

Performance Report

Publication of Vital Signs

1st April 2008 – 31st March 2009

**Including the Aiming High for Disabled
Children Statement**



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1 Introduction

Wolverhampton City PCT

Wolverhampton City Primary Care Trust (PCT) is an organisation rooted in local community, their needs and aspirations. As a result, the PCT is committed to working in partnership across sectors, with patients and community organisations and facilitating the active participation of local people to help determine future service planning and delivery.

It is through this approach that the PCT strives to make Wolverhampton a place where people will want to live, work and spend their leisure time.

We work with a broad range of partnerships aimed at improving the quality of people's lives.

The PCT is committed to maximising the positive impact that the NHS in Wolverhampton can have to develop the city.

1.1 Background

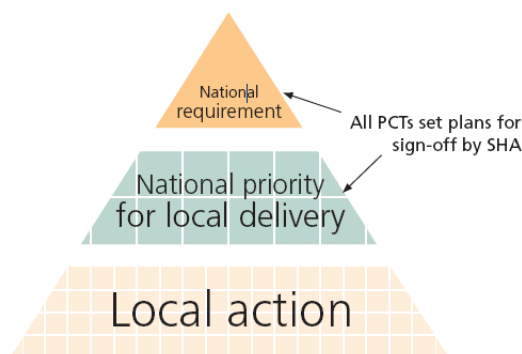
In December 2007 the Department of Health produced the NHS Operating Framework¹ for 2008/09 which set out the priorities for the forthcoming year and how they would be measured; these targets are known as vital signs.

This report presents an overview of the PCT's annual performance for 2008/09 in relation to those vital signs where comparator data has been provided by the Care Quality Commission comparisons are based on areas in terms of deprivation and size of population. The report also outlines current and future service plans for children with a disability covering short breaks, community equipment, wheelchairs and palliative care.

Vital signs are just one of several different sets of indicators which the PCT uses to monitor its overall performance at both a national and local level. All of the performance indicators used by the PCT are detailed in the Outcomes Section of the PCT's Business Operating Plan.² This complete set of indicators enables the PCT to gain a fuller picture of performance through routine monitoring. Performance is reported to the Trust Board regularly and published on the Trust's website at the following location - http://www.wolvespct.nhs.uk/Corporate/Board_Meetings.asp.

2 2008/09 Performance against Vital Signs

There are three tiers of vital signs indicators;



¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081271.pdf

² <http://www.wolvespct.nhs.uk/Library/Documents/Publications/PCT%20BOP%20Outcomes%20Section.xls>

Tier 1 are national “must do’s”, where the requirements are very specific at a national level and individual PCTs are set a target by the regional coordinator, the Strategic Health Authority (SHA).

Tier 2 are national priorities for local delivery; where nationally we know there is work to do, but where PCTs need a greater degree of flexibility about how they do it and where local targets will need to reflect different starting points and the challenges of different demographic profiles.

Tier 3 are a set of local priorities which enable PCTs, in conjunction with their communities, to prioritise for themselves to target for improvement in the areas that will make the most difference to their population.

2.1 2008/09 Results

The Care Quality Commission (CQC) has produced details of the PCT’s performance for the period 1st April 2008 to 31st March 2009 against those indicators where national benchmark positioning is available, a copy of which can be found in appendix 1.

There are thirty eight indicators within the vital signs monitoring, and with the exception of only three indicators Wolverhampton has reached or exceeded the expected performance level. The expectation for the trust is set as the average performance of a group of other organisations with similar local circumstances such as population and deprivation.

The PCT’s overall performance was “as expected” with a breakdown as follows:

	Tier 1	Tier 2	Tier 3
Below Expected	1	0	2
As Expected	5	15	9
Above Expected	1	2	1
Total	7	17	12

N.B For Wolverhampton 2 indicators were excluded from the ranking process due to data issues.

2.2 Vital signs Results by Priority

Please see appendix 1 for a breakdown of the performance of the PCT against the Vital signs.

2.2.1 Cleanliness and healthcare associated infections

The PCT is committed to reducing the number healthcare associated infections (HCAIs) such as MRSA and Clostridium Difficile acquired by patients and providing safe, clean, reliable healthcare.

Nationally, the NHS set ambitious targets to improve cleanliness and HCAIs;

- **Clostridium difficile:** deliver a 30 per cent reduction nationally by 2011, compared to the figure for 2007/08
- **MRSA:** maintain the annual number of MRSA bloodstream infections at less than half the number in 2003/04



The total number of cases of Clostridium Difficile for Wolverhampton City PCT was 135 against a target of 210, an overall reduction of 40% on the number of cases in 2007/08 which is better than the target set by the Department of Health (DH). This demonstrates the continual improvements in cleanliness that the PCT has delivered in partnership with the Royal Wolverhampton Hospital Trust (RWHT).

MRSA – Although the target of 15 cases was exceeded in 2008/09 the actual performance was still one of the lowest in the country at 18, and an 11% reduction on the number of cases in 2007/08. For 2009/10 the trust is currently on track against its target of 15 cases with only 3 cases of MRSA as at August 2009. 2009 has also seen the start of screening of elective patients prior to admission for the presence of MRSA.

The PCT also achieved an unconditional registration from the CQC for our compliance with the *Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*³, also known as the hygiene code. This is the highest possible level of registration awarded by the CQC and demonstrates our commitment to protecting patients, workers and others from the known risks of acquiring a healthcare-associated infection (HCAI). The PCT is among the first in the UK to audit local care homes' hygiene standards alongside a scheme developed to encourage year-on-year improvement.

Patient Safety and Improving Cleanliness and Reducing Healthcare Associated Infection is Goal 9 in our Strategic Plan 2008-13. We are adopting an innovative approach to this problem and have set very ambitious targets. In time we should expect to see a reduction in the number of admissions for care of infections, fewer deaths from healthcare-acquired infections and fewer complex cases being managed in the community.

2.2.2 Access to personalised and effective care

Overall the PCT has performed well against the Vital signs targets set for this priority with the majority of targets (13 out of 15) achieving as or above expected.

The PCT has made progress in providing care closer to home, especially with the transfer of care from RWHT to community settings. Out of hours services and the walk in centre facilities have provided an alternative to A&E, including a facility to receive ambulance diversions.

Among the PCT's most important pieces of work was the development of a local programme to tackle inequalities in people's access to GP services. Three new GP practices have now opened in Wolverhampton in Graislely, Ettingshall and Bilston together with a new GP-led health centre in Low Hill.

This was a big challenge and the progress of the scheme, part of £250 million Government investment nationwide, is enabling the PCT to improve local people's access to healthcare services ahead of our own £90 million plan for 12 new healthcare developments over the next five years.



By the end of March 2009 80% (45 out of 56) GP practices were offering extended opening hours, well above the target of 51% set by the Department of Health and 93% of respondents to the 2009 GP Patient Survey were satisfied with their GP practice opening hours.⁴ 82% of residents were able to get an appointment on the same day or in the next two working days.

Providing timely access to care is central to improving quality, both by ensuring that care is received when it is most needed, and by contributing to a positive patient

experience. As of December 2008, the longest anyone should wait after being referred by their GP until

³ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093762

⁴ <http://www.gp-patient.co.uk/results/>

the start of treatment is 18 weeks - that is, unless they choose to delay treatment or there is a clinical reason why they should wait longer. In Wolverhampton 94.56% of patients whose treatment required admission to hospital, were seen within 18 weeks, which was better than the national target of 90%. In addition 97.7% of patients received treatment without admission to hospital within 18 weeks against a national target of 95%.

99.13% patients waited no more than 31 days for subsequent cancer treatments, better than the national average of 97.41%. Nationally there have been delays for patients who wait for further treatments after they have received their first definitive treatment. This indicator ensures that the pathway from referral to treatment is carried out at a faster pace, providing a better patient experience and improving survival and mortality rates.

In terms of access to primary dental services; Wolverhampton was ranked 2nd out of the West Midlands PCTs, just behind Sandwell PCT and above the England average of 53.83%.

Proportion of women screened for breast cancer (aged 53-70), although this indicator is below the group average of 77.32%, the overall percentage of women screened met the screening targets set by the CQC which were to screen;

- 70% of 53 – 64 year olds – Wolverhampton achieved 73.9%
- 65% of 65 – 70 year olds – Wolverhampton achieved 68.8%

2.2.3 Improving health and reducing health inequalities

Each PCT has a responsibility to improve the health and well-being of people within its area and to tackle health inequalities. The vital signs contain a strong health improvement and prevention component, and PCTs must continue to drive real improvements across those services that need to make a step-change in people's health and well-being.

Performance above expected

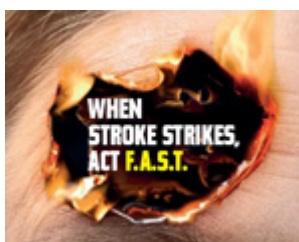
Wolverhampton City PCT performed "above expected" on the rate of deliberate or unintended injuries to people aged under 19. We had the 2nd lowest rate in the West Midlands and achieved the highest above expected performance with a national ranking of 21 out of 152 PCTs in England. The Government's vision is to improve child safety, so that children and young people are better protected from deliberate and unintentional harm and that they are able to grow up in circumstances where they are safe and supported.

In Wolverhampton, the overall number of people in contact with drug treatment services has almost doubled over the past four years due to changing perceptions of drug services as well as to meeting the needs of service users by offering appointments quickly and maintaining their motivation.

Treatment is provided by a variety of professionals such as doctors, drugs workers, nurses psychologists, counsellors, and social workers. Treatment includes individual counselling, key working, cognitive behaviour therapy, group work, prescribing, community and inpatient detoxification and referral for access to community and residential rehabilitation. Treatment access and provision is based on equality and a non-discriminatory ethos.

Wolverhampton was the best performing PCT in the West Midlands in terms of the number of drug users in effective treatment, an indicator which should result in the reduction in harm caused by the misuse of those drugs known to cause the highest harm to individuals, their families and the communities in which they live

Performance as expected



Stroke is the third biggest cause of death in the UK and the largest single cause of severe disability. Each year more than 110,000 people in England will suffer from a stroke which costs the NHS over £2.8 billion. The Government has launched a national stroke strategy to modernise service provision and deliver the newest treatments for stroke. The Government's target which aims to reduce the death rate from Stroke, CHD and related diseases in people under 75 by at least 40 percent by 2010 has already been achieved.

For its "implementation of the stroke strategy" the PCT scored particularly well, and was the top achiever amongst West Midlands PCTs and above England average of 47.31%. Good care on a dedicated stroke unit is the single most effective way to improve outcomes for people with stroke. Early start of treatment for minor strokes can reduce the number of people going on to have a major stroke by 80%. This indicator is a good proxy for reducing disability and death due to stroke, further information can be found on www.dh.gov.uk/stroke.

This is supported by 83.93% of GP practices now having a validated register of patients who are at risk of a CVD event, such as a stroke, although they do not have any symptoms at the moment. This means that preventative action can be taken at an earlier stage to minimize the risk of these events happening, resulting in the improvement of health locally. The mortality rate from CVD for 2008 was as expected at 92 per 100,000 population.

Smoking is a contributory factor to many health problems including coronary heart disease and cancer. The results show the PCT's performance to be as expected, however this set of results measured performance for 2007/08.

This year we have exceeded our target of smokers who quit for 2008/09 by over 5%, which is equal to an extra 93 quitters. This was achieved through the Wolverhampton Stop Smoking Service, which is a NHS organisation and is available to anyone who lives, works or is having treatment in the Wolverhampton area.

The service offers one to one support, home visits for those who are housebound, workplace groups and a specialist pregnancy service is available for mums-to-be to make it as easy as possible for people to access the support services.



Cancer mortality rate is the number of deaths, with cancer as the underlying cause of death, occurring in a specified population during a year. The PCT's performance was at the upper end of as expected. Cancer is included as a specific issue within our Strategic plan. We shall use marketing techniques to improve awareness of lung cancer in groups at high risk and to increase the uptake of screening for bowel and breast cancers. This will be supported by a new team of community activists who will raise awareness of cancer and the ways to prevent and identify it earlier, especially through smoking cessation. We shall also engage employers to raise awareness of cancer amongst the workforce and the benefits of preventative activity and screening.

Another of the PCT's strategic initiatives is to reduce the impact of alcohol abuse; one of the ways in which we measure this is through the rate of hospital admissions for alcohol related harm. The PCT has achieved a borderline as expected / above expected score for its performance for 2008/09 with a rate of 1,512 admissions per 100,000 populations, over 14% lower than the target. This was achieved through our work with local partners with schemes such as "The Keep It Safe" campaign – which ran from December 2008 until March 2009 and was shortlisted for the national, prestigious Chief Medical Officer's Public Health Award.



The initiative aimed to keep revellers safe on their nights out in the city and tackle alcohol misuse and its effects and had a dramatic impact on violent crime in the city centre with a 41 per cent drop, while West Midlands Ambulance Service NHS Trust reported alcohol-related call-outs fell by 13.6 per cent, compared to the same period the previous year. On New Year's Eve there was a 28 per cent drop in ambulance call-outs and a 36 per cent drop in accident and emergency admissions at New Cross Hospital.

Initiatives included a temporary medical centre for the treatment of minor injuries in the city centre and two safe havens where people could call taxis or friends, sit down if they felt unwell and get alcohol-free refreshments. There was also an increased police presence and revellers were given party 'survival kits' including flip flops, spikeys (to protect drinks) and taxi details.

The indicators relating to children's health have all reached expected levels when compared to similar areas, these are;

- Proportion of children who complete immunisation by recommended ages
- Obesity among primary school aged children
- Under 18 conception rate per 1,000 females aged 15 to 17
- Commissioning a comprehensive child and adolescent mental health service
- Proportion of infants breastfed at 6 - 8 weeks

Although the PCT performed "as expected" in comparison to its group, the city has one of the highest rates of conception amongst teenagers in England. This has already been recognised by partners as a key issue and is reflected in the Local Area Agreement (LAA). The LAA describes how local priorities will be met by delivering local solutions and is a three-year agreement on targets developed by the City Council together with the PCT and partners in the local strategic partnership.

Reducing teenage pregnancy also contributes towards achieving other LAA targets such as reducing infant mortality and improving young people's skills and abilities and increasing opportunities for education, employment and training. Wolverhampton City PCT has launched an innovative new scheme called "Clinic in a Box" which enables young people to get condoms, contraceptive pills and injections, pregnancy tests and Chlamydia screening in places where they hang out.



Over the course of 2008/09 Wolverhampton launched a number of campaigns to reduce obesity and improve the health of our children, examples of are:

- In January 2009 Wolverhampton was one of the first places in the UK to introduce the Food Dudes⁵ programme on a city-wide basis.
- MEND (Mind, Exercise, Nutrition, Do It)⁶ was launched in March 2009 and is one of the few programmes which has proof of sustained weight loss for children by aiming to improve the entire family's eating and exercise habits.

Obesity is a complex public health issue. Children who have a poor diet or are not physically active enough, or both, might become overweight or underweight either of which can have a substantial effect on health both in childhood and in later life. Being overweight or obese can have a severe impact on an individual's physical health both are associated with an increasing risk of diabetes, cancer, and heart and liver disease, among others. This indicator relates to the 2007/08 school year and measures the percentage of obese children out of those who had their height and weight measured by the school nurse.

The success of these projects is shown by early indications that PCT has achieved the targets for the recording of obese children for the 2008/09 school year.

Performance below expected

Proportion of patients with diabetes in whom the last HbA1c is 7.5 or less; although performance was below the average of its comparator group based on deprivation (66.25%) the overall target of 60% was still achieved. The HbA1c test represents an "average" blood glucose level where it is accepted that the target HbA1c is 6.5-7.0% for the majority of patients with diabetes. Diabetes affects around 2.4m people in England; effective control and monitoring can reduce mortality and morbidity.



⁵ <http://www.fooddudes.co.uk/>

⁶ <http://www.mendprogramme.org/>

2.3 Reputation, satisfaction and confidence in the NHS

The 2008/09 NHS Operating Framework requires each NHS trust to obtain feedback from patients about their experience of care, overall 89% of respondents were satisfied with the care that they received at their GP surgery. Selected questions from the GP patient survey have been used to calculate a total score for this indicator; the full results can be found here - <http://results.gp-patient.co.uk/report/main.aspx>

Highlights

- 97% of respondents were satisfied with the cleanliness of their GP surgery
- 82% of those who tried were able to see a doctor fairly quickly (meaning on the same day or in the next two days that the surgery was open)
- 79% were able to book ahead for an appointment with a doctor
- 75% were able to see their preferred doctor always, almost always or a lot of the time
- 88% thought that the doctor gave them enough time
- 82% thought that the doctor treated them with care and concern
- 70% were satisfied that they were involved in the decisions about their care
- 93% had confidence and trust in their doctor

3 Aiming High for Disabled Children

Wolverhampton City PCT is working closely with local partners to support the implementation of Aiming High for Disabled Children (AHDC); the vision behind AHDC is for all families with disabled children to have the support they need to live ordinary lives. Families can expect to see substantial changes to the services delivered.

The Wolverhampton AHDC Partnership Board has been established, of which some of the key objectives are;

- To raise awareness about the issues highlighted in AHDC, what is being done to address the issues locally, and the services that are/will be available
- To improve access to and quality of services for young people, by influencing the mainstream commissioning and planning of services to ensure that good practice becomes firmly embedded, with particular reference to equipment, accessible childcare and short breaks
- To ensure that all disabled children, young people and their families have access to a broad range of opportunities and services to help them with housing, health care, equipment including wheelchairs, parenting skills, education, childcare and social/leisure opportunities including short breaks
- To ensure Wolverhampton will be a city where all disabled young people and their families are enabled to aspire to achieve their fullest potential life choices. There will be greater equity of opportunity to access and benefit from key services irrespective of locality

The Joint work between Wolverhampton partners is publicly available through the website www.specialneedsinclusion.org.uk

Jointly commissioned services:

The Gem Centre is purpose built and brings together services provided by Wolverhampton City PCT and Wolverhampton City Council for children and young people up to the age of 19. It is a comprehensive single site facility bringing together health, special education & social care for all children requiring access to these services. The facility incorporates clinics for paediatrics, nursing, CAMHs and is integrated with the Child Development Centre (education) provision for Wolves, with a SEN social care team and parent support on site. Access to multidisciplinary team appointments for families is now seamless.



Gem Centre

Children's services operating from the Gem Centre:

- Child development centre
- Community pediatric services
- Child and family services
- Physiotherapy
- Occupational therapy
- Hearing services
- Speech and language therapy
- Community learning disabilities
- Children and young people's disabilities team
- Children's nursing service
- School nursing service
- Parent Partnership Service

Furthermore the PCT commissions;

- Free Transport to GEM and certain activities for groups of Children & Young People
- Palliative Care Provision – through Acorns Hospice
- Short Breaks support – through Acorns Hospice
- Team Around the Child (TAC) in Wolverhampton
- Individual case submissions

Over the last 18 months there has been a small pilot in Wolverhampton looking at whether TAC could extend into schools and this is work that will be further developed. It is hoped that the Early Support Programme will be well embedded across the city.

Services that are more responsive aims to have a better idea of the number of disabled children and the services they would like. The Government has launched a new National Indicator, which will try to judge how LAs/PCTs are doing in providing services in their area. Data collection remains difficult and as yet no authority has a single data base of disabled children.

Team Around the Child allows a range of different professionals, for example council social workers, police and school nurses, to work together to develop care plans for children with additional needs in a multi-agency working environment. This is led by a single professional who is designated the Lead Professional. This is a proactive approach to caring for children to support early intervention and is flexible so that as a child's needs change so too does the team of people around that child.

Over 600 disabled children and young people were consulted and 1500 questionnaires were sent out to parents and carers. Feedback was distributed to four separate groups:

- BME
- Parent Partnership
- Parent's Forum
- Local Authority Meeting

Short Breaks - The consultation process identified short breaks as the one thing that could really help improve their lives. The government has made available considerable amounts of money in order to increase the number of short breaks available. Wolverhampton is proud to make the move to short breaks being an entitlement for disabled children and there are lots of exciting new opportunities.

Consultation led to an agreed PCT & Local Authority plan for Wolverhampton that identifies priorities as; Additional School Holiday projects for special schools, theatre workshops during school break, residential breaks, outdoor pursuits, play scheme, trips and weekend residential, seasonal additional youth work, hospice home support, and evening short breaks.

A Short Breaks group has been established and a Short Breaks officer appointed to continue this work as priority.

Community Equipment - Team Around the Child (TAC) approach and good special schools/social care prevents delayed transfers of care due to unmet equipment or community nursing needs becoming an issue in Wolverhampton.

Equipment required for children in special schools to aid their daily living is commissioned by the PCT. There is a joint special seating provision budget funded from the PCT and the Local Authority to aid children's seating needs. There are close working arrangements with the Heads of the Specials Schools and they are represented on a Community Equipment Steering Group which is multi agency and looks at the needs of equipment for children primarily in Special Schools but also children's needs in main stream schools.

Wheelchairs - The PCT currently commissions a wheelchair service (powered and non-powered) for clients of all ages. There are no specific commissioning arrangements for children and young people and consultation has not highlighted any areas where there is need for improvement.

The government is looking to change the way wheelchair and equipment services are run. The PCT will have funding to support this in 2010/2011.

Palliative Care - Enabling children/young people to be cared for in their preferred setting - the Community Children's Nurse Team in Wolverhampton operates over the extended working day, 7 days but not 24 hour. Presently the local Acute & Community team responds regarding terminal care if this is family choice

Specialist palliative care provision for children is provided as part of Community Paediatrics, Children's Nurse Team and the Acorns Hospice at Home Scheme.

Appendix 1 – 2008/09 Vital Signs Results

Wolverhampton City Primary Care Trust

Vital Signs	Performance						Below expected	As expected	Above expected
	PCT	Target	Rank in WM SHA	England Ave	Group				
Cleanliness and healthcare associated infections									
Clostridium Difficile	135	210	7	74.57%	NA	NA		•	
NHSLA PCT standards, risk management assessment levels	1B	NA	NA	N./A	NA	NA			
Access to personalised and effective care									
Access to primary care	82.87%	87.00%	12	85.13%	NA	NA		•	
Access to primary dental services	64.98%	NA	2	53.83%	NA	NA			•
Adults (aged 18 and over) assisted to live independently	2,344.90	2600.00	13	3143.05	NA	NA	•		
Adults receiving direct payments / individual budgets per 100,000 population	138.66	NA	10	166.57	NA	NA		•	
Implementation of the stroke strategy	78.72%	65.00%	1	47.31%	NA	NA			•
Number of delayed transfers of care per 100,000 population (aged 18 and over)	14.09	16.00	11	10.82	NA	NA		•	
Patients waiting no more than 31 days for subsequent cancer treatments	99.13%	94.00%	5	97.41%	NA	NA		•	
Proportion of all deaths that occur at home	18.98%	18.00%	11	NA	NA	NA		•	
Proportion of carers receiving a 'carer's break' or a specific service for carers	23.26%	NA	5	22.00%	NA	NA		•	
Proportion of patients seen within 18 weeks for admitted pathways	94.56%	90.00%	8	92.90%	NA	NA			•
Proportion of patients with suspected cancer waiting less than 62 days	90.58%	90.00%	7	88.25%	NA	NA		•	
Proportion of total admissions that have ambulatory care sensitive diagnoses	12.99%	NA	16	NA	NA	NA		•	
Proportion of women screened for breast cancer (aged 53-70)	72.42%	69.00%	14	75.92%	77.32%	C	•		
Timeliness of social care assessment	80.87%	NA	7	79.53%	NA	NA		•	
Timeliness of social care packages	88.77%	NA	9	90.94%	NA	NA		•	

Wolverhampton City Primary Care Trust

Vital Signs	Performance						Below expected	As expected	Above expected
	PCT	Target	Rank in WM SHA	England Ave	Group				
Improving health and reducing health inequalities									
All age all cause mortality rate per 100,000 population (females)	554.06	523.00	13	492.75	NA	I		•	
All age all cause mortality rate per 100,000 population (males)	790.34	734.00	15	695.59	NA	I		•	
Cancer mortality rate (people aged 75 or less)	124.20	124.00	13	114.10	NA	I		•	
Cardiovascular disease (CVD) mortality rate (people aged 75 or less)	87.08	96.30	12	72.18	NA	I		•	
Chlamydia screening (as a proxy for chlamydia prevalence)	16.05%	17.00%	4	15.90%	16.61%	C		•	
Commissioning a comprehensive child and adolescent mental health service	75.00%	75.00%	8	86.64%	NA	NA		•	
Number of drug users recorded as being in effective treatment	93.01%	84.00%	1	85.23%	86.81%	I			•
Obesity among primary school aged children (reception year)	DNR	11.00%	=17	9.65%	11.14%	I			
Obesity among primary school aged children (year 6)	22.11%	26.00%	10	18.40%	22.05%	I		•	
Proportion of children who complete immunisation by recommended ages	86.57%	86.70%	13	84.03%	87.67%	C		•	
Proportion of infants breastfed at 6 - 8 weeks	89.94%	89.90%	4	81.30%	84.61%	I		•	
Proportion of patients with diabetes in whom the last HbA1c is 7.5 or less from QOF	61.52%	60.00%	1	66.80%	66.25%	I	•		
Proportion of women assessed by 12 weeks of pregnancy	82.71%	75.00%	10	77.40%	NA	NA		•	
Rate of deliberate or unintended injuries to people aged under 19 (per 100,000)	96.47	NA	NA	NA	NA	I			•
Rate of hospital admissions per 100,000 population for alcohol related harm	1512.39	1770.00	10	1384.04	NA	I			•

Wolverhampton City Primary Care Trust

Vital Signs	Performance						Below expected	As expected	Above expected
	PCT	Target	Rank in WM SHA	England Ave	Group				
Improving health and reducing health inequalities									
Smoking quit rates	904.50	924.00	11	NA	NA	I		•	
Suicide and injury of undetermined intent mortality rate	10.21	7.11	NA	NA	NA	I		•	
Under 18 conception rate per 1,000 females aged 15 to 17	64.90	41.76	16	41.08	59.54	I		•	
Vascular risk score	83.93%	82.50%	7	63.45%	NA	NA		•	
Reputation, satisfaction and confidence in the NHS									
NHS staff survey scores-based measures of job satisfaction	3.55	3.49	11	3.57	NA	NA		•	
Self reported experience of patients	293.29	NA	13	301.37	NA	NA		•	