

An Introduction to South Staffordshire Primary Care Trust

About us, who we are and what we do

South Staffordshire PCT leads the NHS locally for its population aiming to prevent ill-health and improve health and well-being.

Our approach to providing health care is based on preventing our residents from becoming ill in the first place. We are also focusing care closer to patient's homes and moving services out of Acute Hospitals and into community settings.

Our staff are working closely with partners in Health, the voluntary sector, Social Services and local government to ensure that the wider determinants of ill health are considered to enable an holistic approach to care.

We are also fully committed to empowering both individuals and communities locally so that they can play a greater role in shaping health services.

Where treatment is needed we are also working hard to enhance choice and ensure that we commission only high-quality services with no delays for patients.

South Staffordshire Primary Care Trust (PCT) is one of the largest PCTs in the country. It serves a population of approximately 615,000 and is located within the geographical boundaries of Staffordshire County Council. The PCT employs just over 2,000 staff and its turnover for 2008/09 is £801 million.

The PCT contains a number of urban centres including Burton upon Trent, Cannock, Lichfield, Stafford, Tamworth, Rugeley and Uttoxeter, although the geographic area is largely rural.

As a commissioner we invest in improving the health of our local population and purchase high quality health care.

8% of the PCT's population live in the most deprived fifth of areas in England, with larger proportions showing pockets of deprivation in the centres of East Staffordshire, Tamworth and Cannock Chase local authorities. These areas also have high numbers of young people, whilst South Staffordshire, Stafford and Lichfield local authorities have high numbers of older people compared to the national average.

By 2017, the PCT will see a significant growth in people aged 65 and

over, with particular growth in the numbers of people aged 75 and over.

We have a transformational strategy to ensure that we improve the health and lives of our local people. The strategy is in line with World Class Commissioning, which is a national statement of intent, aimed at delivering outstanding performance in the way the NHS commissions health and care services, with a clear focus on delivering improved health outcomes.

As a provider, the South Staffordshire PCT Provider Arm employs over 1,800 staff who provide a range of community services including two community hospitals – Sir Robert Peel Community Hospital located in Tamworth and Samuel Johnson Community Hospital located in Lichfield, district nursing, health visiting, school nursing, speech and language therapy, physiotherapy, dieticians and many more.

The acute hospitals located within this PCT area are: Cannock Chase Hospital, Queen's Hospital Burton and Staffordshire General Hospital. South Staffordshire Healthcare NHS Trust provides care for adults and children including specialised mental health, learning

disability services and community services.

Practice Based Commissioning (PBC) devolves a large amount of responsibility for commissioning local health services from Primary Care Trusts to local GP practices. The PBC Consortia receive a budget from the PCT to purchase health care, and are responsible for identifying patient needs and designing effective and appropriate health service responses to those needs at a local level.

In order to ensure that clinicians have a much bigger role in the design and development of local services because they understand what patients want and how it can be delivered, the PCT has a Professional Executive Committee (PEC), the membership of which reflects a range of clinical professions.

The PCT is committed to the continuous improvement of the health and well-being of the community we serve. Our PCT approach to providing healthcare is based on focusing on prevention; targeting resources where need is greatest; working with partners on other factors which impact on ill-health and where treatment is needed, offering choice and commissioning high-quality services with no delays.

NHS Values

The PCT has signed up to the values of the NHS Constitution as guiding principles to shape the way we work:

Respect and dignity: We will commission services in a way which values each person as an individual, respects their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Commitment to quality of care: We earn the trust placed in us by insisting on quality in all our commissioned services, and ensuring they strive to get the basics right every time: safety, confidentiality, professional and

managerial integrity, accountability, dependable service and good communications. We welcome feedback, learn from our mistakes and build on our successes.

Compassion: We find the time to listen and talk when it is needed, make the effort to understand, and get on and do the small things that mean so much - not because we are asked to but because we care. We reflect this value in our commissioning activities.

Improving lives: Our core purpose is to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it - in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Working together for patients: We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Everyone counts: We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken - and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Our Strategic Themes 2007 - 2012

Nine Strategic themes shape our work within the PCT and ensure that we remain focused on improving services for patients and continue to provide the best quality care across the area.

- Improving child health
- Increasing life expectancy
- Quicker, high-quality health care
- Improving care for patients with long term conditions
- Mental health and learning disabilities
- End of life care
- Care closer to home
- Patients in control of their health
- Working with partners

South Staffordshire Primary Care Trust consists of:

- 95 general practices
- 351 General Practitioners
- 82 dental practices
- 237 dentists
- 117 pharmacies
- 72 optometry practices
- 118 optometrists
- 6 prisons

The Trust Board

We have a PCT Trust Board whose role is to take corporate responsibility for the organisation's strategies and actions. The Trust Board comprises of nine Executive Directors:

- Stuart Poynor, Chief Executive
- Helen Simpson, Finance Director
- Dr Phil Ballard, Medical Director
- Sue Price, Locality Director (East)
- Geraint Griffiths, Locality Director (West)
- Yvonne Sawbridge, Director of Quality and Performance
- John Wicks, Director of Commissioning and Strategy
- Judith Wright, Director of Public Health
- Anne Heckels, Managing Director of Provider Services

and eight Non-Executive Directors:

- Alex Fox MBE, Chairman
- David Ibbs
- Philip Aldred
- Andre Burns
- John Yates
- Jeni Jobson
- Lynne Smith
- Lindsey Fairbrother

Practice Based Commissioning

The responsibility for buying or commissioning local health services is shared between the PCT and GP Practices, and is called Practice Based Commissioning (PBC).

In South Staffordshire, the majority of GP Practices have come together to create local commissioning consortiums, although some practices have decided to remain independent.

Where practices have joined together, each consortium has its own governing Board which are responsible for a commissioning budget in their respective areas. Independent practices are responsible for their own indicative budgets.

To support PBC and GP practices, South Staffordshire PCT has two locality Practice Based Commissioning teams –

West Locality and East Locality, each responsible for residents living in the corresponding local authority areas.

West Locality

- Cannock Chase District Council
- Stafford Borough Council
- South Staffordshire District Council

East Locality

- Lichfield District Council
- Tamworth Borough Council
- East Staffordshire Borough Council

The GP commissioning consortiums in South Staffordshire are:

- East Staffordshire Commissioning Consortium

- South East Staffordshire Consortia
- Cannock Chase Commissioning Consortium
- Seisdon Peninsula Local Commissioning Group
- Stafford and Surrounds Practice Based Commissioning Locality

To ensure that the PCT has a formal mechanism for discharging its responsibilities, applying governance and accountability, it has a Committee called the Practice Based Commissioning Governance Committee.

The group plays a key role in providing the PCT Trust Board with assurance relating to the operation of PBC and delivery of its objectives.

Our Recent Achievements

As part of the range of consultation activity that we undertake every year, local communities tell us what they want and why they want it.

This engagement with patients and the public really influences the way we shape health services locally.

Some of our achievements this year are outlined below:

- Implementation of MMR Vaccination catch-up programme
- Implementation of the Human Papilloma Virus Immunisation programme
- Launch of practical advice programme delivered by team of health professionals aimed at helping people to keep fit and lead healthier lives.
- Opened two new dental practices, - one in Stapenhill and the second in Burton upon Trent
- Launched text messaging service to improve out-patient services and to avoid unnecessary costs caused by patients missing appointments.
- Opened Health and Wellbeing Centre in Burntwood
- Implemented healthy eating schemes in Burton upon Trent and Uttoxeter
- Held Expert Patient Programmes, supporting people living with long-term conditions, in Wombourne, Rugeley and Cannock
- Launched Unique Care project pilot in two Wombourne Practices aiming to reduce the number of emergency hospital admissions.
- Introduced programmes to help those who are experiencing mild to moderate mental health difficulties in Cannock Chase and Burton upon Trent.
- Working as part of the Joint Commissioning Unit undertook work to create a greater choice for people with learning disabilities and their families through a service that is modern, flexible and can better respond to people's needs.
- Launched Bowel Screening Programme in Stone and East Staffordshire
- Launched pressure relieving managed service
- Worked with GP surgeries to get agreement for them to stay open for longer, giving patients the opportunity to see a doctor early in the morning, during the evening, or at the weekend
- Invested £900,000 into the Littleton Unit, an intermediate care unit within Cannock Chase Hospital
- Spent £2.3 million on its premises over the financial year, modernising facilities, improving hygiene and infection control and providing facilities that comply with the Disability Discrimination Act

Future Objectives

At the beginning of 2009 the PCT published its first 'assurance' report for World Class Commissioning, a ground-breaking national health programme designed to deliver significant benefits for local people.

We are committed in 2009/10 to improving our performance by transforming the way that we commission or buy in health services for local people and becoming a world class health care commissioning organisation. To do this we will be bringing about a cultural change within the PCT as well as enhancing our technical ability.

We will also be proactively building continuous and meaningful engagement with patients and the public to shape the services we provide through our Provider Arm and improve health. We will be moving this year from patients

and the public having an 'influence on' decisions to one where they are more actively involved in shaping and commissioning services – developing meaningful and mutually beneficial relationships.

We will also be focusing the effort of the organisation into increasing life expectancy year on year and particularly reducing the gap in life expectancy between Tamworth and East Staffordshire (females) and in Cannock Chase (males and females).

Building on the success of 2008/09 we want to increase the proportion of deaths at home to 24% in 3 years, increase the proportion of stroke admissions given a brain scan within 24 hours to 60% and increase by 100% the number of patients on dementia registers who have a care plan.

We also want to reduce growth in the annual rate of alcohol related admissions to hospital to less than 1% and reduce teenage pregnancies by 50% by 2010 based on 1998 baseline figures.

Reducing infant mortality rates in East Staffordshire, so it is not significantly different from the England average, is also a key focus, as is increasing the percentage of adults participating in sport and active recreation from 20.3% to 25.3%.

This year we will also continue to invest in and modernise health care facilities across South Staffordshire so that they are suitable for the twenty first century including the development of a new health centre in Cannock, a new GP Practice in Essington and a permanent building in Burntwood which will house the Health and Wellbeing Centre.

FOR FURTHER INFORMATION PLEASE VISIT OUR WEBSITE AT

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