

# Wyre Forest CCG

## Operational Plan 2014/15 to 2015/16

**“We will bring together local people, GP’s and other clinical professionals to improve the quality and experience for patients of their health care”**

# Wyre Forest CCG: Operational Plan 2014/15 – 2015/16

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# Introduction

The following sets out Wyre Forest Clinical Commissioning Groups' plans achieve our vision to *"bring together local people, GP's and other clinical professionals to improve the quality and experience for patients of their health care"*. It aims to provide our residents, stakeholders, partners and members with a clear picture of the health service we want to see in 2015/16. By this we mean;

- the range, type, and level of healthcare services we wish to see;
- the health status and experience we want our population to enjoy, and
- quality of services we want to see available to all.

The NHS planning process asks all CCG's to set out its plans through a range of numerical returns, a financial plan and an overarching Plan on a Page. The plan for first 2 years, 2014/15 and 2015/16, are to be set out in more detail and more firmly as they are based upon the financial allocations and the national planning and NHS Constitution requirements notified to CCGs. In addition we have also included our plans for our own local priorities – those which our population, partners, members and stakeholders have told us are important for Wyre Forest. For the following 3 years we have set out a broad picture of our longer term strategic aims: more detail on this is provided in the 5 Year Health and Care Strategy for Worcestershire which is currently being produced by partners across the county. This paper aims to set out our 2 year plan in a single, short but comprehensive format

We have used these plans to inform the CCG's contracts with hospitals and Trusts to secure health care services for our population across 2014/15 and 2015/16. At the time of writing the CCG has agreed contracts with a number of healthcare providers, (including Worcestershire Health and Care Trust), although we have not yet agreed a final contract with the Worcestershire Acute Hospital Trust which is the biggest single provider of hospital services to our population. The financial value and activity figures in this paper therefore reflect this position. These will be updated as necessary when final contracts have been signed.

### Our CCG Priorities and Work streams to Improve the Health of Our Population

#### Integrated Care

- Patient centred Integrated Care meetings
- Urgent Care Strategy implementation
- GP: Consultant pairing
- Extend EMIS IT connectivity

#### Integrated Care

- Review and implement new configuration of services across WF Community Unit, Cookley Ward and the Grange

#### Supporting General Practice

- Increase primary care capacity and resilience

#### Reducing Health Inequalities

- Strengthen communities
- Extend Birchen Coppice model
- Implement mental health mapping review recommendations

#### Long-Term Conditions

- Review LTC pathways
- Improve services for – epilepsy, MS, Parkinson’s Disease

#### Frail Older People

- Review demography and needs of our growing older population

### Statement of our Intentions in Performance , Finance, QIPP and Activity

- **NHS Constitution** – We are setting plans aimed at delivering the performance standards in the NHS Constitution throughout 2014/15 and 2015/16.
- **Provider CIPs** - The three Worcestershire CCGs are working in partnership on the quality assurance of provider cost improvement plans. A process is in place to review and approve the plans from a quality perspective once they have been received from providers. This will be monitored through Clinical Quality Review meetings with both Trusts.
- **Infections** -We plan to manage HCAIs so that our local population have no cases of MRSA in 2014/15 and 2015/16.
- **Friends and Family Test** -We plan meet the nationally set objective for the Friends and Family Test in 2014/15 and 2015/16.
- **Medication Error Reporting** - We aim to maintain the high level of performance in this area in Worcestershire.
- **Quality Premium Measure** – We aim to use the buddying service to support an improvement in the mental health wellbeing of our population at a number of practices.

- **Transformation and contingency funds** – We are planning for a 1.5% Strategic Change Reserve , a 1% Call to Action fund and a 0.5% contingency reserve.
- **Surplus** – We are planning to deliver a 2% surplus.
- **QIPP** – We are planning to deliver a £2.4m QIPP programme in 2014/15 and £3.5m in 2015/16.
- **Activity** - Through our contracting agreements and our QIPP programme we are planning to make the following high level activity changes

Activity area and expected impact	2014/15	2015/16
Emergency Admissions – reduce by	1.5%	1.75%
Electives – reduce by	1.0%	0.95%
1st Outpatients – reduce by	1.0%	1.0%

### Our Ambitions to improve the Health of our Population

NHS Outcomes Framework – headline measures	2012/13	2014/15	2015/16
Reduce the number of potential years of life lost from conditions considered amenable to healthcare.	2099.9	2032.7	1697.6
Improve the health related quality of life for people with long term conditions	74.1	74.5	74.7
Reduce the number of emergency admissions for conditions that should not require acute health care (composite measure)	1541	1537	1535
Reduce the proportion of people reporting a poor experience of hospital care	155.2	146.9	144
Reduce the proportion of people reporting a poor experience of care outside hospital in general practice and the community	5.8	5.8	5.7
Improve the proportion of people accessing psychological therapies	n/a	15%	15%
Improve the proportion of people accessing dementia diagnosis within primary care	n/a	67%	67%
Reduce the number of C Diff infection	n/a	22	tbc

# Our Ambitions to Improve Healthcare

Our planning intentions – summarised in our Plan on a Page – sets out our ambitions to improve our population's health status and their experience of healthcare services. These ambitions are derived from the 5 domains of the NHS Outcomes Framework:

- Preventing people from dying prematurely
- Ensuring people with Long Term Conditions (inc. mental health) get the best possible quality of life.
- Ensuring people recover quickly from illness or injury.
- Ensuring great patient experience.
- Ensuring patients in our care are kept safe and protected from avoidable harm.

Our specific ambitions for Wyre Forest are as follows:

## **Reduce the number of potential years of life lost from conditions considered amenable to healthcare.**

- Baseline year – WF CCG is approximately in the middle of all CCGs for this measure. Our ambition is to achieve a year on year improvement of 3.2% taking us from 2,099 years lost down to 1,968 in 2015/16 and 1,785 by the end of the five year period. Achieving this level of improvement would take us to the position in the top 20% for CCGs in England (as measured in the baseline year).

## **Improve the health related quality of life for people with long term conditions**

- Baseline year –WF CCG is just outside the best 40% of CCGs for this measure. Our ambition is to improve from 74.1 in the base year to 74.7 after 2 years and then on to 75.3 at the end of five years. Achieving this level of improvement would take us to the position of the current top 30% of CCGs in England (as measured in the baseline year).

# Our Ambitions to Improve Healthcare

## **Reduce the number of emergency admissions for conditions that should not require acute health care (composite measure)**

- Baseline year – WF CCG is in the 1st quintile of CCGs for this measure. Our ambition is to maintain this performance around 1,540 for 2 years and then down to 1,530 at the end of five years. Achieving this level of improvement would take maintain our position at the top CCGs in England.

## **Reduce the proportion of people reporting a poor experience of hospital care**

- Baseline year – WF CCG is amongst the worst 30% of CCGs for this measure and one where we wish to see significant improvement. Our ambition is to improve from 155.2 to 144 after 2 years and then down to 135.5 at the end of five years. Achieving this level of improvement would take us to the current position of 20% of CCGs in England – a dramatic improvement from the baseline year.

## **Reduce the proportion of people reporting a poor experience of care outside hospital in general practice and the community**






- Baseline year – WF CCG is approximately in the middle of all CCGs for this measure. Our ambition is to improve to a score of 5.7 after 2 years and then down to 5.5 at the end of five years. Achieving this level of improvement should enable us to be among the best 40% CCGs in England.

## **Local Outcome – Improve the mental health and well being of our patients.**

- The CCG is aiming to improve the mental health wellbeing of our population in a number of practices in 2014/15 through our Community Wellbeing Buddy service. This will involve using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and aim to achieve a 10% improvement.

**The full 5 year trajectories for each ambition are set out over the page.**

# Our Ambitions to Improve Healthcare to 2018/19

Outcome Ambitions	Baseline	2014/15	2015/16	2016/17	2017/18	2018/19		Overall change
Potential years life lost (PYLL) from amenable causes 2014/15	2,099.9	2,032.7	1,967.7	1,904.7	1,843.7	1,784.7		-15.01%
Average health status (EQ-5D) score for people reporting having 1 or more long term condition	74.1	74.5	74.7	74.9	75.1	75.3		1.62%
Emergency admissions composite indicator	1,541.1	1,537.4	1,535.6	1,533.7	1,531.9	1,530.0		-0.72%
Proportion of people reporting poor IP patient experience	155.2	146.9	143.96	141.08	138.26	135.5		-12.69%
Proportion of people reporting poor experience of GP & OOH services	5.8	5.8	5.7	5.6	5.6	5.5		-5.17%
Estimated diagnosis rate for people with dementia	52%	67%	67%					
IAPT Recovery Rate		50.00%	50.00%					
Cdiff - threshold for number of cases		22						
WF Local Outcome - Warwick-Edinburgh Mental Health Well Being Scale Community Wellbeing Buddy Service		10.00%						

# Our Plans for Future Service Provision - Activity Levels

The CCG sets out the activity levels - or number of patient treatments or events - it intends to make available to our population in our commissioning plans, and in the contracts we negotiate. It is a quirk of the NHS planning system that commissioning plans are set in a different currency to that used in contracts. Commissioning plans are set and submitted through the Unify system which does not identify cost but is available nationally and is used by NHS England to make comparisons across the country. As contract currency, (i.e. tariff or Payment by Results prices), reflects the actual price paid for these services and therefore how we have used our resources then this is the most significant measure. At this stage until we have confirmed the total activity purchased in our final signed contracts we can not comprehensively specify the precise level of service we have contracted for – and which we need to deliver if we are to live within our financial plans and limits. The final contracted levels will be included within the revised version of this plan when available.

In the interim in the following pages we set out our commissioning plans as submitted to NHS England for each of the major patient service categories and how we envisage them changing over the coming years if we are to deliver the healthcare outcomes and system re design we want to see. Whilst these Unify figures do not relate directly to costs charged they will be broadly comparable to the level of activity commissioned within our contracts. These are split down to:

- Referrals to Hospital
- Outpatient Attendances
- Acute Hospital Admissions
- Accident & Emergency Attendances:



# Our Plans for Future Service Provision: Strategic Aims

In setting these activity levels, we have taken into account the national strategic planning requirements “Everyone Counts”, the Worcestershire Joint Strategic Needs Assessment and Health and Well Being Strategy, and our local CCG priority setting process and ambitions. In addition we have taken into account our plans for healthcare providers within the county, eg work on the future of Acute Hospital services. This necessarily involves an extensive range of detailed issues but can be broadly summarised down as:

- A greater emphasis on prevention and self care.
- An increase in the amount of care available in the community and in primary care.
- A corresponding reduction in the amount of hospital in patient care.
- A reduction in the amount of people seeking treatment at A&E and requiring emergency/non elective admissions.
- An increase in the amount of treatments delivered as day cases
- An increase in the level and range of alternatives to hospital treatment available

# Planned Changes to Levels of Service Provision

SERVICE	CHANGE PLANNED		RATIONALE
	2 years to 2015/16	5 years to 2018/19	
<b>Referrals to Acute Hospitals</b> <ul style="list-style-type: none"> <li>GP Referrals</li> <li>Other Referrals</li> </ul>	-2% -2%	-4.5% -4.5%	<ul style="list-style-type: none"> <li>Improving population health</li> <li>More preventative/proactive care</li> <li>Increased range of community, primary, and telehealth/IT options</li> <li>Improved patient pathways</li> </ul>
<b>Outpatient Attendances</b>			
1 <sup>st</sup> Attendance after GP referral	-2%	-5%	<ul style="list-style-type: none"> <li>More preventative/proactive care</li> <li>Increased range of community, primary, and telehealth/IT options</li> <li>Implement best practice re follow up to new ratios :</li> <li>Improved patient pathways</li> <li>Contract compliance</li> <li>Work targeted at specific out patient specialties.</li> </ul>
Total 1 <sup>st</sup> Attendances	-2%	-5%	
Total Follow up attendances	-3%	-5%	

# Planned Changes to Levels of Service Provision

SERVICE	CHANGE PLANNED		RATIONALE
	2 years to 2015/16	5 years to 2018/19	
<b>Elective Admissions</b> <ul style="list-style-type: none"> <li>In Patients</li> <li>Day Cases</li> </ul>	-2%  +3%	-4.5%  +12.6%	<ul style="list-style-type: none"> <li>Increased self management for long term conditions</li> <li>More preventative/pro active care</li> <li>Increased range of non hospital options</li> <li>Increased range and volume of treatments which can be provided on a day case basis</li> <li>Patient preference</li> <li>Development of services available at Kidderminster site</li> <li>More community support available through Better Care Fund Plans</li> </ul>
<b>Non Elective/ Emergency Admissions</b>	-3.3%	-7.7%	<ul style="list-style-type: none"> <li>Virtual Ward/Admission Prevention Team</li> <li>Risk Stratification</li> <li>More community support available through Better Care Fund Plans</li> <li>Development of OOHs</li> <li>Impact of Urgent care Strategy initiatives</li> </ul>
<b>A&amp;E Attendances</b>	-0.5%	-1 %	<ul style="list-style-type: none"> <li>Virtual Ward</li> <li>Risk Stratification</li> <li>Enhanced MIU service at Kidderminster</li> <li>Increased impact of NHS111 service.</li> <li>Improved population understanding of Urgent Care options available</li> </ul>

# Promoting and Delivering the NHS Constitution for our residents

The NHS constitution sets out a number of Values, Principles and Rights which the CCG is committed to promote and deliver for our population.

The majority of these were delivered in 2013/14 our first year of operation – although a number were not. We aim to deliver all of these in 2014/15 and 2015/16.

The main areas where we need to see improvements are:

Area	Improvement Actions 2014/5 onwards
Improving waiting times in A&E	Range of local and county wide urgent care strategy initiatives - see previous section. Managed through multi agency UC Strategy Board and Operations Groups.
Improving referral to treatment times for admitted patients	Worcs Acute Trust appointed dedicated “command and control” lead for RTT. Dedicated commissioner reviewing process and waits. Increased use of Kidderminster Treatment Centre and temporary theatres at the Alex. Weekend working. T&O, ENT and ophthalmology lists targeted. Increased independent sector capacity sourced outside as well as within county.
Improving selected cancer waiting times	Delays within urology – 2 additional surgeons recruited and now in post.
Reducing hospital infection rates	1 case of bacteraemia but C diff rates are well within trajectory . Continuation of infection surveillance, prevention and control programme across all parts of health and residential care system.

# Determining our Local Priorities

As well as working to deliver nationally mandated priorities and NHS Constitution requirements a key task for the CCGs is to identify issues which are particularly relevant to, and for, our local population. As such Wyre Forest CCG has a well established programme and process to determine our local priorities. In brief this process has involved:

- Analysis of our populations demography, health status and future needs.
- Comparisons of our populations health status, disease levels, access rates, outcomes and experience against other CCGs – particularly those which share similar characteristics.
- Reviewing the evidence and priorities within the Worcestershire Health and Well Being Strategy and the Joint Strategic Needs Assessment (JSNA)
- An on going programme of engagement on this issue with our member practices, our members, local authorities and our partners in health and social care.
- Following a formal process across the summer and autumn the following 6 local priorities were identified:
  - Integrated Care
  - Supporting General Practice
  - Reducing Health Inequalities
  - Long Term Conditions
  - Wyre Forest Integrated Care Unit
  - Frail Older People

# Determining our Local Priorities

These locally agreed priorities are clearly reflected in our selection of our service re design plans and our plans for service improvements as identified in the previous section.

In addition the CCG re stated the following underpinning principles as essential to delivering these priorities:

- **Implementing our Quality Strategy**
- **Ensuring Financial Balance**

These twin underlying principles of financial sustainability and ensuring quality services have informed our approach to implementing all our plans (see following section).

In addition the CCG specifically re stated its on going commitment to 2 priority areas initiated in 2013/14: improving mental health services – included under the 2014/15 Reducing Inequalities work programme, and reducing unscheduled admissions which is included under the Integrated Care priority. The later is being taken forward through our local implementation of the county wide Urgent Care Strategy, whilst our commitment to mental health services and promoting parity of esteem is demonstrated in the CCGs choice of improving our populations mental health and well being as our local quality premium ambition for 2014/15.

# Delivering Our Plans: The Financial Framework

Our financial plans have been set out in detail in the CCGs Long Term Financial Plan submitted to NHS England. This complies with the requirements of the NHS Financial regime and has been approved by the CCG Board.

In high level terms Wyre Forest CCG has total resources of c. £131.6m in 2014/15 and c. £135.5m in 2015/16. At the end of the 5 year period the financial allocation is scheduled to rise to c. £142.7m – a rise of c. 8% over the 5 year period. This clearly shows the constrained rate of growth and challenge which the CCG faces. At a very crude level this can be translated to a notional allocation of c.£1,175 per annum per person within Wyre Forest – or c.£3.20 per day - which is available to the CCG to deploy on behalf of its population.

In keeping with national financial regime our plans identify the following internal allocations with the 5 year period.

Business Rules	14/15	15/16	16/17	17/18	18/19
Surplus	2%	2%	2%	2.2%	2.2%
Contingency	0.5%	0.5%	0.5%	0.5%	0.5%
‘Call to Action’ fund	1%	-	-	-	-
Strategic Change Reserve (Non Rec)	1.5%	1%	1%	1%	1.9%

In considering the overall financial position of the CCG we should also note that:

- Against the latest allocations formula the CCG is £2.3m, or 1.9% above target (i.e. ‘overfunded’)
- From 2015/16 all CCGs are required to make a further 10% reduction in management costs.

# Delivering Our Plans : The QIPP Challenge

In order to deliver our financial strategy and our service plans Wyre Forest CCG needs to deliver a challenging QIPP plan of c. £2.4m in 2014/15, or 1.9%; and £3.4m, (2.5%), in 2015/16. This represents a further level of challenge above the 1.4% QIPP required in 2013/14. To do so we have adopted the following approach:

- We are focussing on service re design to improve both service quality and efficiency.
- Service re-design must be clinically lead; all of our schemes have an identified clinical lead.
- Some schemes require up front investment to yield longer term improvements and savings. These will be sourced from our 1% 'Call to Action' fund in 2014/15.
- All of our QIPP schemes will be subject to a robust quality impact assessment process.
- We recognise that QIPP schemes which offer efficiencies to our providers are essential to the sustainability of the local health economy.
- We will apply the same quality assessment principles to our providers Cost Improvement Programmes/QIPP schemes.
- We have established a multi disciplinary Programme Management Office (PMO) approach to oversee, support and challenge the implementation and delivery of our QIPP schemes across the planning period.
- We are in the process of developing key Performance Indicators for each scheme to ensure that we can measure delivery and avoid adversely impacting on service quality or patient experience.
- All schemes have been subject to a screening process to assess the underlying business case, its scope, implementation plan and reporting measures. This has included risk assessment and mitigation.
- External support and challenge has been obtained using central, (i.e. non CCG), resources to review the robustness of QIPP plans and assess them against schemes in operation elsewhere.
- Our identified and costed QIPP Plans are set out on the following pages; the key point to note is that at the time of drafting these cover only c.60% of the QIPP gap identified. As such we need to ensure that we close this gap as realistically as possible.



# Our Plans for Change: The Impact of our Service Re Design and QIPP Plans

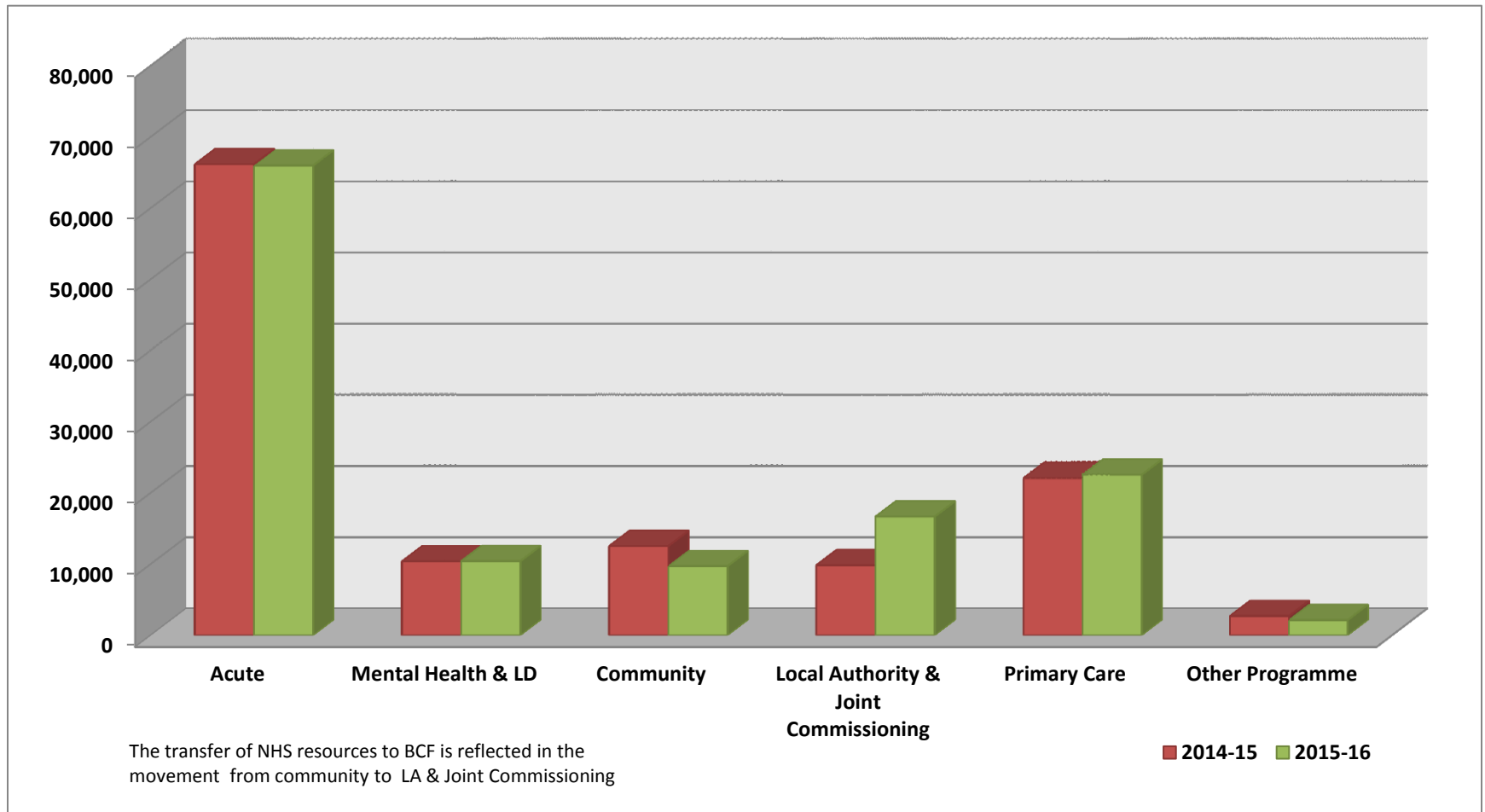
The anticipated impact of our plans for service re design and QIPP implementation in terms of changes in expenditure across the various health sectors are set out in the following pages.

The histogram shows the changing expenditure by sector within the 2 years of the operational plan period. The 2 pie charts illustrate the comparative change and re allocation of resources between sector, or care setting, at the beginning and end of the period.

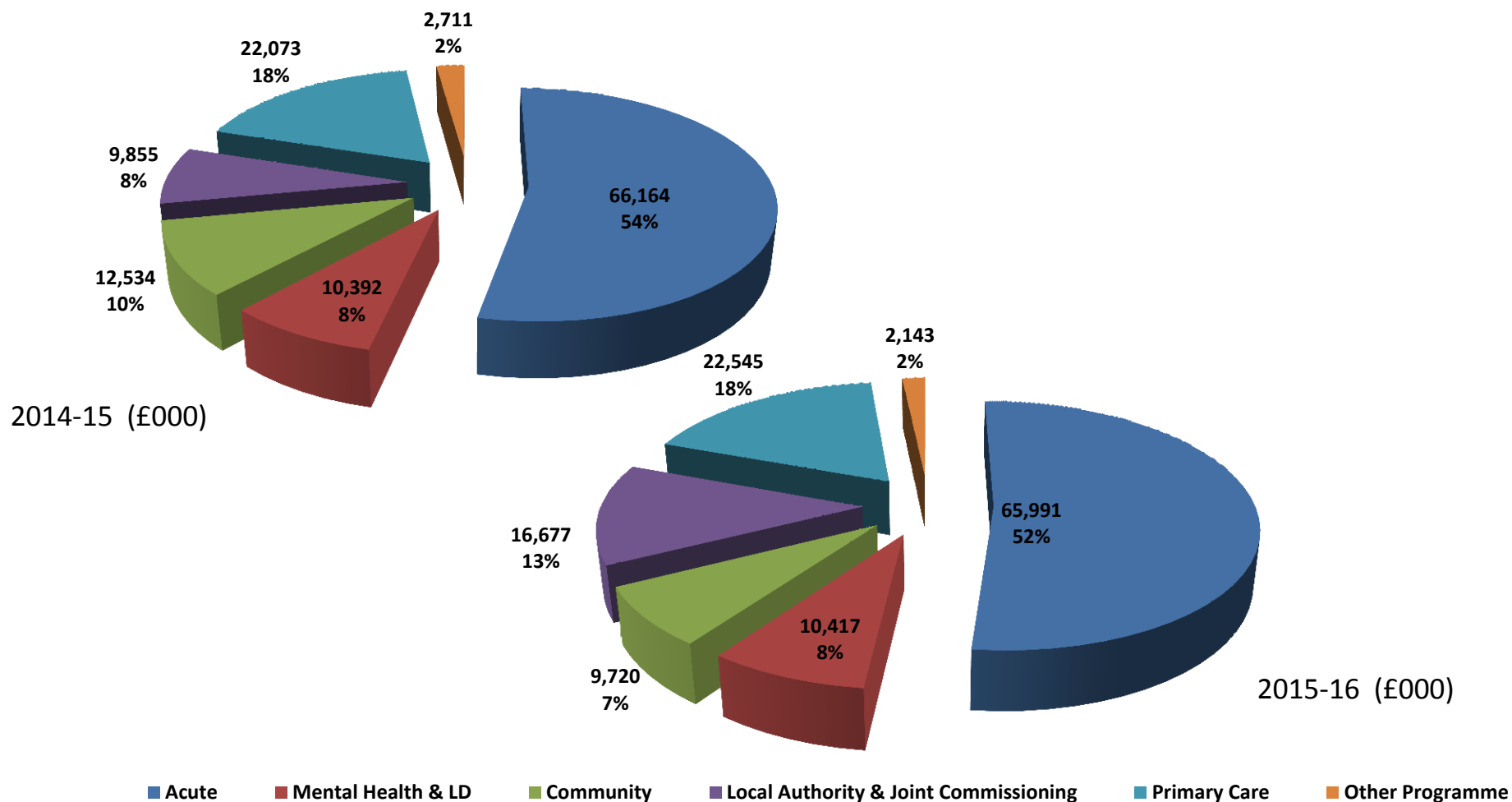
This demonstrates the CCGs intention to drive a shift in the existing pattern of service by reducing expenditure in the acute hospital sector – both in comparative and absolute terms – and re focus this resource in primary care , mental health services as well as increasing our joint commissioning across wider health and social care. This is in keeping with the outcome and activity ambitions highlighted earlier.

The potential impact of the Better Care Fund is highlighted in the subsequent section about working with our partners and stakeholders.

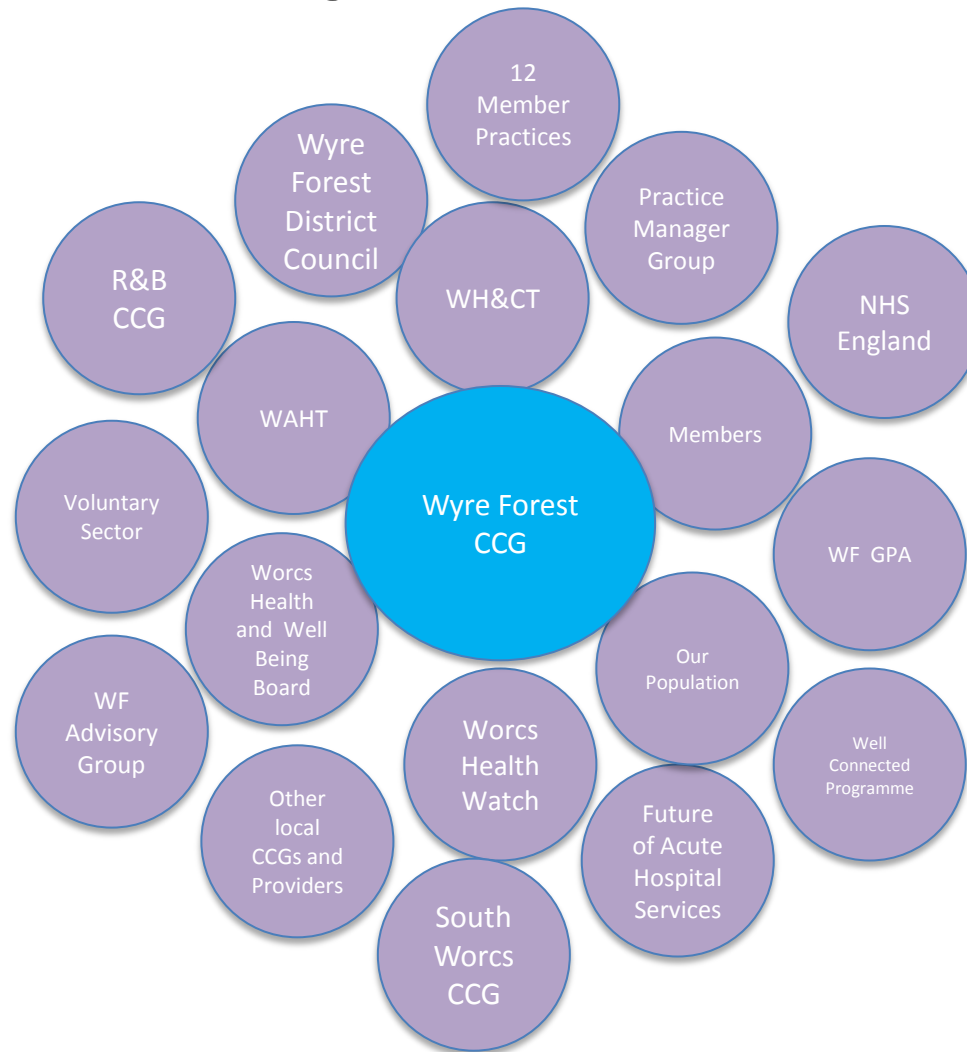
# Wyre Forest CCG Planned Spend 2014- 15 to 2015 -16



# Wyre Forest CCG Planned Expenditure 2014/15 and 2015/16



# Wyre Forest CCG: Working with our Partners and Stakeholders



# Working with our Partners

Wyre Forest CCG is focused upon improving the health of our population and the healthcare services available to them. As a locally based clinically led organisation we are well placed to identify our populations needs and the type of support and services they require. However we recognise that a wide range of factors impact on our populations health and well being, many of them involving wider public, environmental, or societal determinants of health, and as such we need to work closely with a wide range of partners and stakeholders to fully maximise our potential impact.

The previous diagram provides an illustration of some of our key partners and the range of organisations and forums with whom we are actively working.

This wider, multi partner approach, is particularly facilitated through the Worcestershire Health and Well Being Board, which includes our Clinical Chair and Chief Operating Officer in its membership. The HWB Strategy 2013-2018 has built upon the evidence and opportunities within the county's Joint Strategic Needs Assessment and has identified 4 priority areas of focus:

- Older people and the management of long term conditions
- Mental health and Wellbeing
- Obesity
- Alcohol

As stated above, the JSNA and H&WB Board priorities informed the CCGs selection of our local priorities which demonstrate a consistency of purpose, objectives and approach.

The Worcestershire H&WB Board has been actively involved in the coordination and development of the Worcestershire 5 year Health and Care Strategy. As part of this it has explicitly considered and approved the CCGs outcome ambitions and our locally set quality premium ambition of improving mental health and well being. The H&WB Board has also provided a focal point for the co-ordination and production of a number of countywide strategies and programmes (see following illustration). This process is more fully explained in the Worcestershire 5 Year Health and Care Strategy.

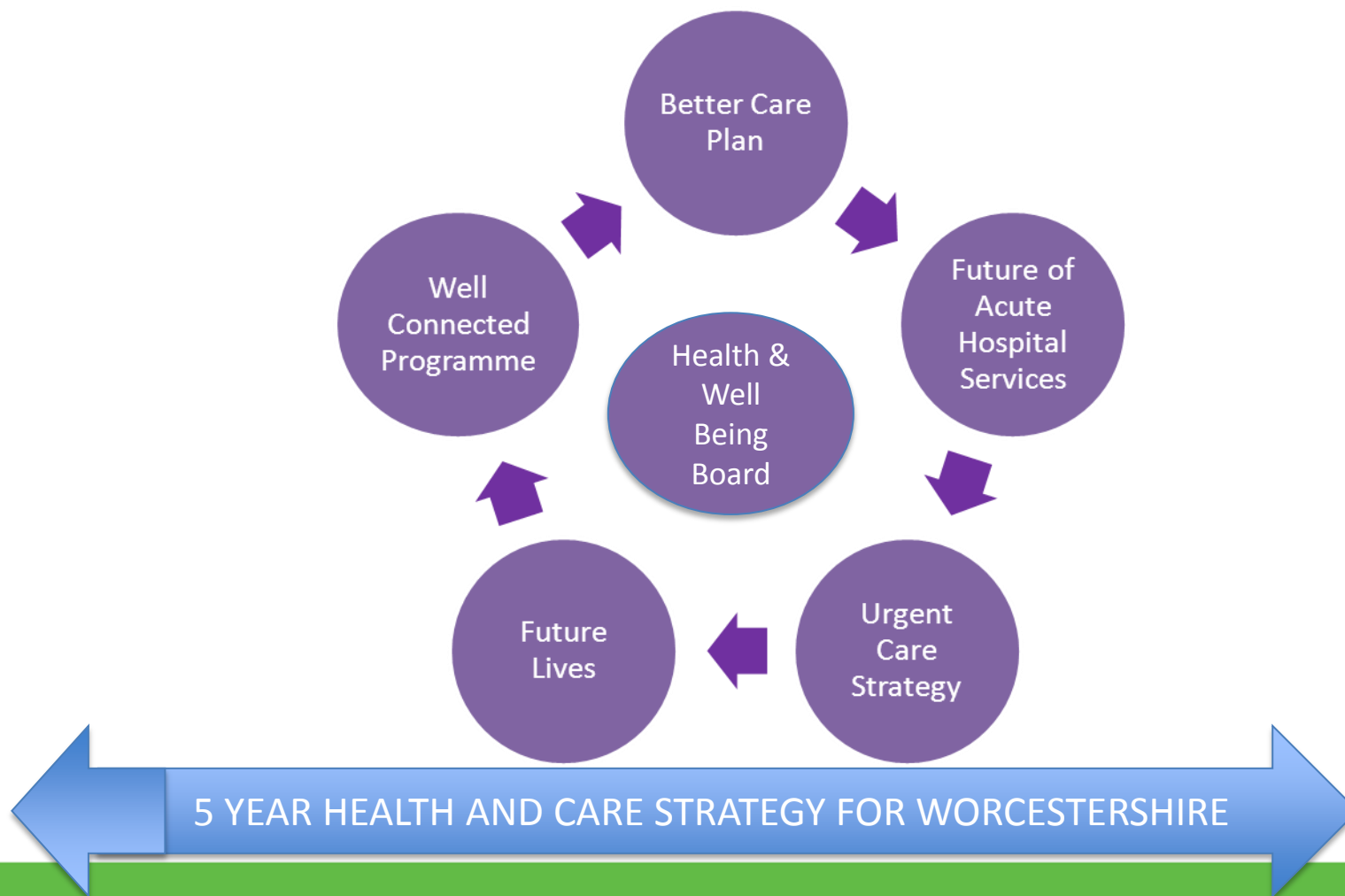
# Working with Our Partners: The Better Care Plan

2014/15 sees the first year of operation of the Better Care Plan nationally, aimed at improving co-ordination of health and social care services to better support people outside of the secondary care setting.

Research has shown that a small proportion of any health and care economy's population utilize a large proportion of the services and resources available (commonly quoted as 5% of the population using 40% of the resources). Within Worcestershire we are working towards identifying and supporting these individuals through integrated commissioning of health and social care to provide co-ordinated proactive care. We are progressing scoping work with our partners across the county in the coming weeks as to how to best achieve this. We will be using the freedoms and opportunities provided by Worcestershire's BCF National Pioneer status to support this. This includes a facilitated 2 day workshop attended by a wide range of partners and stakeholders in April 2014.

Whilst this represents an opportunity to genuinely innovate at scale across the wider health and care environment. Wyre Forest CCG also recognises that the Better Care Fund is not additional money to the system. Our contribution in 2014/15 is embedded in our financial plan and its applications agreed. For 2015/16 when the value increases to c. £6.6 m – or more if we chose - it is essential that the financial benefits to the health economy, - and therefore our population - , exceed this if our financial plan and service re design plans are to succeed. Work in developing the scope, financial value, and potential to maximise the outcome from the BCF in 2015/16 is continuing in the coming months and will be incorporated in our detailed plans for 2015/16.

# Countywide Health and Care Strategies



# Our Activity Plans: 2014/15 – 2018/19

Activity	2013/14 FOT	2014/15	2015/16	2016/17	2017/18	2018/19	Yearly Percentage changes					Overall change
							2014/15	2015/16	2016/17	2017/18	2018/19	
GP Referrals	28,092	27,811	27,547	27,299	27,060	26,254	-1.00%	-0.95%	-0.90%	-0.88%	-0.85%	-6.5%
Other referrals	19,408	19,214	19,031	18,860	18,695	18,536	-1.00%	-0.95%	-0.90%	-0.88%	-0.85%	-4.5%
1st Outpatients G&A	42,493	42,068	41,647	41,231	40,819	40,411	-1.00%	-1.00%	-1.00%	-1.00%	-1.00%	-4.9%
No 1st outpatient attendances after GP referral	23,114	22,883	22,654	22,427	22,203	21,981	-1.00%	-1.00%	-1.00%	-1.00%	-1.00%	-4.9%
Subsequent Attendances Seen	96,183	94,933	93,699	92,481	91,279	90,092	-1.30%	-1.30%	-1.30%	-1.30%	-1.30%	-6.3%
Elective - ordinary	4,515	4,470	4,428	4,386	4,347	4,308	-1.00%	-0.95%	-0.95%	-0.90%	-0.90%	-4.6%
Elective - daycase	17,059	17,315	17,575	18,102	18,645	19,204	1.50%	1.50%	3.00%	3.00%	3.00%	12.6%
Total Elective activity	21,574	21,785	22,003	22,488	22,992	23,512	0.50%	0.55%	2.05%	2.10%	2.10%	9%
Non elective	17,321	16,888	16,424	15,972	15,653	15,496	-2.50%	-2.75%	-2.75%	-2.00%	-1.00%	-10.5%
A&E	54,509	54,432	54,355	54,279	54,203	54,127	-0.14%	-0.14%	-0.14%	-0.14%	-0.14%	-0.7%