Annex F

Joint Technical Definitions for Performance and Activity 2019/20

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Contents

Errata

This file was reissued in March 2019 to include the following corrections and amendments:

- Addition of definition for indicator E.B.25: Hospital Handover Delays (Pg 30)
- Corrected link to Ambulance statistics webpage for indicator E.B.22: Ambulances – Count of incidents by category. (Pg 25)
- Updates to the “Lines within indicator section” for indicator E.B.23: Ambulances – Response times by category (Pg 27)

Executive Summary

The purpose of this technical definitions document is to describe the indicators set out in the NHS England Guidance for Operational and Activity Plans: SDCS submissions and the NHS Improvement Provider Activity Template Guidance. It sets out definitions, monitoring, accountability and planning requirements for each measure.

For any technical queries, please direct these to the relevant planning mailbox:

Queries regarding Commissioner Plans (CCGs and Specialised Commissioning):
england.ops-planning@nhs.net

Queries regarding Provider plans:
NHSI.Returns@nhs.net

Alternatively, please visit the planning workspace on FutureNHS for additional guidance and to raise any questions via our forum.

E.A.3: IAPT roll-out

DEFINITIONS

Detailed Descriptor: The Mental Health Five Year Forward View Implementation Plan set out the ambition to increase access to integrated evidence-based psychological therapies to at least 600,000 additional adults with anxiety and depression each year by 2020/21. The primary purpose of this indicator is to measure improvement in access rates to psychological therapy services via the national Improving Access to Psychological Therapies (IAPT) programme for people with depression and/or anxiety disorders.

The effectiveness of local IAPT services is measured using this indicator and **E.A.S.2** and **E.H.1-3.** **E.A.S.2** is focused on recovery of patients completing a course of treatment in IAPT services. **E.H.1-3** focus on the waiting times of patients accessing treatment.

E.A.3 measures the proportion of people that enter treatment against the level of need in the general population (the level of prevalence addressed or 'captured' by referral routes).

Lines within indicator (Units)

The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies.

Numerator: The number of people who receive psychological therapies.

Denominator: The local number of people who have depression and/or anxiety disorders.

Data Definition: Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

For the denominator of this indicator, the expectation is NOT that CCGs carry out a survey of their own. Results of the 2014 Adult Psychiatric Morbidity Survey were published by NHS Digital in September 2016. An initial analysis using the latest population projection estimates suggests a national increase in the incidence of common mental health disorders (CMHD). Work is ongoing to disaggregate this to CCG level, and understand the implications for access rates. For the purposes of planning for 2019/20 CCGs are asked to use their previous year's prevalence baseline with locally determined inflation in order to meet the needs of their local population and consider workforce planning to meet increasing demand if applicable.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: IAPT Data Set**,** NHS Digital

ACCOUNTABILITY

What success looks like, direction, milestones

The expectation is that IAPT services will achieve a minimum of 22% access rate at the end of 2019/20. In addition it is expected that CCGs will have in place a strategy to increase access further towards addressing 25% of local prevalence by the end of 2020/21.

NHS England will expect CCGs to commission services with this in mind and for the recovery rate to be a minimum of 50%.

Assessment will be based on a quarterly “run rate” requirement, with the expectation that each CCG will achieve a rate of at least 5.5% of local prevalence entering services by quarter 4 of 2019/20 and a minimum of 4.75% in all other quarters.

In order to meet the access rate, the IAPT workforce will need to expand. Health Education England has provided training places to support this expansion. If CCGs have been unable to take up their allocation of these training places in 2018-19 they will need to plan to use additional places in 2019/20 if they are to meet the ambition of having 25% of people with depression or anxiety disorders accessing treatment by 2020/21.

Timeframe/Baseline: Ongoing to 2019/20

Rationale

This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. Around one in six adults in England have a common mental health disorder, such as depression or anxiety. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

The IAPT Data Handbook explains the function of effective data collection and reporting in IAPT services.

E.A.S.1: Estimated diagnosis rate for people with dementia

DEFINITIONS

Detailed descriptor: Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.

Lines within indicator (Units)

Numerator: Number of people aged 65 or over diagnosed with dementia.

Denominator: Estimated prevalence of dementia based on GP registered populations.

Data definition

Numerator: Number of people, aged 65 and over, with a diagnosis of dementia recorded in primary care as counted within the Quality and Outcomes Framework (QOF) dementia registers. This figure will be published monthly. The end of year assessment will be against the figure published in April 2020 on data from March 2020.

Denominator: Estimated prevalence of dementia in people aged 65 or over in the local population. The estimated prevalence for the CCG as calculated from the number of patients registered for General Medical Services on the National Health Application and Infrastructure Services (NHAIS) system (also known as 'Exeter') multiplied by dementia prevalence rates from the second cohort Cognitive Function and Ageing Study (CFAS II):

Estimated dementia prevalence rates (CFAS II)

Age Group	Females	Males
65-69	1.8%	1.2%
70-74	2.5%	3.0%
75-79	6.2%	5.2%
80-84	9.5%	10.6%
85-89	18.1%	12.8%
90+	35.0%	17.1%

The prevalence estimate for a CCG will be the sum of prevalence estimates in the 12 age and gender specific groups given in the table. The same six age groups are used for each gender and are five-year age bands from age 65 to 89 and one an age group, per gender, for people aged 90 and above. The prevalence estimate for an age and gender specific group is calculated by multiplying the prevalence rate given in the table by the matching age and gender specific population count for the CCG.

The population used in the final assessment will be the number of patients registered at a GP practice as at 1 April 2020.

MONITORING

Monitoring frequency: Monthly

Monitoring data source:

- Quality and Outcomes Framework
- NHS Digital - Recorded dementia diagnosis
- Cognitive Function and Ageing Study (CFAS II) second cohort

Monthly monitoring will be based on the monthly dementia diagnosis rate publication which will use as the relevant population, the number of patients registered at a GP practice on the first date of the following month.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

Rationale

A timely diagnosis enables people living with dementia, and their carers/families to access treatment, care and support, and to plan in advance in order to cope with the impact of the disease. A timely diagnosis enables primary and secondary health and care services to anticipate needs, and working together with people living with dementia, plan and deliver personalised care plans and integrated services, thereby improving outcomes.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans quarterly for 2019/20 via SDCS.

E.A.S.2: IAPT recovery rate

DEFINITIONS

Detailed descriptor: The primary purpose of this indicator is to measure the maintenance of recovery rates at or above the 50% standard during 2019/20 via the national IAPT programme for people with depression and/or anxiety disorders. The effectiveness of local IAPT services is measured using this indicator and **E.A.3** which is focused on access to services as a proportion of local prevalence.

E.A.S.2 measures the proportion of people who complete treatment who are moving to recovery.

The current measure of recovery based on “caseness” has been a useful measure of patient outcome and has helped to inform service development. This measure will continue in 2019/20.

However, using this methodology means borderline cases that only show a very small change will be counted if they move across the threshold whereas more severe cases that show significant improvement but do not pass the cut-off will be excluded. More statistically robust indices of improvement i.e. reliable recovery and reliable improvement are reported in routine IAPT publications which provide a fairer assessment of the benefits of being seen in an IAPT service.

NHS England will continue to monitor progress against reliable change/improvement in shadow form with a view to assessing whether to set a standard for these measures.

Further detail is available in the guide to measuring improvement and recovery (2014).

Lines within indicator (Units)

The number of people who are moving to recovery.

Numerator: The number of people who have finished treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness” and at final session did not).

Denominator: (The number of people who have finished treatment within the reporting quarter, having attended at least two treatment contacts and coded as discharged) minus (The number of people who have finished treatment not at clinical caseness at initial assessment).

Data definition

Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

Definition of a 'case': A patient suffering from depression and/or anxiety disorders, as determined by scores on the Patient Health Questionnaire (PHQ 9) for depression and/or the Patient Health Questionnaire (GAD7) for anxiety disorders, or other anxiety disorder specific measure as appropriate for the patient's diagnosis.

Finished treatment: This is a count of all those who have left treatment within the reporting quarter having attended at least two treatment contacts, for any reason including: planned completion; deceased; dropped out (unscheduled discontinuation); referred to another service or unknown.

MONITORING

Monitoring Frequency: Quarterly

Monitoring Data Source: IAPT Data Set**,** NHS Digital

ACCOUNTABILITY

What success looks like, direction, milestones

Maintenance of at least 50% recovery rates is expected from those that achieved the standard at the end of 2018/19. Improvement is anticipated from areas where a rate of less than 50% was achieved with the expectation they will achieve at least 50% in each quarter of 2019/20.

Timeframe/Baseline: Ongoing to 2019/20

Rationale

This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. Around one in six adults in England have a common mental health disorder, such as depression or anxiety. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

The IAPT Data Handbook explains the function of effective data collection and reporting in IAPT.

The IAPT Data Set includes detailed guidance on use of the technical specification and the central return process.

E.B.3: Incomplete RTT pathways performance

DEFINITIONS

Detailed descriptor: The percentage of referral to treatment (RTT) incomplete pathways (patients yet to start treatment) within 18 weeks.

Lines within indicator (Units)

Performance against the RTT operational standard. This is the percentage of incomplete RTT pathways (patients waiting to start treatment) of 18 weeks or less at the end of the reporting period.

Numerator: The number of incomplete RTT pathways of 18 weeks or less at the end of the reporting period.

Denominator: The total number of incomplete RTT pathways at the end of the reporting period (often referred to as the size of the RTT waiting list).

Data definition

A calculation of the percentage within 18 weeks for incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

Rationale

To support patients' right to start consultant-led non-emergency treatment within a maximum of 18 weeks from referral.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.B.4: Diagnostic test waiting times

DEFINITIONS

Detailed descriptor: The percentage of patients waiting six weeks or more for a diagnostic test.

Lines within indicator (Units)

The percentage of patients waiting six weeks or more for a diagnostic test (included in the Diagnostics Waiting Times and Activity Data Return's fifteen key diagnostic tests) at the end of the period.

Data definition: The number of patients waiting six weeks or more for a diagnostic test (fifteen key tests) based on monthly diagnostics data provided by NHS and independent sector organisations and reviewed and validated by NHS commissioners as a percentage of the total number of patients waiting at the end of the period.

Full definitions can be found on the Monthly Diagnostic Waiting Times and Activity Return webpage.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: Monthly Diagnostics Waiting Times and Activity Return-DM01.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing

Rationale

Prompt access to diagnostic tests is a key supporting measure to the delivery of the NHS Constitution referral to treatment (RTT) maximum waiting time standards. Early diagnosis is also important for patients and central to improving outcomes, e.g. early diagnosis of cancer improves survival rates.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.
Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.5: A&E waiting times – total time in the A&E department

DEFINITION

Detailed descriptor: Percentage of patients who spent 4 hours or less in A&E.

Lines within indicator (Units)

1. Total number of A&E attendances.

2. Number of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge.

3. Percentage of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge – This element will be auto calculated in the template.

Data definition: Full definitions can be found in the A&E attendances and emergency admissions monthly return definitions document.

A&E means a Type 1, Type 2, Type 3, Type 4 department or urgent care centre that averages more than 200 attendances per month. This average should be calculated over a quarter.

Types of A&E service are:

- Type 1 A&E department = A consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients
- Type 2 A&E department = A consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients
- Type 3 A&E department/Type 4 A&E department/Urgent Care Centre = Other type of A&E/minor injury units (MIUs)/Walk-in Centres (WiCs)/Urgent Care Centre, primarily designed for the receiving of accident and emergency patients. A type 3 department may be doctor led or nurse led. It may be co-located with a major A&E or sited in the community. A defining characteristic of a service qualifying as a type 3 department is that it treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment. An appointment based service (for example an outpatient clinic) or one mainly or entirely accessed via telephone or other referral (for example most out of hours services) or a dedicated primary care service (such as GP practice or GP-led health centre) is not a type 3 A&E service even though it may treat a number of patients with minor illness or injury.

Potential patients must be aware of A&E departments and perceive the service as an urgent and emergency care service. As a result, for a department to be classified

under the above A&E nomenclature it must average over 200 attendances per month.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Monthly A&E Attendances and Emergency Admissions collection (MSitAE).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.6-7: Cancer two week waits

DEFINITIONS

Detailed Descriptor: Two week wait (urgent referral) services (including cancer).

Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer (**E.B.6**) and percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (**E.B.7**).

Lines Within Indicator (Units)

E.B.6: All cancer two week wait

Numerator: Patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within 14 calendar days within the given month/quarter.

Denominator: All patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within the given month/quarter.

E.B.7: Two week wait for breast symptoms (where cancer was not initially suspected)

Numerator: Patients urgently referred for evaluation/investigation of “breast symptoms” by a primary or secondary care professional during a period (excluding those referred urgently for suspected breast cancer) who were first seen within 14 calendar days during the given month/quarter.

Denominator: All patients urgently referred for evaluation/investigation of “breast symptoms” by a primary or secondary care professional within a given month/quarter, (excluding those referred urgently for suspected breast cancer) who were first seen within the given month/quarter.

All referrals to a breast clinical team (excluding those for suspected cancer and those to family history clinics) should be included within the dataset supplied for **E.B.7**.

Data definition: Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in the relevant information standard - Amd 89/2016.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016, is available in the NHS Data Dictionary.

MONITORING

Monitoring frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.8-11: Cancer 31 day waits

DEFINITIONS

Detailed descriptor: Cancer 31 day waits.

Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (**E.B.8**)

Percentage of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (**E.B.9**), an Anti-Cancer Drug Regimen (**E.B.10**) or a Radiotherapy Treatment Course (**E.B.11**)

Lines within indicator (Units)

E.B.8: Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')

Numerator: Number of patients receiving first definitive treatment for cancer within 31 days of receiving a diagnosis (decision to treat) within a given period for all cancers (ICD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

E.B.9: 31-day standard for subsequent cancer treatments-surgery

Numerator: Number of patients receiving subsequent treatment of surgery within a maximum waiting time of 31-days during a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving subsequent treatment of surgery during a given month/quarter, including patients with recurrent cancer.

Scope: Those treatments classified as "Surgery" within the National Cancer Waiting Times Monitoring Dataset (NCWTMDS).

E.B.10: 31-day standard for subsequent cancer treatments - anti cancer drug regimens

Numerator: Number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a maximum waiting time of 31-days within a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving a subsequent/adjuvant anti-cancer drug regimen within a given month/quarter, including patients with recurrent cancer.

Scope: Using the definitions published in the NCWTMDS "Anti-Cancer Drug Regimens" includes: Cytotoxic Chemotherapy, Immunotherapy, Hormone Therapy - plus other specified and unspecified drug treatments.

E.B.11: 31-day standard for subsequent cancer treatments – radiotherapy

Numerator: Number of patients receiving subsequent/adjuvant radiotherapy treatment within a maximum waiting time of 31-days within a given month/quarter, including patients with recurrent cancer.

Denominator: Total number of patients receiving subsequent/adjuvant radiotherapy treatment within a given month/quarter, including patients with recurrent cancer.

Scope: Using the definitions published in the NCWTMDS "Radiotherapy Treatments" includes: Teletherapy (beam radiation), Brachytherapy, Chemo radiotherapy and Proton Therapy.

Data Definition: Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 89/2016.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016, is available in the NHS Data Dictionary.

MONITORING

Monitoring frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.12-14: Cancer 62 day waits

DEFINITIONS

Detailed descriptor: E.B.12: Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.

E.B.13: Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from a NHS Cancer Screening Service.

E.B.14: Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.

Lines within indicator (Units)

E.B.12: All cancer two-month urgent referral to first treatment wait

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

E.B.13: 62-day wait for first treatment following referral from a NHS cancer screening service

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days following referral from a NHS Cancer Screening Service within a given month/quarter (CD-10 C00 to C97 and D05).

Denominator: Total number of patients receiving first definitive treatment for cancer following referral from a NHS Cancer Screening Service within a given month/quarter (ICD-10 C00 to C97 and D05).

E.B.14: 62-day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority

Numerator: Number of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.

Denominator: Total number of patients receiving first definitive treatment for cancer following a consultant decision to upgrade their priority status within a given period.

Scope: Patients included in this indicator will not have been referred urgently for suspected cancer by their GP or referred with suspected cancer from a NHS Cancer Screening Service with suspected cancer (routine referrals from these services where cancer was not initially suspected may be upgraded).

Data definition: Numerator and denominator details are defined above.

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 89/2016.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 89/2016 is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly.

Monitoring data source: Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.18: Number of 52+ Week RTT waits

DEFINITIONS

Detailed descriptor: The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 52 weeks or more.

Lines Within Indicator (Units)

The number of incomplete RTT pathways (patients waiting to start treatment) of 52 weeks or more at the end of the reporting period.

Data definition: The number of 52+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.B.22: Ambulances – count of incidents by category

DEFINITIONS

Detailed descriptor: Incidents comprise not only calls that receive a face-to-face response from the ambulance service at the scene of the incident, but also calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient.

Lines within indicator (Units)

C1 incidents (A8) The count of incidents coded as C1 that received a response on scene.
C1T incidents (A9) The count of C1 incidents where any patients were transported by an ambulance service emergency vehicle.
Do not include incidents where an ambulance clinician on scene determines that no conveyance is necessary, or incidents with non-emergency conveyance. This is a subset of C1 incidents.
C2 incidents (A10) The count of incidents coded as C2 that received a response on scene.
C3 incidents (A11) The count of incidents coded as C3 that received a response on scene.
C4 incidents (A12) The count of incidents coded as C4 that received a response on scene.
All incidents (A7) The count of all incidents. This includes C1-C4 plus incidents referred from HCPs and incidents that do not result in face to face contact.

Data definition: Reference codes A7-A12 correspond with NHS England's ambulance quality indicator guidance.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: NHS England ambulance quality indicators. Further information on data available to support this metric can be found on the ambulance quality indicators landing page.

ACCOUNTABILITY

What success looks like, direction, milestones

Ambulance trusts should evidence realistic levels of activity growth.

Timeframe/Baseline: Ongoing**.**

Rationale

A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme for publication in NHS England's ambulance quality indicators.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.23: Ambulances – response times by category

DEFINITIONS

Detailed descriptor: The response times of ambulances to category 1-4 incidents, recorded using mean and 90th centile, as collected via the monthly Ambulance Quality Indicators return.

Lines within indicator (Units)

The following lines are required:
Total response time (A24, A27, A30, A33, A36) The total response time aggregated across all incidents in the period (recorded in seconds).
Mean response time (C1, C1T and C2 only – A25, A28, A31) Across all incidents in the period, the mean average response time (recorded in seconds).
90th centile response time (A26, A29, A32, A35, A38) Across all incidents in the period, the 90th centile response time (recorded in seconds).

Data definition: Reference codes A24-A38 correspond with NHS England's ambulance quality indicator guidance.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: NHS England ambulance quality indicators. Further information on data available to support this metric can be found on the ambulance quality indicators landing page.

ACCOUNTABILITY

What success looks like, direction, milestones

The constitutional standards for the Ambulance Response Programme are:
Category 1: 7 minutes (mean), 15 minutes (90th centile).
Category 2: 18 minutes (mean), 40 minutes (90th centile).
Category 3: 120 minutes (90th centile).
Category 4: 180 minutes (90th centile).

Timeframe/Baseline: Ongoing**.**

Rationale

A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme for publication in NHS England's ambulance quality indicators.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.24: Ambulances – incident closure

DEFINITIONS

Detailed descriptor: The number of incidents closed by outcome, as collected via the monthly Ambulance Quality Indicators return.

Lines within indicator (Units)

Incidents with no face-to-face response (A17) Count of all incidents not receiving a face-to-face response (hear and treat).
Incidents with no transport (A55) Count of incidents with face-to-face response, but no patients transported (see and treat).
Incidents with transport to ED (A53) Count of incidents with any patients transported to an Emergency Department (ED), including incidents where the department transported to is not specified. Include incidents with non-emergency conveyance to ED.
Incidents with transport not to ED (A54) Count of incidents with any patients transported to any facility other than an Emergency Department.

Data definition: Reference codes A17-A55 correspond with NHS England's ambulance quality indicator guidance.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: NHS England ambulance quality indicators. Further information on data available to support this metric can be found on the ambulance quality indicators landing page.

ACCOUNTABILITY

What success looks like, direction, milestones

A reduction in the volume of incidents requiring conveyance to ED and an associated increase in hear and treat and see and treat.

Timeframe/Baseline: Ongoing**.**

Rationale

A new series of standards, indicators and measures has been introduced through the Ambulance Response Programme for publication in NHS England's ambulance quality indicators.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.B.25: Hospital Handover Delays

DEFINITIONS

Detailed Descriptor:

Commissioners and providers should work together to agree an improvement trajectory from the baseline available 1 January 2019. For comparison, and to demonstrate a year on year improvement, the baseline will be derived using the number of hospital handover breaches from 1 April – 30 September 2018. An improvement plan should be developed which clearly sets out how the trajectory will be achieved and what key actions will be taken to ensure by September 2019,100% of patients arriving to Emergency Departments by ambulance will be handed over within 30 minutes of the ambulance's arrival.

Where hospital handover delays require significant improvement, a phased approach may be necessary with plans that clearly set out how continued improvements will be made to achieve zero hospital handover delays. These plans will need to be assured by the region.

Where trusts are close to, or achieving this measure already, consideration should be given to an additional trajectory to significantly reduce the number of hospital handover breaches over 15 minutes by December 2019.

There will be an immediate zero tolerance of hospital handover delays over 60 minutes.

Lines Within Indicator (Units):

The lines within the indicator will use the same definitions as set out in the Daily Situation Report (SITREP), which can be found at:

https://improvement.nhs.uk/resources/how-to-complete-daily-sitreps/

The specific lines for collection are:

Patients arriving by ambulance: Count all accident, emergency and urgent patients if destined for A&E (type 1, 2 or 3). This includes GP urgent patients brought by ambulance to A&E. Do not count non-emergency patients or patients being transported between locations/trusts/hospitals (eg for outpatient clinics or tertiary care).

Ambulance handover delays: The start time of the handover is defined as the ambulance's time of arrival at the A&E department. The end time of the handover is defined as the time of handover of the patient to the care of A&E staff. Do not count the time required for crews to complete record forms, clean or restock vehicles or have a break.

This time includes the 15 minutes allowed under sitrep guidance if an ambulance is unable to unload a patient immediately on arrival at A&E because the A&E department is full.

- **15 to 30 minutes**: Report the number of handover delays longer than 15 minutes, up to and including 29 minutes 59 seconds for patients arriving according to the definition above.

- **30 to 60 minutes**: Report the number of handover delays longer than 30 minutes, up to and including 59 minutes 59 seconds for patients arriving according to the definition above.

- **Over 60 minutes**: Report the number of handover delays longer than 60 minutes for patients arriving according to the definition above.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: SITREP data

ACCOUNTABILITY

What success looks like, Direction, Milestones:

By September 2019, 100% of patients arriving to Emergency Departments by ambulance will be handed over within 30 minutes of the ambulance's arrival.

Providers and commissioners should work together to develop a set of plans and associated trajectory that ensures there are zero hospital handover delays over 30 minutes by September 2019. Where trusts are close to, or achieving this measure already, consideration should be given to an additional trajectory to significantly reduce the number of hospital handover breaches over 15 minutes by December 2019.

Timeframe/Baseline:

A baseline of hospital handover delays should be taken on 1 January 2019 using the SITREP data which can be accessed at :

https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps

The numerators are the number of breaches over 15 minutes, over 30 minutes and over 60 minutes.

The denominator is the total number of handovers.

Rationale:

Hospital handover delays result in:

- increased risk to patients on site due to delays in diagnosis and treatment;
- increased risk in the community because fewer ambulances are available to respond;
- the ability to respond to a serious or major incident being seriously compromised; and
- reduced ambulance response performance due to time wasted queuing.

There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.

- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).

- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate. As part of the national programme of work, the UEC ambition is to eliminate 'Corridor Care'.

- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

An initial plan will be required which outlines what measures will be put in place to ensure acute trusts have zero hospital handover delays over 30 minutes by September 2019.

Plans will need to be submitted at acute provider level and assured by the region.

FURTHER INFORMATION

A national Hospital Handover programme was established in March 2018, agreeing a collaborative approach to addressing handover delays in the most challenged acute trusts. Working with regional leads, acute trusts and their ambulance services, a set of improvement milestones have been agreed to reduce the length and quantity of hospital handover delays. As a result of this work, improvements have been seen to varying degrees across the country but this remains a significant issue for some hospitals.

The updated guidance 'Addressing hospital handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents and

separates them into actions to be embedded as part of normal working practice. It also sets out what actions should be taken should ambulances begin to queue. This summary is not exhaustive and Local Delivery Boards should refer to more detailed guidance from NHS Improvement and the Royal College of Emergency Medicine.

E.D.15: STP Primary Care Workforce Plans

DEFINITIONS

Detailed descriptor: The STP Primary Care workforce plans are required for the following staff groups, GPs and wider workforce. The wider workforce is comprised of the staff groups nurses, direct patient care roles and admin/non-clinical staff. The staff groups are comprised of a number of job roles.[1]

GPs

The number of full time equivalent GPs, ('all practitioners') are from the workforce Minimum Data Set (wMDS). Data from the wMDS are published quarterly by NHS Digital as "General and Personal Medical Services, England" data. The latest data published in November 2018 can be found on NHS Digital's website.

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent GPs ('All Practitioners') including GP Providers, Salaried/Other GPs, GP Registrars, GP Retainers, GP Locums and not stated.

GPs excluding registrars are calculated from workforce Minimum Data Set (wMDS) data published quarterly by NHS Digital as "General and Personal Medical Services, England" data. This is available in the Primary Care Workforce Reporting Tool which is on the Future NHS Platform.[2]

Nurses

The number of full time equivalent all Nurses, ('all Nurses') are from the workforce Minimum Data Set (wMDS). Data from the wMDS are published quarterly by NHS Digital as "General and Personal Medical Services, England" data. The latest data published in November 2018 can be found on NHS Digital's website.

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent nurses ('All nurses') including the following job roles: Advanced Nurse Practitioners; Nurse Specialist; Extended Role Practice Nurse; Practice Nurses; Nursing Partners; District Nurses; Nurse Dispenser; Research Nurses; Trainee Nurses, and not stated.

Direct Patient Care

The number of full time equivalent all Direct Patient Care, ('all Direct Patient Care') are from the workforce Minimum Data Set (wMDS). Data from the wMDS are published quarterly by NHS Digital as "General and Personal Medical Services, England" data. The latest data published in November 2018 can be found on NHS Digital's website.

[1] Further details on the different job roles in the Workforce Minimum Dataset (wMDS) can be found at this link https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-reporting-system-nwrs-workforce-census-module

[2] Primary Care Workforce - Reporting Tool is available on the Future NHS Platform https://future.nhs.uk/connect.ti/GPFV/groupHome

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent direct patient care ('All direct patient care') including the following job roles: Health Care Assistants; Dispensers; Phlebotomists; Pharmacists; Podiatrists; Therapists; Physician Associates; Paramedic; Nursing Associate; Apprentice; and, Direct Patient Care – Other. These are clinical roles.

The staff roles Physician Associates and Pharmacists are included separately. More details on these staff roles can be found in the GP Forward View workforce resources and the additional links provided.[3]

Physician Associates

The number of full time equivalent Physician Associates, ('Physician Associates') are from the workforce Minimum Data Set (wMDS). Data from the wMDS are published quarterly by NHS Digital as "General and Personal Medical Services, England" data. The latest data published in November 2018 can be found on NHS Digital's website.

The NHS Digital publication includes data fields on full-time equivalent Physician Associates.

Pharmacists

The number of full time equivalent Pharmacists, ('Pharmacists') are from the workforce Minimum Data Set (wMDS). Data from the wMDS are published quarterly by NHS Digital as "General and Personal Medical Services, England" data. The latest data published in November 2018 can be found on NHS Digital's website.

The NHS Digital publication includes data fields on full-time equivalent Pharmacist.

Admin/non-clinical

The number of full time equivalent all admin/non-clinical, ('all admin/non-clinical') are from the workforce Minimum Data Set (wMDS). Data from the wMDS are published quarterly by NHS Digital as "General and Personal Medical Services, England" data. The latest data published in November 2018 can be found on NHS Digital's website.

The NHS Digital publication includes data fields pre-aggregated to: full-time equivalent admin/non-clinical ('all admin/non-clinical') including the following job roles: Managers; Medical Secretaries; Receptionists; Telephonists; Estates and Ancillary; Apprentice; and, other roles. These are non-clinical roles.

Lines within indicator (Units)

Data are taken from the quarterly NHS Digital publication "General and Personal Medical Services, England".

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[3] GP Forward View Workforce, NHS England https://www.england.nhs.uk/gp/gpfv/workforce/
Newly qualified GPs https://gprecruitment.hee.nhs.uk/
Induction & Refresher https://gprecruitment.hee.nhs.uk/Induction-Refresher
International recruitment https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/international-gp-recruitment/
GP retention scheme https://www.england.nhs.uk/gp/gpfv/workforce/retaining-the-current-medical-workforce/retained-doctors/
Nurses https://www.england.nhs.uk/leadingchange/staff-leadership/general-practice-nursing/
Pharmacists https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/

Inflow: This is headcount of the number of GPs, Direct Patient Care and admin/non-clinical staff joining the workforce.

More detailed guidance can be found in NHS England Guidance for Operational and Activity Plans: SDCS submissions.

Outflow: This is headcount of the number of GPs, Direct Patient Care and admin/non-clinical staff leaving the workforce.

More detailed guidance can be found in NHS England Guidance for Operational and Activity Plans: SDCS submissions.

Data definition: Data is collected from GP practices through the Primary Care Web Tool Workforce Census Module and the Workforce Minimum Data Set (wMDSC). Individual level information on all staff (GPs, Nurses, Direct Patient Care and Admin/Non-Clinical staff) employed at the practice is collected as at March, June, September and December.

GPs, Direct Patient Care and admin/non-clinical are a staff group specified in the Primary Care web tool with detailed job roles which can be accessed on the NHS Digital website, under the National Workforce Reporting System.

Headcount is a count of the number of staff. This is a whole number.

Participation rate: A participation rate is the average Full Time Equivalent (FTE). In this case the participation rate is used to convert the headcount into an estimated FTE. It is the participation rate in relation to general practice and takes account of any estimated loss to general practice. Further information can be found in the STP Workforce Supply and Demand Tool. [4] The participation rate is a number between 0 and 1.

Full Time Equivalent (FTE): is a standardised measure of the workload of an employed person. An FTE of 1.0 means that the hours a person works is equivalent to a full-time worker, an FTE of 0.5 signals that the worker is half time. This measure allows for the work of part-time staff to be converted into an equivalent number of full-time staff. It is calculated by dividing the total number of hours worked by staff in a specific staff group by 37.5.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: All staff role data is sourced from NHS Digital 'General and Personal Medical Services, England. The latest data can be found on NHS Digital's website.

[4] Further details on participation rate and workforce loss estimates can be found on the Future NHS Collaboration Platform https://future.nhs.uk/connect.ti/GPFV/groupHome in the STP GP Workforce Supply and Demand Tool.
The Retention Schemes Model provides details on the GP retention scheme estimates and impacts.
https://future.nhs.uk/connect.ti/GPFV/groupHome

ACCOUNTABILITY

What success looks like, direction, milestones

All STPs in England must have plans in place to maximise GP recruitment through all available channels and initiatives. STPs/ICSs are expected to develop detailed plans for securing and retaining the multidisciplinary workforce of GPs and other health professionals needed. Key workforce targets will continue to be tracked and STP/ICS level plans should continue to grow resilient, multidisciplinary teams and should also plan to retain as many GP trainees as possible within the local primary care environment, with as many as possible taking up substantive posts as part of the local primary care workforce. Additional emphasis should be given in local workforce plans to retention of the existing GP workforce by utilising all available initiatives as part of the national GP retention programme and local offers.

Timeframe/Baseline: The baseline is September 2015 based on NHS Digital published data "General and Personal Medical Services, England.[5]

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, STP plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

Further guidance on how to complete the planning trajectories for Primary Care workforce can be found in NHS England Guidance for Operational and Activity Plans: SDCS submissions.

[5] Further information on workforce targets, data and supporting tools can be found on the Future NHS Collaboration platform. https://future.nhs.uk/connect.ti/GPFV/groupHome

E.D.16: Proportion of the population with access to online consultations

DEFINITIONS

Detailed descriptor: Percentage of CCG registered population[6] with access to online consultations.

Online consultations provide patients with the facility to conduct a clinical consultation with their GP practice online. CCGs procure licences for systems on behalf of their practices. This approach facilitates alignment with other initiatives in improving access and digital innovations, greater collaboration and coordination across practices, and effective engagement and marketing for patients.

Lines within indicator (Units)

Data to assess whether a CCG meets the definition of providing online consultations are taken from CCG responses to the General Practice Forward View (GPFV) Monitoring Survey.

Numerator – Registered population where GP practice offers online consultations. The data is sourced from Question 3a of the Online Consultations section of the GPFV Monitoring Survey. This question asks for each GP Practice, a yes/no response to identify which practices within the CCG offer online consultations.

Q3a – Which practices within your CCG are offering online consultations?

Where the answer is yes, the sum of the registered population for each GP practice is the CCG total (i.e. the total CCG 'registered population where GP practice offers online consultations').

Denominator – Total CCG Registered population.

The GPFV Monitoring Survey uses the NHS Digital collection 'Patients registered at a GP Practice'. The data is extracted each month as a snapshot from the GP Payments system. The latest data can be found be found on NHS Digital's website.

Calculation

$$\frac{\text{Sum of registered population where GP practice offers online consultations}}{\text{Total CCG registered population}}$$

Data definition: Online consultation information is reported by all CCGs in England in relation to the uptake by practices and activity.

[6] The CCG registered population is published by NHS Digital and can be found at https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice . This is based on Patients registered at a GP Practice – month Year: Totals (GP practice – all persons).

Every GP practice is eligible to access the support from the national funding. The fund is to be used towards the costs of providing patients with the facility to conduct a clinical consultation with their GP practice online. Eligible systems are required to have specific features including: web browser and mobile app connection; symptom checker; sign posting; patient information imported back into GP system.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Data is sourced from the Online Consultation question of the GPFV Monitoring Survey.

ACCOUNTABILITY

What success looks like, direction, milestones

All CCGs in England should ensure patients have access to a clinical consultation with their GP practice online. CCGs are expected to work with their practices to ensure that by March 2020, 75% of practices are offering online consultations to their patients.

Timeframe/Baseline: Monitoring data first collected March 2018 through the GPFV Monitoring Survey.

Rationale

The Government's mandate to NHS England for 2017/18 gives NHS England a goal by 2020 "to implement the measures to support general practice set out in the General Practice Forward View".

The General Practice Forward View committed to the greater use of technology to enhance patient care and experience. This includes a national programme to support the use of online consultation systems for every practice. CCGs are expected to work with their practices to ensure that by March 2020, 75% of practices are offering online consultations to their patients.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans monthly for 2019/20.

E.D.17: Extended Access Appointment Utilisation

DEFINITIONS

Detailed Descriptor: Extended access appointment utilisation rate is the number of booked appointments minus the 'did not attend' appointments (DNA) divided by the number of available appointments.

seven-day extended access Monday to Friday each day of the week (including bank holidays) should include: any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.

The extended access services are mainly provided via the Alternative Provider Medical Services (APMS) contracts which are delivered on top of, and in addition to, services provided by general practice.

Lines within indicator (Units)

Data to assess the Extended Access Appointment Utilisation is taken from CCGs responses to the GPFV Monitoring Survey.

Numerator: Data is sourced from Question 11 of the Access Activity section of the GPFV Monitoring Survey.

Q11 For each day of the reporting month, please provide the total number of extended access appointments made available to patients, the total number of appointments booked and the total number of DNAs.

This question asks for each day of the reporting month, the total number of appointments booked (numerator a) and the total number of did not attends appointments (numerator b). A combined figure (numerator a – numerator b) is the only information required in the plan.

Denominator: Data is sourced from Question 11 of the Access Activity section of the GPFV Monitoring Survey.

This question asks for each day of the reporting month, the total number of extended access appointments made available to patients (denominator).

Calculation

The extended access appointment utilisation rate is calculated as follows:

$$\frac{\text{Number of booked extended access appointments (numerator a) – did not attends (DNAs) (numerator b)}}{\text{Total number of extended access appointments available}}$$

Data definition: CCGs must continue to provide extended access to general practice services, including at evenings and weekends, for 100% of their population.

MONITORING

Monitoring frequency: Monthly

Monitoring data source: Data is sourced from the Access Activity question of the GPFV Monitoring Survey

ACCOUNTABILITY

What success looks like, direction, milestones

CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if service went live in in 2017/18) and at least 85% if the service has been live before 2017/18.

Timeframe/Baseline: Monitoring data first collected May 2018 through the GPFV Monitoring Survey.

Rationale

The Government's mandate to NHS England for 2018-19 gives NHS England a goal that by 2020, "to improve access to primary care, ensuring 100% of the population has access to weekend/evening routine GP appointments.

Objective six of the mandate states that, "We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends.

In Next Steps of the Five Year Forward View, NHS England committed to the rollout of "evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019."

In the refreshed planning guidance for 2018/19[7], NHS England has accelerated delivery of 100% coverage to 1 October to enable the additional capacity created to contribute towards service provision for the 2018/19 winter period. CCGs must continue to provide extended access to general practice services, including at evenings and weekends, for 100% of their population. This must include ensuring access is available at peak times of demand, including bank holidays and across Easter, Christmas and New Year periods. CCGs must ensure compliance with the utilisation core requirement.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans monthly for 2019/20.

[7] Refreshing NHS Plans for 2018/19 https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/

E.D.18: Proportion of the population that the urgent care system 111 can directly book appointments into the contracted extended access services.

DEFINITIONS

Detailed descriptor: Proportion of the CCG population[8] that the urgent care system 111 can directly book appointments into the contracted extended access services.

All CCGs should develop plans to maximise benefits of integration of service delivery at scale between extended access and urgent care to ensure a seamless service for patients that also delivers VFM and efficiencies. Effective access to extended access for the wider system is a key deliverable. The delivery of 100% 111 direct booking system into extended access services for the whole population covered is by 31 March 2020.

Lines within indicator (Units)

Data to assess Access to the wider system is taken from CCGs responses to the GPFV Monitoring Survey.

Data is sourced from Question 10 of the Access Activity section of the GPFV Monitoring Survey. This question asks the proportion of the weighted population covered by extended access services: can the urgent care system (e.g. 111) book directly into the contracted extended access services?

Q10 For which proportion of the weighted population covered by extended access services can the urgent care system (e.g. 111) book directly into the contracted extended access services?

Numerator: Proportion of weighted population in a CCG that the urgent care system (NHS 111) can directly book appointments for in the contracted extended access.

Denominator: Total CCG weighted population (see footnote 3).

The GPFV Monitoring Survey uses the CCG weighted population in the calculation and this is consistent with funding allocation, which is based on a per head of weighted population. See the further information for the methodology and links to publications.

Calculation

The proportion of the CCG population that the urgent care system 111 can directly book appointments into the contracted extended access services is calculated as follows:

[8] The CCG weighted population is taken from the 'NHS Payments to General Practice - England' series published by NHS Digital at https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice . This is an annual publication and was last published 20 December 2018.

Weighted population of the CCG that can be directed via 111 to an extended access appointment (numerator)
Weighted population of the CGG (denominator)

Data Definition: CCGs must continue to provide extended access to general practice services, including at evenings and weekends, for 100% of their population. Extended access information reported by all CCGs in England in relation to contracts and population that benefits from extended access.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Data is sourced from the Access Activity question of the GPFV Monitoring Survey

ACCOUNTABILITY

What success looks like, direction, milestones:

CCGs should by March 2020 be able to direct appointments via 111 to an extended access service when that clinical path is identified for 100% of its population.

Timeframe/Baseline: Monitoring data first collected August 2017 through the GPFV Monitoring Survey.

Rationale

The Government's mandate to NHS England for 2018-19 gives NHS England a goal that by 2020, "to improve access to primary care, ensuring 100% of the population has access to weekend/evening routine GP appointments.

Objective six of the mandate states that, "We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends

In Next Steps of the Five Year Forward View, NHS England committed to the rollout of "evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019."

In the refreshed planning guidance for 2018/19[9], NHS England has accelerated delivery of 100% coverage to 1 October to enable the additional capacity created to contribute towards service provision for the 2018/19 winter period. CCGs must continue to provide extended access to general practice services, including at evenings and weekends, for 100% of their population. This must include ensuring access is available at peak times of demand, including bank holidays and across

[9] Refreshing NHS Plans for 2018/19 https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/

Easter, Christmas and New Year periods. CCGs must ensure compliance with the utilisation core requirement.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans monthly for 2019/20.

FURTHER INFORMATION

The CCG weighted population is taken from the 'NHS Payments to General Practice - England' series published by NHS Digital.

NHS Digital extract the data from National Health Applications and Infrastructure Services (NHAIS) and NHS England's Integrated Single Finance Environment (ISFE).

Methodology[10]

The number of weighted patients is as calculated by the Global Sum process. Global Sum Payments are a contribution towards the contractor's costs in delivering essential and additional services, including its staff costs. See part 1 section 2 of the GMS SFE 2013 and para 3 of the General Medical Services Statement of Financial Entitlement (Amendment) Directions 2017. A link to Appendix A of the SFE showing how Global Sum is calculated:

https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013

Global Sum allocates money in accordance with perceived need. Figures are calculated quarterly, paid on a monthly basis and may change from one quarter to the next according to patient turnover and demographics.

Global Sum is the main payment to practices and is based upon each practice's registered patient list which is adjusted according to the Carr-Hill Formula to take into consideration differences in the age and sex of the patients as well as any in nursing or residential care, additional patient need due to medical conditions, patient turnover and unavoidable costs based upon rurality and staff market forces for the area. **This adjusted count is the "weighted patient count."**

This is an annual publication and the last publication was 20 December 2018.

[10] NHS Payments to General Practice, England, 2016/17: Annex 1 Tables and Charts provides details of definitions and methodology. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice/nhs-payments-to-general-practice-england-2016-17#resources

E.H.1-3: IAPT waiting times

DEFINITIONS

Detailed descriptor: The primary purpose of these indicators is to measure waiting times from referral to treatment in improving access to psychological therapies (IAPT) services for people with depression and/or anxiety disorders.

For planning purposes, the indicator is focused on measuring waits for those finishing a course of treatment i.e. two or more treatment sessions and coded as discharged but also requires local monitoring of all referral to treatment starts.

Additionally, in order to guard against perverse incentives, we will monitor patterns of treatment across the pathway as follows:

- The proportion of people having a course of treatment and those having a single therapy session.
- The average waiting time between first and second treatment sessions
- Average number of treatment sessions.
- The case mix of patients being seen within services i.e. by diagnosis and severity/complexity.

Monitoring at least the above are important in terms of quality assurance but in particular work on reducing waiting lists has highlighted the high number of patients with excess waits for continuation of treatment following their first treatment appointment. Such long waits are not good practice and are known to impact on recovery rates and patient experience.

Please note that measures E.H.1 A1 and E.H.2 A2 must be used as the definitions for the National Quality Requirements on IAPT waiting times set out in Schedule 4B of the NHS Standard Contract.

Lines within indicator (Units)

PLANNING REQUIREMENTS

E.H.1_A1: The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Numerator: The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral.

Denominator: The number of ended referrals that finish a course of treatment in the reporting period.

E.H.2_A2: The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Numerator: The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral.

Denominator: The number of ended referrals who finish a course of treatment in the reporting period.

Monitoring Requirements

E.H.1_B1: The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.

Numerator: The number of people who had their first treatment appointment within 6 weeks of referral in the reporting period.

Denominator: The number of people who had their first treatment appointment in the reporting period.

E.H.2_B2: The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period.

Numerator: The number of people who had their first treatment appointment within 18 weeks of referral in the reporting period.

Denominator: The number of people who had their first treatment appointment in the reporting period.

E.H.3_C1: Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment.

E.H.3_C2: Average number of treatment sessions

E.H.3_C3: The proportion of people that waited less than 28 days from their first treatment appointment to their second treatment appointment.

Numerator: The number of people who had their second treatment appointment within 28 days of their first treatment appointment in the reporting period.

Denominator: The number of people who had their second treatment appointment in the reporting period.

E.H.3_C4: The proportion of people that waited less than 90 days from their first treatment appointment to their second treatment appointment.

Numerator: The number of people who had their second treatment appointment within 90 days of their first treatment appointment in the reporting period.

Denominator: The number of people who had their second treatment appointment in the reporting period.

Data Definition: Relevant IAPT data items and the permissible values for each data item are defined in the IAPT Data Standard.

Psychological therapy: NICE recommended treatment from a qualified psychological therapist (low or high intensity).

Referral date: The date a referral for assessment or treatment is received at the IAPT service or appointment processing agency such as single point of access or triage service.

Treatment session: This is coded as Appointment Type 02 – Treatment, 03 - Assessment and Treatment, and 05 - Review and Treatment in the IAPT data standard.

Finished course of treatment: This is a count of all those who have left treatment having attended at least two treatment contacts, for any reason including:

- planned completion
- deceased
- dropped out (unscheduled discontinuation)
- referred to another service
- unknown

MONITORING

Monitoring frequency: Quarterly**.**

Monitoring Data Source: IAPT Data Set, NHS Digital.

ACCOUNTABILITY

What success looks like, direction, milestones

NHS England has committed that “75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral (E.H.1_ A1), and 95% will be treated within 18 weeks of referral (E.H.2_A2).”

Maintenance of at least the standards for those CCGS achieving these at the end of 2018/19 is expected. Improvement is anticipated from areas which are not achieving the standards with the expectation that they will achieve the standard in 2019/20.

Timeframe/Baseline: Ongoing to 2020/21.

Rationale

"Achieving Better Access to Mental Health Services by 2020" has identified three key areas where additional investment will be made to implement Mental Health access and/or waiting time standards. This includes a specific waiting time standard for adult IAPT services to ensure timely access to evidence based psychological therapies for people with depression and anxiety disorders.

In order to guard against perverse incentives NHS England will monitor patterns of treatment across the pathway using **E.H.3_C1, E.H.3_C2** and **E.H.3_C3**.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, quarterly for 2019/20 for via SDCS.

FURTHER INFORMATION

The IAPT Data Set contains detailed guidance on use of the technical specification and the central return process.

NHS England has published guidance for how new access and waiting time standards for mental health services were introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

E.H.4: Psychosis treated with a NICE approved care package within two weeks of referral

DEFINITIONS

Detailed descriptor: The access and waiting time standard trajectory is illustrated in the table below, this requires that more than 56% of people experiencing first episode psychosis will be treated with a NICE recommended package of care within two weeks of referral. This is an increase from last year and reflects incremental change to meet the expectation of 60% by 2020/21.Both the maximum waiting time from referral to treatment **and** access to NICE recommended care must be met for the standard to have been fully achieved.

Lines within indicator (Units)

Maximum waiting time indicator: The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.

Numerator: The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral.

Denominator: The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period.

NICE-recommended care delivery: Performance against the NICE concordance element of the standard is to be measured via:

- A quality assessment and improvement network being hosted by CCQI at the Royal College of Psychiatrists. All providers will be expected to take part in this network and submit self-assessment data which will be validated and performance scored on a 4-point scale at the end of each year. This assessment will provide a baseline of performance and will be used to inform the development of performance expectations for 17/18 and beyond.
- Submission of intervention and outcomes data using SNOMED-CT codes in line with published guidance.

Data definition: The relevant data items and the permissible values for each data item are defined in the Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source:

- Mental Health Service Dataset

- NHS England / Early Intervention in Psychosis Waiting statistics

The NHS England Early Intervention in Psychosis Waiting time statistics have been used to monitor delivery of this standard during 2018/19 with data from the Mental Health Services Dataset (MHSDS) being used in shadow form. It is expected that improvements in data quality will allow the MHSDS to become the primary data source for monitoring delivery of this standard during 2019/20.

ACCOUNTABILITY

What success looks like, direction, milestones:

The measure of success will be that more than 56% of people experiencing a first episode of psychosis are treated with a NICE recommended care package within two weeks of referral during 2019/20. In response to the recommendation of the Mental Health Taskforce, NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis.

This will ensure that the full range of NICE recommended interventions are available in all areas, and improve timely access from the current target in the 2019/20Planning Guidance.

The table below outlines an indicative trajectory for delivery of these objectives:

Objective		2016/17	2017/18	2018/19	2019/20	2020/21
Early intervention in psychosis (EIP)	% of people receiving treatment in two weeks	50%	50%	53%	56%	60%
	Specialist EIP provision in line with NICE recommendations	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end

Timeframe/Baseline: On-going to 2019/20.

Rationale

The NHS Mandate set out the requirement for NHS England to work with the Department of Health and other stakeholders to develop a range of costed options in order to implement mental health access standards starting from April 2015. Achieving Better Access to Mental Health Services by 2020 stated that for early intervention services this would mean that more than 50% of people experiencing a first episode of psychosis would be treated with a NICE recommended care package within two weeks of referral from 1 April 2016 rising to 60% by 2020/21.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

NHS England has published guidance for how new access and waiting time standards for mental health services which were introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings in the document 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

NHS England published Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance in April 2016. This guidance is intended to provide support to local commissioners and providers in implementing the access and waiting time standard for EIP services.

E.H.9: Improve access rate to Children and Young People's Mental Health Services (CYPMH)

DEFINITIONS

Detailed Descriptor: This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people.

Implementing the Five Year Forward View for Mental Health sets out the following national trajectory[11]:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%

For CCGs, the ambition is that they increase activity to the level necessary to meet the national trajectory or at least maintain rates of improvement if they are already meeting expectations.

CCGs should also continue to work with providers to improve the coverage and quality of Mental Health Services Dataset (MHSDS) submissions to ensure that delivery of plans can be accurately tracked.

Lines Within Indicator (Units)

Part A - Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period.

Part B - Total number of individual children and young people aged under 18 with a diagnosable mental health condition.

Data definition: For Part A, treatment is defined as two or more face to face, therapeutic non face to face contacts[12] or indirect contacts such as a consultation between professionals or professional and carer that support the treatment of an

[11] This is based on Mental health of children and young people in Great Britain, 2004 which was the most up to date data available at the time of publication.

[12] A therapeutic non face to face contact, for example delivered by on line counselling service, is a therapeutic message that is informed and consistent with a mode of counselling/intervention, is directly related to the identified/coded problem and is intended to change behaviour .All three elements have to be present

individual child or young person. The individual is counted in the reporting period their second contact occurred.

The age is defined as that at the first contact i.e. the start of treatment. Only count those who start treatment before their 18th birthday i.e. up to the age of 17 and 364 days. The second contact can be after the 18th birthday.

For part A the "individual" should be counted once in every year they were treated in. For example, if a patient was treated in Q1 18/19 and were treated again in Q4 18/19 then they should be included in the Q1 18/19 count. An individual can be counted in more than one year, for example if a person was treated in Q1 2017/18 and then treated again in Q4 18/19 they should be included in both the Q1 2017/18 count and the Q4 18/19 count. If treatment occurs around the end of a year, for example an individual has one contact in Q4 2017/18 and one in Q1 2018/19 for the same issue, they should be counted once in Q1 2018/19. This will ensure that the end of year total can be compared with the estimated prevalence from part B to obtain the estimated percentage of all CYP with a diagnosable mental health condition in treatment.

Due to known issues with data coverage and quality of MHSDS data baseline data for part A included in planning templates will be estimates of quarterly activity levels rather than actual data. These estimates will be generated using a combination of MHSDS data (2017/18 and 2018/19) and data from the separate annual data collection for 2017/18 via the Strategic Data Collection Service (SDCS). The MHSDS data will be used to estimate the quarterly seasonality of the measure whilst the SDCS data gives a better estimate of overall activity levels.

For part B agreed prevalence estimates from CCG plans for 2018/19 will be provided as a baseline estimate On 22 November 2018 NHS Digital published Mental Health of Children and Young People in England, 2017. Subnational estimates of prevalence derived from this survey are not yet available and so cannot be used to inform CCG plans for 2019/20. However, data from this survey series shows that there is an increase in the overall prevalence rate of mental health need in children and young people so for 2019/20 plans CCGs will be able to increase their prevalence estimates for 2019/20 plans but not to decrease them.

For the purposes of this indicator, the definition of treatment as two contacts will exclude those individuals for whom a single contact is appropriate. We acknowledge that these interventions are an important element of any CYP MH service and that commissioners will include this activity in their overall contract monitoring. However, the purpose of this indicator is to identify those children and young people who need an intervention that goes beyond what is possible in a single contact. In addition, best evidence based care and treatment for some children and young people will require more contacts. This indicator does not suggest that two contacts is the optimum number in all cases, but is a proxy measure for those entering treatment.

Digital therapeutic services commissioned as part of the local care pathway should be recorded in table MHS201 of the MHSDS as "other" in the consultation medium field.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: Mental Health Services Dataset.

ACCOUNTABILITY

What success looks like, direction, milestones

For 2019/20 CCGs are expected to achieve 34% of CYP with a diagnosable need accessing treatment in the year. If a CCG is already achieving this level of access in 2018/19 they are expected to at least maintain the current rate of improvement.

Rationale

Children and young people are a priority group for mental health promotion and prevention, and the Five Year Forward View for Mental Health calls for the Future in Mind recommendations to be implemented in full. Early intervention and quick access to good quality care is vital – especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care.

The Five Year Forward View for Mental Health children and young people's mental health access ambitions are framed and costed based on ONS prevalence data from 2004, with subnational prevalence and CCG ambitions derived from the 2004 position and agreed with CCGs. In November 2018 NHS Digital published the updated Children and Young People's Prevalence Study for Mental Health and Wellbeing**.** This publication shows that there is a moderate but significant increase in the overall prevalence rate of mental health need in children and young people (around 1% increase for under 18's). As of autumn 2018, this data is available at a national level only. NHS England has commissioned the development of sub-national estimates, but, in order to provide clarity and consistency for the 2019/20 planning round, our intention is to continue to base the CCG requirements on the 2004 data, and to also track progress against the new 2018 estimates as the data becomes available. The new 2018 data will be fully integrated into delivery requirements for the Long Term Plan, from 2020/21 onwards.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG level, quarterly for 2019/20 via SDCS.

E.H.10 – E.H.11 waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

DEFINITIONS

Detailed descriptor: More than 1.6 million people in the UK are estimated to be directly affected by eating disorders, with Anorexia Nervosa having the highest mortality amongst psychiatric disorders. Research shows that areas with dedicated community eating disorder services (CEDS) had better identification from primary care; lower rates of admissions with non-ED generic CAMHS admitting 2.5 times those from the community ED service.

Family-based therapies conducted on an outpatient basis are effective and have excellent long-term outcomes (NICE 2004). The relapse rates for those who have responded well to outpatient family therapy are significantly lower than that following inpatient care and there is some evidence that long-term inpatient admission may have a negative impact on outcome, as well as being more costly.

It is on this basis that the Autumn Statement, 2014 announced the provision of additional funding of £30 million/year for five years, to support the training and recruitment of new staff in addition to those already within services, to ensure children and young people with an eating disorder get expert help early, enabling them to be treated in their community with effective evidence based treatment.

The two waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within:

- One week for urgent cases (**E.H.11)**.
- Four weeks for every other case (**E.H.10**).

Lines within indicator (Units)

E.H.10: The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.

Numerator: The number of CYP with ED (routine cases) referred with a suspected ED that start treatment within four weeks of referral in the reporting period.

Denominator: The number of CYP with a suspected ED (routine cases) that start treatment in the reporting period.

E.H.11: The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment.

Numerator: The number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within one week of referral in the reporting period.

Denominator: The number of CYP with a suspected ED (urgent cases) that start treatment in the reporting period.

Data definition: The relevant data items and the permissible values for each data item are defined in the Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

MONITORING

Monitoring frequency: Quarterly**.**

Monitoring Data Source: CYP Eating Disorder Collection, SDCS.

ACCOUNTABILITY

What success looks like, direction, milestones

The expectation is CYP Eating Disorder services will achieve, by 2020, a minimum of 95% of referrals waiting less than:

- One week for urgent referrals.
- Four weeks for routine cases.

Due to the low volumes of referrals for these services the performance of individual clinical commissioning groups will be assessed over a rolling six-month period.

Timeframe/Baseline: Trajectories to achieve 95% standard by 2020.

Rationale

This indicator focuses on improved access to evidence based community eating disorder services for children and young people, in order to address enduring unmet need. Collecting this indicator will demonstrate the extent to which this need is being met.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

NHS England has published guidance for how new access and waiting time standards for mental health services are to be introduced in 2015/16 across services for first episode psychosis, IAPT for common mental health conditions, and liaison mental health services in acute trust settings in the document 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.

NHS England has also published Access and Waiting Time Standard for Children and Young People with an Eating Disorder – Commissioning Guide. This guidance is

intended to provide support to local commissioners and providers in implementing the access and waiting time standard for Eating Disorder services.

Technical guidance for reporting against the indicator is published in Guidance for Reporting Against Access and Waiting Time Standards: CYP & EIP and accompanying Frequently Asked Questions.

E.H.12: Out of Area Placements

DEFINITIONS

Detailed descriptor: The number of bed days for inappropriate Out of Area Placements (OAPs) in mental health services for adults in non-specialist acute inpatient care.

Out of Area Placements are associated with poor patient experience, poor clinical outcomes and high financial cost. The practice can lead to people being separated from their friends, families and support networks, disrupting the continuity of their care and potentially impeding recovery. Out of Area Placements (OAPs) are often a symptom of widespread problems in the functioning of the whole mental health system, and may indicate:

- Insufficient community alternatives to admission placing avoidable demand on mental health providers' in-patient capacity.
- Insufficient in-patient capacity to meet unavoidable in-hospital demand.
- Lack of swift access to appropriate level of support, resulting in avoidable deterioration of people's mental health.
- Lack of strong discharge management and suitable housing and social care support, preventing people being discharged from hospital when they are clinically well enough, leading to bottlenecks in acute care services.

The Five Year Forward view for Mental Health sets out the need to significantly reduce the use of out of Out of Area Placements (OAPs) with the aim of eliminating inappropriate OAPs for adults requiring non-specialist acute inpatient care by 2020-21.

Lines within indicator (Units)

E.H.12a: The total number of expected inappropriate Out of Area Placement (OAP) bed days within a quarter for adults requiring non-specialist acute mental health inpatient care. This includes inappropriate OAP bed days that are placed out of area but are within the same provider.

E.H.12b: The number of expected inappropriate OAP bed days within a quarter for adults requiring non-specialist acute mental health inpatient care that are '**external**' to the sending provider.

Note: for many providers E.H.12a and E.H.12b the numbers will be identical.

Data definition: An OAP occurs when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG commissioned), is admitted to a unit that does not form part of the usual local network of services.

The national definition, published by DH in 2016, focuses on continuity of care. Due to the significant variations in the Trust geographies and the need for some flexibility in relation to local decisions on service models, the approach to defining an out of area placement necessarily requires local and clinical interpretation, supported by a set of key principles. A placement is likely to be considered to be out of area if:

- Clinical continuity cannot be ensured by the sending provider, e.g. the person is placed at a different provider that does not form part of an integrated care pathway with the person's "home" CMHT, so the person's care coordinator cannot be actively engaged throughout the course of the inpatient admission to plan for and support discharge.
- The person is dislocated from their usual support network of family and friends and cannot easily be visited.
- There are associated costs being paid by the sending provider.

N.B. an OAP can also occasionally occur *within* a "home" provider spanning a very large geography where the same dislocation from the "home" CMHT takes place, where clinical continuity cannot be ensured and where dislocation from friends and family occurs. This does not mean that the admitting unit necessarily needs to be geographically closest to the patient, but rather it means that the location of the admission should not negatively impact the individual's experience, quality or continuity of care. We have worked with providers to develop 4 continuity principles, which support larger providers/networks when assessing the appropriateness of internal placements.

The initial priority for all areas is to eliminate **external** out of area placements by 2021 – i.e. when people are admitted to another provider due to lack of local capacity – as they have a more detrimental impact in terms of patient experience, outcomes and cost; and represent 90% of all OAP activity. However, areas should continue to report their inappropriate internal placements through the national data collection and to implement plans to reduce this type of activity.

There are some circumstances in which an out of area placement may be appropriate. An out of area placement may be appropriate when:

- The person becomes acutely unwell when they are away from home (in such circumstances, the admitting provider should work with the person's home team to facilitate repatriation to local services as soon as this is safe and clinically appropriate).
- There are safeguarding reasons such as gang related issues, violence and domestic abuse.
- The person is a member of the local service's staff or has had contact with the service in the course of their employment.
- There are offending restrictions.
- The decision to treat out of area is the individual's choice e.g. where a patient is not from the local area but wants to be near their family and networks.

This list is not exhaustive. There are other reasons why treatment in an out-of-area unit may be appropriate. In these cases, discharge and/or return to an appropriate local unit should be facilitated at the earliest point where this is in the individual's best interests.

An OAP is inappropriate if the reason is non-availability of a local bed.

MONITORING

Monitoring frequency: Monthly data publications will be used to track progress against quarterly plans.

Monitoring data source: NHS Digital - Mental Health OAPs collection http://content.digital.nhs.uk/oaps

ACCOUNTABILITY

What success looks like, direction, milestones

The Five Year Forward view for Mental Health sets out the aim of eliminating inappropriate OAPs for adults requiring non-specialist acute inpatient care by 2020-21. Local level trajectories for 2019/20 should be developed taking into account both current performance and the need to achieve the 2021 ambition.

Rationale

The Five Year Forward view for Mental Health sets out the need to significantly reduce the use of out of Out of Area Placements (OAPs) with the aim of eliminating inappropriate OAPs for adults requiring non-specialist acute inpatient care by 2020-21.

From recent data on OAPs, it is estimated that around **8,000 adults** who need acute inpatient care were sent out of area last year. This translates to **around 226,000 out of area bed days**, at a cost to the mental health system of around **£98 million**, funds which could be better spent on local service provision.

From this evidence, there are strong human, clinical and financial arguments for ensuring that people receive high quality acute care in the least restrictive setting and as close to home as possible.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, quarterly-level trajectories are required at STP level, submitted on SDCS by a nominated CCG.

These trajectories will set out the approximate total number of out of area placement bed days the STP expects to have during each quarter in 2019/20. **STPs should also identify the number of these bed days they expect to be external, noting the need to prioritise the reduction in this type of activity as described above**. For many providers all of their inappropriate OAPs will be external, so the two numbers will be the same.

The STP trajectories should be:

- Underpinned by individual provider-level quarterly trajectories. This is crucial as the OAPs data is based on a provider-level collection and the provider trajectories will be a key indicator in the NHS I Single Oversight Framework.

- Determined based on current performance and the longer-term aim of reaching zero inappropriate ‘external’ OAPs and minimal inappropriate ‘internal’ placements by April 2021.

FURTHER INFORMATION

Annex A: Principles of Continuity

Principles of continuity	
1.	Clear shared pathway protocols between units/organisations – particularly around admissions and discharge.
2.	An expectation that a person’s care coordinator: • Visits as regularly as they would if the patient was in their most local unit and • Retains their critical role in supporting discharge/transition.
3.	Robust information sharing, including the ability to: • Identify cross-system capacity and • Access full clinical records with appropriate IG in place where necessary.
4.	Support for people to retain regular contact with their families, carers and support networks e.g. this might be achieved with optional use of technology, transport provision etc.

E.H.13: People with a severe mental illness receiving a full annual physical health check and follow-up interventions

DEFINITIONS

Detailed descriptor: In 2016, the Five Year Forward View Mental Health (MHFYFV) set out NHS England's approach to reducing the stark levels of premature mortality for people living with serious mental illness (SMI) who die 15-20 years earlier than the rest of the population, largely due to preventable or treatable physical health problems.

In the MHFYFV NHS England committed to leading work to ensure "by 2020/21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year". This equates to a target of 60% of people on the SMI register receiving a full and comprehensive physical health check. This commitment was reiterated in the Five Year Forward View Next Steps.

This indicator measures the number of people and percentage of people on General Practice Serious Mental Illness registers who are receiving a comprehensive physical health check and follow-up care in either a primary or secondary care setting. This health check should include the follow elements:

1. a measurement of weight
2. a blood pressure and pulse check
3. a blood lipid including cholesterol test
4. a blood glucose test
5. an assessment of alcohol consumption
6. an assessment of smoking status
7. an assessment of nutritional status, diet and level of physical activity
8. an assessment of use of illicit substance/non-prescribed drugs
9. access to relevant national screenings
10. medicines reconciliation and review
11. general physical health enquiry including sexual health and oral health
12. indicated follow-up interventions

Physical health checks may be delivered in either a primary or secondary care setting. Monitoring this indicator is based on a subset of the elements of the health check listed above as set out the technical collection guidance for the Serious Mental Illness SMI Strategic Data Collection Service (SDCS) collection.

Lines within indicator (Units):

E.H.13: The proportion of people on General Practice SMI registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.

Denominator: The total number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission'.

Numerator: Out of the denominator, the number of people who have received a comprehensive physical health assessment in the 12 months to the end of the reporting period, delivered in a primary care setting.

Data definition: For the purpose of monitoring this indicator a person is counted as having had a comprehensive physical health assessment if they have received the elements of the check outlined in the technical collection guidance for the Serious Mental Illness SMI SDCS data collection, in the preceding 12 months.

For guidance, planning templates for 2019/20 will include the total number of people on GP practice SMI registers taken from the 2017/18 Quality and Outcomes Framework and data taken from the Serious Mental Illness SMI SDCS collection.

MONITORING

Monitoring frequency: Quarterly

Monitoring data source: Serious Mental Illness Physical Health checks collection.

ACCOUNTABILITY

What success looks like, direction, milestones:

The expectation for this indicator is that 60% of people on GP SMI registers will receive a full and comprehensive physical health check in during 2019/20 across primary and secondary care settings.

Rationale

People with SMI are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months. People with SMI are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency, suggesting deficiencies in the primary physical healthcare they are receiving.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.
NOTE: this measure is only required for the April submission of plans.

FURTHER INFORMATION

Detailed guidance for the Serious Mental Illness Physical Health Checks collection is available on the NHS Digital website.

Detailed guidance on commissioning primary care services is available on the NHS England website.

E.H.14: IAPT Workforce

DEFINITIONS

Detailed descriptor: In 2016 the Five Year Forward View for Mental Health (MHFYFV) set out a commitment to expand IAPT services and improve quality, with a view to increasing access to psychological therapies for an additional 600,000 people with common mental health problems each year by 2020/21.

To achieve this, 4,500 additional therapists will be recruited and trained allowing 3,000 existing therapists to be co-located in primary care by 2021. This is detailed in the General Practice Forward View that, due to the increasing pressures on primary care services, has transforming primary care as a key priority to ensure sustainability.

The primary purpose of this indicator is to measure each CCG's progress against their trajectories for their portion of the additional trainee therapists and therapists co-located in primary care.

This supports the delivery of the E.A.3 IAPT roll-out / access ambition.

Lines within indicator (Units):

E.H.14a IAPT trainees

Part A - Headcount of total new trainee psychological wellbeing practitioners (PWP) and high intensity (HI) therapists taken on in an IAPT service during the period, who also attend an accredited IAPT training course.

Part B - Headcount of total new trainee PWP and HI therapists taken on in an IAPT service during period, who also attend an accredited IAPT training course that are filling existing vacancies. This is a subset of the total figure given in part A.

E.H.14b Therapists co-located in primary care

Part A - Total number of MH therapists co-located in primary care at the end of the period.

Part B - Total full-time equivalent of MH therapists co-located in primary care at the end of the period.

Data definition: Full details of the Improving Access to Psychological Therapies Programme can be found at https://www.england.nhs.uk/mental-health/adults/iapt/

MONITORING

Monitoring frequency: Quarterly.

Monitoring Data Source: Strategic Data Collection Service (SDCS), NHS Digital.

ACCOUNTABILITY

What success looks like, direction, milestones:

In order to meet the access rate, the IAPT workforce will need to expand. Health Education England has provided training places to support this expansion. If CCGs have been unable to take up their allocation of these training places in 2018-19 they will need to plan to use additional places in 2019/20 if they are to meet the ambition of having 25% of people with depression or anxiety disorders accessing treatment by 2020/21.

Templates were issued to regions in July 2018 to validate CCG trajectories for the following 2018/19 deliverables:

- Improving Access to Psychological Therapies expansion trainees.
- Mental health therapists co-located in primary care.

This indicator asks CCGs to submit trajectories for 2019/20 which take into account the degree of progress made in 2019. CCGs will be asked report quarterly during 2019/20 to allow NHSE and HEE to track progress against the delivery of these plans.

CCGs are expected to meet the trajectories agreed

Baseline: March 2018.

Indicative IAPT expansion trainee numbers (headcount) for 2018/19 have been apportioned between CCGs by the national programme using 2015 estimates of depression and anxiety disorder prevalence.

The indicative numbers show the expansion required over and above the existing workforce. As an example, an indicative annual number of 2 trainees would require 2 trainees to expand the workforce. If 2 vacancies were already being carried, 4 trainees would be required to meet the expansion commitment.

Baseline data indicating the number of therapists co-located in primary care as at the end of March 2018 and December 2018 will included in the planning templates.

Timeframe: Ongoing to 2019/20.

Rationale

The primary purposes of these indicators are to support delivery of the ambition to increase access to psychological therapies for an additional 600,000 people with common mental health problems each year by 2020/21 and to co-locate 3,000 therapists in primary care by 2020/21.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG level, for 2019/20 at the following frequencies:

Numerator: Quarterly.

E.K.1: Reliance on inpatient care for people with a learning disability and/or autism

DEFINITIONS

Detailed descriptor: Building the right support (BRS) required CCGs to work as part of Transforming Care Partnerships (TCPs – collaborations of CCGs, local authorities and NHS England specialised commissioners) to reduce reliance on inpatient beds and build up community capacity. The number of inpatients is used as an indicator of the reliance on inpatient care. The original BRS publication expressed the ambition as an inpatient rate per million adult population and did not separate out adults and children. In order to be able to focus more clearly on the issues of children and young people, we have introduced separate target rates for adults and children. The target rates are in line with BRS and will not reduce the overall ambition. Target rates for adults will be split by CCG and NHS England commissioned care.

The indicator will be monitored using the Assuring Transformation data collection.

Data should be recorded for each adult who meets these requirements:

- A NHS commissioner is responsible for commissioning their care.
- The person has an inpatient bed for mental and/or behavioural healthcare needs and has a learning disability and/or autistic spectrum disorder (including Asperger's syndrome).

Lines within indicator (Units):

E.K.1a: Care commissioned by CCGs: The number of people from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by a CCG. This will include all adults in inpatient wards that are not classified as low-, medium- or high-secure.

E.K.1b: Care commissioned by NHS England: The number of adults aged 18 or over from the CCG who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs, and whose bed is commissioned by NHS England. This will include all adults in inpatient wards that are classified as low- medium- or high-secure.

The population denominator will be provided.

Children should not be included.

Data Definition: The in-scope definition includes all adults who have a learning disability and/or autistic spectrum disorder that are in inpatient care for mental and/or behavioural healthcare needs. The definitions of learning disability and autism are those given in the published national service model and supplementary notes.

Inpatient setting: This refers to the service/setting within which the patient is receiving care (high secure beds, medium secure beds, low secure beds, acute admission beds within learning disability units, acute admission beds within generic mental health settings, forensic rehabilitation beds, complex continuing care and rehabilitation beds, psychiatric intensive care beds, or other beds including those for specialist neuropsychiatric conditions).

MONITORING

Monitoring frequency: Quarterly.

Monitoring Data Source: Assuring Transformation.

ACCOUNTABILITY

What success looks like, direction, milestones

An overall reduction in the number of adult inpatients who have a learning disability and/or an autistic spectrum disorder (including Asperger's syndrome) throughout 2019/20.

Timeframe/Baseline: Assuring Transformation 2018/19 data.

Rationale

Areas should be continuing to reduce reliance on inpatient care and be building up community capacity. There is a critical need to adopt a full-system approach in conjunction with all commissioners of care, to reduce the numbers of patients being admitted to, and detained in, hospital settings.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, quarterly for 2019/20 via SDCS, submitted by each CCG.

Count of inpatients at the end of the quarter, for all patients in the CCG whose bed is commissioned by a CCG. Plans are collected at the level of CCG (E.K.1a)

Count of inpatients at the end of the quarter, for all adult patients in the CCG whose bed is commissioned by NHS England and whose CCG of origin is within the CCG. Plans are collected at the level of CCG (E.K.1b).

E.K.3: Learning Disability Registers and Annual Health Checks delivered by GPs

DEFINITIONS

Detailed descriptor: NHS England, the Association for the Directors of Adult Social Services (ADASS) and the Local Government Association's (LGA) published a service model on 30 October 2015. This states that one of the key actions to ensure people with a learning disability get good care and support from mainstream health services is for health commissioners to ensure people with a learning disability over the age of 14 are offered Annual Health Checks. The Annual Health Check scheme has been running since 2009.

In order to be eligible for a Learning Disability Annual Health Check, patients need to be on the GP Learning Disability Register. Progress in ensuring patients are offered an Annual Health Check is therefore dependent on them being identified and placed on the GP Learning Disability Register.

This indicator aims to monitor progress and will show which CCGs are not delivering learning disability services in line with this model.

The number of people on GP Learning Disability Registers who have received an Annual Health Check during the year.

Lines within indicator (Units):

Number of Annual Health Checks carried out for persons aged 14+ on GP Learning Disability Register.

Data definition: The in-scope definition includes all registered patients aged 14 years or over, on GP practice Learning Disability Registers who have received an Annual Health Check.

MONITORING

Monitoring frequency: Quarterly.

Numerator: http://content.digital.nhs.uk/ld-healthcheckshttps://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme LDHC001 (checks).

Denominator: https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data

ACCOUNTABILITY

What success looks like, direction, milestones:

An increase in the number of people on the GP Learning Disability Register **and** an increase in the number of people on the Register who have had an Annual Health Checks in the last 12 months.

The **National** target is by the end of 2019/20, 75% of people on the Learning Disability Register will have had an Annual Health Check. There is also a national ambition for the Learning Disability Register to have a year-on-year growth. As performance on AHCs is linked to the Learning Disability Register, these targets have not been uniformly applied to CCGs and only one measure (AHCs) has been used to set targets.

Any CCGIAF assessment of CCGs will take into account performance in terms of both AHCs and the Learning Disability Register.

CCGs have individual year end targets for Annual Health Checks and these are based on their current performance.

In order to achieve their targets, CCGs are expected to do two things:

- Ensure people already on GP Learning Disability Registers are offered an AHC.
- Increase the numbers of people on their GP Learning Disability Registers and ensure these additional patients are offered an AHC.

Target Calculations

Targets have been based on the percentage of the CCG's GP registered population that received an AHC in the last 12 months for which data were available. It thereby takes into account the numbers of patients in the CCG on the GP Learning Disability Register (as a patient needs to be on the register to be eligible for an AHC) as well as the numbers that have had an AHC. **Those CCGs with relatively fewer patients on the GP Learning Disability Register have more challenging targets.**

Amongst CCGs, there is currently considerable variation in the percentage of the GP registered population who are on the GP Learning Disability Register. Data at CCG level on the GP registered populations and the numbers of patients on the Learning Disability Register are available from NHS Digital.

Nationally, 0.49% of the GP registered population is on the Learning Disability Register. It has been estimated around 2.5% of the population in England has a learning disability.

Rationale

To encourage CCGs to ensure people with a learning disability are on GP Learning Disability Registers, and those over the age of 14, are offered an Annual Health Check.

One of the key actions required to ensure people with a learning disability get good care and support from mainstream health services is for health commissioners to ensure people with a learning disability, over the age of 14, are offered an Annual

Health Check. The Confidential Inquiry into premature deaths of people with learning disabilities highlighted the importance of Annual Health Checks.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

- Count of people on GP Learning Disability Registers with an Annual Health Check in the quarter and who have not received a health check in a previous quarter in the 2019/20 financial year.

E.M.7: Total Referrals made for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed descriptor: The sum of the total number of written referrals from General Practitioners and “other” referrals, for first consultant outpatient appointment, in general and acute specialties.

Lines Within Indicator (Units)

E.M.7a: The total number of written referrals made from GPs, for first consultant outpatient appointment, in general and acute specialties.

E.M.7b: The total number of other (non-GP) referrals requests made for first consultant outpatient appointment in general and acute specialties.

Data definition: The sum of the total number of written referrals made from GPs and the total number of other (non GP) referrals made, for first consultant outpatient appointment, in general and acute specialties.

See E.M.7a (Total number of written GP referrals) and E.M.7b (Total number of other referrals) for further information on definitions.

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Monthly Activity Return (MAR) - Both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on SDCS each month.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.M.7a: Total GP Referrals made for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed descriptor: The total number of written referrals from General Practitioners, whether doctors or dentists, for first consultant outpatient appointment, in general and acute specialties.

Lines within indicator (Units)

The total number of written referrals made from GPs for first consultant outpatient appointment, in general and acute specialties in the period.

Data definition: It is the total number of general and acute GP written referrals where:

- Referral Request Type = National Code 01 'GP referral request'.
- Written Referral Request Indicator = classification 'Yes'.

All written GP referral requests to a Consultant whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

An electronic message should be counted as written, as should a verbal request which is subsequently confirmed by a written request.

The referral request received date of the GP referral request should be used to identify referrals to be included in the return.

For general and acute main specialties:

- **include: 100-192, 300-460, 502, 504, 800-834, 900 and 901**
- **exclude: 501, 700-715**

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Monthly Activity Return (MAR) - both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on SDCS each month.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.M.7b: Total Other Referrals made for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed descriptor: The total number of other (non-GP, written or verbal) referrals requests made for first consultant outpatient appointment in general and acute specialties.

Lines within indicator (Units)

The total number of other referral requests made for first consultant outpatient appointment in general and acute specialties in the period.

Data definition: The total number of other Referral Requests (written or verbal) for a first Consultant Out-Patient Episode in the period. All referral requests to a Consultant whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

The referral request received date of the referral request should be used to identify referrals to be included in the return.

It is the total number of general and acute other referrals requests excluding:

a. GP written referrals; these are where the REFERRAL REQUEST TYPE of the REFERRAL REQUEST is National Code 01 'GP referral request' and the WRITTEN REFERRAL REQUEST INDICATOR of the REFERRAL REQUEST is classification 'Yes'

b. Self-referrals; these are where the REFERRAL REQUEST TYPE of the REFERRAL REQUEST is National Code 04 'Patient self-referral request'

c. Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode referrals; these are where the SOURCE OF REFERRAL FOR OUT-PATIENTS of the REFERRAL REQUEST is National Code 01 'following an emergency admission' or 02 'following a domiciliary visit' or 10 'following an Accident And Emergency Attendance' or 11 'other'

d. Referrals initiated by attendance at drop-in clinic without prior appointment; these are where the OUT-PATIENT CLINIC REFERRING INDICATOR of the REFERRAL REQUEST is classification 'Attended referring Out-Patient Clinic without prior appointment'

For general and acute specialties:

- **include: 100-192, 300-460, 502, 504, 800-834, 900 and 901**
- **exclude: 501, 700-715**

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Monthly Activity Return (MAR) - both providers and commissioners should ensure that their referrals information submitted through the Monthly Activity Return (MAR) is of good quality. Commissioners are required to check and sign-off their MAR data on SDCS each month.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

E.M.8: Consultant Led First Outpatient Attendances (Specific Acute)

Detailed descriptor: All Specific Acute consultant-led first outpatient attendances.

Lines within indicator (Units)
Number of attendances in the period.

Data definition: A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for examination or treatment.

Specifically, the number of consultant outpatient attendances for which:

- Der_Attendance_Type = ‘Attend’
- Der_Appointment_Type = ‘New’
- StaffType = ‘Cons’ i.e. main speciality is not ‘560’, ‘950’ or ‘960’
- Treatment function maps to Specific Acute

This includes first outpatient attendance for all consultant outpatient episodes for all sources of referral.

Activity delivered in a primary care setting lines should also be included.

MONITORING

Monitoring frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDRNCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Specialised commissioning plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-

casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.9: Consultant Led Follow-Up Outpatient Attendances (Specific Acute)

DEFINITIONS

Detailed descriptor: The total number of Specific Acute consultant-led subsequent attendance appointments.

Lines within indicator (Units)
Number of subsequent attendances in the period.

Data Definition: The total number of Specific Acute follow-up attendance appointments, where the out-patient attendance took place within the period, for which:

- Der_Attendance_Type = ‘Attend’
- Der_Appointment_Type = ‘FUp’
- Der_Staff_Type_DD = ‘Cons’ i.e. main speciality is not ‘560’, ‘950’ or ‘960’
- Treatment function maps to Specific Acute

This includes subsequent outpatient attendance for all Specific Acute consultant outpatient episodes for all Specific Acute sources of referral.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2019/20 via SDCS.
Yes, Specialised commissioning plans, monthly for 2019/20 via SDCS.
Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.10: Total Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor: Number of Specific Acute elective spells.

Lines within indicator (Units)

E.M.10: Total number of Specific Acute elective spells in the period.

E.M.10a: Total number of Specific Acute elective day case spells in the period.

E.M.10b: Total number of Specific Acute elective ordinary spells in the period.

Data definition: An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a hospital bed in another health care provider. The period the patient has to wait for admission depends on the demand on hospital resources and the facilities available to meet this demand.

E.M.10a: A day case admission must be an elective admission, for which a 'Decision To Admit' has been made by someone with the 'Right Of Admission'. Any patient admitted electively during the course of a day with the intention of receiving care, who does not require the use of a hospital bed overnight and who returns home as scheduled, should be counted as a day case. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission. Where clinical care is provided as a series of day case activities (for example chemotherapy or radiotherapy) this should be recorded as regular day / night activity (and therefore not be included in the day case count).

E.M.10b: Any patient admitted electively with the expectation that they will remain in hospital for at least one night, including a patient admitted with this intention who leaves hospital for any reason without staying overnight, should be counted as an ordinary admission. A patient admitted electively with the intent of not staying overnight, but who does not return home as scheduled, should also be counted as an ordinary admission.

It is the number of day case and ordinary (as defined above) elective spells relating to hospital provider spells for which:

- Der_Management_Type is either 'DC' or 'EL'
- Treatment function on the date of discharge maps to Specific Acute

Where 'DC' = Day Case and 'EL' = Ordinary Elective

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Specialised commissioning plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.11: Total Non-Elective Spells (Specific Acute)

DEFINITIONS

Detailed descriptor: Total number of Specific Acute non-elective spells.

Lines within indicator (Units)

E.M.11: Number of Specific Acute non-elective spells in the period.

E.M.11a: Number of Specific Acute non-elective spells in the period with a length of stay of zero.

E.M.11b: Number of Specific Acute non-elective spells in the period with a length of stay of 1 or more.

Data definition: A Non-Elective Admission is one that has not been arranged in advance. Specific Acute Non-Elective Admissions may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider other than in an emergency.

It is the number of hospital provider spells for which:

- Der_Management_Type is ‘EM’ or ‘NE’
- Treatment function maps to Specific Acute

Where ‘EM’ = Emergency and ‘NE’ = Non-Elective

E.M.11a: Zero length of stay non-electives are episodes with an admission where the date of admission is the same as the discharge date (i.e. the episode does not span midnight).

E.M.11b: Non - Zero length of stay non-electives are episodes with an admission where the date of admission is **not** the same as the discharge date.

MONITORING

Monitoring frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Specialised commissioning plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.12: Total A&E Attendances (Excluding Planned Follow-Up Attendances)

DEFINITIONS

Detailed descriptor: Number of attendances at A&E departments, excluding planned follow-up attendances.

Lines within indicator (Units)
Total number of attendances at all A&E departments, excluding planned follow-up attendances.

Data Definition:
There are no additional filters on this field beyond the shared logic detailed in the SUS Methodology section.

Total A&E attendances are taken directly from SUS with the additional restriction of:

AEAttendanceCategory <> 2

Total A&E attendances are taken directly from SUS, with no further restrictions other than the above.

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.12a: Type 1 A&E Attendances (Excluding Planned Follow-Up Attendances)

DEFINITIONS

Detailed descriptor: Number of attendances at Type 1 A&E departments, excluding planned follow-up
attendances.

Lines within indicator (Units)

Total number of attendances at all Type 1 A&E departments, excluding planned follow-up attendances.

Data definition: There are no additional filters on this field beyond the shared logic detailed in the SUS Methodology section.

Type 1 A&E attendances are taken directly from SUS with the applied restrictions:

- AEA_Attendance_Category <> 2
- AEA_Department_Type IN('01', '1')

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs: Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.18: Number of completed admitted RTT pathways

DEFINITIONS

Detailed descriptor: The number of completed admitted Referral to Treatment (RTT) pathways. Admitted pathways are RTT pathways that end in a clock stop for admission (day case or inpatient). The volume of completed admitted pathways is often referred to as RTT admitted activity.

Lines within indicator (Units)

The number of completed admitted RTT pathways in the reporting period.

Data definition: The number of completed admitted RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly**.**

Monitoring Data Source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.M.19: Number of completed non-admitted RTT pathways

DEFINITIONS

Detailed descriptor: The number of completed non-admitted Referral to Treatment (RTT) pathways. Non-admitted pathways are RTT pathways that end in a clock stop for reasons other than an inpatient or day case admission for treatment, for example, treatment as an outpatient, or other reasons, such as a patient declining treatment. The volume of completed non-admitted pathways is often referred to as RTT non-admitted activity.

Lines within indicator (Units)

The number of completed non-admitted RTT pathways in the reporting period.

Data definition: The number of completed non-admitted RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.M.20: Number of new RTT pathways (clock starts)

DEFINITIONS

Detailed descriptor: The number of new RTT periods, in other words, RTT pathways where the clock start date is within the reporting period. This will include those periods where the clock also stopped within the reporting period.

Lines within indicator (Units)
The number of new RTT pathways in the reporting period.

Data definition: The number of new RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SCDS. This data item has been submitted as part of the aggregate RTT monthly data collection since October 2015.

The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England Consultant-led Referral to Treatment Waiting Times Rules and Guidance web page.

MONITORING

Monitoring Frequency: Monthly.

Monitoring Data Source: Consultant-led RTT Waiting Times data collection (National Statistics).

ACCOUNTABILITY

Timeframe/Baseline: Ongoing.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

Providers that are currently not able to report monthly RTT data should be excluded from CCG plans.

E.M.21: Consultant Led Outpatient Attendances with Procedures (Specific Acute)

Detailed descriptor: All Specific Acute consultant-led outpatient attendances where a chargeable procedure has been undertaken.

Lines within indicator (Units)

Number of attendances in the period.

Data definition: A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for treatment.

Specifically, the number of consultant outpatient attendances for which:

- Der_Attendance_Type = ‘Attend’
- StaffType = ‘Cons’ i.e. main speciality is not ‘560’, ‘950’ or ‘960’
- Treatment function maps to Specific Acute
- A valid chargeable HRG4+ Code is assigned based on the NAC_HRG output from the HRG4+ grouper (HRG_Code_OPP in the NCDR) and excluding Non-admitted Consultations (WF) and Undefined Groups (UZ) HRG4+ subchapters.

This includes outpatient attendances for all consultant outpatient episodes for all sources of referral.

Activity delivered in primary care setting lines should also be included.

For further information regarding HRG groupers please contact NHS Digital.

Please note: outpatient procedures should not be excluded from the existing first and follow-up outpatient lines – so for example a follow-up outpatient appointment which includes a procedure would be counted in **both** the follow-up outpatient line (E.M.9) and the outpatient procedures line (E.M.21).

MONITORING

Monitoring frequency: Monthly.

Monitoring data source: Secondary Uses Service NCDR (SEM) - SUS NCDR is derived from SUS (SEM) and not the SUS PbR Mart.

ACCOUNTABILITY

Timeframe/Baseline: 2018/19 annual forecast outturn.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, monthly for 2019/20 via SDCS.

Yes, Specialised commissioning plans, monthly for 2019/20 via SDCS.

Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

CCGs:. Commissioners should plan by using the new identification rules (IR) to identify CCG-commissioned activity – https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2019-20

E.M.22: Average number of G&A beds open per day (specific acute)

DEFINITIONS

Detailed descriptor: Average number of G&A beds open per day (quarterly).

Lines within indicator (Units):
Average number of general and acute beds open per day during the quarter

Data definition: This plan is required to be submitted in line with the quarterly NHS England KH03 publication on available beds.

This data line identifies the average number of bed days for each NHS healthcare provider which are available for patients to have treatment or care. It must only include beds in units managed by the provider, not beds commissioned from other providers. Exclude from the bed days available totals any beds designated solely for the use of well babies. Exclude from the bed days occupied totals any bed days of occupation by well babies.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: KH03 Quarterly Bed Availability and Occupancy.

ACCOUNTABILITY

What success looks like, direction, milestones
That capacity will reflect future demand for inpatient activity.

Timeframe/Baseline: Ongoing.

Rationale
Providers must demonstrate that they have capacity available to accommodate the planned demand for inpatients.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
Yes, Provider plans, monthly 2019/20 via NHS Improvement Portal.

FURTHER INFORMATION
Further information on data available to support this metric can be found on the beds availability and occupancy landing page.

E.N.1: Personal Health Budgets

DEFINITIONS

Detailed descriptor: Number of personal health budgets that have been in place, at any point during the financial year to date, per CCG.

Line within indicator (Units):

Total number of PHBs that have been in place in the financial year to date.

Data definition: The numerator is the sum of PHBs that have been in place at the beginning of the financial year plus new PHBs that have started during the year to date.

Personal health budgets can be managed in three ways, or a combination:

- **Notional budget**: the money is held by the NHS and services are commissioned by the NHS according to the support plan agreed.
- **Third party budget**: the money is paid to an organisation that is independent of the individual and the NHS, manages the budget on the person's behalf, and arranges support by purchasing services in line with the agreed care plan.
- **Direct payment for health care**: A direct payment for health care (referred to from now on as a direct payment) is a monetary payment to a person (or their representative or nominee) funded by the NHS to allow them to purchase the services that are agreed in the care plan.

The numerator includes all personal health budgets, regardless of whether they are accessed by a notional budget, third part payment or a direct payment. It includes those who access only part of their package of care via a personal health budget.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: A mandatory data collection is in place with data being collected by NHS Digital. Further information can be found on NHS Digital's website.

ACCOUNTABILITY

What success looks like, direction, milestones:

By March 2021, NHS England's mandated ambition is for there to be a total of 50,000 to 100,000 Personal Health Budgets. This implies that there will be between 40,000 and 77,000 PHBs in 2019/20.

Suggested CCG trajectories for their contribution to the mandate ambition were developed from analysis of cohort prevalence in each CCG population based on who could benefit from a personal health budget.

Trajectories for CCGs are based on the national ambition to reach the mandated 50,000 – 100,000 PHBs for March 2021. Each CCG's trajectory is calculated according to the type of population each CCG has. The core cohorts for the delivery of PHBs are in the following areas; NHS Continuing Healthcare, Mental Health, Learning Disabilities, NHS Continuing Care, Wheelchairs, long term conditions and children's services. The trajectories are based on the prevalence of these cohorts within CCGs, using national data sets to calculate the potential PHB cohort.

Trajectories set by CCGs should be of a cumulative nature and the quarter 4 figure should aim for the upper bound ambition but should be equal to or higher than the lower bound range of the trajectory ambition outlined on the template.

CCGs who are already performing in line with the 2019/20 ambition have been set a target which supports them to continue to build on their strong current offer.

Timeframe/Baseline: A formal baseline will be taken from the PHB data collection in Q1 2019/20.

The trajectory for 2020/21 is set out in the current NHS Mandate whilst this years' trajectory was developed as part of analysis to show CCG contribution to the mandate ambition.

Rationale

If we are to meet the national mandate ambition, there needs to be a step change in the numbers of PHBs being delivered by each CCG, currently numbers vary considerably across CCGs. All CCGs need to plan how they will continue to deliver PHBs in line with the mandate expectation, collecting the trajectories will enable NHS England to ensure plans are in line with our expectations for each CCG and that nationally we will meet the mandate ambition of up to 100,000 PHBs by March 2021. It will also enable us to target our delivery support appropriately to those CCGs who are underperforming.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

There is a PHBs indicator in the IAF dashboard. Regional PHB teams currently review the reported numbers and discuss with individual CCGs leads. We are working with Regional Ops to develop formal reporting and assurance processes.

E.O.1: Percentage of children waiting less than 18 weeks for a wheelchair

DEFINITIONS

Detailed descriptor: Percentage of children that received equipment in less than 18 weeks of being referred to the wheelchair service within the reporting period (quarter).

Lines within indicator (Units):

Numerator: The number of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service.

Denominator: The total number of children whose episode of care was closed within the reporting period (quarter) where equipment was delivered or a modification was made.

Data definition: All data collected for this indicator relates to episodes of care which have been completed (equipment handed over to patient) within the reporting period, the care pathway may have been initiated before the reporting period. i.e. the prescription decision may have been made in a previous quarter, but the episode of care will still be counted as part of this question if the prescription was fulfilled during the reporting period.

The clock starts with the date the patient was referred to the service, NOT the date the prescription decision was made. The clock stops where the patient pathway is complete, i.e. equipment, accessories or modification received by patient.

The reporting period consists of the three months that make up the year quarter.

This indicator specifically focuses on children; a patient is considered to be a child up to their 18 Birthday.

MONITORING

Monitoring frequency: Quarterly.

Monitoring data source: National Wheelchair Data Collection, via SDCS.

ACCOUNTABILITY

What success looks like, direction, milestones:

CCGs should set out improvement plans to reduce the number of children and adults waiting 18 weeks for their wheelchair.

All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2019/20.

Timeframe/Baseline: Ongoing.

Rationale

The aim to improve wheelchair services was outlined as part of 'Business area 20: Wider Primary Care Provided at scale' within the "NHS England business plan for 2014/15 – 2016/17: Putting Patients First". NHS England is committed to continuing with this ambition. The aim of the objectives is to improve the experience and outcomes for wheelchair users by supporting commissioners to improve the services they commission through provision of a model service specification, delivering personal wheelchair budgets for wheelchair users.

This indicator places an emphasis on timely delivery of equipment and provision of service to children and young adults below the age of 18 years old. Not receiving equipment in a timely manner severely limits independence, mobility and quality of life of affected individuals.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

Yes, CCG plans, quarterly for 2019/20 via SDCS.

FURTHER INFORMATION

Improving Wheelchair Services Programme website.

Appendix A: Summary Table of Requirements for both the Provider and Commissioner Planning Templates.

Code	Org level	Planning Line	CCG	Specialised Commissioning	Provider
E.A.3	CCG	IAPT roll-out	X		
E.A.S.1	CCG	Estimated Diagnosis Rate for people with dementia	X		
E.A.S.2	CCG	IAPT Recovery Rate	X		
E.B.3	CCG, Provider	Incomplete RTT Pathways performance	X		X
E.B.4	CCG, Provider	Diagnostics Test Waiting Times	X		X
E.B.5	Provider	A&E Waiting Times - total time in A&E department			X
E.B.6	CCG, Provider	Cancer Waiting Times - 2 Week Wait	X		X
E.B.7	CCG	Cancer Waiting Times - 2 Week Wait (Breast Symptoms)	X		X
E.B.8	CCG	Cancer Waiting Times - 31 Day First Treatment	X		X
E.B.9	CCG	Cancer Waiting Times - 31 Day Surgery	X		X
E.B.10	CCG	Cancer Waiting Times - 31 Day Drugs	X		X
E.B.11	CCG	Cancer Waiting Times - 31 Day Radiotherapy	X		X
E.B.12	CCG	Cancer Waiting Times - 62 Day GP Referral	X		X
E.B.13	CCG	Cancer Waiting Times - 62 Day Screening	X		X

Code	Org level	Planning Line	CCG	Specialised Commissioning	Provider
E.B.14	CCG	Cancer Waiting Times - 62 Day Upgrade	X		X
E.B.18	CCG, Provider	Number of 52+ week RTT waits	X		X
E.B.22	Provider	Ambulances - count of incidents by Category			X
E.B.23	Provider	Ambulances - response times by category			X
E.B.24	Provider	Ambulances – incident closure			X
E.D.15	STP	STP Primary Care Workforce plans	X		
E.D.16	CCG	Proportion of the population with access to online consultations	X		
E.D.17	CCG	Extended Access Appointment Utilisation	X		
E.D.18	CCG	Access to the Wider System	X		
E.H.1_A1	CCG	IAPT Waiting Times - 6 Weeks	X		
E.H.2_A2	CCG	IAPT Waiting Times - 18 Weeks	X		
E.H.4	CCG	Psychosis treated with a NICE approved care package within two weeks of referral	X		
E.H.9	CCG	Improve access rate to Children and Young People's Mental Health	X		

Code	Org level	Planning Line	CCG	Specialised Commissioning	Provider
		Services (CYPMH)			
E.H.10	CCG	Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks	X		
E.H.11	CCG	Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	X		
E.H.12	STP	Out of Area Placements	X		
E.H.13	CCG	People with severe mental illness receiving a full annual physical health check and follow up interventions	X		
E.H.14	CCG	IAPT Workforce	X		
E.K.1a	TCP	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by CCGs	X		
E.K.1b	TCP	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by NHS England	X		
E.K.3	CCG	Learning Disability Registers and	X		

Code	Org level	Planning Line	CCG	Specialised Commissioning	Provider
		Annual Health Checks delivered by GPs			
E.M.7	CCG, Provider	Total Referrals made for a First Outpatient Appointment (G&A)	X		X
E.M.7a	CCG, Provider	Total GP Referrals made for a First Outpatient Appointment (G&A)	X		X
E.M.7b	CCG, Provider	Total Other Referrals made for a First Outpatient Appointment (G&A)	X		X
E.M.8	CCG, Specialised Commissioning, Provider	Consultant Led First Outpatient Attendances (Specific Acute)	X	X	X
E.M.9	CCG, Specialised Commissioning, Provider	Consultant Led Follow-Up Outpatient Attendances (Specific Acute)	X	X	X
E.M.10	CCG, Specialised Commissioning, Provider	Total Elective Spells	X	X	X
E.M.10a	CCG, Specialised Commissioning, Provider	Total Elective Spells - Day Cases	X	X	X
E.M.10b	CCG, Specialised Commissioning, Provider	Total Elective Spells - Ordinary	X	X	X
E.M.11	CCG	Total Non-Elective Spells (Specific Acute)	X	X	X
E.M.11a	CCG	Total Non-Elective Spells - 0 LoS	X	X	X

Code	Org level	Planning Line	CCG	Specialised Commissioning	Provider
E.M.11b	CCG	Total Non-Elective Spells - +1 LoS	X	X	X
E.M.12a	CCG, Provider	Total number of Type 1 A&E Attendances excluding Planned Follow Ups	X		X
E.M.12b	CCG, Provider	Total number of Other A&E Attendances excluding Planned Follow Ups	X		X
E.M.18	CCG, Provider	Number of Completed Admitted RTT Pathways	X		X
E.M.19	CCG, Provider	Number of Completed Non-Admitted RTT Pathways	X		X
E.M.20	CCG, Provider	Number of New RTT Pathways (Clockstarts)	X		X
E.M.21	CCG, Specialised Commissioning, Provider	Consultant Led Outpatient Attendances with Procedures	X	X	X
E.M.22	Provider	Average number of G&A beds open per day (Specific acute)			X
E.N.1	CCG	Personal Health Budgets	X		
E.O.1	CCG	Percentage of Children Waiting more than 18 Weeks for a Wheelchair	X		