

PCT People

Annual Report and Accounts – 2003/04

Who We are and What We do

Our 'vision' is to:

"Work with partners to promote the health of our local communities. We will do this by supporting the development of responsive, learning teams to ensure that high quality, equitable and integrated services are provided from an understanding of the patients perspective."

Cheltenham and Tewkesbury Primary Care Trust (PCT) has four main responsibilities. These are:

- to improve the health of local people by working with local communities and partners;
- to develop primary and community services (such as those provided through GP surgeries), to improve the range and quality of care given to patients;
- to run our two community hospitals in Tewkesbury and Winchcombe; and
- to secure treatment from local NHS trusts and other specialist hospitals and centres.

As a PCT, we provide a range of community services as well as purchasing (commissioning) hospital and other specialist care and treatment for our residents. We also bring together the 19 local GP surgeries in the area.

The three PCTs in Gloucestershire divide lead commissioning responsibility for several key services between them. We are the lead commissioner for:

- mental health, learning disabilities services and substance misuse services;
- cancer services;
- emergency planning and services; and
- health protection.

We also host the Public Health Intelligence Unit, the Guide Information Service and Primary and Community Care Clinical Audit Group.

Further Information:

Go to Page 14 for details about The Day-to-Day Running of the PCT.

We are delighted to present this Annual Report and Accounts for 2003/04. This, our second year of operation, has been an important one for consolidation. However, it has also been a year for further preparations as we worked with partners on plans to transfer staff of Tewkesbury and Winchcombe Community Hospitals to the Primary Care Trust from Gloucestershire Hospitals NHS Trust (GHNHST), the implementation the new General Medical Services Contract, together with a new model for 'Out of Hours' Services, and on the introduction of Foundation Status for GHNHST, alongside a new financial regime for purchasing acute services.

Despite this, it is encouraging to look back and see the work that has continued with the input of staff and patients to improve further our local services and to address areas of health improvement.

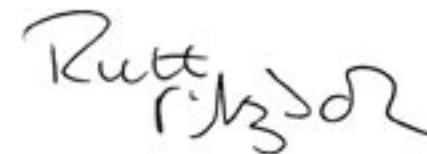
This summer we were very pleased to receive a '3-Star' rating in the NHS Performance ratings for PCTs, published by the Healthcare Commission, sustaining our good performance from the

previous year. This achievement reflects the hard work and commitment of frontline staff who deliver NHS services in the Cheltenham and Tewkesbury area, as well as the PCT headquarters staff. It also recognises the valuable contribution of other NHS organisations in the county and our partners in the community – our thanks to all concerned.

Part 1 of this year's Report tells the story of how we have sought to take forward health and health services improvements by looking at four particular 'PCT People'. The intention is not to create far-fetched stereotypes but to attempt to put the work of the PCT into perspective, in a way that shows how we can help to improve people's health and wellbeing. Part 1 ends with a preview of some of the developments and challenges we can look forward to over the coming year.

Part 2 of the Report covers the information about our day-to day running. The Report ends with a summary of the PCT's Annual Accounts in Part 3.

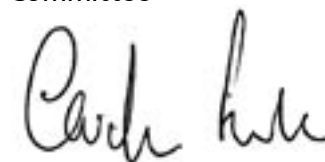
We hope you will enjoy reading this Report.



Ruth FitzJohn, Chair



Dr John Moss, Chair, Professional Executive Committee



Caroline Fowles, Chief Executive

Part 1

Introducing 'PCT People'

'PCT People' are a group of fictional characters, who have lifestyles and conditions typical of people living in and around Cheltenham and Tewkesbury.

In order to keep the Annual Report to a reasonable length we have decided to pick out a small selection of 'characters' to write about in this publication. We feel that these four stories will give you an insight into some of the work the PCT, its staff and partners have done this year. It would be difficult to attribute too many situations

to just four individuals, so we plan to add to our cast of 'characters' over the next year in order to present a fuller picture of what we do. These new characters will be introduced on the PCT's website.

Many staff and partners have been involved in describing the first four 'PCT People': William, Leanne, John and Sally, and agree that their stories can help us to illustrate what we can now do, in a more coordinated and proactive way, to advise, support and help people living in our area.

Further Information:

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William's story

William is an 82-year old widower living in sheltered housing accommodation.

William has in the past suffered with heart problems and has recently been having dizzy spells.

He has visited his GP infrequently, preferring not to bother her, and choosing to take advice from his friends at the Social Services Day Centre he attends once a week.

Late one evening, William tripped over coming down some steps and broke his hip. After alerting

the warden, an ambulance was called and William was admitted to hospital to have his hip fixed.

After a short spell in hospital, William went to stay at Ashley Intermediate Care Centre in Cheltenham for six weeks, where he received support, which speeded up his rehabilitation, and helped him to feel more confident about returning home.

William is now back at home receiving daily help from a Social Services Home Care Assistant and support from a variety of organisations working in partnership.



William's story enables us to look back over the year at how services for older people have developed in Cheltenham and Tewkesbury.

One of the PCT's objectives is to promote independence. We work closely with our partners in social care, the independent sector and the community, to design services, which meet this aim. We have:

- developed 'In-reach' teams. These are staff from both the NHS and Social Services who support patients during their discharge from hospital back to their own homes, where they really want to be;
- in partnership with Social Services and the independent sector, we opened Ashley Intermediate Care Centre in Cheltenham at the end of last year, providing a supported environment for older people coming out of hospital and preparing to return home;
- created an integrated falls service:
 - invested in multi-disciplinary Falls Assessment Clinics;
 - started exercise classes in Day Care Centres and led short walks;
 - established Falls Groups (referrals via Falls Assessment Clinics);
- increased the range of Social Services Home Care Support by introducing an innovative Home Care Podiatry (Footcare) Scheme;
- improved the use of prescribed medicines by arranging for pharmacists to visit residential homes to carry out medicines reviews.

We have also been promoting Calcium and vitamin D intake, to strengthen bones (dietary or supplemental); and

- introduced screening in GP surgeries and at the Accident & Emergency Department at Cheltenham General Hospital to identify potential 'fallers'.

We also want to encourage people to help themselves by providing them with information about the services available locally, not just from the NHS and social care, but from the community and voluntary sector.

This year we jointly hosted a Health and Wellbeing event at Cheltenham Town Hall with our colleagues from Social Services. This popular event was attended by over 200 older people and supported by more than 30 local voluntary and community groups and services. We hope to repeat it again next year.

We have plans to develop services for older people further. Next year these include:

- establishing a Falls Top-Up Group at Prestbury Centre in Cheltenham (from Oct 2004); and
- creating a new 'Out of Hours' urgent medical service, which aims to streamline access to advice, support and treatment through the introduction of a single telephone number for the county and a network of GPs, nurses and social care staff working in the community.

Public Health Information

The PCT has a higher than average proportion of older people than for England and Wales. 9% of our population are aged over 75 years compared against the national average of 7.6% (Census 2001). This proportion is set to increase by an average of 10% within the next decade.

In 2003/04 there were 367 Cheltenham and Tewkesbury residents aged over 65 years admitted to hospital with hip fractures.

Useful Information

Community PALS: 01242 242156 (freephone – 08000 151548)

William, or any of the other three 'PCT People', can contact the Community Patient Advice and Liaison Service (PALS), who provide information and support to anyone wanting to comment upon their experiences of local health services.

Out of Hours: After 1 December 2004 call 08454 220220 to contact urgent GP services outside normal surgery hours.

Leanne's story

Leanne is a 19-year old single mum with two children aged two and half (Chloe) and a newborn (Sam). She suffered with post-natal depression following the birth of her first child.

Leanne was a teenage mum and left school without any qualifications. At school she was identified as having dyslexia and received extra input from the special needs teacher.

She does not have family living close by.

Her designated health visitor knows about her previous mental health history and has been making regular visits to Leanne's home. The health visitor is also aware of Leanne's problems with reading and writing and takes this into account when she leaves messages for her. Her oldest child Chloe has asthma.

Leanne is a regular visitor to her GP surgery and the Accident & Emergency Department with her children. Leanne smokes 25 cigarettes a day. She did not stop smoking while she was pregnant.

She has an on-and-off relationship with her children's father Ian. Ian is unemployed and has a recognised drug and alcohol problem.

One of the PCT's aims is to develop and improve primary and community services. Our staff work in partnership with others to provide support and advice, which enables people to make healthier lifestyle choices. We have:

- promoted an ante-natal care Breast Feeding initiative through the PCT's health visiting team;
- employed a specialist 'Help Stop Smoking' midwife to advise women on 'quitting' during pregnancy. Community pharmacists can provide support and advice on stopping smoking, and nicotine replacement treatment if safe and necessary;
- in conjunction with the Gloucestershire Health Promotion team, piloted an innovative 'Get Cooking' course, to encourage young families to prepare nutritious meals;
- published 'Your Life' health promotion magazine, targeted at young women, and distributed to the PCT's regeneration areas and through GP surgeries; and
- been active members of the 'Sure Start' programmes in Whaddon and Hesters Way in Cheltenham for families with children aged between 0-4 years of age. We have also been able to appoint a second 'Sure Start' health visitor.



Leanne's story enables us to look back over the year to see what services and support are available for young women bringing up a family.

A range of NHS services are available to Leanne and her children:

- there is generally good access to a GP (48 hours) or practice nurse (24 hours) locally;
- waiting times in the Accident & Emergency Department at Cheltenham General Hospital meet national targets (less than 4 hours);
- dental check ups for the children are available at the Primary Care Dental Access Centre at St Paul's Medical Centre in Cheltenham;
- community pharmacists collect prescriptions from surgeries, dispense and advise on their use, storage and side effects. They can also check that children can use their inhaler properly, and if not suggest an alternative;
- health visitors and practice nurses can give immunisations to children; and
- there is easy access to support services provided at Neighbourhood projects, such as Hesters Way Community Resource Centre

Our partners in social care and the community also provide support. For example, our local councils take into account children's asthma when allocating accommodation to families as part of the 'Warm Homes' initiative, designed to reduce the quantity of housing stock in a damp, poorly insulated condition.

Gloucestershire has been reviewing services for mothers, babies, children and young people this year:

- Leanne, or any of the other three 'PCT People', could have a say in how local services are provided, for instance by attending a local meeting or filling out an on-line survey (there are computers for the public to use at local Neighbourhood Projects and libraries).

Public Health Information

Every year in Cheltenham and Tewkesbury there are approximately 500 conceptions in young women aged under 18 years, a rate of 38.4 per 1000 in Cheltenham and 29.7 in Tewkesbury. This is lower than the England and Wales average and has fallen overall since 1998.

The Health and Lifestyle Survey (2001) indicated that 21% of people in Cheltenham and Tewkesbury are smokers (33,600 people). This is a drop from 24% in 2000 and is lower than the national average. However a third of girls and 20% of boys aged 14-15 years claim to be regular smokers – a rate that continues to rise.

One quarter of women continue to smoke during pregnancy, with only 33% of women smokers giving up after becoming pregnant. This figure is higher amongst single females where almost half smoke throughout their pregnancies. The proportion of mothers smoking before and during pregnancy also increases with deprivation.

Women who stop smoking at any time up to conception or during the first three months of pregnancy will significantly reduce the impact of smoking on birth weight of their baby.

56% of adult smokers in Cheltenham and Tewkesbury say that they would like to give up smoking if they could.

Reducing second-hand smoke in the environment would save lives, improve air quality, reduce childhood and adult illness and provide more smokers with the chance to quit.

Useful Information

Social Services Help Desk: 01452 426868

'Get Involved in Gloucestershire':

www.gloshealthservices.org.uk/getinvolved

Sure Start (Hesters Way/Whaddon, Lynworth and Priors): 01242 582882

Neighbourhood Projects:

Hesters Way – 01242-521319

Whaddon, Lynworth and Priors – 01242-516960

Gloucestershire Smoking Advice Service –
01452 429345

John's story

John is a 53-year old lorry driver. He lives alone (divorced). Whilst John does not smoke, he has an unhealthy diet. Being on the road the majority of the time he skips meals and eats mainly late at night and has done virtually no exercise for a number of years.

John is heavily overweight BMI (Body Mass Index) ratio is 36 and binge drinks, drinking approximately 20 pints of strong lager at the weekend. He does not drink during the week.

He has reluctantly attended a men's health evening at his local surgery, as he is not normally able to come during normal surgery hours, because he has been experiencing 'indigestion' type pains on-and-off for six months.

John's GP suspected that his indigestion type pains were coming from his heart after changes on his ECG (electrical monitoring of the heart) performed in surgery and made an immediate referral to the Rapid Access Chest Pain Clinic (RACPC) where he is seen by specialist.

He has an angiogram (heart test) and is diagnosed with angina. This means he needs to have an angioplasty*, which can now be done locally at Cheltenham General Hospital. Following surgery he attends the 7-week cardiac rehabilitation programme, also at the hospital, where he improves his fitness levels and builds up his confidence. He is given advice on healthy eating and physical activity.

Following the successful completion of an exercise ECG at his GP surgery, John regains his HGV license

and returns to work. He is now leading an active life. John receives regular check ups by Coronary Heart Disease nurses at his GP Practice. All practices in the PCT now provide annual Coronary Heart Disease reviews with most practices having a trained practice nurse.

*(Coronary angioplasty is a technique for treating coronary artery disease. Coronary angioplasty 'squashes' the atheroma (fatty tissue) in the narrowed artery, allowing the blood to flow more easily.)

John's story gives us the opportunity to look back at the specialist services we have provided for people with Coronary Heart Disease, one of the biggest killers in the country.



Our aim has been to improve the range and quality of services available locally. We have:

- worked with our GPs and Gloucestershire Hospitals NHS Foundation Trust to develop a Rapid Access Chest Pain Clinic at Cheltenham General Hospital, augmented by a 7-week Cardiac Rehabilitation Programme;
- introduced an Exercise Referral Scheme – a ‘prescription for exercise’;
- increased prescribing of cholesterol lowering drugs called ‘statins’. Local community pharmacists can dispense prescribed medication and advise on its use, storage and any side-effects. Pharmacists also frequently offer opportunistic advice on diet, exercise, alcohol consumption; and
- undertaken an annual Coronary Heart Disease review of ‘at risk’ patients in each practice to monitor their condition

In order to deliver these specialist services we need to have specialist staff with specialist equipment. We have:

- worked with the University of Gloucestershire to develop a Coronary Heart Disease training course for Practice Nurses;
- appointed two additional British Heart Foundation Nurses; and
- purchased diagnostic equipment in surgeries e.g. ECG machines and provided our Specialist Heart Disease Nurses with portable

defibrillators for emergency use during home visits.

Together with our Health Promotion Specialists and partners in local councils we have encouraged individuals to take responsibility for improving their own health. We have:

- supported and promoted initiatives such as:
 - ‘5-a-day’ fruit and vegetables
 - ‘Exercise for Life’
 - Gloucestershire Weight Management Project; and
- delivered four Expert Patient Programme courses. This free 6-week self-management course is designed to give people like John, with chronic (long term) health conditions, the confidence and skills to live with their condition. The course is run by volunteer patient tutors, who have a chronic condition themselves. This year we appointed our third tutor.

Public Health Information

Coronary Heart Disease is the second main cause of premature death in adults under 75 years of age in Cheltenham and Tewkesbury. In 2003/04, 323 deaths were due to CHD.

The mortality rate for Coronary Heart Disease for under 65 year olds in the fifth most deprived areas of the PCT area is approximately double that in the fifth least deprived areas.

The mortality rate for the under 65s also shows a marked gender variation. In Cheltenham men are three times more likely to die from Coronary Heart

Disease than women. This ratio is less marked in Tewkesbury.

Sensible Daily Alcohol Units:

Female (2 – 3 units), Male (3 - 4 units) per day

A unit is a half pint of ordinary strength lager, beer, cider, 25 ml pub measure of spirit or a small glass of wine (125 ml glass = 1.5 units)

Body Mass Index (BMI):

BMI can be calculated by weight (kg) divided by height (m) squared (i.e. kg/m²)

Useful Information

Cheltenham and Tewkesbury Patient and Public Involvement Forum: 01452 859000

John, or any of our other ‘characters’ could apply to join the Patient and Public Involvement Forum (PPIF). Currently eight local residents make up the PPIF for Cheltenham and Tewkesbury and they have worked alongside the PCT this year, bringing to our attention issues that have an impact on patients’ experiences of local health services, such as waiting times for Phlebotomy (blood test) appointments at Tewkesbury Hospital.

Expert Patient Programme: Contact the PCT on 01242 548800 for more information and to reserve a place on the next course.

Sally's story

Sally is a 39-year old part-time legal secretary. She lives with her partner James.

Her parents live in the same small town and she is a part-time carer for her mother, Christine, who has suffered a stroke.

Her hobby is running. Running is also her main method of exercise and her way of maintaining her "ideal" weight.

Sally has recently begun to complain of pain in her knee.

She visits her local GP surgery and is referred to the Orthopaedic Screening Service run by Orthopaedic Practitioners (specialist physiotherapists).

The referral is sent electronically and Sally is able to visit a clinic at the new Medical Centre in her town within four weeks.

Her knee pain is assessed using a clinically evaluated scoring system, which indicates a course of physiotherapy is required.

She is now running again.

Sally has been given the number for Physio Direct and can contact this service straight away if her knee pain returns.

She now feels confident to continue running, which is an important aspect of her life, helping Sally to cope better with work and family responsibilities.

Sally's story illustrates the way the PCT is working with GPs and hospital staff to create alternative ways of treating patients.



Our objective is to provide timely and effective treatment, making best use of scarce resources.

We have:

- developed new 'care pathways', which describe the patient's journey from first symptoms, onto self management, through to specialist treatment and care;
- assembled integrated multi-disciplinary health teams who coordinate the patients' treatment
 - following agreed care pathways ensure that patients see the most appropriate clinician sooner, usually a specialist therapist;
 - frees up consultant time making better use of their unique skills;
- expanded the service, which now covers: spinal, hip, anterior knee and hand problems; and
- opened additional clinics at Tewkesbury Hospital and Winchcombe Medical Centre.

We are keen to embrace new technology where it can benefit patient care: We have:

- promoted Physio Direct, a self-referral service for patients, enabling them direct access to booking an appointment with a physiotherapist. This system means that GPs no longer need to refer the patient – this has led to much quicker appointments; and
- introduced electronic links for referrals, again speeding up the time between the initial visit to the GP and the appointment for treatment.

Public Health Information

Physical activity is important for maintaining mental and physical wellbeing. Lack of physical activity is estimated to cause one third of heart-related deaths plus a three-fold increase in strokes among middle-aged men.

Regular physical activity can:

- reduce the risk of developing osteoporosis, diabetes and some cancers;
- combined with weight management, be one of the most effective means of managing obesity;
- reduce symptoms of depression, anxiety and low self esteem; and
- have many beneficial effects in later life, including improvements in balance, co-ordination, mobility, strength, helping to preserve independent living and reduce the risk of falls.

Physical activity rates are low across the entire PCT adult population. Locally only about 16% take part in vigorous physical activity and over half are not sufficiently physically active to benefit their health.

Sensible Weekly Exercise:

Everyone should be moderately physically active for 30 minutes on at least five days per week.

Useful Information

Physio Direct: 08454 222507 (9.00 – 12.30
Monday to Friday)

Guide - Health and Social Care Information Service: www.guide-information.org.uk or by calling 01452 331131

Sally, or anyone, can find out about local support groups, such as Carers Gloucestershire, by contacting the Guide Information Service

Carers Gloucestershire: www.gloscarers.org.uk
or call 01452 386283

Looking Ahead

Set out below are some examples of what we plan to do over the coming years.

We will be updating our 3-year plans later this year. These will reflect our funding allocation for 2005/06, confirmed in the Chancellor's recent Comprehensive Spending Review statement, and allocations for 2006-08, to be announced later this year.

They will also link into the Government's key priorities through to 2008, which focus on:

- improved access times;
- better services for people with long term conditions;
- healthier and fitter lifestyles; and
- empowering patients.

As ever, if we are to meet this challenge, we must make sensible decisions about how we use resources. This will need active involvement from our community, our patients, our staff and those colleagues who work with us in partner

organisations (health and social care, voluntary and community).

This will include identifying funding, however difficult, for ongoing training and development, for information systems development and Information Technology.

We need to make these decisions through the active engagement and involvement of the public, our patients, partners and staff.

Priorities	Some Examples of Actions
<p>Improving Health: We still have areas of ill-health to tackle and we will have the biggest % increase in over 85 year olds in Gloucestershire during the 3-year plan period.</p>	<p>Work with Local Strategic Partnerships and community groups in regeneration areas, on further developing Sure Start and the new Children's Preventative Strategy.</p>
<p>Improving the Patient Experience: Our PCT vision focuses on development based on an understanding of the patient's perspective.</p>	<p>Appointment of an Expert Patient Programme Co-ordinator to push on with more free courses for local residents, development of direct booking of GP appointments and improved direct support for patients and for families through specialist nurses.</p>
<p>Promoting Independence: Our aim is to help people to stay fit and well and prevent inappropriate hospital admissions.</p>	<p>Recruitment of stroke rehabilitation team and primary mental health team workers. Developing 'Out of Hours' services and intensive home care support services for children and people with long term conditions.</p>
<p>Improving Access Times: We want to enable rapid access to assessment, treatment and care.</p>	<p>Developing alternative fast track services for people with musculoskeletal problems, electronic referrals, follow on to reviews in radiology services. Planning to meet next stage Government target of maximum 18 week wait from referral by 2008.</p>
<p>Improving Outcomes of Care: We want to continue to improve outcomes for patients.</p>	<p>Working with practices, using clinical audit data, to enhance the quality of services to patients. Promoting the use of 'Essence of Care' as a tool to assess quality of nursing services. Implementing new National Service Frameworks for children and people with long term conditions.</p>
<p>Primary and Community Services: We want to enable services to be provided as close to home as appropriate and will support primary and community services development.</p>	<p>Developing multi disciplinary teams and specialist community services to support patients with long term chronic ill health, including participation in Chronic Obstructive Pulmonary Disorder collaborative.</p>

Part 2

The Day-to-Day Running of the PCT

In order for the PCT to carry out its responsibilities to the public and its employees (we have over 500 members of staff), it needs to be well managed and well supported. All the decisions the PCT takes have to take into account quality, safety and financial issues. The PCT therefore needs to have active clinical advice and experienced managers and staff, underpinned by a wide range of policies, procedures, standards and guidelines. In Part 2 of this report we describe the work of the PCT and its day-to-day management in more detail.

Our Area

The PCT area covers Cheltenham, Tewkesbury, Winchcombe, Prestbury and Bishops Cleeve. We serve a population of approximately 163,000. There are 19 GP practices*:

- 13 in Cheltenham, Leckhampton and Charlton Kings;
- 3 in Prestbury, Bishops Cleeve and Winchcombe; and
- 3 in Tewkesbury town

(*there are 7 Branch surgeries)

From 1st April 2004 the PCT also took over the day-to-day management of two community hospitals in the towns of Tewkesbury and Winchcombe.

The PCT is a partner in three Local Strategic Partnerships:

- Cheltenham;
- Tewkesbury; and
- Gloucestershire

Each strategic partnership has a sub-group specifically focussed on health improvement and health inequalities. Each sub group has an action plan identifying contributions from a range of partner organisations and agencies, which collectively will help to improve the health of people living in Cheltenham and Tewkesbury.

Our vision is to:

“work with partners to promote the health of our local communities. We will do this by supporting the development of responsive, learning teams to ensure that high quality, equitable and integrated services are provided from an understanding of the patients perspective.”



We serve a population of approximately 163,000

Our Public

The population of Cheltenham and Tewkesbury PCT is on average healthier than that of England and Wales. For example, our mortality rate is 10% below the national average, although the commonest causes of death are the same as for England and Wales, being cancer and cardiovascular (heart and related) disease. In terms of the two national inequalities targets, the PCT also does well, with an infant mortality rate below the national average and a life expectancy at birth greater than the national average. These positive findings in terms of our population's health status are perhaps not entirely unexpected given that overall it is a relatively affluent population.

However the PCT faces some challenges both now and in the future. A pattern of health inequalities within our area is apparent, with wards around central Cheltenham and Priors Park in Tewkesbury, often having higher death rates from all causes, as well as specific diseases such as coronary heart disease. These wards are often the ones with the greatest levels of deprivation. There are also differences in the experience of illness by gender. For example the all-age death rate for stroke for males in Cheltenham is nearly 10% higher than the average for males nationally, whereas for females it is over 10% below average. In Tewkesbury rates for both males and females are well below average.

Cancer

Mortality rates from cancers in Cheltenham are considerably higher for men under age 75 than for women, although overall our death rates from

cancer for both Cheltenham and Tewkesbury areas are below the England average and continue to decrease.

GP practice based data indicates variations in uptake of preventative services such as cervical and breast cancer screening. Differences in access to health care services may exacerbate existing health inequalities, typified in Tudor Hart's Inverse Care Law – the people with the poorest health often seem to have the worst access to health care services, for a range of reasons. A challenge for the PCT is therefore to ensure fair access to its services for all of its residents regardless of where they live, their gender, age or ethnicity.

Mental Health

Mental health remains another priority for the PCT to address. On average there are 50-60 deaths from suicide and injury undetermined each year within Gloucestershire, a rate that is slightly above the national average. Although the small numbers make it difficult to be sure of the accuracy of the data, Cheltenham in particular seems to have a higher than expected rate too. Admission rates for schizophrenia are higher than average in Cheltenham and Tewkesbury PCT. Despite primary care information showing average prevalence of this particular form of mental illness. The PCT faces a challenging agenda in both preventing and reducing the impact of severe mental illness and in ensuring that community based services such as assertive outreach and crisis intervention are provided adequately to reduce the need for hospital admissions.

The PCT faces a challenging agenda in both preventing and reducing the impact of severe mental illness

The population of Cheltenham and Tewkesbury PCT is on average healthier than that of England and Wales

Our Public

Long Term Conditions

The 2001 Census included a small number of questions, which help to give us a better understanding of the health of our local population. For the first time people were asked how they felt about their health generally. Although this is a self-assessed measure and not clinically-based it enables us to compare people's perceptions between different areas. Although numbers of people reporting themselves to be in poor health are below national and county averages for both Cheltenham and Tewkesbury boroughs, it is worth bearing in mind that these figures still represent over 11,000 people across the PCT who do not consider themselves to be in good health.

There are also significant differences within the PCT, where in wards such as Oakley, Hesters Way and Shurdington around 10% of the population reported their health as not good, compared to only 4% in Ashchurch with Walton Cardiff.

Approximately 15.5% of the population of both Cheltenham and Tewkesbury boroughs reported having a limiting long-term illness. Among the working age population this translates to just over 10%.

The PCT has a higher than average proportion of older people than for England and which is set to increase by an average of 10% over the next 10 years. The greatest concentration of older people can be found within the wards of Lansdown, College, Hatherley and The Reddings in Cheltenham. The PCT therefore needs to plan services for an ageing population.

Mortality figures from accidental falls for people aged over 75 years are above our Strategic Health Authority rates. At a District level, rates for Tewkesbury are higher than those for Cheltenham and slightly above the national average. Approximately half of emergency hospital admissions for accidents in PCT residents resulted from falls, and four out of the five wards with the highest emergency admission rates for the over 75's were within Tewkesbury district.

Over 50% of wards in Cheltenham have a greater than average proportion of pensioners living alone compared to the rest of England. This has implications for supporting people to stay at home longer, dealing with fuel poverty (living alone may contribute to fuel poverty) and dealing both with fear of crime and actual crime rates in the PCT, as older people often feel very vulnerable, and indeed may be vulnerable to crime.

Children and Young People

Children and young people represent 24% of the population of the PCT with a total of approximately 26,000 in Cheltenham and 18,000 in Tewkesbury aged 19 years or younger. The greatest concentration of children can be found in Hesters Way, St Mark's, St Paul's, St Peter's and Pittville wards in Cheltenham and in Priors Park in Tewkesbury. These are also those areas with high scores in the Child Poverty Index (based on the percentage of children living in means tests benefit reliant families). They have higher rates of lone parents and children in care.

Teenage pregnancy remains a challenge across the PCT, although we are making good progress.

Approximately 15.5% of the population of both Cheltenham and Tewkesbury boroughs reported having a limiting long-term illness

The PCT has a higher than average proportion of older people than for England

The PCT faces a challenging agenda in both preventing and reducing the impact of severe mental illness

Children and young people represent 24% of the population of the PCT

Our Public

In 2001 the under 18 years conception rate was above the county average but lower than the England and Wales average, and has fallen overall since 1998. The under 16 years conception rate is slightly higher than the England and Wales average with rates of 9.2 and 8.5 per 1000 for Cheltenham and Tewkesbury respectively, compared to 8.5 across England and Wales but recent local action through the teenage pregnancy strategy is likely to result a reduction in the under 16 figures too.

Risk taking behaviour is part of growing up – the transition through adolescence. Nevertheless the extent of smoking, drug and alcohol use in our population locally and nationally shows some worrying trends. For example, the Gloucestershire Health and Lifestyles survey 2001 revealed that 27% of 15-16 year olds reported that they had been offered drugs other than cannabis with a third of the same age group saying that they had been offered cannabis (33% of boys and 31% of girls). 16% of girls and 14% of boys also claimed to have taken illegal drugs over the previous month.

A third of girls and 20% of boys aged 14-15 years claim to be regular smokers – rate that continue to rise. The survey also found that more than half of the children aged 15-16 years reported consuming alcohol in the previous week.

Evidence increasingly shows that infant and child health status influence adult health status. A cause for concern for the future is the rise in childhood obesity, a result of poor diet and lack of physical exercise. As these children grow older their risk

of diseases such as Diabetes and Coronary Heart Disease will be higher than non-obese children.

In the Gloucestershire Health and Lifestyles Survey in 2001 school children reported higher levels of watching television, playing computer games, reading and caring for pets than children in other counties. They also recorded lower levels of playing sport or meeting friends.

Eight per cent of children surveyed said that they rarely or never ate fruit and nine percent of 9 to 11 year olds reported that they rarely or never ate vegetables.

Children and young people represent 24% of the population of the PCT

Eight per cent of children surveyed said that they rarely or never ate fruit

27% of 15-16 year olds reported that they had been offered drugs other than cannabis

The PCT Board and Professional Executive Committee

The PCT is guided by a formal Board, which is responsible for making sure that the PCT meets its key duties.

The Board is accountable to the Avon, Gloucestershire and Wiltshire Strategic Health Authority for the PCT's performance. Responsibility for the day-to-day development of the PCT lies with a Professional Executive Committee (PEC), made up of local GPs, nurses, other clinicians and key managers.

PCT Board Membership

The PCT Board is made up of eleven members. It has a lay Chair and five Non - Executive Directors. They are joined by the PCT Chief Executive, Director of Finance and the Director of Public Health, plus two professional/clinical representatives from the PCT's Professional Executive Committee.

Ruth FitzJohn (Chair) leads the Board ensuring effective strategic plans are in place and understood.

Pat Barlow (Non-Executive Director) has a remit to watch the development of patient and public involvement as well as taking a general overview of complaints received by the PCT. Pat also takes a particular interest in diabetes services and chairs the converged Risk Management Committee.

Peter Sayers (Non-Executive Director) focuses on corporate governance and chairs the Audit

Committee. He also takes a particular interest in coronary heart disease prevention.

Sheila Ryan (Non-Executive Director from 1 July 2004) concentrates on Human Resources and takes a particular interest in children's services.

Chris Hickey (Non-Executive Director) focuses on practice development and the 'Out of Hours' service. He also takes a particular interest in mental health and learning disabilities and is a member of the Audit Committee

Anne Noble (Non-Executive Director) looks at clinical development. She is the PCT's Complaints Convenor and is a member of the Audit Committee and sits on the Clinical Governance Committee. She chairs Continuing Care Appeals and sits on the GP Support Panel. Anne also takes an interest in services for older people, cancer and palliative care.

The officer members on the PCT Board are:

Dr Shona Arora (Director of Public Health), who leads on community development and public health issues.

Judy Richards (Community Midwifery Manager) is a nurse member and is the clinical lead for sexual health services and maternity services.

Dr John Moss (GP) is the PEC Chair and acts as overall lead for Clinical Governance and primary care development.

Caroline Fowles is the Chief Executive Officer for the PCT. She also leads for the PCT on cancer services and is the Vice-Chair of the Cheltenham Local Strategic Partnership.



Ruth FitzJohn



Shona Arora



Pat Barlow



Judy Richards



Peter Sayers



John Moss



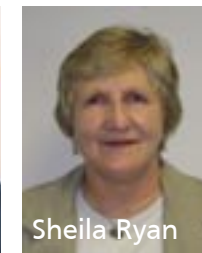
Chris Hickey



Caroline Fowles



Anne Noble



Sheila Ryan

The PCT Board and Professional Executive Committee

Howard Oddy is the PCT's Director of Finance. He leads on resource allocation, information management and technology, health and safety and corporate governance.

Professional Executive Committee (PEC) Membership

The PEC is made up of four GPs, two Nurses and three other clinical professionals. A Public Health professional and Social Services representative also sit on the PEC. They are joined by the Chief Executive and the Director of Finance.

Dr John Moss (GP – Leckhampton Surgery), is a GP member and elected as Chair of the PEC. He also leads the PCT in Clinical Governance issues and on primary care development.

Dr Shona Arora (Director of Public Health) leads on public health development.

Chris Boden (Head of Podiatry) leads on workforce development and equal opportunities.

Dr Shirley Elliott (GP – Portland Practice) is a GP member and leads on education and training and supporting clinical governance.

Jill Kearsley (Social Services/PCT manager) is the Social Services representative on the PEC. Jill is the joint PCT and Social Services lead for older people.

Dr Sue Kinder (Consultant Paediatrician - Child Health) leads for children and young people's services.

Teresa Cuthbert (Nurse in Charge at Winchcombe Hospital) is a nurse member and leads on community hospital development.

Jackie Prosser (Mental Health Nurse Manager) leads on mental health services.

Judy Richards (Community Midwifery Manager) is a nurse member and is the clinical lead for sexual health services and maternity services. Judy leads on patient and public Involvement.

Dr Graham Wilson (GP – St Catherine's Surgery) is a GP member and PEC lead on diabetes, renal and acute services.

Dr Nick Young (GP – Seven Posts Surgery) is a GP member and leads on medicines management.

Other PCT Committees

The PCT also has a Risk Management Committee, which oversees the identification and management of risks, which could prevent the PCT from achieving its objectives. The Risk Management Committee receives information from the Audit Committee (considers financial issues, corporate governance and reports from Internal and External Auditors and the Counter Fraud services), the Health and Safety Committee (which oversees health and safety of staff and patients), and the Clinical Governance Committee (oversees clinical safety, development and governance).

Other PCT Directors and Support

The PCT Board and Professional Executive Committee are supported by other PCT Directors and clinicians:

Paul Edwards is the PCT's Director of Service Provision and Clinical Practice Development. He is responsible for the delivery "arm" of the PCT and leads the relationship with local GP surgeries

and other family health services. Paul is the lead Director for Emergency Planning in the county.

Jackie Huck is Director of Service Development. Her main area of responsibility is to ensure that services are commissioned appropriate to the needs of the PCT's population and to standards as set out in National Service Frameworks (NSF). She leads on the relationship with local NHS Trusts. Local GPs, **Dr Andrew Rigby**, **Dr Jim Moore**, **Dr Anne-Marie Cox**, local pharmacist, **Chris Gifkins** and **Victoria Elliot**, our PCT Lead Nurse, provide additional professional support to the PCT.



Howard Oddy



Sue Kinder



Nick Young



Chris Boden



Theresa Cuthbert



Jill Kearsley



Shirley Elliot



Jackie Prosser



Graham Wilson

Declarations of Interest

In accordance with the PCT Corporate Governance Framework and the Codes of Conduct and Accountability, a Register of Members' Interests (Board and PEC Members) is maintained by the Trust. This is available for viewing by the public on request during office hours. Members' Declaration of Interests for 2003/04 were as follows:

A - Directorships including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies)

[Nothing to declare in this category]

B – Ownership or part ownership of private companies businesses or consultancies likely or possibly seeking to do business with the NHS

Dr Shirley Elliott	Shareholder, St Paul's Family Health Care Centre Ltd, GP providing medical services with Dr Ramsay and Partners
Dr John Moss	GP providing medical services with Dr Harrod and Partners
Dr Graham Wilson	Shareholder, St Paul's Family Health Care Centre Ltd, GP providing medical services with Dr Goodall and Partners
Dr Nick Young	GP providing medical services with Dr Lyle and Partners

C – Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS

[Nothing to declare in this category]

D – A position of authority in a charity or voluntary body in the field of health and social care

Dr John Moss - Member of Board, Ectodermal Dysplasia Society

E – Any connection with a voluntary or other organisation contracting for NHS services

[nothing to declare in this category]

F – Any interest in current or potential provider of services commissioned by or for the PCT

Chris Boden	Employee, Podiatry Services, West Gloucestershire Primary Care Trust
Judy Richards	Employee, Maternity Services – Gloucestershire Hospitals NHS Foundation Trust
Dr Graham Wilson	Clinical Assistant Consultant Gloucestershire Hospitals NHS Foundation Trust, Member, Cheltdoc Ltd
Dr Nick Young	Member, Cheltdoc Ltd
Dr Shirley Elliott	Member, Cheltdoc Ltd
Dr John Moss	Member, Cheltdoc Ltd
Jackie Huck	Husband employed by Gloucestershire Ambulance NHS Trust

G – Any other interest that a member wishes to place on the record but that does not fall into categories A-F above

Pat Barlow	County Co-ordinator of Hospital Information Service Gloucestershire County Association for the Blind
Chris Hickey	Chair, Carers Gloucestershire
Howard Oddy	Parent Governor, Warden Hill Primary School
Peter Sayers	Human Genetics Commission, Member; Managing Director, IDM Ltd (IT company); New Harmony Press, Director; Accessible Globe International Ltd, Director; Company Secretary, Salt Marketing.

Our Staff

We believe that one of our most important assets are the staff who work within and with our PCT. We want to make sure that staff feel valued, are actively involved in decision making at all levels and have improved career opportunities. The PCT has developed a Human Resources Strategy that sets out its commitment to *“support and value our staff to enable us to become an employer of choice and offer our existing staff a model career.”* We believe that effective staff management is essential to the success of modern health care.

We are also committed to providing a comprehensive approach to training and development. We have developed a strategy, known as our ‘Lifelong Learning Strategy’, in recognition of the fact that training and development is a continuous process not simply confined to attending courses. We are determined to ensure that our staff, and the teams they relate to and work in, can acquire new knowledge and skills, both to realise their potential and to help shape and change things for the better. We believe that learning and development are key components of our vision. Our strategy has three main aims:

- to ensure that all our staff are equipped with the skills and knowledge to work flexibly in support of patients;
- to ensure that all staff are supported to grow, develop and realise their potential; and
- to work proactively with partner organisations to share knowledge and skills to help shape and change things for the better.

In particular we are looking at innovative ways of providing development opportunities, such as focused project work, secondments to support community and service development and job shadowing and we will harness the potential of e-learning wherever possible.

We are developing better induction processes to help staff settle into the PCT and have produced a staff handbook to complement this process. All staff are offered the opportunity to attend a one-day Induction Course, and for nursing staff this is supplemented by additional mandatory training.

We are committed to ensuring that all staff are involved in an annual appraisal discussion with their manager, built around objectives, which flow from the PCT strategic objectives. All staff should have a Personal Development Plan, which outlines their development objectives for the forthcoming year.

Improving Working Lives

The NHS has developed a set of standards for Human Resources under an initiative called ‘Improving Working Lives’. An employer committed to these standards:

- recognises that modern health services require modern employment services;
- understands that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work;
- accepts joint responsibility with staff to develop a range of working arrangements that balance

We want to make sure that staff feel valued, are actively involved in decision making at all levels and have improved career opportunities

We believe that learning and development are key components of our vision

Our Staff

the needs of patients and services with the needs of staff;

- values and supports staff according to the contribution they make to patient care and meeting service needs;
- provides personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns; and
- has a range of policies and practices in place that enable staff to manage a healthy balance between work and their commitments outside work.

The PCT is fully supportive of these principles. We have a multi-disciplinary working group which meets on a regular basis to help us monitor our progress in relation to these standards. We were pleased to be awarded Practice status in March 2004, which is the second stage in a three stage accreditation process. We aim to achieve Practice Plus by December 2005.

We carry out an annual staff opinion survey so that everyone has an opportunity to tell us what we are doing well and where we need to make improvements and the results inform our IWL Action Plan.

We strive hard to ensure that all staff are able to achieve an appropriate balance between their work and their life outside work.

The PCT is working towards equality of opportunity for all and we will devote our energies and resources to the achievement of this aim. We

will strive to ensure that the culture and ethos of our Trust is such that, whatever the heritage and origins of our staff and the people we work with, everyone is valued equally and people treat each other with dignity and respect. We aim to provide a working environment free from discrimination and to promote dignity at work. We also believe that the services which we provide and commission should be equally available to all and we are committed to ensuring this.

Our approach to the elimination of discrimination is described in relevant policy documents, including our Race Equality Strategy and our Managing Diversity policy. We are working in line with current legislation to ensure we promote best practice. We have established a Diversity Steering Group and are working toward the achievement of our Diversity Action Plan. We have recently embarked upon a programme of Diversity training for all staff. By end March 2004 some 50% of staff had attended. We have also improved our workforce information monitoring systems to ensure that we can accurately measure our improvements.

The PCT is also committed to ensuring equality of opportunity in employment for people with a disability. We have adopted robust recruitment and selection policies and procedures to ensure that all applicants are treated fairly. Equal opportunities issues are included in our recruitment and selection training, provided to appointing managers. If people declare a disability prior to interview we will make adaptations, if necessary, to enable them to attend interviews

everyone is valued equally and people treat each other with dignity and respect

awarded IWL Practice status in March 2004 Equality and Diversity

Our Staff

and to undertake the duties of a post. We provide guaranteed interviews to all disabled applicants who meet the minimum person specification criteria of any post. We work closely with our Occupational Health Department to ensure that redeployment needs are fully assessed and opportunities made available to people who become disabled during the course of their employment. We have reciprocal arrangements within the Gloucestershire health community to ensure that redeployment opportunities are circulated to staff in advance of external advertising.

We included questions about disability in our staff opinion survey for 2004 and will work on delivering against these results. We have achieved the Disability Symbol 'Double Ticks' award in recognition of our commitment towards the employment of people with a disability and are working towards ensuring that this commitment is fully embedded into all our employment practices.

Staff Involvement

We have made good progress in ensuring our staff are fully involved in the work and decision making of the PCT. We produce regular briefing sheets, electronic news bulletins and publish regular newsletters on specific topics such as Health and Safety. Staff are invited to sit on a number of permanent and short-term multi-disciplinary staff focus groups.

However there is more work to be done. We will seek to develop even greater employee involvement in the running of the PCT as well

as improving the quality of our communication systems at all levels.

We will develop our staff involvement policy looking, in particular, at the results of our staff opinion survey.

We will continue to work in partnership with staff side and professional bodies, further developing the positive working relationships that already exist. We are actively involved in initiatives to increase the number of staff representatives within the PCT.

We are committed to working in line with the NHS Staff Involvement Toolkit to help us to ensure both staff and managers have the necessary skills to embrace all opportunities for staff involvement fully.

The NHS Security Management Service (SMS) is a national initiative, which was established to ensure that the health service is a safe and secure environment – both for patients and for staff. Its aim is to protect the NHS so that it can better protect public health.

We are working to implement new procedures for reporting cases of physical and non-physical abuse, which should help ensure that, where appropriate, firm action can be taken against offenders and that appropriate procedures are put in place to both protect and support our staff.

A syllabus for Conflict Resolution Training has been developed nationally and we are making plans to roll this out to staff within the PCT during October 2004.

We have achieved the Disability Symbol 'Double Ticks' award in recognition of our commitment towards the employment of people with a disability

We will seek to develop even greater employee involvement in the running of the PCT

Our Staff

Agenda for Change

Agenda for Change is the biggest and most radical pay modernisation within the NHS for 50 years. It is being introduced nationally and will apply to all directly employed NHS staff and other than those covered by the Doctors' and Dentists' Pay Review Body. It will replace the current national pay arrangements and an NHS Staff Council will be formed in their place. Agenda for Change has been designed to try to ensure fair pay and to harmonise the conditions of service for NHS staff; to improve career development opportunities and provide greater rewards for staff who take on more demanding roles.

Local plans are progressing steadily. The PCT has recently appointed an Agenda for Change Project Manager who is responsible for helping to develop detailed project plans for the PCT and for developing partnership working arrangements with our staff side representatives. The Project Manager is also be responsible for working with other organisations, particularly our neighbouring PCTs, to share knowledge and learning and to formulate joint ways of working.

A communication strategy is being developed to ensure that all our staff are kept fully informed of progress both nationally and locally and that we promote opportunities for staff to become involved in the component elements of Agenda for Change. Although it provides exciting opportunities for the PCT in terms of workforce development it will also present challenges in terms of the enormity of this particular piece of work.

Clinical Governance

Clinical Governance is defined as

"A framework through which NHS organisations are accountable for continuously improving the quality of their service and safeguarding standards of care by creating an environment within which excellence in clinical care will flourish".

(Donaldson I, J, Scally G, 1998).

Organisation, Accountability and Responsibility

The PCT's Clinical Governance Committee, which is chaired by the PEC Chair and meets bi-monthly, is responsible for agreeing an Annual Work Plan and for reporting on progress and issues to the PEC. The PEC reports on a quarterly basis to the PCT Board. The PCT has a Research Governance Group. This meets quarterly and reviews all research proposals and co-ordinates the arrangements for ensuring PCT compliance with the Research Governance Framework. A Senior Nurse Clinical Governance Group was established in March 2004 to support the extended nursing remit of the PCT with the transfer of community hospital staff from Tewkesbury and Winchcombe in April 2004. This Group provides a focus for review of nursing policies and protocols and a strategic overview of professional nurse development at both local and national level. Each GP practice has a clinical governance lead to support review work and enable linkages with the PCT.

The Clinical Governance Committee produces an Annual Report for the Strategic Health Authority. The Report for 2003/04 was received by the Board at its meeting in August 2004.

Each GP practice has a Clinical Governance lead to support review work and enable linkages with the PCT

Clinical Governance

Processes for Quality Improvement

Clinical Governance Frameworks

Much of our clinical governance activity during 2003/04 has been focused on embedding more systematic processes, whilst also reviewing and developing our response to the requirements of new national policies and systems. This included improved recording and monitoring with the implementation of the DATIX system (a risk management software system), the convergence of clinical and corporate risk with the establishment of a new Risk Management structure and review of the nurse management structure. It also included work on the Quality & Outcomes Framework of the new General Medical Services (GMS) Contract for GPs, the new model for 'Out of Hours' services and the implementation of a new form of contract for Foundation Trusts.

Our Clinical Governance Framework for Primary Health Care Teams was further developed for 2003/04. As a core practice document it contains much of the material required for GP appraisal and re-accreditation. It has been used successfully as the tool for monitoring the quality of our Personal Medical Services Pilot practice contracts. It has provided a good and comprehensive tool in advance of the new national Quality and Outcome Framework of the new GMS. As we gain experience in working with the new GMS framework, we will need to consider how we can best integrate clinical governance frameworks for other stakeholders, disciplines and independent contractors in order to assess and monitor clinical governance progress within the PCT area as a whole.

Our Community Nursing Framework builds on a baseline assessment undertaken in 2002/03 using working groups and the review of incidents. This provided a project plan for work in 2003/04 which has provided a positive focus for nursing practice development. A PCT strategy for 'Essence of Care' has been developed for community nursing and the community hospitals. Essence of Care (Department of Health 2000) provides a set of standards that reflect fundamental elements of care from which healthcare professionals benchmark, action plan for improvements in the quality of the care they provide and audit progress. It is 'patient-centered' and includes clients and users in its process. In 2003/04, additional support and direction was given through a Strategic Health Authority wide Essence of Care Group which enables sharing of good practice and development.

Active work was undertaken in 2003/04 with the Local Pharmaceutical Committee (LPC) on the development of a Clinical Governance Framework for Community Pharmacy following completion of a baseline assessment and development of standard operating procedures. The LPC has introduced a first phase of accreditation of pharmacies.

The Local Optical Committee has also agreed a framework to assess orthoptic premises and a self assessment baseline has been sent to all practices. Outline work has commenced with the Local Dental Committee on a framework for dental practices.

A PCT strategy for 'Essence of Care' has been developed for community nursing and the community hospitals

Clinical Governance

The National Primary and Care Trust Development Programme (NatPaCT) self assessment tool for Public Health is being used to develop a Clinical Governance Framework for 2004-5 for the Public Health Network.

Clinical Effectiveness

In collaboration with countywide partners, a Clinical Effectiveness Strategy is being developed. A successful Knowledge Management Workshop was run in support of this work in March 2004.

The PCT is supported in undertaking effective clinical audit through the Primary and Community Clinical Audit Group (PCCAG). The PCT agreed a Clinical Audit Strategy during 2003/04. Key PCT wide audits undertaken over the year included the areas of schizophrenia, diabetes, coronary heart disease and the use of anti-rheumatic drugs. Primary Health Care Teams also undertook a range of local audits

Research Governance

Leadership for research governance rests with the Director of Service Provision. A new Research Governance Facilitator for the three PCTs was appointed during the year. The Trust is a member of the Gloucestershire Research and Development Consortium, which provides a strategic overview for Research & Development (R&D) in the County and manages the R&D support funding.

In early 2004, Research Governance was amalgamated into the Controls Assurance Programme and the indicators from the Baseline Assessment were replaced with 17 Controls Assurance Criteria, completion of which have

identified areas for future attention, in line with new guidance to achieve compliance.

Risk Management

Learning from clinical incidents is a key principle of clinical governance linked to risk management. During the year, the PCT purchased and implemented DATIX. This software was used to support the production of a risk register which was approved by the Board in January 2004. The register allows the PCT to monitor risks from across the organisation and focus resources on those most likely to affect delivery of key objectives.

The ability to track equipment and to ensure safe practice using equipment is essential in providing quality clinical care. Each community nurse team has been issued with an equipment register that records all PCT held equipment for their community nurse base. This provides a mechanism for monitoring compliance with Medical Device Agency recommendations and provides opportunity for audit.

Infection Control

The PCT participates in a cross PCTs' Infection Control Committee. Board level responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters throughout the organisation, leading to the Board. Annual mandatory training for clinical staff now includes infection control. Work on clinical policies and procedures continue on a collaborative basis in the county.

The PCT also used part of its capital funds to purchase 40 new PCs for community nursing staff and updated equipment for GP surgeries

The ability to track equipment and to ensure safe practice using equipment is essential in providing quality clinical care

Clinical Governance

Use of Information and Information Technology

Easy access to clinical standards and guidelines and evidenced based practice is key to supporting clinical staff in delivering high quality care. The PCT developed its first Information Management & Technology Strategy in 2003/04. We have prioritised the extension of access to email for community staff and the development of our intranet and internet.

The PCT also used part of its capital funds to purchase 40 new PCs for community nursing staff and updated equipment for GP surgeries.

A new post of Information Governance Manager has been established to support arrangements for patient confidentiality, records management and the requirements of the Freedom of Information Act.

Professional Performance

PCTs now have responsibility for managing entry onto lists for practice in the area for Family Health Services (FHS) practitioners. This is led for the PCT by the PEC Chair and Director of Service Provision. The PCT has led on the development of cross-PCT Support Panel arrangements for GPs. Discussions have now commenced on the potential to develop similar arrangements for community pharmacists. Specific arrangements are also in place for directly employed doctors and dentists.

Inspection and Review

In 2003 the Gloucestershire health community was subject to a Commission for Healthcare/Audit

Commission Local Review of Coronary Heart Disease. The aim was to measure the national and local progress towards the implementation of the National Service Framework (NSF). Feedback given by The Healthcare Commission in April 2004 advised that we are doing very well across the broad range of NSF deliverables and that there were several areas of exemplar delivery. These included the development of the PCT Heart Failure Service and the development of our CHD nurses. A public summary of the findings will be published later this year.

Each NHS organisation was also required to complete a self-assessment review of arrangements for Child Protection during 2003/04. This followed publication of the Climbié Report. The PCT is part of countywide, multi-organisational arrangements for the delivery of effective Child Protection arrangements. Overall, there was a positive outcome from the review. A number of areas for further work were identified including development of a PCT specific Child Protection Policy, joint work on improved record keeping and on improved access to training.

The Healthcare Commission announced the outcome of 2003/04 performance ratings for NHS organisations in July 2004. The PCT was delighted to sustain its 3 Star rating.

Learning and Development

Protected Learning Time

The PCT has continued to support Protected Learning Time for its clinical staff and GP practice staff. Topics covered at the PCT-wide sessions

The Healthcare Commission announced the outcome of 2003/04 performance ratings for NHS organisations in July 2004. The PCT was delighted to sustain its 3 Star rating

We are now running our own PCT induction day for all new staff

Clinical Governance

during 2003-4 included Patient and Public Involvement and Child Protection and Domestic Violence. The monthly in-practice meetings also offer all members of the Practice Team to review issues relevant to the practice.

Training

The PCT has approved a Life Long Learning Strategy. In addition, the PCT commissioned a Training Consultant to undertake a comprehensive training needs assessment for employed staff at the latter end of the year and to ensure effective delivery of training arrangements. We are now running our own PCT induction day for all new staff. This is complemented by a second day of mandatory training for clinical staff. A new post of part time Training Manager has been established to ensure an ongoing and systematic training focus within the organisation.

Student Placements

As part of the Trust's commitment to support pre registration nursing students, the Trust places more than 30 nursing students a year with its community nursing teams.

GP Appraisal

The three Gloucestershire PCTs work together to provide an appraisal system that covers all GPs in the county. The appraisal system is managed by Primary Care Clinical Audit Group under the supervision of an Appraisal Steering Committee. 66 GPs (70%) in the PCT area have completed their first appraisal and nine GPs have now had their second appraisal. Whilst this meant the PCT did not meet the national target of 100% GPs

appraised by March 2004, we do feel that the process being used is robust and effective and that it will be able to be used by GPs as part of their new revalidation requirements for 2005. The approach has been reviewed by Edgecombe Consulting, who are advising the Department of Health on Appraisal, and confirmed to be of good quality

Job Descriptions

As staff job descriptions are reviewed in preparation for the implementation of Agenda for Change, we will ensure that Clinical Governance requirements are appropriately reflected for all staff. This national programme of pay modernisation uses a Knowledge and Skills Framework which will provide an important basis for annual staff reviews and personal development planning. The PCT will need to ensure an effective link between its forward service vision and its workforce development plan.

we will ensure that Clinical Governance requirements are appropriately reflected for all staff

Involving the Public

In 2003 a new full-time post of Community Involvement Manager was created. This post encompasses all involvement and communications functions within the PCT.

Section 11

In January 2003 Section 11 of the Health and Social Care Act came into force. This placed a bigger responsibility than ever before on NHS organisations to involve the public in shaping local services. Section 11 states that:

“NHS organisations have a duty to make arrangements to involve and consult patients and the public in:

- *planning services they are responsible for;*
- *developing and considering proposals for changes in the way those services are provided; and*
- *decisions to be made that affect how those services operate”*

‘*Strengthening Accountability*’ is the guidance document issued to NHS organisations to support the implementation of Section 11. This is a useful reference tool for everyone involved in PPI activity and has been referenced by the PCT Involvement Group specifically in relation to our PPI Baseline Assessment.

PCT Involvement Group

The PCT Involvement Group has extended its membership and now has agreed Terms of Reference. A policy relating to reimbursement of expenses for patients, carers and members of the

public contributing to the development of health services within Cheltenham and Tewkesbury was approved by the PCT. The PPI work plan was developed based previous years’ activity and known ‘must do’s’.

Community Patient Advice and Liaison Service (PALS)

Community PALS provides a service to the three county PCTs and the Partnership Trust (Mental Health and Learning Disabilities). There is also an acute PALS. Community PALS produces a quarterly activity report, which is presented to the PCT Involvement Group and is incorporated into the Patient Experience Report.

‘Get Involved’

In the summer of 2003, the PCT produced a guide for the public and staff entitled ‘Patient and Public Involvement in Cheltenham and Tewkesbury’. This guide was launched alongside the ‘Get Involved in Gloucestershire’ website.

‘Get Involved’ describes PPI mechanisms and, in the case of the website, provides information about current involvement activity, such as national and local consultations. Both ask for feedback on areas of involvement activity and invite people to volunteer to ‘Get Involved’.

County Reviews

There were four countywide reviews ongoing in Gloucestershire during 2003/04:

- Children’s and Maternity Services
- Elderly Mental Health Services

There is a bigger responsibility than ever before on NHS organisations to involve the public in shaping local services

‘Get Involved’ describes PPI mechanisms and, in the case of the website, provides information about current involvement activity

Further Information:

If you would like to help to shape local health services please contact Becky Jarvis, Community Involvement Manager, Cheltenham and Tewkesbury Primary Care Trust, Unit 43, Central Way, Arle Road, Cheltenham, GL51 8LX

or visit www.gloshealthservices.org.uk/GetInvolved

Tel: 01242 548827

Involving the Public

- Mental Health Strategy
- Interventions Not Normally Funded

We have also worked closely with the Health Overview and Scrutiny Committee (OSC) regarding the introduction of the new Out of Hours Service.

This involvement work has focussed more on sharing information rather than consulting on options. The OSC have been satisfied that this approach is appropriate in this case.

Local Involvement Projects

Shurdington Older People's Project

This project is good example of the PCT responding to local people's comments. At the invitation of the Shurdington Friendship Group, 50 local residents aged over 50 attended a Health and Wellbeing event hosted by the PCT, Leckhampton GP Surgery and Social Services in March 2004. Health Promotion presentations, questionnaires and a '5-a-day' healthy lunch, were followed by a lively two-way debate with informed local residents eager to share their ideas and concerns in an open and frank discussion. A list of issues raised were considered by the PCT and others and outcomes fed back to the Friendship Group and the Parish Council later in the year. To date, more information about pharmacy services has been circulated to the village via a Parish magazine and a pilot drop in health clinic is planned to start in Autumn 2004.

National Consultations

The PCT has participated and promoted several national consultations in the past year. Key ones included:

- Choice
- Compact
- Choosing Health

Expert Patient Programme (EPP)

Nationally, a large proportion of the population are living with a long-term condition. Locally this equates to over 20,000 people.

The Expert Patient Programme is a chronic disease self-management programme. Any adult with a long-term condition is eligible to attend. The PCT currently has three trained EPP tutors and has run four courses to date.

PCT managers are incorporating the concept of self management into the Care Pathway work they are undertaking. Those working on the development of new services for patients with chronic diseases are considering building in information about EPP. An EPP Coordinator will be appointed later this year.

Patient Prospectus – Your Guide to Local Health Services

The PCT has so far produced two editions of the Patient Prospectus, which gives residents information about local services, how well the PCT is performing and how our money is spent.

Primary Care Survey

In 2003/04 the PCT commissioned 'Picker UK' to administer its Primary Care Survey.

There was a good response and the results noted several improvements, such as greater choice offered to patients and satisfaction with the cleanliness and comfort of GP practices.

PCT managers are incorporating the concept of self management into the Care Pathway work they are undertaking

Involving the Public

Patient and Public Involvement Forum

The Cheltenham and Tewkesbury Patient and Public Involvement Forum was established in December 2003. The PCT hosted a welcome meeting for the Forum Members in the New Year. Since then we have attended Forum Meetings, invited Members to conferences and worked together on specific issues, such as the introduction of phlebotomy appointments at Tewkesbury Hospital.

Health Overview and Scrutiny Committee

The Health Overview and Scrutiny Committee (OSC) was established at the end of last year. Since then the PCT has been invited to make presentations about the challenges facing the organisation. We have also presented information to the Committee about the changes to 'Out of Hours' Services.

'10 Steps'

The PCT launched '10 Steps – a guide to patient and public involvement' in October 2003 at a training event attended by approximately 300 PCT staff. These events are held regularly and focus on a particular topic – October 03's theme was PPI. The '10 Steps' guide was issued to staff both employed by the PCT and contractors in GP practices.

The PCT Patient and Public Involvement Forum was established in December 2003

15 complaints have been received relating to PCT services or decisions

Emergency Planning

The PCT is committed to achieving the objectives of the Department of Health Emergency Planning Operational Doctrine. Cheltenham and Tewkesbury PCT has a countywide responsibility to ensure commitment and an integrated approach to emergency management. To ensure compliance, the Countywide Emergency Planning Manager (EPM) has written a Gloucestershire Health Community Joint Critical and Major Incident Manual, which contains procedures dealing with mass casualties reflecting the new Doctrine. The EPM sits on all health and relevant external agency emergency planning groups.

All PCTs and NHS Trusts are reviewing their individual major incident plans to meet the deadlines set by the Strategic Health Authority. Plans will be Board approved, contain a section relating to version control and document administration, reflecting annual review dates and amendment history. Plans identify the importance of training, testing and improvement.

An annual Emergency Planning Report was submitted to the Board in March 2004 outlining progress and compliance with Controls Assurance. A training package, containing the new Doctrine, is being compiled for presentation to appropriate staff. A system to test and exercise the new protocols will be introduced during 2004/05

Considering the projects that are currently being undertaken, the County Health Community will be fully compliant with the Doctrine by the end of 2004 and this will be reflected in the 2004/05 Annual Report.

Complaints

Complaints Handling in the PCT

The PCT follows the NHS complaints procedure and welcomes any comments, good or bad, about our services. If our patients or residents are not happy with any elements of our services, then we would like to know about it. Comments and complaints are seen as an integral element of patient and public involvement and a way of improving and assessing the quality and range of services we provide. Complaints received by the trust fall into two main areas; those relating to family health services (GPs, dentists, opticians, pharmacists) and those relating to services provided directly by the PCT or to decisions made by the PCT.

Because of our complaints handling role, we also receive a great many enquiries, some of which may eventually result in a complaint. Whenever possible we attempt to resolve issues quickly and informally to offer a better service to the patient or resident. This avoids them entering, what can be, a complex and lengthy process.

The Community Patient Advice and Liaison Service (PALS), Independent Complaints and Advocacy Service (ICAS) and the continuing co-operation of clinicians and practices managers across the PCT, assist us in doing this.

Learning From Complaints

In 2003/4, 15 complaints were received relating to PCT services or decisions. None of these complaints resulted in a request for an independent panel review, and 66% of these complaints were dealt with within the nationally prescribed timescales.

We now have systems in place to improve this response rate in the coming year.

Five of these complaints showed an increasing trend in complaints and enquiries related to access to NHS dentistry. The PCT has recognised there is a problem with regards to NHS dentistry in Gloucestershire. Working with Cotswold and Vale Primary Care Trust (as the lead Primary Care Trust for dentistry in the county) we have established the Personal Dental Service (PDS), which has clinics across the county, including in Cheltenham and Tewkesbury.

Given the worsening position in availability of NHS dental provision in Gloucestershire, the health community has fully supported this initiative, establishing one large Dental Access Centre at Southgate Moorings in Gloucester and ten other clinics around the county, including one at St Paul's Medical Centre in Cheltenham.

We continue to pursue actively options for increasing the number of dentists that we employ in order to meet the needs of our population.

In the meantime the Personal Dental Services will continue to respond to patients by assessing dental health care needs and prioritising patients for treatment. All patients contacting the service who need emergency treatment or pain relief are made a priority and can be seen on the day of requesting an appointment, but this means that other patients with more routine treatment have to wait much longer for an appointment.

One of the PCT's commitments was to ensure that trends from complaints could be identified

The PCT received 28 complaints about family health services in 2003/04

We continue to pursue actively options for increasing the number of dentists that we employ in order to meet the needs of our population

Complaints

and fed-back into a learning process and clinical governance. This has been done in a number of ways in the past two years but we also want to ensure that trends from complaints are linked to other information, such as PALS, incident reports from health and safety, as well as clinical governance. We can then paint a wider picture of issues, which may require attention.

Corporate Services have been working closely with PALS, the Community Involvement Manager and the Health and Safety Shared Service (Patient Experience Group), to identify trends across these areas. The Risk Management Committee has also established a short-life working group to look at, and ensure that, all issues of concern are dealt with appropriately and that the results and recommendations of the Shipman Enquiry are addressed at a local level.

Complaints Received

The PCT received 28 complaints about family health services in 2003/04 and in accordance with the complaints process these complaints were forwarded on to the practices concerned to respond to. Of these, 24 have been completed and closed and four remain under investigation. These are broken down by speciality as follows:

GP's	14
Dentists	10
Pharmacy's	3
'Out of Hours' providers	2

Four of these complaints have been referred to a conciliator, and five requests for an Independent Panel Review have been received, one of which

was referred back for local resolution then closed, and two of which were closed by the convenor. Two are still under consideration. These figures do not include complaints that would have been made direct to the practices.

Complaints Reform

After lengthy consultation, the Government is reforming the complaints process for the NHS and the new Healthcare Commission will be taking over the convening and independent review panel stage of the process from July 2004. We also expect reform of the local resolution stage of the complaints process once the Shipman Inquiry has published its findings.

Making a Comment or a Complaint:

Comments and complaints are a good way for us to learn about how to improve the NHS. If you want to make a complaint about our services, or let us know your views or suggestions, you can write to Caroline Fowles, PCT Chief Executive (address on Back Page).

Your comments will be treated in confidence and won't put your care at risk.

If you are unsure whether you want to make a complaint but you would still like help to resolve an issue, you can call the Community Patient Advice and Liaison Service (PALS) (see Page 6 – Useful Information).

Part 3

Financial Overview

Summary Financial Position

Revenue Expenditure

The PCT spent a total of £140.3m during 2003/04. The major part of this sum, £134.8m, was spent on the commissioning of healthcare services, with the balance of £5.5m, being spent on the provision of healthcare services.

Summary of Results Since PCT Established on 1 April 2002

	2003/04 £'000	2002/03 £'000
Net Operating Costs	140,299	123,475
Net Operating Costs less Non-discretionary expenditure	134,616	119,111
Revenue Resource Limit (RRL)	134,625	120,921
Under (Over) Spend Against RRL	9	1,810

The PCT was required to breakeven, i.e. to ensure that its spending did not exceed its revenue resource limit, and it can be seen from the table above that it actually spent £9,000 less than its resource limit. It achieved this without requiring any financial assistance from other NHS bodies.

Capital Expenditure

In addition to its revenue expenditure, the PCT also spent £748,000 against its capital resource limit of £898,000 (i.e. on items costing more than £5000 with a useful life of more than one year). The balance of £150,000 will be available to spend in 2004/05.

Actions Taken to Secure Value For Money (VFM)

In addition to the requirement to achieve a 1% cash releasing efficiency saving on its total budget, the PCT endeavours to ensure that value for money is attained in all that it does.

Our main focus is to work with staff and patients to assess how well services meet current needs and to make changes, which both improve services and check for ongoing value. In addition, we negotiate annual efficiency savings with providers of care.

In relation to purchases of goods and services, the PCT uses the countywide Shared Procurement Service, which aims to secure VFM in a wide range of procurement contracts.

It has also strived to keep its management costs low.

Additional disclosures

- Avon, Gloucestershire and Wiltshire (AGW) Health Economy (un-audited)

The overall reported financial position for AGW at the end of 2003/04 is subject to audit. The reported position at Month 12 is a deficit of £3,661 million. The accumulated deficits, including that for previous years deferred by the Department of Health, would therefore amount to £93,643 million at 31 March 2004.

- 2004/05 Financial Position

The PCT is planning to achieve financial balance in 2004/05. In order to breakeven in 2004/05 the PCT must achieve the following:

- deliver a savings programme of £3640k
- manage other known risks

The risks associated with the plan have been assessed and are being managed by the PCT.

Nature and extent of services provided by the auditor in 2003/04

The Audit Commission are the PCT's external auditors. Costs in 2003/04 for audit services i.e. the statutory audit and services carried out in relation to the statutory audit e.g. reports to the Department of Health, totalled £83,000.

Summary Financial Statements

Operating Cost Statement for the year ended 31 March 2004

Commissioning	£'000
Gross Operating Costs	139,133
Less: Miscellaneous Income	(4,365)
Commissioner Net Operating Costs	134,768
Providing	
Gross Operating Costs	5,798
Less: Miscellaneous Income	(268)
Provider Net Operating Costs	5,530
Interest Payable	1
Net Operating Costs for the Financial Year	<u>140,299</u>

Statement of Recognised Gains and Losses for the Year Ended 31 March 2004

	£'000
Unrealised surplus(deficit) on fixed asset revaluations/indexation	659
Reduction in the donated asset reserve due to depreciation, impairment and/or disposal of donated assets	(36)
Additions/(reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	205
Recognised gains and losses for the financial year	<u>828</u>

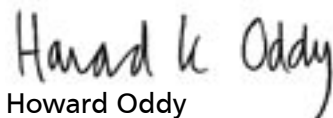
Balance Sheet as at 31 March 2004

	2003/04	2002/03
	£'000	£'000
Fixed Assets		
Intangible assets	8	
Tangible assets	9,501	8,362
Current Assets		
Stocks and WIP (work in progress)		
Debtors	4,191	6,943
Cash at bank	32	47
Total Current Assets	4,223	6,990
Creditors: Amounts within 1 year	(8,204)	(11,529)
Net Current Assets/(Liabilities)	(3,981)	(4,539)
Total Assets Less Current Liabilities	5,528	3,823
Creditors: Amounts more than one year		(192)
Provisions for Liabilities and Charges	(956)	(1,278)
Total Assets Employed	<u>4,572</u>	<u>2,353</u>
Financed By:		
General Fund	1,864	268
Revaluation Reserve	1,653	1,091
Donated Asset Reserve	1,055	994
Total Capital and Reserves	<u>4,572</u>	<u>2,353</u>



Caroline Fowles
Chief Executive

Date: 6 September 2004



Howard Oddy
Director of Finance

Date: 6 September 2004

Summary Financial Statements

Cashflow Statement for the year ended 31 March 2004

	£'000	£'000
Operating Activities		
Net cash outflow from operating activities		(140,873)
Interest paid	(1)	
Net cash inflow/(outflow) from servicing of finance		(1)
Payments to acquire intangible fixed assets	(8)	
Payments to acquire tangible fixed assets	(721)	
Net cash inflow/(outflow) from capital expenditure		(729)
Net cash inflow/(outflow) before financing		(141,603)
Financing		
Net Parliamentary Funding	141,588	
Net cash inflow/(outflow) from financing		141,588
Increase/(decrease) in cash		(15)

Better Payment Practice

The NHS is required to pay at least 90% of its invoices to non-NHS supplies within 30 days of receipt of the invoice. In 2003/04, the PCTs performance against this target was as follows:-

	Number	£'000s
Total bills paid in year	7,563	31,318
Total bills paid within target	6,644	28,034
Percentage of bills paid within target	87.9%	89.5%

Whilst the PCT did not achieve 90%, these figures do demonstrate a significant improvement on 2002/03. Further improvements have been made subsequent to the end of the year.

Statement of Internal Control (SIC) 2003/04

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have a statutory responsibility to prepare annual financial statements for the organisation and this includes a Statement on Internal Control. The Statement on Internal Control for 2003/04 identifies how the Trust's risk management processes are maintained and developed to ensure continuing effectiveness, describes the processes in place to support the risk and control framework and documents evidence of the assessment of the effectiveness of the system of internal control and assurances that actions are, or will taken, where appropriate, to address issues arising.

The full Statement on Internal Control 2003/04 is contained within the full annual accounts for the financial year 2003/04. Copies of the full accounts or the full Statement on Internal Control are available on request from the PCT Headquarters.

The full Statement on Internal Control 2003/04 is contained within the full annual accounts for the financial year 2003/04. Copies of the full accounts or the full Statement on Internal Control are available on request from the PCT Headquarters.



Caroline Fowles, Chief Executive (on behalf of the Board)

Management costs

	2003/04	2002/03
	£000	£000
Management costs	2,215	2,202
Weighted population	141,161	145,627
Management costs per head of weighted population	15.69	15.12

Salary and Pension Entitlements of Senior Managers

Name and title	Age	Annual salary £'000s
Caroline Fowles (Chief Executive)	46 - 50	95 - 100
Howard Oddy (Director of Finance)	41 - 45	70 - 75
Shona Arora (Director of Public Health)*	36 - 40	60 - 65
Ruth FitzJohn (Chair)	41 - 45	15 - 20
Patricia Barlow (Non Exec Director)	56 - 60	5 - 10
Marguerite Harris (Non Exec Director – to end Feb 04)	56 - 60	5 - 10
Chris Hickey (Non Exec Director)	51 - 55	5 - 10
Anne Noble (Non Exec Director)**		5 - 10
Peter Sayers (Non Exec Director – from March 04)	56 - 60	0 - 5
Dr John Moss (PEC Chair)	46 - 50	30 - 35
Dorothy Marlow (PEC Member – to end October 03)	51 - 55	5 - 10
Theresa Cuthbert (PEC Member – from November 03)	41 - 45	0 - 5
Judy Richards (PEC Member)	56 - 60	5 - 10
Chris Boden (PEC Member)	46 - 50	5 - 10
Dr Shirley Elliott (PEC Member)	51 - 55	5 - 10
Dr Sue Kinder (PEC Member)	51 - 55	5 - 10
Jackie Prosser (PEC Member)	41 - 45	5 - 10
Dr Graham Wilson (PEC Member)	41 - 45	5 - 10
Dr Nick Young (PEC Member)	41-45	5 - 10

The PCT decided to reflect ages in 5-year bandings and salary in £5,000 bandings.

* The full-time banding for this post is £70-75k

** requested that age not disclosed

Remuneration of Board and PEC Members

The PCT Remuneration Committee is established under Section 5 of the Standing Orders adopted by the PCT. The membership of the Committee comprises:

- PCT Chair (Chair of Remuneration Committee)
- All Non-Executive Directors
- PCT Human Resources Lead (Secretary to the Remuneration Committee)

Independent Auditors' Report to Cheltenham and Tewkesbury Primary Care Trust on the Summary Financial Statements

We have examined the summary financial statements on pages 35 to 36.

This report is made solely to the Board of Cheltenham and Tewkesbury Primary Care Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of directors and auditors


The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the PCT for the year ended 31 March 2004 on which we have issued an unqualified opinion.

Signature: 

Date: 6 September 2004

Name: Sally Flett, Audit Manager

Address: Audit Commission
Westward House, Lime Kiln Close
Stoke Gifford, Bristol BS34 8SU

Further Information

The full accounts are available from Howard Oddy, Director of Finance, Cheltenham and Tewkesbury Primary Care Trust, Unit 43, Central Way, Arle Road, Cheltenham, GL51 8LX.

Tel: 01242 548800

Fax: 01242 548801

e-mail: howard.oddy@ctpct.nhs.uk



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For additional copies of this Report or for information about Cheltenham and Tewkesbury Primary Care Trust, please contact:

Becky Jarvis, Community Involvement Manager, Cheltenham and Tewkesbury Primary Care Trust, Unit 43, Central Way, Arle Road, Cheltenham, GL51 8LX.

Tel: 01242 548800, Fax: 01242 548801,

e-mail: becky.Jarvis@ctpct.nhs.uk

This Report is also available on the PCT's website at www.chelttewkpct.org.uk

Cheltenham and Tewkesbury



Primary Care Trust

Published September 2004. Designed by Designers in Health Gloucestershire. Printed by Orchard Press, Cheltenham