

LAA Target Monitoring Report

Red	Critical - Way off target. Needs urgent attention
Amber	Changes identified - further work required to meet target
Green	Very Good Performance - direction of travel positive

Healthier Communities & Older People Block

Block Lead: Alan Higgins (PCT) supported by Veronica Jackson (OMBC)

Indicator	Baseline Performance	LAA Targets			Annual								2007/08 Performance	2007/08 Performance Commentary	
		2006/07	2007/08	2008/09	Quarter 1 Target	Quarter 1 Actual	Quarter 2 Target	Quarter 2 Actual	Quarter 3 Target	Quarter 3 Actual	Quarter 4 Target	Quarter 4 Actual			
Outcome A - Improve health and reduce health inequalities															
Reduce health inequalities between the Borough and the England population by narrowing the gap in all-age all-cause mortality Males (LAA127) Females (LAA128)	Male - 940	-	874	851	Monitored Annually at Qtr 4								874	Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:	Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:
	Female - 635	-	581	565	581										
Outcome B - Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods															
Reduce directly standardised mortality rates from circulatory diseases in people under 75, so that the absolute gap between the national rate and the rate for the district is narrowed. LAA129	199	-	107	100	Monitored Annually at Qtr 4								107	Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:	Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Local rate needs to improve at a quicker rate than the national rate in order to close the gap. Data is 2 years behind eg most recent data for 2007 is 2005 data. Interventions Recommended: Interventions/Projects Current:
Outcome B1 - Lifestyle factors: Smoking/ Diet/ Sport & Physical Activity/ Alcohol															
SMOKING Engagement with Stop Smoking Service by subgroup; Number of Clients quitting at 4 weeks from BME population (LAA47)	2004/5 Numbers of BME quitting, 30	LDP Quit 38 (56)	LDP Quit 39 (82)	LDP Quit 39 (103)	21 min	27.00	41 YTD min	Data in November	61 YTD min		82 min year		Responsibility - Martyn Price Comment on Performance: Stretch target quarterly figure attained. Risk Analysis: Interventions Recommended: Currently 30% attrition rate for people making contact with Smoking Cessation Service and either not setting a quit rate or not attending a first session. Work needs to be undertaken to identify characteristics of this cohort. Health Improvement Team collaboration with Neighbourhood Access and Prevention Officers who work within a community setting. Development of referral pathway for those people who express wish to receive advice to quit within a Health Improvement Team activity. Interventions/Projects Current: Recent appointment of smoking cessation worker to target BME populations. Smoking workshop to be convened in November to bring together all stakeholders that can contribute to smoking agenda.	Responsibility - Martyn Price Comment on Performance: Back fill from previous quarter. Current data requirements for Strategic Health Authority do not require specific 4 week quit rates from BME populations. Require system to collect data with routine quarterly performance data. Risk Analysis: Maintain figures for 4 weeks quit from BME populations. Appear to be significant loss to follow up or missing data fields from spreadsheets. Interventions Recommended: Collaboration with NAOs in the community to sign post people to services for stop smoking. Interventions/Projects Current: Currently advertised for a Smoking Cessation Worker to focus on BME communities.	
	Stretch Increase the total number of individuals from the BME population accessing the service and quitting from 116 to 241 (an Target: 7a) increase of 125 people over the three years of the LAA)														
SMOKING Engagement with Stop Smoking Service by subgroup; Number of clients quitting at 4 weeks who are male and aged between 16-34 (not including BME) (LAA48)	102	LDP Quit 134 (194)	LDP Quit 135 (284)	LDP Quit 135 (356)	71 min	63.00	142 YTD min	Data in November	213 YTD min		284 min year		Responsibility - Martyn Price Comment on Performance: Quarter 1 target not reached. Figures need to be monitored closely for the next quarter. Risk Analysis: The stretch target for this year is more than 30% increased than last years stretch. More focused work required on young males. Evidence to suggest that where they engage with Stop Smoking Service effectively their quit rate is higher than for females. Interventions Recommended: Currently 30% attrition rate for people making contact with Smoking Cessation Service and either not setting a quit rate or not attending a first session. Work needs to be undertaken to identify characteristics of this cohort. Interventions/Projects Current: Smoking workshop to be convened in November to bring together all stakeholders that can contribute to smoking agenda.	Responsibility - Martyn Price Comment on Performance: Backfilled figures complete dataset for 06/07. Show that actual performance is in line with proposed trajectory. Risk Analysis: Interventions Recommended: Young Persons Stop Smoking worker Interventions/Projects Current:	
	Stretch Increase the total number of males aged 16-34 (not including BME) accessing the service and quitting from 404 to 834 (an Target: 7b) increase of 430 people over the three years of the LAA)														
DIET Proportion of people surveyed reporting consumption of fruit and vegetables at 5 portions per day (LAA49)	23% prevalence (49,985)	25% (54,322)	27% (58,378)	29% (63,025)	Data from Regional Lifestyle Survey available at Q3 07/08						27% (58,378)	Responsibility - Emma Haman Comment on Performance: Risk Analysis: Indicator difficult to monitor thorough qaterly reporting mechanisms. Interventions Recommended: Health Improvement Team database data monitoring audit. Evaluation of current nutritional interventions. Interventions/Projects Current: NWPCHO commissioned lifestyle survey still in the field. As of October 2007 - 3800 responses. Topline results anticipated November/December 2007. Cook n Taste Evaluation currently underway (Contact Koser Khan)	Responsibility - Emma Haman Comment on Performance: Indicator difficult to measure on a quarterly basis. Health Improvement Team outputs available from Q2. Risk Analysis: Difficult to evaluate current Health Improvement Activity in terms of improved fruit and vegetables consumption. Consequently not able to accurately assess performance against the target. Interventions Recommended: Continued development of data systems to support the robust monitoring of health improvement activity across provider services. Interventions/Projects Current: Regional Lifestyle survey due to commence this week. PCT have commissioned a local 'boost' to the sample for Oldham of an additional 5000 responders. Results available Oct 07.		
DIET Proportion of the population living in wards of Werneth, Coldhurst, Alexandra, St.Marys, St James, Medlock Vale and Hollinwood in Oldham reporting consumption of five portions of fruit and vegetables per day. (LAA50)	20.5% prevalence (12,352)	23% (15,105)	25.5% (16,747)	28% (18,389)	Data from Regional Lifestyle Survey available at Q3 07/08						25.5% (16,747)	Responsibility - Emma Haman Comment on Performance: Risk Analysis: Indicator difficult to monitor thorough qaterly reporting mechanisms. Interventions Recommended: Health Improvement Team database data audit to ascertain effectiveness of engaging with target groups. Interventions/Projects Current: Cook n Taste Evaluation currently underway (Contact Koser Khan). FPAT team has specific remit to operate in target wards.	Responsibility - Emma Haman Comment on Performance: Risk Analysis: Incomplete proformas without sufficient detail to map resident ward. Interventions Recommended: 7 priority wards identified in health Improvement Team Action plans. Focussed interventions in these areas. Interventions/Projects Current:		

Indicator	Baseline Performance	LAA Targets			Quarter 1 Target	Quarter 1 Actual	Quarter 2 Target	Quarter 2 Actual	Quarter 3 Target	Quarter 3 Actual	Quarter 4 Target	Quarter 4 Actual	2007/08 Performance	2007/08 Performance Commentary
		2006/07	2007/08	2008/09										
SPORT & PHYSICAL ACTIVITY Proportion of the surveyed population reporting participation in 30mins or more of physical activity on at least three days per week (LAA51)	18% prevalence (39,119)	21% (45,638)	24% (52,158)	27% (58,678)	Data from Regional Lifestyle Survey available at Q3 07/08							24% (52,158)	<p>Responsibility - Damien Aston</p> <p>Comment on Performance:</p> <p>Risk Analysis: Indicator difficult to monitor thorough quarterly reporting mechanisms.</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current:</p>	<p>Responsibility - Damien Aston</p> <p>Comment on Performance: Indicator difficult to measure on a quarterly basis. Health Improvement Team outputs available from Q2.</p> <p>Risk Analysis: Difficult to evaluate current Health Improvement Activity in terms of improved fruit and vegetables consumption. Consequently not able to accurately assess performance against the target.</p> <p>Interventions Recommended: Continued development of data systems to support the robust monitoring of health improvement activity across provider services.</p> <p>Interventions/Projects Current: Regional Lifestyle survey due to commence this week. PCT have commissioned a local 'boost' to the sample for Oldham of an additional 5000 responders. Results available Oct 07.</p>
SPORT & PHYSICAL ACTIVITY Proportion of the populations living in the wards of Werneth, Coldhurst, Alexandra, St Marys, St James, Medlock Vale and Hollinwood in Oldham participating in 30 minutes of physical activity on a minimum of three days per week (LAA52)	13.5% (8,866)	16.5% (10,836)	19.5% (12,807)	25.5% (16,747)	Monitored Annually at Qtr 4							19.5% (12,807)	<p>Responsibility - Damien Aston</p> <p>Comment on Performance:</p> <p>Risk Analysis: Indicator difficult to monitor thorough quarterly reporting mechanisms. Lack of data on Health Improvement Team database to consider what areas the teams are working within in.</p> <p>Interventions Recommended: More robust and complete data monitoring on the team electronic database.</p> <p>Interventions/Projects Current:</p>	<p>Responsibility - Damien Aston</p> <p>Comment on Performance:</p> <p>Risk Analysis: Robust evidence and data required to support targetted work being undertaken in priority wards.</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current:</p>
ALCOHOL Alcohol related hospital admissions per 1,000 population (LAA53)	Male - 10.9 Female - 5.8	-	Male 9.9 Female 5.5	Male 9.0 Female 5.0	Data Not yet published - anticipated August 07	Annual	Annual	Annual	Annual	Annual	Male 9.9 Female 5.5		<p>Responsibility - Debra Malone</p> <p>Comment on Performance:</p> <p>Risk Analysis:</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current:</p>	<p>Responsibility - Debra Malone</p> <p>Comment on Performance:</p> <p>Risk Analysis:</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current:</p>
Outcome B2 - Infant Mortality														
Percentage of women smoking during pregnancy in Oldham To reduce by 1.5% per annum, women smoking during pregnancy in populations living in Coldhurst, Werneth, St Paul, Alexandra and St James wards (LAA54)	19.5% (Borough wide) 19%	18.5% 17.5%	17.0% 16%	15.0% 14.5%	18.12	16.47		19.90%					<p>Responsibility - Alan Higgins</p> <p>Comment on Performance: Insufficient trend data to forecast quarter targets. However more than 3% increase in smoking recorded from Quarter 1 in Oldham and more than 5% in target wards.</p> <p>Risk Analysis: Continual fluctuation over quarters. Small numbers within the target wards on a quarterly basis.</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current: Smoking Specialist practitioner to be appointed. MpH dissertation on attitudes to smoking cessation advice etc during pregnancy to be completed in December 2007.</p>	<p>Responsibility -</p> <p>Comment on Performance:</p> <p>Risk Analysis: Caution when interpreting data on a quarterly basis as numbers in some wards are low. Continued monitoring of the priority ward data to ensure that the wards with the highest smoking rates are being targetted.</p> <p>Interventions Recommended: Continued collaboration with ante natal staff and Stop Smoking Service.</p> <p>Interventions/Projects Current: Research into smoking behaviour which will be completed in Autumn 07.</p>
Percentage of mothers initiating breast-feeding at delivery, living in Oldham. To increase by 3% per annum, percentage of mothers initiating breast feeding in populations living in Coldhurst, Werneth, St Paul, Alexandra and St James wards (LAA55)	62.7% (2004/05) 65.9%	68.0% 68.9%	70% 71.9%	72.0% 74.9%		63.49		56%					<p>Responsibility - Jo Mayall</p> <p>Comment on Performance: Reduction in breastfeeding initiation rates on Quarter 1 across the borough however there has been almost an 8% increase in breastfeeding within the target wards during the same period.</p> <p>Risk Analysis:</p> <p>Interventions Recommended:</p> <p>Intervention/Project Current: BFI being rolled out in Primary Care.</p>	<p>Responsibility -</p> <p>Comment on Performance:</p> <p>Risk Analysis: In sufficient historical data on which to base robust trajectory. Need to monitor data for 07/08.</p> <p>Interventions Recommended:</p> <p>Intervention/Project Current: Baby Friendly Initiative to be rolled out within Primary Care.</p>
Outcome B3 - Mental Health outcomes for adults														
Percentage of people under adult mental illness specialities on Care Programme Approach receiving follow up (by phone or face to face) within 48 hours of discharge from hospital (LAA56)	Awaiting updated information for Q4 2005/6	Increase to 100%	-	100%	100%	50% (17/34)	100%		100%		100%		<p>Responsibility - Mark Boaler</p> <p>Comment on Performance:</p> <p>Risk Analysis:</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current:</p>	<p>Responsibility - Mark Boaler</p> <p>Comment on Performance: There is still room to improve upon the target, however it is ultimately restricted by mainstream CMHT being a 5 day service.</p> <p>Risk Analysis:</p> <p>Interventions Recommended:</p> <p>Interventions/Projects Current:</p>

Indicator	Baseline Performance	LAA Targets			Quarter 1 Target	Quarter 1 Actual	Quarter 2 Target	Quarter 2 Actual	Quarter 3 Target	Quarter 3 Actual	Quarter 4 Target	Quarter 4 Actual	Current Position (As at quarter 2)	Current Position (As at quarter 1)	2007/08 Performance Commentary
		2006/07	2007/08	2008/09											
Outcome C - Integrated services to support independence and improved engagement of older people as active citizens															
1a) Services for Carers: Total number of breaks provided through Carers grant in the period 2005/ 2006 (LAA57)	PAF C62 - 04/05 0.6% Delivery Improvement Statements (DIS) 2716 2004/5 8,643	13000.00	15,000	17,000	3,750	3,889	7,500	5,850	11,250			15,000	Responsibility - Tom Wolstencroft Comment on Performance: The year 2 target may be difficult to achieve due to a number of existing providers unable to provide a service for carers this year. In addition there has been poor uptake of new providers taking up the additional funding opportunities despite being widely advertised. Risk Analysis: It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes , this may effect delivery. Interventions Recommended: Monitoring and evaluation of Carers Grant services through the Carers steering group. Interventions/Projects Current: A Carers subgroup has been working on a project to improve the identification of carers and ensure information on Carers assessments and services is recorded appropriately.	Responsibility - Tom Wolstencroft Comment on Performance: Risk Analysis: It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes , this may effect delivery. Interventions Recommended: Monitoring and evaluation of Carers Grant services through the Carers steering group. Interventions/Projects Current: A Carers subgroup has been working on a project to improve the identification of carers and ensure information on Carers services is recorded appropriately.	
1b) Services for Carers: Increase number of black and minority ethnic carers eligible for breaks (LAA58)	129	155	170	187	43	117	85	144	128			170	Responsibility - Tom Wolstencroft Comment on Performance: On target in Quarter 2. Risk Analysis: It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes , this may effect delivery. Interventions Recommended: Monitoring and evaluation of Carers Grant services through the Carers steering group. Interventions/Projects Current: A Carers subgroup has been working on a project to improve the identification of carers and ensure information on Carers services is recorded appropriately.	Responsibility - Tom Wolstencroft Comment on Performance: Risk Analysis: It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes , this may effect delivery. Interventions Recommended: Monitoring and evaluation of Carers Grant services through the Carers steering group. Interventions/Projects Current: A Carers subgroup has been working on a project to improve the identification of carers and ensure information on Carers services is recorded appropriately.	
2a) Benefits, volunteers, empowerment: Number of pensioner households in receipt of pension credit (LAA59)	11,200 claimants	224 (2% increase)	228 (2%)	233 (2%)	11,613	11,625	11,626	11,640	11,639			11,652	Responsibility - Trevor Kavanagh Comment on Performance: Latest Information supplied by the department of Work and Pensions is the position as at 28th February 2007. Risk Analysis: Baseline data has been prone to fluctuations in the past as a result of seasonal variations in numbers, specific promotions and fragmented data sets. Interventions Recommended: A need to 'Invest-to-save' in terms of systems and protocols and 'grass-roots' activities to maintain pension 'take-up'. Interventions/Projects Current:	Responsibility - Trevor Kavanagh Comment on Performance: Latest Information supplied by the department of Work and Pensions is the position as at 30th November 2006. Risk Analysis: Baseline data has been prone to fluctuations in the past as a result of seasonal variations in numbers, specific promotions and fragmented data sets. Interventions Recommended: A need to 'Invest-to-save' in terms of systems and protocols and 'grass-roots' activities to maintain pension 'take-up'. Interventions/Projects Current:	
2b) Benefits, volunteers, empowerment: Number of people 50+ who undertake a supportive community role e.g. volunteers engaging in Health & Social Care activities (LAA60)	HO-PSA6 - HO PSA7 (National target of 5% increase year on year) Baseline - 300	315	331	347	368	475	372	499	377			381	Responsibility - Carl Bell Comment on Performance: On target in Quarter 2 with 211 volunteers involved with Age Concern, 18 within Chadderton Court and 270 school governors undertaking a community role. Risk analysis: Changes in social and economic circumstances could affect the numbers willing to undertake roles in the community. Interventions Recommended: Quality of training and support must remain high to maintain and attract volunteers. Interventions/Projects Current: A council/LSP supported bid for 'Invest to Save'	Responsibility - Carl Bell Comment on Performance: On target in Quarter 1 with 189 volunteers involved with Age Concern, 8 within Chadderton Court and 278 school governors undertaking a community role. Risk analysis: Changes in social and economic circumstances could affect the numbers willing to undertake roles in the community. Interventions Recommended: Quality of training and support must remain high to maintain and attract volunteers. Interventions/Projects Current: A council/LSP supported bid for 'Invest to Save'	
2c) Benefits, volunteers, empowerment: Empowering of older people to make a positive contribution to the planning, commissioning and delivery of services (LAA61)	DWP PSA8 HO PSA 7+T32 250 specific community consultations	300	(+50) 350	(+50) 400	88	132	175	231	262			350	Responsibility - Carl Bell Comment on Performance: During this quarter 60 were involved in voluntary and community groups consultation. 25 attended the Older People's forum. 2 members of the forum attended the 'Practicalities and Possibilities' conference. 12 people took part in the Inter-generational project with Blue Coat school. Risk Analysis: Failure of partners to develop a holistic plan that ensures all older people contribute to the development of services will adversely affect target delivery. Interventions Recommended: Increase partnership working between health and social care in order that all Older people receiving services can genuinely contribute to the development of those services. Interventions/Projects Current: Database now created to record 'actual' and 'expected' activity each quarter. Specific post now in place.	Responsibility - Carl Bell Comment on Performance: During this quarter 15 were involved in voluntary and community groups consultation. 27 attended the Older People's forum. 56 were involved in the Crucial Crew events. 34 were involved in the 'Talking Sense - development day for older people'. Risk Analysis: Failure of partners to develop a holistic plan that ensures all older people contribute to the development of services will adversely affect target delivery. Interventions Recommended: Increase partnership working between health and social care in order that all Older people receiving services can genuinely contribute to the development of those services. Interventions/Projects Current: Database being created to record 'actual' and 'expected' activity each quarter. Specific post now in place.	
3a) Older people living at home: Number of older people aged 65 or over helped to live at home (LAA61b)	2,520 2005/6	2,620 (3,120)	2,735 (3,235)	2,835 (4,000)	3,699	3,715	3,742	4,024	3,785			3,828	Responsibility - Dorothy Phillips Comment on Performance: There has been an increase of 1,504 clients being helped to live at home since 2005/06. The neighbourhood access and prevention team is now well established and those clients below the FACS threshold for care managed support are being signposted to appropriate low level community services. Risk Analysis: An increase in the FACS eligibility criteria will affect the numbers receiving care managed support. Interventions Recommended: A comprehensive 'systems analysis' is needed to ensure there are transparent audit trails and robust data sets. Interventions/Projects Current: Recording systems that capture numbers receiving non care managed support constantly being improved and updated. Recording process around outcomes agrees with the Neighbourhood Access and Prevention team.	Responsibility - Dorothy Phillips Comment on Performance: There has been an increase of 1,195 clients being helped to live at home since 2005/06. The neighbourhood access and prevention team is now well established and those clients below the FACS threshold for care managed support are being signposted to appropriate low level community services. Risk Analysis: An increase in the FACS eligibility criteria will affect the numbers receiving care managed support. Interventions Recommended: A comprehensive 'systems analysis' is needed to ensure there are transparent audit trails and robust data sets. Interventions/Projects Current: Specific staff role created to co-ordinate luncheon club activity. New handyman service being established. Recording systems that capture numbers receiving non care managed support constantly being improved and updated.	
	Stretch Target: 8a)	Increase the number of older people aged 65 or over helped to live at home from 2,835 people to 4,000 in 2008/9 (an increase of 1,165 people in the third year of the LAA)													

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		2006/07	2007/08	2008/09	Quarter 1 Target	Quarter 1 Actual	Quarter 2 Target	Quarter 2 Actual	Quarter 3 Target	Quarter 3 Actual	Quarter 4 Target		Quarter 4 Actual
3b) Older people living at home: Number of admissions of older people aged 65 or over to permanent residential and nursing care (LAA62)	1,100 good 2004/5	1,100 good (1,000)	1,100 good (1,000)	1,100 good (900)	963	947	954	953	945		936		<p>Current Position (As at quarter 2)</p> <p>Responsibility - Dorothy Phillips Comment on Performance: Slight increase in the number of placements seen this quarter mainly due to improved recording. Still on target with a reduction of 147 older people in permanent residential and nursing care as at 30th September 2007. Risk Analysis: Significant reductions are reliant on developing quality community based alternatives. Interventions Recommended: The prevention Strategy, PFI Extra Care and Neighbourhood Care Networks will be key in developing community based services. Interventions/Projects Current: Resource allocation Panels in place to monitor and agree institutional placements. In control system of Individualised Budgets being extended to enable more older people to live at home.</p> <p>Current Position (As at quarter 1)</p> <p>Responsibility - Dorothy Phillips Comment on Performance: Reduction of 153 older people in permanent residential and nursing care as at 30th June 2007. Risk Analysis: Significant reductions are reliant on developing quality community based alternatives. Interventions Recommended: The prevention Strategy, PFI Extra Care and Neighbourhood Care Networks will be key in developing community based services. Interventions/Projects Current: Resource allocation Panels in place to monitor and agree institutional placements. In control system of Individualised Budgets being extended to enable more older people to live at home.</p>
Outcome D - Improved outcomes for diabetes													
To reduce the percentage of people registered with GP practices in Oldham who have 'poor control' of their condition (HbA1C>10%) . (LAA63)	8.3% (707/8467)	4.3%	2.3%	6.30	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	4.3%		<p>Responsibility - Alan Higgins Comment on Performance: Figures for Quarter 1 are the validated figures for the year 2006/07. Not appropriate to monitor quarterly. Risk Analysis: No PCT named NSF lead for diabetes at present. Interventions Recommended: Interventions/Projects Current: Diabetes Awareness sessions being run by Provider Unit. JSNA underway which is looking at prevalence and needs of people with diabetes or at risk of the condition.</p> <p>Responsibility - Alan Higgins Comment on Performance: Quality outcomes framework provides some incentive for recording new patient data however no requirement to collect data on ethnic group. Interventions Recommended: Work on diabetes prevalence model to support regsters. Interventions/Projects Current: NRF funding for nutritional expertise to support diabetes services in Oldham</p>
To reduce the percentage of people with diabetes who have 'poor control' of their condition (HbA1C>10%) registered with GP practices estimated to have a BME population of 25% or more of the total list (LAA64)	14.3% (1551/1809)	8.3%	5.3%	11.30	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	8.3%		<p>Responsibility - Alan Higgins Comment on Performance: Not previously monitored. Risk Analysis: Ethnicity only recorded for new patients therefore no accurate figure for BME numbers in practices. Nam Pecham software used to model prevalence (use on South Asian names only). Interventions Recommended: Retrospective ethnicity recording within primary care. Interventions/Projects Current:</p> <p>Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>