

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

**FROM:** Stephen Golledge, Chief Executive

**DATE:** 19<sup>th</sup> May 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 Thursday, 21<sup>st</sup> April 2005.

**2.0 INVESTING IN EXCELLENCE – CONSULTATION ON THE SPECIALIST CARE OF MOTHERS, BABIES, CHILDREN AND YOUNG PEOPLE**

2.1 In February 2005 the three PCT Boards agreed a package of proposals following the consultation on the specialist care of mothers, babies, children and young people.

2.2 The three PCT Boards also agreed that the Children's Health Planning Group should be commissioned to lead an option appraisal and prepare a report on alternative approaches for nurse led care to be considered alongside Gloucestershire Hospital Trust's Implementation Plan. The proposed project brief for the option appraisal was considered at our Board meeting on 8<sup>th</sup> February.

2.3 On 9<sup>th</sup> May a workshop was held to discuss options of additional services for acutely sick children. A report from the workshop will be available shortly and will be considered alongside the Hospital Trust's Implementation Plan.

2.4 It is felt that in order to provide for continuing discussions amongst the three PCTs on this matter that the Joint Sub Committee previously established to consider these matters should be reconvened and arrangements have been made for the Joint Sub Committee to meet on the evening of 23<sup>rd</sup> May. Our PCT was previously represented by the PEC Chair, Director of Clinical Development and three Non-Executive Directors (Derek Harbottle, Anny Reid and Fred Simpson).

2.5 Following discussion at the Joint Sub Committee meeting on 23<sup>rd</sup> May this matter will then be further considered by the county-wide Overview & Scrutiny Committee at its meeting on 6<sup>th</sup> June prior to the three PCT Boards meeting to consider the recommendations from the Joint Sub Committee.

2.6 The other two PCTs will be meeting in public in June to consider the recommendations coming from the Joint Sub Committee meeting and it is felt that we should organise a special meeting to consider this matter on Thursday 16<sup>th</sup> June.

2.7 The Board is asked to agree the proposed arrangements set out above.

### **3.0 SERVICE AND ESTATES STRATEGY IN GLOUCESTER**

3.1 A workshop was held on 27<sup>th</sup> April with practice representatives to discuss the needs and priorities for the future planning of practice premises. The PCT provided background details of housing developments, current boundaries and trends in list sizes. Practices provided details in advice of their current service and premises aspirations.

3.2 The attendance was very good and a full discussion took place. The next steps are:

- Writing up the views expressed at the event plus additional information requested (completed)
- Report to the PEC summarising short and long term priorities, and follow up to the Board.
- Detailed discussions with a number of practices where there are particular issues (meetings arranged).

### **4.0 DENTAL ACCESS**

4.1 Dental access for patients in West Gloucestershire PCT will be increased by 11,500 registrations through two new PCT initiatives:

A Service Agreement with Whitecross Dental Care Ltd (wholly owned subsidiary of Integrated Dental Holdings) for the provision of Personal Dental Services at Eastgate Street, in Gloucester City centre was signed on 21st April 2005. The agreement provides for 4 dentists operating from premises (Eastgate House) leased directly by Whitecross and services will commence on 7th June 2005.

This will enable 10,000 new NHS registrations building up over 18 months, and arrangements are in hand to manage patient access to the new service during May. Applications by patients to register will be handled by the Dental Helpline and patients will be invited to attend the practice for appointment on a strict order of receipt of applications.

4.2 An existing Lydney dental practice (Mr Phillips) has signed a Personal Dental Services agreement to convert from General Dental Services with effect from 1st May 2005, which will provide an additional 1,500 NHS registrations. The same arrangements as above for patients wanting to register will apply, using the Dental Helpline.

4.3 These changes will improve the availability of NHS Dental Services in Gloucester City and the Forest of Dean.

### **5.0 SHAPING THE FUTURE – A PATIENT LED NHS – 13<sup>TH</sup> JUNE 2005**

5.1 SHA colleagues have organised an important strategy event which will directly influence the way we deliver health and social care services in the Strategic Health Authority area for years to come. The SHA are running two events – one for the North and one for the South and the event involving Gloucestershire is being held on 13<sup>th</sup> June. The events will bring together up to 100 people (providers, commissioners and users) to map existing service patterns, consider the pressures for change and then negotiate the best possible shape of services for the future. This will be an open and inclusive process where issues about safety, access and affordability as well as professional and public preferences will be discussed. The

SHA will be using Office of Public Management “open mapping” process to ensure that by the end we will have a shared understanding of what services need to be provided where, to ensure that the NHS delivers the very best for its customers.

5.2 We were invited to have 5 nominees at the event on 13<sup>th</sup> June and we will be represented by the PEC Chair, Director of Service Delivery, Director of Clinical Development, Allied Health Professional for PEC and me.

5.3 We have recently been informed that the areas of focus for our event will include the following:

- Unscheduled care
- Planned surgery including orthopaedic care
- Maternity services and neonatal services
- Chronic Obstructive Pulmonary Disease

## 6.0 REGISTRATION AUTHORITY

6.1 All national IT programmes, called NHS Connecting for Health systems, use a common security and confidentiality approach. To access Connecting for Health systems individuals need to be registered to the SPINE. The service which is responsible for managing and administering this process is known as the **Registration Authority**. All local organisations (PCTs, Trusts and Authorities) which require access to Connecting for Health systems need to establish a local Registration Authority.

Registration Authorities are needed in order to:

- Ensure compliance with Government guidelines
- Ensure compliance with best practice
- Implement single national NHS policy and process
- Provide assured identity
- Provide basis for a national access control framework
- Assure patients their medical records are secure and safe

6.2 Individuals need to be registered and given appropriate access based upon their location(s), role(s), area(s) of work and business function(s) to access Connecting for Health systems (known as *Role-Based Access*). Once an applicant has been successfully registered they will have a User Id, passcode and Smartcard which will permit their access to the appropriate systems and information.

6.3 The Registration Authority is an official or committee with appropriate organisational authority within the organisation. Department of Health guidance recommends that the function sits within Human Resources. West Gloucestershire PCT has formally notified the Strategic Health Authority that Kieth Dayment, Assistant Director (HR Planning) has taken on the responsibilities of the Registration Manager. Stephen Gollidge, as Chief Executive, will take on the role of Executive Sponsor. The Registration Authority is in the process of developing operational procedures, identifying Sponsors within GP Practices, usually the GP Senior Partners and Practice Managers, and arranging for individuals requiring access to be registered. One of the key targets associated with this initiative is to support the roll out of Choose and Book with a June target of having 30% of GPs registered, achievement of which (together with a number of other activities) results in an incentive payment of £198,000.

## **7.0 AGENDA FOR CHANGE UPDATE**

- 7.1 Progress with implementation of Agenda for Change is proceeding well, albeit to a slightly delayed timescale. The project team is still awaiting a number of job descriptions, which are delaying the process, and have also been hindered by the delay in the availability of job profiles for some staff groups from the national Job Evaluation Working Party.
- 7.2 Nonetheless, excellent progress has been made over the past few months and around 300 jobs have now been evaluated. The project team is undertaking consistency checking which involves talking to managers and staff over any areas of doubt or to clarify any concerns raised by job evaluation panels. The project leads countywide have also been comparing outcomes of generic grades across the county.
- 7.3 Once consistency checking has been completed, managers and staff will be advised by letter of their new grading of posts. This is now anticipated to take place in June, but is still dependent on all the consistency checking being completed.

## **8.0 PATIENT ENVIRONMENT ACTION TEAM (PEAT)/ASSESSMENTS 2005**

- 8.1 Between January and March 2005 the annual assessments of patient environments and food quality and service were undertaken at the Dilke Memorial Hospital and Lydney Hospital. A self-assessment process was undertaken by a team which for the first time included representatives of the Infection Control Team and the Patient & Public Involvement Forum. The following categories of patient environment and food service and quality were assessed, with scoring between 0 and 5, with 3 rated as acceptable, 4 good and 5 excellent:-
- Cleanliness and tidiness – the majority of ratings were at 5 for excellent, with a few scores of 4 (good), mainly around toilet areas.
  - Infection Control – hand decontamination and provision of hand wash basins were evident at both hospitals (no official scores given).
  - Environment – high scores were achieved with some redecoration required in the Lydney Hospital outpatient department.
  - Access – areas monitored include the reception and welcoming of patients and relatives and access to the emergency and all other departments. High scores were recorded again, with the majority at 5 (for excellent). It was noted that the Lydney Hospital main entrance door could be difficult to open for a wheelchair user.
  - General Services – this covered issues such as security, maintenance and the provision of refreshments and shops – again scores were very high (majority at 5).
  - Food – all food scores are obtained from comments made by patients, visitors and families and from the assessment team having a patient's meal. The food scores at the Dilke (all 5) were slightly better than those at Lydney (mostly 5, but some at 3) where comments were made on the meal temperature and food quality.
  - Modernisation aims – this includes protected meal times, good food waste management and patient satisfaction survey. No scores are given for this area. There was evidence at both hospitals of compliance with these aims, apart from the areas of sustainable food procurement and provision of flexible menus.
  - Privacy and dignity – the majority of the scores were at 5 with a couple of scores at 4.

- 8.2 The high standards of patient environment and quality of food in our hospitals is confirmed through the majority of the areas assessed achieving the highest score of 5. There is an overarching atmosphere of both hospitals providing a homely and friendly environment where staff are able to take ownership of individual areas of responsibility which contribute to a positive patient experience.

## **9.0 CRIME REDUCTION STRATEGY**

- 9.1 The PCT became a Responsible Authority for crime and disorder reduction on 1<sup>st</sup> of April 2004. The PCT is represented at Crime and Disorder Reduction Partnership [CDRP] meetings across the three local authority areas, and staff participate in some of the CDRP sub groups e.g. substance action groups [SAGs]. To date, the PCT has focussed its contributions on increasing the number of problem drug users in treatment, reducing substance misuse and on working with partners to reduce binge drinking.
- 9.2 Each CDRP is required to produce a three-year Strategy (2005-2008). PCT staff have been involved in the development of these strategies. CDRP Strategies complement the health improvement and health inequalities reduction priorities of the PCT. There are close links between deprived wards (where we are concentrating our health improvement efforts) and crime “hot spots” and also between substance misuse and acquisitive crime (to feed a habit).
- 9.3 The three-year strategies for the Forest of Dean and for Gloucester City are now finalised and I have signed these on behalf of the PCT and they are available from the Public Health Directorate on request. The Strategy for Tewkesbury will follow shortly. The strategies set the general direction and define priorities for the next three years. They will be underpinned by Action Plans (still in preparation). It is envisaged that the PCT’s contributions will continue in a similar vein – focusing on substance (drugs and alcohol) misuse and on selected areas where CDRP and PCT objectives coincide.

## **10.0 PATCH TEAM UPDATE - NEWENT AND STAUNTON**

- 10.1 The Newent and Staunton patch is led by Lesley Dibben, Primary Care Development Manager. The Newent and Staunton patch team continues to develop and includes three active public representatives. Derek Glover, the fourth public member was an enthusiastic participant but has sadly moved out of the area. The team is exploring the possibility of carrying out a health needs assessment of the area using a tool kit developed by the public health team, though this will not be ready until the autumn. The Newent practice now has an active patients’ forum which will feed into the patch team. As a result of inviting the leisure centre manager to talk to the team Lin Thomas, Health Visitor and Nurse Practitioner in Newent has undergone walk leader training and is engaged in encouraging the population to become more physically active. Newent is currently exploring the options available to encourage older people to engage in activity, including exploring wider use of the G.P exercise referral scheme and an older peoples’ activity group.
- 10.2 Both practices have premises issues which are ongoing. In Staunton the team are exploring the relocation of the community nurses into an extension to the practice which would have significant benefits in terms of team working and would enable the PCT to sell the house at Boundary Place which is the current nurses’ base. Costs are being worked through. In Newent, there are problems with the age of the existing building, pressures on space exacerbated by housing developments, Disability Discrimination Act requirements and the reduction in available parking

space due to development on adjacent land. This has led to the practice working with a developer to develop a business case for a new build in Newent.

## **11.0 RECOMMENDATIONS**

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