

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Smoking quitters (4 weeks)
Strategic Director Lead	Policy, Performance & Public Health
Departmental Lead	Julie Webster, Head of Public Health
Target	3500

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	104	+ / - Target -50%
Non-compliance reason	<p>The underperformance of this target by Wirral NHS Community Trust (Public Health team) has been attributed to the transition to an integrated service from April 2013 i.e. the redesign of the team, and staff have been training, shadowing, observing others and doing their own role.</p> <p>On a local level (and relative across the region and nationally) the increased use of E-Cigarettes has had a detrimental impact on activity. Local Stop Smoking Services have reported, anecdotally, an increased number people using this product instead of attending Stop Smoking services. It is thought that this has had an impact on the target.</p>	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .	
What (is required)	<p>Increase in Quit Dates Set* (*Quit Date is the date on which a smoker plans to stop altogether with support from a stop smoking adviser as part of an NHS assisted quit attempt).</p> <p>An increase in 4 week quitters** (**Four-week quitter is a smoker whose quit status is smoke free at four weeks from their quit date. Follow up must occur 25 to 42 days from the quit date)</p>
How (will it be achieved)	<p>A plan for each locality team (within CT) is in place. These plans will look to increase Quit Dates Set to 964 (by end of Q1) and will subsequently look to increase the number of 4 week quits to 415.</p> <p>Q1 data will also include primary care and pharmacy data. Primary care and pharmacy do not provide real time data as the data is only returned when the outcome is reached (so whether a person is a 4</p>

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	<p>week quitter, lost to follow up or has relapsed). So therefore QDS data is not provided until the end of the outcome. Part of the action plan for locality teams will be to review current processes and practice and ensure that QDS data is collected from these services in a timely manner. Based on 11/12 activity the projected number of quits for primary care and pharmacy for 4 week quits is n=137.</p> <p>Therefore projected 4 week quits for Quarter 1 is 552.</p> <p>This will be reported back to commissioner on a monthly basis.</p> <p>The performance of this target will also be raised in the monthly SLA meeting with the CT. Continued under performance will be subject to standard contractual mechanisms.</p>
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	The target will return to plan by the end of Quarter 1.

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