Appendix 1. CATS and community hubs metrics

This appendix has two parts: the raw key performance indicators in full followed by a statistical process control (SPC) analysis.

KPI's

Measure	Baseline at start of pilot	Adjusted baseline	April	May	June	July	August	September
Number of patients accessing outpatients at community sites (across both sites)	*83*	*143*	177	217	207	200	200	155
Marlow			135	177	133	132	136	95
Thame			42	39	66	68	64	60
Number of patients seen in Community Assessment and Treatment Service across both sites (1st appointments, follow up and dom visits)	*No baseline*	*58*	110	145	156	145	115	129
Marlow			77	73	104	92	67	75
Thame			33	72	52	53	48	54

	Baseline	Target						
Number of patients seen in Community Assessment and Treatment Service for <u>Falls Specialist</u> assessment and treatment (1st appointments, follow up and visits)			N/A	93	93	94	108	76
Number of people seen in Community Assessment and Treatment Service as admission avoidance across both sites (1st appointments)	*No baseline*	*41*	82	93	114	101	72	67
Marlow			58	48	76	64	45	47
Thame			24	45	38	37	27	20
Number of people seen in Community Assessment and Treatment Service as supported discharge across both sites (1st appointments)	*No baseline*	*>1*	0	0	0	0	0	0
Community Assessment and Treatment Service patient related experience measures (across both sites)	*No baseline*	*80% rating service as good or excellent*	99% 71/72	100% 77/77	100% 83/83	98% 49/50	100% 79/79	100% 40/40

Community Assessment and Treatment Service friends and family measures (across both sites)	No baseline	95% extremely likely or likely to recommend service	96% 69/72	99% 78/79	100% 72/72	83.3% 40/48	89.3% 25/28	100% 10/10

BHT Community Services Metrics

Measure	Baseline at start of pilot	Adjusted baseline	April	May	June	July	August	September
Number of patients on waiting list for Community Hospital all sites (as of last day of the month)	*No baseline*	*Monitor*	19	17	18	18	14	19
Number of admissions avoided (Adult Community Healthcare Team & Rapid Response and Intermediate Care Team)	*800*	*850*	926	975	924	999	863	852
Number referrals managed through Community Care Coordinator	*500 (not including GP referrals)*	*500*	748	1025	1018	995	984	1031
Rapid response intermediate care & therapy contacts	*7900 contacts*	*16600 contacts when fully recruited*	12146 (not fully recruited)	10,842	11,522	10497	10485	9069
Adult Community Healthcare Team & Rapid Response and Intermediate Care Team Patient related experience measures	*80% rating good or excellent*	*Demonstrate improvement*	94% 75/80	96% 158/165	100% 64/64	97% 122/126	97% 104/107	99% 66/67
Adult Community Healthcare Team & Rapid Response and Intermediate Care Team friends and family test measures	*95% extremely likely or likely to recommend service*	*Demonstrate improvement*	100%	100%	100%	97%	92%	93%
% of people discharged from acute care to normal place of residence	*92%*	*94%*	81.4%	82.5%	85.5%	84.7%	80.5%	84.2%

| % of patient readmissions of over 75s within 28 days	21%	Reduction in overall admissions	16.2%	16.1%	16.4%	16.3%	17.4%	Data not yet available

SPC Charts

The following charts show some of the main KPI's within upper and lower control limits (three standard deviations). Other than broad upward trends, there is little statistical significance to the variation.

Chart 1. Number of patients accessing outpatients at community sites –both sites.
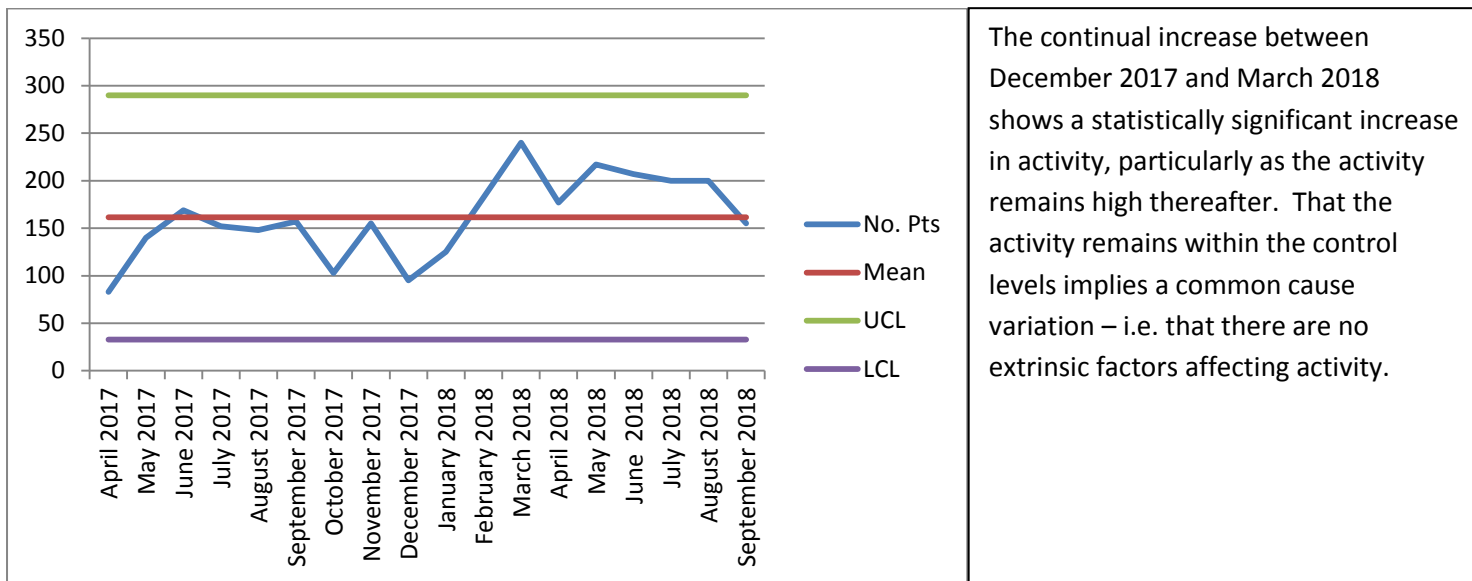
The continual increase between December 2017 and March 2018 shows a statistically significant increase in activity, particularly as the activity remains high thereafter. That the activity remains within the control levels implies a common cause variation – i.e. that there are no extrinsic factors affecting activity.

Chart 2. Number of patients accessing outpatients at community sites –Marlow.
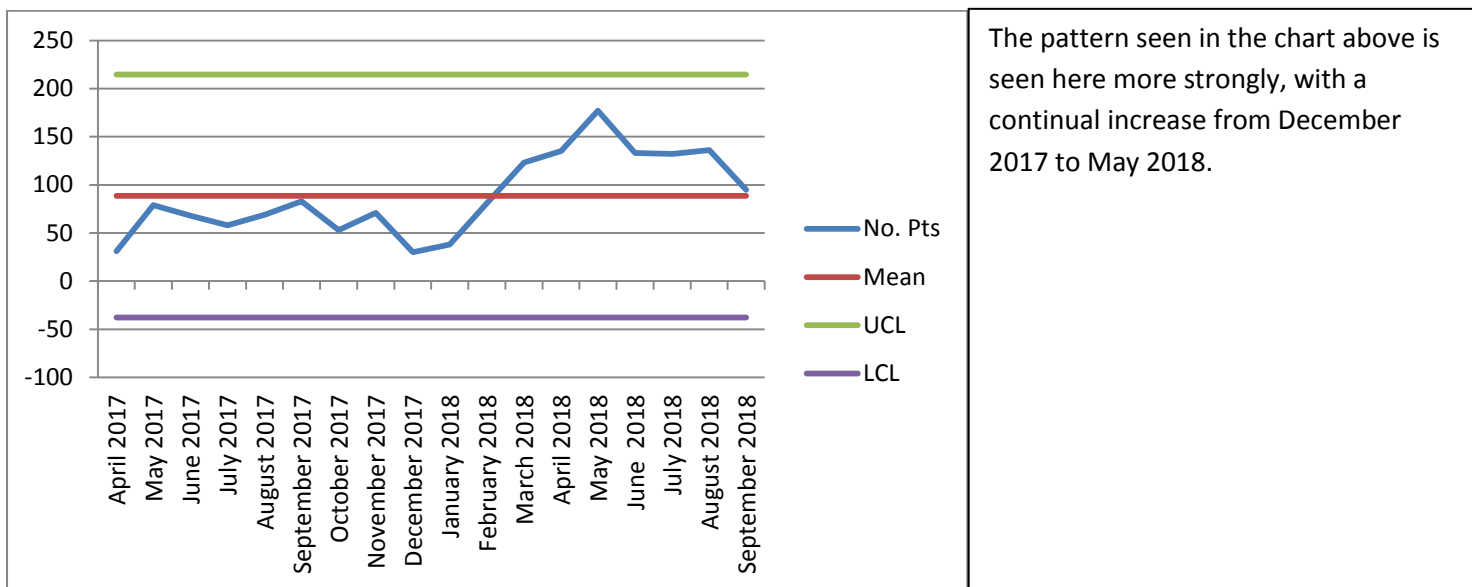
The pattern seen in the chart above is seen here more strongly, with a continual increase from December 2017 to May 2018.

Chart 3. Number of patients accessing outpatients at community sites –Thame.
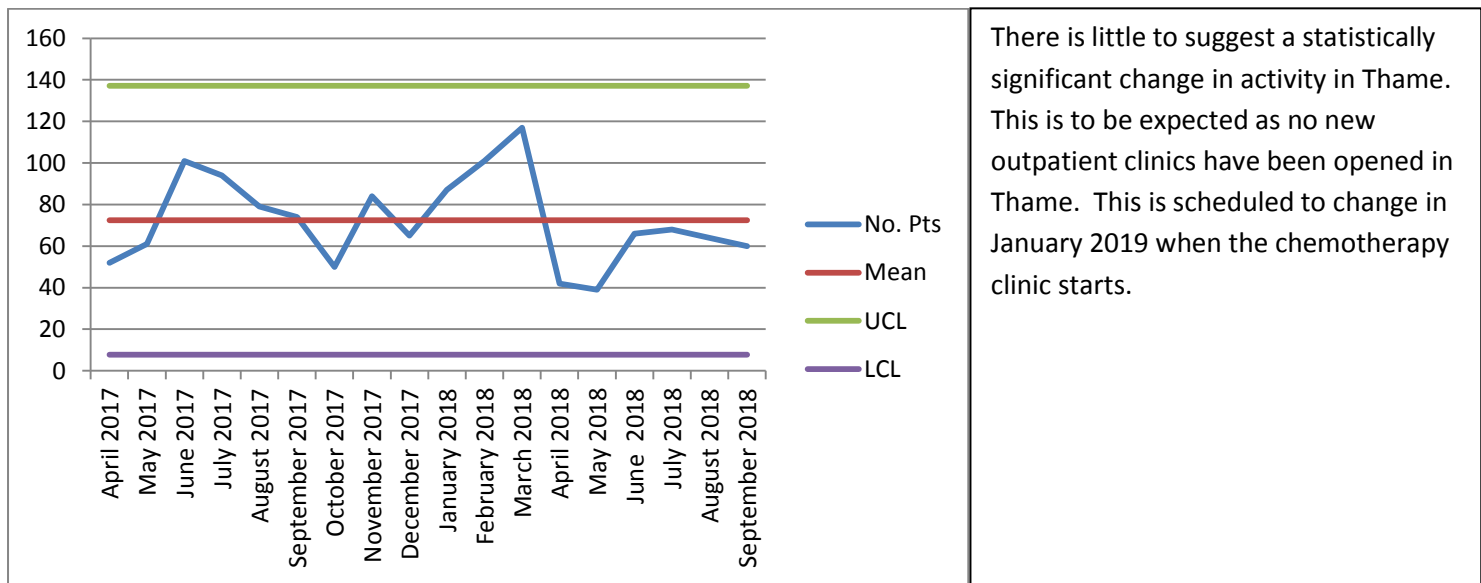
There is little to suggest a statistically significant change in activity in Thame. This is to be expected as no new outpatient clinics have been opened in Thame. This is scheduled to change in January 2019 when the chemotherapy clinic starts.

The three charts above show that for outpatient activity, there is a significant increase in outpatient activity driven by the Marlow hub. The activity remains within control levels, which implies that there are few factors external to the service which are causing this variation. The activity to date has had a beneficial effect in Marlow, whereas more work is required to stimulate activity in Thame. This will be addressed at least in part by the chemotherapy service and the ultrasound service, beginning in early 2019.

Chart 4. Number of patients seen in Community Assessment and Treatment Service (1st appointments, follow up and dom visits) – both sites.
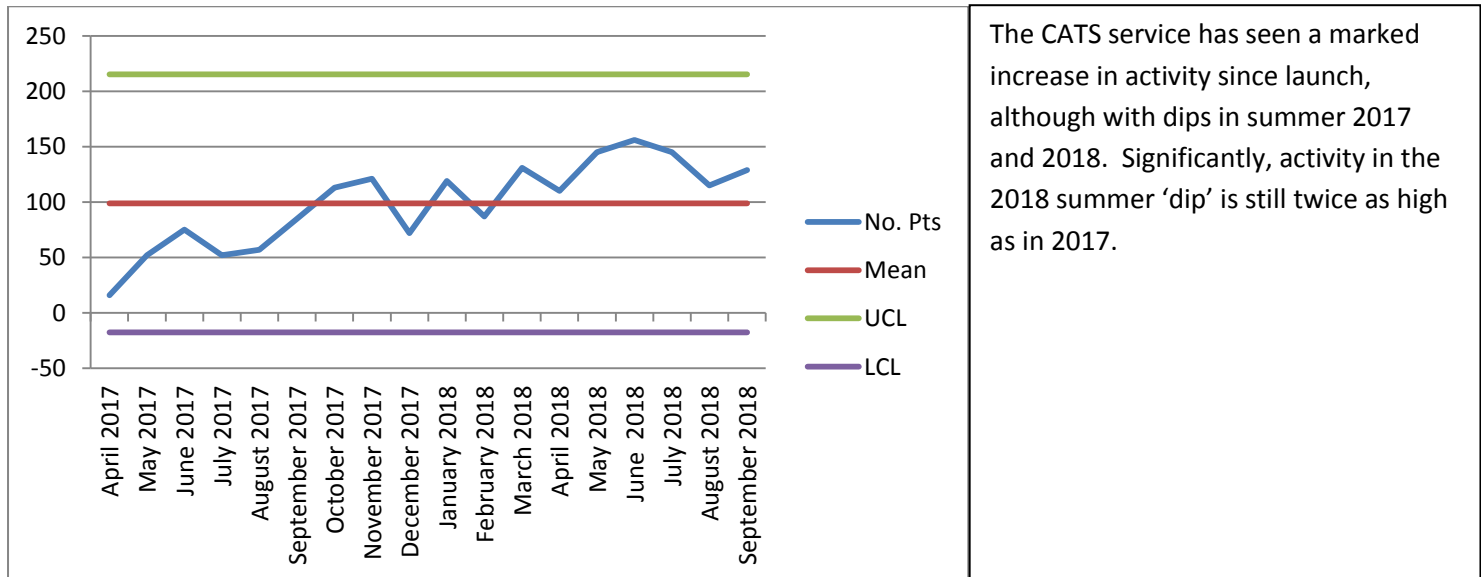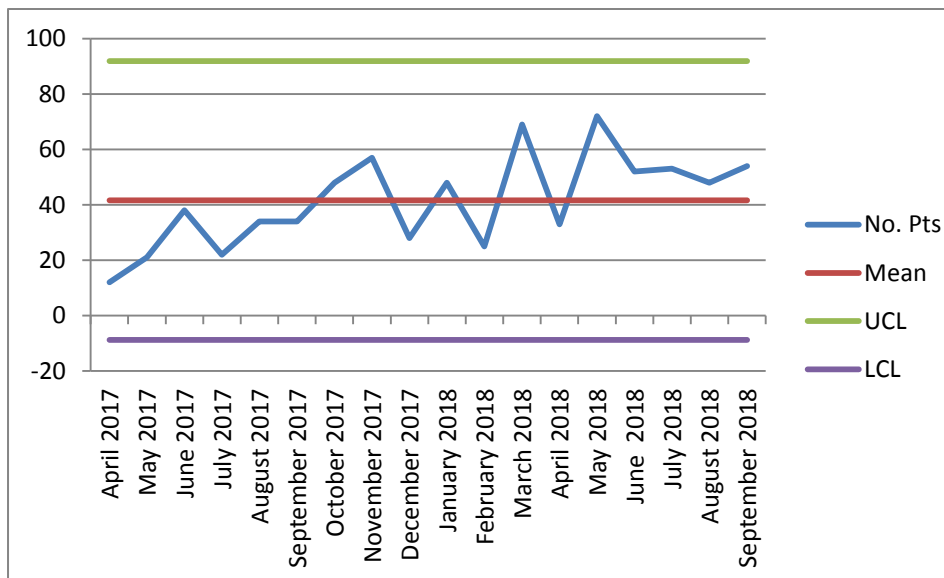

The CATS service has seen a marked increase in activity since launch, although with dips in summer 2017 and 2018. Significantly, activity in the 2018 summer 'dip' is still twice as high as in 2017.

Chart 5. Number of patients seen in Community Assessment and Treatment Service (1st appointments, follow up and dom visits) – Marlow.

Chart 6. Number of patients seen in Community Assessment and Treatment Service (1st appointments, follow up and dom visits) – Thame.
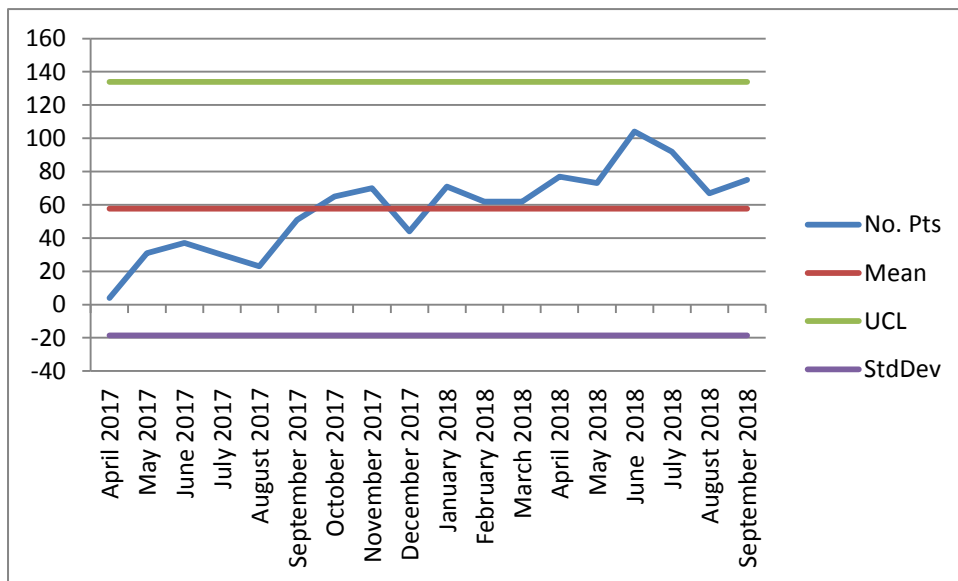
Analysis of the two sites separately reflects the pattern seen in the overall analysis, with a steady increase overall, and dips in summer. Neither site shows variation outside the control levels, and therefore the variation is likely to be intrinsic to the service – i.e. there are very few external factors causing variation.   The variation at the Thame site is slightly higher, however the service is two days per week rather than three at Marlow, therefore activity is slightly less.

Given that the activity shown here begins from zero – the start of the CATS service – the mean line is not an accurate indicator of current activity: the early part of the service's life span is inevitably lower than later periods. Encouragingly, activity for the last six months in both sites is almost exclusively above the mean.

Chart 7. Number of people seen in Community Assessment and Treatment Service as admission avoidance (1st appointments) - both sites.

The patterns in charts 7 – 9 mirror those in charts 4-6. The same conclusions can be drawn. This is to be expected if a consistent proportion of CATS patients are seen as admission avoidance.
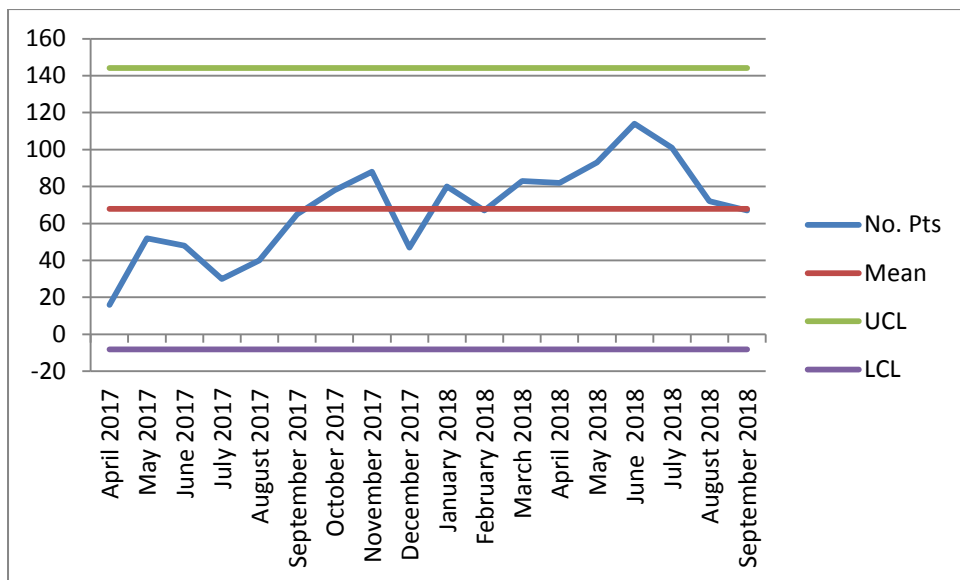

Chart 8. Number of people seen in Community Assessment and Treatment Service as admission avoidance (1st appointments) - Marlow.
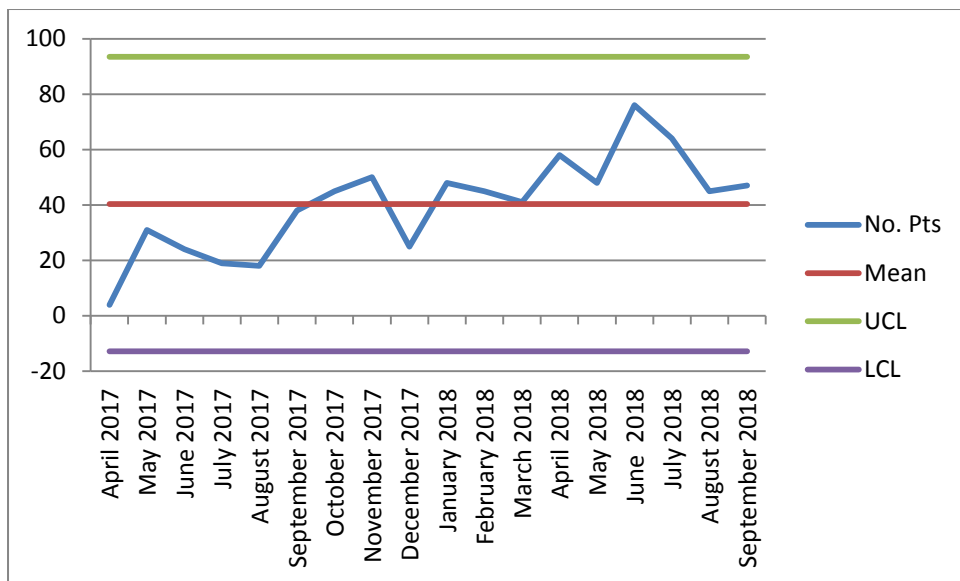
Chart 9. Number of people seen in Community Assessment and Treatment Service as admission avoidance (1st appointments) - Thame.
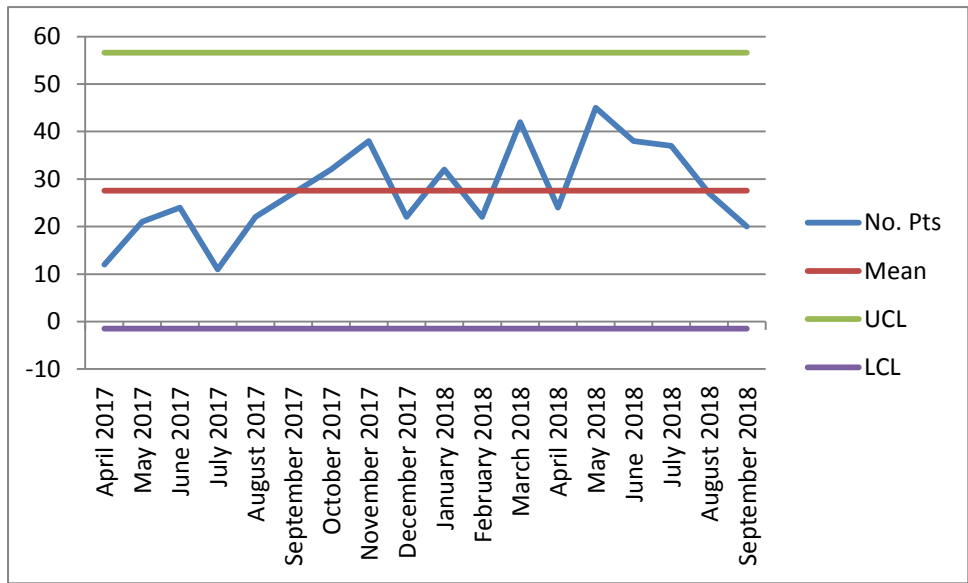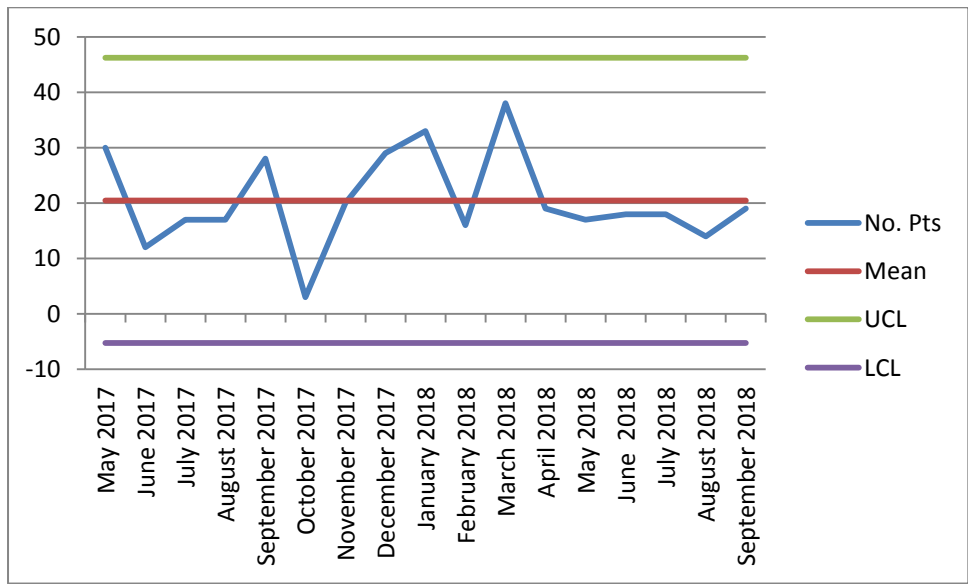

Chart 10. Number of patients on waiting list for Community Hospitals - all sites (as of last day of the month)

Waiting list levels have remained within control levels since the hubs opened and within the parameters of common-cause variation. Two key points in this chart: the four-month run of increasing waiting lists from October – January, which reflects the increase in demand that the system experienced during that period; and the fact that waiting lists have been below average since April 2018 – the period in which hubs activity has been highest. This shows that the conversion of the Thame and Marlow facilities from inpatient wards to community hubs does not appear to have had an adverse effect on community bed demand.