

Stakeholder Brief

September 2010

Transforming Community Services

At its meeting on 15 September the NHS Worcestershire Board considered the feedback from their recent engagement exercise and agreed a preferred option for the Transforming Community Services work and the future management arrangements of the services concerned. The preferred option would see the creation of a new Community and Mental Health Trust to provide the vast majority of the services currently managed by the PCT Provider arm, as well as the mental health services that are currently provided by Worcestershire Mental Health Partnership Trust. This proposal would see the existing Mental Health Partnership Trust seeking dissolution so that their services could be combined in the new Community and Mental Health Trust that would be established on 1 April 2011.

Clear feedback through the engagement exercise from staff and stakeholders was a desire to keep community services together and to make sure that there was future flexibility for GP Commissioners to make their own decisions about where they want to buy services from. The Board was of the opinion that a new combined Trust would be the best means of achieving this and ensuring that the new organisation was sustainable and viable in the new environment for health services that will be created by the Government's White Paper.

The option of a new combined Trust was originally preferred in March but was subsequently ruled out as it didn't appear to be supported by the Strategic Health Authority or the Department of Health. Informal feedback suggests that this would now be able to proceed in light of the strong feedback that emerged from staff and stakeholders in the engagement exercise, and the support from MPs in Worcestershire.

It is also proposed that a small range of services such as breast screening and some of the specialist nursing services (COPD Service, Diabetic Service, Heart Failure Service, TB Nursing Service and Wyre Forest Rheumatology Service) would transfer to Worcestershire Acute Hospitals Trust, as would the management of the Wyre Forest GP Community Unit at Kidderminster Hospital, a proposal that was particularly supported by local GPs. The NHS Worcestershire Board also agreed to review the most appropriate arrangements for the management and provision of the day case surgery that currently takes place at Tenbury and Evesham Community Hospitals, with a view to this also being managed by the Acute Trust if it was practical and efficient to do so.

The final detail of the options will now be developed and submitted for the various approvals that are necessary before implementation. This process will include consideration by the Department of Health's Transaction Board and the national Co-operation and Competition Panel who will review the implications for competition and patient choice. Subject to further consultation, the new Community and Mental Health NHS Trust would be established with effect from 1 April 2011 and then work would commence on the process for the new Trust to apply to Monitor to become a Foundation Trust.

More details are available from simon.trickett@worcestershire.nhs.uk



NHS White Paper – ‘Excellence and Equity – Liberating the NHS’

The Department of Health have published several follow up document to the White Paper that was outlined in the last Stakeholder Brief and these are available on the [Department of Health website](#).

The White Paper includes some quite radical restructuring, including the planned abolition of Primary Care Trusts from April 2013 and Strategic Health Authorities in 2012/13. The vast majority of local services will be commissioned by GP Commissioning Consortiums in the future with a National NHS Commissioning Board being responsible for performance monitoring GPs and commissioning some of the other services that are more appropriately commissioned at a regional or national level. As part of the changes a public health service will be set up and the Local Authority will take on responsibility for health improvement as well as oversight of the local health system.

More details are available by contacting paul.bates@worcestershire.nhs.uk

The White Paper consultation documents set out the proposed changes in more detail and also pose a number of questions about implementation of the changes that people are invited to respond to.

In Worcestershire work to further develop GP Commissioning is well underway and commissioning staff are working with the existing Practice Based Commissioning Clusters of GP Practices to support them to start to create their new organisations. Discussions are also taking place with the various staff that will be affected by these changes and the requirement for primary care trusts to reduce management costs in the period between now and abolition (subject to the White Paper being agreed and it being made into law) in 2013.

Worcestershire Cancer Strategy agreed

The NHS Worcestershire Board have also now been able to agree a new [Cancer Strategy for Worcestershire](#) after a 12 week period of public consultation and engagement. A draft Strategy had previously been presented to the Trust Board in January and the consultation period started after the General Election in May. The consultation revealed significant clinical and public support for the proposals, with outcomes being summarised in a [report to the Board](#) meeting on 15 September.

Key features of the Strategy relate to changing the current arrangements that see Worcestershire residents being part of three separate Cancer Networks – depending upon where they live - and moving towards the entire county being part of a single Network. This will make patient pathways much clearer and will be easier to manage for the Worcestershire Acute Hospitals Trust who currently

have to deal with three different approaches.

The other significant element of the Strategy relates to seeking to provide more chemotherapy and radiotherapy treatment within the county and as part of this a project will now start to identify the most suitable site for a new radiotherapy facility within the county. All patients currently have to travel outside of Worcestershire for radiotherapy and developing a site at either Worcester or Redditch would mean that in the region of 90% of radiotherapy could be provided there, with only the very specialised cases needing to be treated at an alternative site. New facilities within Worcestershire would be scheduled to open in early 2013.

More details are available by contacting simon.gartland@worcestershire.nhs.uk

New GP premises development in Kidderminster

A planning application for proposed new GP premises in Kidderminster is currently under consideration by Wyre Forest District Council's Planning Committee. The development is on the existing Kidderminster Hospital site and would see the Northumberland House and Aylmer Lodge surgeries relocating to shared premises. The new development has been designed to be large enough to accommodate the present needs of the practices but also to allow for future flexibility and room for expansion so that more services can be delivered in primary care in the future.

Subject to planning approval work would commence on site in November and the development is scheduled to be completed in March 2012.



More details are available by emailing jonathan.leach@worcestershire.nhs.uk

Out of Hours update



The NHS Worcestershire Board considered the recent Care Quality Commission (CQC) report into out of hours services and Take Care Now Limited, who were the former out of hours provider in Worcestershire. This CQC report was undertaken as a result of the tragic death of a patient in Cambridgeshire and highlighted a number of issues for out of hours providers and for Primary

Care Trusts who are commissioning these services. In Worcestershire the service has been provided by Harmoni since April this year. A GP Management Board has been in place since then to monitor performance and to ensure that the GP community were involved and engaged in the new service. Part of the agreement with Harmoni was a 6 month break clause that would be based on the review of a number of key performance indicators that local GPs had agreed were most important. This review is taking place this month and will be considered under the contract monitoring arrangements. The Local Involvement Network (LINK) have also been heavily involved in monitoring the service and have undertaken a number of unannounced visits to check on the quality of services from a patient perspective and have submitted a number of suggestions and recommendations as to how services could be improved.

More details are available from simon.hairsnape@worcestershire.nhs.uk

Infection control annual report

A study of infection prevention and control in Worcestershire has been presented in the form of an annual report from this service. This agenda has become increasingly important in recent years and strict targets have been agreed to minimise the spread of infections. Every NHS Trust is expected to have appropriate systems in place to apply the various best practice and protocols, as well as complying with the very prescriptive legislation that is in place to minimise infection risks in healthcare facilities.



[The Infection Prevention and Control Annual Report](#) is available online, more information is also available from sandra.brennan@worcestershire.nhs.uk

Prescribing expenditure review

A review of prescribing expenditure in Worcestershire is underway, with a number of initiatives and targets being agreed as part of the Quality, Innovation, Productivity and Prevention (QIPP) agenda. The total prescribing and dispensing budget for Worcestershire is nearly £104 million and this is made up of several elements, the largest of which is the £83.5 million that is spent on primary care prescribing.

Current expenditure during this financial year shows a 2.3% predicted overspend (nearly £2

million). When this is examined in more detail the projected overspend relates to a 5.2% year on year increase in prescribing costs and a 5.3% increase in the volume of items being prescribed. The main areas of increased cost are respiratory drugs, analgesics and endocrine drugs and data is being reviewed on a practice by practice basis to identify areas for improved efficiency. This will be supported by the development of new prescribing Policies that identify best practice and seek to create more consistent prescribing across the county.



More details are available from jane.freeguard@worcestershire.nhs.uk

Pharmaceutical Needs Assessment Overview

There is a statutory duty on PCTs to produce and publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011 and NHS Worcestershire is currently preparing a PNA that will be published for consultation in the autumn. The PNA is a statement of pharmaceutical need and will clearly identify what pharmaceutical services are available across the county and at locality level, if there are any gaps in the provision of pharmaceutical services (now or likely in the future) and if there are gaps, what actions are to be taken to fill them. The task of developing the PNA for NHS

Worcestershire has been delegated to a PNA Steering Group consisting of PCT employed staff plus key stakeholders (Local Pharmaceutical Committee, Local Medical Committee and patient representatives).



More details are available from julie.mccann@worcestershire.nhs.uk

Stop Smoking campaign



NHS Worcestershire has launched an 'adbus' campaign to get more people to quit smoking and a Stop Smoking bus is on tour throughout the county with a route targeted through social marketing analysis at those areas with the greatest proportion of smokers.

Approximately 120,000 people in Worcestershire still smoke and the Stop Smoking service is designed to provide information and practical support on quitting smoking. During 2008/09 NHS Worcestershire's Stop Smoking service helped approximately 3,000 people to quit smoking and this figure increased further in 2009/10.

The areas that have been targeted during this latest 12 day campaign have been selected based on a quite sophisticated means of segmenting the population using HealthACORN analysis that categorises people according to income, background, family circumstances and health and identifies people most likely to be smokers. This resulted in just over 11,000 households being targeted in Worcestershire.

Support that is on offer includes expert advice on stopping smoking, medicines to assist with craving and weekly progress checks.

The Stop Smoking service is one of the main health improvement activities that are outlined in the [Public Health Annual Health Improvement Report](#).

More information is available by emailing frances.howie@worcestershire.nhs.uk

Continuing Healthcare update

Work continues to manage future demand, reduce costs and to raise the quality of Continuing Healthcare. Increasing demand in this area has been a significant issue in recent years and work is now being undertaken at a regional level to develop a variety of initiatives. This includes work on a demand forecasting tool and the

development of a Nursing Home Framework Agreement across the West Midlands that aims to ensure a better deal and consistently increased quality of care through a procurement exercise. Another key feature of the work regionally is to ensure consistency across PCTs about how the eligibility criteria are being applied.

More details are available from sandra.brennan@worcestershire.nhs.uk

5,000 new NHS dental places

NHS Worcestershire is launching a campaign to sign up people in the county to an NHS dentist with 5,000 new places available under the latest phase of the Dental Access Project. A number of promotional activities are planned to make sure people are aware of the new places, including direct marketing and promotional staff attending



shopping centres etc. More information about finding an NHS Dentist is available by ringing NHS Worcestershire's Dental Helpline on 01905 760111 or by going to www.getmeadentist.com

NHS Worcestershire Chairman re-appointed

The Chairman of NHS Worcestershire has been re-appointed by the Appointments Commission to serve a further term in office. Dr Bryan Smith (OBE) has held his position since the organisation was formed in 2006 and is an engineer by profession.

Since his retirement from the electric and chemical industry he's had a variety of work roles. His activities within Worcestershire include being

a Malvern Hills Conservator, Chairman of the Malvern Hills Area of Outstanding Natural Beauty and he has also had a spell as a local councillor. The new terms of his re-appointment will commence on 1 October 2010 and run for four years until the end of September 2014, or sooner if the planned abolition of Primary Care Trusts that was announced in the recent Government White Paper on health takes place.

Finance report

NHS Worcestershire is on target to achieve the predicted £1 million surplus in the 2010/11 financial year. This money can then be reallocated during 2011/12.

For more information on any of the items in this brief please contact Simon Trickett on 01905 733731 or email simon.trickett@worcestershire.nhs.uk