

## Governing Body (Public) Meeting

DATE: 25 July 2013

Title	Consolidated Contracts Report	
Recommended action for the executive management committee	<p>That the Governing Body:</p> <p><b>Note</b> the performance of the Community, Mental Health &amp; 111 contracts shown in the attached.</p> <p>Reports on Acute performance are currently outstanding from the CSU (M1 in full &amp; M2).</p> <p>Note – the acute reports should be available to circulate as hard copies at the meeting.</p>	
Executive Summary	<p>The attached provides a consolidated report to cover 3 areas of contracting and performance: Acute, Community &amp; Mental Health Services.</p> <ol style="list-style-type: none"> <li>1. Community Health Services Contracts <b>Month 2</b> – The report shows that Oxleas is continuing to over-perform across the following contracts; Universal Children’s, Universal Adults and Long Term Conditions.</li> <li>2. Mental Health report Month 2 – The report shows the out-turn forecast position for Mental Health as breakeven.</li> <li>3. The 111 report shows call volumes and useful background information on the calls received.</li> </ol> <p>The CSU Acute report is to be circulated and discussed at the meeting</p>	
	<p><b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	<p>✓</p>
	<p><b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London</p>	<p>✓</p>
	<p><b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	<p>✓</p>
	<p><b>Process:</b> Commission safe, sustainable and equitable services in line with the</p>	<p>✓</p>

## Clinical Commissioning Group

	operating framework and which improves outcomes and patient experience	
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	Financial risks are associated with the over performance, although these are within the forecasts. No clinical risks introduced in these reports.
	Equality and Diversity	Services must deliver the requirements of equality and diversity
	Patient impact	Services must be delivered in line with the NHS constitution
	Financial	Over performance across the community contracts. The Mental Health Report Month 2 shows that forecast position as breakeven.
	Legal Issues	None
	NHS constitution	The rights of patients are enshrined within our contracts
<b>Consultation</b> (Public, member or other)	Not applicable	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	Finance Reports are considered by the Finance Working Group (and EMC) Quality Reports are considered by the Quality & Safety Group	
Communications Plan	Not applicable	
Author	Sab Jenner	
	Clinical Lead  Dr W Cotter  Dr V Bhalla	Executive Sponsor  Sarah Valentine Director of Commissioning
Date	11 July 2013	

## Consolidated Provider Performance Reports For Bexley CCG - May 2013

Section No.	Description
1	Acute Contracting – report provided by the Commissioning Support Unit (CSU) Please Note: that the Acute Contract Performance Report will be distributed at the Governing Body Meeting.
2	Community Contracting – including procurement projects – prepared by the BCCG contracting team
3	Mental Health Contracting – prepared by the Integrated Commissioning Unit (ICU) between BCCG and London Borough of Bexley (LBB)
4	111 Contracting – provided by the SE London 111 Team



## Acute Contracting & Performance Section 1

Provided by the Commissioning Support Unit

**PLEASE NOTE:** That the CSU were unable to provide the Acute Contracting data in time for the publication of this Performance Report for Month 2 - the data will be available and distributed at the Governing Body Meeting on 25<sup>th</sup> July 2013.



## Community Contracting & Performance Section 2

Provided by BCCG Contracting Team

This is an updated report of the community contract performance for Month 2 (June 2013). This report has been structured as follows:

<b>2.1</b>	Community Contracts Update
<b>2.2</b>	Community Health Services Activity (Oxleas)
<b>2.3</b>	Key Performance Indicators (Oxleas)
<b>2.4</b>	GP Out of Hours (Grabadoc)
<b>2.5</b>	IC24 (Formerly South East London Urgent Care Centre)
<b>2.6</b>	Crayford Surgery Walk in Centre (Monday – Friday)
<b>2.7</b>	Adult Hearing Services
<b>2.8</b>	Termination of Pregnancies Services
<b>2.9</b>	Anti-Coagulation Service
<b>2.10</b>	Current Procurements



## 2.1 Community Contracts Update

This report provides exception reports on key indicators and contracting issues that have arisen since the last report to the Governing Body on 25 April.

## 2.2 Community Health Services Activity (Oxleas)

Oxleas is continuing to over-perform in the number of activity (i.e. contacts) across Universal Children's, Universal Adults and Long Term Conditions. Reporting against new KPIs has not yet begun although formal contract meetings have now started.

## 3. Activity Reporting

a. **A/E** figures have improved but the service is over performing.

b. **Virtual Ward Activity** Reasons for the reduction in activity were considered and there may be an issue around some machines not having functionality for telehealth or appropriate referrals into the unit. A report has been formally requested before the next contract meeting third week in June.

c. **Speech and Language Therapy** the sickness appears to be high at 38% however this accounts for one member of staff. BCCG has expressed concerns that the service is no longer being provided at an acceptable level. Oxleas have been formally requested to examine activity against GP demand and how unmet demands are being managed to report back at the next meeting.

d. **Rehabilitation** Once again sickness appears to be high with 11 days lost due to sickness. Oxleas to confirm how many WTE the service has by next meeting.

e. **Podiatry** Cancellations have remained consistently high. Oxleas are looking at booking systems but feel this is due to mainly viral and seasonal issues. Podiatry is under the 18 weeks RTT waiting times target and needs to be confirmed and reported. Action plans on how cancellations and better use of clinical time can be managed are to be reviewed.

f. **Contract Sign Off** CQUINs have been agreed 28<sup>th</sup> May 2013.



**g. District Nursing** Oxleas commenced a consultation with staff without formally consulting the CCG. This raised high levels of concern within the GP practices. A complaint was formally raised and Oxleas have now agreed to consult formally with the CCG and each locality on the proposed restructuring. Oxleas have submitted a specification to BCCG and this will be reviewed with the GP clinical lead. Oxleas is organising meetings with each locality and has produced a document for the localities.

## 2.3 Key Performance Indicators (Oxleas)

Performance against monthly indicators remains steady and all targets remain within acceptable thresholds ranges. The following changes in performance are noted:

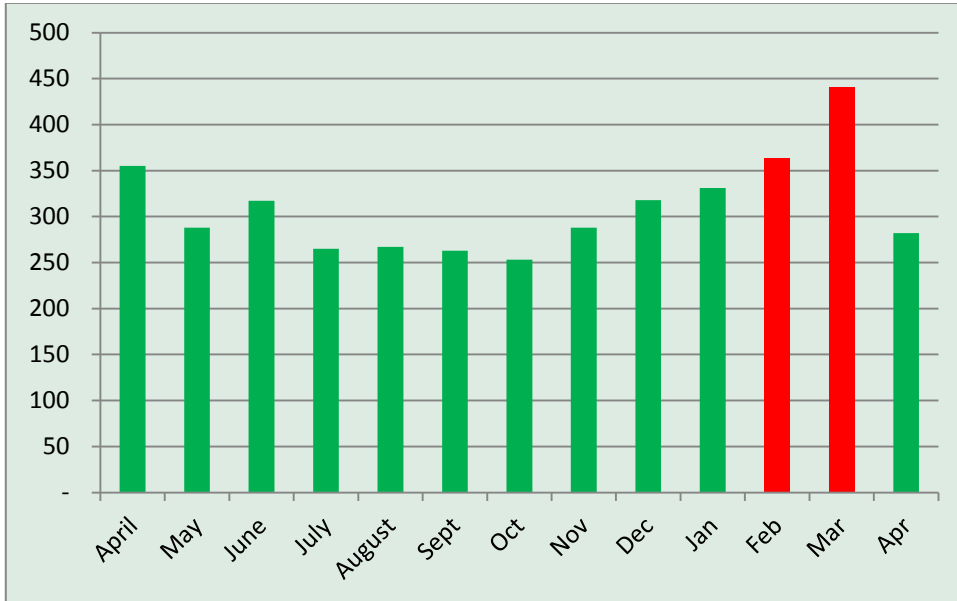
1. All targets are now within threshold levels for Urgent Care Centre. This is due largely to additional staff and vacancies being deployed.

A/E Indicators 2013	Threshold	Jan	Feb	March	April
95th percentile total time spent in A&E	240	158	163	175	142
Max Time in A&E	360	331	363	441	282
Median total time spent in A&E		66	64	66	55
Median Arrival to Treatment (Mins)	60	38	39	45	33
Maximum Arrival to Treatment(Mins)	360	321	348	426	267
Left Without Being Seen	5%	1.10%	0.40%	0.70%	1.45
unplanned reattendance rate	5%	3.00%	3.30%	3.50%	3.53%
No of Breaches		7	14	17	7
Breach rate		0.25%	1%	0.52%	0.00%

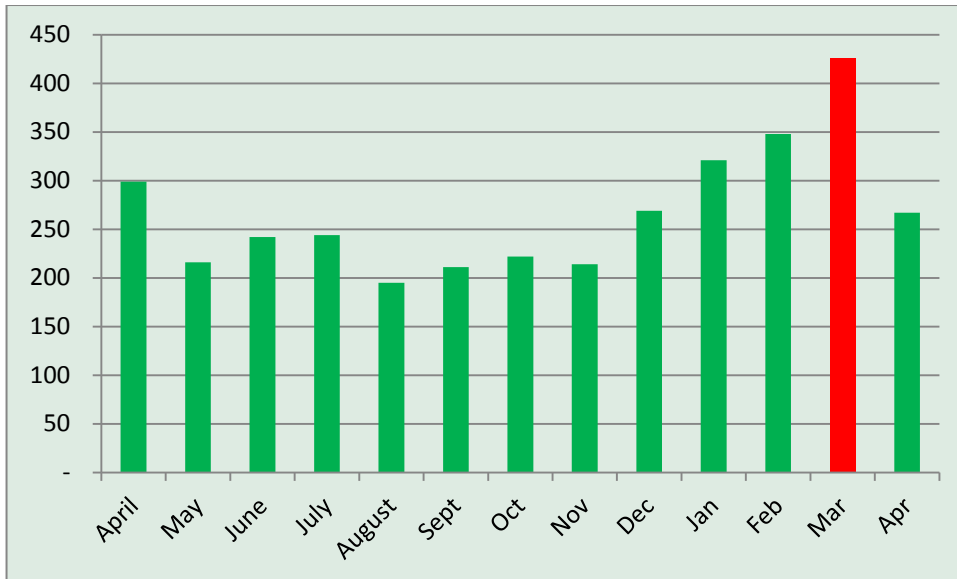
Urgent Care activity in February and March across all types of urgent care departments was extremely high.



Maximum Time in Urgent Care Centres has improved as follows:



Arrival to Treatment Times have also improved as follows.





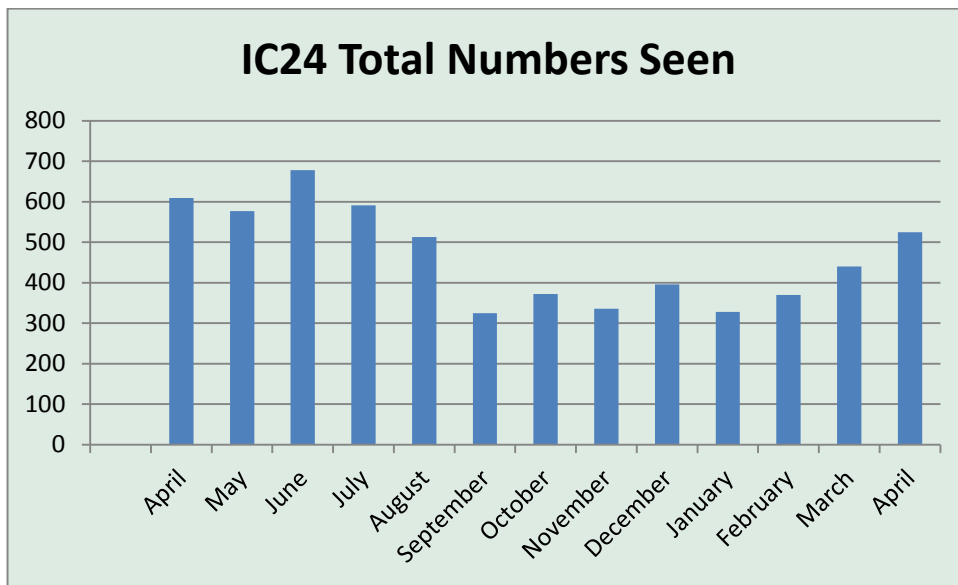
## 2.4 GP Out of Hours (Grabadoc)

April 2013 activity data and the yearend position for 2012-13 has still not been confirmed due to problems on the data capture system (Adastra). However, National Quality Requirements for Out of Hours services are continuing to be met.

## 2.5 IC24 (Formerly South East London Urgent Care Centre)

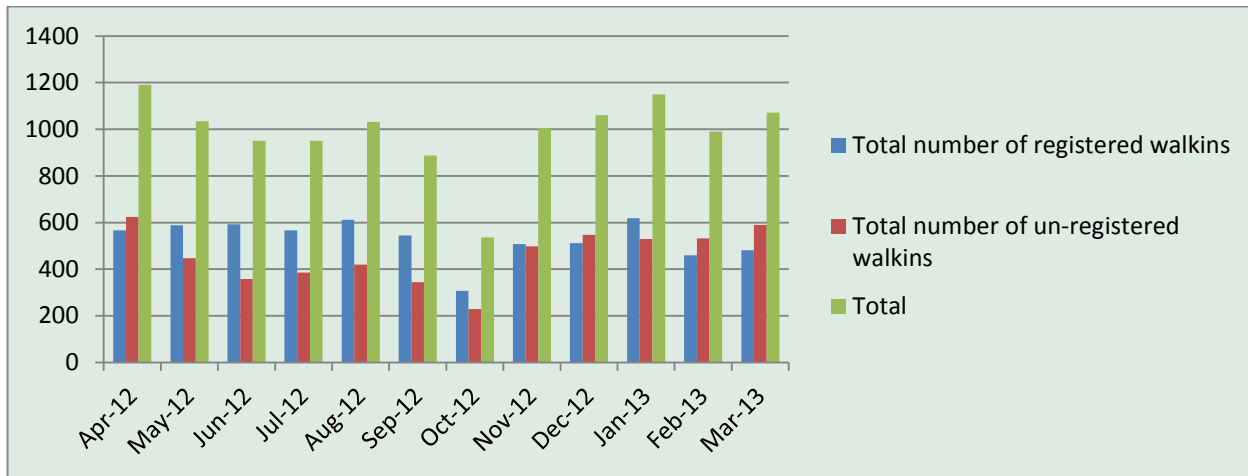
The Governing Body is asked to note the change in the name of the provider.

Activity can be seen to vary but are on an increasing trend. The launch of 111 appears to have impacted adversely with patients reporting directly to the UCC.



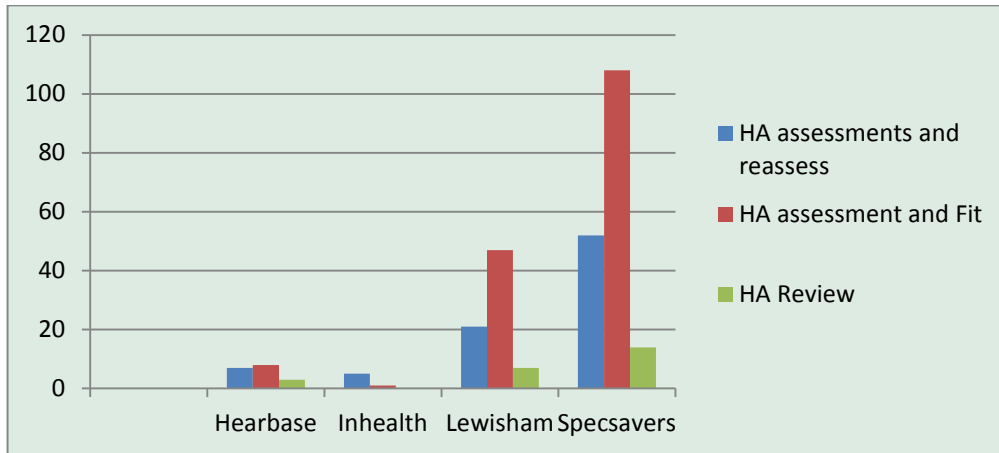
## 2.6 Crayford Surgery Walk in Centre (Monday- Friday)

Activity has remained consistent over 2012-13. Providers have been asked to provide a breakdown of Bexley and non-Bexley residents as these are likely to be contained within both registered and unregistered walk-ins.



## 2.7 Adult Hearing Services

Hearing Providers contracts are in place and are operational through Choose and Book although most are still providing an indirectly bookable service. Contract meetings have been held with Specsavers, INHEALTH and Hearbase. It is clear that the vast majority of patients are choosing to go to Specsavers who have received over 791 referrals in one quarter. This activity is higher than planned for Specsavers and is impacting on waiting times to be seen within 14 days. Specsavers have opened another clinic in Welling shortly to meet demand and to keep within times targets. The other two providers will be assessing the viability of their clinics provision to Bexley residents as some of them have received as few as 11 referrals since the clinics were opened in December 2011. Lewisham have not yet submitted activity data.



## Specsavers activity

All hearing providers report against the following outcomes. Specsavers are meeting threshold requirements of 90% and over against all of the required KPIs except one as follows

- Assessments to be completed within 16 working days of referral.
- Hearing aids to be fitted within 20 working days
- Rehab Appointments are offered within 10 weeks from fitting
- Where patients request this, a quicker follow up is offered within 5 working days
- Where required, additional face to face follow ups are offered within 7 working days of non-face to face follow up
- Aftercare is available (face to face or non-face to face) within 2 working days of patient request

### The following KPI is not being met

- Patient records and associated letters/reports completed and sent to GPs within 5 working days of hearing assessment and fitting, and follow up



PROVIDER - SPECSAVERS									
Month	Summary of Contract Performance by month	Nov-12	Dec-12	Q3 Average	Jan-13	Feb-13	Mar-13	Q4 Average	Annual Average
		Total Referrals Received during period							
KPI Measures									
Patient records and associated letters/reports completed and sent to GPs within 5 working days of hearing assessment and fitting, and follow up	Target	90%	90%	90%	90%	90%	90%	90%	90%
	Actual	62%	78%	70%	81%	77%	91%	83%	78%

Patient and GP surveys will be conducted over the Quarter 3 and reported to the Governing Body in Quarter 4.

## 2.8 Termination of Pregnancies Services (AQPs)

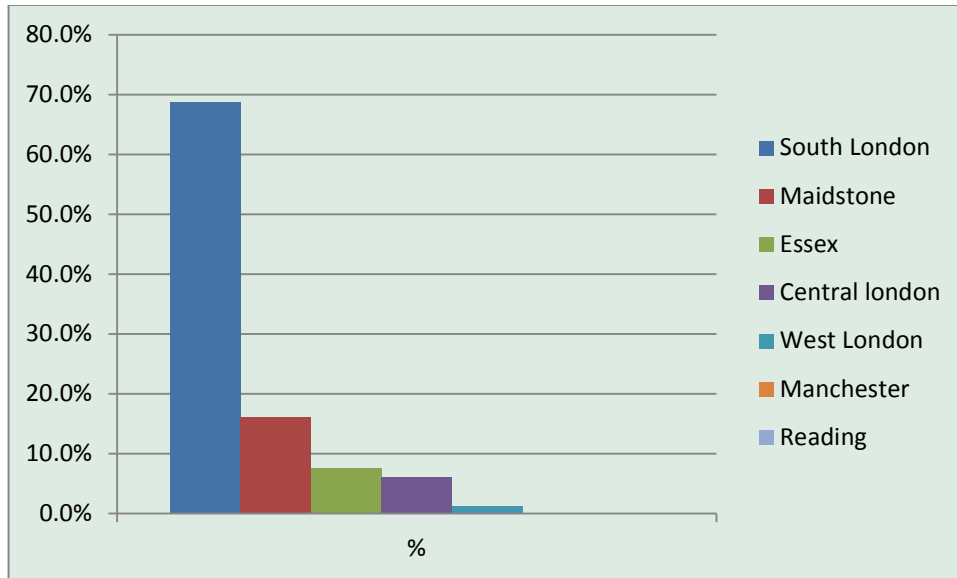
### Contracts

Marie Stopes International, British Pregnancy Advisory Service and St George’s Hospital are now available through Choose and Book. Fraterdrive will be offer to a service from Edgware and this will become available through Choose and Book from the end of June 2013. Issued contracts have not been returned from Homerton Hospital, Royal Free Hospital and Imperial Hospital. These trusts have indicated they may not sign. Contracts not returned within the long stop date period of 30<sup>th</sup> June will be terminated.

British Pregnancy Advisory Service provided 86 abortions in 2012-13 and Marie Stopes International provided 844 abortions in 2012-13. Full activity data sets have been received from Marie Stopes who continue to be Bexley CCG’s main provider. The spread of clinic locations of chosen by Bexley women are as follows:



## Activity Analyses



The numbers of teenage pregnancies have also fallen. It should also be noted that the numbers of repeat abortions in under 19's have also considerably decreased. The effectiveness of the outcomes measured here can be analysed in their full context when compared against births data which Public Health and the local authority now lead on subsequent to contracts Novation in April 2013.

	Gestation		Age @ TOP		Age @ TOP		Repeat TOP		Repeat TOP	
	TOP's under 10wks	% of total	under 18 yrs of age	% of total	19 - 24 yrs of age	% of total	18 yrs of age and	% of total	19 yrs of age and	% of total
2012-13	677	80	53	6	324	38	3	0	365	43
2011-12	739	83	66	7	339	38	21	2	540	61

The numbers of Terminations of Pregnancies have decreased from the previous year from 890 to 844. Long Acting and Reversible Contraceptions provided have also decreased. This will be addressed with the provider in June 2013. It is possible that there may be a correlation in LARCS usage in primary care and through CASH clinics.

MONTH	Phone Consultation	F2F Consultation	EMA	TOTAL	LARCS	COST
Total 2012-13	726	248	325	844	262	£380,828
Total 2011-12	727	291	414	890	303	£444,111



The numbers of early medical abortions (EMAs) have also decreased from 46% in 2011-12 to 38% in 2012-13. Both years show Bexley data to be unfavourable compared to national average in 2011 (Department Of Health website) where 78% of all terminations were EMA's and 91% of termination of pregnancies being done before 13 weeks. Access to services will be reviewed to ensure the speed at which referrals are not being hampered by recent changes as a result of AQP procurement.

	EMA'S
2011-12	46.52%
2012-13	38.51%
	Under 13 wks
2011-12	54.38%
2012-13	42.77%

### Department of Health Website 2011

#### National Averages

EMA's under 10 weeks, 78%

Terminations carried out under 13 weeks gestation, 91%

## 2.9 Anti-Coagulation Service

Greenwich have retracted their AQP contract offer to Boots. Bexley CCG is awaiting decision to proceed pending clinical lead advice. A clinical lead has not been replaced since the departure of Belinda Coker.

## 2.10 Current Procurements

### Current Procurements

There are three 3 tenders in progress in June 2013

- **MSK** (Managed via BCCG procurement team)
  - The Business Case has been approved and procurement can commence
  - Weekly project team meetings are being held for MSK and these are attended by Sarah Valentine, Philippa Robinson, Coral Alexander, Ombarish Banerjee (GP), Kosta Manis (GP), Sushanta Bhadra (GP), Bhalla Varun (GP) and Stephen Spears/Richard Brailey.
  - We envisage that the advert to tender will be published by the end of June.
- **Cardiology** (Managed by CSU procurement team)
  - The Business Case has been approved and procurement can commence



- A market discussion event was held on Weds 12<sup>th</sup> June, a large number of potential interested providers attended and a follow up formal launch event is planned for July/ August as the PQQ is launched.
- Project team meetings are now being set up to mimic the success of the MSK meetings and to share the learning from that project.
  
- **Diabetes** (Managed by BCCG procurement team)
  - The Business Case has been approved and procurement can commence
  - Dates for all key procurement activities are now being identified
  - A Clinical lead has now identified
  
- **Procurement Policy**
  - A draft procurement policy has been produced and is shared with the Governing Body for discussion and comments at their July meeting.



## Mental Health Contracting & Performance Section 3

Provided by our Integrated Commissioning Unit (ICU)

### Mental Health Commissioning – Performance Report

Month 2 – May 2013

This is a report on the mental health contracts performance for Month 2 (May 2013). The report has been structured as follows:

<b>3.1</b>	Major Variances
<b>3.2</b>	CQUIN Update
<b>3.3</b>	QIPP Update
<b>3.4</b>	Risks and Opportunities (including clinical)
<b>3.5</b>	AQP   Procurement   Tendering Update
<b>3.6</b>	Any Other Issues

This report has been compiled by Alison Rogers, Emma Gennard, Joyce Dukes, Richard Turner in the Adult Commissioning Team and Sarah Garner, Mental Health QIPP Projects.





## 3.1 Major Variances – Causes and remedial action/mitigation

The format of the Mental Health cost codes has been changed in line with national reporting requirements. This has resulted in fewer available cost codes and reduced reporting lines. The Month 2 report shows the out-turn forecast position for Mental Health as breakeven.

### 135001 Mental Health Contract - Oxleas

Budget £21.2m

Forecast Out-turn Breakeven

Services within the main block contract continue to be monitored on a monthly basis to understand the levels of commissioning likely to be required under Payment by Results due to be introduced in Mental Health from April 2014. A validation exercise is planned for Cluster 3 to gain assurance around the consistency and correctness of clustering and data quality.

### 135006 Child and Adolescent Mental Health

Budget 547k

Forecast Out-turn Breakeven

The extended CAMHS Assertive Outreach Team is continuing to gate-keep admissions into in-patient care by reducing admissions out of hours and at weekends.

### 135011 Dementia

Budget £40k

Forecast Out-turn Breakeven

### 135016 IAPT

Budget – £560K + £327K in (Other Mental Health Line 135056)

Forecast Out-turn Breakeven

The new contract combining IAPT and Counselling services commenced on 1 April 2013. The first contract monitoring meeting took place on 19 June 2013.

### 135021 Learning Difficulties

Budget £1.49m

Forecast Out-turn Breakeven

### 135036 Advocacy

Budget £119k



Forecast Out-turn Breakeven

135046 Non-Contracted Activity

Budget £488k

Forecast Out-turn Breakeven

Non-contracted activity for Bexley registered patients out of area continues to occur on an ad-hoc basis. Where continuing activity is invoiced strenuous efforts are made to ensure patients are brought back into borough block contract services.

Cost per Case Adults - Clinically-appropriate placements continue to be sought, in order to step down to reduced levels of secure accommodation in line with patients' care plans and the eventual goal to return to the community. Three long-term patients will remain throughout 2013-14 as their needs are complex and enduring.

135051 Mental Health Services – Older People

Budget £691k

Forecast Out-turn Breakeven

135056 Mental Health Services – Other

Budget £1.84m

Forecast Out-turn breakeven



# NHS Bexley CCG M2 Acute Contract Monitoring Report

## Budget Statement – Mental Health

Directorate	Cost Code	Description	Sum of Annual Budget	Sum of In Month Budget	Sum of In Month Actual	Sum of In Month Variance	Sum of YTD Budget	Sum of YTD Actual	Sum of YTD Variance	Forecast Out-turn
Mental Health	135001	Mental Health Contracts	21,124	1,760	2,306	545	3,521	3,521	0	21,124
M2	135006	Child and Adolescent Mental Health	547	46	91	46	91	91	0	547
	135011	Dementia	40	3	7	3	7	7	0	40
	135016	Improving Access to Psychological Therapies	560	47	93	47	93	93	0	560
	135021	Learning Difficulties	1,439	120	238	118	240	240	0	1,439
	135026	Mental Capacity Act	0	0	0	0	0	0	0	0
	135031	Mental Health Services – Adults	0	0	0	0	0	0	0	0
	135036	Mental Health Services – Advocacy	119	10	20	10	20	20	0	119
	135041	Mental Health Services - Collaborative Commissioning	0	0	0	0	0	0	0	0
	135046	Mental Health Services – Not Contracted Activity	488	41	40	-1	81	81	0	488
	135051	Mental Health Services - Older People	691	58	115	58	115	115	0	691
	135056	Mental Health Services – Other	1,844	154	284	130	307	307	0	1,844
	135061	Mental Health Services - Specialist Services	0	-1,225	-61	1,164	-12	-12	0	0
<b>Total</b>			<b>26,853</b>	<b>1,013</b>	<b>3,132</b>	<b>2,119</b>	<b>4,464</b>	<b>4,463</b>	<b>0</b>	<b>26,853</b>



## 3.2 CQUIN Update

Oxleas progressed well against all CQUIN targets and milestones during Q4. All targets have been achieved for Q4.

Goal No	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Expected financial value of Goal (£)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	Physical Health	<i>Improving the physical health of patients with MH problems and good practice communication</i>	55%	£313,460.40	Safety Effectiveness Experience
2	GP Data Set	<i>To improve information to inform future clinical commissioning priorities</i>	15%	£85,489.20	Effectiveness Innovation
3	Safeguarding	To enable commissioners to develop and strengthen the on-going local assurance regarding safeguarding children.	15%	£85,489.20	Safety
4	Dementia	Improving dementia care and prescribing in Mental Health Trusts	10%	£56,992.80	Safety Effectiveness
5	Vulnerable Adults	<i>To review and ensure vulnerable adults are receiving fair access to mental health services.</i>	5%	£28,496.40	Effectiveness Patient Experience
Totals:			100.00%	£569,928.00	



New CQUIN targets are being developed for 2013-14 and will be included in the Community Mental Health Block Contract.

## 3.3 QIPP 2013-14 Update

### General Mental Health

Audit of cluster activity 1, 2 & 3 is underway. This will not see financial reductions in 2013/14 but is a preliminary step for the negotiation of the contract costs for 2014/15.

### Mental Health in Acute

A business case for investment in Acute Psychiatry Nurses is currently being prepared.

### Referral Management

The business case for the referral management service is being developed and will be presented to a future Finance Working Group meeting. Five GPs practices have been identified to participate in the pilot.

## 3.4 Risks and Opportunities (including clinical)

### Risk – BDMH1 - Payment by Results for Mental Health

*Residual Risk: 4*

*PbR MENTAL HEALTH - Implementation of PbR with local/regional/national tariffs may exceed existing budgets in the future if pathways are not better managed, reviewed and mitigated whilst within the commissioners control. Cost analysis of all services to be completed as soon as indicative tariffs are available including all non-tariff MH services.*

### Update:

There is a need to develop and agree a strategic plan for the CCG implementation of PbR including risk mitigation and opportunities for efficiencies, pathway re-design and improvement..

### Risk - BDMH3 – Dementia

*Residual Risk: 4*

*Risk Detail: There is a risk that we may not meet the objectives set out in the National Dementia Strategy 2009 and that Bexley will not meet the needs of clients with Dementia and their carers to a*



*national standard. This will be caused by lack of joint working and KPI's across providers to ensure there are appropriate measures in place to monitor progress in line with strategy implementation of 2013. This will lead to inequality of service provision in Bexley including below national levels of best practice in Dementia service provision.*

## Update:

Bi-monthly meetings continue to make progress in this area. GPs with Special Interests are meeting across Bexley, Bromley and Greenwich looking at the development of dementia services. Dr S Deshmukh from Sidcup Medical Centre is the GPwSI for Bexley.

## 3.5 AQP | Procurement | Tendering Update

### IAPT Bexley Psychological Therapy Service

The contract has been awarded to MIND in Bexley who currently provide the IAPT service. The new integrated IAPT and Counselling service commenced on 1 April 2013. The first contract monitoring meeting will take place on 19 June 2013.

### Mental Health Recovery Day Service – Joint Procurement

The London Borough of Bexley (LBB) and Bexley CCG have approved the commencement of the procurement process under LBB procurement rules.

### Chapel Hill, Residential Rehabilitation Service

The current 10-year contract for residential rehabilitation services is due to end on 31 March 2014. The provision of this service is being reviewed in order to determine what kind of service will be required in the future, bearing in mind the personalization agenda and the needs of the clients.

## 3.6 Any other issues

The Head of Integrated Adults Commissioning, covering Mental Health, Learning Disability, Physical Disability and Sensory Impairment has been appointed and is due to take up the post in August 2013.



## 111 Service Contract Information Section 4

Provided by our The SEL Project Management Office for 111

This is the first report for our Governing Body on the SE London 111 service – it provides some high level information on the number and types of calls, the handling of those calls, the top 10 symptoms and onward signposting of patients. The information contained in this report is from the service commencement in March to May 2013.

In this report we have included the following content:

Section	Description
4.1	Context for the service report
4.2	Analysis of healthcare needs for Bexley patients who call 111
4.3	What is the urgency
4.4	Top 10 Symptoms
4.5	Which local services are they signposted to
4.6	Which local services do they “reject”
4.7	Which GP practice do the 111 users belong to
4.8	Other information – ambulance dispatch, Emergency Department Attendance, Repeat Prescriptions



## 4.1 Context

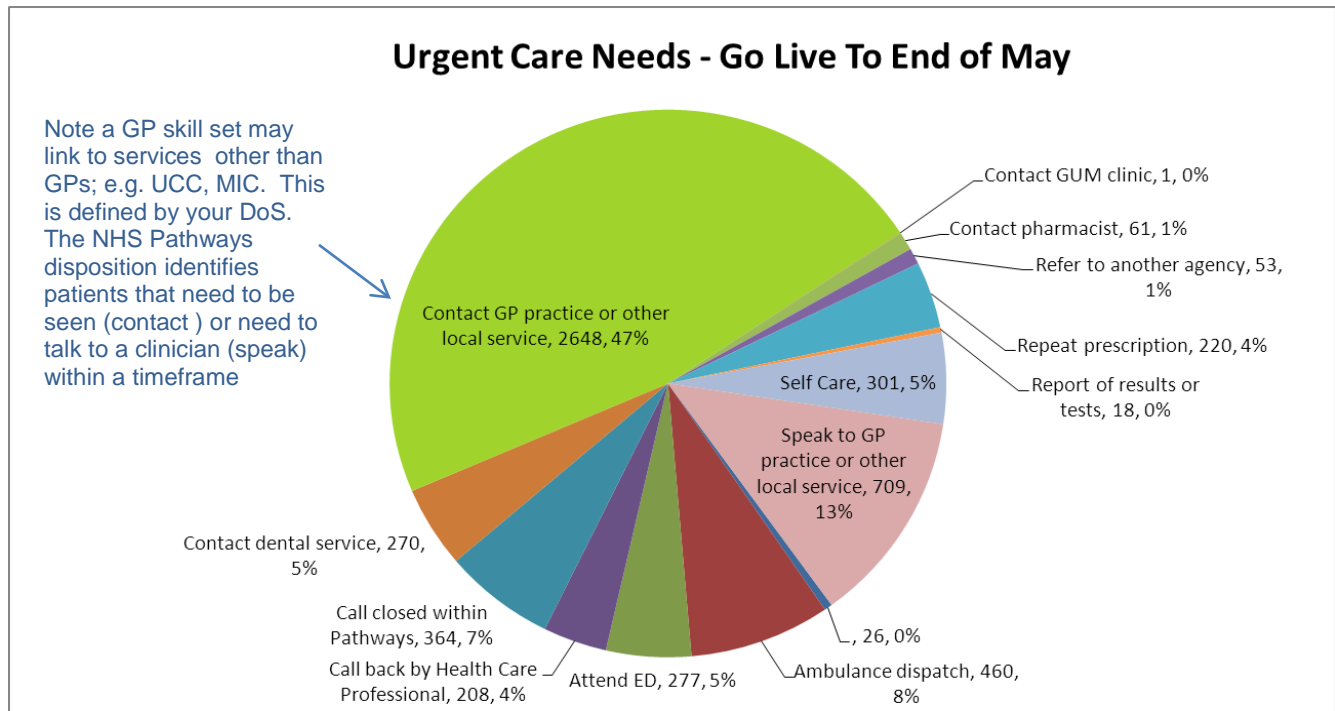
The source data for this report is the 111 call log submitted by NHS Direct. It is based on data from go-live (March) until the end of May 2013.

- From go-live until May 5,616 patients with a Bexley GP (NACs) code have contacted 111.
- Patients that are not registered with a Bexley GP are not included in the analysis.
- Information on the Top 10 services that patients are signposted to are included in this presentation due to the number of services.

## 4.2 Analysis of healthcare needs for Bexley patients who call 111

### NHS Pathways Outcome: Skill Set Required

The chart below provides an overview of the Bexley patients' urgent healthcare needs (determines skill set required)



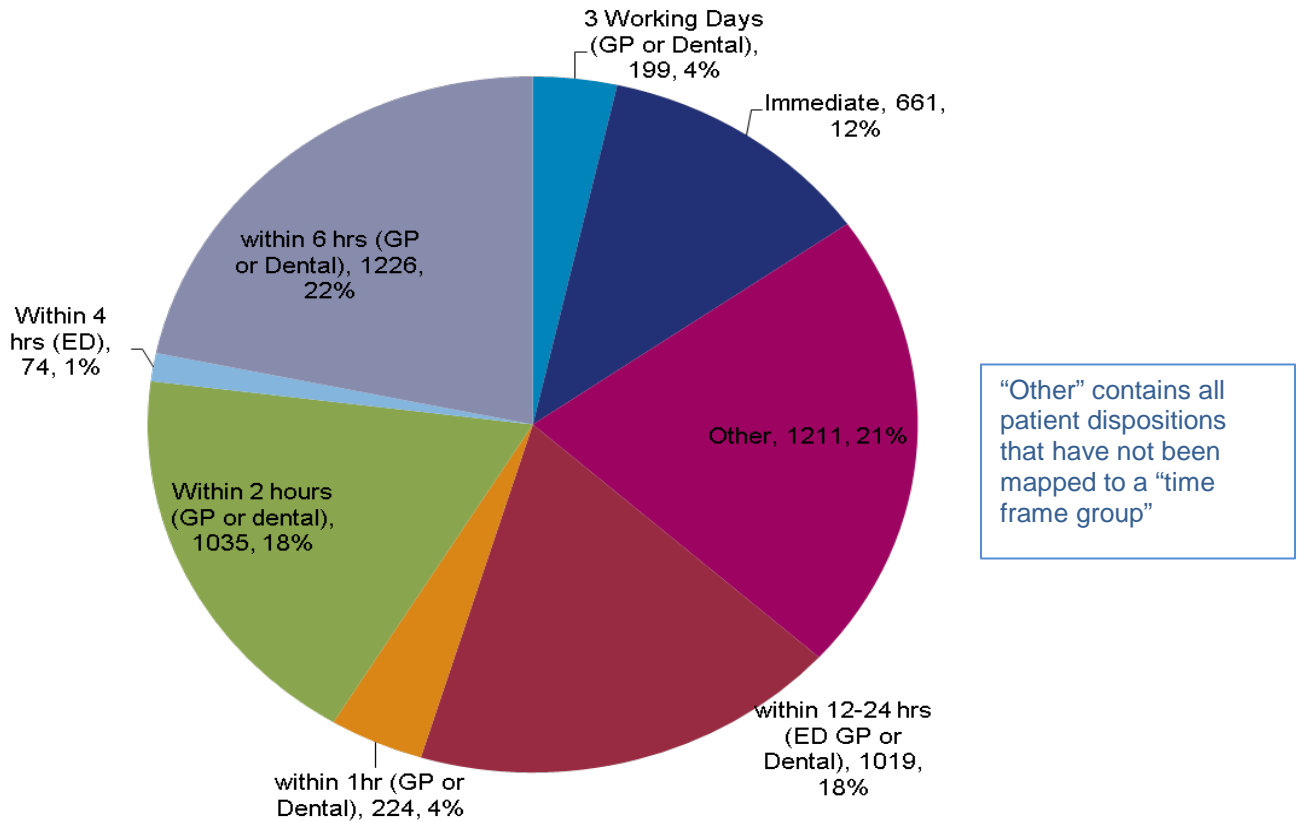
Categories are derived from grouping the NHS Pathway's patient dispositions (DX codes). Dispositions which are not grouped due to small numbers were grouped as Other e.g. DX 47- refer to community health care professional.



### 4.3 Analysis of the “Urgency” for the calls to 111

#### NHS Pathways Outcome: Urgency Required

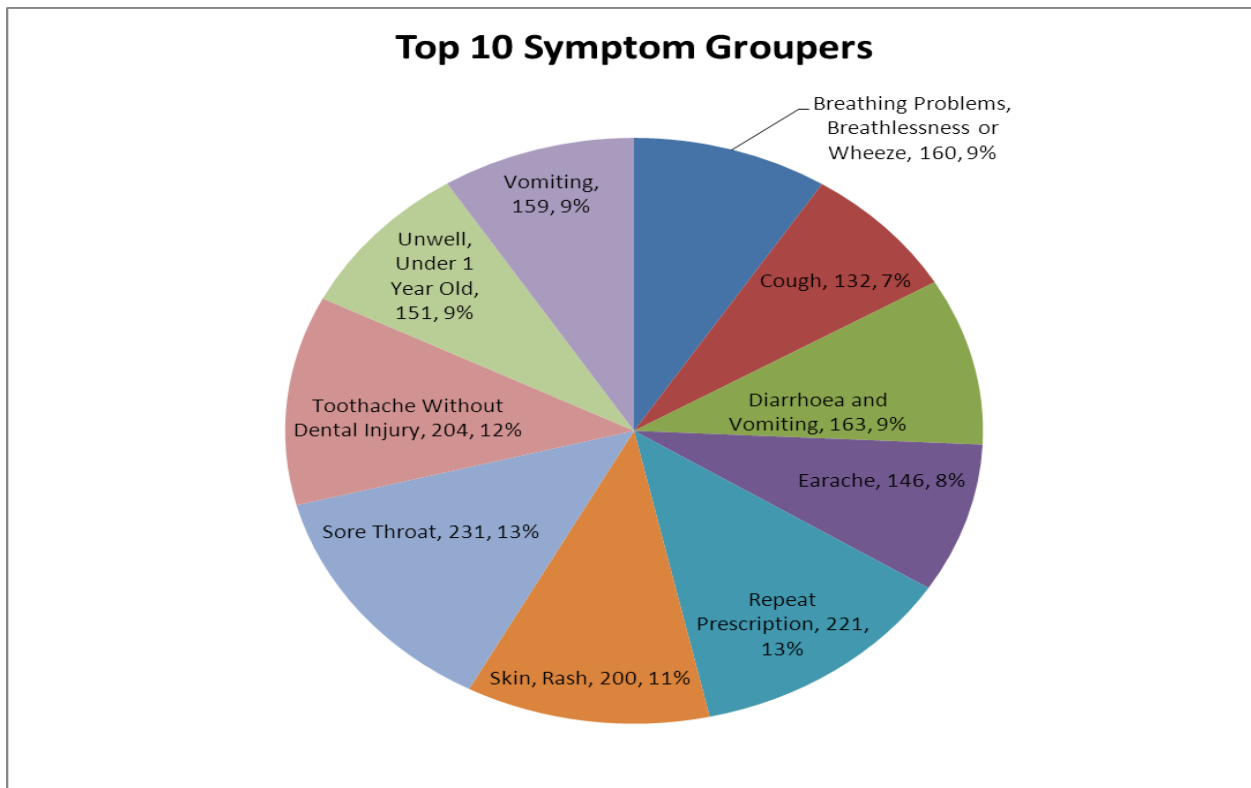
The chart below identifies patients grouping them within levels of urgency – this is driven by robust risk assessment, which means that more serious symptoms are identified up front.



## 4.4 Analysis of the Top 10 Symptoms

### NHS Pathways Outcome: Top 10 Symptom Groupers

The Top 10 symptoms account for 31.4% of the calls to 111.

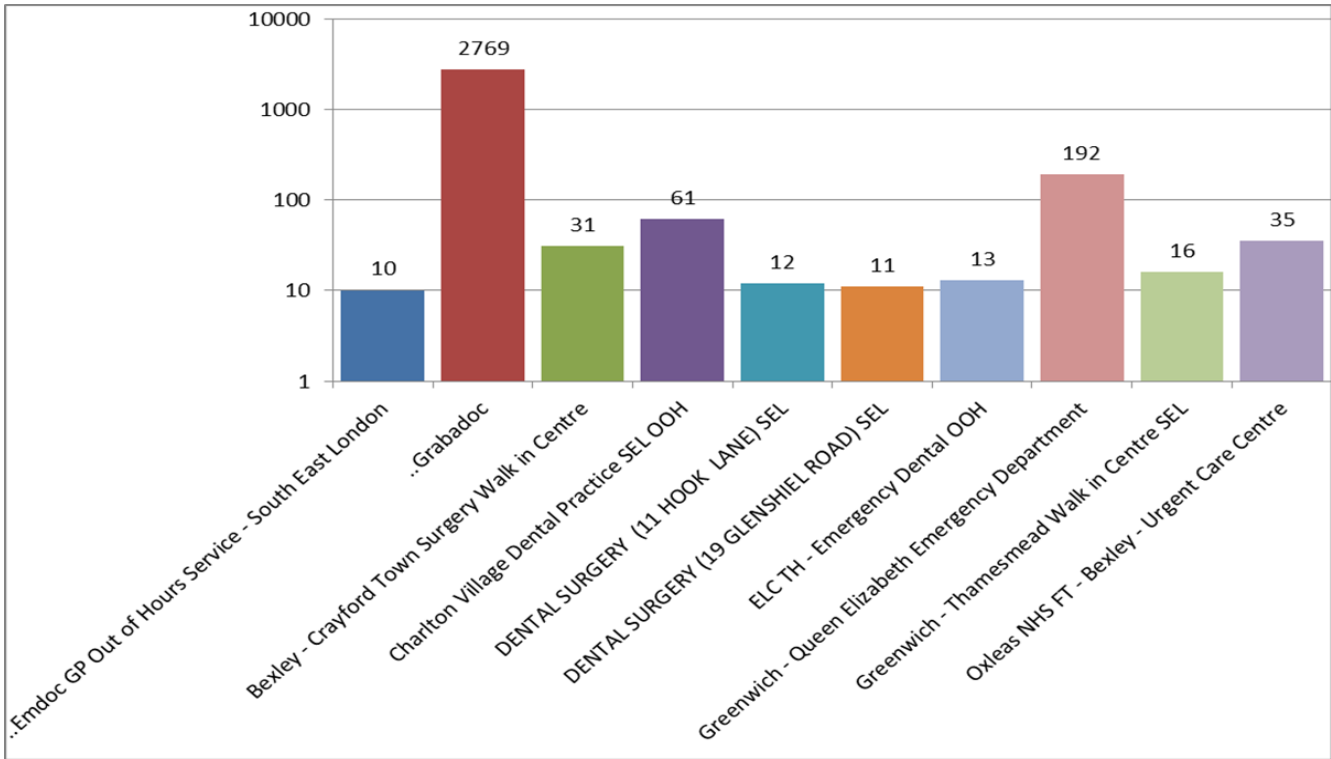


This is driven by robust risk assessment, which means that more serious symptoms are identified up front.



**4.5 Which local services are they signposted to?**

**DoS (Directory of Services) Outcome: OOH, dental, UCC, WIC, ED & midwifery**

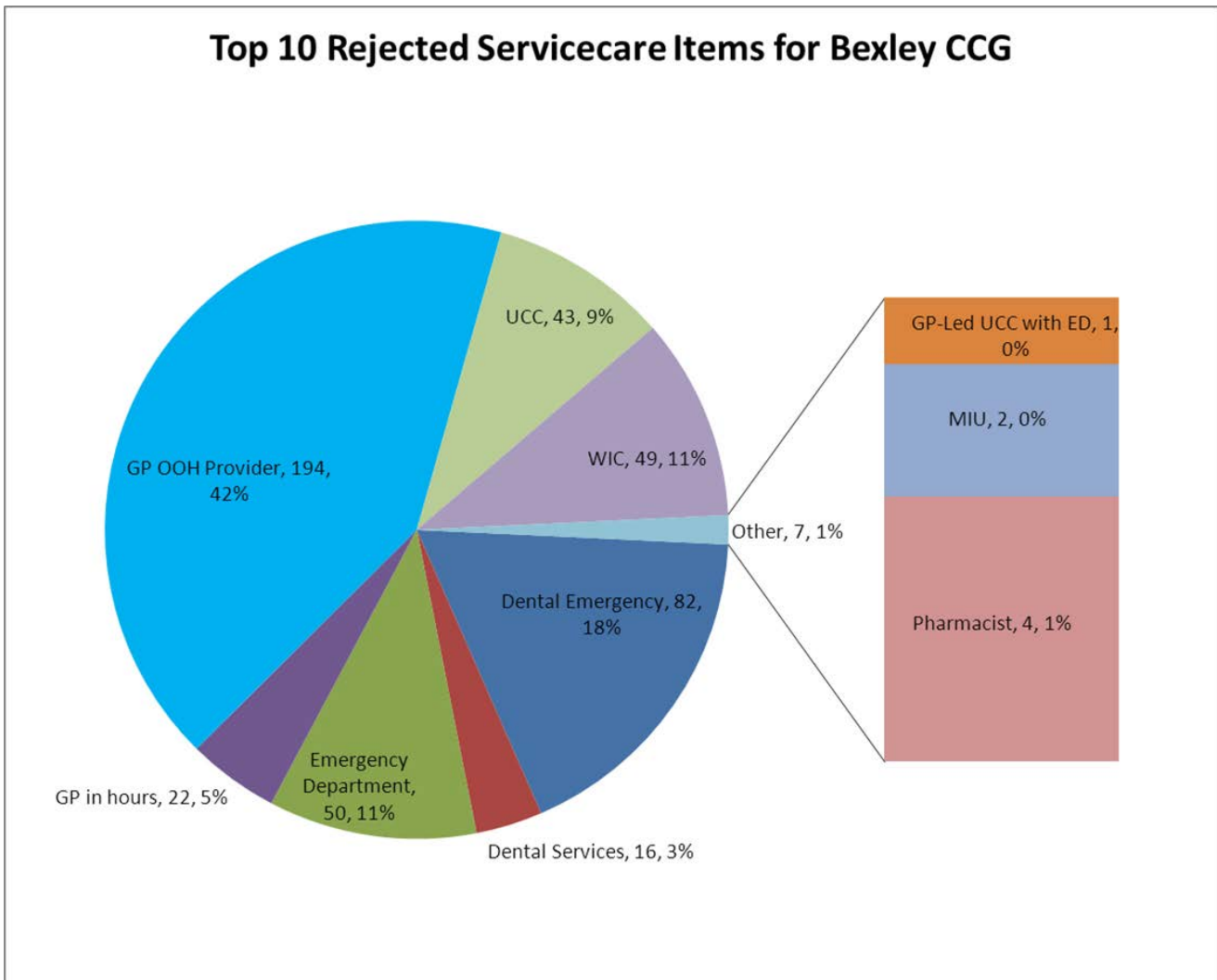


Note that Ambulance is not included as this does not return the DoS.



## 4.6 Which local services do they “reject” when signposted to?

475 patients rejected the first service 111 offered to them. The 111 call handler will record the first service a patient rejects with the reason, if a subsequent service offered is rejected this is not recorded.



## 4.7 Which Bexley GP practice do the 111 callers belong to?

This reviews the number of patients (of the 5,649) by GP practice.

CCG	Surgery Name	No. of patients
Bexley CCG	BARNARD MEDICAL PRACTICE	308
Bexley CCG	BEDSIDE MANOR	97
Bexley CCG	BELLESGROVE SURGERY	323
Bexley CCG	BELVEDERE MEDICAL CENTRE	155
Bexley CCG	BEXLEY GROUP PRACTICE	310
Bexley CCG	BEXLEY MEDICAL GROUP	330
Bexley CCG	BULBANKS MEDICAL CENTRE	62
Bexley CCG	BURSTED WOOD SURGERY	89
Bexley CCG	CAIRNGALL MEDICAL PRACTICE	224
Bexley CCG	CRAYFORD TOWN SURGERY	110
Bexley CCG	CROOK LOG SURGERY	281
Bexley CCG	DR THAVAPALAN AND PARTNERS	140
Bexley CCG	GOOD HEALTH PMS	129
Bexley CCG	INGLETON AVENUE SURGERY	129
Bexley CCG	LAKESIDE MEDICAL	394
Bexley CCG	LYNDHURST ROAD MEDICAL CENTRE	165
Bexley CCG	MILL ROAD SURGERY	35
Bexley CCG	NORTHUMBERLAND HEATH MED.CTR.	257
Bexley CCG	PLAS MEDDYG SURGERY	131
Bexley CCG	SIDCUP MEDICAL CENTRE	338
Bexley CCG	SLADE GREEN MEDICAL CTR.	95
Bexley CCG	STATION ROAD SURGERY	240
Bexley CCG	THANET ROAD SURGERY	38
Bexley CCG	THE ALBION SURGERY	301
Bexley CCG	THE PARKSIDE	80
Bexley CCG	THE WESTWOOD SURGERY	250
Bexley CCG	WELLING MEDICAL PRACTICE	402
Bexley CCG	WOODLANDS SURGERY	236
<b>Bexley CCG Total</b>		<b>5649</b>



## 4.8 Other Information

This table groups the 111 dispositions by GP practice the patient was registered with by:

- Ambulance Dispatch
- Attend Emergency Department
- Repeat prescriptions

CCGArea	SurgeryName	Ambulance Dispatch	Attend ED	Repeat Prescription
Bexley CCG	BARNARD MEDICAL PRACTICE	16	10	9
Bexley CCG	BEDSIDE MANOR	10	4	
Bexley CCG	BELLEGROVE SURGERY	17	19	18
Bexley CCG	BELVEDERE MEDICAL CENTRE	14	10	3
Bexley CCG	BEXLEY GROUP PRACTICE	35	28	2
Bexley CCG	BEXLEY MEDICAL GROUP	28	16	14
Bexley CCG	BULBANKS MEDICAL CENTRE	5	5	1
Bexley CCG	BURSTED WOOD SURGERY	7	1	4
Bexley CCG	CAIRNGALL MEDICAL PRACTICE	16	7	4
Bexley CCG	CRAYFORD TOWN SURGERY	6	8	3
Bexley CCG	CROOK LOG SURGERY	16	22	13
Bexley CCG	DR THAVAPALAN AND PARTNERS	15	6	4
Bexley CCG	GOOD HEALTH PMS	6	4	6
Bexley CCG	INGLETON AVENUE SURGERY	9	6	6
Bexley CCG	LAKESIDE MEDICAL	27	19	14
Bexley CCG	LYNDHURST ROAD MEDICAL CENTRE	21	8	2
Bexley CCG	MILL ROAD SURGERY	6	1	2
Bexley CCG	NORTHUMBERLAND HEATH MED.CTR.	26	10	9
Bexley CCG	PLAS MEDDYG SURGERY	12	2	3
Bexley CCG	SIDCUP MEDICAL CENTRE	26	7	25
Bexley CCG	SLADE GREEN MEDICAL CTR.	8	8	1
Bexley CCG	STATION ROAD SURGERY	28	16	10
Bexley CCG	THANET ROAD SURGERY	5	2	3
Bexley CCG	THE ALBION SURGERY	23	7	22
Bexley CCG	THE PARKSIDE	10	2	6
Bexley CCG	THE WESTWOOD SURGERY	18	14	13
Bexley CCG	WELLING MEDICAL PRACTICE	27	26	14
Bexley CCG	WOODLANDS SURGERY	23	9	9
Bexley CCG Total		460	277	220

