

BOARD: MEETING IN PUBLIC**DATE: 27 January 2010****TITLE: Minor Injuries Unit at St Mark's Hospital – Review and Option Appraisal****SUMMARY**

A Minor Injuries Unit at St Marks Hospital was implemented as a pilot on 29th September 2008, following extensive the Right Care Right Place public consultation and the receipt of a petition from the public of Maidenhead in 2008. The PCT Board considered the petition at its public meeting on Friday 23rd May 2008 and agreed to the piloting of an MIU to the end of the Financial Year.

Heatherwood and Wexham Park Hospitals NHS Foundation Trust agreed to extend its existing minor injuries service on the Heatherwood site to Maidenhead for the period of the pilot. The Provider has not been able to operate the service to the required opening hours due to recruitment issues.

The Board reviewed the pilot in September 2009 (BE09/0924/05a) and supported the recommendation *'that the Board consider the review and support the recommendation that the PCT explore a cost effective model of care to meet the need for care for minor injuries for the population of Maidenhead'*

This paper provides a public health needs analysis of Maidenhead, an outline of the activity and service provided by the MIU and assesses a number of service models for the future delivery of the service.

This analysis, together with issues raised by a review group, has helped identify the following criteria to assess service delivery options:-

- Meets Health Need
- Patient Safety and Quality
- Value for Money
- Feasibility and Sustainability
- Operational Plan 2010/11 Prioritisation Tool

The six potential service options have been identified and are assessed in the paper are as follows–

1. Status Quo
2. Introduce an Alternative Provider of Primary Care (GP) Services
3. Integrate the current role of Out of Hours Provider with the MIU activities
4. Introduce a GP Branch Surgery
5. Commission a Voluntary Organisation to provide First Aid Provision
6. Decommission and Closure

RECOMMENDED ACTION:

The Board is asked to:-

SUPPORT the provision of further data analysis as indicated in the health and service needs analysis

NOTE review group recommendations to streamline the urgent care system in Berkshire East

CONSIDER whether option 3 provides a viable cost effective alternative to current provision

CONSIDER options for the future investment in the MIU service on the St Mark's site noting the PCT Operating Plan Prioritisation Tool for 2010/11

Originator Carolyn Finlay AD for Locality Commissioning

Tabled By David Williams Director Locality Commissioning

SUPPORTING INFORMATION**Localities Affected**

This affects all of Berkshire East

Relevant Guidance, Legislation and Policies

Supporting the achievement of the target that people attending A&E will be seen treated and discharged from A&E within 4 hours

Contribution to HealthCare Commission Standards

Patient experience is a factor in the evaluation as is assessing the need for the service

Public & Stakeholder Involvement

The public have been involved in supporting the pilot since its inception and members from the patient panel have been involved in the monitoring and evaluation process. A petition signed by 7000 people has been received by the PCT in support of a minor injuries service on the St Marks site. Patient and Local Authority Councillors have been engaged in the review process.

Financial Implications

The financial implications are considered as part of the option appraisal process and option 3 has been scored against the PCT's Prioritisation Tool.

Diversity and Equality

No impact.

Background Papers

Right Care, Right Place Consultation and Response

BE09/0924/05a Board paper September 2009

BE09/0723/06 Board paper, July 2009

Public Health Report, Maidenhead MIU, January 2010

1. INTRODUCTION

Heatherwood and Wexham Park Hospitals NHS Foundation Trust agreed to extend the provision of their minor injuries service at Heatherwood to St. Mark's Hospital and the pilot began in September 2008, initially for 9 months. Because of the difficulties in recruiting extended nurse practitioners, the service has been operating initially from 9-5pm Monday to Friday and more recently from 9-5pm Monday to Saturday.

Recruitment & retention of staff remains an issue for the Provider. The unit is still unable to fully comply with the PCT requirement 16 months post commencement of the service.

1.1 Evaluation of the Current MIU Service

In September 2009 the PCT Board evaluated the MIU service against the following set of service provision and cost effectiveness criteria¹:-

Table 1

MIU Service Provision and Cost Effectiveness Criteria

Service Provision	Evaluation
Comparison of the number of A&E attendances in a month compared to previous years	Not met
Less than 10% of patients re: attending the MIU within 2 working days	Met
Less than 10% of attendances are from outside the PCT area	Met
Reasons for choosing the MIU instead of other urgent care services	Not met
The MIU offers a service that is efficient (In terms of waiting times), opportunities to improve the service are identified throughout the pilot	Met
Patient Satisfaction with the service	Met
Cost Effectiveness	
The reduction in the number of attendances at A&E, compared to the previous year, for patients with the same postcode profiles as those attending the MIU	Not met
Number of patients who would previously have accessed care from other	Not met

¹ BEPCT Board report, September 2009

services with a 'fixed cost' e.g. GP surgeries	
Throughput and viability of the provider	Not met
Impact on other services e.g. GP out of hours, Heatherwood Hospital, Upton Walk in Centre	Not met

The data and information garnered during the period of the pilot indicated that a minor injuries service had been used by patients, the majority of which were registered in the Maidenhead area.

The analysis demonstrated that the use of the service is mainly in addition to current activity levels, which would result in an additional cost to commissioners of approximately £370,000. The patient survey suggested that 26% of this activity would have been associated with a fixed cost previously.

There is significant support for the PCT to continue to commission a minor injuries service for Maidenhead. Waiting times are excellent and 68% of patients rated the service as excellent.

The PCT concluded in September 2009 that the current pilot does not adequately demonstrate value for money, has had a less than desired impact on other urgent care services and has stimulated growth in minor activity in the Maidenhead locality. The following recommendations were made by the Board:-

- Explore the possibility of delivering a minor injuries service using a more cost effective model that meets the needs of the Maidenhead population
- Bring a proposal back to the Board for agreement at the November 2009 meeting
- Work with the current provider to ensure smooth transition to a new service. ²
- Proposals to be assessed within the context of the PCT's spending priorities

2 HEALTH NEEDS ANALYSIS

2.1 Population Profile of Maidenhead

Maidenhead has a population estimated to be of approximately 52, 051. The largest proportion within the population is adults between the age of 30 and 49 years. This constitutes 30.4 % of the total population, followed by children and young people up to the age of 19 years (24.7 % of the total population).

Fewer older people (15.5 % of the total population) in the 65+ age category reside in Maidenhead compared with other age bands.

In comparison, Slough has a similar population profile for the same age bands. 32% of the total Slough population are 32- 49 year olds, 27.0% are 0-19 year olds, and slightly less people in the older 65+ age band at 11.2%.

² BEPCT Board Report September 2009

The number of people with long-term illnesses in RBWM will rise from 32,824 to 43,590 people in five years.

There is a projected rise in the population of older people in the Royal Borough. ONS 2006 population projection predicts an extra 4700 people over 65 years. An increase from 1462 people with dementia to 2010 by 2021 (based on MHO estimates).

This will have a significant impact on the number of people needing outside help in their daily lives. There will also be an increased risk of hip fracture as people live longer.

The table below shows an increase in the local population of Maidenhead and Windsor for three age bands, 0-19 years, 30-49 years and 65+ over the next 20 years.

The largest projected rise can be seen for the 65+ age band with an increase by around 10, 000 older people by year 2030.

Table 2

Population projection (thousands) for Royal Borough of Windsor and Maidenhead

AREA NAME	AGE GROUP	2010	2015	2020	2025	2030
Windsor and Maidenhead	0-19	36.5	38.3	40.5	42.4	43.1
Windsor and Maidenhead	30-49	44.4	45.1	46.1	47.5	48.3
Windsor and Maidenhead	65+	22.4	25.1	27.0	29.2	32.2

Source: ONS, 2008

Due to a combination of an ageing, and larger population in the Borough over the next 10 to 20 years, the number of people diagnosed with coronary heart disease (CHD), heart failure, stroke and high blood pressure, are all estimated to increase significantly (2).

A large number of people in the Borough – over 19,000 – have high blood pressure (19,370 cases of hypertension QOF data 1st April 2009).

The analysis demonstrates the needs of older people with long term conditions are key drivers of health service provision in the future.

2.2 Primary Care Provision in Maidenhead

The provision of General Practice and Primary Care services in Maidenhead is considered good for the needs of the population.

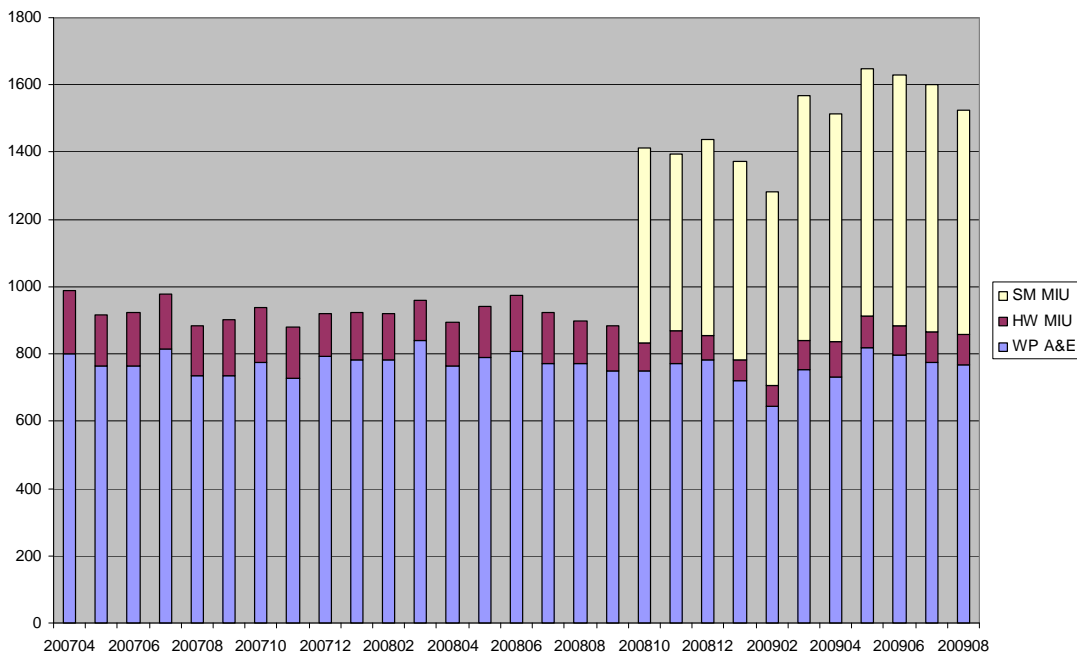
There are no known problems for patients accessing GPs within the Maidenhead area, and non-registered patients are able to be registered with a local GP.

9 out of 12 surgeries currently offer extended hours service (8am-8pm). This is to be extended in 2010/11 to 100% of Practices.

3. SERVICE ANALYSIS

Table 3

HWPB A&E Attendances for Maidenhead-based Practices, by Site



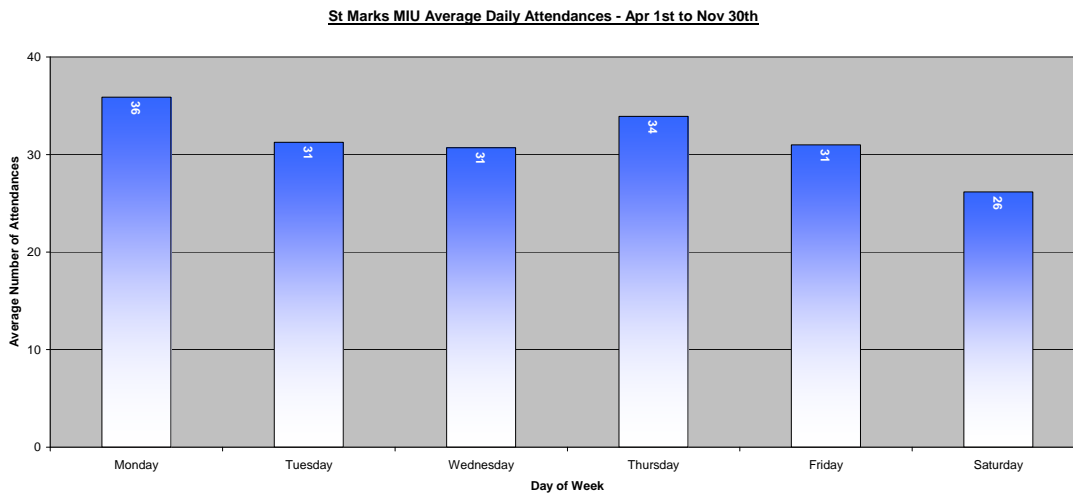
The table above illustrates that comparing the same period last year, since the minor injuries unit has opened the total attendances at both Wexham Park A & E and Heatherwood Hospital MIU have reduced by 85 attendances per month; however at the same time there has been a concomitant overall rise in minor injuries attendances of 564 per month since the unit opened.

A patient survey conducted in 2009 sent questionnaires to 250 attendees and 151 completed questionnaires were received back a return rate of approximately 60%. Of the patients who responded to the questionnaires over a quarter would have visited their GP practice and a third would have attended A&E at Wexham.³

There is clear anecdotal evidence from the patient surveys that the closing times are currently not always the most convenient to the public.

Attendances at the unit are currently averaging 33 per day.

³ BEPCT Board Report September 2009

Table 4**Table 5 Average Daily Attendances April 2009-November 2009**

Average Daily Attendance		
Day of Week	Total Patients Seen	Average Patients Seen
Monday	1256	36
Tuesday	1063	31
Wednesday	1074	31
Thursday	1187	34
Friday	1085	31
Saturday	916	26
Total	6581	189

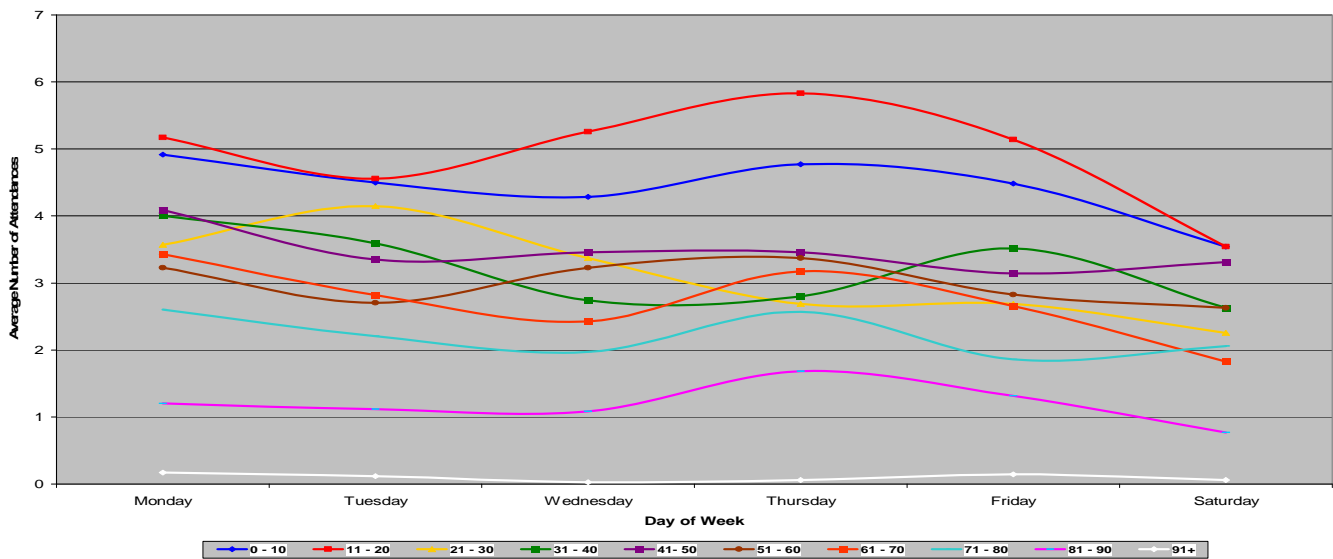
Figures noted above indicate that the MIU is expected to average 823 patients per month, 9,871 per year based on the most recently available figures (April-November 2009).

3.2 Service profile

The table below shows that children and young people (0-20 years) use the MIU more frequently than other age groups. This is not in line with the age profile of the population of Maidenhead where adults (30-49 years) are the largest age group comprising of 30.4 % of the total population. Older people 61 to 70 years are moderate users.

In comparison, Wexham Park A&E figures for the same time period, show that children and young people are also the highest users, particularly under 10 year olds. However fewer older people 61+ tend to use A&E services in the area.

Table 6

St Marks MIU - SL6 average attendances by age group - Apr 1st to Nov 30th

3.3 Patients attending the MIU at St Marks from GP Practices

From September 2008 - March 2009 a total of 4,441 patients attended the MIU. 48% were patients from the four closest practices whilst 25% of patients were from practices outside the Maidenhead locality.

Table 7 Attendances at the MIU September 2008 – March 2009

GP Practice	Totals
Claremont MC	600
Symons MC	555
Cedars Surgery	489
Linden MC	479
Redwood House	257
Cookham MC	239
Woodlands Park	170
Holyport Surgery	148
Rosemead MC	121
Cordwallis Rd Surgery	111
First Care	70
Taplow HC	52
Non Maidenhead Practices	1029
Non BEPCT	94
TOTAL	4414

Source: Data from Heatherwood and Wexham Park Hospital 2009

4. OPTION APPRAISAL

4.1 Option Review Process

A review group was established which included Councillors, PCT Health Panel members, a clinician and PCT representatives to review health needs and the current service to inform the service model options provided in this paper.

4.2 Review Group recommendations

The review group considered various issues that were considered important in considering changes to the MIU service.

- The urgent care system is too complicated and is confusing for the patient accessing it. This needs to be addressed in the context of the PCT Urgent Care Programme
- There are too many points of access leading to inappropriate use. A single point of access should be considered. The primary point of access should be a telephone triage/referral system.
- Many people are aware of the demands on urgent care services, but are not always aware of the services available to them and are concerned that their call to access a particular service may not be regarded as legitimate. The service should address this issue and function as a portal for onward/backward referral.
- Meet the need for simplicity and a clear public education programme with explicit public messages about urgent care health needs and the public's responsibility for making appropriate choices put forward as a solution.
- Provide opportunities to redirect inappropriate attendances back to Primary Care, investigating in more detail the high volume of activity seen from the top 4 practices (a possible social marketing exercise).⁴

The issues highlighted are consistent with principles outlined in 'Towards an Urgent Care Strategy'⁵ discussed at the July 2009 Board. The paper also outlined what the PCT is doing to support the development of urgent care.

4.3 Criteria

The following criteria from issues raised by the review group and the PCT Operational Plan Prioritisation Criteria have been developed to assess options for the future of service provision:-

Criteria	Assessment
Meets Health Need	Service model meets identified health need
Quality of Care	Service can be provided from a credible and reputable provider of primary and minor injury care.
Value for Money	Service demonstrates a more cost effective model than the current service provision
Feasibility and Sustainability	Service can be introduced before April 2010

⁴ Public Health Report Maidenhead MIU January 2010

⁵ BEPCT Board Report, July, 2009

If the option proposal meets the above criteria, then it will also be considered against the following:-

PCT Operational Plan 2010/11 Prioritisation Criteria	<ul style="list-style-type: none"> • Ensuring financial sustainability • Commissioning evidence based care • Fulfilling our statutory responsibilities • Ensuring patient safety
---	--

4.4 Service Model

The following model of care has been based on:

- Nurse-led bookable and walk-in services
- Development of a 'single point of contact' (SPoC) for urgent care in the locality
- Movement towards telephone triaging & attendance management
- Single attendance only, no follow up
- Enhanced focus on children's issues, reflecting the usage/attendance profiles
- 50.5 hours/week, proposed opening M - F 8.00 -17.00 and Sat /Sun 9.00-13.00
- Staffing numbers remaining at 1 receptionist & 2 Nurse Practitioners (this could be the current 2 ENP's or a hybrid of 1 ENP & 1 Nurse Prescriber).
- Addition of Nurse Prescriber skills to existing Emergency Nurse Practitioners, will allow the following issues to be addressed (not exhaustive):
 - diarrhoea and vomiting/abdominal complaints
 - asthma
 - skin rash
 - febrile illness
 - bronchiolitis
 - viral illness
 - convulsion (within specified guidelines)
 - croup
 - minor head injury
- Addition of walk-in services in addition to MIU services
- Movement of fracture management to Heatherwood MIU & Wexham Park A&E (currently forward referred from MIU to fracture clinics attracting additional tariff costs)
- Integrated clinical & operational systems/triage algorithms with OoH Provider
- Enhanced data collection & management
- Improved integration with local GP practices to facilitate management of inappropriate attendances
- Integration with the 'Choose Well⁶' programme.
- Model of care to exclude treatment of chest pain, fractures, amputations and people presenting with multiple injuries

⁶ Choose Well ppa4.pdf

Options for future service provision are outlined as follows:-

1. Status Quo
2. Alternative Provider of Medical Services
3. Integration with Out of Hours Provider
4. GP Branch Surgery
5. First Aid Provision Service
6. Decommission and closure

4.5 NHS Berkshire East PCT Strategic Plan 2009-13/14

The 2009-13/14 Strategic Plan emphasises the importance of access to emergency care where necessary, reducing avoidable admissions to hospital and A&E attendances under a *Supporting people, preventing crisis* initiative. An urgent care workstream will aim to streamline care pathways to reduce duplication and reliance on A&E services for primary care conditions. This is a whole system project led by Berkshire East PCT but with engagement from all stakeholders locally including: our main acute trust Heatherwood and Wexham Park, the ambulance service, our community provider, mental health provider and the three unitary authorities. The programme is designed to ensure that the capacity of all health providers, whether that be hospital, community services like District Nursing or intermediate care service jointly provided with Unitary Authority partners is used most effectively⁷.

Risks are currently noted to this strategic initiative:

- A&E attendees for minor admissions are not reduced
- Inadequate access or levels of provision of community and primary care services in place to treat those minor patients to attend A&E

Impacts of these risks to the PCT strategy are high. The MIU as it is currently established has failed to impact on A&E attendances significantly.

The 'Right Care, Right Place' consultation supported the development of two urgent care centres in Berkshire East; at Wexham Hospital and Bracknell and the piloting of a Minor Injuries Unit at Maidenhead. The development of these two urgent care centres in the future will have an impact on future patient flows to an MIU in Maidenhead.

4.6 Options

Option 1 Status Quo

Current levels of staffing (2 ENP's & 1 receptionist) at the MIU are adequate to meet the needs of the patients and the service, although the Provider is unable to recruit to the establishment.

The patient survey commissioned in 2009⁸ showed the level of patient satisfaction being generally high.

68% of patients questioned rated the service as excellent and no patients rated the service as poor. Waiting times and treatment/examination times are excellent⁹

⁷ BEPCT Strategic Plan 2009-2013/14

⁸ MIU Survey report August 3 2009

⁹ MIU Survey report August 3 2009

Current costs of the MIU Service for 2009/10, is £691,552 has been included in the finance plan. This is based on 7 months of actual activity forecast forward to the end of the financial year.

The tariff price of the MIU is currently £69 per episode.

Criteria	Commentary	Meets Criteria (Y/N)
Meets Health Need	High patient satisfaction, demand for the service, high substitution with GP and A&E. Meeting needs of children and young people in the area.	Y
Value for Money	Cost of current service circa. £690k, no reduction in A&E attendances from neighbouring units, substitution of fixed costs from general practice	N
Quality of Care	High satisfaction rates with the current service, low levels of complaints or SUI's identified	Y
Feasibility and Sustainability	HWP unable to sustain staffing levels for current service specification (note: awaiting formal letter from HWP indicating unable to sustain the current service profile)	N

Recommendation

Due to cost effectiveness issues the Board has indicated that the current service is not a viable option for the PCT.

Option 2 Alternative Provider of Medical Services

Introduce a new Alternative Provider of Medical Services (APMS) service.

An APMS service modelled on the Upton centre EAPMC model could be commissioned. This would offer GP registered services and nurse led walk-in services for registered and unregistered patients.

This option could take nine months to complete the procurement and will cause premises capacity issues and the costs estimated £884,000, will be higher than the current cost.

Criteria	Commentary	Meets Criteria (Y/N)
Meets Health Need	Service would be able to provide a nurse and enhanced primary care model to meet the needs of the population accessing the current	Y

	service.	
Value for Money	Estimated cost of the service is £884,000 so is higher than current costs (ref: Extended Access Primary Medical Care Financial Model Template May 2009)	N
Quality of Care	Patient access surveys show relatively high satisfaction rates with GP services. Significant market available for quality and reputable primary care providers.	Y
Feasibility and Sustainability	The necessity of procurement militates against introducing this option within a short time period leading to transition issues with the current service.	N

Recommendation

Due to the model not being more cost effective than the current service profile it is recommended that this is rejected.

Option 3 Integration with Out of Hours Provider

An integration of the current role of the Out of Hours Provider, with the MIU activities, providing a 7 day flexible pattern of care with GP and nurse support.

This proposed service would allow:

- Introduction of additional bookable evening GP appointments
- Addition of walk-in services in addition to MIU services
- Movement of fracture management to Heatherwood MIU & Wexham Park A&E (currently forward referred from MIU to fracture clinics attracting additional tariff costs)
- Integrated clinical & operational systems/triage algorithms with OoH Provider
- Enhanced data collection & management
- Improved integration with local GP practices to facilitate management of inappropriate attendances

Total costs for the financial year 2010-2011 will be in the region of £267,502

Criteria	Commentary	Meets Criteria (Y/N)
Meets Health Need	Service would be able to continue to provide an MIU facility on the St Marks site excluding fracture management	Y
Value for Money	Estimated cost of providing the service is in the region £267,000 and so is lower than the current model of care and would equate to a £424,000 saving in 2010/11.	Y
Quality of Care	The current OOH Provider is a reputable service monitored and reviewed regularly by PCT commissioners. Significant market available for quality and reputable primary care providers.	Y
Feasibility and Sustainability	The service can be introduced by April 2010 quickly expanding the hours and staffing of a current provider	Y

Recommendation

It is recommended that this option is considered by the Board as a cost effective alternative to current provision.

This option has been scored against the PCT's Operational Plan Prioritisation Tool 2010/11 to assess the service against other potential investments for 2010/11.

A score of 9/24 (see Appendix 1) is low compared to other schemes the Board will need to consider in agreeing investment against its Operational priorities for 2010/11.¹⁰

Option 4 GP Branch Surgery

Introduce a branch GP practice offering GP registered services and nurse led/GP supported walk-in services. Currently, Maidenhead through a planned trainee GP Programme is developing future GP capacity within existing Practices.

This proposal may take six months to complete the procurement and would cause premises capacity issues and costs that are likely to be similar to the APMS model.

Initial discussions indicate that there is little appetite for this option in the locality from GPs.

Criteria	Commentary	Meets Criteria (Y/N)
Meets Health Need	Service would be able to provide a nurse and enhanced primary care model to meet the needs of the population accessing the current service.	Y
Value for Money	Estimated cost of the service is higher than current costs similar to APMS model	N
Quality of Care	Patient access surveys show relatively high satisfaction rates with GP services. Significant market available for quality and reputable primary care providers.	Y
Feasibility and Sustainability	The necessity of procurement militates against introducing this option within a short time period leading to transition issues with the current service.	N

¹⁰ Appendix 1

Recommendation

Due to good Primary Care provision already available in Maidenhead this option is rejected.

Option 5 First Aid Provision Service

To meet the current operational needs of the client group any service would need to be operational for a minimum of 42.5 hours per week (Mon-Fri 08:30-17:00).

It is unclear whether a voluntary organisation would be able to fulfil requirements to provide such a service and this would have to be tested to ensure service quality and resilience could be assured.

A First Aid option would mean a reduction in conditions managed and treated as voluntary organisations would be unable to manage the full range of conditions currently treated in the unit, such as, lacerations, pain management & wound management. These would have to be referred onto alternative providers.

However, an option to integrate/co-operate with voluntary services with an appropriately commissioned service which would allow better signposting and management of very minor issues.

Criteria	Commentary	Meets Criteria (Y/N)
Meets Health Need	Partially meets identified health needs. Patients will need to be referred to alternative providers for some conditions.	N
Value for Money	Value for money yet to be tested against the market but assumption due to reduction in service profile that this would be less than current provision.	Y
Quality of Care	Unable to assess the credibility of current providers	N
Feasibility and Sustainability	External research has not provided a market and a procurement exercise would need to be completed in order to assess the market	N

Recommendation

Due to the lack of suitable alternative providers and timescales to develop the model it is recommended that this option is rejected.

Option 6 Decommission current service

This option is included in order to benchmark alternative proposals. A full evaluation of the service was provided in the September 2009 Board paper.

Criteria	Commentary	Meets Criteria (Y/N)
Meets Health Need	High patient satisfaction, demand for the service, although high substitution with current GP and A&E services. Meeting needs of children and young people in the area.	N
Value for Money	Reduction in cost for urgent and minor injury services across Berkshire East.	Y
Quality of Care	Patients can access services in other parts of Berkshire East and in GP surgeries within Maidenhead.	Y
Feasibility and Sustainability	Providing sufficient notice	Y

Recommendation

Consider this option against a model to provide a more cost effective MIU service on the Maidenhead site.

As with all the options under consideration, in order to ensure patient's needs are accommodated the following would need to be continued:-

- A 'Choosing Well' campaign signposting GP, urgent care, A&E and out of hours service options for patients and their families
- Agreement with the four local GP surgeries on the transitional management of the attendances
- Potential public engagement/consultation exercise

5. RECOMMENDATIONS

The Board asked is asked to:-

SUPPORT the provision of further data analysis as indicated in the health and service needs analysis

NOTE review group recommendations to streamline the urgent care system in Berkshire East

DISCUSS and **CONSIDER** whether option 3 provides a viable cost effective alternative to current provision

CONSIDER options for the future investment in the MIU service on the St Mark's site using the PCT Operating Plan Prioritisation Tool for 2010/11

6 Appendices

1 BEPCT Prioritisation Tool

Criteria	Scale				Total Score
	Very Low 1	Low 2	Medium 3	High 4	
1. Achieving Financial balance Net accumulative savings over four years to the PCT	Saving less than £250,000 or none at all	Savings between £250,000 and £500,000	Savings between £500,000 and £1,000,000	Savings generated in excess of £1,000,000	2
2. Achieving Financial balance Pay back criteria to the PCT	Investment paid back in excess of 24 months	Investment paid back within 24 months	Investment paid back within 12 months	Investment paid back with in financial year	1
3. Evidence Base Of Intervention How strong is the evidence available for this service in terms of demonstrating cost effectiveness and delivery of a better clinical outcome.	No evidence (Pioneer project)	There is a limited amount of emerging evidence / or evidence from observational study	There is evidence of effectiveness from one or more randomised control trials	There is a strong evidence of effectiveness from meta-analysis or randomised control trials	2
4. Safety-Reduction in morbidity	No change to morbidity rate	Demonstrating minor reduction in morbidity rate of less than 5%	Demonstrating moderate reduction in morbidity rate of between 5-10%	Demonstrating major reduction in morbidity rate of greater than 10%	1
5. Safety-Reduction in mortality	No change to mortality rate	Demonstrating minor reduction in mortality rate of less than 5%	Demonstrating moderate reduction in mortality rate of between 5-10%	Demonstrating major reduction in mortality rate greater than 10%	1
6. Statutory-National, Local or LAA performance targets which are identified at risk or require improvement.	The plan provides no evidence to demonstrate a contribution to improving any of the identified at risk performance targets.	The plan provides evidence to demonstrate a contribution to improving one identified at risk performance target.	The plan provides evidence to demonstrate contributions to improving more than two identified at risk performance target.	The plan provides evidence to demonstrate that it is a Statutory obligation for the PCT to deliver and/or contributes to improving on two identified at risk performance target	2

Total score 9/24 (low)

2 Choose Well leaflet



C:\Documents and
Settings\KennedyA\