

**URGENT AND EMERGENCY CARE SYSTEM
RESILIENCE GROUP (SRG) LOCALITY PROFILE**

Summary of data relating to urgent and emergency care services in the South Warwickshire System Resilience Group



**Data used for CQC pilot assessment activity
(22 to 26 February 2016)**

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Contents

INTRODUCTION	2
SUMMARY OF FINDINGS.....	4
URGENT AND EMERGENCY CARE PROVIDERS AND ORGANISATIONS IN SOUTH WARWICKSHIRE SRG.....	7
SOCIODEMOGRAPHIC COMPOSITION OF SOUTH WARWICKSHIRE SRG LOCALITY	9
Age	9
Age structure of South Warwickshire Clinical Commissioning Group (CCG)	9
Long-term conditions.....	11
Deprivation.....	12
Rurality.....	13
Alcohol-related emergency care.....	13
URGENT AND EMERGENCY CARE ACTIVITY PATTERNS IN SOUTH WARWICKSHIRE	15
Urgent and emergency attendances	15
Emergency admissions to hospital	17
SYSTEM INDICATORS FOR SOUTH WARWICKSHIRE	20
Primary medical services, including NHS 111 and out-of-hours services	20
GP in-hours services.....	22
GP out-of-hours services.....	23
Ambulance services	25
A&E services.....	27
Acute inpatient care	32
Mental health-related indicators	34
APPENDIX A: INDICATOR SPECIFICATIONS AND DATA SOURCE	36
APPENDIX B: DATA AND ANALYSES USED.....	45

Introduction

The Care Quality Commission (CQC) is developing how we inspect and regulate urgent and emergency care (UEC) services. We are testing how we can assess the quality of UEC systems for all people within a locality and ways to look at how well services work together. Our aim is to develop an inspection process that is adaptable as UEC changes and that supports services working in an integrated way.

As part of this work we are considering:

- How the different parts of the UEC system function within a locality, with a particular focus on coordination and communication
- The efficiency and effectiveness of the UEC system (do people receive the right care at the right time?)
- Clinical outcomes and people's experience of UEC within the locality.

We will evaluate the approach and make recommendations on how CQC should inspect UEC in the future. Any recommendations will be aligned to CQC's overall approach to integrated care.

PURPOSE OF THIS SRG DATA PROFILE

In our recent pilots, we assessed UEC care across two localities, with each one representing the locality covered by a single system resilience group (SRG). An SRG is a forum for the organisations that commission and deliver UEC. At present, few outcome measures of urgent care are compiled at SRG level. However, NHS England will shortly complete a major project to develop locality outcome measures for urgent care. In the meantime, CQC has used existing outcome measures and other data, mainly from individual providers, to support our assessment process.

This data report was produced in February 2016 for CQC's fieldwork team and the data used has not been updated. The data profile provides a picture of the SRG locality and the performance and coordination of UEC, based on existing available data. It includes:

- Information about the population and care providers covered by the SRG (a proxy for this geographical locality or 'footprint' is based on the geographical boundaries of the clinical commissioning groups (CCGs) that are members of the SRG).

- System indicators that provide an indication of the performance and integration of the various service types and the coordination within and between these services.

This information is predominately made up of nationally published, publicly available data and indicators, as well as bespoke indicators created by CQC. Please see [appendix A](#) for a detailed breakdown of the origins of the data and the indicators included in the report.

Where appropriate to do so, the indicators have been benchmarked against the England average. We have used time series analysis of an indicator's movement over two years to test for significant decreases and increases (see [appendix B](#) for a full description of analyses used).

Where we use the term 'significant' in this document, it means statistically significant, which means that the result is unlikely to be due to chance alone.

Summary of findings

SOUTH WARWICKSHIRE SYSTEM RESILIENCE GROUP (SRG)

- South Warwickshire SRG incorporates South Warwickshire Clinical Commissioning Group (CCG), Warwickshire local authority and Warwickshire Health and Well-being Board. South Warwickshire NHS Foundation Trust is the main acute hospital provider. West Midlands Ambulance Service covers the region, and Care UK Warwickshire is responsible for both the NHS 111 service and GP out-of-hours service. Coventry and Warwickshire Partnership Trust is the main provider for mental health services.
- Of 38 GP practices in South Warwickshire CCG, nine have been inspected and rated by CQC.
- Of 124 adult social Care providers in South Warwickshire, 61 have been inspected and rated.
- South Warwickshire has a slightly older population than the England average, and there are similarities in prevalence across a range of common long-term conditions associated with urgent and emergency care usage.
- A high proportion of the population of South Warwickshire live in rural areas, with relatively low deprivation and fewer alcohol-related admissions than the England average.

URGENT AND EMERGENCY CARE SERVICES IN THE SOUTH WARWICKSHIRE SRG LOCALITY

Urgent and emergency care activity patterns

- Although not significantly lower, South Warwickshire CCG has fewer emergency department attendances than expected, based on its population and national rates. Year-on-year change indicates a 1.7% increase between 2013/14 and 2014/15, which is higher than the average for England (0.7%). However, we couldn't determine whether this increase was due to chance alone.
- Although not significantly lower, South Warwickshire CCG has fewer emergency admissions than would be expected based on its population and national rates. Year-on-year change indicates a 3.3% decrease between 2013/14 and 2014/15, compared with an increase of 2.6% observed across England.

Primary medical services, including NHS 111 and out-of-hours services

- The number of calls made to West Midlands NHS 111 is marginally lower per 1,000 population than the England average. However, the number of calls to the service increased significantly between 2013/14 and 2014/15.
- Although not significantly higher, patients' feedback about their experiences of getting appointments in normal hours with GPs in South Warwickshire was slightly better than the England average. A significantly lower proportion stated that they went to A&E if they were unable to get an appointment.
- Patients' satisfaction levels with out-of-hours GP services in South Warwickshire were similar to the England average.
- The rate of emergency department attendances referred from a GP, which subsequently have 'no recorded treatments or investigations', is significantly lower in South Warwickshire than the England average.

Ambulance services

- West Midlands Ambulance Service achieved the 75% target for Red 1 calls responded to within eight minutes (77.9%). It was significantly higher than the England average (72.8%), although there was a significant drop in performance between 2013/14 and 2014/15.
- The performance of West Midlands Ambulance Service was similar to the England average across most indicators.

A&E services

- South Warwickshire NHS Foundation Trust did not achieve the 95% target for people discharged or admitted from A&E within four hours, although its performance was similar to the England average and patient satisfaction was better than the England average. Between 2013/14 and 2014/15, the performance decreased from above the 95% target to 93.8%.
- The median total time in A&E for patients who are discharged from A&E without being admitted to hospital is considerably lower than the England average, but the median time in A&E for admitted patients is considerably higher.
- Although not always significantly higher, patient experience feedback about South Warwickshire NHS Foundation Trust was slightly better than the England average for questions relating to experience in A&E. Responses to the Friends and Family Test for recommending the A&E scored significantly better than the England average and saw a significant increase in performance between 2013/14 and 2014/15.
- Re-attendance rates within seven days of a previous A&E attendance at South Warwickshire NHS Foundation Trust were similar to the England average.

Summary of findings

Acute inpatient care

- Patients who are admitted with mental health diagnoses at South Warwickshire NHS Foundation Trust are much less likely to be re-admitted as an emergency within 30 days, when compared to the England average. The likelihood of readmission for patients as a whole is similar to the England average.
- Delayed transfers of care rates for the Warwickshire local authority are similar to the England average. This follows consistent improvement over the past four years.
- Performance across South Warwickshire for a range of avoidable emergency admissions was similar to the England average. Similarly, performance for a number of potentially avoidable deaths following emergency admission was similar to the England average.

Mental health-related indicators

- Patient experience feedback regarding Coventry and Warwickshire Partnership NHS Trust was similar to the England average in terms of knowing who to contact out of office hours if experiencing a mental health crisis and subsequently getting the help they needed.
- Although not significantly higher, Warwickshire Police has a higher proportion of Section 136 detentions that result in individuals being taken to a health based place of safety compared with the England average, and their performance improved significantly from 2013/14 to 2015/16.

THE SYSTEM RESILIENCE GROUP (SRG) LOCALITY

SRGs are the forums in which the partners across the health and social care system plan how to deliver services. At present, performance data is not collected at SRG level. Therefore, SRGs use data from clinical commissioning groups (CCGs) and providers. The statistics provided for the SRG locality within this pack will predominately be at the South Warwickshire CCG or the South Warwickshire NHS Foundation Trust level. We will discuss and visualise the use of CCG and trust data as a proxy for the SRG.

Urgent and emergency care providers and organisations in South Warwickshire SRG

The locality is covered by:

- South Warwickshire CCG
- Warwickshire Local Authority
- Warwickshire Health and Wellbeing Board.

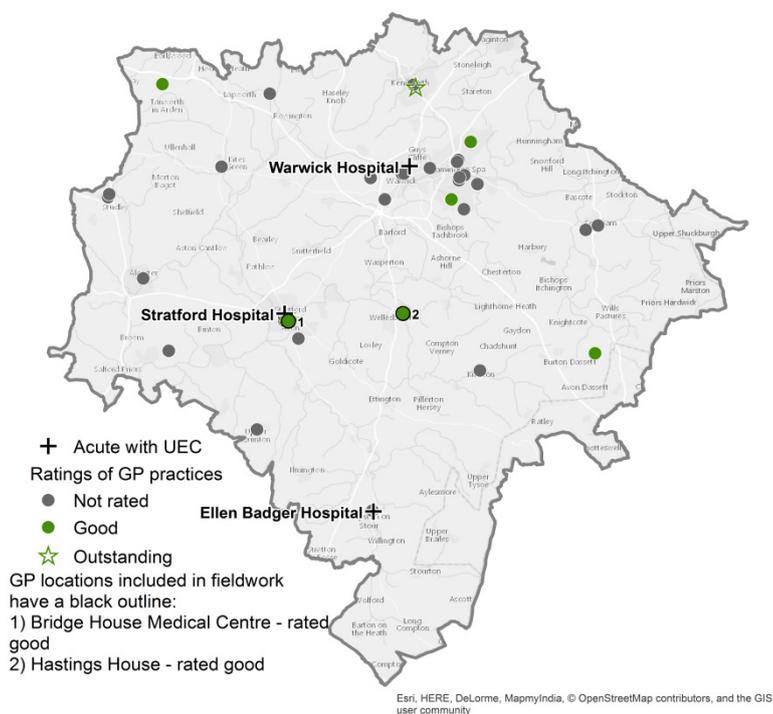
The following providers are registered with CQC and operate partially or wholly within South Warwickshire.¹

- South Warwickshire NHS Foundation Trust (comprised of six locations, including four hospitals) is the 'footprint' (geographical locality served), on which the SRG is based. No provider or location ratings are available for the hospitals. See figure 1 for the hospital locations.
- West Midlands Ambulance Service covers the region, the service has not yet been rated using the current CQC inspection process (due Q1, 2016/17). When inspected under the previous inspection process in February 2014, it was found to be good or outstanding for four key questions (effective, caring, well-led and responsive and required improvement in only one area: *'People should get safe and appropriate care that meets their needs and supports their rights'*).
- Care UK Warwickshire is responsible for both the NHS 111 service and the GP out-of-hours service for the wider region. The out-of-hours service was rated good for all key questions (is the service safe, effective, caring, well-led and responsive?) in June 2015.
- Coventry and Warwickshire Partnership NHS Trust is the main service provider for mental health services in the locality. The last report for the trust was published in July 2014. All inspected locations met the inspection standards (see the full report at http://www.cqc.org.uk/sites/default/files/new_reports/AAA1802.pdf).

Figure 2 shows adult social care and GP practice locations for South Warwickshire CCG. Adult social care locations include all residential and community based services.

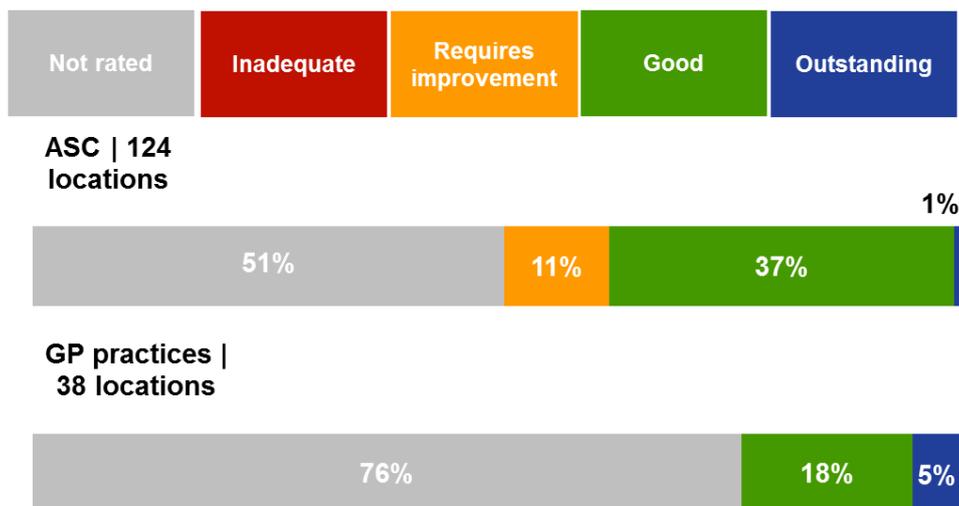
1. Source: The CQC data warehouse.

Figure 1: GP practices and acute hospitals in South Warwickshire SRG locality



Source: Location postcodes mapped using Geographical Information Systems sourced from the CQC data warehouse

Figure 2: GP practices and adult social care provider ratings in South Warwickshire SRG locality



Source: CQC data warehouse.

Note: Adult social care combines all residential and community-based locations.

Sociodemographic composition of South Warwickshire SRG locality

AGE

Young children and older people tend to use UEC services more than other age groups.

More than 80% of emergency department attendances by older people are linked to long-term conditions. Older people are more likely than younger people to be admitted to hospital if they attend A&E.²

For children, the trend is an increase in very short-term admissions for common infections – 28% over the last decade. There are many reasons for the rise, but it is recognised that achieving good communication and coordination between UEC services supports early diagnosis and treatment of acute illness, which can sometimes avoid an admission.³

AGE STRUCTURE OF SOUTH WARWICKSHIRE CLINICAL COMMISSIONING GROUP (CCG)

Figure 3 shows the age structure of the GP registered population in South Warwickshire compared with the national average.⁴ The percentage of children aged under five is similar to the UK average. The locality has a larger percentage of older people than the England average (roughly 3.5% higher). The CCG has identified the needs of frail older people as being one of its key priorities and highlighted the importance of coordination between health and social care commissioners and providers in caring for this population group.⁵

2. NHS Confederation, *What do we know about why Urgent and Emergency Care demand has increased?*

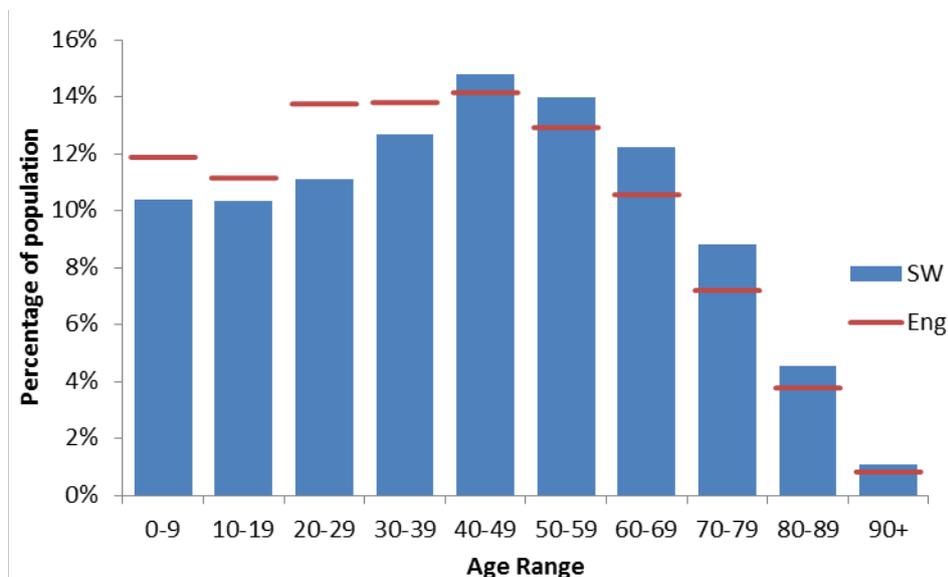
3. NHS England, *The Evidence Base from the Urgent and Emergency Care Review.*

4. Data from Health and Social Care Information Centre.

5. CCG website - www.southwarwickshireccg.nhs.uk.

Sociodemographic composition of South Warwickshire SRG locality

Figure 3: South Warwickshire CCG population age pyramid, April 2015



Source: HSCIC – GP registered population, April 2015

Figure 4: South Warwickshire CCG vs England age comparison, April 2015

Sociodemographic factors	Period	South Warwickshire CCG	England average	Comparison with England average
Age				
Young children: % of total population aged under 5	April 2015	5.0%	5.9%	Similar to average
Older people: % of total population aged over 65	April 2015	20.8%	17.1%	Similar to average
Older people: % of total population aged over 75	April 2015	9.5%	7.8%	Similar to average
Older people: % of total population aged over 85	April 2015	2.8%	2.3%	Similar to average

Source: HSCIC – GP registered population, April 2015

LONG-TERM CONDITIONS

As more people live to old age, many more are living with a long-term condition (LTC). If people with a LTC lack support to self-manage their conditions, they are more at risk of exacerbations (flare-ups) of illness, which can result in hospital admission.⁶

Prevalence of long-term conditions in South Warwickshire CCG

Figure 5 shows a range of common LTCs that can be associated with UEC usage and potentially avoidable emergency admissions. The prevalence of these conditions within the South Warwickshire population is similar to that seen across all CCGs, so South Warwickshire CCG could be expected to have an average likelihood of avoidable admissions relating to LTCs. If South Warwickshire has a higher or lower than average number of avoidable admissions relating to LTCs, this might indicate that the locality is managing LTCs less or more effectively than other localities. We look at this further in the 'System Indicators' section of this report, which includes indicators such as the CCG's avoidable emergency admissions.

Figure 5: Prevalence of selected long-term conditions in South Warwickshire

Sociodemographic factors	Period	South Warwickshire CCG	England average	Comparison with England average
Long-term condition				
Asthma: % of population on the asthma register (all ages)	2013/14	6.1%	5.9%	Similar to average
Diabetes: % of population on the diabetes register (age 17+)	2013/14	5.3%	6.2%	Similar to average
Hypertension: % of population on the hypertension register (all ages)	2013/14	14.6%	13.7%	Similar to average
Coronary heart disease: % of population on the coronary heart disease register (all ages)	2013/14	3.1%	3.3%	Similar to average
Epilepsy: % of population on the epilepsy register (age 18+)	2013/14	0.7%	0.8%	Similar to average

Source: NHS Indicator Portal – Prevalence datasets 2013/14

6. The King's Fund, *The evolving role and nature of general practice in England* (2011).

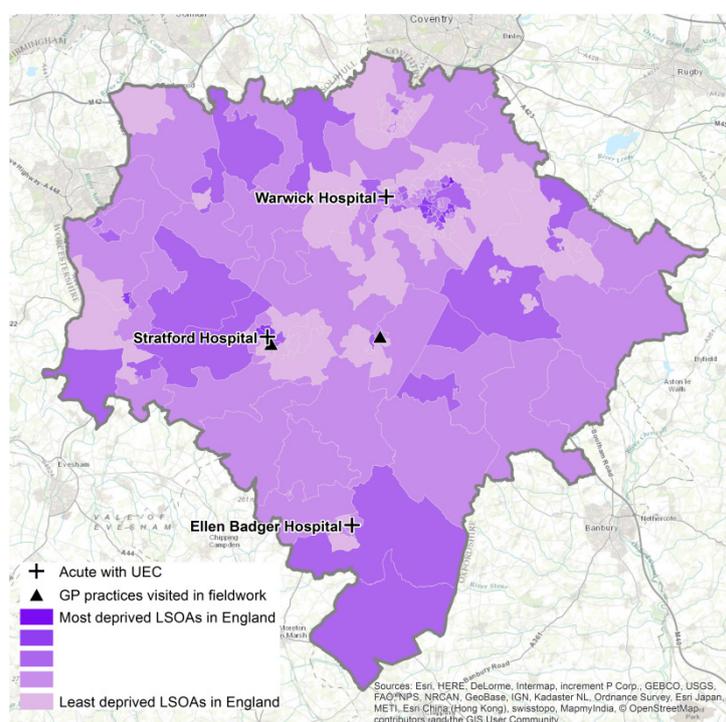
DEPRIVATION

Deprivation is linked to increased GP and A&E usage and to a higher prevalence of LTC and other health issues.⁷ Public Health England's 'fingertips tool' describes the overall deprivation score of Warwickshire local authority (2010) as being one of the 20% least deprived authorities in England.⁸ However, there are patches of higher deprivation, particularly in urban areas.

The Index of Multiple Deprivation (IMD) compares deprivation in local council areas in England. The index comprises 38 separate indicators of deprivation across seven domains: Income, Employment, Health and Disability, Education Skills and Training, Barriers to Housing and Other Services, Crime and Living Environment.

Figure 6 is a visualisation of the IMD score. Darker shades represent the most deprived areas. The suburban areas around Warwick and Stratford show the least deprivation, while rural and particularly inner city areas show higher rates of deprivation.

Figure 6: South Warwickshire CCG population IMD score, 2015



Source: Gov.UK - English indices of deprivation 2015

7. NHS England, the Evidence Base from the Urgent and Emergency Care Review.

8. Public Health England: <http://fingertips.phe.org.uk/search/deprivation>.

RURALITY

Figure 7 describes the rurality of the two local authority districts that make up the area of South Warwickshire CCG, using the ONS 2011 Rural-Urban classifications.⁹ In South Warwickshire, 43% of the population live in rural areas compared with the England average of 18%. A study by the King's Fund found that people in rural areas tend to have fewer avoidable emergency admissions than more urban areas for conditions such as asthma.¹⁰ The effect of rurality is shown in Figure 1, which illustrates the spread of GP practices/hospitals around the CCG area.

Figure 7: Rurality of South Warwickshire local authority districts

Sociodemographic factors Local authority district rurality	Period	% of population living in rural areas	England
Stratford-on-Avon (population 120,485)	2011	76.6%	17.6%
Warwick (population 137,648)	2011	12.4%	17.6%

Source: DEFRA - Lookup for 2011 Rural Urban Classification of Local Authorities

ALCOHOL-RELATED EMERGENCY CARE

Alcohol consumption is an important contributing factor to A&E attendances, hospital admissions, poor health and deaths. Alcohol-related chronic conditions, intoxication and secondary effects of alcohol misuse, such as injuries from alcohol-related violence, contribute to approximately 35% of A&E attendances.¹⁰

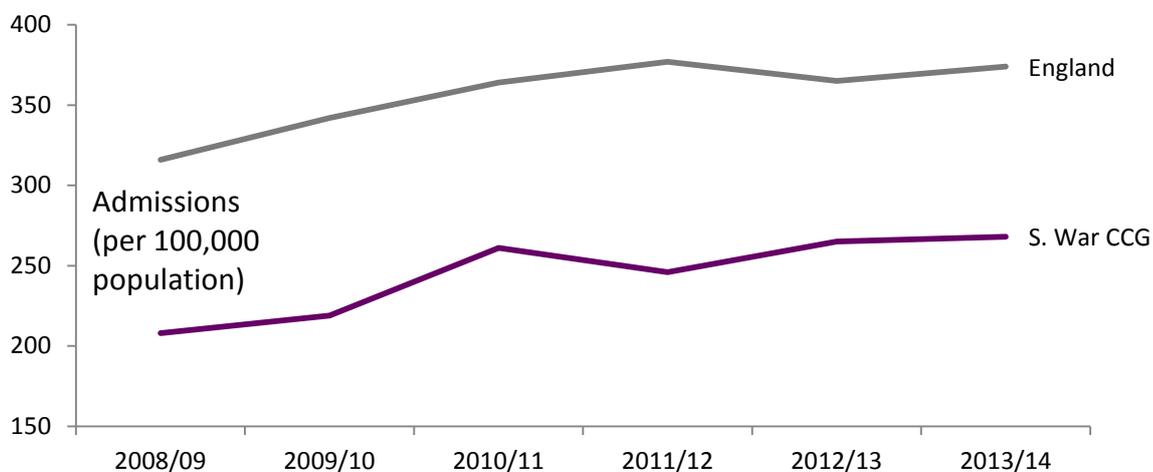
Figure 8 shows a six-year trend of alcohol-related hospital admissions. South Warwickshire's rate per 100,000 population is markedly below the average for England, although, in keeping with the national trend, the rate of alcohol-related admissions is increasing in South Warwickshire.

9. 2011 Rural-Urban Classification of Local Authority Districts and other higher level geographies – GOV.UK website.

10. The King's Fund 2010 - *Avoiding hospital admissions: What does the research evidence say?*

Sociodemographic composition of South Warwickshire SRG locality

Figure 8: South Warwickshire CCG alcohol-specific hospital admissions, 2008/09 to 2013/14



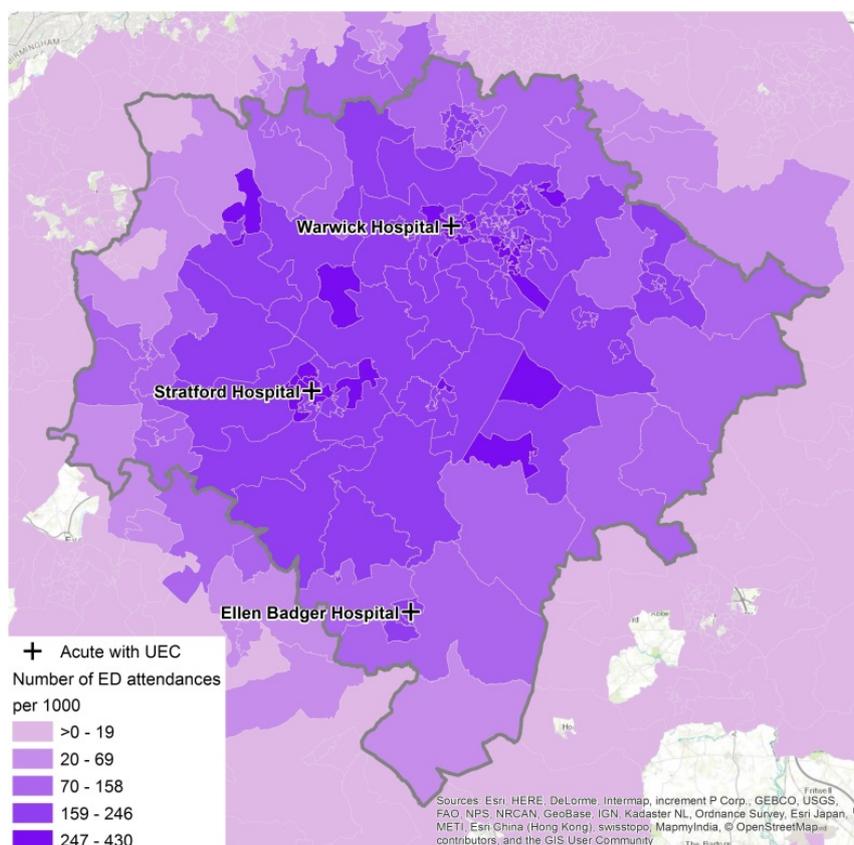
Source: Public Health England - Fingertips tool

Urgent and emergency care activity patterns in South Warwickshire

URGENT AND EMERGENCY ATTENDANCES

Figure 9 shows the emergency attendances at South Warwickshire NHS Foundation Trust's emergency departments (including consultant-led A&E, minor injury units and walk-in centres) by Lower Layer Super Output Area (LSOA). Darker shades represent higher rates of emergency attendance, with the urban areas closest to the trust's hospitals showing the greatest emergency attendance rate. The map also shows that there was greater use of emergency departments within the dark grey boundary of the South Warwickshire CCG area, which therefore supports the use of CCG data as a proxy for the system resilience group.

Figure 9: Emergency attendances at South Warwickshire NHS Foundation Trust, by Lower Layer Super Output Area (all department types, July 2014 to June 2015)



Source: Hospital Episode Statistics (HES) data; LSOA population from HSCIC GP registered population, July 2015. For reasons of deductive disclosure, frequencies less than 6 were substituted with a randomly assigned number between 1 and 5 before rates per 1000 were calculated.

Urgent and emergency care activity patterns in South Warwickshire

Figure 10 shows the split of recorded emergency attendances between the trust's Type 1 department (consultant-led A&E) at Warwick hospital and the Type 3/4 departments (minor injury unit/walk-in centre) at Stratford and Ellen Badger Hospitals. Figure 11 describes which CCG is responsible for the emergency attendances, with South Warwickshire CCG being responsible for the vast majority (85%).

Figure 10: Emergency attendances at South Warwickshire NHS Foundation Trust, by type of department (July 2014 to June 2015)

Type of emergency department	Count	%
Type 01	57,226	88.9%
Type 03 and 04	7,168	11.1%
Total	64,394	100%

Source: Hospital Episode Statistics (HES) data

Figure 11: Emergency attendances at South Warwickshire NHS Foundation Trust, by CCG of responsibility (July 2014 to June 2015)

Patient's responsible CCG	Count	%
NHS South Warwickshire CCG	54,862	85.2%
NHS Coventry and Rugby CCG	2,757	4.3%
NHS Solihull CCG	1,610	2.5%
Others (<1% activity)	5,165	8.0%
Total	64394	100%

Source: Hospital Episode Statistics (HES) data

Figure 11 shows all emergency attendances by patients in the South Warwickshire CCG to any NHS provider (75% of which attend emergency departments at South Warwickshire NHS Foundation Trust). The observed column shows the number of actual emergency attendances. The expected column shows the number of attendances that would be expected from the South Warwickshire population, based on national averages. Although not significantly lower, South Warwickshire CCG had fewer emergency attendances than expected. The year-on-year change indicates a 1.7% increase in emergency attendances, which is larger than the average in England (0.7%). We do not have enough data to test whether this increase might be due to chance alone.

Figure 12: Emergency attendances by patients in South Warwickshire CCG, by year (all department types)

	Period	South Warwickshire CCG		Comparison with expected
		Observed	Expected	
Number of emergency attendances	July 2014 to June 2015	72,610	79,206	Similar to average
	July 2013 to June 2014	71,363	78,500	Similar to average
Attendances year-on-year variance			1,247 (1.7%)	

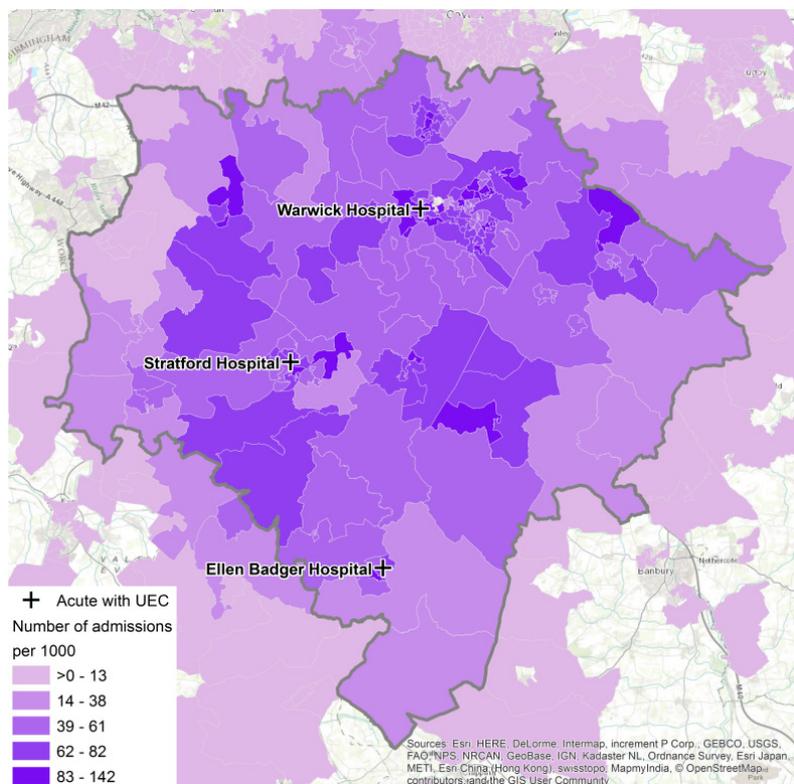
Source: Hospital Episode Statistics (HES) data

EMERGENCY ADMISSIONS TO HOSPITAL

Figure 13 shows the emergency admissions to South Warwickshire NHS Foundation Trust per 1,000 population. Darker shades represent higher numbers of emergency admissions. The urban areas show the highest emergency admission rates. When compared with the deprivation map (Figure 6), areas of greater deprivation correspond with greater emergency admission rates. Compared with emergency department attendances, the activity footprint for emergency admissions shows that the majority of admissions are from Lower Layer Super Output Area closer to hospitals. Emergency admissions to South Warwickshire NHS Foundation Trust, as with emergency attendances, are predominantly South Warwickshire CCG patients (91%, figure 14).

Urgent and emergency care activity patterns in South Warwickshire

Figure 13: Emergency admissions at South Warwickshire NHS Foundation Trust, by Lower Layer Super Output Area (July 2014 to June 2015)



Source: Hospital Episode Statistics (HES) data; LSOA population from HSCIC GP registered population, July 2015. For reasons of deductive disclosure, frequencies under 6 were substituted with a randomly assigned number between 1 and 5 before rates per 1,000 were calculated.

Figure 14: Emergency admissions at South Warwickshire NHS Foundation Trust, by CCG of responsibility July 2014 to June 2015

CCG	Count	%
NHS South Warwickshire CCG	18,180	90.7%
NHS Solihull CCG	532	2.7%
NHS Coventry and Rugby CCG	448	2.2%
Others (<1% activity)	877	4.4%
Total	20,037	100%

Source: Hospital Episode Statistics (HES) data

Warwick hospital is the only location of the trust to have a Type 1 A&E department; it admits 99% of all emergency admissions (figure 15).

Figure 15: Emergency admissions at South Warwickshire NHS Foundation Trust locations, by CCG of responsibility (July 2014 to June 2015)

Location	Count	%
Warwick Hospital	19,803	98.8%
Stratford Hospital	135	0.7%
Ellen Badger Hospital	83	0.4%
Leamington Spa Hospital	13	0.1%
Unknown	3	0.0%
Total	20,037	100%

Source: Hospital Episode Statistics (HES) data

Figure 16 illustrates all emergency admissions by South Warwickshire CCG patients to any NHS provider (76% of which are admitted to South Warwickshire NHS Foundation Trust hospitals). The observed column shows the number of actual emergency admissions. The expected column shows the number of emergency admissions that would be expected from the South Warwickshire population, based on national averages.

Although not significantly lower, South Warwickshire CCG had fewer emergency admissions than expected. The year-on-year change indicates a 3.3% decrease in emergency admissions, compared with an increase (2.6%) observed across England. The winter of 2014/15 was an 'exceptional year' in terms of urgent and emergency care demand (exceptionally high), so the decrease in South Warwickshire's emergency admissions is particularly notable. We do not have enough data to test whether this decrease might be due to chance alone.

Figure 16: South Warwickshire CCG emergency admissions (by year)

	Period	South Warwickshire CCG		Comparison with expected
		Observed	Expected	
Number of emergency admissions	July 2014 to June 2015	23,915	28,261	Similar to average
	July 2013 to June 2014	24,738	27,458	Similar to average
Admissions year-on-year variance			-823 (-3.3%)	

Source: Hospital Episode Statistics (HES) data

System indicators for South Warwickshire

The performance of a provider or service is often measured using performance indicators, such as the four-hour A&E waiting time target. This section includes a compilation of 'system indicators' that have been selected by internal and external working groups for this review. These measures aim to understand the performance of providers or services and the integration between providers, with the five CQC key questions in mind (is the service **safe, effective, caring, responsive** and **well-led?**).

They are predominately sourced from publicly available data and/or bespoke indicators developed within CQC. Where available, indicators have been included to represent patients who require care for mental health issues.

The indicators have been grouped into these four sections:

- primary medical services, including NHS 111 and GP out-of-hours services
- ambulance services
- A&E
- acute care.

Please see [appendix A](#) and [appendix B](#) for details of the data and analyses used and the indicator specifications and data source.

PRIMARY MEDICAL SERVICES, INCLUDING NHS 111 AND OUT-OF-HOURS SERVICES

Pharmacy

It is recognised that incorporating more community pharmacies into urgent and emergency care (UEC) settings could improve patients' experience and reduce A&E waiting times.¹¹ However, at present there are no indicators available to allow us to quantify the contribution or performance of pharmacies to a locality's UEC.

11. The Royal Pharmaceutical Society - <http://www.rpharms.com/>

NHS 111

The NHS 111 service has been the first point of contact for many patients accessing UEC since its inception in 2014. West Midlands NHS 111 is the provider covering the South Warwickshire area. The number of calls made to the service per 1,000 population covered was fewer than the England average (figure 17), though not significantly lower. The service does perform significantly better than other areas, with fewer calls abandoned compared with other services across England. A low rate of abandoned calls is important in ensuring that patients receive the care they need efficiently. However, the service showed a significant increase in call abandonments from 2013/14 to 2014/15 than would be expected by chance (figure 18). The number of calls to the service has also increased significantly (up 33 calls per 1,000 population).

Figure 17: Performance indicators for West Midlands NHS 111 service

NHS 111 Indicators	Period	West Midlands NHS 111	England average	Comparison with England average
Total calls offered per 1,000 population	Oct 2014 to Sept 2015	210.1	241	Similar to average
% calls abandoned (calls over 30 secs/total offered)	Oct 2014 to Sept 2015	0.7%	2.0%	Lower than average
% calls recommended to attend A&E	Oct 2014 to Sept 2015	6%	6.5%	Similar to average
% calls recommended to attend primary and community care	Oct 2014 to Sept 2015	53.1%	50.7%	Similar to average

Source: NHS 111 Minimum Data Set

Figure 18: Performance indicators for West Midlands NHS 111 service – change over time

NHS 111 indicators	West Midlands NHS 111		Year-on-year change	
	Oct 2013 to Sept 2014	Oct 2014 to Sept 2015		
Total calls offered per 1,000 population	177.1	210.1	33	Increase
% calls abandoned (over 30 secs/total offered)	0.4%	0.7%	0.3%	Increase

Source: NHS 111 Minimum Data Set

GP IN-HOURS SERVICES

The GP (in-hours) system indicators (figure 19) have all been sourced from the GP patient survey (GPPS) and reported at a CCG level. Performance is slightly better than the average for England for most indicators. The only indicator to perform significantly better than the England average is that patients were less likely to go to A&E when they were unable to get a convenient GP appointment. This is could be due to a number of factors such as the high rurality percentage of the South Warwickshire CCG area or good provision of alternative options.

Figure 19: GP in-hours performance indicators for South Warwickshire Clinical Commissioning Group (CCG)

Indicators	Period	South Warwickshire CCG	England average	Comparison with England average
Were you able to get an appointment to see or speak to someone? % Yes/Yes on the day wanted	July to Sept 2015	81.3%	76%	Similar to average
How convenient was the appointment you were able to get? % Very/somewhat convenient	July to Sept 2015	94.4%	91.9%	Similar to average
If you weren't able to get an appointment or the appointment you were offered wasn't convenient, what did you do on that occasion? % Went to A&E [lower is better]	July to Sept 2015	1.2%	4.2%	Lower than average
If you weren't able to get an appointment or the appointment you were offered wasn't convenient, what did you do on that occasion? % Went to pharmacist	July to Sept 2015	3.4%	2.9%	Similar to average
Overall, how would you describe your experience of making an appointment % Positive	July to Sept 2015	79.4%	73.3%	Similar to average

Source: GP Patient Survey, NHS England

GP OUT-OF-HOURS SERVICES

All GP out-of-hours system indicators (figure 20) are sourced from the GP Patient Survey and reported at a CCG level. No indicator scores were significantly different to England averages.

The final indicator for primary medical services (figure 21) has been constructed to represent the link between GP referral and emergency departments. This indicator measures the proportion of South Warwickshire CCG patients referred to A&E by a GP, who then have no recorded treatments or investigation carried out (excluding those who leave before being seen). The indicator is used as a proxy for patients who might have been suitable for treatment options other than an A&E attendance. South Warwickshire NHS Foundation Trust scored significantly better than the England average.

Figure 20: GP out-of-hours performance indicators for South Warwickshire CCG

Indicator	Period	South Warwickshire CCG	England average	Comparison with England average
Do you know how to contact an out-of-hours GP service when the surgery is closed? % Yes	July to Sept 2014 & Jan to Mar 2015	57.6%	56.4%	Similar to average
How easy was it to contact the out-of-hours GP service by telephone? % easy/very easy	July to Sept 2014 & Jan to Mar 2015	79.1%	79.0%	Similar to average
How do you feel about how quickly you received care from the out-of-hours GP service? % it was about right	July to Sept 2014 & Jan to Mar 2015	64.8%	65.2%	Similar to average
Did you have confidence and trust in the out-of-hours clinician you saw or spoke to? % yes, definitely	July to Sept 2014 & Jan to Mar 2015	38.9%	40.5%	Similar to average
Overall, how would you describe your experience of out-of-hours GP services? % good/very good	July to Sept 2014 & Jan to Mar 2015	69.5%	68.6%	Similar to average

Source: NHS England, GP Patient Survey, July to Sept 2014 and Jan to Mar 2015

System indicators for South Warwickshire

Figure 21: In and out-of-hours performance indicators for South Warwickshire CCG GP

Indicators	Period	South Warwickshire CCG	England average	Comparison with England average
% of emergency attendances referred from GP with no treatment or investigation carried out	July 2014 to June 2015	3.8%	11.4%	Lower than average

Source: Hospital Episode Statistics (HES) data

Figure 21 illustrates how South Warwickshire Clinical Commissioning Group (CCG) is performing against avoidable emergency admissions, as described in the long-term condition section of the sociodemographic chapter above. These indicators are included in this section because if patients are well managed in primary/community care (including supporting patients to self-manage), some admissions can be avoided. The four indicators (2.6, 2.7, 3.1 and 3.4) are based on an NHS Commissioning for Quality and Innovation payment indicator (a type of performance indicator); this one aims to encourage improvement in the management of long-term conditions.

The prevalence of the long-term conditions described above were all within similar ranges to those seen across England. The observed columns show the number of actual emergency admissions. The expected column shows the number of admissions that would be expected from the South Warwickshire population, based on national averages. There are no significant differences to suggest that South Warwickshire CCG has greater or fewer avoidable emergency admissions than expected, given the population.

Figure 22: Avoidable emergency admissions indicators for South Warwickshire CCG

Indicators	South Warwickshire CCG (observed)		Comparison with expected (July 2014 to June 2015)
	July 2013 to June 2014	July 2014 to June 2015	
2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,805	1,768	Similar to average
2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 15s	141	159	Similar to average
3.1 Emergency admissions for acute conditions that should not usually require hospital admission	3,420	3,426	Similar to average
3.4 Emergency admissions to hospital of children with lower respiratory tract infections - under 15s	179	215	Similar to average
Emergency admissions - excess bed days	No data	No data	No data

Source: Hospital Episode Statistics (HES) data

The final indicator in figure 22 (excess bed days) was intended to describe whether South Warwickshire CCG had a higher than expected number of patients (/bed days) that were not discharged despite being medically fit for discharge, but there was no reliable data source for this indicator.

AMBULANCE SERVICES

Red 1 and 2 calls are the two most serious ambulance call-out types for immediately life threatening conditions, with a target of reaching 75% of call-outs within eight minutes. West Midlands Ambulance Service, which covers the system resilience group region, achieved this target for Red 1 calls and was 'much higher than average' compared with the national average. However, over the two-year period between 2014 and 2015, the Red 1 response rate dropped significantly (2.2% decrease, figure 24). West Midlands Ambulance Service also performed better than the England average for Red 2 calls, but not significantly or above the set target (75%).

Figure 23: Performance indicators for West Midlands Ambulance Service

Indicators	Period	West Midlands Ambulance	England average	Comparison with England average
Total ambulance call-outs	Oct 2014 to Sept 2015	807,711	N/A	N/A
% Red 1 calls responded to within 8 minutes	Oct 2014 to Sept 2015	77.9%	72.8%	Much higher than average
% Red 2 calls responded to within 8 minutes	Oct 2014 to Sept 2015	74.3%	69.1%	Similar to average
% patients who re-contacted following treatment and discharge at the scene, within 24 hours	Oct 2014 to Sept 2015	5.9%	5.5%	Similar to average
% 999 calls closed by telephone advice	Oct 2014 to Sept 2015	2.1%	1.7%	Similar to average
% incidents managed without need for transport to A&E department	Oct 2014 to Sept 2015	37.8%	37.1%	Similar to average

Source: NHS England, Ambulance Quality Indicators

All other indicators were similar to the average. The percentage of patients who needed to re-contact the service within 24 hours has increased significantly year-on-year, though it remains lower than the England average. The percentage of calls that were closed with telephone advice fell; it is possible that this is because more callers are using NHS 111, so fewer people with a condition suitable for telephone advice are contacting the 999 service.

Figure 24: Performance indicators for West Midlands Ambulance Service – change over time

Indicators	West Midlands Ambulance		Year-on-year change	
	Oct 2013 to Sept 2014	Oct 2014 to Sept 2015		
% Red 1 calls responded to within 8 minutes	80%	77.9%	-2.2%	Significant decrease
% patients who re-contacted following treatment and discharge at the scene, within 24 hours	5.3%	5.9%	0.6%	Significant increase
% 999 calls closed by telephone advice	5.7%	5.2%	-0.6%	Significant decrease

Source: NHS England, Ambulance Quality Indicators

A&E SERVICES

Figure 25 shows the selected waiting time indicators for South Warwickshire NHS Foundation Trust emergency departments. The four-hour A&E waiting time target is a well-known proxy for the timeliness of treatment for patients within emergency departments and the target is 95%. The trust has not achieved this target but nevertheless scores slightly better than the England average. Performance was lower in 2014/15 than in 2013/14. Twelve-hour trolley waits were included as a system indicator as these are an indication of the coordination between emergency departments and the rest of the hospital, sometimes known as patient 'flow'. As the numbers are very small (99.97% patients are seen within 12 hours across England), it is not possible to compare hospitals (as variations in numbers may be due to chance). South Warwickshire NHS Foundation Trust has 100% performance, with zero breaches of the 12-hour wait from October 2014 to September 2015.

Figure 25: A&E waiting time indicators for South Warwickshire NHS Foundation Trust

Indicators	Period	South Warwickshire NHS Foundation Trust	England average	Comparison with England average
% of people discharged/admitted from A&E within 4 hours	Oct 2014 to Sept 2015	93.8%	91.8%	Similar to average
% of people that are admitted from A&E within 12 hours	Oct 2014 to Sept 2015	100%	99.97%	N/A
Median total time in A&E (minutes) - all patients	Jul 2014 to Jun 2015	82	124.2	N/A
Median total time in A&E (minutes) - admitted patients	Jul 2014 to Jun 2015	224	188.1	N/A
Median total time in A&E (minutes) - non-admitted patients	Jul 2014 to Jun 2015	66.5	109.3	N/A

Source: NHS England, A&E Attendances and Emergency Admissions (4hr & 12hr indicators)
– Hospital Episode Statistics (HES) (Median Time Waited)

The reported times in figure 25, alongside figures 27 and 28, illustrate how long it takes emergency attendances to be admitted or discharged (or leave before being seen). The four-hour wait performance in South Warwickshire is above the England average.

System indicators for South Warwickshire

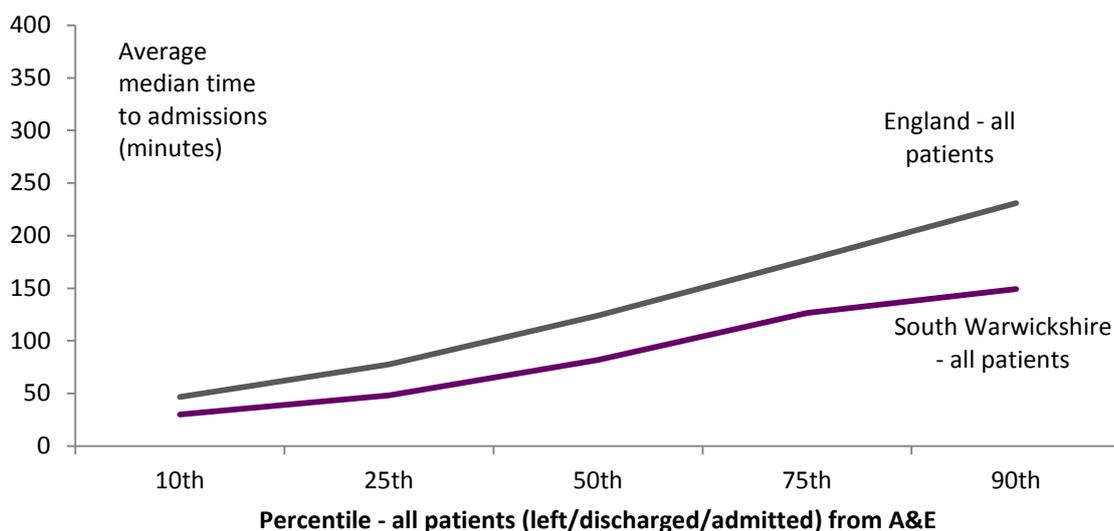
The median total time in A&E is a further indication of how quickly emergency departments are discharging or admitting patients. The median time is the time by which 50% of patients have been discharged or admitted. Overall, the South Warwickshire median wait in A&E is lower than the national average, with the wait for patients who are not admitted being much lower. However, the median wait for patients who are admitted is longer than average.

Figure 26: A&E waiting times indicators for South Warwickshire NHS Foundation Trust – change over time

Indicators	South Warwickshire NHS Foundation Trust		Year-on-year Change	
	Oct 2013 to Sep 2014	Oct 2014 to Sep 2015		
% of people discharged/admitted from A&E within four hours	96.4%	93.8%	-2.6%	Significant decrease

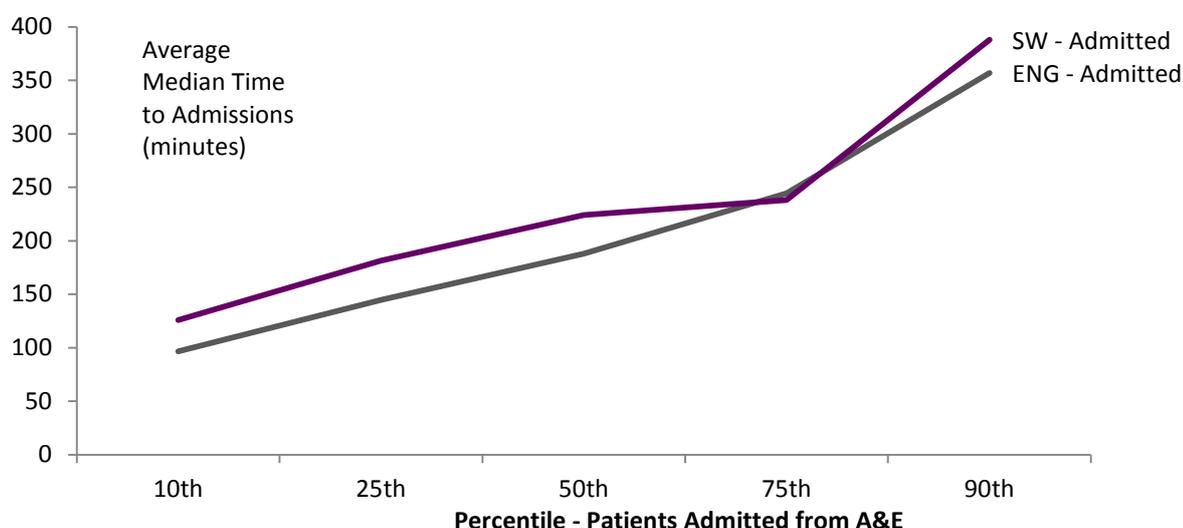
Source: NHS England, A&E Attendances and Emergency Admissions

Figure 27: South Warwickshire NHS Foundation Trust emergency attendances - time taken to leave/discharge/admit, by percentile (all department types, July 2014 to June 2015)



Source: Hospital Episode Statistics (HES) (Median Time Waited)

Figure 28: South Warwickshire NHS Foundation Trust emergency attendances - time taken to admit, by percentile (all department types, July 2014 to June 2015)



Source: Hospital Episode Statistics (HES) (Median Time Waited)

South Warwickshire Clinical Commissioning Group’s Integrated Business Report for 2013/14 states that in February 2014, 95.4% of handovers from ambulance crews were within 15 minutes, against a target of 100%.¹²

Figure 29 shows the patient experience system indicators from both the A&E Friends and Family Test survey and the A&E Patient Survey. For the Friends and Family Test question (first indicator in figure 29 only), South Warwickshire NHS Foundation Trust scored significantly higher than other A&E departments in England for patients who would recommend the A&E service. The score has also significantly increased (22.6%) from below the England average between August 2013 to July 2014 and August 2014 to July 2015 (figure 30).

The A&E patient survey questions are scored for each trust from 0-10 and given three bands: Worse, About the Same or Better. The trust performed on a similar level to other hospital trusts in England apart from two questions: the trust score was significantly better for patient experience of privacy while being examined or treated and for the length of time spent in A&E.

12. South Warwickshire CCG - [Integrated Business Report 2013/14](#)

System indicators for South Warwickshire

Figure 29: A&E patient experience indicators South Warwickshire NHS Foundation Trust

Indicators	Period	South Warwickshire NHS Foundation Trust	England average	Comparison with England average
Friends and Family Test (for A&E) asks patients 'whether they would recommend the NHS service they have received to friends and family who need similar treatment or care'	Aug 2014 to July 2015	94.5%	87.5%	Higher than average
Q10: Did you have enough time to discuss your health or medical problem with the doctor or nurse? (Yes, definitely)	Jan to Mar 2014	8.8/10	8.3/10	About the same
Q17: While you were in the A&E department, how much information about your condition or treatment was given to you? (Right amount)	Jan to Mar 2014	8.9/10	8.5/10	About the same
Q18: Were you given enough privacy when being examined or treated? (Yes, definitely)	Jan to Mar 2014	9.6/10	9/10	Better
Q42: Overall, did you feel you were treated with respect and dignity while you were in the A&E department? (Yes, all the time)	Jan to Mar 2014	9.4/10	8.8/10	About the same
Q9. Overall, how long did your visit to the A&E department last? (Under/Over 4Hrs)	Jan to Mar 2014	8.1/10	7.3/10	Better
Q4: Once you arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E staff? (Under 30 mins)	Jan to Mar 2014	9.1/10	8.6/10	About the same
Q7: From the time you first arrived at the A&E department, how long did you wait before being examined by a doctor or nurse? (Under 60 mins)	Jan to Mar 2014	6.6/10	6.4/10	About the same

Source: NHS England, FFT (A&E FFT test)
– A&E Patient Experience survey

Figure 30: A&E patient experience indicators for South Warwickshire NHS Foundation Trust – change over time

A&E waiting times indicators	South Warwickshire NHS Foundation Trust		Year-on-year change	
	Aug 2013 to July 2014	Aug 2014 to July 2015		
Friends and Family Test (for A&E) asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care'	71.9%	94.5%	22.6%	Significant increase

Source: NHS England, FFT (A&E FFT test)

The final A&E system indicator (figure 31) gives two indicators about the re-attendance of patients within seven days of a previous attendance (excluding planned re-attendances). There are many reasons for re-attendance, but a high rate might indicate that some patients did not have all their needs addressed when they first attended. South Warwickshire NHS Foundation Trust is the same as the England average, with no significant difference for all patients or for patients with mental health conditions.

Figure 31: A&E re-attendance indicators for South Warwickshire NHS Foundation Trust

A&E, re-attendances indicators	Period	South Warwickshire NHS Foundation Trust	England average	Comparison with England average
Re-attendance rate within 7 days of a previous attendance at A&E All patients	Jul 2014 to Jun 2015	8.4%	8.4%	Similar to average
Re-attendance rate within 7 days of a previous attendance at A&E Mental health patients	Jul 2014 to Jun 2015	12.7%	12.8%	Similar to average

Source: Hospital Episode Statistics (HES) data

ACUTE INPATIENT CARE

Figure 32 shows two indicators about the re-admission of patients within 30 days of a previous admission following an A&E attendance. There are many reasons for readmission, but a high rate might indicate that some patients did not have all their needs addressed during the first admission. For patients as a whole ('all patients') South Warwickshire NHS Foundation Trust is below the England average, though with no significant difference. However, patients that are admitted with recorded mental health diagnoses were much less likely to be re-admitted (7% lower than the England average). This could suggest effective treatment and integration with local mental health services (mainly provided by Coventry and Warwickshire Partnership NHS Trust).

Figure 32: A&E re-attendance indicators for South Warwickshire NHS Foundation Trust

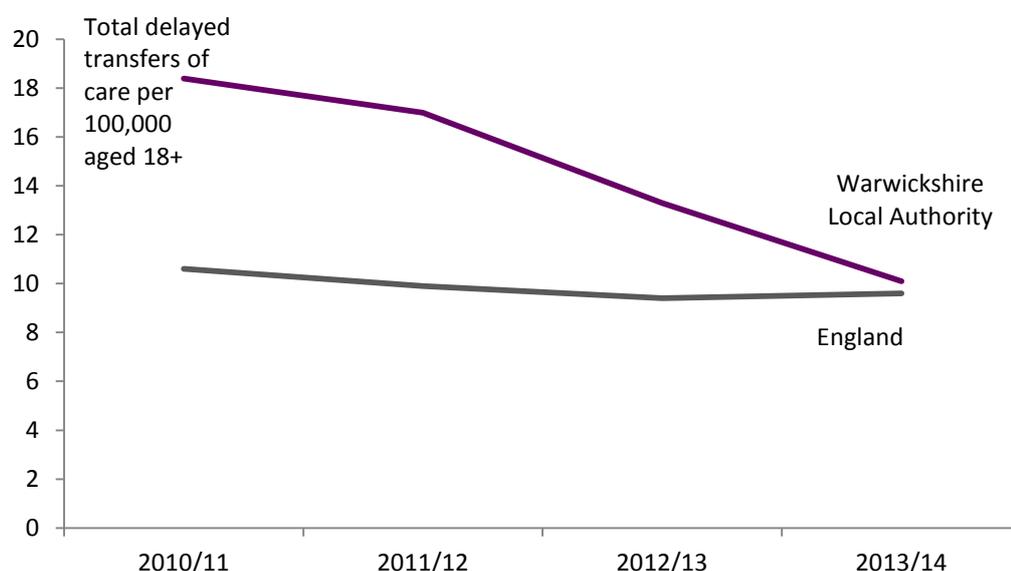
Indicators	Period	South Warwickshire NHS Foundation Trust	England average	Comparison with England average
30-day readmission following admission from A&E All patients	Jul 2014 to Jun 2015	14.2%	15.6%	Similar to average
30-day readmission following admission from A&E Mental health patients	Jul 2014 to Jun 2015	10.3%	17.2%	Much lower than average

Source: Hospital Episode Statistics (HES) data

The information on delayed transfers of care in figure 33 includes all affected hospital patients, not just those admitted through the urgent and emergency care system. This indicator has been included instead of the excess bed days indicator to enable us to measure the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. It describes the effectiveness of integration within the NHS, and between health and social care services.

A delayed transfer of care occurs when a patient is medically well enough to be discharged from hospital, but their discharge is delayed because their discharge destination is not ready to receive them. This might be because the patient needs support in their own home, or a lack of availability of other facilities, such as a nursing home bed. In 2013/14, for the Warwickshire Local Authority population, the rate of delays per 100,000 people was similar to the England average. Figure 33 describes how the position has consistently improved over the past four years to reach the current rate.

Figure 33: Warwickshire Local Authority - total delayed transfers of care (per 100,000 aged 18+, 2010/11 to 2013/14)



Source: Public Health England –Fingertips tool

Figure 34: Avoidable deaths indicators for South Warwickshire NHS Foundation Trust

Indicators	Period	South Warwickshire NHS Foundation Trust	England average	Comparison with England average
Deaths within 30 days from emergency conditions Stroke	Jul 2014 to Jun 2015	16.9%	16.2%	Similar to average
Deaths within 30 days from emergency conditions Fractured Proximal Femur	Jul 2014 to Jun 2015	5.9%	6.3%	Similar to average
Deaths within 30 days from emergency conditions Myocardial Infarction (ages 35-74)	Jul 2014 to Jun 2015	Excluded	Excluded	Excluded

Source: Hospital Episode Statistics (HES) data

The indicators in figure 34 are based on mortality indicators that are used to provide information to help the NHS monitor success in preventing potentially avoidable deaths following hospital treatment.

System indicators for South Warwickshire

The National Confidential Enquiry into Patient Outcome and Death has consistently shown over many years that some deaths are associated with shortcomings in health care. These indicators were developed to help organisations identify their position against other trusts.

The indicators measure mortality rates for patients who are admitted for certain conditions or procedures where death occurred either in hospital or within 30 days after discharge relating to fractured proximal femur, myocardial infarction and stroke. Nationally, there have been statistically significant year-on-year decreases, across the 10-year period, in all the mortality rates analysed, except for fractured proximal femur, which has not changed significantly over time.¹³

For stroke and fractured proximal femur, South Warwickshire NHS Foundation Trust has a similar rate of deaths compared with other trusts across England. We are not able to report data around deaths resulting from myocardial infarction at this trust because the low occurrence rate means that the data may not be reliable.

MENTAL HEALTH-RELATED INDICATORS

Figure 35 shows patient experience indicators from Coventry and Warwickshire Partnership NHS Trust (the community mental health trust). Patient survey questions are scored for each trust from 0-10. The scores show that the trust performs on a similar level to trusts in England.

Figure 35: Mental health patient experience indicators for Coventry and Warwickshire Partnership NHS Trust

Indicators	Period	Coventry and Warwickshire Partnership NHS Trust	England average	Comparison with England average
Do you know who to contact out of office hours if you have a crisis? % Yes	Sep to Nov 2014	6.2/10	6.8/10	About the same
When you tried to contact them, did you get the help you needed? % Yes definitely/to some extent	Sep to Nov 2014	5.5/10	5.9/10	About the same

Source: CQC community mental health survey data

¹³. HSCIC Deaths within 30 days of a hospital procedure or of an emergency admission to hospital - <http://www.hscic.gov.uk/catalogue/PUB07319>

Section 136 of the Mental Health Act 1983 sets out how and when a person believed “to be suffering from mental disorder” can be removed to a place of safety and detained. The Code of Practice for the Act recommends that the default place of safety should be a health based facility (for example, a hospital as opposed to a police cell or similar). Figure 36 shows data for the rate of detentions to health-based places of safety for Warwickshire Police. Despite being above the England average, the rate for the force is similar to rates across England. The force has shown a significant 17.4% increase from 2013/14 to 2014/15.

Figure 36: Section 136 detentions indicators for Warwickshire Police

Mental health-specific indicators	Period	Warwickshire Police	England average	Comparison with England average
% of all S136 detentions that result in individual being taken to a health based place of safety*	2014/15	92.8%	81.7%	Similar to average
			Year-on-year change	
	2013/14	75.3%	17.4%	Significant increase

Source: NPCC – S136 detentions data

* Higher values are more positive.

Appendix A: Indicator specifications and data source

Note: South Warwickshire System Resilience Group is referred to as SW SRG; South Warwickshire Clinical Commissioning Group as SW CCG; and South Warwickshire NHS Foundation Trust as SW NHS FT.

Indicator	Numerator	Denominator	Data source
Sociodemographic indicators			
Age of population of SW SRG	GP registered population within 10 year increments in SW CCG	Number of patients registered to a GP in SW CCG	HSCIC, GP registered population
Under 5 population of SW SRG (%)	Number of patients under 5 registered to a GP in SW CCG	Number of patients registered to a GP in SW CCG	HSCIC, GP registered population
Over 65 population of SW SRG (%)	Number of patients over 65 registered to a GP in SW CCG	Number of patients registered to a GP in SW CCG	HSCIC, GP registered population
Over 75 population of SW SRG (%)	Number of patients over 75 registered to a GP in SW CCG	Number of patients registered to a GP in SW CCG	HSCIC, GP registered population
Over 85 population of SW SRG (%)	Number of patients over 85 registered to a GP in SW CCG	Number of patients registered to a GP in SW CCG	HSCIC, GP registered population
Percentage of population with asthma (all ages) in SW SRG	Number of patients on asthma register in SW CCG	Population of SW CCG	NHS Indicator Portal, Prevalence datasets
Percentage of population with diabetes (17+ years) in SW SRG	Number of patients on diabetes register in SW CCG that are 17 years or over	Population of SW CCG that are 17 years or over	NHS Indicator Portal, Prevalence datasets
Percentage of population with hypertension (all ages) in SW SRG	Number of patients on hypertension register in SW CCG	Population of SW CCG	NHS Indicator Portal, Prevalence datasets
Percentage of population with coronary heart disease (all ages) in SW SRG	Number of patients on coronary heart disease register in SW CCG	Population of SW CCG	NHS Indicator Portal, Prevalence datasets
Percentage of population with epilepsy (18+ years) in SW SRG	Number of patients on the epilepsy register in SW CCG that are 18+ years	Population of SW CCG that are 18 years or over	NHS Indicator Portal, Prevalence datasets

Appendix A: Indicator specifications and data source

Index of Multiple Deprivation (IMD) figure	Lower Layer Super Output Area Index of Multiple Deprivation Quintile	N/A	Gov.UK, English indices of deprivation
Percentage of population living in rural areas for SW	Number of people living in rural areas in SW	South Warwickshire local authority districts' total population	DEFRA, Lookup for 2011 Rural Urban Classification of Local Authorities
Alcohol specific hospital admissions (per 100,000)	Number of patients admitted to hospitals for alcohol related reasons in SW CCG	Total population for SW CCG	Public Health England, Fingertips tool
Emergency attendances			
Total emergency attendances to SW NHS FT (per 1,000)	Number of emergency attendances to SW NHS FT, by Lower Layer Super Output Area	SW SRG area population, by Lower Layer Super Output Area	Hospital Episode Statistics (HES) data
Type 01 emergency attendances (to consultant led A&E) at Warwick hospital (%)	Observed emergency attendances to Consultant led A&E at Warwick hospital	Total observed emergency attendances for SW NHS FT	HES data
Type 03 & 04 emergency attendances (minor injury unit/walk-in centre) at Stratford and Ellen Badger Hospitals (%)	Observed emergency attendances to minor injury unit/walk-in centre at Stratford and Ellen Badger Hospitals	Total observed emergency attendances for SW NHS FT	HES data
Emergency attendances to SW NHS FT by responsible CCG (%)	Observed Emergency Attendances at NHS SW CCG, NHS Coventry & Rugby CCG; NHS Solihull CCG; and other (separately)	Total observed emergency attendances for SW NHS FT	HES data
Observed emergency attendances by SW CCG patients to any NHS provider	Observed emergency attendances by SW CCG patients to any NHS provider	N/A - Against Expected	HES data
Emergency admissions to hospital			
Total emergency admissions to SW NHS FT (per 1,000)	Number of emergency admissions to SW NHS FT, by Lower Layer Super Output Area	SW SRG area population, by Lower Layer Super Output Area	HES data
Total emergency admissions to SW NHS FT by responsible CCG (%)	Observed number of emergency admissions at SW NHS FT from: NHS SW CCG; NHS Coventry & Rugby CCG; NHS Solihull CCG; and other (separately)	Total observed emergency admissions for SW NHS FT	HES data

Appendix A: Indicator specifications and data source

Emergency admissions to SW NHS FT by hospital (%)	Observed emergency admissions at Warwick hospital; Stratford hospital; Ellen Badger hospital; Leamington Spa hospital; and unknown (separately)	Total observed emergency admissions for SW NHS FT	HES data
Observed emergency admissions by SW CCG patients to any NHS provider	Observed emergency admissions by SW CCG patients to any NHS provider	N/A - Against Expected	HES data
Primary medical services			
Total calls offered by West Midlands NHS 111 (per 1,000)	Total number of calls that were received by West Midlands NHS 111	Total population covered by West Midlands NHS 111	NHS 111 Minimum Data Set
Percentage calls abandoned (over 30 sec) for West Midlands NHS 111	Number of calls offered that were abandoned after 30 seconds	Total calls offered by West Midlands NHS 111	NHS 111 Minimum Data Set
Percentage calls recommended to attend A&E by West Midlands NHS 111	Total calls referred to type 1 or 2 A&E department (excluding walk in centres, minor injuries units and urgent care centres) where an ambulance was not dispatched	Total triaged (a clinical assessment tool has been opened and used) and callers referred to another service without being triaged, and an ambulance was not dispatched, received by West Midlands NHS 111 where an ambulance was not dispatched	NHS 111 Minimum Data Set
Percentage calls recommended to attend primary and community care by West Midlands NHS 111	Number of calls referred to a primary care service (including suggestion to get in touch (but not be exclusive) with a GP practice, a GP out of hours service, dental care, walk in centre, minor injuries unit, urgent care centre or a pharmacist) as soon as it is available	Total triaged (a clinical assessment tool has been opened and used) and callers referred to another service without being triaged, and an ambulance was not dispatched, received by West Midlands NHS 111 where an ambulance was not dispatched	NHS 111 Minimum Data Set
Percentage of respondents getting an appointment on day wanted for SW SRG	Number of 'yes' or 'yes on the day I wanted' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage of respondents getting a convenient appointment for SW SRG	Number of 'very' or 'somewhat convenient' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey

Appendix A: Indicator specifications and data source

Percentage of respondents that went to A&E when they didn't get the appointment wanted for SW SRG	Number of 'went to A&E' responses for SW CCG	Total number of responses for those who were not able to get an appointment or were offered an inconvenient appointment SW CCG	GP Patient Survey
Percentage of respondents that went to a pharmacist when they didn't get the appointment wanted for SW SRG	Number of 'went to pharmacist' responses for SW CCG	Total number of responses for those who were not able to get an appointment or were offered an inconvenient appointment SW CCG	GP Patient Survey
Percentage of positive overall experiences of booking appointment for SW SRG	Number of 'positive' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage of respondents who know where to go when GP closed	Number of "yes" responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage of respondents who found contacting out-of-hours GP service on phone easy	Number of 'easy' or 'very easy' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage of respondents who found speed of receiving care from out-of-hours GP service about right	Number of 'it was about right' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage of respondents who definitely have trust and confidence in out-of-hours clinician saw/spoke to	Number of 'yes, definitely' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage of good overall experience of out-of-hours GP services	Number of 'good' or 'very good' responses for SW CCG	Total number of responses for the survey item for SW CCG	GP Patient Survey
Percentage referred to A&E without any recorded treatment or investigation to indicate link between GP & A&E	Number of emergency attendances referred from a GP that have no recorded treatments or investigation carried out in A&E (excluding those who leave before being seen)	Number of emergency attendances referred from a GP (excluding those who leave before being seen)	HES data

Appendix A: Indicator specifications and data source

Ambulance services			
Total ambulance call-outs for West Midlands (WM) ambulance service	Total ambulance call-outs for WM ambulance service	N/A	NHS England, Ambulance Quality Indicators
Percentage of Red 1 calls responded to within 8 minutes	Number of Red 1 calls responded to within 8 minutes for WM ambulance service	Total number of red 1 calls for WM ambulance service	NHS England, Ambulance Quality Indicators
Percentage of Red 2 calls responded to within 8 minutes	Number of Red 2 calls responded to within 8 minutes for WM ambulance service	Total number of red 2 calls for WM ambulance service	NHS England, Ambulance Quality Indicators
Percentage of patients who re-contacted following treatment and discharge at the scene, within 24 hours	Number of patients who re-contacted ambulance service within 24 hours of being treated and discharged for WM ambulance service	Number of patients treated and discharged on scene for WM ambulance service	NHS England, Ambulance Quality Indicators
Percentage of 999 calls closed by telephone advice	999 calls closed by telephone advice for WM Ambulance Service	Total number of 999 calls for WM Ambulance Service	NHS England, Ambulance Quality Indicators
Per cent of incidents managed without need for transport to A&E department	Number of incidents managed without need for transport to A&E department for WM Ambulance Service	Total number of incidents for WM Ambulance Service	NHS England, Ambulance Quality Indicators
A&E services			
Percentage of people discharged/admitted from A&E within 4 hours for SW SRG	Number of patients discharged/admitted from A&E within 4 hours for SW NHS FT	Total A&E attendances for SW NHS FT	NHS England, A&E Attendances and Emergency Admissions
12hr trolley wait breach performance (%) for SW SRG	Number of patients left on a trolley in A&E for more than 12 hours for SW NHS FT	Total A&E attendances for SW NHS FT	NHS England, A&E Attendances and Emergency Admissions
Median total time in A&E (minutes) for all patients for SW SRG	Time in minutes by which 50% of patients would have been discharged/admitted for SW NHS FT	N/A	HES data
Median total time in A&E (minutes) for admitted patients for SW SRG	Time in minutes that 50% of patients would have admitted for SW NHS FT (admitted patients only)	N/A	HES data
Median total time in A&E (minutes) for non-admitted patients for SW SRG	Time in minutes that 50% of patients would have been discharged for SW NHS FT (non-admitted patients only)	N/A	HES data

Appendix A: Indicator specifications and data source

Time taken to leave/discharge, by percentile for non-admitted for SW SRG	Average median time to discharge (minutes) for 10th, 25th, 50th, 75th & 90th percentile for SW NHS FT	N/A	HES data
Time taken to leave/discharge, by percentile for admitted for SW SRG	Average median time to admission (minutes) for 10th, 25th, 50th, 75th & 90th percentile for SW NHS FT	N/A	HES data
Percentage of patients that would recommend the NHS service on Friends and Family Test for SW SRG (A&E patient experience indicators)	Number of patients who would recommend the NHS service they have received to friends and family who need similar treatment or care for SW NHS FT	Total of respondents to Friends and Family Test	NHS England, FFT (A&E FFT test)
Percentage of respondents who had enough time to discuss their health or medical problem with the doctor or nurse (Q10 of A&E patient experience survey) for SW SRG	Proportion of 'Yes, Definitely' responses for SW NHS FT	Total of respondents from each questions for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of respondents who were given enough information about their condition or treatment in A&E (Q17 of A&E patient experience survey) for SW SRG	'Right amount' responses for SW NHS FT	Total of respondents from each questions for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of respondents who were given enough privacy when being examined or treated (Q18 of A&E patient experience survey) for SW SRG	'Yes, Definitely' responses for SW NHS FT	Total of respondents from each questions for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of respondents who overall feel they were treated with respect and dignity while in the A&E department (Q42 of A&E patient experience survey) for SW SRG	'Yes, all the time' responses for SW NHS FT	Total of respondents from each question for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.

Appendix A: Indicator specifications and data source

Percentage of respondents who responded their last visits to A&E were more or less than 4 hours (Q9 of A&E patient experience survey) for SW SRG	'Under/Over 4Hrs' responses for SW NHS FT	Total of respondents from each question for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of respondents who spent less than 30 minutes waiting with the ambulance crew when arriving at the hospital before their care was handed over to the A&E staff (Q4 of A&E patient experience survey) for SW SRG	'Under 30 mins' responses for SW NHS FT	Total of respondents from each questions for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of respondents who spent less than 60 minutes waiting to be examined by a doctor or nurse from first arrival at the A&E department (Q7 of A&E patient experience survey) for SW SRG	'Under 60 mins' responses for SW NHS FT	Total of respondents from each questions for SW NHS FT	A&E Patient Experience survey. See source publication for scoring methodology. Scored out of 10 at source.
Re-attendance rate within 7 days of a previous attendance at A&E for SW SRG (%)	Number of patients re-attending within 7 days of a previous attendance at A&E (for all patients & mental health patients separately)	Number of patients attending A&E (for all patients and mental health patients separately)	HES data
Acute inpatient care			
30-day readmission following admission from A&E for SW SRG (%)	Number of patients re-admitted within 30 days of a previous admission following an A&E attendance (for All patients & MH patients separately)	Number of patients previously admitted following an A&E attendance (for All patients & MH patients separately)	HES data
Unplanned hospitalisation for chronic ambulatory care sensitive conditions for SW SRG	Observed number of unplanned hospitalisations for chronic ambulatory care sensitive conditions in SW CCG	N/A - Against Expected	HES data

Appendix A: Indicator specifications and data source

Unplanned hospitalisation for asthma, diabetes and epilepsy (under 15 years) for SW SRG	Observed number of unplanned hospitalisation for asthma, diabetes and epilepsy in under 15-year-olds in SW CCG	N/A - Against Expected	HES data
Emergency admissions for acute conditions that should not usually require hospital admission for SW SRG	Observed number of unplanned hospitalisations for emergency admissions for acute conditions that should not usually require hospital admission in SW CCG	N/A - Against Expected	HES data
Emergency admissions to hospital of children with lower respiratory tract infections (under 15 years) for SW SRG	Observed number of unplanned hospitalisations for emergency admissions to hospital of children with lower respiratory tract infections 15-year-olds in SW CCG	N/A - Against Expected	HES data
Excess bed days in SW NHS FT	N/A - data unreliable, not used	N/A - data unreliable, not used	N/A - data unreliable, not used
Delayed transfer of care indicators (for aged 18+) for Warwickshire LA (per 100,000)	Number of days that a delayed transfer of care occurred (when a patient is ready for transfer from a hospital bed but is still occupying a bed) for Warwickshire LA	Number of bed days	Public Health England fingertips tool
Avoidable Deaths Indicators for stroke for SW NHS FT (%)	Number of patients where death occurred within 30 days of being admitted for a stroke in SW NHS FT	Number of patients admitted for a stroke in SW NHS FT	HES data
Avoidable Deaths Indicators for fractured proximal femur for SW NHS FT (%)	Number of patients where death occurred within 30 days of being admitted for a fractured proximal femur in SW NHS FT	Number of patients admitted for a fractured proximal femur in SW NHS FT	HES data
Avoidable Deaths Indicators for myocardial infarction for SW NHS FT (%)	Number of patients where death occurred within 30 days of being admitted for myocardial infarction in SW NHS FT	Number of patients admitted for myocardial infarction in SW NHS FT	HES data

Appendix A: Indicator specifications and data source

Mental health			
Percentage of mental health patients who know who to contact out of hours for Coventry and Warwickshire Partnership Trust	Number of respondents responding "yes" to "Do you know who to contact out of office hours if you have a crisis?" for Coventry and Warwickshire Partnership Trust	Number of respondents to the question for Coventry and Warwickshire Partnership Trust	Community mental health survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of mental health patients who received help needed out of hours for Coventry and Warwickshire Partnership Trust	Number of respondents responding "Yes definitely/to some extent" to "When you tried to contact them, did you get the help you needed?" for Coventry and Warwickshire Partnership Trust	Number of respondents to the question for Coventry and Warwickshire Partnership Trust	Community mental health survey. See source publication for scoring methodology. Scored out of 10 at source.
Percentage of all S136 detentions by Warwickshire Police that result in individual being taken to a health based place of safety (HBPOS)	Number of s136 detentions by Warwickshire Police that resulted in an individual being taken to a HBPOS	Number of s136 detentions by Warwickshire Police	NPCC, S136 detentions data

Appendix B: Data and analyses used

This information consists predominately from publicly available data and bespoke/one-off indicators designed by CQC. Where data has been published by external organisations, the source of the data refers to the organisation that published the data. Please see [appendix A](#) for a detailed breakdown of the origins of the data and a table that maps the data indicators to the urgent and emergency care assessment framework.

Z-Scoring

Where appropriate to do so, the indicators have been benchmarked against the England average. Indicator data has been analysed using comparative Z-scores, which allows us to demonstrate how an indicator score compares to the England average. The test assigns a Z-Score for the relationship of a score to the average of all England scores. A Z-score of 0 means the score is the same as the average. A Z-score can be positive or negative, indicating whether it is above or below the average. This scoring was also used to determine whether the performance is similar to the England average.

The scoring system is made up of five bands: **Much lower than average; Lower than average; Similar to average; Higher than average; Much higher than average**. This is consistent throughout, apart from the A&E and community mental health patient surveys, which use a three-tier system of: Worse; About the Same and Better. These labels have been revised to **Worse than average; Similar to average and Better than average**, in line with the other scoring.

The banding represents an indication of the variation from the mean. The banding has been set at 2 standard deviations from the mean for 'Much higher than average' and -2 deviations from the mean for 'Much lower than average'. The banding has been set at 1.6 standard deviations from the mean for 'Higher than average' and -1.6 standard deviations for 'Lower than average'. Statistically we can assign p-values of 0.05 and 0.1 for standard deviations of 2 and 1.6, respectively. In the narrative we described both as 'significant'.

Time-series analysis

For time series analysis of an indicator's movement between two years, a binomial proportions test has been performed. Put simply, this test examines whether the change over the two periods is significantly different than would be expected by chance. We used a three band approach for this: **Decrease; Similar; Increase**. Statistically we can assign a p-value of 0.05 to this test.

Appendix B: Data and analyses used

For all the above, we used a coloured rating system to indicate whether a decrease/increase is positive or negative. **Red** being a negative score/change; **grey** being a non-significant score/change; **green** being a positive score/change.

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CQC-352