

**TO:** West Gloucestershire Primary Care Trust Board

**FROM:** Stephen Golledge, Chief Executive

**DATE:** 17<sup>th</sup> March 2005

**SUBJECT: CHIEF EXECUTIVE'S REPORT**

## **1.0 PURPOSE**

- 1.1 To update the Board on relevant meetings and issues since the last Public Board Meeting held on 20<sup>th</sup> January 2005.

## **2.0 FINANCIAL POSITION**

- 2.1 The PCT's financial position is reported in the Director of Finance's report. The forecast outturn at the year end is approximately £4m and is a continuing cause for concern.
- 2.2 The Strategic Health Authority has recently appointed a very experienced NHS manager to review our recovery plans. These are reported in the report on the Local Delivery Plan.
- 2.3 On 9th March the Chair, Assistant Director of Finance and I met the SHA Chair, Chief Executive and Acting Director of Finance to discuss our financial position.

## **3.0 PROGRAMME BUDGETS**

- 3.1 In 2003/04 the annual accounts included for the first time an analysis of spending programmes for PCTs. A national summary of spend by programme category for each PCT has recently been published, and a chart showing the position of each of the Gloucestershire PCTs for each spending area is attached. The Board should note that because this is the first year of this return, some data inconsistencies between PCTs are inevitable – nevertheless, the information provides an interesting basis of comparison.
- 3.2 A chart showing our position with our cluster PCTs will be available shortly.

## **4.0 2006/07 AND 2007/08 ALLOCATIONS**

- 4.1 Details of the next two years allocations have recently been received by the PCT. West Gloucestershire receives slightly less than its 'fair share' of the England NHS budget according to the latest allocation model – 1.4% below target budget in 2006/07 and consequently receives more than average growth for these two years, 9.1% in 2006/07 and 9.9% in 2007/08.

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A fuller analysis of these allocations will be made available at the next Board meeting.

### **5.0 REVIEW OF AMBULANCE SERVICES AND ALSO MENTAL HEALTH SERVICES IN THE STRATEGIC HEALTH AUTHORITY AREA**

- 5.1 At the January Board meeting I made reference to the reviews of ambulance services and also mental health services in the SHA area.
- 5.2 Since our last Board meeting there have been a number of developments on both projects.
- 5.3 On ambulance services it has been agreed to establish a steering group of Chairs and Chief Executives (Cheltenham & Tewkesbury PCT, Chair and Chief Executive representing Gloucestershire) and to commission an independent review of the three options for ambulance services. These are:-
- Retention of existing organisational arrangements
  - Creation of an integrated management team across three organisations
  - The establishment of a single Trust with a distinct divisional structure
- 5.4 The option appraisal will be undertaken by independent consultants of national standing. It is expected that the consultants will report to the steering group in May with a recommendation coming to Boards in June. Fuller information about this is available on request.
- 5.5 On mental health services a steering group has been established chaired by the Chief Executive of Cheltenham & Tewkesbury PCT. The purpose of the steering group is to oversee the review which has arisen as a result of discussions at annual review meetings held between the SHA and NHS Trusts and Primary Care Trusts in the spring of 2004.
- 5.6 Overall support for the review has been positive. It is clear from the work to date that there are some very strong themes in all health and social care communities relating to where service change should be heading in the future. These themes are often supported by policy nationally or progress to date on service improvement.
- 5.7 The strategic themes are set out in a paper which will now be the subject of more local discussion. These cover the service areas of child and adolescent mental health services, learning difficulties, older people and adult mental health services. Prison mental health services and specialist drugs and alcohol are still to be considered. The paper is available on request.
- 5.8 It is proposed that recommendations are made to the SHA in May or July on the way forward.

## **7.0 NEW PHARMACY CONTRACT**

- 7.1 From 1st April 2005, a new national pharmacy contract will be in place from 1st April 2005. It will introduce three levels of service to be provided by community pharmacists:
- Essential Services are those services that must be provided by all community pharmacists. These are nationally agreed services and are not generally open to local negotiation
  - Advanced Services are nationally specified and require pharmacists to be accredited to provide these services
  - Enhanced Services: which are locally negotiated and commissioned locally by the Primary Care Trust
- 7.2 The contract is underpinned by a new financial and regulatory framework. PCTs are required to undertake a pharmacy needs assessment. The pharmacy needs assessment will support the development of the new Control of Entry Criteria. The assessment and Control of Entry Policy will be further discussed and ratified at the next PEC meeting on the 7th April 2005 and Board on the 21st April 2005.

## **8.0 NEW DIRECTOR APPOINTMENTS**

- 8.1 At the end of January, we were delighted to announce the appointment of John Ford and Amanda Fisk to complete the Director Team. John has been appointed to the post of Director of Service Delivery. He is currently Director of Quality and Excellence at North Kirklees PCT and was formerly in a Chief Executive role at South Leeds Primary Care Group. During his career he has held senior NHS and Social Care Management positions in Wakefield, Bradford and Calderdale. John joins us on the 21st March.
- 8.2 Amanda Fisk has been appointed to the post of Director of Performance and Corporate Development. Amanda is currently Director of Operations at Cotswold & Vale PCT where she is responsible for provider services including 6 community hospitals. Prior to this, as Project Manager, Amanda helped lead the application and consultation arrangements to establish Cotswold and Vale PCT. Amanda joins us on 4th April.

## **9.0 ANNUAL REPORT ON THE SANDHURST LONG TERM FOLLOW-UP STUDY**

- 9.1 The Board received the above report at its meeting on November 18th 2004. Subsequent to the Board meeting Hugh Annett (Director of Public Health) received representation from members of the public to the effect that paragraph 2.3 of the report did not provide an adequate summary of the ways in which residents were exposed to pollution in the days following the incident on the evening of Monday 30th October 2000. Following is a revised and extended summary of these events that has been endorsed by the CSG Community Support Group. The revision and additions appear in italics. The Board is asked to note this amendment to the report it received on November 18th 2004.

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- 9.2 Paragraph 2.3 - A plume of smoke from the *explosions and* fire was driven by the high prevailing wind in a predominantly north north-easterly direction over the village of Sandhurst, later veering to the east over Twigworth. Residents living close to the site were evacuated during the acute incident but allowed to return on the evening of Monday 30<sup>th</sup> October 2000. Residents were evacuated again when extensive flooding prevented access to the site by emergency services.
- 9.3 *The major potential vector of pollution is considered to have been the airborne plume during the acute incident. However the potential for waterborne exposure to possible backflow of chemically contaminated floodwater, to airborne exposure from post fire gassing or further leaks of chemicals at the site and to slow evaporation of deposited solvents from the soil have also been considered. Immediately after the incident environmental monitoring was not possible. However, there were many anecdotal accounts from local residents of pollution occurring as a result of both the fire and subsequent flooding. Nevertheless, from its subsequent environmental monitoring the Environment Agency could find no evidence of significant contamination in floodwater, vegetation or soil. Health studies have therefore concentrated on populations living under the modeled path of the plume where the majority of health effects would be expected to be concentrated and if present in great enough numbers, to be detectable by current statistical methods.*

### 10.0 DILKE MEMORIAL HOSPITAL – SMOKE FREE ZONE

- 10.1 On Wednesday 9<sup>th</sup> March, to coincide with National No Smoking Day, the Dilke Memorial Hospital undertook the decision to achieve a completely smokefree status in all buildings and grounds. The Dilke decided to take this action to protect, staff, patients and visitors from the dangers of second-hand smoke. Smoke free environments also help people to make "Healthy Choices" and this action promotes the Hospital as a role model for public health. Patients or staff who wish to stop smoking can access support to do so from a Specialist Advisor from Gloucestershire Smoking Advice Service at the Hospital.
- 10.2 A full report on this issue is included in the Board agenda.

### 11.0 LOCAL SECURITY MANAGEMENT SERVICE

- 11.1 The Security Management Service, which is part of the Counter Fraud and Security Management Service (CFSMS), has responsibility for all policy and operational matters related to the management of security delivery within the NHS. The Secretary of State Directions on Security Management Measures requires health bodies to nominate an Executive Director to lead on security management work, together with the nomination of a suitable person to undergo appropriate training by the CFSMS to perform the role of Local Security Management Specialist.
- 11.2 Mike Theelke, Director of Finance, was nominated as the PCT Security Management lead and following discussions with the leads at Cheltenham and Tewkesbury and Cotswold and Vale PCTs a decision was made to proceed with

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the appointment of a Local Security Management Specialist as a shared service between the three PCTs, hosted by Cheltenham and Tewkesbury PCT. Following interviews which took place on 24<sup>th</sup> February, Andrew Boyce (know as Max) has accepted the position and is due to commence in post on Monday 4<sup>th</sup> April.

- 11.3 Arrangements are currently being made for Max to visit the PCT Security Management Director and other key personnel, including introductory visits to the community hospitals.

### **12.0 CHILDCARE VOUCHERS – SALARY SACRIFICE SCHEME**

- 12.1 In April 2005 the Government will allow eligible employees to sacrifice up to £50 per week towards childcare, which will be NI and tax exempt. Employees can use the vouchers for children under the age of 16 years old at any registered childcare facility.
- 12.2 A Salary Sacrifice Scheme has been developed and a contract awarded to supply childcare vouchers for the employees across the County.

### **13.0 NEW NATIONAL SERVICE FRAMEWORKS**

- 13.1 Two further National Service Framework (NSF) documents have been published over the last few weeks. Part two of the NSF for Renal Services was published in February and provides national standards and service models for chronic kidney disease, acute renal failure and end of life care. A new Coronary Heart Disease NSF chapter has also been published this month and covers the prevention, diagnosis and treatment of cardiac arrhythmias (irregular heartbeats). The implications and implementation of the guidance will be considered by the relevant local and countywide groups.

### **14.0 CARDIAC CHOICE**

- 14.1 As part of the wider roll out of the 'Choose and Book' programme, a minimum of two choices of hospital provider will be offered for patients who are listed for heart procedures from 1st April (this includes coronary artery bypass grafts, angioplasties and valve procedures). Choice is already in place at the point of referral for patients who might need cataract surgery, and will be available for all main hospital specialties by December 2005.

### **15.0 BRISTOL HEALTH SERVICES PLAN**

- 15.1 The Bristol Health Services Plan was considered by the Board in November and, based on a health impact assessment completed by Cotswold and Vale PCT on behalf of the health community, the changes planned were deemed to not be 'substantial' for the majority of Gloucestershire residents. The formal consultation period closed on 10th December.

- 15.2 Although West Gloucestershire PCT has consequently not asked to be part of the formal decision making process, we have been advised that decisions will be made at a joint meeting of Chairs of the affected PCTs and NHS Trusts on 14th March 2005 (the consultation concerning the development of services in Kingswood and Cossham Hospital has been extended to 1st March and decisions on this part of the Plan will therefore be delayed). The decisions from the meeting on 14th March will be made public towards the end of the month and will be formally noted at Board meetings in April.

## **16.0 CHANGES TO BORDER COMMISSIONING RESPONSIBILITIES**

- 16.1 The Department of Health and Welsh Assembly Government have issued a draft protocol to revise NHS commissioning responsibilities for patients living on the border of England and Wales from April 2006. Although the guidance is still subject to Ministerial approval, it is anticipated that West Gloucestershire PCT will take on responsibility for commissioning mental health and hospital services for around 10,000 additional patients who live in Gloucestershire, but are registered with a Wales-based GP practice. We are currently working through the service and financial implications (including changes to our financial allocation) of the change given a number of significant policy differences in NHS entitlements between the two countries.

## **17.0 GLOUCESTERSHIRE PARTNERSHIP NHS TRUST HEALTHCARE COMMISSION REPORT AND FOUNDATION TRUST APPLICATION**

- 17.1 The Healthcare Commission review team visited Gloucestershire Partnership Trust in November 2004 and made its report publicly available on 2<sup>nd</sup> February 2005. The Commission considered the Trust to be well regarded by its external partners and recognized as the local champion for mental health. A number of areas of service were highlighted as good practice.
- 17.2 The Commission identified a number of key issues for the Trust, which included the following.
- Action is required to recruit, empower and support medical clinical leaders to ensure all doctors engage with the Trust as a corporate body.
  - The Trust Board should continue to work proactively to agree with its local health and social care partners on the configuration of all mental health services in Gloucestershire and on commissioning priorities and ensure that it is reaching all local organisations that wish to be involved in its work.
  - Action is required to ensure that service users and carers are more involved with strategic planning and decisions relating to the delivery of services, at an earlier stage.

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- The Trust needs to develop and roll out a programme of environmental audits of risk, including Trust wide assessment of ligature points, and support any necessary action identified by this programme.
  - Action is required to develop a robust workforce plan in line with service requirements. The Trust should implement its training plan and training report process as soon as possible to support delivery of the lifelong learning strategy.
  - The Trust needs to develop its use of information systems and reporting indicators to support clinical governance, including the identification and use of information to inform best clinical practice.
- 17.3 The next step for the Trust is to develop action plans to meet the key recommendations of the report. These will go to their Board and the Strategic Health Authority for sign off by the end of April and would then be incorporated into the Trust's plans for 2005/6.
- 17.4 Members will recall that the Trust made a preliminary application as part of the 2nd wave of applicants for Foundation Trust status, at the end of November. On the 18<sup>th</sup> January the Secretary of State announced that the Trust had been successful in its preliminary application and would be invited to make a preparatory application along with 7 other mental health Trusts in a total cohort of 32 NHS Trusts. The next step in this process is a local health community event in April to discuss the application.

### **18.0 MMR CLINIC UPDATE**

- 18.1 In Gloucestershire 196 cases of mumps were notified to the Health Protection Team in 2004. This represents a six-fold increase compared to 2003. The increase in incidence has continued into the current year, with the Health Protection Agency and Department of Health recommending that those who are not fully vaccinated under 25 years of age should be offered MMR vaccination.
- 18.2 In response to this situation it was decided that the PCT would establish nurse led clinics to provide opportunistic MMR immunisations to young people aged between 16-25 years. Local patch managers were asked to identify appropriately trained nurses and venues to deliver the service whilst we established relevant guidelines and processes, sourced and found suitable storage for vaccines and consumables, managed all communication to practices and the public and administrated the appointment system. Between the 24<sup>th</sup> February 2005 and the 11<sup>th</sup> March 2005, clinics were established in Churchdown, Quedgeley, Gloucester City, Cinderford and Lydney to date where a total of 194 patients have been immunized with a further 40 patients scheduled for immunization at Lydney on 11<sup>th</sup> March 2005 giving a total of 234.
- 18.3 A further 60 patients are on waiting lists which is increasing on a daily basis. Due to demand, two further clinics will be provided in Gloucester (22<sup>nd</sup> March 2005) and in the Forest (date to be confirmed). There will also be a booster MMR clinic provided in approximately three months time for those patients requiring a second immunisation. All Gloucestershire PCTs are

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likewise encouraging opportunistic vaccination of those under 25 years who are not fully vaccinated but the other PCTs are commissioning the service through a GP led locally enhanced service. Measures will also be put in place to ensure inmates of Gloucester Prison are also offered vaccination. In addition to the nurse led clinics, Gloucester University and Hartbury College students who were resident in West Gloucestershire were offered vaccination under the existing locally enhanced service for first year university students. Other provision is in place for children under age 16 years, including school nurse clinics.

### **19.0 PATCH REPORT – NORTH GLOUCESTER PATCH TEAM UPDATE**

- 19.1 The Patch Team which covers the wards of Kingsholm & Wotton, Longlevens and De Winton has had extremely good attendance and includes four community representatives.
- 19.2 The Team were engaged in the production of the Business Plan for the patch and the key areas identified by the Patch Team are as follows:

#### **Mental Health**

- The team were extremely supportive of the introduction of the 2<sup>nd</sup> wave of graduate mental health workers to GP practices within the patch who will provide information, support and improve access to mental health services
- We are hoping to work with Kingsholm & Wotton Partnership to promote awareness of the Fairshare scheme and to encourage previous clients of mental health services to engage in their local community

#### **Kingsholm & Wotton**

- There is evidence that there are pockets of need within Kingsholm & Wotton and therefore we wish to understand more fully the needs of this area and will be working closely with Kingsholm & Wotton Partnership
- We will be relocating the Prime of Life Group (an exercise and health awareness group) to the YMCA which will enable more participation from the over 65s in this area

#### **Support for families**

- The Team would like to look at ways we can support families in developing parenting skills especially in support of parents who have children with challenging behaviours

#### **Estates**

- The Team is aware that surgeries within the patch are providing primary care services within accommodation that does not have enough or appropriate space and will be engaged with any proposals to provide improved accommodation

**HIV and Sexually Transmitted Diseases**

- The Team have taken a keen interest in understanding more about health promotion activities in this area and feel it is important to raise the profile of this issue

**Community Budget Initiatives**

- The team are very supportive of the small amounts of money that have enabled staff teams to set up community groups as follows:

The After Retirement and Health Awareness Group  
The Prime of Life Group  
Baby Massage Sessions  
Post Natal Support Groups

**20.0 RECOMMENDATIONS**

- 20.1 The Board is asked to note and approve the contents of this report.