



**Scoring methodology for existing national targets for 2005/2006**

(Updated October 12<sup>th</sup> 2006 to include thresholds for existing national targets)

As the annual health check is a new system, the Healthcare Commission reserves the right to modify its scoring methods in light of experience. Any changes made would be transparent and intended to promote fairness in the results of the assessment. Rule changes would either apply across all health care organisation types, or might be specific to a particular health care organisation type.

This document describes how the Healthcare Commission will calculate scores for performance relating to existing national targets for each NHS organisation. Assessment of performance against the existing national targets is one component of the 'Quality' element of the Healthcare Commission's 2005/2006 annual health check and covers the targets published by the Department of Health in *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006 – 2007/2008*. The existing national targets assess whether levels of service set through the 2003-2006 planning round are being maintained and are considered to be the basics of what organisations should be doing. Accordingly, the existing national targets carry a heavy weight in the derivation of the overall 'Quality' score.

This document includes the following details:

1. *outline of the existing national targets scoring methodology*
2. *key principles of scoring existing national targets*
3. *allocation table for acute & specialist Trusts*
4. *allocation table for primary care trusts (PCTs)*
5. *allocation table for ambulance trusts*
6. *allocation table for mental health trusts*
7. *allocation table for PCTs that also provide mental health services*
8. *allocation table for combined trusts, which provide acute, ambulance and mental health services*

**Appendix 1:** *Full list of existing national targets*

**Appendices (2-5):** *Full lists of applicable existing national targets and relevant performance indicators by organisation types*

**Appendix 6:** *Scoring methodology for existing national targets – worked example*

**Appendix 7:** *Thresholds for existing national targets*

## **1. Outline of the existing national targets scoring methodology**

The scores for each existing national target are aggregated into one overall score, which then contributes to the overall 'Quality' element of the annual health check. Existing national targets are scored on the following four-grade scale:

**'Fully met'**

**'Almost met'**

**'Partly met'**

**'Not met'**

The following four trust types are assessed against the existing national targets – acute and specialist, mental health, ambulance, and primary care trust (PCT). Each trust is assessed within its own group by a set of performance indicators, specifically designed to measure the existing national targets that apply to it. Combined trusts (PCTs that provide mental health services and the Isle of Wight Healthcare NHS

Trust, which provides acute, ambulance and mental health services) are assessed on the performance indicators that apply to them from each relevant organisation type set.

In total, there are 21 separate existing national targets as set out by the Department of Health (see Appendix 1). In the 2005/2006 annual health check, the Healthcare Commission is using 26 different performance indicators to measure performance against the existing national targets. Therefore, some existing national targets are measured by one performance indicator and others are measured by two (see Fig. 1 below).

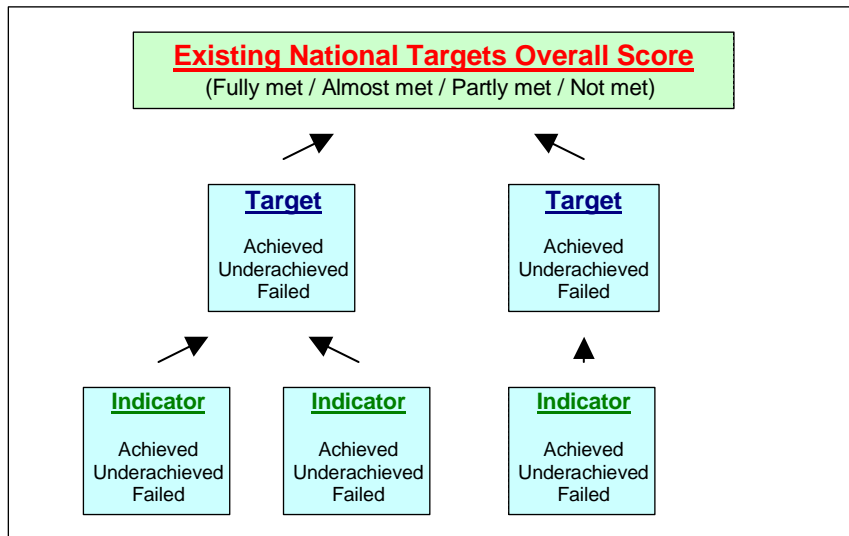


Fig 1. Illustration of existing national targets scoring methodology

Not all existing national targets apply to all trusts. The number of applicable existing national targets varies by health care organisation type and may vary between trusts of the same organisation type, depending on the services they provide. Trusts will only be assessed against the targets and indicators that are applicable to them within their relevant set(s) of indicators. For example, if an acute trust does not have an accident and emergency (A&E) department, the performance indicator 'Total time in A&E: four hours or less' will not apply.

See Appendices 2 to 5 for full lists of existing national targets and relevant performance indicators by organisation types.

## 2. Key principles of scoring existing national targets

The following key principles underpin the existing national targets scoring methodology:

- i. Scores for 'Fully met', 'Almost met', 'Partly met' and 'Not met' for existing national targets are based on cumulative scores from all the individual existing national targets.
- ii. All individual existing national targets are equally weighted.
- iii. Where there is more than one performance indicator used to assess an existing national target, then all performance indicators within the target are equally weighted.
- iv. Performance relating to each performance indicator is assessed as '**achieved**', '**underachieved**' or '**failed**'. This is based on expected levels of performance using two defined thresholds; the first threshold distinguishes between 'achieved' and 'underachieved', the second distinguishes between 'underachieved' and 'failed'.
- v. Performance relating to each existing national target is also assessed as '**achieved**', '**underachieved**' or '**failed**'. Where only one performance indicator is used to assess an existing national target, the individual target score will mirror the performance indicator score (i.e. underachieving the performance indicator results in underachieving the relevant target). Where there are two performance indicators used to assess an existing national target, the individual target is scored as follows:

<b>Scoring performance on an existing national target, which is assessed using two performance indicators</b>	
<b>Indicator outcomes</b>	<b>Individual target score</b>
Achieved & Achieved	<b>Achieved</b>
Achieved & Underachieved	<b>Underachieved</b>
Underachieved & Underachieved	<b>Underachieved</b>
Achieved & Failed	<b>Failed</b>
Failed & Underachieved	<b>Failed</b>
Failed & Failed	<b>Failed</b>

- vi. For each individual existing national target, a trust is allocated points in relation to its performance level using the following rules:

Achieved target:	3 points
Underachieved target:	2 points
Failed target:	0 points

Therefore, a trust that fails one target fails to score 3 available points. This is equivalent to the number of available points not scored if a trust underachieves three targets. This reflects the severity of failing to meet a target.

- vii. The overall scores of 'Fully met', 'Almost met', 'Partly met' and 'Not met' on existing national targets are calculated by comparing the number of points scored with the maximum number of points available to the trust. Please refer to sections 3 to 7 for full details of the required points to score 'Fully met', 'Almost met', 'Partly met' and 'Not met' for acute and specialist, primary care, ambulance and mental health trusts respectively.

- viii. Trusts are only assessed against the indicators/targets that are applicable to them. Indicators or targets that are not applicable are not included in the calculation of overall score for existing national targets.
- ix. If an indicator is applicable to a trust but data are not available (through no fault of the trust), the indicator is deemed not applicable with regards to the overall scoring of existing national targets.
- x. Trusts that submit incomplete data, or miss the published deadline for data submission, will be awarded the lowest score available for the relevant indicator(s).
- xi. If a trust has low activity, such that there is not sufficient data to adequately assess them against an indicator, the indicator is deemed not applicable with regards to the overall scoring of existing national targets.

### 3. Allocation table for acute and specialist trusts

Acute and specialist trusts have up to 12 existing national targets that apply for scoring, which are measured by 13 performance indicators. For 11 of the targets, one indicator is used to assess the target. For one target, two indicators are used to assess the target. See Appendix 2 for a full list of the existing national targets and relevant performance indicators applicable to acute and specialist trusts.

The number of targets applicable to acute and specialist trusts may vary and this is reflected in the methodology to derive the existing national targets overall score. Table 1 below shows the number of points required to score 'Fully met', 'Almost met', 'Partly met' or 'Not met' depending on the number of targets that apply.

Number of targets that apply	Maximum points available	Fully met	Almost met	Partly met	Not met
12	36	$\geq 33$	$\geq 30$	$\geq 27$	$< 27$
11	33	$\geq 30$	$\geq 27$	$\geq 24$	$< 24$
10	30	$\geq 27$	$\geq 24$	$\geq 21$	$< 21$
9	27	$\geq 25$	$\geq 22$	$\geq 19$	$< 19$
8	24	$\geq 22$	$\geq 20$	$\geq 17$	$< 17$
7	21	$\geq 19$	$\geq 17$	$\geq 15$	$< 15$
6	18	$\geq 17$	$\geq 15$	$\geq 13$	$< 13$
5	15	$\geq 14$	$\geq 12$	$\geq 11$	$< 11$
4	12	$\geq 11$	$\geq 10$	$\geq 9$	$< 9$
3	9	$\geq 9$	$\geq 8$	$\geq 7$	$< 7$

Therefore, when all **12** existing national targets apply to an acute or specialist trust, scoring is as follows:

**Fully met**  $\geq 33$  out of 36 points  
(i.e. tolerance for one failed target only or three underachieved targets only)

**Almost met**  $\geq 30$  out of 36 points  
(i.e. tolerance for two failed targets only or six underachieved targets only etc)

**Partly met**  $\geq 27$  out of 36 points  
(i.e. tolerance for three failed targets only or nine underachieved targets only etc)

**Not met**  $< 27$  out of 36 points  
(i.e. greater than three failed targets or greater than nine underachieved targets etc)

#### 4. Allocation table for PCTs\*

\*(Last updated March 20<sup>th</sup> 2006, following confirmation that 18 existing national targets are applicable to PCTs).

PCTs have up to 18 existing national targets that apply for scoring, which are measured by 21 performance indicators. For 15 of the targets, one indicator is used to assess the target. For three of the targets, two indicators are used to assess the target. See Appendix 3 for a full list of the existing national targets and relevant performance indicators applicable to primary care trusts.

The number of targets applicable to PCTs may vary and this is reflected in the methodology to derive the existing national targets overall score. Table 2 below shows the number of points required to score 'Fully met', 'Almost met', 'Partly met' or 'Not met' depending on the number of targets that apply.

Number of targets that apply	Maximum points available	Fully met	Almost met	Partly met	Not met
18	54	$\geq 49$	$\geq 44$	$\geq 39$	$< 39$
17	51	$\geq 46$	$\geq 41$	$\geq 36$	$< 36$
16	48	$\geq 43$	$\geq 38$	$\geq 33$	$< 33$
15	45	$\geq 41$	$\geq 36$	$\geq 32$	$< 32$
14	42	$\geq 38$	$\geq 34$	$\geq 30$	$< 30$
13	39	$\geq 36$	$\geq 32$	$\geq 28$	$< 28$
12	36	$\geq 33$	$\geq 29$	$\geq 26$	$< 26$
11	33	$\geq 30$	$\geq 27$	$\geq 24$	$< 24$
10	30	$\geq 27$	$\geq 24$	$\geq 21$	$< 21$

Therefore, when all **18** existing national targets apply to a primary care trust, scoring is as follows:

**Fully met**  $\geq 49$  out of 54 points  
(i.e. tolerance for one failed target and two underachieved targets only or five underachieved targets only)

**Almost met**  $\geq 44$  out of 54 points  
(i.e. tolerance for three failed targets and one underachieved target only or 10 underachieved targets only etc)

**Partly met**  $\geq 39$  out of 54 points  
(i.e. tolerance for five failed targets only or 15 underachieved targets only etc)

**Not met**  $< 39$  out of 54 points  
(i.e. greater than five failed targets or greater than 15 underachieved targets etc)

## 5. Allocation table for ambulance trusts

Ambulance trusts have up to four existing national targets that apply for scoring, which are measured by four performance indicators. For all four of the targets, one indicator is used to assess the target. See Appendix 4 for a full list of the existing national targets and relevant performance indicators applicable to ambulance Trusts.

The number of targets applicable to ambulance trusts may vary and this is reflected in the methodology to derive the existing national targets overall score. Table 3 below shows the number of points required to score 'Fully met', 'Almost met', 'Partly met' or 'Not met' depending on the number of targets that apply.

Number of targets that apply	Maximum points available	Fully met	Almost met	Partly met	Not met
4	12	=12	=11	>=9	<9
3	9	=9	=8	>=6	<6

Therefore, when all **four** existing national targets apply to an ambulance trust, scoring is as follows:

**Fully met**    =12 out of 12 points  
(i.e. no tolerance to underachieve or fail any targets)

**Almost met** =11 out of 12 points  
(i.e. tolerance for one underachieved target only)

**Partly met**    >=9 out of 12 points  
(i.e. tolerance for one failed target only or three underachieved targets only)

**Not met**        <9 out of 12 points  
(i.e. greater than one failed target or greater than three underachieved targets)

## 6. Allocation table for mental health trusts

Mental health trusts have up to two existing national targets that apply for scoring, which are measured by two performance indicators. For both targets, one indicator is used to assess the target. See Appendix 5 for a full list of the existing national targets and relevant performance indicators applicable to mental health trusts.

The number of targets applicable to mental health trusts may vary and this is reflected in the methodology to derive the existing national targets overall score. Table 4 below shows the number of points required to score 'Fully met', 'Almost met', 'Partly met' or 'Not met' depending on the number of targets that apply.

Number of targets that apply	Maximum points available	Fully met	Almost met	Partly met	Not met
2	6	=6	=5	>=3	<3
1	3	=3	=2	NA	=0

Therefore, when **both** existing national targets apply to a mental health trust, scoring is as follows:

**Fully met**     =6 out of 6 points  
(i.e. no tolerance to underachieve or fail any targets)

**Almost met**   =5 out of 6 points  
(i.e. tolerance for one underachieved target only)

**Partly met**    >=3 out of 6 points  
(i.e. tolerance for one failed target only or two underachieved targets only)

**Not met**        <3 out of 6 points  
(i.e. greater than one failed target or greater than two underachieved targets)

## 7. Allocation table for PCTs that provide mental health services

Primary care trusts providing mental health services will be assessed against up to 18 existing national targets as a PCT and up to two existing national targets as a mental health provider. They will, therefore, be scored overall as having up to 20 existing national targets that apply for scoring, which are measured by a total of 23 performance indicators. For 17 of the targets, one indicator is used to assess the target. For three of the targets, two indicators are used to assess the target. See Appendices 3 and 5 for full lists of the existing national targets and relevant performance indicators applicable to PCTs that also provide mental health services.

The number of targets applicable to PCTs that also provide mental health services may vary and this is reflected in the methodology to derive the existing national targets overall score. Table 5 below shows the number of points required to score 'Fully met', 'Almost met', 'Partly met' or 'Not met' depending on the number of targets that apply.

Number of targets that apply	Maximum points available	Fully met	Almost met	Partly met	Not met
20	60	>=55	>=49	>=42	<42
19	57	>=52	>=46	>=40	<40
18	54	>=49	>=44	>=39	<39
17	51	>=46	>=41	>=36	<36
16	48	>=43	>=38	>=33	<33
15	45	>=41	>=36	>=32	<32
14	42	>=38	>=34	>=30	<30
13	39	>=36	>=32	>=28	<28
12	36	>=33	>=29	>=26	<26
11	33	>=30	>=27	>=24	<24
10	30	>=27	>=24	>=21	<21

Therefore, when all **20** existing national targets apply to a primary care trust (also providing mental health services), scoring is as follows:

**Fully met** >=55 out of 60 points  
(i.e. tolerance for one failed target and two underachieved targets only or five underachieved targets only)

**Almost met** >=49 out of 60 points  
(i.e. tolerance for three failed targets and two underachieved targets only or 11 underachieved targets only etc)

**Partly met** >=42 out of 60 points  
(i.e. tolerance for six failed targets only or 18 underachieved targets only etc)

**Not met** <42 out of 60 points  
(i.e. greater than six failed targets or greater than 18 underachieved targets etc)

## **8. Allocation table for combined trusts, which provide acute, ambulance and mental health services**

A trust, which provides acute, ambulance and mental health services, has up to 12 existing national targets as an acute trust, two existing national targets as a mental health provider and four existing national targets as a provider of ambulance services. They will, therefore, be scored overall as having up to 18 existing national targets that apply for scoring, which are measured by a total of 19 performance indicators. For 17 of the targets, one indicator is used to assess the target. For one of the targets, two indicators are used to assess the target. See Appendices 2, 4 and 5 for full lists of the existing national targets and relevant performance indicators applicable to the Isle of Wight Healthcare NHS Trust.

The number of targets applicable for this trust type may vary and this is reflected in the methodology to derive the existing national targets overall score. Table 6 below shows the number of points required to score 'Fully met', 'Almost met', 'Partly met' or 'Not met' depending on the number of targets that apply.

<b>Number of targets that apply</b>	<b>Maximum points available</b>	<b>Fully met</b>	<b>Almost met</b>	<b>Partly met</b>	<b>Not met</b>
<b>18</b>	<b>54</b>	<b>&gt;=51</b>	<b>&gt;=46</b>	<b>&gt;=39</b>	<b>&lt;39</b>
<b>17</b>	<b>51</b>	<b>&gt;=48</b>	<b>&gt;=43</b>	<b>&gt;=36</b>	<b>&lt;36</b>
<b>16</b>	<b>48</b>	<b>&gt;=45</b>	<b>&gt;=40</b>	<b>&gt;=33</b>	<b>&lt;33</b>
<b>15</b>	<b>45</b>	<b>&gt;=42</b>	<b>&gt;=38</b>	<b>&gt;=31</b>	<b>&lt;31</b>
<b>14</b>	<b>42</b>	<b>&gt;=39</b>	<b>&gt;=35</b>	<b>&gt;=29</b>	<b>&lt;29</b>
<b>13</b>	<b>39</b>	<b>&gt;=36</b>	<b>&gt;=33</b>	<b>&gt;=27</b>	<b>&lt;27</b>
<b>12</b>	<b>36</b>	<b>&gt;=33</b>	<b>&gt;=30</b>	<b>&gt;=26</b>	<b>&lt;26</b>

Therefore, when all **18** existing national targets apply to this trust type, scoring is as follows:

**Fully met** >=51 out of 54 points  
(i.e. tolerance for one failed target only or three underachieved targets only)

**Almost met** >=46 out of 54 points  
(i.e. tolerance for 2 failed targets and two underachieved targets only or eight underachieved targets only etc)

**Partly met** >=39 out of 54 points  
(i.e. tolerance for five failed targets only or 15 underachieved targets only etc)

**Not met** <39 out of 54 points  
(i.e. greater than five failed targets or greater than 15 underachieved targets etc)

## **Appendix 1.                      Existing national targets**

### **Commitments due to be achieved before March 2005**

- Reduce to four hours the maximum wait in A&E from arrival to admission, transfer or discharge.
- Guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours.
- All ambulance trusts to respond to 75% of Category A calls within 8 minutes.
- All ambulance trusts to respond to 95% of Category A calls within 14 (urban)/19(rural) minutes.
- All ambulance trusts to respond to 95% of Category B calls within 14 (urban)/19(rural) minutes.
- Maintain a two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.
- Maintain a maximum two-week wait standard for Rapid Access Chest Pain Clinics.
- 3 month maximum wait for revascularisation by March 2005.
- From April 2002 all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice.

### **Commitments due to be achieved after March 2005**

- Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005, and a comprehensive Child and Adolescent Mental Health service by 2006.
- Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose the hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four to five different health care providers for planned hospital care, paid for by the NHS.
- Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005.
- Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005.
- 800,000 smokers from all groups successfully quitting at the 4-week stage by 2006.
- In primary care, update practice-based registers so that patients with CHD and diabetes continue to receive appropriate advice and treatment in line with NSF standards and, by March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of CHD, particularly those with hypertension, diabetes and a BMI greater than 30.
- A minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by 2006, and 100% by 2007.
- Achieve a maximum wait of 3 months for an outpatient appointment by December 2005.
- Achieve a maximum wait of 6 months for inpatients by December 2005.
- Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.
- Delayed transfers of care to reduce to a minimal level by 2006

**Appendix 2. Existing national targets applicable to acute & specialist trusts**

Existing national targets		Performance indicators	
1	Achieve a maximum wait of six months for inpatients by December 2005.	1	Number of inpatients waiting longer than the standard
2	Achieve a maximum wait of three months for an outpatient appointment by December 2005.	2	Number of outpatients waiting longer than the standard
3	Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005.	3	All cancers: two month GP urgent referral to treatment
4	Delayed transfers of care to reduce to a minimal level by 2006.	4	Delayed transfers of care
5	Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.	5	Thrombolysis - 60 minute call to needle time
6	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005.	6	All cancers: one month diagnosis (decision to treat) to treatment
7	Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose a hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four or five different health care providers for planned hospital care, paid for by the NHS.	7	Convenience and choice - elective (inpatient and daycase) and outpatient booking
		8	Convenience and choice - provider information in place to support choice
8	From April 2002 all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice.	9	Cancelled operations and those not admitted within 28 days
9	Maintain a maximum two-week wait standard for Rapid Access Chest Pain Clinics.	10	Waiting times for rapid access chest pain clinic
10	Maintain a two week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.	11	All cancers: two week wait
11	Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge.	12	Total time in A&E: four hours or less
12	Three month maximum wait for revascularisation by March 2005.	13	Patients waiting longer than three months for revascularisation

**Appendix 3. Existing national targets applicable to primary care trusts\***

\*(Last updated March 20<sup>th</sup> 2006, following confirmation that 18 existing national targets are applicable to PCTs).

Existing national targets		Performance indicators	
1	800,000 smokers from all groups successfully quitting at the 4-week stage by 2006.	1	Four week smoking quitters
2	A minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by March 2006, and 100% by 2007.	2	Diabetic retinopathy screening
3	Achieve a maximum wait of six months for inpatients by December 2005.	3	Number of inpatients waiting longer than the standard
4	Achieve a maximum wait of three months for an outpatient appointment by December 2005.	4	Number of outpatients waiting longer than the standard
5	Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005.	5	All cancers: two month GP urgent referral to treatment
6	All ambulance trusts to respond to 75% of category A calls within 8 minutes.	6	Category A calls meeting eight minute target
7	All ambulance trusts to respond to 95% of category A calls within 14 minutes (urban) or 19 minutes (rural).	7	Category A calls meeting 14/19 minute target
8	All ambulance trusts to respond to 95% of category B calls within 14 minutes (urban) or 19 minutes (rural).	8	Category B calls meeting national 14/19 minute target
9	Delayed transfers of care to reduce to a minimal level by 2006.	9	Delayed transfers of care
10	Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.	10	Thrombolysis - 60 minute call to needle time
11	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005.	11	All cancers: one month diagnosis (decision to treat) to treatment
12	Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose a hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four or five different health care providers for planned hospital care, paid for by the NHS.	12	Convenience and choice - PCT booking
		13	Convenience and choice - PCT facilities in place to support choice

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Existing national targets		Performance indicators	
13	Guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours.	14	Access to a GP
		15	Access to a primary care professional
14	Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005, and a comprehensive Child and Adolescent Mental Health service by 2006.	16	Child and adolescent mental health services: Commissioning increased services
		17	Commissioning of crisis resolution/home treatment services
15	In primary care, update practice-based registers so that patients with coronary heart disease and diabetes continue to receive appropriate advice and treatment in line with national service framework standards and, by March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of coronary heart disease, particularly those with hypertension, diabetes and a BMI greater than 30.	18	Practice based registers - existing commitment
16	Maintain a two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.	19	All cancers: two week wait
17	Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge.	20	Total time in A&E: four hours or less
18	Three month maximum wait for revascularisation by March 2005.	21	Patients waiting longer than three months for revascularisation

**Appendix 4. Existing national targets applicable to ambulance trusts**

<b>Existing national targets</b>		<b>Performance indicators</b>	
<b>1</b>	All ambulance trusts to respond to 75% of category A calls within 8 minutes.	<b>1</b>	Category A calls meeting eight minute target
<b>2</b>	All ambulance trusts to respond to 95% of category A calls within 14 minutes (urban) or 19 minutes (rural).	<b>2</b>	Category A calls meeting 14/19 minute target
<b>3</b>	All ambulance trusts to respond to 95% of category B calls within 14 minutes (urban) or 19 minutes (rural).	<b>3</b>	Category B calls meeting national 14/19 minute target
<b>4</b>	Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.	<b>4</b>	Thrombolysis - 60 minute call to needle time

**Appendix 5. Existing national targets applicable to mental health trusts**

<b>Existing national targets</b>		<b>Performance indicators</b>	
<b>1</b>	Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to a comprehensive Child and Adolescent Mental Health service by 2006.	<b>1</b>	Child and adolescent mental health services: increased services
<b>2</b>	Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005.	<b>2</b>	Crisis resolution team implementation

**Appendix 6.**      **Scoring methodology for existing national targets for 2005/2006**

**WORKED EXAMPLE**

Detailed below is a worked example of scoring an acute trust against the existing national targets.

Any City Hospitals Trust is an acute trust, which has achieved the following scores on the performance indicators used to assess the existing national targets:

- **Achieved** the indicator *'Number of inpatients waiting longer than the standard'*
- **Achieved** the indicator *'Number of outpatients waiting longer than the standard'*
- **Achieved** the indicator *'All cancers: two month GP urgent referral to treatment'*
- **Failed** the indicator *'Delayed transfers of care'*
- **Achieved** the indicator *'Thrombolysis - 60 minute call to needle time'*
- **Achieved** the indicator *'All cancers: one month diagnosis (decision to treat) to treatment'*
- **Underachieved** the indicator *'Convenience and choice - elective (inpatient and daycase) and outpatient booking'*
- **Achieved** the indicator *'Convenience and choice - provider information in place to support choice'*
- **Underachieved** the indicator *'Cancelled operations and those not admitted within 28 days'*
- **Achieved** the indicator *'Waiting times for rapid access chest pain clinic'*
- **Achieved** the indicator *'All cancers: two week wait'*
- **Achieved** the indicator *'Total time in A&E: four hours or less'*
- The indicator *'Patients waiting longer than three months for revascularisation'* is **not applicable** to this trust.

Table 7 below details Any City Hospitals Trust's scores for the above performance indicators and the existing national targets they assess. (N.B. refer to Section 2, key principle (v) with regards to scoring of individual existing national targets).

<b>Table 7. Any City Hospitals Trust – Performance Indicator and Existing National Target Scores</b>				
<b>Performance Indicators</b>	<b>Indicator Score</b>	<b>Existing National Targets</b>	<b>Target Score</b>	<b>Points Scored</b>
Number of inpatients waiting longer than the standard	<b>Achieved</b>	Achieve a maximum wait of six months for inpatients by December 2005.	<b>Achieved</b>	<b>3</b>
Number of outpatients waiting longer than the standard	<b>Achieved</b>	Achieve a maximum wait of three months for an outpatient appointment by December 2005.	<b>Achieved</b>	<b>3</b>
All cancers: two month GP urgent referral to treatment	<b>Achieved</b>	Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005.	<b>Achieved</b>	<b>3</b>
Delayed transfers of care	<b>Failed</b>	Delayed transfers of care to reduce to a minimal level by 2006.	<b>Failed</b>	<b>0</b>
Thrombolysis - 60 minute call to needle time	<b>Achieved</b>	Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help.	<b>Achieved</b>	<b>3</b>
All cancers: one month diagnosis (decision to treat) to treatment	<b>Achieved</b>	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005.	<b>Achieved</b>	<b>3</b>
Convenience and choice - elective (inpatient and daycase) and outpatient booking	<b>Underachieved</b>	Ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose a hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four or five different health care providers for planned hospital care, paid for by the NHS.	<b>Underachieved</b>	<b>2</b>
Convenience and choice - provider information in place to support choice	<b>Achieved</b>			
Cancelled operations and those not admitted within 28 days	<b>Underachieved</b>	From April 2002 all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice.	<b>Underachieved</b>	<b>2</b>
Waiting times for rapid access chest pain clinic	<b>Achieved</b>	Maintain a maximum two-week wait standard for Rapid Access Chest Pain Clinics.	<b>Achieved</b>	<b>3</b>
All cancers: two week wait	<b>Achieved</b>	Maintain a two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.	<b>Achieved</b>	<b>3</b>
Total time in A&E: four hours or less	<b>Achieved</b>	Maintain the four-hour maximum wait in A&E from arrival to admission, transfer or discharge.	<b>Achieved</b>	<b>3</b>
Patients waiting longer than three months for revascularisation	<b>N/A</b>	Three month maximum wait for revascularisation by March 2005.	<b>N/A</b>	<b>N/A</b>

Therefore, 11 out of the 12 existing national targets are applicable for scoring Any City Hospitals Healthcare Trust. In the above example, Any City Hospitals Healthcare Trust scored a total of 28 out of 33 possible points.

According to the existing national targets overall scoring allocation table (see Section 3 above or table 8 below) for acute and specialist trusts, Any City Hospitals Healthcare Trust's score of 28 points is greater than the 27 points required to be 'Almost met' but less than the 30 points required to be 'Fully met'.

Any City Hospitals Healthcare Trust therefore scores '**Almost met**' for existing national targets.

**Table 8. Acute & specialist trusts – existing national targets overall scoring allocation table**

Number of targets that apply	Maximum points available	Fully met	Almost met	Partly met	Not met
12	36	$\geq 33$	$\geq 30$	$\geq 27$	$< 27$
11	33	$\geq 30$	$\geq 27$	$\geq 24$	$< 24$
10	30	$\geq 27$	$\geq 24$	$\geq 21$	$< 21$
9	27	$\geq 25$	$\geq 22$	$\geq 19$	$< 19$
8	24	$\geq 22$	$\geq 20$	$\geq 17$	$< 17$
7	21	$\geq 19$	$\geq 17$	$\geq 15$	$< 15$
6	18	$\geq 17$	$\geq 15$	$\geq 13$	$< 13$
5	15	$\geq 14$	$\geq 12$	$\geq 11$	$< 11$
4	12	$\geq 11$	$\geq 10$	$\geq 9$	$< 9$
3	9	$\geq 9$	$\geq 8$	$\geq 7$	$< 7$

**Appendix 7.**      **Thresholds for existing national targets for 2005/2006**

**Existing National Target Thresholds 2005/2006**

Acute & Specialist Trusts.....page 22  
Primary Care Trusts.....page 27  
Mental Health Trusts.....page 34  
Ambulance Trusts.....page 35

**Acute and specialist trusts**

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
All cancers: 2 week wait	>98%	>=95%	<95%	Organisations treating fewer than 10 relevant patients (i.e. denominator less than 10) have been given a 'Data not available' score.
Convenience and choice - provider information in place to support choice	2 'Yes'	1 'Yes'	0 'Yes'	
Number of inpatients waiting longer than the standard	<=0.03%	<=0.15%	>0.15%	Low numbers rule: Fewer than 5,200 FFCEs AND fewer than 2 breaches = Achieved. Fewer than 5,200 FFCEs and 2 or more breaches = thresholds doubled.

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Number of outpatients waiting longer than the standard	$\leq 0.03\%$	$\leq 0.15\%$	$> 0.15\%$	Low numbers rule: Fewer than 5,200 FFCEs AND fewer than 5 breaches = Achieved. Fewer than 5,200 FFCEs and 5 or more breaches = thresholds doubled.
Patients waiting longer than three months for revascularisation	$\leq 0.10\%$	$\leq 0.20\%$	$> 0.20\%$	
Total time in A&E	$\geq 98\%$	$\geq 97\%$	$< 97\%$	
Delayed transfers of care	$\leq 3.5\%$	$\leq 5\%$	$> 5\%$	
All cancers: one-month diagnosis (decision to treat) to treatment	$\geq 96\%$	$\geq 90\%$	$< 90\%$	Organisations treating fewer than 10 relevant patients (i.e. denominator less than 10) have been given a 'Data not available' score.

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
All cancers: two month GP urgent referral to treatment	>=93%	>=83%	<83%	Organisations treating fewer than 10 relevant patients (i.e. denominator less than 10) have been given a 'Data not available' score.
Cancelled operations and those not admitted within 28 days	Cancellations: <=0.8%	Cancellations: <=1.5%	Cancellations: >1.5%	Low numbers rule: If less than 150 cancellations AND less than 5 breaches = Achieved on breaches, or If less than 150 cancellations and 5 or more breaches = breach thresholds doubled.
	Breaches: <=5%	Breaches: <=15%	Breaches: >15%	
	AA	AU, UU	AF, UF, FF	

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Convenience and choice - elective (inpatient and day case) and outpatient booking	>=67% (IP/OP Q1-3)	>=50% (IP/OP Q1-3)	<50% (IP/OP Q1-3)	Trusts that exhibit a small number of patients (fewer than 200 outpatients in the denominator of the indicator construction) have been given a 'Data not available' score for the outpatient booking component of the target for the purposes of ratings. Their performance is based solely upon the elective booking component of the target.
	>=98% (IP/OP Q4)	>=67% (IP/OP Q4)	<67% (IP/OP Q4)	
	AAAA	AAAU, AAUU, AUUU, AAAF, AAUF, UUUU	AUUF, UUUF, AAFF, AUFF, UUFF, AFFF, UFFF, FFFF	

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Thrombolysis - 60 minute call to needle time	<p><math>\geq 68\%</math> OR <math>\geq 38\%</math> AND 10% annual increase</p>	<p><math>\geq 38\%</math> OR 10% annual increase</p>	<p><math>&lt; 38\%</math> AND <math>&lt; 10\%</math> annual increase</p>	Organisations treating a small number of patients (i.e. fewer than 20 in the denominator of the indicator construction) have been given a 'Data not available' score.
Waiting times for rapid access chest pain clinic	$\geq 98\%$	$\geq 80\%$	$< 80\%$	

**Primary care trusts**

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Category A calls meeting eight minute target	$\geq 75\%$	$\geq 70\%$	$< 70\%$	
Category A calls meeting 14/19 minute target	$\geq 95\%$	$\geq 90\%$	$< 90\%$	
Category B calls meeting national 14/19 minute target	$\geq 95\%$	$\geq 80\%$	$< 80\%$	
Four week smoking quitters	$= 100\%$	$\geq 85\%$	$< 85\%$	

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Number of inpatients waiting longer than the standard	$\leq 0.10\%$	$\leq 0.3\%$	$> 0.3\%$	Low numbers rule: Fewer than 5,200 FFCEs AND fewer than 2 breaches = Achieved. Fewer than 5,200 FFCEs and 2 or more breaches = thresholds doubled.

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Number of outpatients waiting longer than the standard	$\leq 0.10\%$	$\leq 0.3\%$	$> 0.3\%$	Low numbers rule: Fewer than 5,200 FFCEs AND fewer than 5 breaches = Achieved. Fewer than 5,200 FFCEs and 5 or more breaches = thresholds doubled.

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Total time in A&E: four hours or less	$\geq 98\%$	$\geq 97\%$	$< 97\%$	
All cancers: two week wait	$\geq 97\%$	$\geq 94\%$	$< 94\%$	Organisations commissioning treatment for fewer than 10 relevant patients (i.e. denominator less than 10) have been given a 'Data not available' score.
Child and adolescent mental health services: Commissioning increased services	PCT has an up to date needs assessment and an increase in investment of greater than or equal to 1%	PCT has an up to date needs assessment but an increase in investment less than 1% OR PCT does not have an up to date needs assessment but shows an increase in investment of greater than or equal to 1%	PCT does not have an up to date needs assessment and shows an increase in investment of less than 1%	
Delayed transfers of care	$\leq 3.5\%$	$\leq 5\%$	$> 5\%$	
Diabetic retinopathy screening	$\geq 50\%$	$\geq 40\%$	$< 40\%$	

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Access to a GP	=100%	>=99%	<99%	
Access to a primary care professional	=100%	>=99%	<99%	
All cancers: one month diagnosis (decision to treat) to treatment	>=95%	>=89%	<89%	Organisations commissioning treatment for fewer than 10 relevant patients (i.e. denominator less than 10) have been given a 'Data not available' score.
All cancers: two month GP urgent referral to treatment	>=92%	>=82%	<82%	Organisations commissioning treatment for fewer than 10 relevant patients (i.e. denominator less than 10) have been given a 'Data not available' score.
Commissioning of crisis resolution/home treatment services	(P>=0.16)	(P<0.16 but >=0.001)	(P>0.001)	

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Convenience and choice - PCT booking	>=20% (Referrals through C&B)	>=5% (Referrals through C&B)	<5% (Referrals through C&B)	
	>=67% (IP/OP Q1-3)	>=50% (IP/OP Q1-3)	<50% (IP/OP Q1-3)	
	>=98% (IP/OP Q4)	>=67% (IP/OP Q4)	<67% (IP/OP Q4)	
	AAAAA, AAAAU	AAUUU, AAAAF, AUUUU, AAAUF, AAUUF, UUUUU, AAAUU	AAUFF, AUUFF, UUUUF, AFFFF, UUUFF, AFFFU, UUFFF, AFFFF, UFFFF, FFFFF, AAFF, AUUUF	
Convenience and choice - PCT facilities in place to support choice	3 'Yes' AND 100%	>=2 'Yes' AND >=85%	<2 'Yes' OR <85%	
Patients waiting longer than three months for revascularisation	<=0.5%	<=1.0%	>1.0%	
Practice based registers - existing commitment	>=100% of plan for each part	>=90% of plan for each part	<90% of plan for either part	
	AA	AU, UU	UF, AF, FF	

Scoring methodology for existing national targets for 2005/2006

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Thrombolysis - 60 minute call to needle time	<p>&gt;=68% OR &gt;=38% AND 10% annual increase</p>	<p>&gt;=38% OR 10% annual increase</p>	<p>&lt;38% AND &lt;10% annual increase</p>	<p>Organisations treating a small number of patients (i.e. fewer than 20 in the denominator of the indicator construction) have been given a 'Data not available' score.</p>

**Mental health trusts**

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Crisis resolution team implementation	Target number of teams in place with all teams operating fully in line with DH published service specifications	Target number of teams in place but not all teams operating fully in line with DH published service specifications	Less than target number of teams in place	
Child and adolescent mental health services: increased services	Trust shows an increase in staffing greater than or equal to 1% and an increase in one or both of caseload and new cases greater than or equal to 1%	Trust shows a decrease, no increase or an increase of less than 1% in staffing, and an increase in one or both of caseload and new cases OR Trust shows an increase in staffing and a decrease, no increase or an increase of less than 1% in both caseload and new cases	Trust shows a decrease, no increase or an increase of less than 1% in staffing and a decrease, no increase or an increase of less than 1% in both caseload and new cases	

**Ambulance trusts**

Performance Indicator	Achieved	Underachieved	Failed	Low numbers rule (if applicable)
Category A calls meeting eight minute target	$\geq 75\%$	$\geq 70\%$	$< 70\%$	
Category A calls meeting 14/19 minute target	$\geq 95\%$	$\geq 90\%$	$< 90\%$	
Category B calls meeting national 14/19 minute target	$\geq 95\%$	$\geq 80\%$	$< 80\%$	
Thrombolysis - 60 minute call to needle time	$\geq 68\%$ OR $\geq 38\%$ AND 10% annual increase	$\geq 38\%$ OR 10% annual increase	$< 38\%$ AND $< 10\%$ annual increase	Organisations treating a small number of patients (i.e. fewer than 20 in the denominator of the indicator construction) have been given a 'Data not available' score.