



GOVERNING BODY MEETING in Public
25 October 2017

Agenda Item **5.4**

Report Title

**Quality and Performance Q2 (July-September 2017)
Progress Report**

Appendix B

Improvement Assessment Framework and current actions

Domain	Measure (RAG is latest v previous performance and where ECCCG performance has IMPROVED)	Is Good	Latest Published	ECCCG	***ECCCG v Peers (Low is good)	ECCCG National Quartile Indicator	National	Local Data Available Post Published			C&M STP National Quartile Indicator
								Apr-17	May-17	Jun-17	
Better Health	Personal health budgets	H	Q4 16/17	25.6	2nd		27.37				
Better Health	Maternal smoking at delivery	L	Q3 16/17	6.0%	1st		10.6%				
Better Health	People with diabetes diagnosed less than a year who attend a structured education course	H	2014	1.7%	9th		7.4%				
Better Health	Injuries from falls in people aged 65 and over	L	Q3 16/17	1,952	8th		1,946				
Better Health	Utilisation of the NHS e-referral service to enable choice at first routine elective referral	H	Jun-17	71.5%	3rd	n/a	52.7%				
Better Health	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	L	Q3 16/17	742	6th		904				
Better Health	Inequality in emergency admissions for urgent care sensitive conditions	L	Q3 16/17	1,629	6th		1,758				
Better Health	Quality of life of carers	H	2016	0.84	1st		0.80				
Better Health	Percentage of children aged 10-11 classified as overweight or obese	L	2015	26.9%	1st		33.4%				
Better Health	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	L	May-17	1.03	5th		1.07	1.006	1.007		
Better Health	People with a long-term condition feeling supported to manage their condition(s)	H	Mar 16	71.6%	1st		64.3%				
Better Care	One-year survival from all cancers	H	2014	72.4%	1st		70.4%				
Better Care	Dementia care planning and post-diagnostic support	H	2015/16	77.7%	8th						
Better Care	Emergency admissions for urgent care sensitive conditions	L	Q3 16/17	1,891	6th		2,405				
Better Care	Patient experience of GP services	H	H1 2016	88.0%	5th		85.2%				
Better Care	Patients waiting 18 weeks or less from referral to hospital treatment	H	Jun-17	92.6%	4th		90.3%				
Better Care	Cancers diagnosed at early stage	H	2015	57.6%	1st		52.4%				
Better Care	Neonatal mortality and stillbirths	L	2015	3.52	1st		8.54				
Better Care	Provision of high quality care - Acute	H	Q4 16/17	60.0	2nd						
Better Care	Achievement of milestones in the delivery of an integrated urgent care service	H	Apr 17	5	6th						
Better Care	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	H	Q4 16/17	87.8%	3rd		81.1%	94.59%	92.59%	91.30%	
Better Care	Estimated diagnosis rate for people with dementia	H	Jun-17	73.1%	1st		67.6%				
Better Care	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	H	Jun-17	84.6%	6th		90.0%				
Better Care	Delayed transfers of care per 100,000 population	L	Jun-17	19.0	7th		15.0				
Well Led	Staff engagement index	H	2016	3.8	3rd		3.8				

Domain	Measure (RAG is latest v previous performance and where ECCC performance is UNCHANGED)	Is Good	Latest Published	ECCCG	***ECCCG v Peers (Low is good)	ECCCG National Quartile Indicator	National	Local Data Available Post Published			C&M STP National Quartile Indicator
								Apr-17	May-17	Jun-17	
Better Health	Percentage of deaths which take place in hospital	<>	Q2 16/17	41.7%	9th	4th qtl (16/209)	47.1%				2nd Qtl (14/44)
Better Care	Crisis care and liaison mental health services transformation	H	Q4 16/17	65.0%	7th						
Better Care	Out of area placements for acute mental health inpatient care - transformation	H	Q4 16/17	100.0%	1st						
Better Care	Proportion of people with a learning disability on the GP register receiving an annual health check	H	2015/16	56.8%	1st		37.1%				
Better Care	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated	H	Jun-17	97.1%	1st		74.4%	100.0%	100.0%	100.0%	
Better Care	Children and young people's mental health services transformation	H	Q4 16/17	90.0%	3rd						
Better Care	People eligible for standard NHS Continuing Healthcare	<>	Q3 16/17	82.1	2nd	1st qtl (10/209)	45				
Better Care	Provision of high quality care - Primary Care	H	Q4 16/17	68.0	3rd						
Better Care	Provision of high quality care - Adult Social Care	H	Q4 16/17	59.0	9th						
Better Care	Cancer patient experience	H	2015	8.9	2nd						
Better Care	Women's experience of maternity services	H	2015	80.5	8th						
Better Care	Choices in maternity services	H	2015	65.3	9th						
Better Care	Primary care access	H	Jun-17	0.00%	2nd		22.50%				
Better Care	7 day services - achievement of clinical standards	<>	2016-17	0.00%							
Sustainability	Digital interactions between primary and secondary care	H	Q4 16/17	73.7%	1st						
Sustainability	Financial plan	<>	2016	RED	7th						
Sustainability	In-year financial performance	<>	Q4 16/17	RED	6th						
Sustainability	Outcomes in areas with identified scope for improvement	H	Q3 16/17	ECCCG not inc							
Sustainability	Expenditure in areas with identified scope for improvement	H	Q3 16/17	ECCCG not inc							
Sustainability	Local digital roadmap in place	<>	Q4 16/17	Yes							
Sustainability	Local strategic estates plan (SEP) in place	<>	2016-17	Yes							
Sustainability	New models of care	<>	Q4 16/17	N							
Well Led	Progress against workforce race equality standard	L	2016	0.06	2nd	1st qtl (16/209)	0.12				
Well Led	Probity and corporate governance	<>	Q4 16/17	Fully Compliant							
Well Led	Quality of CCG leadership	<>	Q4 16/17	AMBER	3rd						
Well Led	STP	<>	2016-17	Green							

Domain	Measure (RAG is latest v previous performance and where ECCC performance has DETERIORATED)	Is Good	Latest Published	ECCCG	***ECCCG v Peers (Low is	ECCCG National Quartile	National	Local Data Available Post Published			C&M STP National Quartile
								Apr-17	May-17	Jun-17	
Better Health	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	L	May-17	7.30%	1st	GREEN	8.9%	7.28%	7.27%		
Better Health	Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for	H	2015-16	38.7%	6th	AMBER	39.0%				GREEN
Better Care	Improving Access to Psychological Therapies recovery rate	H	Apr-17	48.8%	8th	AMBER	49.2%	44.44%	49.25%	53.00%	RED
Better Care	Reliance on specialist inpatient care for people with a learning disability and/or autism	L	Q4 16/17	70	8th	AMBER					
Better Care	Population use of hospital beds following emergency admission	L	Q3 16/17	505.5	9th	AMBER	501.9				
Better Care	Management of long term conditions	L	Q3 16/17	694	7th	GREEN	895				
Better Care	Primary care workforce	H	Dec-16	0.94	10th	AMBER	1.0				AMBER
Well Led	Effectiveness of working relationships in the local system	H	2016-17	74.36	2nd	YELLOW					

QUARTILE RAG INDICATORS - KEY:

This indicates where the CCG / Cheshire & Mersey STP are positioned v all CCGs (209) and STPs (44) nationally:

GREEN = 1st / Top

YELLOW = 2nd

AMBER = 3rd

RED = 4th / Bottom

*****CCG Peer Group = 10 closest CCGs to ECCC + ECCC**

CCG Peer Group

NHS North Somerset CCG

NHS North Somerset CCG

NHS Wyre Forest CCG

NHS South Eastern Hampshire CCG

NHS North Derbyshire CCG

NHS South Warwickshire CCG

NHS South Worcestershire CCG

NHS Stafford and Surrounds CCG

NHS East Leicestershire and Rutland CCG NHS South Cheshire CCG

Description	Position
<p>103 A: The percentage of patients with diabetes that have achieved all 3 of the NICE-recommended treatment targets</p>	<p>Primary Care Diabetes - NICE Diabetic Checks. Based on 2016 data our local provider – Vernova has been working with the local GP practices to improve the number of NICE Compliant Health Checks. The services Consultant and Diabetic Specialist Nurse has identified practices that require improvement in line with the National Diabetes Audit, they are working closely with them to identify individual patients who require new 'Treatment Plans', improving patient care and upskilling clinicians simultaneously.</p>
<p>103 B: Newly diagnosed diabetes patients referred to or attending a structured education course</p>	<p>Structured Education for Newly diagnosed patients with Diabetes. Locally we are utilising Diabetes Treatment and Care funding to invest in upskilling primary care clinicians to deliver structured education. Practice nurses and Health care assistants in General Practice will undertake nationally recognised and accredited 'Desmond' training during October 2017. The first patient education sessions are then scheduled to start soon after that. Structured education will be available for newly diagnosed and existing patients with diabetes.</p>
<p>104 A: Injuries from falls in people aged 65 and over</p>	<p>Falls. This indicator focuses on the NHS, public health and social care working together to tackle issues locally. Locally we have the Public Health funded 'One You' programme that incorporated Falls Prevention training. Patients at risk of falls can be referred from primary care, Peaks and Plains and social care directly into the prevention training. Peaks and Plains Housing Trust have also been commissioned by the CCG to provide a post fall assessment service within the community and care homes. The local Ambulance service are able to make direct referrals into the Peaks and Plains service. The Out of Hours GP Acute Visiting service provides a post fall clinical advisory service. Furthermore the CCG undertakes joint Quality Assurance visits with the Local Authority and other colleagues e.g. Infection control and a key element of the quality assurance includes a focus on falls audits, analysis, action planning, risk assessments, documentation and environmental reviews. The Care Home Collaborative has included a focus on falls reduction, and we have evidenced a reduction locally. The local Care Home GP forum has also reviewed medicines that can contribute to falls and we are in the process of finalising guidance around use.</p>
<p>105 C: Percentage of deaths in Hospital</p>	<p>Percentage of deaths in Hospital. This indicator encourages organisations to question of whether the reported level is in line with people's needs and choices around preferred place of death. ECCCCG are currently in the best quartile and the second best CCG in Cheshire and Merseyside around the number of deaths that take place in a hospital setting. Ascertaining a patient's wishes with regard to place of death is an important function in end of life care. A programme of work to increase the use of advanced care planning is in place.</p>

<p>107 B: Anti-microbial resistance (AMR): Appropriate prescribing of broad spectrum antibiotics in primary care</p>	<p>AMR Broad Spectrum Prescribing. The indicator for Appropriate prescribing of broad spectrum antibiotics in primary care was included in the Quality Premium in previous years. ECCCG has performed well for this indicator, reducing from 9.25% at baseline in 2014/15, to 7.99% in 2015/16 and to 7.31% in 2016/17. Some minor variation is to be expected, as the prevalence of infections varies over time. The target for the indicator is <10% and the CCG remains well within the target range and prescribes the fewest broad spectrum agents amongst peer CCGs. Antimicrobial stewardship remains a key focus for the CCG, with updated Management of Infection guidelines published in May 2017.</p>
<p>121 A: Provision of high quality care - hospitals</p>	<p>High Quality Care – Acute. This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. The CCG meets with East Cheshire Trust on a monthly basis to review the Quality of care provided and we have quality assurance visit programme in place. CQC are due to inspect. We also monitor other ‘out of area’ hospital quality of care via other CCGs as an Associate Commissioner, for example we attend and participate in Stockport Foundation Trusts Quality Meeting. Furthermore we actively participate in the Cheshire and Mersey Regional Quality Surveillance Group (QSG) and attend the Manchester Quality Board. QSG’S have a key responsibility to identify risks to quality as early as possible, by sharing intelligence between its members; commissioners, regulators and those with a system oversight role. The QSG can identify potential risks through performance monitoring, commissioning, and regulatory activities.</p>
<p>121 C: Provision of high quality care - Adult social care</p>	<p>High Quality Care - Social Care. Within East Cheshire we have a joint Care Home Quality Assurance programme in place with Local Authority and South Cheshire CCG. This includes a monthly joint governance meeting that also includes representation from CQC. We also have a Care Home Quality Improvement Collaborative in place to support local quality improvements.</p>
<p>123 A: Psychological Therapies recovery rate</p>	<p>IAPT. This indicator focuses on improved access to psychological therapies, in order to address enduring unmet need. This indicator assesses the effectiveness of local Improving Access to Psychological Services IAPT services and remains on the border and so will continue to be monitored. IAPT was a national programme which aimed to improve service provision for people with common mental health needs by building capacity in the system and offering a wider range of evidence based interventions. Eastern Cheshire’s adult primary mental health services include the IAPT initiative and can be seen as those services which provide assessment of mental health need and access to a range of therapies from 1 – 4 with 1 being low level and 4 being complex. From February 2017 the CCG recommissioned primary mental health against a new model of care including a health and well-being hub which would focus on step 1 needs, clinical services which would pick up steps 2 and 3 and complex services delivering step 4. We currently commission three providers:</p> <ul style="list-style-type: none"> • Step 1 health and well being hub – Cheshire Peaks and Plains

	<ul style="list-style-type: none"> • Step 2 & 3 clinical services – Big Life Group • Step 4 complex care – CWP <p>Across all steps there are four national standards that the service is expected to achieve:</p> <ul style="list-style-type: none"> • Access: 16.8% of the affected population will be able to access primary mental health services rising to 25% by 2020/21. • Referral to treatment: 75% of people will start treatment within 6 weeks of referral • Referral to treatment: 95% of people will start treatment within 18 weeks of referral • Recovery: 50% of people achieve recognised improvement in their stated outcomes <p>Currently Eastern Cheshire is achieving the standards across 3 of the 4 target areas, in relation to referral to treatment and recovery. There is a need to improve access to services by increasing the number of people who enter by 60-70 per month across all steps. The numbers of people accessing the step 1 services via the health and well- being hub are lower than expected. Given this is a service which people can self refer, more work is need to promote the service within communities. Where we are able to increase access to step 2&3 clinical services it should be remembered that capacity must be built across the pathway to ensure timely access to therapeutic interventions. There is a concern however that the reportable standards mask a growing waiting list in step 3 services which therefore do not reflect true performance as data definitions can be interpreted as the example below demonstrates: A person referred into the clinical service (step 2 & 3) is likely to receive a 'goal setting' appointment within 2-3 weeks. This will normally be done over the telephone and will also require the person to have completed and submitted a questionnaire. A decision will then be made with the person about the therapeutic interventions that will best meet their needs. Currently this is counted as having commenced treatment; however some people can then wait up to 24 weeks for the definitive treatment to commence. This is specifically an issue around the step 3 interventions where there is a heavy reliance on CBT (cognitive behavioural therapy).</p>
<p>123 D Implementation of Mental Health crisis care and liaison psychiatry services</p>	<p>Mental Health crisis care and liaison. To encourage implementation of all-age liaison mental health services in A&E and 24/7 crisis and home treatment services and delivery of a reduction in use of police cells as place of safety. This indicator forms part of the proposed mental health redesign work.</p>

<p>124 A: Reliance on specialist inpatient care for people with learning disability and/or autism</p>	<p>LD Reliance of Specialists in patient care...To give a direct measure of the reliance on inpatient care, and hence indicate whether a Transforming Care Partnership is meeting its commitment to reduce the number of inpatients and transform services. Eastern Cheshire CCG is part of the Cheshire and Merseyside Transforming Care Partnership and is working with partners towards meeting its commitment to reduce the number of inpatients and transform services. Every CCG inpatient has a regular Care and Treatment Review (CTR) and regular discussions with NHSE take place in relation to the discharge pathway and what needs to happen to move things forwards, including barriers and risks. The community service specification is nearing finalisation. Phase 1 implementation has commenced and some posts have already been recruited. The inpatient specification is in final stages of development. No further monies have been identified for release in 17/18 which is currently a risk to delivery of the intensive support teams/crisis response.</p>
<p>125 B: Women’s experience of maternity services</p>	<p>Experience of Maternity. Patient experience is one of the three domains of quality care, along with safety and clinical effectiveness. The purpose of this indicator is to encourage the improvement of patient experience in maternity services and support people to shape and manage their own health and care. To help service users make meaningful choices to achieve better health outcomes, progressing towards a person-centred NHS. This indicator strives to measure patient experience across the entirety of the maternity pathway, that is, antenatal, intrapartum and postnatal stages.</p> <p>To improve women’s experience the local Maternity service have Introduced the following improvements:</p> <ul style="list-style-type: none"> • A telephone line for 1st point of contact – that supports bookings in timely fashion, a reduction in appointments required and improved access to booking appointments, • Improved access to antenatal screening programme. • Improved training in diabetes for midwives in Antenatal clinic • Introduced fit for birth clinic women with BMI > 35, dedicated midwife, healthy eating advice etc. • Introduced a ‘Saving Babies Lives care bundle’ that includes a focus on smoking cessation, increased awareness around reduced fetal movements, and the use of technology to monitor babies in the womb to reduce avoidable stillbirths. • Introduced GAP and GROW customised growth charts to identify small for gestational age babies – Every Baby Counts initiative • They have updated their local Policies to ensure that they are line with NICE guidance. • They have a dedicated parent craft midwife. • Developed a home birth support group • Recruited to breast feeding lead, focus on baby friendly initiative. • Introduced patient own administration of medicines to improve responsiveness

	<ul style="list-style-type: none"> • Work with voluntary SMILE group to support women with mental health issues • Commenced a Facebook page to promote maternity services and share new knowledge initiatives • The team contribute to national safety thermometer <p>The department also received a positive antenatal and newborn screening Quality Assurance Visit with the least recommendations in the region. They have agreed to work with a charity “Everybody sport” in partnership with Cheshire East Council to signpost women with raised BMI to access gym, swimming and aqua-natal classes. They are also working with Health Visitors and Cheshire East Council re the parenting journey. More recently the team have received government funding for maternity multidisciplinary training to improve the management of women, the labour wards including a new birthing pool and to support the refurbishment of all the labour ward.</p>
<p>125 C: Women offered choice in maternity services</p>	<p>Choice Maternity. This indicator seeks to measure and encourage improvement in aspects of women’s experience during the maternity pathway relating specifically to choice and personalisation. The indicator is the best source currently available on personalisation and choice in maternity. The outcome of improving choice and personalisation in maternity services is sought. Locally our Maternity services offer choice in the following areas</p> <ul style="list-style-type: none"> • place of birth home or hospital (subject to risk assessments). • antenatal screening • children’s centre for parent craft education <p>They have established a home birth support group and as a Midwifery team are making progress towards the ‘Better Births’ recommendations. The Head of Midwifery is working with the Greater Manchester and East Cheshire Local Maternity System (LMS) and this includes the development of a region wide approach to personalisation and choice.</p>
<p>126 B: Care-planning/ post diagnostic support for people with dementia</p>	<p>Dementia post diagnostic support. Data available to the CCG via EMIS Enterprise (2015-16 data) suggests that the CCG achieved 82.7% compared to a national average of 83.8%. The 2016-17 data suggests:</p> <ul style="list-style-type: none"> • Denominator = 2359, • Numerator = 1814 (77%). • National average un-known at this time. <p>As of September 2017 the data suggests:</p> <ul style="list-style-type: none"> • Denominator = 2237 • Numerator = 1523 (65%). • National average un-known at this time. <p>Locally we have agreed the following actions</p> <ol style="list-style-type: none"> 1) Monitor performance on a monthly basis through to end of March 2018. 2) Analysis of data to be undertaken to determine why we saw a decrease in target performance from 2015-16 to 2016-17.

	<p>3) Clinical education session to be put in place to raise awareness and improve reviews.</p>
<p>127 C: 'Percentage of patients admitted, transferred or discharged from Accident and Emergency (A&E) within 4 hours</p>	<p>A&E. The A&E waiting times form part of the NHS Constitution. NHS England must take into account the expected rights and pledges for patients that are made in the constitution when assessing organisational delivery. This measure aims to encourage providers to improve health outcomes and patient experience of A&E. Locally we have an Operational Resilience Group (ORG) in place that reports into the Eastern Cheshire A&E Delivery Board. The ORG has representation from across the local health and social care economy and has supported the development of an A&E Improvement Plan are Working in partnership with the Emergency Care Improvement Programme (ECIP). The following areas of improvement have been prioritised:</p> <ol style="list-style-type: none"> 1. Assessment prior to admission 2. Embed the SAFER patient flow bundle and Red2Green 3. Develop and adopt a 'home first' approach 4. Develop a clear vision and effective system leadership 5. Model for Frailty.
<p>127 E: Delayed transfers of care - Average Delayed transfers of care (delayed days) per day for all reasons per 100,000 population</p>	<p>Delayed transfers of care The indicator focuses on minimising delayed transfers of care, enable timely discharge or transfer to the most appropriate care setting and promote smooth flow through the system for medically optimised patients. This is one of the desired outcomes of</p> <ul style="list-style-type: none"> • Adult Social Care and Communities Overview and Scrutiny Committee Review Report June 2017 - recommendations. • Fusion 48 (independent review) DTOC Review presented to A&E Delivery Board July 2017. <p>The Eastern Cheshire DTOC improvement trajectory published. Currently working to develop:</p> <ol style="list-style-type: none"> 1) Primary Care Steaming to be implemented October 2017 2) Frailty Model & implementation plan to be agreed September 2017. 3) Social Care packages remain open for 7 days where there is a hospital admission impact analysis
<p>127 F: Population use of hospital beds following emergency admission</p>	<p>Hospital use of beds (Non elective LOS) Worsening trajectory. We are also 9/11. We will continue to monitor this indicator as the IAF suggests that this may indicate poor operation of primary and community services .</p>
<p>128 C: To assess extended access to primary care services within CCGs</p>	<p>Primary Care Access (Extended Access). We have assessed extended access to primary care services within CCGs</p> <ul style="list-style-type: none"> • Sep 2017: 16 of 22 (73%) GP practices providing the Extended Access DES. Whilst 0 of 22 GP practices providing GPFV Improved Access requirements. <p>Please note that GP Practices are not mandated to take up Direct</p>

	<p>Enhanced Services and funding for GPFV Improved Access will only become available to the CCG from April 2018.</p> <p>Locally we have agreed the following actions:</p> <ol style="list-style-type: none"> 1) Work with GP practices to formulate a plan for implementing GPFV Improved Access requirements. 2) As part of (1) encourage GP practices to take up Extended Hours DES.
<p>128 D: Primary care workforce</p>	<p>Primary Care Workforce. This indicator has been set to initiate a starting point for a conversation about whether GP services in the CCG have the appropriate workforce. Data provided in the Health Education England (HEE) Eastern Cheshire General Practice Workforce Survey 2016 indicates:</p> <ul style="list-style-type: none"> • NHS Eastern Cheshire CCG has a rate of 58 GPs per 100,000 people, which is above the regional average of 51 per 100,000 and the North West average of 56 per 100,000, but slightly below the England average rate of 60 per 100,000. <p>However, when registrars and retainers are excluded, the rate for NHS Eastern Cheshire CCG is notably higher than the North West and England averages, implying a low proportional use of registrars and retainers across the CCG. The rate for nursing staff is very close to averages for the region, North West and England (24 vs. 23-27 per 100,000), as is the level of DPC staff (13 vs. 9-16 per 100,000). Admin staff also show broadly similar numbers to the geographic averages (114 vs. 110-113 per 100,000).</p> <p>Locally we have agreed the following action plan:</p> <ol style="list-style-type: none"> 1) Obtain the FTE data so that it can be in line with the IAF requirements. 2) Review data as part of developing a CCG Workforce Strategy.
<p>131 A: People eligible for standard NHS Continuing Healthcare</p>	<p>Eligible for CHC Standard. This indicator has been set to provide a level of assurance that we are consistent in our approach in the application of the NHS National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care.</p> <p>Locally an independent Audit of 10% of NHS Eastern Cheshire CHC eligibility decisions has been completed to provide assurance to the CCG that the threshold of eligibility decision making is correct (NHS Eastern Cheshire CCG) currently ranks 10th highest CCG out of 206 in England for NHS CHC eligibility rates. The Audit concluded that all 27 of the decisions were sound but that 11 were made prematurely. The report highlighted a number of areas of excellent practice along with the following recommendations:</p> <ul style="list-style-type: none"> • Work must take place (including discharge to assess schemes) to prevent referrals being made too early when a patient is too acute. • Work must take place (including discharge to assess schemes) to ensure that assessments do not take place too early when a

	<p>patient is too acute.</p> <ul style="list-style-type: none">• Work must take place to ensure that eligibility decisions are not made too early when a patient is too acute.• Work must take place to ensure that CHC recommendations are always structured around the 4 key indicators.
--	---