



Your details

Trust self-declaration:

Organisation name:	Darlington PCT
Organisation code:	5J9

General statement of compliance

Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>A comprehensive baseline assessment against core standards has been undertaken within Darlington Primary Care Trust and other than the one area identified as having insufficient assurance, the Board has reasonable assurance that there have been no significant lapses in meeting core standards within the 2006/07 financial year.</p> <p>The PCT has taken all reasonable steps in ensuring independent contractors are working towards compliance with the 24 core standards.</p> <p>This declaration has been reached through consideration of the evidence of the assurances received by the Board and by the systems of internal and external control in place.</p> <p>The PCT are pleased to see that Darlington Patient and Public Involvement Forum have acknowledged our commitment to work with them over the coming months.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>Darlington PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this PCT.</p> <p>Specifically the Board can confirm the following is in place within the PCT:</p> <p>A strong infection control infrastructure, Infection Control Committee, Directors of Infection, Prevention and Control, and an Infection Control Team. Infection control programme, annual report and audit programmes are agreed by the PCT Board.</p>
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	<p>Robust surveillance programme which includes review of statistics by the Infection Control Team on the incidence of alert organisms and conditions: examples, MRSA, Clostridium difficile and gastrointestinal infections.</p> <p>Policies which address the environment for the Primary Care Trust and hospital premises.</p> <p>Infection control policies are ratified at the Infection Control Committee and PCT Trust Board.</p> <p>Clinical care protocols which are evidence based reflecting the most up to date guidance and review dates.</p> <p>Audit calendar outlining rolling programme of audit of infection control policies and practices through the organisation and external contractors. An occupational health service is provided for PCT staff through an agreement with County Durham and Darlington and North Tees and Hartlepool Acute Trusts and independent contractors through GP Choices.</p> <p>An ongoing infection control programme of education and training is provided by the Infection Control Team across the organisation.</p>
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Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare	Compliant

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	acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with	Compliant

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	each other and social care organisations to ensure that patients' individual needs are properly managed and met.	
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Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Insufficient assurance
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all	Compliant

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	employed professionals abide by relevant published codes of professional practice.	
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C9, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2008
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>The PCT has assessed itself against the obtaining, recording, using and sharing of information using the Connecting for Health toolkit to formulate an action plan for implementation. The PCT has clearly defined Board responsibility and lines of accountability throughout the organisation for information governance.</p> <p>Although the PCT has in place a records management policy, no records audit has been undertaken and active implementation needs to take place.</p> <p>Staff are aware of Information Governance and there is a system to manage breaches of information governance.</p>
Actions planned	An action plan (as part of the ongoing development of Information

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<p>or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>Governance) has been developed and a lead for its implementation has been nominated. The PCT will continue to work towards compliance with this standard over the coming 12 months.</p>
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Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any	Compliant

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	necessary help with feeding and access to food 24 hours a day.	
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

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C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Public health domain - developmental standards

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	Performance in relation to the QOF targets for the conditions specified (diabetes and CHD) is overall average. The population of Darlington has higher levels of ill health and socio economic deprivation than the England average. A key component of the tackling health inequalities strategy will be to improve QOF performance in Practices with higher levels of need.

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Your highest local priorities for improvement relating to developmental standards D13a) and b)	<ol style="list-style-type: none"> 1. Developing and implementing a tackling health inequalities strategy, linked to the LAA. 2. Reducing smoking prevalence. 3. Implementing the tackling obesity strategies 4. Improving access to sexual health services including GUM. 5. Implementing an alcohol harm reduction strategy including increasing capacity in treatment services. 6. Further develop robust emergency planning and responsiveness to major incidents including pandemic flu preparedness..

Electronic sign off - details of individual(s)

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	Title	Full name	Job title
1.	Mr	Ken Greenfield	Chairman
2.	Mr	Brian Everett	Non Executive Director
3.	Mr	John Flook	Non Executive Director
4.	Mrs	Linda Marks	Non Executive Director
5.	Mrs	Melanie Pears	Non Executive Director
6.	Mrs	Sandra Pollard	Non Executive Director
7.	Mr	Colin Morris	Chief Executive
8.	Mrs	Pat Taylor	Director of Finance
9.	Dr	Nonnie Crawford	Director of Public Health
10.	Dr	Stewart Findlay	PEC Chair
11.	Mrs	Angela Gill	PEC Nursing Representative
12.	Dr	Ahmet Fuat	PEC GP Representative
13.	Mrs	Carole Harder	Director of Service Provision
14.	Mr	Brian Key	Director of Procurement & Prison Health Care
15.	Mrs	Amanda Hume	Director of Workforce & Corporate Development
16.	Dr	Hilton Dixon	Medical Director

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health	SHA Commentary for the Final Healthcare Commission
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<p>authority comments</p>	<p>Health Check Declaration</p> <p>Darlington PCT</p> <p>The role of the Strategic Health Authority (SHA) as the local headquarters for NHS North East includes supporting local NHS organisations to achieve local priorities and national standards. The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements. The following are the specific comments in relation to the standards which the SHA has key information to relate to:-</p> <p>C1 systems are in place to identify and learn from all patient safety incidents. Improved systems are in place to action all patient safety notices.</p> <p>C2 measures in place to ensure compliance.</p> <p>C4a the PCT has developed internal processes to reduce the risk of health care associated infections this includes senior leadership, reporting and monitoring systems. The PCT is working in partnership with the local health community as a cluster to reduce the risk of health associated infections. Staff have attended training to undertake detailed root cause analysis.</p> <p>C6 effective partnerships in place as evidenced through joint working and local strategic partnerships.</p> <p>C7a and C7c Clinical and corporate governance systems are in place and controls assurance systems comply with national guidance.</p> <p>C10a measures in place to ensure compliance.</p> <p>C22 the PCT, together with their local condition-specific networks and partner provider trusts has some systematic and managed disease prevention and health promotion programmes.</p> <p>C24 the PCT has plans in place for managing major incidents and emergency situations. These are audited regularly on behalf of the SHA by the Regional Health Emergency Planning Advisor. Desktop exercises and occasional practical rehearsals of their plans take place. Collaboration on these issues is excellent, with open sharing of plans, learning and participation in exercises.</p> <p>D13 The PCT has made significant improvements in their approaches for the effective commissioning of services to address health inequalities. The priorities highlighted are Hepatitis C; adult and childhood obesity. With additional focus on tobacco control, workplace health and alcohol misuse. The PCT has made fair to good progress on this standard.</p> <p>Steve Page Strategic Head of Patient Safety April 2007</p>
<p>Patient and public involvement forum comments</p>	<p>Darlington Patient & Public Involvement Forum (PPIF)</p> <p>Commentary on Annual Health Check of Darlington Primary Care Trust (PCT)</p>

April 2007

1. Introduction
2. Access to General Practitioner Services
3. Working peoples survey
4. Services for people with diabetes
5. The allocation of patients to GP practices
6. Opening hours of the Walk In Centre
7. Hundens Rehabilitation Unit
8. NHS Dental services
9. Patient and Public Involvement

1. Introduction

For their contribution to the Annual Health Check carried out by the Healthcare Commission in 2007, members of Darlington PPIF decided that the best method of providing evidence about the performance of Darlington PCT was to present PPIF reports on PCT services that have been produced as a result of the Forum's Work Plan for 2006/07.

These reports were produced following PPIF members making formal visits to inspect services and/or having meetings with staff relevant to the service being looked at. Also included in this report are copies of letters and reports detailing communications by the PCT in response to PPIF reports.

In addition to issues on their work plan, the PPIF felt they should also comment on the PCT's approach to working with the Forum and public involvement in more general terms.

This declaration is split into 8 further sections. Each section begins with a summary of the work undertaken and a list of evidence available. The evidence itself i.e. PPIF reports, correspondence with the PCT and reports from meetings are provided in the appendix after the summaries.

2. Access to General Practitioner Services Survey

When deciding what should go in the Work Plan for 2006/07, PPIF members were aware that an area of concern for patients both locally and nationally was getting through to GP surgeries by phone to book suitable appointments. Additionally, the results of a small scale survey conducted by the PPIF with working people suggested there could be difficulties for this group booking appointments that fit in with working hours.

It was with this in mind that the PPIF decided they should visit all 11 surgeries in the Darlington PCT area during which they would complete a survey with waiting patients. The survey was non clinical and asked patients about why they chose their surgery, if transport was a problem and how helpful the reception staff were as well as several questions about booking appointments. 966 surveys were completed. The results suggested that a high majority of patients are happy with the service they receive from their GP surgery but there is a considerable problem at some surgeries for patients trying to get through on the phone to book an appointment that suits them. The report made 4 recommendations (see Appendix 1).

The report was sent to the PCT in January 2007 and a meeting with the PCT's Practice Development Manager took place in February 2007

where it was agreed that she would discuss the report and its recommendations with the Practice Managers of the surgeries. Whilst positive feedback about the quality of the report has been received from the PCT, the PPIF have been disappointed at the length of time it seems to be taking for the PCT and practice managers at the GP surgeries to consider the recommendations and at the time of this declaration, no formal response to the recommendations has been received. On the 24th April, an email was received from the Practice Development Manager. In relation to the recommendations of the report, this email stated that 3 GP practices are looking to extend their opening hours to 7 pm one night/week, that all surgeries except 1 now open at 8 am to give patients more time to book appointments and that GP practice managers would endeavour to persuade any staff who hadn't undertaken the AMSPAR Receptionists course to do so. The email also stated that the PPIF report should be discussed at the next Board meeting in May.

Considering the amount of effort and scale of the PPIF survey, and the fact that the recommendations generally reflect the vision outlined in the Our Health, Our Care, Our Say White Paper, PPIF members are somewhat frustrated about the lack of progress increasing access to GP services locally. However, it is recognised that some of the changes requested by the PPIF rely on changes to national policy, for example, GP surgeries opening on a Saturday morning. It is hoped that the discussion of the report at the PCT Board Meeting in May will trigger some further changes that can be implemented locally.

Evidence provided : -

- Access to General Practitioner Services Survey Report
- Response from PCT - Meeting Report from 13th February 2007
- Email from Practice Development Manager received on 24th April 2007

3. Working Peoples Survey

Partly due to having several members who are working full time, the Darlington PPIF are aware that working people are often excluded from opportunities for public involvement in health due to related activities often taking place during the working day.

In an attempt to ascertain the views of working people in the Darlington area about local primary care services, a small-scale survey was undertaken with employees of a department store in the town.

The results revealed a generally high level of satisfaction with services but as mentioned in the Access to General Practitioners Services above, a sizable minority had difficulty getting appointments that fitted in with working hours.

Evidence provided : -

- Working Peoples Survey Report
- Sample Survey

4. Services for patients with diabetes

The PPIF decided to look at this issue as part of their Work Plan for 2006/07 as an increasing number of patients are developing diabetes, diabetes services are the subject of a National Service Framework for improvement and Darlington PCT have recently developed a retinal

screening programme for patients in Darlington and County Durham (excepting Easington).

The PPIF conducted a formal visit to the Retinal Screening Service and had a meeting with the Diabetes Network Manager for County Durham and Darlington. It would appear that whilst the PCT may not fully meet the NSF target for Retinal Screening (final statistics from the PCT were not available at the time of writing this declaration), the service is of a high quality and extra resources have been made available which may result in the PCT achieving the target. It would also appear that headway is being made with the development of other services outlined in the NSF.

The PPIF have also sought information from the PCT regarding the number of patients with diabetes who have received an annual review of their condition via their GP surgery. The statistics provided by the PCT suggests that some surgeries are doing very well in this area whilst services provided by other surgeries are patchier.

Evidence provided : -

- Report on formal visit to retinal screening service on 13th October 2006
- Letter from chief Executive of PCT in response to report 20.11.06
- Report from meeting with Diabetes Network Manager on 14th February 2007
- Statistics about what services diabetes patients in Darlington have received at their GP surgeries.

5. The allocation of patients to GP practices

The PPIF choose to look at this issue following reports that patients were having difficulties changing GP practices. In one instance, a member of the public had moved house within Darlington and wanted to register with the practice nearest her new home and in another, a member of the public wanted to register with a practice closest to their work place as it was proving too difficult to attend appointments during working hours at the GP closest to their home. In both cases, the patient's request to change had been turned down.

The PPIF initially wrote to the Strategic Health Authority to find out if there was any national or regional protocol in use. The SHA referred the PPIF to Darlington PCT. From letters and conversations with the Practice Development Manager at the PCT, it transpired that whilst new patients to the town are encouraged to register at the practice nearest to their home, the GP surgeries in Darlington had what was described as being an 'old rule' between themselves that made it 'probably not possible' for patients who were already registered to change to another GP within the Darlington area.

The PPIF expressed concern to the PCT that it appeared that patients had no rights to either register with a practice of their choice or to register with the practice nearest to their home.

The PCT raised the issue with the practice managers of the GP surgeries in Darlington who agreed to abandon the 'old rule' and decided that if a patient moves to a different area of Darlington they can now register with the nearest GP.

When the PPIF asked how patients would be made aware of this

change, initially it was reported back that patients would not be informed of the new arrangement. However, shortly afterwards, it was reported that posters had gone up in the surgeries informing patients of the right to register at the practice closest to their home address. Although not included in this report, documentary evidence is available.

6. Opening Hours of the Walk In Centre

In June 2006, the PPIF was contacted by the PCT regarding changes to the opening hours of the WIC. The PCT proposed that the WIC should open later in the morning and close earlier on a night as the service was little used during these times and that the opening times should be standardized across 7 days/week as opposed to the different times during the week and the weekend. The suggestion was that this would provide greater clarity to the public about when the service is open.

The PCT asked the PPIF for its comments. Members had varying views on the matter that were fed back to the PCT in a letter. Following this, the Deputy Director of Primary Care came to a meeting to further discuss the proposals with the PPIF prior to the changes being implemented in August 2006. The PPIF were broadly in agreement with the changes.

Following the implementation of the new opening hours, a PPIF member arrived at the Walk In Centre for treatment 20 minutes before the new closing time. However, it was explained that there were a number of other patients already waiting and therefore he would not be allowed in. Following discussion of this matter at a PPIF meeting, members felt that this was unacceptable and decided to contact the PCT.

The following correspondence details discussions between the PPIF and the PCT on the matter. The current position is that as a result of the PPIF intervention, the PCT has placed notices inside the Walk In Centre explaining what other services are available when the Walk In Centre closes. The PPIF considers this to be an unacceptable solution to the current situation and that if the Walk In Centre is advertised as being open until 8 pm, any patients arriving before that time should be allowed the choice of being treated.

At a PPIF Meeting in March 2007, the PCT's PALS Manager mentioned that several people had complained about this situation.

The matter was last raised at a meeting of the PCT's Public Involvement Committee in March 2007. 2 non-executive board members present agreed with the position of the PPIF and said they would look into it. Since then, the PCT's Medical Director has offered to meet with the PPIF to discuss the matter further and the PCT are having an internal meeting to look at the issue

Evidence provided : -

- Initial letter from PPIF to PCT regarding closing time of the Walk In Centre 22.11.06
- Letter from PCT in response 29.11.06
- Further letter from PPIF to PCT 21.12.06
- Further response from PCT to PPIF letter 13.02.07.

7. Hundens Rehabilitation Unit

The PPIF decided to look at this service as part of their Work Plan for 2006/07 as the unit has recently been purpose built to provide rehabilitation services for older people recovering from illnesses and injuries and the podiatry services for the Darlington area.

In October 2006, 3 forum members made a formal visit to the service to inspect the furnishings, fittings and equipment, following which a report was sent to the PCT raising a number of health and safety issues, the most important being the location of the fire exit. The report also detailed a range of recommendations made by the PPIF.

The PCT responded to the report by agreeing to act upon some of the recommendations in the report. The PPIF intend on revisiting the unit later in 2007 to see what improvements have been made.

More recently, the PPIF has communicated with the PCT following contact with a patient regarding the podiatry service. Prior to the Hundens Unit being built, some podiatry services were provided at GP surgeries but since the unit opened, patients have been sent a letter stating that all podiatry treatment will be provided at the Hundens Unit. This has created problems for the above patient who has mobility problems. Furthermore, a significant number of patients surveyed as part of the Access to General Practitioner Services work identified podiatry as a service they would like to see provided in their GP surgery. The PPIF wrote a letter to the PCT regarding this issue at the end of February 2007. A reply to this letter was received by email on 25th April explaining why it would be difficult and costly to provide even basic podiatry services in GP surgeries

Evidence provided :-

- Report on formal visit to Hundens Rehabilitation Unit on 19th October 2006
- Response from the PCT to PPIF Report 13.02.07
- Letter from the PCT regarding podiatry services in GP surgeries received on 25.04.05

8. NHS Dental Contracts and Services

The PPIF decided to include this topic in their work plan for 2006/07 because at the time the new dental contracts had recently been introduced and it had been reported by the PCT that in the region of 50 people a week were making contact with the PCT in the search of NHS dental treatment.

The PPIF continued to monitor the number of people contacting the PCT and were please to note that during the following months the numbers began to drop as the new arrangements embedded. It was most recently reported that approx. 5 people a week are now contacting the PCT suggesting that there is sufficient capacity for NHS patients in Darlington.

The Primary Care Contracts Development Manager from the PCT also attended 2 Forum meetings. On the first occasion she explained how the contracts worked and told the PPIF of her plans to visit all dentists in Darlington, excepting 1 that does not provide NHS treatment. More recently, the manager returned to give an account of what she found during her visits to the dental practices and reported that whilst there had been some teething problems with the new contract all the existing NHS

dental practices had expressed a desire to continue treating NHS patients.

Another concern of the PPIF was that dental surgeries were giving inaccurate information to patients about the new method of funding and allocating NHS treatment. The Primary Care Contracts Development Manager suggested that in the first instance this could have been due to ignorance on the part of some dental staff, who probably didn't understand the new system but as ways of working under the new contract had become more established more accurate information is being given out.

9. Patient and Public Involvement

As mentioned in the introduction to this declaration, the PPIF feel they are sufficiently informed to comment on how the PCT has worked with the PPIF and more generally with patients and the public in the Darlington area.

An area of improvement since the last Health Check is that the PPIF have for the large part received a response to their reports and requests for information from the PCT within the 20 working days deadline required by legislation.

The response from the PCT to work undertaken by the PPIF is considered by the membership to be variable. The Hundens work is a good example of where the PCT put a considerable amount of effort into looking at the recommendations and making some changes. On the other hand, the PPIF have been disappointed in the lack of action or feedback in relation to the recommendations of the Access to General Practitioner Services Report. Interestingly, the PCT have referred to that report in their recently produced document 'Interim Strategic Framework 2007 -1 2 & Business Plan 2007/08' as evidence for 'Improved overall access to general practitioner services' whereas the PPIF see the results of the survey as reflecting a general satisfaction in GP services with evidence that a considerable number of patients are finding it difficult to book appointments over the phone.

In relation to some issues raised by the PPIF, members have sometimes felt that the PCT have been unwilling to fully act upon suggestions made by the PPIF. An example of this is the issue of the closing time of the Walk In Centre. Part of the reason for including the letters in Appendix 4 is to illustrate the apparent reluctance of the PCT (as perceived by the PPIF) to fully take on board the issue being raised and take effective action. This has left the PPIF feeling that at times some representatives from the PCT view the PPIF as a hindrance who have to be dealt with rather than partners in improving services from a patient perspective. On the other hand, some representatives from the PCT have been very keen to engage with the work of the Forum, for example the Primary Care Contracts Development Manager who has worked with the PPIF to look at the provision of NHS dental services in the area.

During the last year, the PCT has designated a Project Manager to work for 10 hours/week on public involvement issues. The person in question developed a very positive rapport with PPIF members and has been very helpful in signposting and helping the PPIF to get responses to queries and reports. As well as attending PPIF meetings regularly, the Project Manager has reconvened a Public Involvement Committee that has been regularly attended by PPIF members, other lay people and

	<p>representatives from local organisations. Whilst this committee is run by the PCT and has explored some relevant issues, it has been noted that very few employees from the PCT, other than the Project Manager who runs it and occasionally a board member, attend committee meetings.</p> <p>The PCT has continued to invite PPIF representatives to be involved in some committees and steering groups, most recently the Practice Based commissioning Leads Meeting. The PCT has also responded positively to requests for attendance at PPIF meetings.</p> <p>Regarding the PCT's wider involvement of patients and the public, reference has often been made in passing by PCT staff to this activity (for example in the development of a 5 year strategic vision and Local Delivery Plan) but the PPIF have seen little hard evidence of this activity. The only public meeting organised by the PCT that the PPIF is aware of was in relation to the Local Delivery Plan. As the date and time for this event clashed with the PPIF monthly meeting, PPIF members were unable to attend. This is not to say that other public involvement activity hasn't been undertaken by the PCT but that the PPIF have not been made specifically aware of it or seen documentation recording it.</p> <p>The PPIF recognise that the PCT is an extremely busy organisation having to fulfil a wide range of functions and meet numerous targets in relation to national and local governance. However, the PPIF views the lack of a full time PPI Manager as detrimental to the level of public involvement the PCT can engage in, giving the impression that public involvement is not considered to be a particularly high priority for the PCT. For an organisation to be successful in public involvement more is required than just a full time post as it is an activity that the whole organisation needs to embrace.</p> <p>At a recent PPIF meeting, the Project Manager with PPI responsibilities shared a paper that had gone to the PCT Board regarding 'Patient, Carer and Public Involvement' (PCPI) detailing new plans for PCPI work to be designated within the role of a new Service Support Manager and that 2 non executive members of the Board had indicated a strong commitment to PCPI. Since then, it has also been reported that recruitment will begin for 2 new posts to work within public involvement.</p> <p>It is hoped by the PPIF that these new arrangements will strengthen the amount of work and commitment that takes place around public involvement within the Trust and enable the PPIF to work more closely with the PCT to facilitate changes that are effective from a patient perspective.</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>ANNUAL HEALTH CHECK SCRUTINY COMMENTS</p> <p>DARLINGTON PCT</p> <p>PATIENT FOCUS</p> <p>C14 Healthcare organisations have systems in place to ensure that</p>
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patients, their relatives and carers:

(a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

(b) are not discriminated against when complaints are made

(c) are assured that organisations act appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery

Evidence: Councillors viewed complaints on the SENTINEL system, received a copy of the headings used on the system, and received extracts taken from the system, i.e. Typical complaints, types of complaints, unresolved complaints, etc; Quarterly complaints information and report to PCT Board; Patient Advice and Liaison Service (PALS) Activity report, PALS Service Framework, PALS Policy documents, PALS leaflets; Complaints Policy & related leaflets.

C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and where appropriate, inform patients on what to expect during treatment, care and after care.

Evidence: Samples of leaflets including: - vasectomy no-scalpel procedure, school nursing service, no problem too small, diabetes foot screening, diabetic retinopathy screening service, immunisation fact sheet, getting the right treatment; posters getting the right treatment, Advocacy Together; samples of press releases including, tell us about it, healthy options on the menu, students learn a lesson in health, keeping darlington on its feet, tots on tour, etc;

In relation to Patient Focus, the Task and Finish Group were very impressed with the number of leaflets produced by the Trust and noted that leaflets were available in other languages, on request. Members were impressed with the internal SENTINTEL system, to which complaints are logged and monitored, and welcomed to opportunity to see it first hand. Members were slightly concerned that GPs monitored their own complaints and that only a low number of complaints was submitted, however, there was an issue that practices varied by what they determined to be a complaint. The Group suggested that the Scrutiny Committee might look into this issue further.

ACCESSIVE AND RESPONSIVE CARE

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Evidence: Patient, Carer & Public Involvement Strategy, Local Delivery Plan 2007/08 - Stakeholder Consultation, examples of past consultations Hundens Lane, Park Place Centre, Walk in Centre; Update on ground floor Dr Piper House.

The Group welcomed the constructive manner in which the PCT consulted the population of Darlington. Members noted that the Scrutiny Committee were consulted on a number of PCT initiatives of the last

	<p>year and hoped that their involvement, and positive relationship would continue.</p> <p>PUBLIC HEALTH</p> <p>C22 Healthcare organisations promote, protect, and demonstrably improve the health of the community served and narrow health inequalities by:</p> <ul style="list-style-type: none">(a) cooperating with each other and with local authorities and other organisations(b) ensuring that the local Director of Public Health's annual report informs their policies and practices(c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships <p>Evidence: Working in partners to promote primary prevention of diseases in particular Diabetes, Smoking, etc; Breastfeeding Strategy, Data is shared between other Authorities and organisations to avoid duplication, Health equality audits, Patient outcome data, Hospital data & Quality Outcome Framework Statistics.</p> <p>Finally, the Task and Finish Group welcomed the work on Public Health that the PCT had undertaken throughout the last year and valued the partnership arrangements with Darlington Borough Council, the Local Strategic Partnership and other NHS Trusts and organisations. The PCT has continued to support the Darlington's Breastfeeding Strategy and the Local Area Agreement regarding the teenage pregnancy project, primary prevention of tobacco control, smoking campaign and diabetes awareness.</p>
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