

Annex A

Information Provision to Practices – Corporate Performance Reports

Ref	Report	Detail	Format of Delivery	Frequency	Date	Notes
1	Key Performance Indicators	A report detailing the Key Performance Indicators at practice and consortia level, including top level detail on referrals, attendances at A&E, Non-elective activity, prescribing rates, other aspects of DES targets pertinent to each PCT.	Excel	Monthly	3 rd week of month	This report will enable monthly conversations around areas of underperformance, prompting practices to then utilise data available to them to understand issues.
2	Prescribing Budget and Volume/ Value Switch Reports	Exact Budget reports at practice and consortia level showing performance against budgeted lines	Excel	Monthly	3 rd week of month	Further prescribing information provision to be scoped
3	Indicative Budget Monitoring	Performance against indicative budget lines shown by provider, specialty, point of delivery, etc. Will include prescribing detail to allow unified budget monitoring.	Excel	Quarterly	2 weeks after freeze date (ie quarter after quarter end)	Information available to practices on activity on a monthly basis via MIDAS and KPI reports. This report will be tied to PbR freeze date.
4	DES Monitoring	Performance against specified DES targets as detailed by each PCT. Tied to frozen PbR data.	Excel	Quarterly	2 weeks after freeze date (ie quarter after quarter end)	Information available to practices on activity on a monthly basis via MIDAS and KPI reports. This report will be tied to PbR freeze date.

Practices will also receive the monthly PCT level performance reporting against all the 6 key targets and other LDP/ Annual Health Check targets.

Information Provision to Practices – One-off Information

Ref	Report	Detail	Format of Delivery	Frequency	Date	Notes
5	Indicative Budgets 0607	Each practice's historic pro-rata split of PCT's commissioning resource envelope compared to last year's outturn, shown as	Excel	Annual	End Aug	Not all resource envelopes will be ratified to agreed SLAs. Indicative budgets will come with clear caveats

		a breakdown of each SLA. Specific detail on inpatient and outpatient activity shown by provider, speciality and Point of Delivery. Budgets will also include prescribing budget.				and reissued once all resource envelopes agreed.
6	Benchmarking	Practice level GP referrals by speciality benchmarked against national average	Excel	Annual	June	Information to be used to inform reductions in elective demand.
7	Targets (LDP & Annual Health Check)	All targets the PCT is measured against will be provided to practices	Excel	Annual	Aug	Information to be used to engage primary care in overall PCT agenda

Information Provision to Practices – Supporting Information and Service Improvement Analysis

Ref	Information/ Analysis	Detail	Format of Delivery	Frequency	Date	Notes
8	Inpatient/ Outpatient Activity and Spend	Data will be fully costed as under PbR/ SUS rules and will be available for querying in any combination of the following areas: provider, PCT, Locality, Consortia, Practice, GP, Speciality, HRG, OPCS, Diagnosis, and Point of Delivery.	MIDAS	Monthly	3 rd week of month	Monthly data will be as submitted by trust to NWCS – data will only be fully coded 2 ½ months after quarter end. To view cost of activity use the Switch To pull down
9	Full Secondary Care Patient History	Data above will be available at patient level for all patient secondary care visits since April 2002 on one single page, searchable via NHS number.	MIDAS	Updated Monthly	3 rd week of month	Search facility available mid-August
10	Prescribing Spend & Activity	Epact Budget reports scaleable from N Yorks, through consortia and locality down to practice level, shown by BNF chapters	MIDAS	Monthly	3 rd week of month	Further prescribing information provision to be scoped
11	A&E Activity and Spend	Data will be fully costed as under PbR/ SUS rules and will be available for querying in any combination of the following areas: provider, PCT, Locality, Consortia, Practice, A&E HRG, referral source, etc. Data available from October 2006, when PbR data flows come into effect.	MIDAS	Monthly	3 rd week of month	Same caveats as 1 above. Detailed guidance as to accessing this information will be provided
12	Referrals	Data source will be different for each PCT	MIDAS	Monthly	2 nd week of	Data quality will need to be ensured

		(Providers for SWR, RACAS for CHR & SY, and combination of the 2 for HR). Scalable in the usual manner: provider, PCT, Locality, Consortia, Practice, etc			month	given disparate sources of information
13	Waiting List	Inpatient and Outpatient Waiting Lists at 13 main providers, scalable in the same manner as data above. Data provision dependent on SLA agreement with providers	MIDAS	Monthly	3 rd week of month	Will not represent total waiting list as small cohort of patients will be referred and waiting at other providers. Data for information purposes
14	Top 50 HRGs by cost and volume	Shown in totality, or by provider, speciality etc	MIDAS	Monthly	3 rd week of month	Same caveats as 1 above. Detailed guidance as to accessing this information will be provided
15	'Frequent Flyers'	Patients with more than one inpatient stay in the last 12 months.	MIDAS	Monthly	3 rd week of month	Same caveats as 1 above. Case finding tool for users with access to patient level information. In reports tab of MIDAS
16	'Frequent Flyers' outpatients	Patients with more than one first outpatient appointments in the last 12 months.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
17	'Frequent Flyers' A&E	Patients with more than one A&E attendance in the last 12 months.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
18	Case Finding Tool	Based on PARR tool, shows patients with % of predictive risk of re-hospitalization at practice level, with full 2ndry care patient history for each patient. Data grouped using specific reference conditions including renal failure, diabetes, ischaemic heart disease, asthma, COPD, etc. Data can be shown by over 65s only as well to support POPP project.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
19	1 st Outpatient Appointments following a GP Referral	Costed activity with ability to compare to last year.	MIDAS	Monthly	3 rd week of month	For some DES target monitoring. In reports tab of MIDAS
20	1 st Outpatient Appointments following a consultant referral	Costed activity with ability to compare to last year.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS

21	Length of Stay	Detail on cumulative length of stay, shown in totality, or by practice, provider, speciality etc.	MIDAS	Monthly	3 rd week of month	In Show By pull down of MIDAS
22	Analysis by age	Detail on acute activity in age bands, shown in totality, or by practice, provider, speciality etc.	MIDAS	Monthly	3 rd week of month	In Show By pull down of MIDAS
23	Case Finding Tool	Based on PARR tool, shows patients with % of predictive risk of re-hospitalization at practice level, with full 2ndry care patient history for each patient. Data grouped using specific reference conditions including renal failure, diabetes, ischaemic heart disease, asthma, COPD, etc. Data can be shown by over 65s only as well to support POPP project.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
24	Emergency Bed Days	Total number of emergency bed days, by month, provider, practice, specialty, HRG, etc	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS
25	Excess Bed Days	Total number of excess bed days, by month, provider, practice, point of delivery, specialty, HRG, etc	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
26	Mortality	Mortality Rates by month, provider, practice, point of delivery, specialty, HRG, etc	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
27	Day of the week admits	Analysis showing day of the week admissions by month, provider, practice, point of delivery, specialty, HRG, etc	MIDAS	Monthly	3 rd week of month	In Show By pull down of MIDAS
28	1 st Outpatient DNAs	Outpatient non-attenders by month, provider, practice, point of delivery, specialty, etc. Access to patient identifiable information	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
29	Follow up Outpatient DNAs	Outpatient non-attenders by month, provider, practice, point of delivery, specialty, etc. Access to patient identifiable information	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS (end Aug)
30	7 Day Readmissions	Patients admitted as an emergency within 7 days of discharge by month, provider,	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS

		practice, point of delivery, specialty, HRG, etc. Access to patient identifiable information which shows both spells on same page.				
31	14 Day Readmissions	Patients admitted as an emergency within 14 days of discharge by month, provider, practice, point of delivery, specialty, HRG, etc. Access to patient identifiable information which shows both spells on same page.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS
32	28 Day Readmissions	Patients admitted as an emergency within 28 days of discharge by month, provider, practice, point of delivery, specialty, HRG, etc. Access to patient identifiable information which shows both spells on same page.	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS
33	Average Spell Cost	Average spell cost analysis shown month by month and by provider, practice, point of delivery, specialty, HRG, etc	MIDAS	Monthly	3 rd week of month	In reports tab of MIDAS
34	Analysis by age	Detail on acute activity in age bands, shown in totality, or by practice, provider, speciality etc.	MIDAS	Monthly	3 rd week of month	In Show By pull down of MIDAS
35	Specific Cost Improvement/ Diversionary Schemes	To be scoped for all PCTs. Reports can be created on MIDAS to support these areas.	MIDAS	Monthly	3 rd week of month	To be scoped further