

**Bucks Partnership Forum
PAPER FOR INFORMATION**

**BUCKINGHAMSHIRE PERFORMANCE IN THE WIDER CONTEXT:
The Atlas of NHS & Social Care Performance**

1. Introduction

The South East Regional Office (SERO) has recently produced an atlas, mapping a series of performance indicators, from a range of information sources. The intention of this paper is to summarise the main conclusions to be drawn from the atlas as they relate to the performance of the Buckinghamshire health system. The paper also contains, to a lesser degree, some analysis of the neighbouring health economies with which Buckinghamshire is likely to be merged into a Strategic Health Authority.

The atlas is being presented as a support to Local Modernisation Review (LMR) processes but clearly has broader value. In particular, it can be used:

- as a diagnostic tool to obtain a broader understanding of the context in which some of the 'headline' statements on NHS performance are made
- as a lobbying tool, quickly identifying apparent discrepancies in resource allocation processes
- to develop a true 'big picture' of the healthcare system within England. This will develop understanding of how local performance is likely to be perceived by those at the centre.

The atlas allows almost instant assimilation of what can be complex information by providing a 'traffic light' colouring scheme. It is split into a series of sections, building to a full picture. However, some of the maps are powerful statements in themselves and these will be referred to in this paper. The sections in the atlas will be taken in turn (some will be grouped), with a section to bring them together and draw conclusions at the end. The sections in this paper are:

- Local context: health and population characteristics
- Resources and supply side issues/constraints
- Demand for health care services
- System performance and efficiency/clinical effectiveness issues
- Discharge from hospital and the social care interface

Appendix A presents all of the indicators, and the status of Buckinghamshire 'at-a-glance'.

2. Local context: health and population characteristics

Buckinghamshire has a very healthy population. This is true by most measures, but particularly those used in the atlas. The County is in the bottom 15% in terms of standardised years of life lost for both Coronary Heart Disease (CHD) and Cancer. In terms of deprivation, only 6 Health Authorities have less deprived populations in overall terms as measured by the Jarman score. This was developed by a GP and is intended as a measure of the likely primary care workload generated by a population, but is often used as a proxy measure of deprivation.

The neighbouring Health Authorities of Berkshire and Oxfordshire exhibit similarly healthy population profiles with low overall deprivation. All three, however, have pockets of deprivation – particularly noteworthy being the Slough area in Berkshire. These are not, however, evident in the atlas, which simply demonstrates a stark north/south divide on all measures of health and population characteristics. The only exceptions to this are some isolated pockets of ill health and deprivation in London.

The clear implication, for those at the centre, of this top-level view is that there is a low level of underlying need for health care services within the local population of Buckinghamshire and the wider Thames Valley.

3. Resources and supply side issues/constraints

Funding: In general terms there is little significant variation, nationally, from the recurring financial allocation per head of weighted population of around £730. Regionally, the three Thames Valley Health Authorities receive the lowest amount per head at around £710. All three Thames Valley Health Authorities are also below their capitation funding targets, with Bucks being almost 3% (£12m) below target based on the current formula.

Financial management: The Income and Expenditure 'bottom line' forecast outturn for 2000/01 is presented for all Health economies. It is clear that, nationally, most of the problems with financial deficit lie within the South East and London. Buckinghamshire and Berkshire are exceptions to this – Bucks achieving financial balance and Berkshire actually running a surplus. Oxfordshire, however, clearly has financial management problems – associated with the Oxford Radcliffe Trust.

Medical and associated staffing:

- Buckinghamshire has a high level of GPs for the population it serves at between 65 and 70 per 100,000 weighted population – only three health economies nationally have more. One of these is Oxfordshire. Nationally, the atlas shows clearly that the lowest levels of GPs are in urban areas – particularly in the West Midlands and the North. Berkshire also has a high level of GPs on a national scale.
- Hospital medical staff are highly concentrated in teaching centres nationally, with little variation elsewhere. As a result, within the Thames Valley area Oxford has a high level at around 18 per 10,000 resident population. Buckinghamshire and Berkshire have between 8 and 10 per 10,000 residents.
- In terms of qualified nurses and midwives, these also tend nationally to be strongly linked to teaching centres. As a result within the Thames Valley, Oxfordshire has the highest level at almost 6 per 1,000 population, with both Buckinghamshire and Berkshire having less than the national average at around 4.5 per 1,000 population.

Physical resources: beds:

- Buckinghamshire has one of the lowest levels of acute beds for its population in England. At around 1.7 per 1,000 weighted population it is in the bottom 15% of Health Authorities. More widely within the Thames Valley, Berkshire is little better at around 1.8, and even Oxfordshire is only just at the England average at around 2.3. This is clearly a supply side restriction that limits options for the delivery of care within the local health economy.
- Critical care (ITU/HDU) beds are again nationally strongly linked to teaching centres. Both Buckinghamshire and Berkshire have an 'average level of provision of around 3 per 100,000 weighted population, whilst the level in Oxfordshire is almost 18 per 100,000.

Supply side issues/constraints:

- Vacancy rates:
 - Hospital consultants: Buckinghamshire has one of the lowest 3-month vacancy rates for hospital consultants in England – both Bucks and Oxfordshire are in the bottom 10 Health Authority areas, with Berkshire only slightly higher – and still well below the national average. This reflects the fact that the Thames Valley is an attractive and desirable area to work in.
 - Qualified Nurses: The picture for nurses is almost the exact opposite to that for Consultants. Here the national map provides a very stark north/south divide where virtually all of the problems in nurse recruitment are south of a line from the Wash to the Severn estuary. Both Buckinghamshire and Oxfordshire are in the bottom 25% of Health Authorities, with the problem apparently slightly less acute in Berkshire.
 - Qualified PAMS: The situation with PAMS vacancies nationally is much more mixed. Although there does, from the map appear to be a general recruitment problem in the South

East, both Buckinghamshire and Oxfordshire have below average levels of vacancies. Only Berkshire within the Thames Valley appears to have a significant problem.

- **Local economy factors:** Two local economy factors shown in the atlas go a long way to explaining some of the supply side problems identified – and in particular the problem of recruiting nurses locally. These are average house prices – where Buckinghamshire is within the top 10% of local authorities nationally, and average earnings, where again Buckinghamshire is amongst the highest in the country. The other Thames Valley areas are also high, although with the notable exception of Milton Keynes UA area on both counts. These simple statistics show why it is so difficult to attract, and keep, nurses locally – they simply cannot afford to live in or near Buckinghamshire, a problem that increases as you move south towards London. This problem may also knock-on to effect the level of acute beds which was mentioned earlier. You cannot open beds if you cannot staff them.

4. Demand for health care services

Demand for health care services, as opposed to need, is shown in the atlas by four different indicators. These are:

- *Annual GP referral rate per 1,000 weighted population:* A mixed picture nationally, but Buckinghamshire (at around 170) and the other Thames Valley Health Authorities are all in the bottom 25%. This is likely to be a reflection of good practice in primary care locally, with the high use of standardised protocols, etc.
- *The proportion of OP first attendances that are added to the IP waiting list:* Nationally this is another indicator presenting a sharp north/south divide with all of the high conversion rates in the northern half of the country. Buckinghamshire is just below average at 48%, with Berkshire at a similar level. Oxfordshire has one of the lowest rates in the country at only 23%.
- *The elective admission rate per 1,000 weighted population:* The national map clearly shows that the South East in general has relatively low rates of elective admissions. All three Thames Valley Health Authorities are in the bottom 25% at around 90-95 per 1,000 weighted population. This may again be a reflection of the low level of acute beds which, as has been stated, could itself be linked to the difficulties in recruiting nurses locally.
- *The emergency admission rate per 1,000 weighted population:* Again a very clear north/south divide is evident nationally. Emergency admissions are very strongly concentrated in the north where the underlying health problems within the population are at their worst. Buckinghamshire and the other Thames Valley Health Authorities all have below average emergency admission rates at between 70 and 75 per 1,000 weighted population.

5. System performance and efficiency/clinical effectiveness

There are six indicators of system performance and efficiency presented in the atlas, with two relating to clinical effectiveness. The six performance indicators are:

- *The proportion of patients who put off a GP visit due to inconvenient hours*
- *Patients on inpatient hospital waiting lists per 1,000 weighted population*
- *Patients on inpatient waiting list more than 12 months per 10,000 weighted population*
- *Patients waiting over 13 weeks from GP referral for an outpatient first appointment*
- *Operations cancelled on the day as a % of scheduled elective inpatient ordinary admissions*
- *Day cases as a % of all elective admissions, age standardised*

Access to GP services locally are not identified as an issue – the figure for Bucks was around 12% - well below the national average. The only area of the country where this seems to be a significant issue is in London where there are high levels of dissatisfaction.

On all three of the waiting list measures Buckinghamshire is slightly above the national average – and above both Oxfordshire and Berkshire. This may again be a reflection, in part, of the availability of acute beds. Although these indicators all present a mixed picture nationally, it is clear that other areas of the South East – particularly Surrey/Sussex on inpatients and Kent/Sussex on outpatients – have more serious waiting list problems. Northamptonshire also has serious performance problems on both lists. Nationally the most striking element of the waiting list maps in the atlas is the complete lack of long waiters in the North and Midlands other than a severe 'black spot' in North Cheshire.

Operations cancelled on the day are a little above the national average for Bucks and low in Berkshire. However, only six health economies have a higher cancellation rate than Oxfordshire that has a rate almost twice that of Bucks.

The one performance indicator that really reflects badly on the health care system in Buckinghamshire is the day case rate. Only three health economies nationally have a lower day case rate. Both Oxfordshire and Berkshire are also in the bottom 15% of health economies on this performance measure. Again, it is possible that acute bed numbers and nurse recruitment difficulties are affecting this locally.

The two clinical effectiveness indicators are:

- *Standardised D&C rate in Women under 40*
- *Standardised Grommet insertion rate*

The rate of D&C in women under 40 remains stubbornly high – and about 20% above the national average – in Bucks. The rate is less than half that of Bucks in Berkshire and one of the lowest in the country in Oxfordshire.

Grommet insertion is just below average in Bucks and Berkshire – and again very low in Oxfordshire.

6. Discharge from hospital and the social care interface

This last section is vitally important in that it provides indicators on the performance of the interface with the social care sector and, in particular, the system for dealing with care of the elderly.

There are a large number of indicators in part of the atlas, all of which are shown in Appendix A. This section will highlight some of them – particularly where they are significant for Buckinghamshire.

- Buckinghamshire, along with its Thames Valley neighbours has a low overall level of population over the age of 75. All three counties also have below average levels of emergency admissions from this age group – in parallel with the low total emergency admission rate mentioned earlier.
- However, Buckinghamshire does have an above average proportion (around 7%) of its acute bed stock blocked by delayed transfer of care. This is particularly important bearing in mind the low stock of acute beds available. Oxfordshire has less of a problem (under 4%) but Berkshire has one of the highest level of acute beds blocked in England at over 12%. The number of blocked acute beds, though, presents only part of the problem with large numbers of blocked community beds also affecting Bucks – particularly in the South.
- Related strongly to this issue are three indicators of social care physical capacity:
 - Nursing home beds per 10,000 population over 18
 - Residential places per 10,000 population over 18
 - Mental Health nursing home beds (EMI) per 10,000 weighted populationOn all of these indicators, Buckinghamshire is well below the England average. On the first Bucks stands at around 35 against a national average of 50. On EMI beds Bucks has less than 2 per 10,000 against an average of almost 6. The situation in the other Thames Valley health economies is similar to Bucks, although Oxfordshire has a considerably higher level of EMI beds.
- Buckinghamshire also has high levels of residents, in both residential and nursing homes, who are self supporting – Local Authority support levels are very low, as they are in the other Thames Valley health economies.
- In terms of social service budgets for the social care of patients Buckinghamshire does very poorly. It has one of the biggest differences in England between what it is allocated in terms of a Personal Social Services (PSS) budget, and what it needs to spend – meaning the rest must be raised through local taxation. As part of this, Buckinghamshire Social Services receive under £500 per resident over 65 for PSS. This is one of the lowest levels in England – many areas in London receive over £1,000. A knock-on effect is also felt from the fact that Bucks also receives less than £100 per resident under 18 for children's PSS. This work includes much statutory and courts work and therefore must be funded. Again many areas in London receive over £500 per capita in the same budget.

- Finally, one last telling statistic presented in the atlas which is likely to have a profound effect on the operation of the health/social care interface is the whole time equivalents working in Social Services per 10,000 population. There is, once again, a clear north/south divide with the lowest numbers all in the southern half of the country – and particularly the South East. Buckinghamshire has one of the lowest levels in England at less than 30 – less than Berkshire and Oxfordshire. This may be a partial explanation of the delayed discharge situation – there are simply not enough appropriate staff to process people through the system.

7. Conclusions

It is now worth summarising the main points of this analysis and reflecting on what the likely perception at the centre would be of the statistics on the local health economy that have been examined here:

- It is clear that the local population is basically healthy and therefore underlying need for health care services should not be strong.
- There are some quite serious supply side issues affecting the ability to provide health care services. There are low numbers of acute beds and great difficulties in recruiting nurses to staff those beds. There is less of a problem, however, with medical staff numbers or recruitment.
- The level of demand on local healthcare services is not unduly high. Much of this reflects good practice by clinicians, both in primary and secondary care, locally.
- The health care system, as measured by waiting lists/times, is performing slightly below the national average. There is a serious issue, indicated by extremely low day case rates, which needs to be addressed locally.
- The interface with the social care sector is a serious and continuing problem for Buckinghamshire. With its low level of acute beds the health economy cannot afford the level of bed-blocking currently in the system. This is however, a reflection of a range of things including poor funding levels for Social Services, low numbers of beds in the social care sector and low levels of staffing within Social Services.

It is clear from this summary of the vast amount of information contained within the atlas produced by the South East Regional Office that the Buckinghamshire health economy, on a national scale, has a few specific issues to address but is, in the main, working very effectively. Many of the problems identified within the health care system of Buckinghamshire are inter-related. They will require cross-organisational and multi-disciplinary solutions. In particular, addressing the issues of patient management at the social care interface are vital to improving the performance of the system overall.

8. Recommendation

The Health Authority Board is asked to note this overall assessment of Buckinghamshire's position.

Steve Fairman
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