000000000000000000000000000000$	Domain	Code	Measure	Frequency	Date	Latest	Previous	Change	Target/Median	Numerator	Denominator	
Cancer S012e 28 Day Wait from Referral to Pester Diagnosis: ALL Patients Monthy Aug 24 70.9% 78.7% S1 S1135 1.626 Lower   Maternity S104a Number of neonatal deaths per 1.000 total live births Annual Dec 22 10 19 S1 3 2.940 Inter   S02a Number of solibirths per 1.000 total births Annual Dec 22 3.1 3.7 S1 3.2 9 2.940 Inter   S02a Number of solibirths per 1.000 total births Annual Dec 22 3.1 3.7 S1 3.2 9 2.940 Inter   S02a Number of solibirths per 1.000 total births Annual Dec 22 3.1 3.7 S1 3.2 9 2.940 Inter   Storeening and Immunisations Soles Breast screening coverage, females aged 53-70, screened in last 36 months Annual Dec 23 67.9% 61.4% 70 N/A 23.433 34.492 Inter   Soles CoVER Immunisation: MMR2 Uptake at 5 years old Ouser tery Jun 24 97.4% 90.5% 70 80.4% 60.0% <t< td=""><td>Elective Care</td><td>EB28</td><td>Diagnostics: % waiting 6 weeks+</td><td>Monthly</td><td>Aug 24</td><td>26.1%</td><td>24.5%</td><td>Ø</td><td>1.%</td><td>2,110</td><td>8,080</td><td>Inter</td></t<>	Elective Care	EB28	Diagnostics: % waiting 6 weeks+	Monthly	Aug 24	26.1%	24.5%	Ø	1.%	2,110	8,080	Inter
Maternity S104a Number of neonatal deaths per 1,000 total live births Annual Dec 22 10 19 S1 3 2,940 Inter   S02a Number of stillbirths per 1,000 total births Annual Dec 22 3.1 3.7 S1 3.2 9 2,940 Inter   S02a Number of stillbirths per 1,000 total births Annual Dec 22 3.1 3.7 S1 3.2 9 2,940 Inter   S02a Number of stillbirths per 1,000 total births Annual Dec 22 3.1 3.7 S1 3.2 9 2,940 Inter   Screening and Immunisations S049 Reast screening coverage, females aged 53-70, screened in last 36 months Annual Dec 23 67.9% 61.4% Ø NA 23.433 34.492 Inter   Sofoa Eventscreening within target period (3.5 or 5.5 year coverage, %) Quarterly Jun 24 92.4% 90.6% Q 95.% 763 82.6 Upper   Sofoa Females, 25-64, attending cervicel screening within target period (3.5 or 5.5 year coverage, %) Quarterly Mar 24 77.3% 76.8% 80.4% <td></td> <td>EB20</td> <td>RTT incomplete: 65+ week waits</td> <td>Monthly</td> <td>Aug 24</td> <td>270.0</td> <td>354.0</td> <td><math display="block">{\bf \ \ }</math></td> <td>0.</td> <td>270</td> <td>N/A</td> <td>Inter</td>		EB20	RTT incomplete: 65+ week waits	Monthly	Aug 24	270.0	354.0	${\bf \ \ }$	0.	270	N/A	Inter
Image: Normal state Normal state Normal state <th< td=""><td>Cancer</td><td>S012a</td><td>28 Day Wait from Referral to Faster Diagnosis: All Patients</td><td>Monthly</td><td>Aug 24</td><td>70.9%</td><td>76.7%</td><td></td><td>75.%</td><td>1,153</td><td>1,626</td><td>Lower</td></th<>	Cancer	S012a	28 Day Wait from Referral to Faster Diagnosis: All Patients	Monthly	Aug 24	70.9%	76.7%		75.%	1,153	1,626	Lower
Screening and Immunisations S049a Breast screening coverage, females aged 53-70, screened in last 36 months Annual Dec 23 67.9% 61.4% 70 N/A 23,433 34,492 Inter   Screening and Immunisations S049a COVER immunisation: MMR2 Uptake at 5 years old Quarterly Jun 24 92.4% 90.6% 763 826 Upper   S050a Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) Quarterly Mar 24 77.3% 76.8% 80.% 65.085 84.155 Upper	Maternity	S104a	Number of neonatal deaths per 1,000 total live births	Annual	Dec 22	1.0	1.9	۷	1.5	3	2,940	Inter
Immunisations   SO46a   COVER immunisation: MMR2 Uptake at 5 years old   Quarterly   Jun 24   92.4%   90.6%   763   826   Upper     S050a   Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage.%)   Quarterly   Mar 24   77.3%   76.8%   65.085   84,155   Upper		5022a	Number of stillbirths per 1,000 total births	Annual	Dec 22	3.1	3.7	${\bf \ }$	3.2	9	2,940	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% 65.085 84,155 Upper	-	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	Jun 24	92.4%	90.6%	Ø	95.%	763	826	Upper
S047A   Seasonal Flu Vaccine Uptake: 65 years and over   Monthly   Feb 24   83.0%   52,676   63,320   Upper		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



## Narrative

Updated: 15<sup>th</sup> November 2024

In August 2024, 26.1% of people waited 6 weeks or more for a diagnostic test; an increase of 1.6% from July.

Stockport have the highest rate waiting above 6 weeks in Greater Manchester and are ranked 74th out of 107 services in the country.

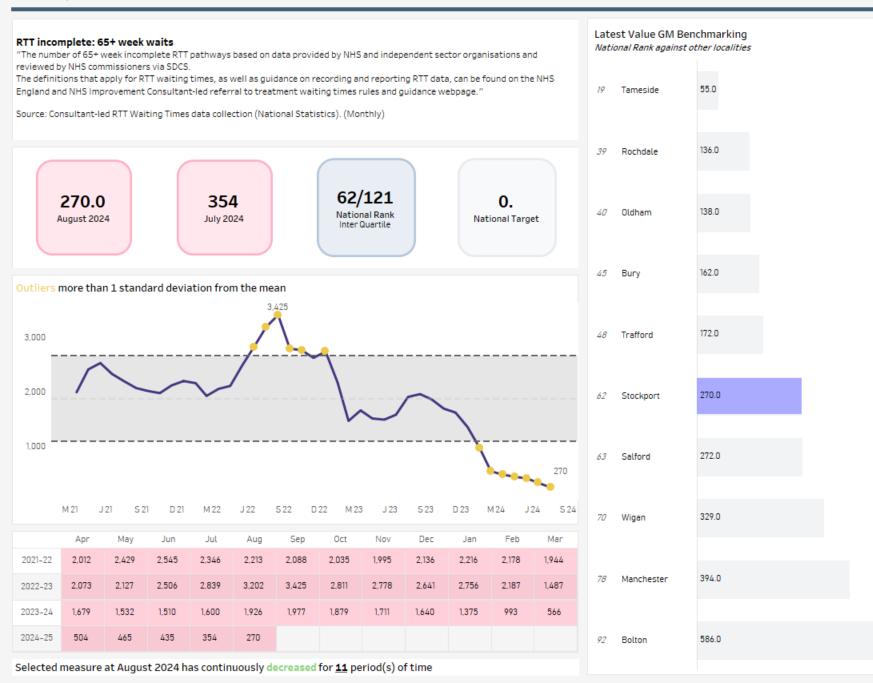
The areas with the longest times are ECHO,CT Sleep studies (respiratory physiology) and MRI.

However, it should be noted the Stockport / Tameside Community Diagnostic Centre went live from 1<sup>st</sup> August 2024 with Stockport access to the following modalities which will have a direct improvement in patient wait times;

- MR Non-Contrast
- MR Contrast
- CT Non-Contrast
- CT Contrast
- ECHO

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

According to the latest figures from September on curator, the number of people waiting over 6 weeks has fallen to 20.2%, the lowest rate in 10 months.

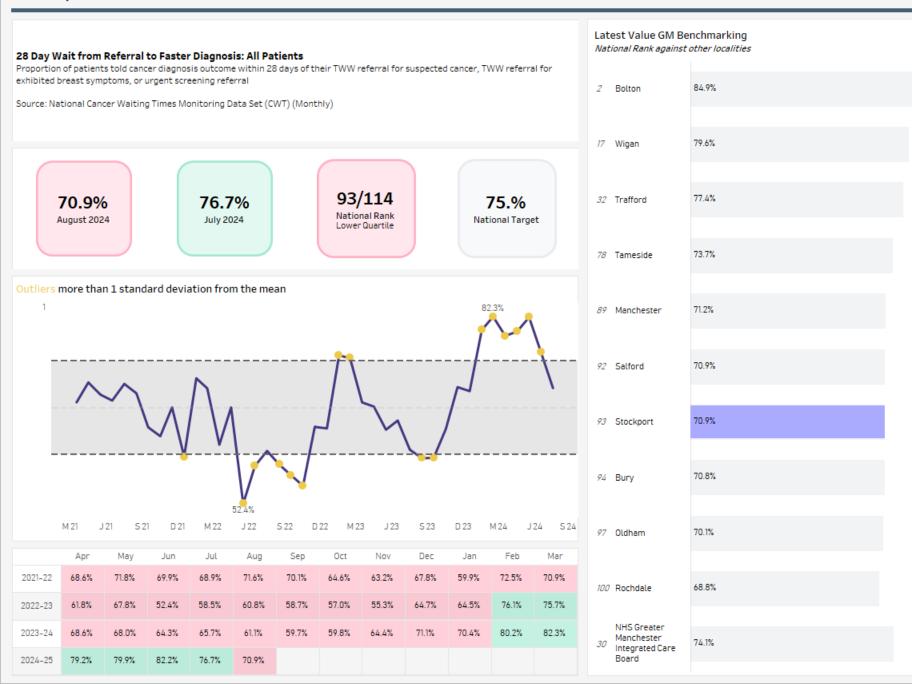


## Narrative

## Updated: 15<sup>th</sup> November 2024

As of mid-November, there were 112 patients would not meet the 65-week target at Stockport NHS Foundation Trust. This is considerably lower than the 270 reported at the end of August. The number has been decreasing since September 2022.

The national target is zero 65+ week incomplete RTT pathways. The services with the highest volume of longest waits currently are for Cardiology and General Surgery. The volume for both of these services is reducing over time.

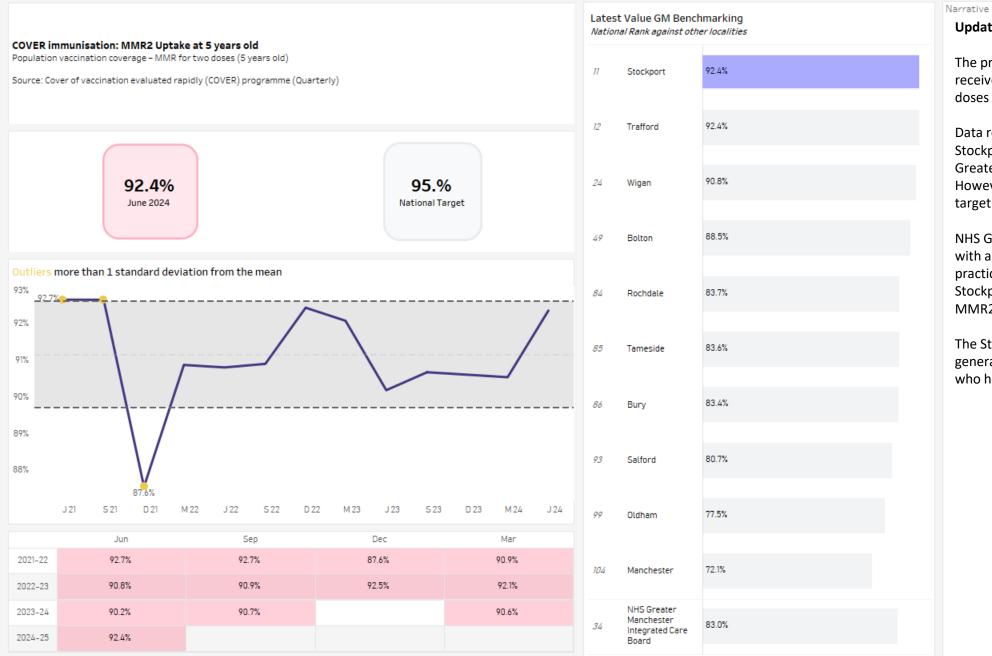


## Narrative Updated: 15<sup>th</sup> November 2024

The proportion of patients told their cancer diagnosis outcomes within 28 days of a referral for suspected cancer fell below the national target in Stockport in August 2024 (70.9%). Stockport were previously the 4th highest performing locality in Greater Manchester are now 7th. Nationally, Stockport's rank dropped from 52nd highest in the country to 93rd highest.

There were several reason for this including capacity issues for prostate biopsy. This has resulted in a change in processes. Haematology struggled with their switch off processes resulting in poor performance.

- Stockport NHS Foundation Trust is working 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 Patient Targeting List 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.



## Updated: 15<sup>th</sup> November 2024

The proportion of the population who have received two Measles, Mumps, Rubella (MMR) doses is reported quarterly at present.

Data reported for the end of June 2024 shows Stockport as having the highest uptake in Greater Manchester, and 11<sup>th</sup> in the country. However, this is still 2.6% below the national target of 95%.

NHS Greater Manchester are providing localities with a real time tracker to monitor uptake at practice level. August 2024 data shows Stockport at 94.41% for MMR1 & 90.47% for MMR2.

The Stockport Public Health team are supporting general practice to identify and engage those who have not previously presented for an MMR.

# Appendices

Metrics that do not have data within the last 3 months, and/or a national target.

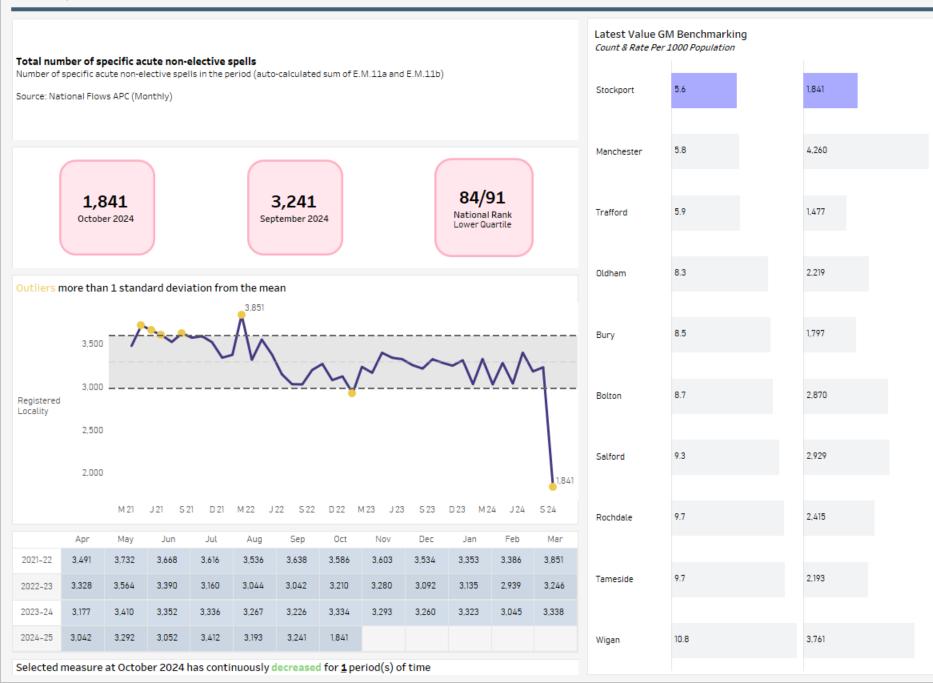


## Narrative

Updated: 15<sup>th</sup> November 2024 – no national target

The proportion of patients who were fit for discharge and had no need to reside in a hospital bed decreased from 9.1% in September to 8.5% in October 2024.

Stockport had the second lowest rate of beds occupied with patients fit for discharge in Greater Manchester in October, behind Oldham.



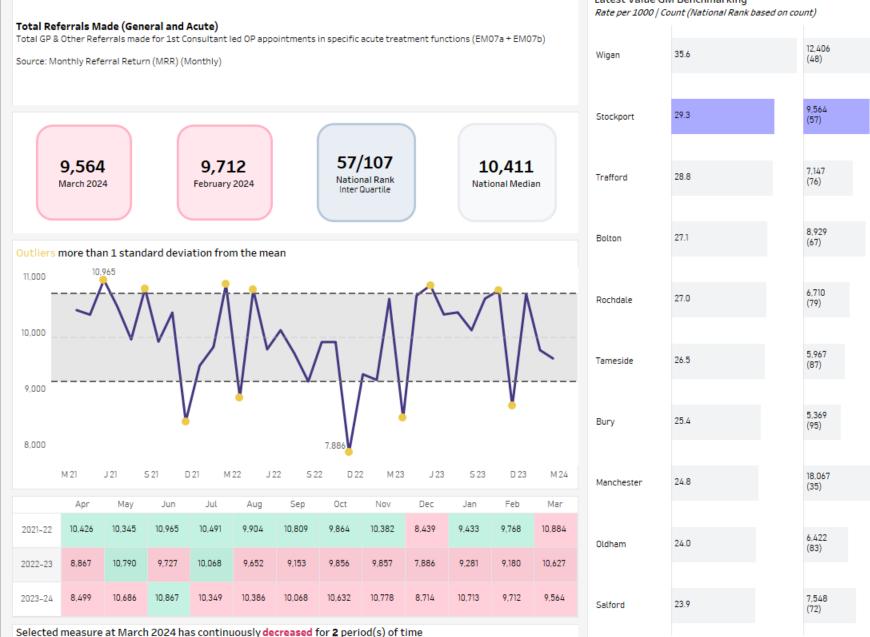
## Narrative

Updated: 15<sup>th</sup> November 2024 – no national target

# October's figures should be treated with caution.

The number of specific acute non-elective spells decreased considerably in October (-43%) according to the latest report. The drop from 3241 spells in September to 1841 in October is the biggest known drop in years and needs to be verified.

It should be noted that non-elective spells reflect the discharge picture in month and not the demand for non-elective admissions in month (many of those discharged could have been admitted prior to September). This means that a high number of non-elective spells (discharges) is not necessarily a negative measure, because discharges free up beds. A more appropriate measure of bed pressure would be non-elective admissions in month, or bed days occupied by non-elective admissions in month.



# Latest Value GM Benchmarking

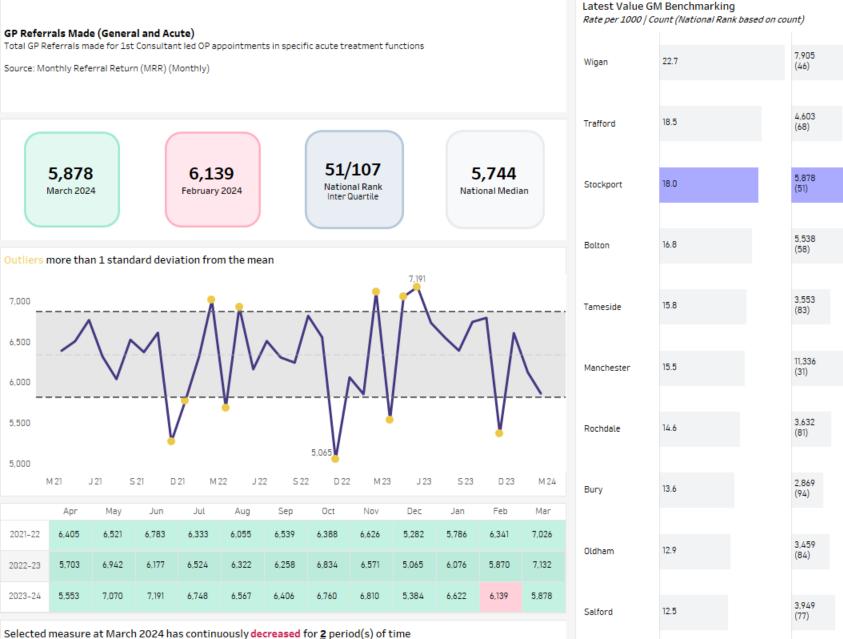
## Narrative

Updated: 15<sup>th</sup> November 2024 - no data since March 2024

The total number of GP referrals made for 1<sup>st</sup> consultant led outpatient appointments is not reported monthly on Tableau at present.

Stockport is at a positive position for total GP referrals made for 1<sup>st</sup> consultant led outpatient appointments for March 2024, when compared to the national median.

Further analysis will be undertaken to identify any areas within the specific acute specialities where this may be higher than the national median, with ongoing locality work to monitor and reduce activity where possible.



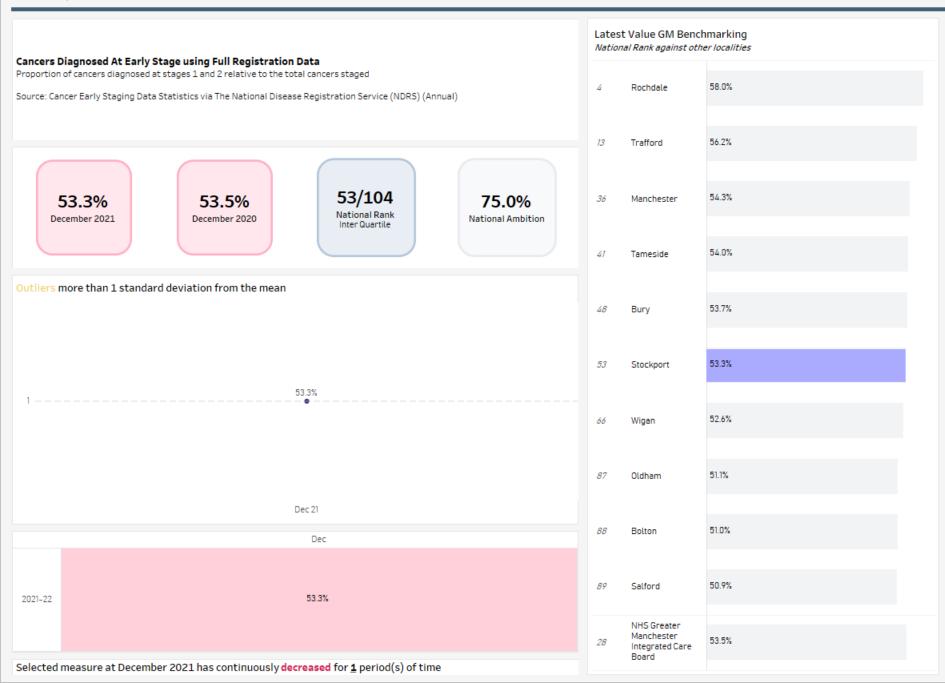
Narrative

## Updated: 15<sup>th</sup> November 2024 – no data since March 2024

The total number of GP and other referrals made for 1<sup>st</sup> consultant led outpatient appointments is not reported monthly on Tableau at present.

The last reported data shows 9564 referrals were made in March 2024. The underperformance (indicated by being in red) is how Stockport compares to the national median. However, the median may not be the most appropriate indicator or appropriate referrals given that:

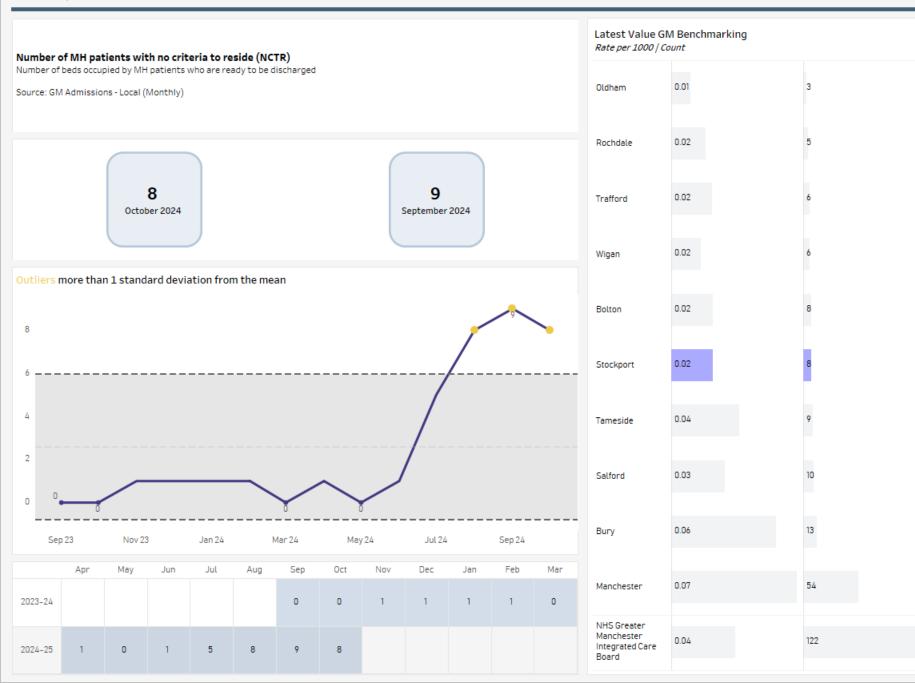
- a) Every Trust does not have the same capacity and resource
- b) Catchment rates for hospital Trusts vary, and,
- c) Effective treatment may be offered in primary care and community settings negating the need to refer as much.



## Narrative

Updated: 20<sup>th</sup> November 2024 – no data since March 2022

- Early Cancer diagnosis in Stockport stands at 55.1% at the end of November 2023. This is demonstrating a slow but steady increase since 2020.
- There is ongoing engagement work from the Public Health team including 2 GM Cancer funded Cancer support workers. They work with practices to maximise screening uptake as well as running community events/workshops. They continue to engage with local organisations/ businesses to promote 'Be seen be screened' to encourage them to allow staff time off to attend screening appointments.
- Targeted Lung Health Checks ran in Tame Valley for 6 weeks during August into early September. With an uptake of 64% (above the GM average of 51%). This has resulted in 14 confirmed lung cancer diagnosis and a further 20+ patients being investigated on a suspected cancer pathway. We are awaiting the staging data.
- There has been an initiative in Brinnington to raise awareness of prostate cancer. This has included offering a PSA blood test. This has resulted in an increase in referrals onto a suspected cancer pathway. This has resulted in 16 men being diagnosed with prostate cancer. Whilst some of these were high grade cancers, they had not spread which should improve patient outcomes.



## Narrative

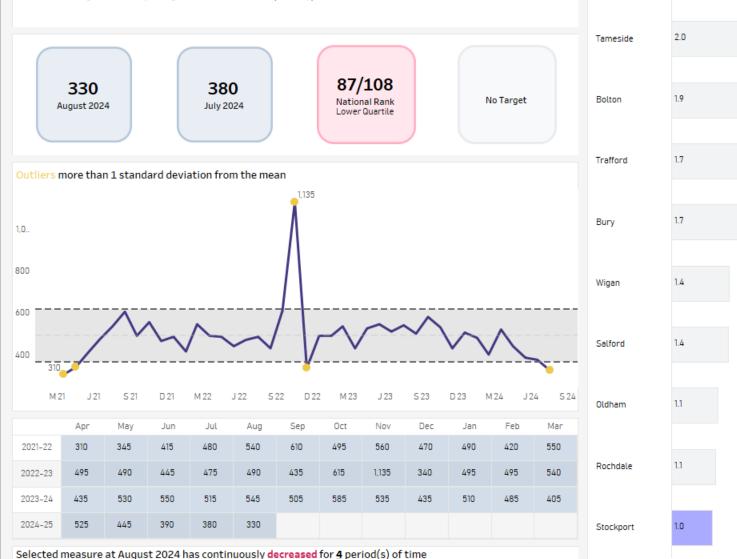
Updated: 15<sup>th</sup> November 2024 – no national target

The report shows that there are 8 patients who are clinically ready for discharge across acute mental health services in October, which is a slight decrease on the 9 reported in September. Patients are discussed at both weekly bed meetings and locality escalation meetings. The locality is aware of patients who are awaiting formal discharge, where the reasons are out of the control of system partners.

## **Talking Therapies: Access Rate**

This indicator tracks our ambition to expand Improving Access to Psychological Therapies (IAPT) services, also known as NHS Talking Therapies. The primary purpose of this indicator is to measure improvements in access to psychological therapy (via IAPT) for people with depression and/or anxiety disorders.

Source: Improving Access to Psychological Therapies Data Set (Monthly)



## Latest Value GM Benchmarking Rate per 1000 / Count (National rank)

3.1

Manchester

2.255

(11)

445

(67)

615

(51)

425

(72)

350

(80)

490

(61)

440

(68)

305

(93)

270

(96)

330 (87)

## Narrative

Update: 15<sup>th</sup> November 2024 – no national target

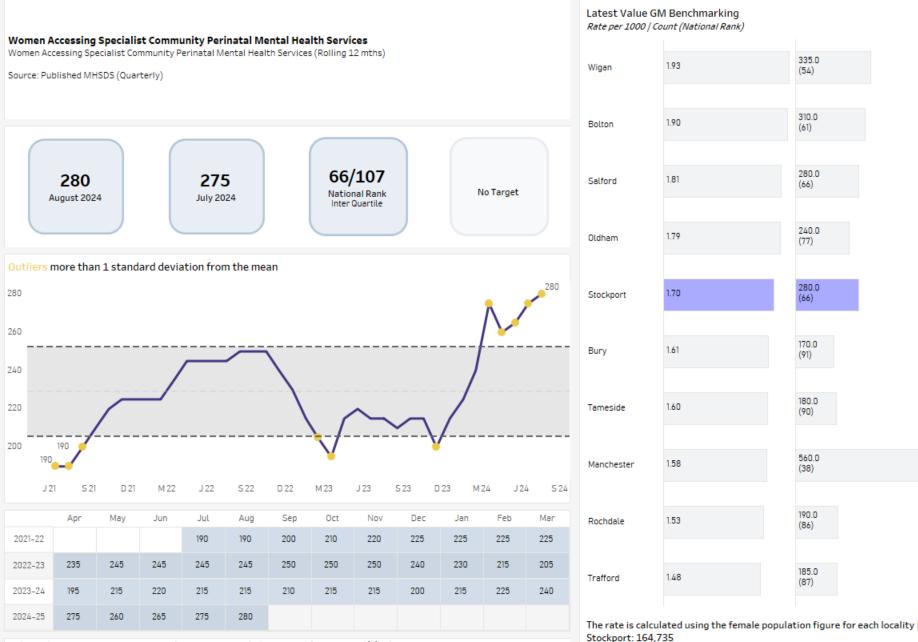
In August, 330 people accessed talking therapies; a decrease from the 380 reported in July.

Stockport had the lowest rate of access per 1000 in Greater Manchester (1.0) and ranks  $87^{th}$  in the country.

Action: GM ICB approved funding 3 Whole Time Equivalent Psychological Wellbeing Practitioner trainees, who will be in post end September 2024 . They will be completing training, then once qualified (August 2025) will deliver towards the performance. The locality will not immediately see an increase in access. Pennine Care Foundation Trust staff returning from secondment, should improve access.

The Big Life Group staff consistently promote the service, new champions from the service have been allocated for older adults, male clients and Black, Asian and Minority Ethnic communities.

The service continue to work closely with Viaduct Social prescribing to generate new referrals. Pennine Care are working with the local authority, Neighbourhoods and community programme as another approach to generate referrals and increase access.



Narrative

Updated: 15<sup>th</sup> November 2024 – no national target

As of August 2024, 280 women accessed specialist community perinatal mental health services within a rolling 12 months. This was a slight increase on the 275 reported as of July. Stockport have a rate of 1.70 per 1000 that is 5th in Greater Manchester and 66th in the country.

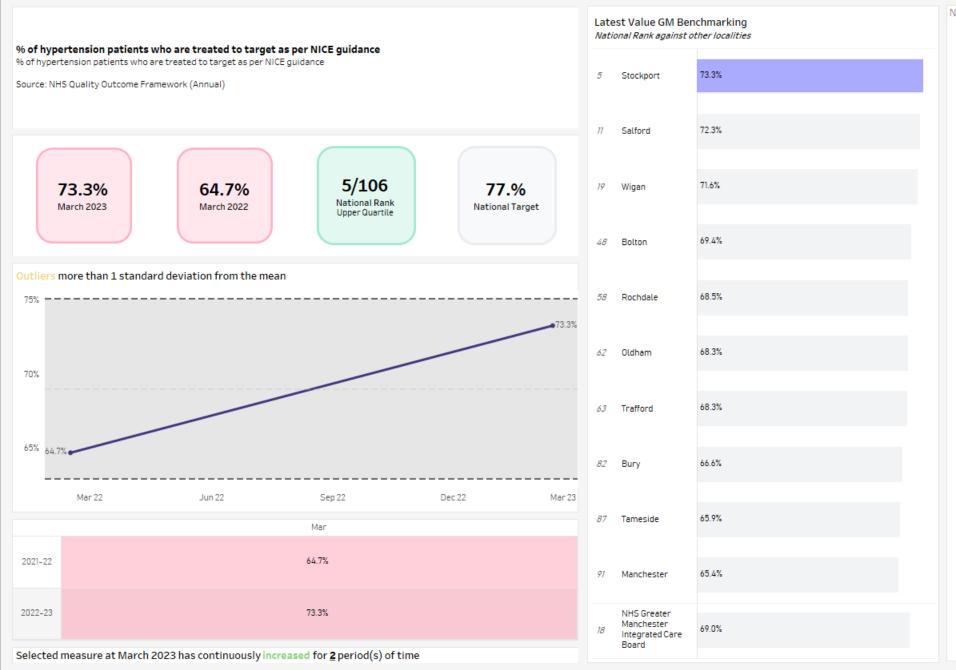
This is a Greater Manchester specialist service who are currently not funded to meet the increased access indicated by NHS England. In the absence of limited funding, Greater Manchester commissioners with providers are exploring options for working differently and will continue the work to consolidate the integrated pathway.

It is worth noting that the Greater Manchester benchmarking data presented here is calculated using the female population figure, however the birth rate in each locality would be a better measure.

Indicative targets have not been set for individual localities as demand and access is largely dependent on locality birth rates. There has been an increase from the position reported March 2024 and the Stockport position in Greater Manchester has moved from position 8 to position 5.

Going forward the Stockport Perinatal Forum will continue to monitor the access rate for this service pathway.

Selected measure at August 2024 has continuously increased for 3 period(s) of time



## Narrative

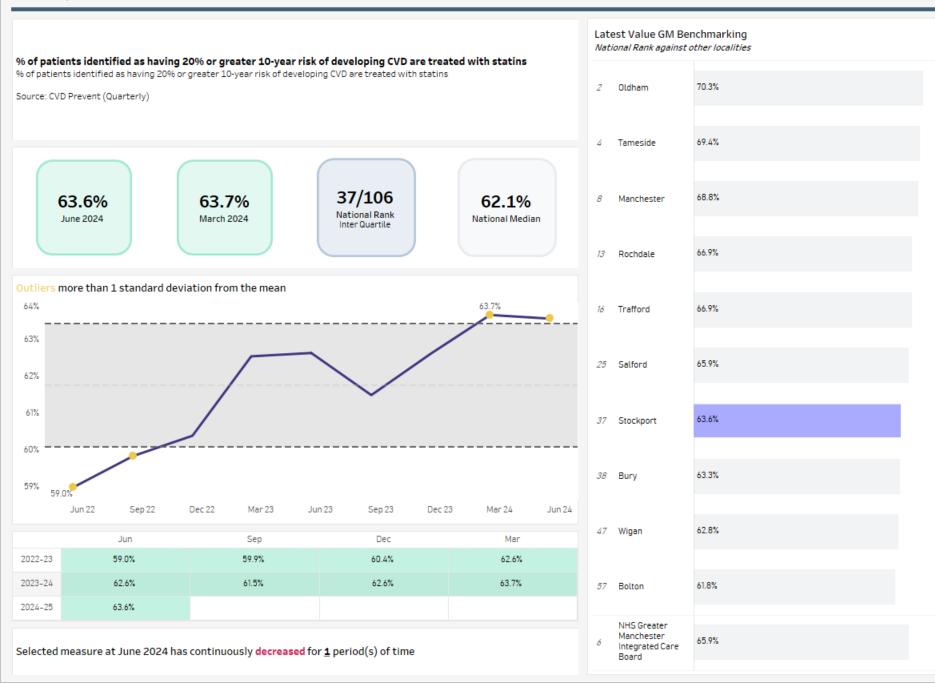
Updated: 15<sup>th</sup> November 2024 – no data since March 2023

The proportion of people achieving their hypertension target is not reported monthly at present.

Stockport have the highest rate of people with hypertension who are treated to target as per NICE guidance in Greater Manchester. Stockport were 3.7% below the national target, although 5th highest performing locality in the country as of March 2023.

According to data from the national CVD PREVENT Audit, as of June 2024, 71.2% of people aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the ageappropriate treatment threshold.

This metric has been identified as one of the locality CVD priorities. Funding has been allocated to two Stockport practices to support hypertension work with hard-to-reach groups. Use of the CVD PREVENT Audit data will give more grip and control of performance.



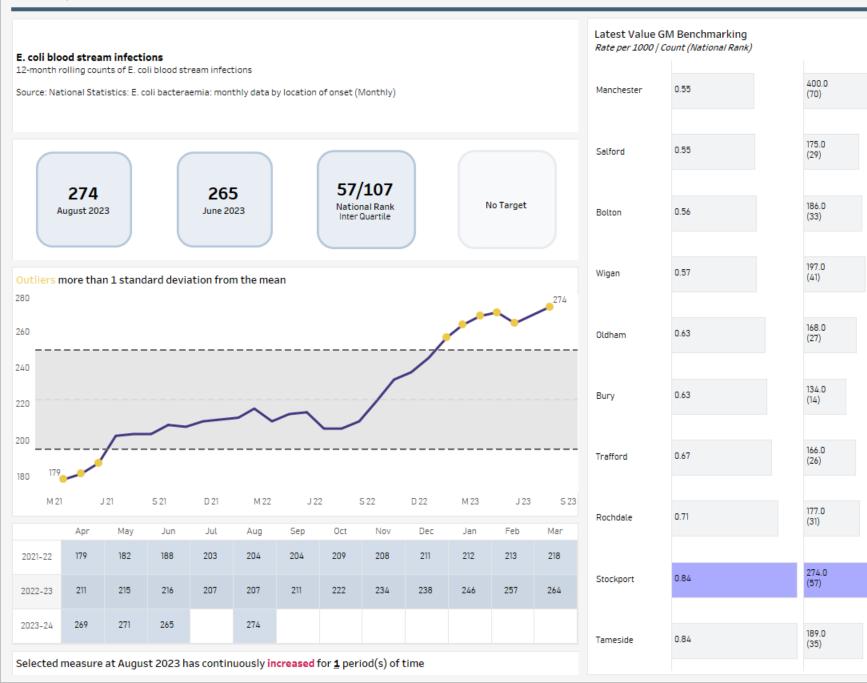
## Narrative

Updated: 15<sup>th</sup> November 2024 – no data since June 2024.

The proportion of patients identified as having 20% or greater 10-year risk of developing cardiovascular disease treated with statins is not reported monthly on Tableau at present.

Stockport was 2.5% above the national median in June 2024 (63.6%).

The Stockport CVD oversight group have highlighted this as an area of focus, to undertake same further improvement work. We are therefore anticipating a further improved position in future months.



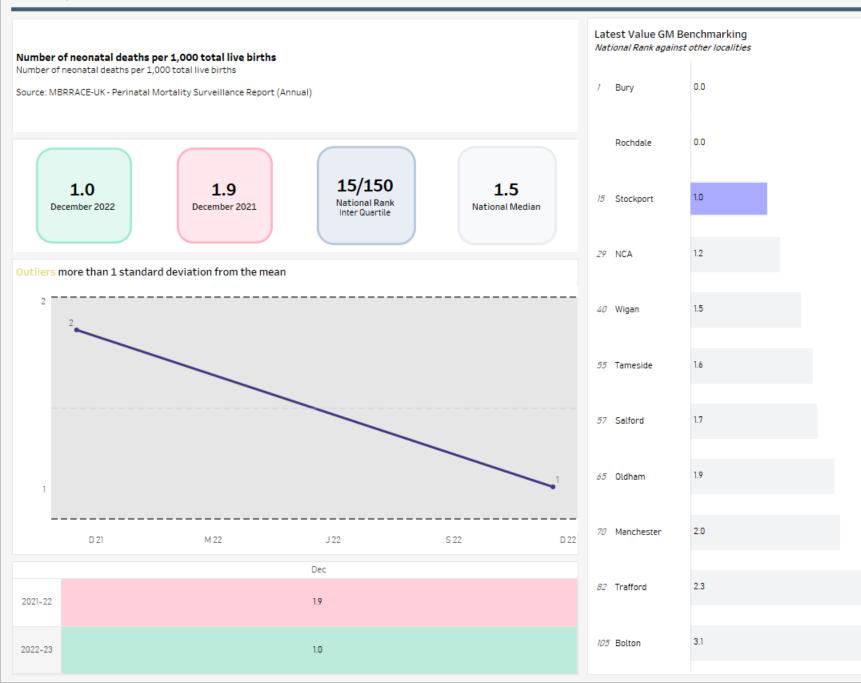
## Narrative

Updated: 15<sup>th</sup> November 2024 – no national target

Stockport continues to see high numbers of E-Coli blood stream infection (274 in the 12 month rolling counts to August 2024). This is most frequently the result of urinary tract infections or as a result of lower respiratory infections.

Actions currently underway include:

- 1) Case review of all community onset cases with root cause analysis, and,
- Targeted work focussing on preventing UTI's currently being undertaken both in hospital and community settings.



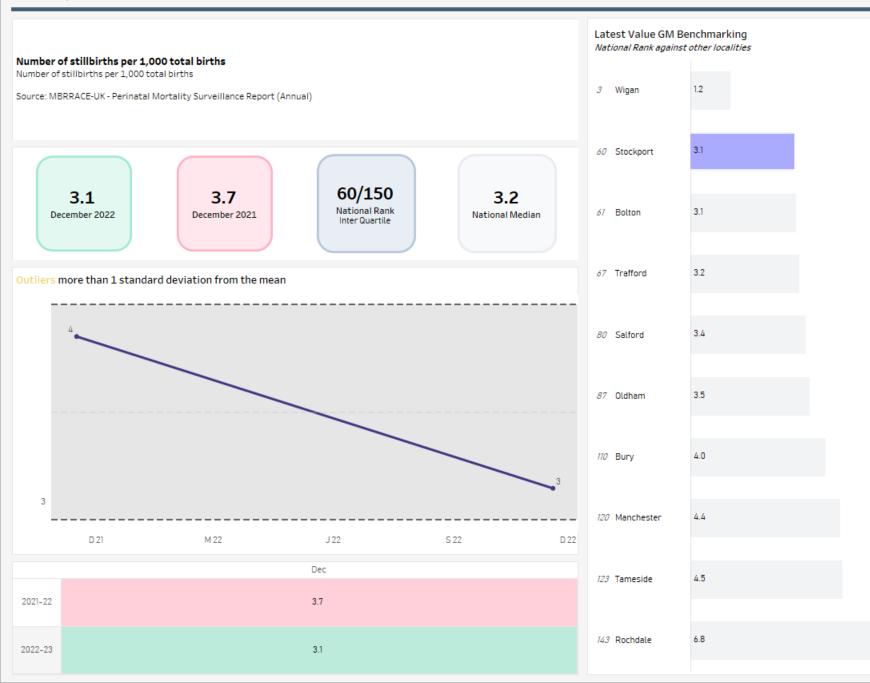
## Narrative

Updated: 15<sup>th</sup> November 2024 –

The latest published data through the MBRRACE-UK Perinatal Mortality Surveillance Report relates to births in 2022.

According to curator, the latest 12 month position (July 2023 to June 2024) shows the rate of early neonatal deaths in Stockport was 1.8 deaths per 1,000 births; This has increased since September 2023 but remains 0.4% below the GM average of 2.2 deaths per 1,000 births.

The national planning objectives for 2024/25 are to make progress towards the national safety ambition of reducing stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury.



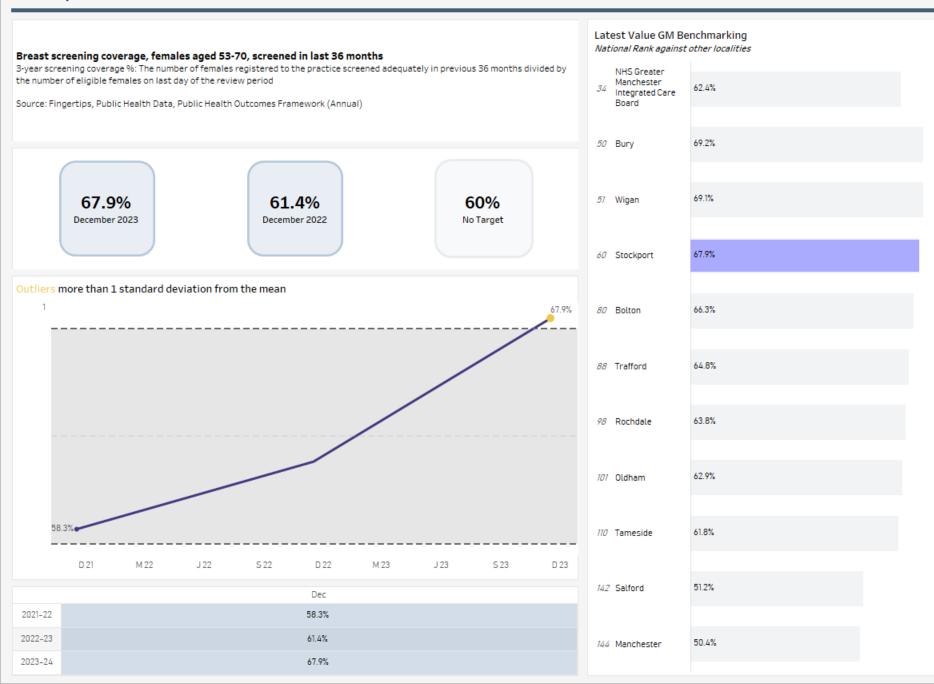
## Narrative

Updated: 15<sup>th</sup> November 2024 – no data reported since March 23

The number of still births per 1000 births is reported quarterly via the Greater Manchester Maternity Quality Surveillance dashboard

The GM ambition is for a reduction in still birth rates to 3.5 per 1000 registrable births in 24/25.

The latest 12-month position (July 2023 - June 2024) shows Stockport's position at 1.8 still births per 1000 births, which is lower than the Greater Manchester position of 4.63 per 1000 births. The latest quarterly position reported (April – June 2024) shows a Stockport rate of 4.23 per 1000, a decrease on the previous quarter (January 2024 – March 2024) 2.77 per 1000.



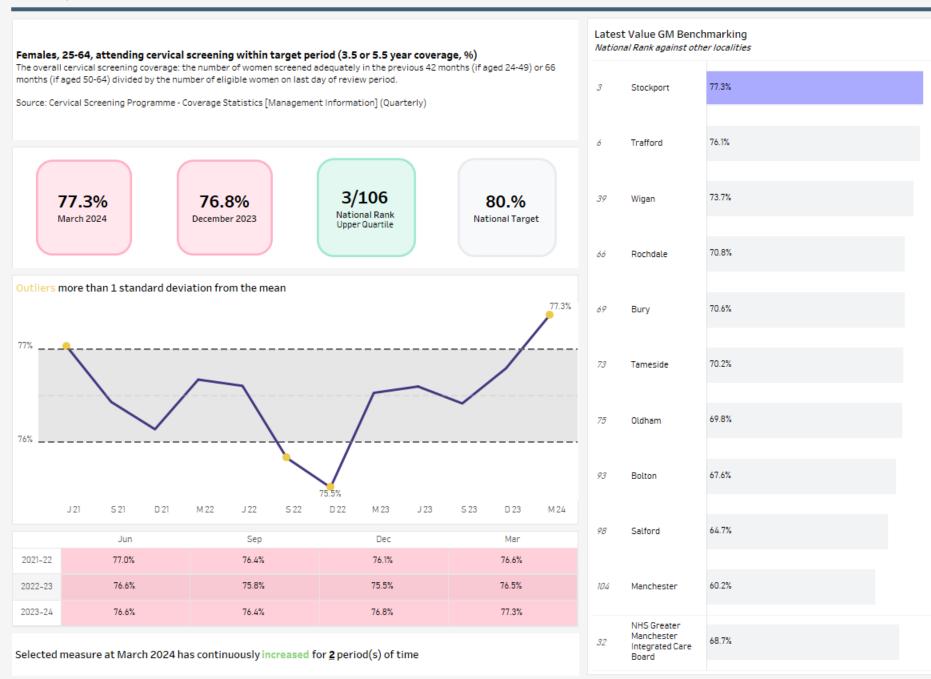
### Narrative

Updated: 15<sup>th</sup> November 2024 – no data since December 2023

There is ongoing work by the Public Health engagement Team with individual practices to ensure that uptake of breast screening is maximised. They work closely with our practices in our priority one areas as well as those who have a lower than the Stockport average screening rates to support them in contacting non-attenders/responders and rebooking /booking. Stockport is unique in that we have East Cheshire provide our breast screening.

Historically, there were lots of issues with accessibility both to make an appointment and physically. For example, if you had a mobility issue the mobile unit wasn't accessible and women were expected to travel to Macclesfield Hospital for their screening. A barrier for someone reliant on public transport in terms of time/cost for some. There were also issues with ringing to make appointments and being able to speak to someone to do this.

The Public Health commissioner carried out public engagement and asked what the barriers were to attending breast screening appointments and provided feedback to the provider. They have worked closely with them, and the phone situation has been resolved. In addition, we there is now a new van which has a lift so is accessible reducing the need for women to travel to Macclesfield. This has resulted in increasing levels of screening.



## Updated: 15<sup>th</sup> November 2024 – no data since March 2024.

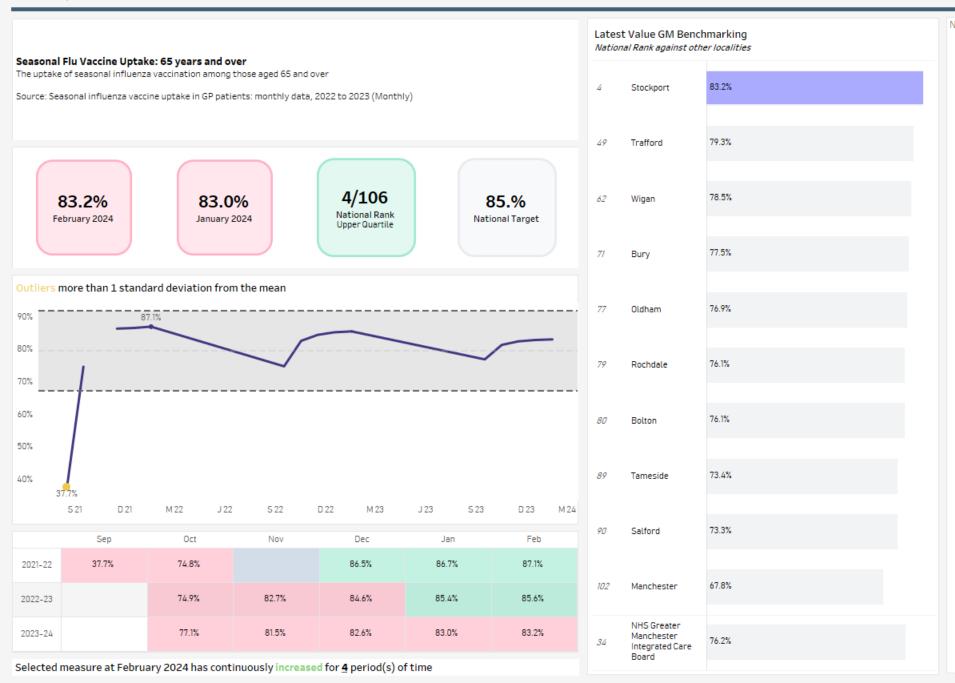
Narrative

There is ongoing engagement work by the Public Health engagement Team with individual practices to ensure that uptake of screening is maximised. They work closely with our practices in our priority one areas as well as those who have a lower than the Stockport average screening rates to support them in contacting non-attenders/responders and rebooking /booking.

A stretch target for practices above their core contract is included in our Locally Commissioned Services (LCS) contract. This requires practices who are not achieving 80% uptake to increase in year. Practices are also asked to target vulnerable groups e.g. Learning Disabilities, to increase their uptake and report on this. A proactive approach is recommended including the use of enhanced access appointments to increase uptake. Practices are encouraged to share best practice between them to improve uptake across the whole Primary Care Network.

In addition, the Public Health Cancer engagement lead as well as the cancer support workers engage with and attend local community groups including speaking with religious leaders to understand and help deal with the barriers for screening.

This has resulted in increasing levels of screening.



## Narrative

Updated: 15<sup>th</sup> November 2024 – no data since February 2024.

Stockport has strong historic delivery of the flu vaccination programme, always achieving top 4 in each cohort nationally, and consistently the highest performer when compared with other Greater Manchester localities for all cohorts.

Planning is underway for 2024/25 winter campaign, with this programme due to mobilise imminently.