

# Lambeth Borough Based Board Performance Assurance Report

November 2020

- In order to support assurance across the full range of CCG and borough responsibilities, the SEL CCG Assurance team will produce bi-monthly borough assurance reports which will cover local indicators.
- The report will provide performance and high impact improvement actions (future iterations) for all boroughs for comparison.
- The Borough Based Assurance report will be a standard report but (a) boroughs are welcome to submit further indicators for consideration (b) it will be provided in a format where further indicators could be provided by LCP teams if desired.
- Borough teams would be expected to provide the content and ensure sufficient discussion locally. These should be on the agenda of the BBB (or LCP).
- A member of the assurance team will attend a BBB/LCP to hear/ participate in the discussion.
- The main area of focus should be on ensuring there are mitigations in place for any performance which is off track.

- For most of the metrics in this pack there is more information on the SEL and borough level drivers of performance and recovery plans.

## **Performance has been updated for:**

- SMI physical health checks
  - Personalisation
  - Cancer screening
  - NHS continuing healthcare
  - Citizen facing tools
  - Childhood immunisations in primary care
  - Patient experience in primary care
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- Reporting has now resumed for personal health budgets (PHB) and an updated performance position is provided in this pack.
  - Local and up-to-date data has been provided on diabetes structured education (DSE) performance, GP patient experience and MMR rates.
  - A glossary of terms has also been added to the report.

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# Introduction and summary

# Lambeth performance overview (1 of 2)

The table below provides an overview of the latest performance positions and the risk assessment of delivering year-end targets for all borough-based board led KPIs and metrics.

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
<b>SMI Physical Health Checks</b>	↓	60%	Q2 2020/21 –26.0%	The borough is not currently achieving the target and is at significant risk of not achieving it at year-end
<b>Personal health budgets</b>	↓	M5 2020/21 – 242	M5 2020/21 - 150	Significant improvement is required to meet the year-end target
<b>Social prescribing referrals</b>	-	2020/21 – 1,574	Unknown - local data is currently being collected	Currently unknown
<b>Personalised care and support planning</b>	-	Borough contributions to the SEL target are yet to be agreed	Unknown - local data is currently being collected	Currently unknown
<b>Diabetes treatment targets</b>	↑	No formal targets	Type 1 – 2019 – 25.3% Type 2 – 2019 – 37.8%	NA
<b>Diabetes eight care processes</b>	↑	No formal targets	Type 1 – 2019 – 42.2% Type 2 – 2019 – 68.0%	NA
<b>Diabetes structured education</b>	↓	No formal targets	Type 1 – 2018 – 8.3% Type 2 – 2018 – 8.1%	NA
<b>Cancer screening bowel, breast and cervical</b>	Improvement in most metrics	Bowel coverage and uptake – 60% Breast coverage and uptake – 80% Cervical coverage (25-49 and 50-64) – 80%	Performance is below target for Bowel, Breast and Cervical cancer.	Significant improvement is required to meet the targets by year-end

\* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

# Lambeth performance overview (2 of 2)

Standard	Trend since last period	Target	Current performance	Risk of delivering year end target
NHS continuing healthcare	↓	<15%	Q2 2020/21 - 0%	No identified risk to delivery for this year
Injuries from falls in people aged 65 and over	↓	National mean - 2,059	Q2 2019/20 – 2,380	Improvement is required to achieve the national mean by year-end
Overweight and obese children	↓	National mean - 34.2%	2018/19 – 39.4%	Improvement is required to achieve the national mean by year-end
Citizen facing tools: Proportion of the population registered to use NHS App	-	2020/21 – 1.0%	Performance is only available at SEL level	SEL 2020/21 target already achieved
Childhood immunisations in primary care	↑↓	London average	Q1 2020/21 – the borough is performing below the London average on 3 out of the 6 metrics. Better performance can be seen against the MMR vaccine cohorts.	Further improvement is required to better the London average on all indicators
Primary care patient experience - GP survey	-	National performance	The borough's performance is above the London average for most of the questions	Improvement in performance is required to consistently achieve the national average on the majority of questions
Primary care patient experience - FFT	↑	National mean – 90%	February 2020 – the borough achieved a performance of 89%	Performance is just below the national mean

\* There are varying lags in reporting for the indicators above and the longest delays are for indicators where local data is not reported.

## SMI Physical Health Checks

- The NHS has committed to ensuring 60% of people on the **SMI register receive a full and comprehensive physical health check**.
- Lambeth reported a performance of 26% in Q2 2020/21. This is significantly below the 60% target. Achievement of the target for 2020/21 remains high risk.

## Personalisation

- Lambeth is not achieving the **personal health budgets (PHB) trajectory** set for 2020/21. A further 317 personal health budgets are required to meet the year-end target.
- The SEL personalisation lead and the NHSE regional team are working with borough leads to further implement the personalisation agenda and expand the PHB offer to new client groups. Before COVID, progress was made to expand the offer to wheelchair users and mental health section 117 clients and this work is continuing.

## Diabetes

- Lambeth continues to work with GP practices to improve delivery against the **diabetes standards**. The latest **national diabetes audit** results for 2018/19 highlight a slight improvement in performance for some metrics, however further work is required to address these areas.
- In SEL, the immediate focus is to establish robust SEL CCG/ICS governance and to progress the Diabetes Strategy post-Covid.

## Cancer Screening

- According to the latest available data from February 2020, Lambeth is not meeting the screening targets for **bowel, breast and cervical screening** and is also the worst performing borough in all areas apart from Cervical Cancer Coverage (25-49 cohort).
- SEL boroughs are supporting the implementation of both national and local programmes to increase uptake rates, however securing sufficient practice and patient engagement was a challenge, even before COVID.



## NHS continuing healthcare

- The borough is required to ensure no more than **15% of CHC assessments take place in an acute setting**, and in **Q2 2020/21** zero assessments took place in an acute setting.

## Injuries from falls in people aged 65 and over

- In Q2 2019/20, Lambeth is not achieving the sex-age standardised rate of **emergency hospital admissions** with a rate of **2,380 per 100,000** compared to the national position of 2,059.

## Overweight and obese children

- Lambeth's rate of **child obesity** is well above the national mean with 39.4% of children in year 6 being classified as overweight or obese in 2018/19.

## Citizen facing tools: Proportion of the population registered to use NHS App

- Performance in 2020/21 is only available by STP so data is not available for the borough, however SEL is well ahead of trajectory and has already achieved the 2020/21 target.

## Childhood immunisations in primary care

- The borough performs below the London average on a few of the indicators. **MMR** data has been added to the pack and generally performance is better than the London average.

## Primary care patient experience

- Further analysis has been carried out to provide borough level performance for the key **GP patient experience** questions. The borough performs well against most questions.
- In the **friends and family test** (FFT) 89% of patients in the borough reported they would recommend the care in their practice which was slightly below the national mean of 90%.

# Areas of performance challenges within remit of SEL borough based boards

Detailed comparative performance position and recovery plans across SEL

# SMI Physical Health Checks

# SMI Physical Health Checks: performance position

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
Proportion of people on the SMI register receiving a comprehensive physical health check in the last 12 months (Q2 2020/21) – target 60%							
% patients receiving check	12.7%	14.4%	18.4%	26.0%	25.2%	27.6%	22.6%
Trend since last quarter	-3.2%	-2.4%	*	-6.1%	-5.9%	-10.6%	-7.4%

\*The Q1 performance position of 33.7% for Greenwich was incorrectly reported by the main provider – performance for Q1 was very similar to the Q2 position.

### Context

- The Five Year Forward View for Mental Health commits to ensuring that 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. To help track delivery of this commitment, the SMI physical health checks target was introduced which measures the proportion of people on the SMI register who have received a comprehensive physical health check in the last 12 months.

### Key drivers of under performance and improvement plans

- The Covid-19 pandemic has had a negative impact on the ability of primary care to deliver physical health checks for people with serious mental illness due to the restrictions on patients attending GP practices for appointments and patients and/or carers being reluctant to attend if an appointment is offered.
- The SEL SRO for primary care has raised the issue of performance with the local borough leads and has requested borough level improvement plans. Best practice will be shared across SEL and a summary of improvement actions will be included in next month’s performance report.
- A piece of work to confirm that all boroughs are recording and capturing information accurately and consistently will also be undertaken.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

# SMI Physical Health Checks: borough specific issues and actions

- Lambeth have a local incentive scheme for General Practice to support improvement in the completion of health checks. The scheme has only just launched with communication to practices on 20th October and initial returns expected in the middle November. We are holding 4 engagement webinars on Microsoft Teams for the scheme and have a CCG wide communication plan.
- As part of the incentive scheme, practices will audit their SMI register for the aspects of the health checks, identify key issues and develop action plans to improve areas of poor performance. We will review and monitor action plans and share learning across all practices.
- Lambeth are sourcing practice level data to better identify areas of good practice and practices that require additional support
- Lambeth are currently running a prototype in the north of the borough aimed at improving communication and information sharing between General Practice and secondary care mental health services. A holistic review of mental, physical and social health is integral to the prototype. Strategies for managing physical health and effective ways of communicating can be developed jointly. The project will be evaluated in December and plan for roll-out in quarter 4.
- Lambeth has a Senior Primary Care Mental Health Pharmacist to provide general mental health prescribing advice and support, medication reviews/reconciliation, training and expertise.

# Personalisation - personal health budgets, social prescribing and personalised care and support planning

# Personal Health Budgets: current performance position and trend

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
<b>Number of PHBs at month 5</b>							
2020/21 year end target	338	483	419	467	386	370	2,463
Cumulative trajectory at month 5 2020/21*	269	255	320	242	161	229	1,475
Cumulative YTD actuals at month 5 2020/21	202	227	162	150**	82	101	924
Cumulative actuals at month 5 in 2019/20	400	219	145	120	66	161	991

\* The borough and SEL trajectories have been modelled based on 2019/20 phasing and are presented as a guide only. Performance is RAG rated against the trajectory. \*\* This is an estimated position for Lambeth who are reviewing their reporting process

- Regulatory reporting of PHBs was paused from the start of the COVID-19 pandemic however SEL has collected local data up to August 2020.
- SEL provided 924 PHBs by August 2020 which is well below the trajectory of 1,475 and fewer than in the same period last year.
- The SEL PHB lead is supporting boroughs to implement the personalisation agenda and expand their PHB provision with an initial focus on wheelchair users and mental health section 117 clients.
- The personal wheelchair budgets offer will be restarted across SEL and more PHBs for mental health service users will be introduced through the South London Partnership. A PHB offer for Learning Disabilities, starting with Care Treatment Reviews (CTRs) will be developed.
- All CHC packages of support should now be delivered by PHB. This may have been paused during the first wave of Covid. There is an expectation that this should have started again from September.
- A SEL strategic group for Personalised Care, which will help to develop a pathway that is suitable for patients across SEL will be developed.

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer\*

Worst performer\*

## Personalised care and support planning

- The LTP sets out an ambitious target for the implementation of the comprehensive model for personalised care, with 2.5 million people benefitting by 2023/24. Personalised Care and Support Planning (PCSP) is one of the six core components of the model and nationally the LTP sets out an ambitious target of 750,000 PCSPs developed by 2023/24. We know what SEL's contribution will be to the national target, however boroughs have not been set individual targets and data is not yet available.
- Data on the current number of PCSPs in SEL but the table below provides the planned trajectory of provision of PCSPs in SEL for the next four years.

SEL annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
PCSPs	5,448	8,006	15,103	24,258	32,850

## Social prescribing

- Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.

Annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
Referrals to link workers	393	1,574	3,147	4,721	6,294



# Personalisation: borough specific issues and actions

## Social prescribing actions

Lambeth Premium Specification Scheme includes an indicator encouraging practices to have a well understood and robust process to offer or introduce and record social prescribing options (where appropriate) opportunistically and as part of any planned review. This could include (but is not restricted to) [SAIL/MYCommunity Lambeth](#), [Lambeth Advance Care Planning \(ACP\) Consortium one to one support](#), Project Smith or other local services or support.

Practices are encouraged to advertise the [Age UK Lambeth My Community directory](#) service in the practice and during consultations to support social prescribing and self care/management. Practices are encouraged to record social prescribing interventions using the National GP contract codes.

## Social prescribing key challenges

None reported at this point.

## Personalised care and support planning

In 20/21 via the Lambeth Premium Specification Scheme, practice will be building on processes established in 19/20 for offering social prescribing, prioritising people for high quality personalised annual reviews and enabling multidisciplinary working. The COVID pandemic has required practice teams to reconfigure their operating model, particularly around digital remote triage and remote diagnosis and monitoring, and opportunistic care. The Personalised Care Section of the Scheme, encourages and supports general practice in restoring care process recording and delivery for people with long term conditions, noting the ongoing need to prioritise people for review in line with current national and local primary care priorities and constraints during the COVID-19 pandemic.

# Diabetes

# Diabetes: context – the 3 targets

The National Diabetes Audit (NDA) measures diabetes performance using the three indicators below and performance is also monitored in the IAF for the treatment targets and structured education. There are, however, no formal expectations for diabetes performance.

## Care Processes

- Care processes for all people aged 12 and over. There are nine annual measures and the first 8 are the responsibility of Diabetes Care providers. The 9th Care Process is the responsibility of NHS Diabetes Eye Screening (NHS Public Health England)

<b>1. HbA1c</b> (blood test for glucose control)	<b>5. Urine Albumin/Creatinine ratio</b> (urine test for risk of kidney disease)
<b>2. Blood Pressure</b> (measurement for cardiovascular risk)	<b>6. Foot Risk Surveillance</b> (examination for foot ulcer risk)
<b>3. Serum Cholesterol</b> (blood test for cardiovascular risk)	<b>7. Body Mass Index</b> (measurement for cardiovascular risk)
<b>4. Serum creatinine</b> (blood test for kidney function)	<b>8. Smoking History</b> (question for cardiovascular risk)

## Treatment Targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and statins:

- Target HbA1c reduces the risk of all diabetic complications
- Target blood pressure reduces the risk of cardiovascular complications and reduces the progression of eye and kidney disease
- Target statins prescriptions reduces the risk of cardiovascular complications

## Structured education

The percentage of people with diabetes diagnosed for less than one year who have a record of attendance at a structured education course. This is measured using the number of people who have attended a structured education course within 12 months of diagnosis, as recorded by the NDA. Attendance at diabetes structured education, by those newly diagnosed with diabetes and those with established diabetes, will improve patient outcomes by:

- Reducing patients' HbA1c levels and subsequently increasing their likelihood of achieving the three NICE-recommended treatment targets.
- Improving patients' knowledge and capability for managing their diabetes.

The data source for these diabetes targets, is the National Diabetes Audit. The latest results of which are shown further in this pack. However, because the data is only produced annually, there is a significant lag in availability so monitoring improvement can be difficult. It is possible however for CCGs to use local data and systems to monitor in year at a practice level.

# Diabetes: drivers of performance and availability of data

- Diabetes Commissioning within the new SEL CCG sits within the Commissioning & Improvement Directorate and specifically within the LTC Management & Improvement team. However Diabetes touches a large number of commissioning areas, so governance and strategy need to take this into account; the breadth of delivery required to achieve system wide ambitions on diabetes and obesity will require an end-to-end pathway approach – from prevention through to specialist services.
- Given the breadth of activity and delivery required in order to create a step change in the quality of care for patients and to improve the models of service provision for diabetes – and following ICS principles – we need to adopt a fully collaborative and joint approach between SEL stakeholders: including the CCG, provider partners/ SEL clinicians, people with diabetes, the South London Health Innovation Network and KHP
- Diabetes and obesity have particular significance in post-Covid planning, given the prevalence of both diabetes and obesity in both those with the disease and the shielding population, the significant adverse outcomes for BAME patients, and the impact of diabetes and obesity as risk factors for Covid-19 related admission and mortality.
- The focus on the standing up of CCG/ICS governance and how to progress the Diabetes Strategy post-Covid has continued over the late summer/ early autumn – **emerging governance and strategy will explicitly recognise this interdependency and it is hoped that new Diabetes & Obesity governance will be confirmed by December 2020.**

## Recent Diabetes-related updates include

- **Diabetes Structured Education:** the Diabetes Book & Learn (DBL) web-based service has had to rapidly move away from face-to-face courses, towards digital/ virtual offers. SEL and SWL CCGs have commissioned rapid technical changes to the DBL platform to enable a pivot towards non-face to face options. Commissioners and the HIN have worked with diabetes structure education (DSE) to plan how to provide alternate DSE options, holding a workshop on the 13<sup>th</sup> October that generated a set of initial plans. SEL and SWL commissioners are working together to agree commissioning requirements for 2021/22. **Recent DSE data is included later in this section.**
- **Diabetic Foot:** governance has been stood up again and the terms of reference take into account the implications of Covid on the SEL Foot pathway. Effort continues to be made to strongly support the Multi-Disciplinary Foot Team (MDFT) pathway and the new diabetic foot navigator role. Planning for Wave 2 continues, building on the excellent (clinically-led) guidance work around patients with high and moderate risk of diabetic foot disease.
- SEL diabetes commissioning leads (both central CCG and place-based leads) are working together to action plan around the key KPIs of 3 Treatment Targets and 8 Care Processes – to best mitigate the impact of Covid.
- The SEL BI team is exploring the possibility of providing more recent and local outcomes data to support the performance reporting on diabetes.

# Diabetes: borough specific issues and improvement plans

## Diabetes treatment targets

Continue working towards improving on the percentage of people with diabetes who meet all three treatment targets (3TT) during 2020/21.

- continuing to use the local EZ Analytics Diabetes dashboard (which replicates the NDA 2020-21 collection period of Jan 2020 to 31 March 2021) to identify patients with Type 2 diabetes (T2D) requiring review to help them achieve the agreed targets
- Scope the commissioning of a dashboard relating to patients with Type 1 diabetes (T1D) to improve measurement, achievement and coding of 3TT (and 8CP)
- inclusion of a Lambeth Primary Care Improvement Scheme indicator encouraging improvement in the 3TT percentage for patients with T2D
- Mobilisation of the Community Diabetes Service Contract, with a focus on population health management
- availability of virtual clinics via the Community Diabetes Service (CDS) to discuss complex patients and those identified as high risk as a result of Covid-19 to support 3TT achievement, medicines optimisation and prevention of complications of diabetes;
- CDS continuing to provide (since 2018/19) a successful quality improvement programme across the borough to focus on further improvements in diabetes treatment and care (3TT and 8CP), in particular care of high risk patients and call and recall systems in light of Covid19 and diabetes.
- Working with GSTT to identify QIPP opportunities within diabetes and medicines optimisation

## Diabetes eight care processes (8CP)

Local EZ Analytics Diabetes dashboard shows an increase on the previous year to 82% at 31 March 2020. Data collection period covers the NDA 2019-20 period of Jan 2019 to Mar 2020 (15 months).

- Continue working towards improving on the percentage of people having the 8CP measured and recorded by using the local EZ Analytics Diabetes dashboard to identify patients requiring an annual review/8CP measure
- Lambeth Premium Specification Scheme includes an indicator encouraging improvement in the offer, measurement and coding of 8CPs

## Diabetes structured education (SE)

- DESMOND course facilitators are now delivering the course via an online platform to support continued SE
- Engagement with primary care to refer patients to Diabetes Book & Learn to increase uptake of virtual Diabetes SE
- Scope commissioning of a dashboard relating to structured education referral and attendance, to improve coding, offer of SE and NDA data
- Lambeth Premium Specification Scheme includes a prevention indicator which encourages practices to identify patients at risk of diabetes, add them to the Non-diabetic hyperglycaemia register and, if consent provided, refer them to the NHS Diabetes Prevention Programme (NDPP). Providers of NDPP are now providing the course via an online platform. The referral criteria has been expanded and self-referral launched, to reach more individuals at risk of T2D.

# Diabetes: performance position

The following tables present the latest available published data from the National Diabetes Audit and covers the period January to December for the respective years.

## TYPE 1 DIABETES

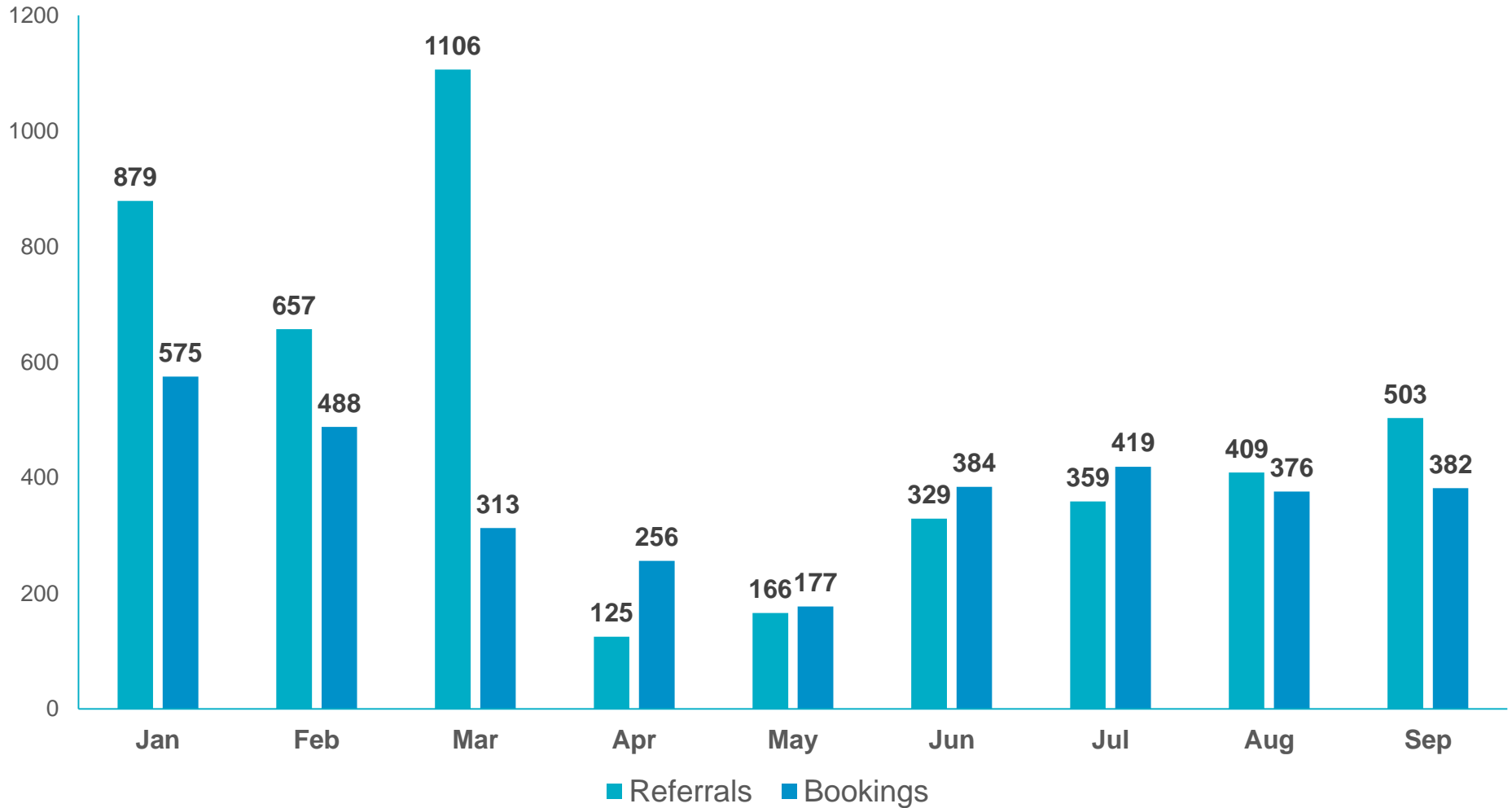
	NDA participation		Registered Patients		8 Care Processes		Treatment Targets		DSE (Attended)	
	2018	2019	2018	2019	2018	2019	2018	2019	2017	2018
<b>England</b>	<b>98.8%</b>	<b>98.6%</b>	<b>273,910</b>	<b>247,200</b>	<b>21.0%</b>	<b>31.1%</b>	<b>20.9%</b>	<b>19.8%</b>	<b>7.2%</b>	<b>6.2%</b>
Bexley CCG	100%	100%	990	965	24.7%	21.8%	26.7%	26.4%	14.3%	11.1%
Bromley CCG	100%	100%	1,500	1,460	21.7%	20.5%	21.8%	20.7%	12.5%	9.1%
Greenwich CCG	94.1%	91.4%	1,055	940	22.7%	21.3%	23.2%	24.0%	14.3%	0.0%
Lambeth CCG	100%	100%	1,535	1,290	36.8%	42.2%	22.6%	25.3%	11.1%	8.3%
Lewisham CCG	100%	97.1%	1,160	1,005	25.0%	27.4%	26.2%	27.5%	0.0%	11.1%
Southwark CCG	100%	100%	1,140	930	41.2%	44.6%	23.9%	24.8%	14.3%	12.5%

## TYPE 2 DIABETES

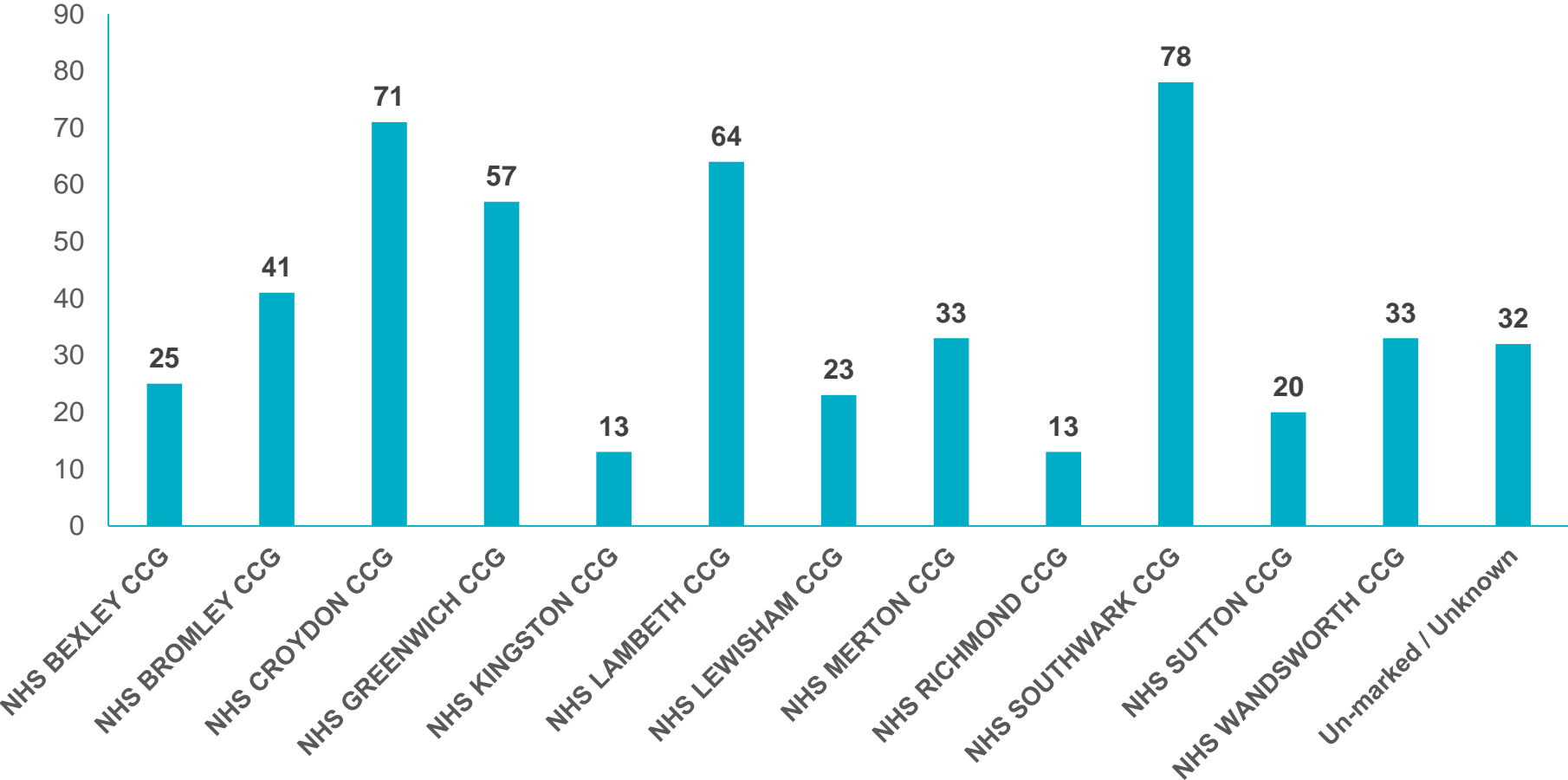
	NDA participation		Registered Patients		8 Care Processes		Treatment Targets		DSE (Attended)	
	2018	2019	2018	2019	2018	2019	2018	2019	2017	2018
<b>England</b>	<b>98.8%</b>	<b>98.6%</b>	<b>2,982,105</b>	<b>3,166,290</b>	<b>33.4%</b>	<b>49.5%</b>	<b>40.1%</b>	<b>39.0%</b>	<b>12.4%</b>	<b>13.3%</b>
Bexley CCG	100%	100%	12,365	12,890	44.2%	43.4%	39.8%	39.6%	12.3%	10.5%
Bromley CCG	100%	100%	13,910	14,845	41.4%	43.6%	40.1%	39.4%	25.2%	18.4%
Greenwich CCG	94.1%	91.4%	13,585	14,615	36.8%	37.5%	36.4%	36.6%	7.4%	6.0%
Lambeth CCG	100%	100%	17,960	18,760	56.6%	68.0%	36.0%	37.8%	11.8%	8.1%
Lewisham CCG	100%	97.1%	15,590	16,100	41.9%	46.8%	39.4%	36.9%	7.3%	4.7%
Southwark CCG	100%	100%	16,080	16,940	60.2%	68.6%	38.1%	39.5%	8.2%	4.9%

# Diabetes: structured education (1 of 2)

Type 2 diabetes education referrals and bookings by month, since January 2020 for South London



## Referral data September 2020 by South London boroughs





# Cancer Screening

## CCGs not currently delivering the performance standards

CCG	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL aggregate
Currently off-track	X	X	X	X	X	X	X

## Context

The aim of the NHS cancer screening programme is to reduce mortality from cancer, by identifying the eligible population and ensuring efficient delivery with optimal coverage. The national data collection monitors uptake and coverage of screening programmes by eligible populations against nationally set standards.

Transforming Cancer Services Team (Healthy London Partnership) and NHS England work in partnership with key stakeholders including CCGs, cancer alliances, the voluntary sector and local government to review uptake improvement initiatives across London and develop a joint pan-London work-plan. This regional plan will identify key evidence –based priorities for implementation through partnership working and will be overseen by a joint working group.

CCGs have multiple requirements in each of the 3 screening programmes:

### NHS Bowel Screening

- Bowel Cancer Coverage (60-74) 60%
- Bowel Cancer Uptake (60-74) 60%

### NHS Cervical Screening

- Cervical Cancer Coverage (25-49) 80%
- Cervical Cancer Coverage (50-64) 80%

### NHS Breast Screening

- Breast Cancer Coverage (50-70) 80%
- Breast Cancer Uptake (50-70) 80%

# Cancer Screening: performance position and trend (1 of 2)

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
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## Bowel Cancer Coverage (60-74) February 2020 – Target 60%

Current month	Above target	Above target	<5% below target	>5% below target	>5% below target	>5% below target	<5% below target
Trend since last reported period	↑	↑	↑	↑	↑	↑	↑

## Bowel Cancer Uptake (60-74) February 2020 – Target 60%

Current month	Above target	Above target	<5% below target	>5% below target	>5% below target	>5% below target	<5% below target
Trend since last reported period	↑	↓	↑	↑	↓	↑	↑

## Breast Cancer Coverage (50-70) February 2020 – Target 80%

Current month	<5% below target	<5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↑	↑	↔	↑	↓	↔	↑

## Breast Cancer Uptake (50-70) February 2020 – Target 80%

Current month	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↓	↓	↓	↔	↓	↓	↓

**Note:** Last reporting period, February 2020. The data for this period is provisional and has not been fully validated so broad ranges have been provided to report the performance position

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer

Worst performer

# Cancer Screening: performance position and trend (2 of 2)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL
<b>Cervical Cancer Coverage (25-49) February 2020 – Target 80%</b>							
Current month	5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target	>5% below target
Trend since last reported period	↑	↑	↑	↑	↑	↑	↑
<b>Cervical Cancer Coverage (50-64) February 2020 – Target 80%</b>							
Current month	<5% below target	<5% below target	>5% below target	>5% below target	<5% below target	>5% below target	<5% below target
Trend since last reported period	↔	↑	↔	↔	↑	↑	↑

## Context and recovery actions

- There is a significant lag on cancer screening reporting so we do not yet know the impact COVID has had on screening performance.
- The South East London Cancer Alliance (SELCA) is supporting GP practices by providing regular communications which are sent on a regular basis by primary care.
- SELCA will also be hosting a series of webinars as part of the South East London Primary Care Cancer Education Work Plan which will support Primary Care Networks in delivering the Early Cancer Diagnosis DES Contract Specification. SELCA has also produced a practical guide for Primary Care Networks to achieve delivery of the service requirements for 2020/21 for Early Cancer Diagnosis of the Network Contract Directed Enhanced Service together with a FAQ.
- Recently updated QOF requirements have provided added incentives for Cervical screening and actions to; reassure that practices are open; ensure 2ww referrals are up to pre-Covid levels; ensure safety netting is in place; and provide awareness of pathway changes due to COVID

**Note:** Last reporting period, February 2020. The data for this period is provisional and has not been fully validated so broad ranges have been provided to report the performance position

Key	Not achieving national standard	↓	Worsening position
	Achieving national standard	↑	Improving position

Top Performer

Worst performer

# Cancer screening: borough specific issues and improvement plans

## Improvement actions being implemented in Lambeth

Lambeth Cancer Working group – Primary Care Networks (PCN) and practice level support for primary care to implement the Quality and Outcomes Framework Quality Improvement (QOF QI) and Cancer ED Directed Enhanced Service (DES).

Cancer action plan of PCN /Practice visits.

National Cancer Diagnosis Audit (NCDA) results to be delivered by Cancer Research UK (CRUK) facilitator to PCN's and Practices to support continued learning.

Delivering education and training sessions to primary care and ensure adherence to NICE Guidance (NG12).

Working to increase awareness and public understanding of screening programmes with the local population and health care professionals including targeted awareness campaigns, local communications in the Lambeth GP Bulletin, SELCA webinars, education sessions, information regarding available resources and contacts for support

Lambeth Cancer Clinical Lead and GP Macmillan role.

Macmillan Right by You cancer social prescribing initiative.

Encourage cross-organisation working to help balance demand and capacity across the system and to increase shared learning.

Improving access to patients by introducing more flexible appointments e.g. weekend and evening services.

Representation from Lambeth at SEL Cancer Alliance and SELCA COVID Communications primary care meetings.

# NHS Continuing Healthcare

# NHS Continuing Healthcare: overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Proportion of NHS CHC full assessments in an acute setting Q2 2020/21 – Target no more than 15%						
Current month	0%	0%	0%	0%	0%	0%
Trend since last reported period	↓	↓	↓	↓	↓	↓

## Context and performance

- CCGs are required to provide assurance that NHS Continuing Healthcare (CHC) assessments are taking place at the right time and in the right place as set out in the NHS National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. The framework sets out that it is preferable for eligibility for NHS CHC to be considered after discharge from hospital when the person’s long-term needs are clearer, and for NHS-funded services to be provided in the interim.
- CCGs are required to ensure no more than 15% of assessments take place in an acute setting. All Boroughs in South East London are meeting this target as at Q2 2020/21.
- All boroughs are following Covid discharge arrangements that all CHC assessments should now be undertaken after discharge from hospital.

Key	Not achieving standard	Top Performer	Worst performer
	Achieving standard		

# Injuries from Falls in People Aged 65 and Over



# Injuries from Falls in People Aged 65 and Over: overview

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population Q2 2019/20 – national rate 2,059						
Current month	2,110	1,992	1,848	2,380	1,022	2,820
Trend since last reported period	↓	↓	↑	↓	↑	↓

## Context and performance

- This indicator measures the age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population.
- Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard.
- Bromley, Greenwich and Lewisham have lower rates of emergency admissions for injuries due to falls in persons aged 65+ per 100,000 population than the national average and rates in Bexley, Lambeth and Southwark are above the national average.
- In Southwark work is being undertaken by the older people’s multi agency workstream and falls prevention programme to improve outcomes in this area.

Key	Bottom quartile nationally	Top Performer	Worst performer
	Third quartile nationally		
	Better than national average		

# Percentage of children aged 10-11 classified as overweight or obese

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Prevalence of excess weight among children in Year 6 (age 10-11 years) – 2018/19 - national 34.2%						
Current month	38.1%	29.4%	42.0%	39.4%	38.4%	41.6%
Trend since last reported period	↓	↓	↑	↓	↓	↓

## Context and performance

- There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.
- The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self esteem, teasing and bullying.
- Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference according to age and sex.
- Only Bromley performed better than the national average of 34.2%. Greenwich and Southwark were amongst the worst performing boroughs in the country.
- In Southwark the Children and Young People’s partnership is focussing on healthy weight as a key priority outcome for improvement.

Key	Bottom quartile nationally		
	Third quartile nationally	Top Performer	Worst performer
	Better than national average		

# Citizen Facing Tools

	SEL CCG	London	England
<b>Proportion of the GP registered population aged 13+ years who have successfully registered for the NHS App. 2020/21 - target 1.0%</b>			
October 2020	1.72%	1.80%	2.28%
Trend since last reported period	+0.24%	+0.23%	+0.28%

## Context and performance

- This measure will initially be used to monitor progress towards NHSE/I commitments regarding provision of the NHS App to the public as a digital NHS ‘front door’ that will provide advice, the ability to check symptoms and connect people with healthcare professionals.
- Local areas commission their own patient facing tools, in-line with the needs of their populations, and an approach to measure overall usage of these tools is being developed.
- The table below provides the planned trajectory of provision of the NHS App. for the next five years. The STP digital team will be working closely with CCGs to achieve this ambitious trajectory.

Annual trajectory	2019/20	2020/21	2021/22	2022/23	2023/24
% registered	0.1%	1.0%	5.0%	15.0%	30.0%

# Childhood Immunisations in Primary Care

# Childhood immunisations: six-in-one vaccination rate

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	London	England
<b>Children receiving DTaP/IPV/Hib % at 12 months – Q1 2020/21</b>									
% patients	88.6%	93.3%	88.4%	88.4%	89.0%	88.2%	89.3%	88.6%	92.8%
Trend since last quarter	-4.8%	+0.5%	-1.0%	+0.4%	+1.5%	-0.5%	-0.5%	-0.2%	+0.1%
<b>Children receiving DTaP/IPV/Hib % at 24 months – Q1 2020/21</b>									
% children	92.8%	91.8%	90.5%	89.8%	90.6%	90.4%	90.9%	90.1%	93.9%
Trend since last quarter	+1.7%	-2.7%	-0.4%	+1.0%	+1.3%	+0.2%	+0.1%	+0.2%	+0.2%
<b>Children receiving DTaP/IPV/Hib % at 5 years – Q1 2020/21</b>									
WHO Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
% patients	93.5%	94.8%	90.9%	93.1%	90.9%	93.6%	92.7%	92.1%	95.6%
Trend since last quarter	-0.6%	+0.7%	-0.6%	+1.5%	-1.2%	+2.3%	+0.3%	+0.1%	+0.1%

Key

Below London average

Above London average

Top Performer

Worst performer

# Childhood immunisations: MMR

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	London	England
<b>Children receiving MMR1 at 24 months – Q1 2020/21</b>									
% patients	89.3%	89.3%	86.3%	82.3%	83.7%	82.4%	85.4%	83.5%	91.0%
Trend since last quarter	+4.1%	-2.6%	-2.1%	-1.1%	-0.3%	-1.7%	-0.8%	+0.1%	+0.2%
<b>Children receiving MMR1 at 5 years – Q1 2020/21</b>									
% children	91.7%	94.0%	89.4%	89.5%	90.1%	92.2%	91.1%	90.0%	94.7%
Trend since last quarter	-1.5%	+2.2%	+0.1%	+0.9%	-0.7%	+1.5%	+0.4%	+0.3%	+0.1%
<b>Children receiving MMR2 at 5 years – Q1 2020/21</b>									
% patients	81.2%	89.6%	83.1%	80.4%	83.6%	83.6%	83.7%	75.9%	86.9%
Trend since last quarter	+0.4%	+1.6%	+0.5%	-0.7%	-1.6%	-0.6%	-0.1%	-0.4%	=

## Performance overview

- All SEL boroughs have developed a childhood immunisations plan and will ensure robust governance arrangements are in place to further develop and oversee delivery of the plan. Southwark will be setting up an immunisations and vaccinations working group to focus on supporting delivery
- MMR vaccination rates in SEL are amongst the highest in London and performance has not been significantly impacted by COVID.
- In Southwark, changes to the PMS Premium KPI will focus on MMR 2 within the local accelerated scheme
- The borough is also working with its federations to better understand local performance.

Key	Below London average
	Above London average

Top Performer
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Worst performer
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# Patient Experience in Primary Care

## Introduction

- The following slides provide borough level reporting for the headline metrics used in the national GP patient survey.
- The data was collected between January and March 2020. Since then, there have been a number of changes to the way that primary care operates in south east London. The results presented here should be reviewed in this context.

## Approach

- The GP level data published in the survey has been matched to their boroughs to calculate borough level performance.
- Comparative data has been provided for London and England
- RAG ratings have been based on quartiles nationally and included for ease of comparison rather than to indicate any official national rating.
- Note: quartiles are based on CCGs for 2020/21 and no analysis of statistical significance is included in these slides. The information in these slides have been produced to support SEL CCG borough based primary care leads to review the recently published GP patient survey results and identify any required next steps. It is not intended to be published more widely.

## Caveats on the data

- The analysis presented in this section has been carried out by the SEL Assurance team and is for management purposes only.
- Borough teams should use the survey results to triangulate with other sources of information, national metrics and local intelligence to identify outliers, target support and identify areas of best practice, with the potential for learning to be shared.

# Overall experience of GP practice

	Overall experience of GP practice		Local GP services	
	Q31. Overall, how would you describe your experience of your GP practice?		Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?	Q2. How helpful do you find the receptionists at your GP practice?
Summary of responses	Good	Poor	Easy	Helpful
Bexley	78.2%	8.7%	57.9%	88.3%
Bromley	82.0%	6.2%	64.4%	89.1%
Greenwich	77.2%	8.2%	63.3%	88.8%
Lambeth	84.0%	5.5%	74.9%	90.9%
Lewisham	76.7%	9.3%	56.0%	86.3%
Southwark	76.7%	8.8%	65.0%	85.8%
SEL CCG	79.5%	7.6%	64.5%	88.3%
London	79.4%	8.0%	66.6%	86.9%
England: Average	81.8%	7.0%	65.2%	88.9%
England: Best performing quartile (Green)	84.5%	8.5%	69.9%	90.8%
England: worst performing quartile (Red)	79.0%	5.7%	58.9%	87.0%

	Q4. As far as you know, which of the following online services does your GP practice offer?			Q5. Which of the following general practice online services have you used in the past 12 months?			Q6. How easy is it to use your GP practice's website to look for information or access services?
Summary of responses	Booking appointment	Ordering repeat prescription	Accessing my medical records	Booking appointment	Ordering repeat prescription	Accessing my medical records	% answering Easy
Bexley	58.0%	43.6%	14.6%	21.9%	12.7%	2.8%	72.8%
Bromley	53.4%	41.7%	18.4%	22.7%	16.8%	5.3%	74.9%
Greenwich	52.0%	31.2%	14.5%	25.1%	9.6%	4.5%	71.2%
Lambeth	58.0%	43.3%	23.3%	25.4%	16.8%	8.5%	74.2%
Lewisham	63.8%	43.7%	28.2%	31.1%	15.2%	10.7%	70.3%
Southwark	47.6%	38.4%	20.5%	20.7%	12.4%	7.0%	64.6%
SEL CCG	55.5%	40.5%	20.4%	24.6%	14.2%	6.8%	71.5%
London	52.8%	39.5%	19.8%	24.5%	15.2%	7.4%	72.6%
England – Average	48.3%	43.7%	18.7%	18.1%	18.8%	5.8%	76.2%
England – Best performing quartile (Green)	52.5%	48.4%	21.4%	20.7%	22.0%	6.7%	79.3%
England – Worst performing quartile (Red)	43.7%	39.8%	15.8%	15.0%	15.8%	4.2%	73.2%

	Making an appointment			Satisfaction with general practice appointment times
	Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?	Q17. Were you satisfied with the type of appointment (or appointments) you were offered?	Q22. Overall, how would you describe your experience of making an appointment?	Q8. How satisfied are you with the general practice appointment times that are available to you?
Summary of responses	Yes	Yes	Good	Satisfied
Bexley	61.8%	67.2%	59.8%	57.3%
Bromley	61.7%	72.4%	64.9%	60.7%
Greenwich	63.0%	66.5%	60.1%	59.3%
Lambeth	69.5%	73.1%	69.8%	65.0%
Lewisham	61.3%	65.4%	57.8%	55.1%
Southwark	60.8%	63.5%	60.3%	57.9%
SEL CCG	63.4%	68.4%	62.7%	59.7%
London	64.3%	69.2%	62.9%	62.2%
England: Average	60.2%	72.7%	65.5%	63.0%
England: Best performing quartile (Green)	63.0%	75.7%	68.7%	65.7%
England: Worst performing quartile (Red)	55.5%	68.9%	60.8%	59.5%

# Perceptions of care at patients' last appointment

	Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following			Q28-30. During your last general practice appointment...			Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?
Summary of responses	Giving you enough time	Listening to you	Treating you with care and concern	Felt involved in decisions about care and treatment	Had confidence and trust in the healthcare professional	Felt their needs were met	Yes
Bexley	82.4%	84.7%	83.8%	91.0%	93.8%	92.5%	82.3%
Bromley	86.2%	88.2%	86.2%	93.8%	95.3%	95.4%	85.3%
Greenwich	82.1%	85.3%	81.6%	91.2%	93.1%	91.9%	78.1%
Lambeth	85.3%	89.5%	87.0%	93.0%	95.1%	93.4%	83.7%
Lewisham	81.7%	87.1%	84.3%	90.9%	94.0%	92.0%	81.2%
Southwark	82.0%	85.2%	81.8%	89.9%	93.6%	92.4%	77.1%
SEL CCG	83.5%	86.9%	84.3%	91.8%	94.3%	93.0%	81.3%
London	82.8%	86.3%	83.9%	91.1%	93.9%	92.8%	81.5%
England – Average	86.1%	88.5%	87.0%	93.0%	95.3%	94.2%	85.4%
England – Best performing quartile (Green)	88.1%	90.1%	88.8%	94.4%	96.1%	95.2%	87.5%
England – Worst performing quartile (Red)	84.1%	86.9%	85.2%	91.8%	94.3%	93.3%	83.9%

# Overall experience of services when GP practice is closed and managing health conditions

	Overall experience of services when GP practice is closed			Managing health conditions
	Q46. How do you feel about how quickly you received care or advice on that occasion?	Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?	Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?	Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?
Summary of responses	About right	Yes	Good	Yes
Bexley	55.3%	89.8%	65.9%	73.8%
Bromley	58.0%	89.6%	66.4%	80.9%
Greenwich	52.1%	89.9%	55.3%	70.6%
Lambeth	66.2%	94.2%	66.9%	73.7%
Lewisham	53.0%	86.8%	60.5%	69.3%
Southwark	59.4%	93.0%	62.5%	65.6%
SEL CCG	57.8%	90.7%	63.0%	72.6%
London	56.5%	89.7%	61.2%	72.1%
England – Average	63.4%	90.8%	67.3%	77.5%
England – Best performing quartile (Green)	67.8%	92.2%	71.6%	79.9%
England – Worst performing quartile (Red)	59.3%	89.6%	63.8%	75.0%

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL	London	National
February 2020 – percentage recommending – Friends and Family – national average 90%									
% recommending care	90%	92%	89%	89%	87%	89%		89%	90%
Practices not responding	4	3	11	21	13	17	Not currently available	553	2,873
Overall response rate	83%	93%	69%	50%	64%	56%		56%	58%

## Context and performance

- The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.
- The FFT asks people if they would recommend the services they have used and offers a range of responses. While the results are not statistically comparable against other organisations because of the various data collection methods, FFT provides a broad measure of patient experience that can be used alongside other data to inform service improvement and patient choice.
- Performance in Bexley and Bromley was equal or above the national average and the two boroughs had excellent overall response rates. Performance for the other boroughs was slightly below the national average but response rates were similar to the London and national rates.

Key	Not achieving national mean
	Achieving national mean

Top Performer
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Worst performer
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# Glossary

BBB – Borough Based Board

BMI – Body Mass Index

CAN – Accountable Cancer Network

CAG – Clinical Advisory Group

CCG – Clinical Commissioning group

DBL – Diabetes Book & Learn

DH – Denmark Hill

DSE – Diabetes Structured Education

FFT – Friends and Family Test

GSTT – Guy's & St Thomas' NHS Trust

IAF – Improvement Assessment  
Framework

KCH – King's College Hospital Trust

KHP – Kings Healthcare Partnership

KPI – Key Performance Indicator

LCP – Local Care Provider

LGT – Lewisham & Greenwich Trust

LTC – Long Term Condition

LTP – Long Term Plan

MDT – Multi-Disciplinary Team

NDA – National Diabetes Audit

NHSE – NHS England

NHSI – NHS Improvement

NICE – National Institute of Clinical  
Excellence

PHB – Personal Health Budget

PMS - Personal Medical Services

PRUH – Princess Royal university  
Hospital

PCSP – Personal Care & Social  
Prescribing

QEH – Queen Elizabeth Hospital

RTT – Referral to treatment

SMI – Severe Mental Illness

SEL – South East London

SELCA – South East London Cancer  
Alliance

UHL – University Hospital Lewisham

WTE – Whole Time Equivalent