



## BUSINESS PLAN 2006/07

## FOREWORD

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Since Darlington Primary Care Trust commenced in 2002, the NHS both nationally and locally, has experienced a significant amount of change. As an organisation, we are challenged through the Government's ten-year plan, to ensure delivery of a modern, self-improving health service, fit for the 21st century. This process of change is therefore set to continue into 2006/07 and beyond.

These government reforms are designed to ensure that people get more choice, a better quality of care and services provided closer to home, where of course, it is safe and appropriate to do so. These reforms also aim to draw an even clearer distinction of responsibility for the commissioning and provision of health services in the future.

This plan highlights Darlington PCT's goals for 2006/07 and our plans to address key challenges and ensure we achieve positive change in Darlington. It sets out the context in which we will be working and how we will ensure that the overall health of the local population continues to improve. It also shows how residents of all ages and backgrounds will receive a high quality of health service provision.

In recent months, the Department of Health has published a number of documents outlining further NHS reforms and these are a key influence on this Business Plan.

Within the PCT we have already achieved a lot of good work and we will ensure that we build on this in 2006/07. As in previous years, our success will rely on close and productive working arrangements with our partners within the Health and Social Care community in Darlington, as well as the full commitment of all our staff, here in the PCT.

Since our inception in 2002, there has been significant progress on a number of fronts in improving the health of the local population and in developing the range and choice of services available and, as a PCT, we are committed to continuing this work.

I do hope you find this plan interesting and informative and I look forward to working closely with everyone in Darlington to ensure its delivery over the coming year.

A handwritten signature in black ink, appearing to read 'Colin Morris'.

**Colin Morris**  
**Chief Executive**

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## THE FRAMEWORK

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Our approach to meeting our core purpose of improving the health of people in Darlington and delivering effective health care to local residents during 2006/07 is set out in this plan. It is based chiefly on two main influences that apply to all NHS organisations in the year ahead:

- National Priorities and “must dos”.
- National policy framework and goals.

### The priorities and “must dos”

The national priorities and the business and financial arrangements for the NHS in 2006/07 have been set out clearly by the Department of Health and apply to Darlington PCT. They are:

- **Achievement of financial balance**
- **Meeting the following six key “Must do” service priorities:**
  1. A **10% reduction in health inequalities** by 2010. The focus during 2006/07 will be on smoking cessation;
  2. **Shorter Cancer waits** - sustained delivery throughout 2006/07 of a maximum waiting time of two months from urgent referral to treatment for all cancers and one month from diagnosis to treatment;
  3. Progressing towards a **maximum 18 week wait from GP referral to hospital treatment** by 2008;
  4. Achievement of **year on year reduction in MRSA levels**;
  5. **Patient Choice & Booking** - every hospital appointment to be booked for the convenience of the patient and every patient to be offered a choice of at least four providers;
  6. **Sexual health** - ensure that by 2008 everyone referred to a Genito-Urinary Medicine (GUM) clinic shall have an **appointment within 48 hours**.
- **Continued progress with modernisation and reform of the NHS**

### The policy framework and overall goals

As well as achieving the priorities and “must dos” during 2006/07 we must also work within the current national policy framework and move in the direction set for the NHS overall. This is provided in:

- NHS Improvement Plan (DH June 2004).
- National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 – 2007/08 (DH July 2004).
- Choosing Health – Making Healthy Choices Easier (DH November 2004).
- Commissioning a Patient Led NHS (DH July 2005).
- Health Reform in England (DH December 2005).
- ‘Our health, Our care, Our Say’ White paper (DH January 2006).

*(All of the above are available via [www.dh.gov.uk](http://www.dh.gov.uk))*

Five years on from its publication, these policies and guidance continue the themes of the original NHS Plan and together they create a recipe for the continuing modernisation of the NHS, focused around the following key goals, all of which we share and will be pursuing in Darlington:

1. Health services designed around the individual and offering more choice to patients.
2. Improving the health of the population and focusing on prevention.
3. Providing more services outside hospital, closer to home.
4. More focused support for people with Long Term Conditions.
5. Engaging GPs and other clinicians in planning and commissioning services for their patients.
6. Continuing to improve the performance of all NHS services against a common set of standards and targets.
7. Working effectively in partnership across agencies (e.g. health and social care).

## Overview of the year ahead

During 2006/07, the PCT will ensure that core and developmental national standards are met and that progress is made against the priorities, policies and goals for the NHS through a range of initiatives, described in this business plan.

We will continue our current review of commissioning arrangements to ensure that all aspects of commissioning are undertaken effectively and at the appropriate level and we will also develop Practice Based Commissioning in partnership with Darlington GPs.

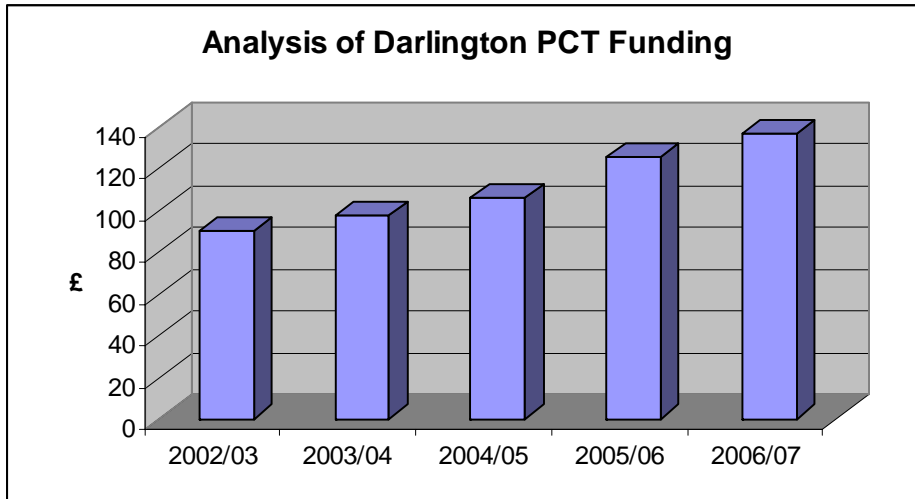
With Darlington partners and other neighbouring PCTs and, wherever possible, with the involvement of local people, we will develop and implement plans for achieving a more integrated and consistent approach and greater cost efficiencies in both commissioning and providing services. We will also focus on service efficiency and redesign. These changes will be developed within a challenging financial context locally and under the management of a new, single Strategic Health Authority for North East England, which will look at issues across the StHA Area as a whole.

## ACHIEVING FINANCIAL BALANCE

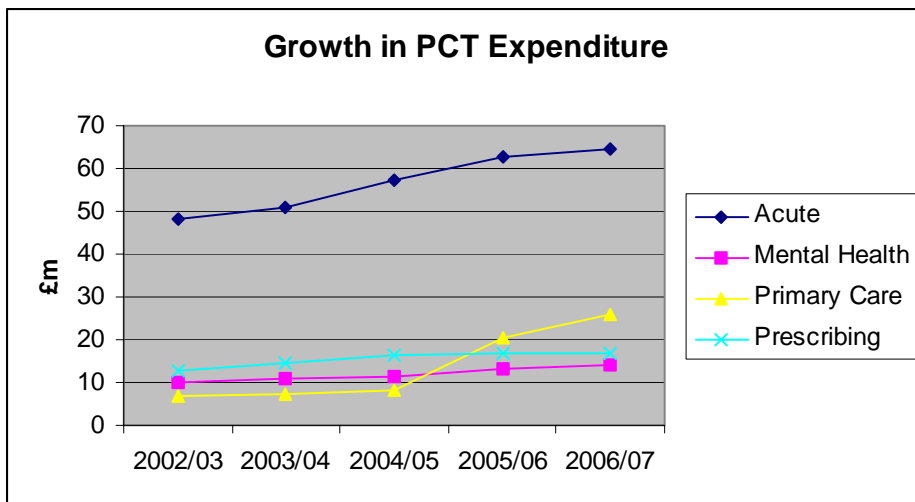
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### Financial history of the PCT

The PCT achieved financial balance in its first three years of operation but has posted a £1.275M deficit for 2005/06. Over the past five years we have received large increases in our funding:

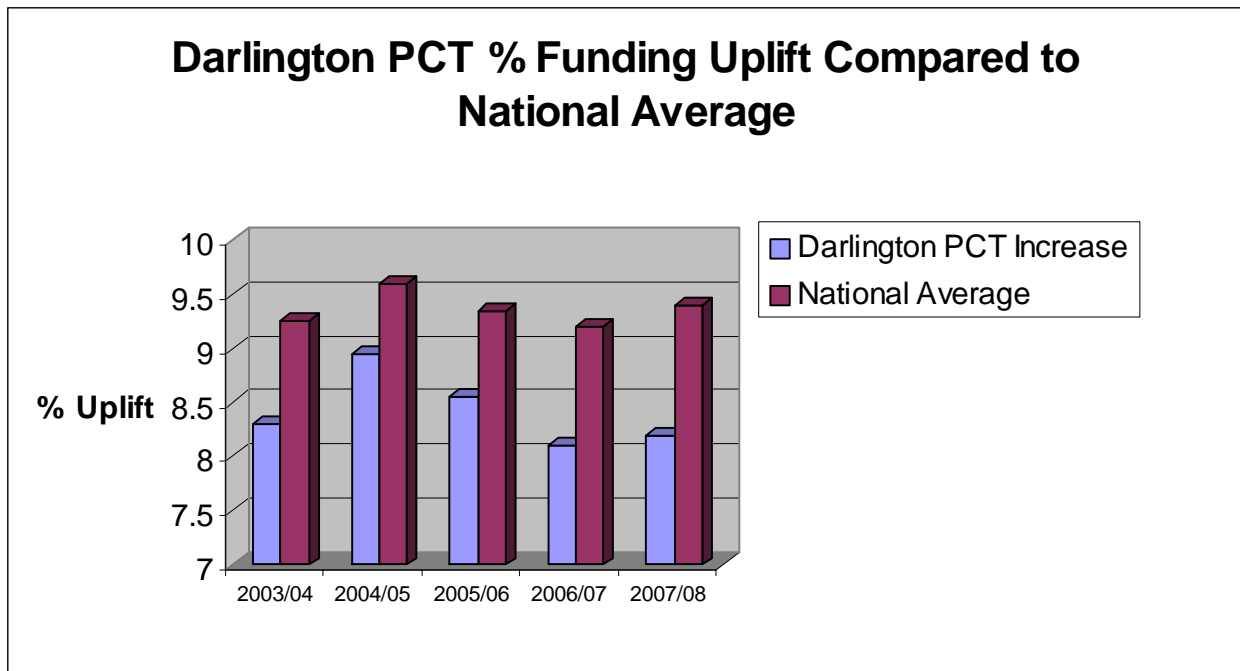


However, this has been accompanied by a significant increase in the costs of the services the PCT purchases on behalf of Darlington residents.



## The challenge ahead

The amount of additional funding we receive each year is reducing significantly (see table below). Achieving the standards, meeting the priorities and six “must dos” and pursuing those national goals effectively at a local level during 2006/07 will depend more than ever before on our ability to be cost efficient and contain expenditure within resources. The year ahead will be a year of consolidation and considered review rather than a time of development.



The PCT will be working hard to meet a very challenging financial target and ensure a reputation for sound financial management. In particular we will have to:

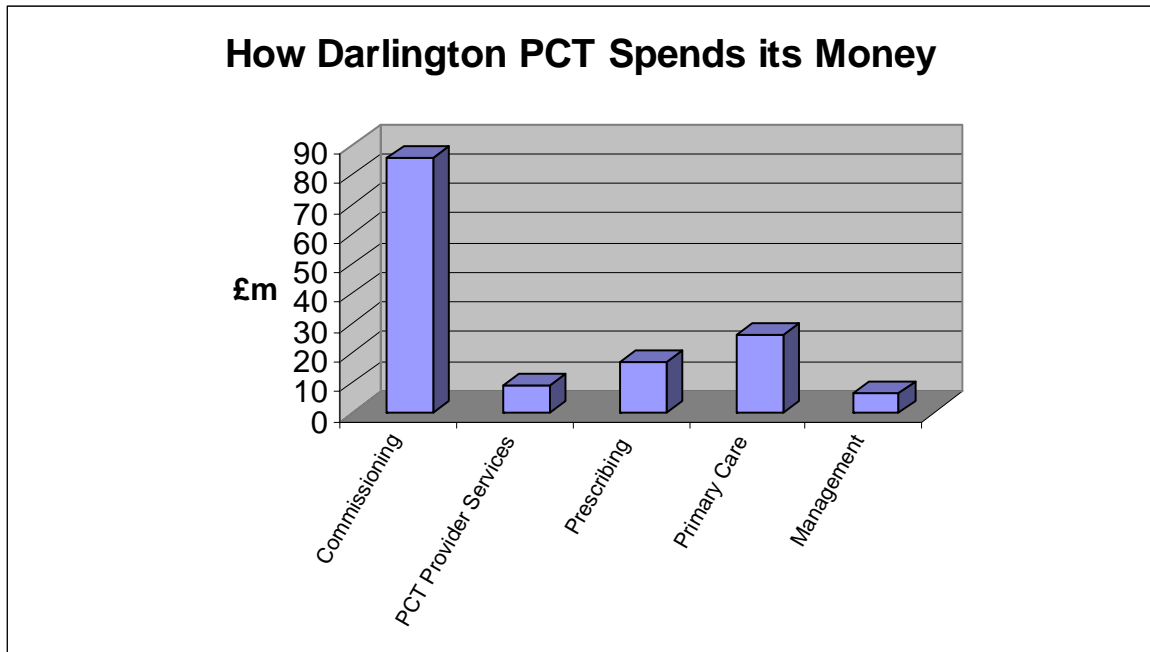
- Provide non-recurring funding towards a countywide LDP shortfall.
- Meet the growing costs of acute commissioning and continuing care.

## Taking responsible action

As a result of the contribution to the LDP shortfall and the deficit carried over, the PCT starts the year with an overall budget shortfall of circa £2.3M. This is a significant shortfall we have to manage and the PCT needs to save 15% of its management costs as part of this process. We have a good record of delivering savings, but it is clear that identifying £2.3M of savings and managing any financial pressures that arise during the year will be extremely challenging. As a statutory organisation, we need to meet our duty to achieve financial balance and so to deliver on this challenge, will require ownership and effort from all stakeholders throughout the year.

## Delivering cost improvements

The diagram below shows that management costs and the community budgets (those under the direct control of the PCT) represent just 10% of the PCT's overall budget.



We therefore have to review all expenditure within this 10% element and identify where savings and efficiencies can be made. A cost improvement plan has been developed which has five main areas of focus:

1. Initiatives to manage referrals and ensure that patients receive clinically and cost effective treatment in the most appropriate environment, with a particular focus on non-elective admissions;
2. A review of all PCT non-pay budgets to ensure that optimal efficiency and value for money are being delivered;
3. Ongoing review of all PCT “back office” functions and opportunities to work with partners to reduce costs;
4. Workforce plans to reduce bank and agency spend, plus a PCT vacancy freeze;
5. Developing Practice Based Commissioning to ensure optimal use of resources.

Success will depend on full and active engagement of all stakeholders including clinicians, staff and service users and we will work proactively to facilitate this.

**(Overall Lead Director – Peter Crisp)**

## RESOURCE ALLOCATION 2006-2007

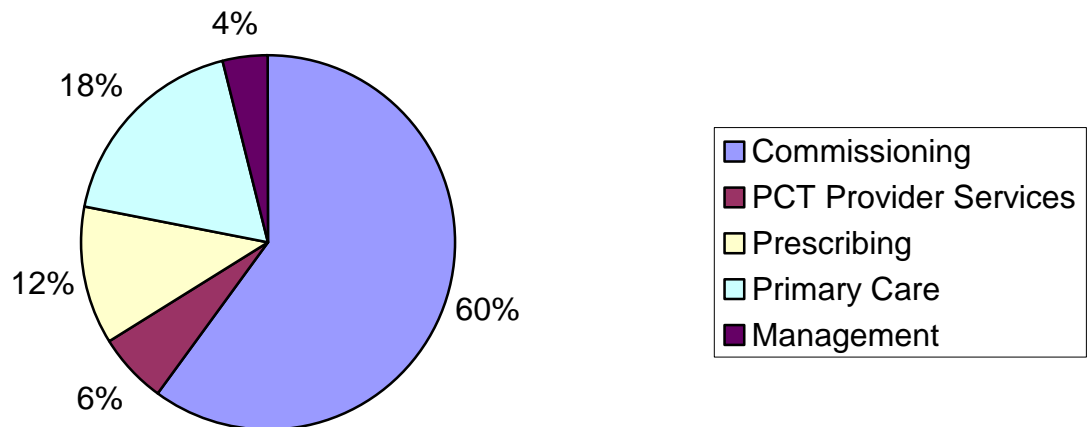
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### How we will spend our money



The main areas of anticipated spending for 2006/07 are shown as percentages in the chart below. By far the largest proportion of the budget is spent on acute hospital services and expenditure in this area will increase to 60% of the total PCT budget in 2006/07. Initiatives that encourage patients to be treated in the most clinically appropriate and cost effective environments will therefore be essential to ensuring that we make the best use of resources and stay within the available budget.

### Percentage Spend of PCT Budget in 2006/07



This chart shows the overall percentage of the total PCT budget for each category.

For 2006/07 the most significant area of PCT expenditure will continue to be commissioned services. Compared to 2005/06 outturn these budgets show increases, mainly as a result of the continued growth in continuing care and other acute activity, although it is anticipated that referral management processes will contain this growth.

PCT provided services in 2006/07 account for about the same proportion of overall PCT expenditure with inflationary growth of around 2%. The proportion of expenditure on primary care has increased as a result of increases in expenditure on the new Direct Enhanced Services and cash limited funding for the new dental contract.

## STANDARDS FOR BETTER HEALTH

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### Key drivers for quality

Our approach to maintaining and improving quality will be guided primarily by the principles of *Standards for Better Health* (Department of Health July 2004).

We declared ourselves compliant with all bar one of the core standards in our 2005/06 Annual Health Check submission to the Healthcare Commission.



We have submitted an action plan to the StHA to deliver compliance with our one outstanding area around Information Governance. Continuing to deliver safe services of an acceptable standard and achieving further improvements for our patients and local people will be at the heart of all that we do in the year ahead. We are fully committed to meeting all the core standards in 2006/07 and additionally, to complying with the developmental standards across all seven domains.

The foundations for this approach to quality are integrated into the culture and working life of the PCT.

***(Lead – all Executive Directors)***

## THE SIX MUST DO PRIORITIES

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### 1. Reducing health inequalities

Inequalities in health status and access to health care services do exist within Darlington. They are related to a number of factors including age, ethnicity, and socio-economic status. Tackling them, improving access and achieving earlier interventions for the more vulnerable groups in the community will have a beneficial impact on health overall and the use of health care services. Targeted support will be offered to local communities and groups with the worst health and deprivation. For example:

**Black and ethnic minority groups** - We plan to build on what we have already done through targeted projects for BME communities in Community Mental Health Services and run special health promotion campaigns. We will organise clinics that will work on improving information on Heart Disease and Diabetes and there will be a focus on choosing healthy lifestyles.

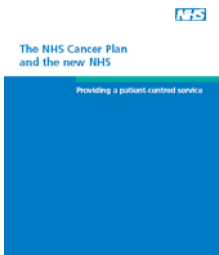
**Teenagers** - We will continue to improve access to contraception and genito-urinary medicine services for young people through walk-in services and making the morning after pill available free of charge to under 16s in a number of high street pharmacies across the borough.

**Mentally Ill People** - A new Mental Health Promotion Strategy will be developed and launched in 2006 with a focus on creating healthy workplaces, challenging the stigma of mental health and supporting vulnerable groups.

*(Lead Director – Nonnie Crawford)*

### 2. Shortening Cancer waits

Providing high quality cancer services to Darlington residents is a major priority for the PCT. Significant improvements in waiting times for cancer patients were seen during 2005/06.



There was 100% achievement of the 2 week target (patients referred urgently by their GP seen within 14 days), 99% achievement of the 31 day target (maximum of one month from diagnosis to treatment) from September 2005 to March 2006, and 100% achievement of the 62 day target (2 months from urgent referral to treatment) from September 2005 to March 2006. Alongside the many pressures being faced by hospitals, this was a considerable achievement.

In 2006/07 we will once again work closely with County Durham & Darlington NHS Hospitals Trust, local GPs and the Cancer Network to ensure clinical and administrative processes work well and we continue to deliver diagnosis and care to Darlington residents within the Government's target waiting times.

*(Lead Directors – Nonnie Crawford and Peter Chrisp)*

### **3 Improved access to hospital services**

Darlington PCT successfully achieved the Government requirement for patients to be offered the choice of at least 4-5 different providers for planned hospital care by the target date of 31 December 2005. Our GPs have been provided with a booklet giving information on, for example, hospital services and transport and including ratings on cancelled operations, cleanliness and comfort etc. for the 6 hospitals most frequently used by Darlington residents. The booklets are also available to patients.

Considerable work and discussion has taken place aimed at reaching agreement on a local delivery plan for 2006/07 that ensures we can provide the services required to meet our local population's health needs. This is happening in a framework of challenging Government targets and limited resources, and an agenda that necessitates significant input from General Practitioners into the commissioning of services (see Practice Based Commissioning).

A major area of work for 2006/07 will focus on making progress towards the 2008 target that ensures no one waits more than 18 weeks from GP referral to hospital tests and procedures. Some preparatory work to understand the scale of the challenge this presents has already been undertaken across the County Durham & Darlington patch and the major changes in process and systems required to achieve the target will be shared at stakeholder events over the year.

We are currently quantifying progress against the March 2007 milestone of 11 weeks from GP referral to outpatient appointment and 20 weeks for day case and inpatient procedure. Targets currently being met by hospitals are a maximum of 13 weeks from GP referral to outpatient attendance and 6 month's maximum waits for inpatient and day case procedures.

***(Lead Director – Peter Chrisp)***

### **4 Tackling MRSA**

As a PCT and commissioner of services, MRSA is an issue for us in provider performance management terms, particularly in relation to patient experience and well-being. It is also a major area of public concern. County Durham & Darlington Acute Hospitals NHS Trust, the main acute service provider for Darlington, is not one of the better national performers in relation to MRSA. In 2006/07, we will continue to monitor MRSA rates in all our providers using StHA data returns and include a review of their action plans for reducing/eradicating MRSA in our routine discussions with them. We will continue to improve surveillance, prevention and management of MRSA and other Health Care Associated Infection in the wider community.

***(Lead Directors – Peter Chrisp & Nonnie Crawford)***

## 5 Extending Patient Choice and Booking

Patient Choice improves access to services and addresses the needs and preferences of individuals and we are already seeing some of the benefits of Choose and Book in the patient experience within the local health system. In 2006/07 patient choice will be extended beyond four or five options.

During the year the PCT will continue to work with our clinical champions to achieve universal utilisation. The new Direct Enhanced Services arrangements in the revised GMS contract should help in making progress in Darlington practices during the year ahead.



We will also focus specifically on supporting referring clinicians and patients, in offering and making choice, by improving the availability of information to both groups.

As the year progresses the Choose and Book system data will be used not only in our work on demand management but also in commissioning decisions and the formation of our extended choice provider “menu”.

***(Lead Director –Peter Chrisp & Carole Harder)***

## 6 Achieving the 48 hour access target for GUM services

This national target is important locally in Darlington where sexually transmitted illness is on the increase. In 2006/07 we will undertake a full service review of genito-urinary medicine (GUM) services and the way we deliver sexual health services and develop and implement an action plan for achieving increased efficiency and service improvement. Meeting the 48-hour access target by 2007 will be an essential requirement of the review.

***(Lead Directors – Nonnie Crawford and Peter Chrisp)***

## PROGRESSING MODERNISATION & REFORM

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During the year ahead we will undertake work in a number of areas relating to the wider modernisation and reform agenda. They are set out in this section of the Business Plan. This agenda and the approaches we will take stem from the following policy and guidance issued to the NHS:

- NHS Improvement Plan (DH June 2004)
- Choosing Health – Making Healthy Choices Easier (DH November 2004)
- Commissioning a Patient Led NHS (DH July 2005)
- Health Reform in England (DH December 2005)
- ‘Our health, Our Care, Our Say’ White paper (DH January 2006)
- National Service Frameworks – various (DH)

(All of the above are available via [www.dh.gov.uk](http://www.dh.gov.uk)).

### Better prevention; earlier intervention

**Choosing Health** - A White Paper published in 2004 laid out key national strategic aims for improving the health of the population. In Darlington, we have developed Choosing Health Action Plans, which says how, together with partner agencies and local people, we intend to make it easier for everyone in Darlington to make healthier choices. The six-point programme of action comprises:

- **Inequalities** – tackling health inequalities;
- **Smoking** – reducing the numbers of people who smoke;
- **Obesity** – tackling obesity;
- **Sexual Health** – improving sexual health;
- **Mental Health** – improving mental health and wellbeing;
- **Alcohol** – reducing harm and encouraging sensible drinking.



More detail on each of these points and the approach we are taking is given in Annex A.

**Joint working essential** - In the past, activities to improve health have tended to be seen as belonging to the PCT alone. This perception cannot continue. It is only through truly shared ownership of the problems, jointly seeking solutions and effective partnership in applying them, that we will be effective. The partnerships will be with other organisations and bodies in Darlington and, very importantly, with local people themselves. Darlington's Health Improvement & Social Inclusion Group is therefore developing key action plans to address the *Choosing Health* agenda.

Encouraging and supporting people to take greater personal responsibility for their own health and well-being has to be a key part of this strategy.

**Leadership counts** - The Public Health team will provide information, steer and give guidance while retaining a co-ordination and monitoring role. Leadership for addressing the agreed priorities will come from nominated agencies – and not necessarily health agencies. That leadership will ensure that the '*Choosing Health*' agenda takes on real importance in the community of Darlington and is implemented effectively.

**(Lead Director – Nonnie Crawford)**

## Access to Primary Care

Improving access to primary care and extending the range of care delivered within primary care settings is a key element of the reform agenda for the NHS. In Darlington we have already made progress but much remains to be done.

## General Practitioner Care

We have already:

- Achieved 100% access to GPs within 48 hours and a primary care professional within 24 hours for routine appointments for 28 consecutive months (as measured by the monthly national Primary Care Access Survey);
- Introduced a walk-in-service at Dr Piper House, that enables practices to refer patients with minor ailments and frees up appointments at GP surgeries;
- Piloted direct access to physiotherapy;
- Established a dermatology triage service.



In 2006/07 we will:

- Support practices to implement the Directed Enhanced Service for Access, including the practice agreeing to produce an Action Plan to show how they are already enabling or are intending to enable: consultation with a GP within 48 hours, advance booking of appointments and ease of telephone access to the surgery;
- Deliver a primary care based retinal screening service
- Participate in a monthly national random access survey.

## Primary Dental Care

Following implementation of the new national contract on April 1<sup>st</sup> 2006, we have already:

- Successfully secured NHS dental capacity to meet the requirements of our local residents and agreed principles through which the PCT will continue the provision;
- Collaborated with the local Dental Committee, to agree and implement out of hours access arrangements for urgent dental needs.



In 2006/07 we will:

- Agree the criteria and process which will be used to establish any new dental practices in Darlington;
- Review out of hours arrangements to ensure they are operating efficiently and effectively;
- Provide advice and support to local residents requiring access to NHS dentistry;
- Review specialist dental commissioning needs, working on a pan PCT basis where applicable,
- Invest additional resources to commission extra NHS dental activity

***(Lead Director – Carole Harder)***

## **Community Pharmacy**

What we have done already:

- Introduced the new community pharmacy framework into Darlington;
- Increased smoking cessation provision through Darlington pharmacies;
- Introduced repeat dispensing schemes where patients on regular medication can collect their medicines from their local pharmacy instead of having to also visit their GP practice.
- Offer minor ailment scheme for treatment of head lice
- Provide emergency oral hormonal contraception via patient group directives free of charge



In 2006/07 we will:

- Explore the feasibility of increasing the minor ailments scheme, where patients will visit selected pharmacies, instead of the GP, to receive advice and medicines, thus freeing up GP time;
- Encourage community pharmacists to increase medicine reviews as part of the new community pharmacy contract;
- Aim to introduce EPS (electronic prescription service) which will enable prescriptions to be generated and transmitted electronically bringing improvements in safety, convenience and accuracy;
- Increase capacity for daily supervised medicine for substance misusers and for needle exchange facilities.

***(Lead Director –Carole Harder and Paul Steward)***

## Practice Based Commissioning

During 2006/07, the PCT will work with GPs and their teams to support the continued development of PBC across the borough. This will include help with involving and consulting their patients and in developing plans for the changes they propose to make in the delivery of local services.

We have already put arrangements in place for all practices in the borough to participate in PBC and have:

- Provided an indicative budget to each one;
- Shared information about their clinical activity and historical spending patterns;
- Given them comparisons with local indicators;
- Offered an incentive payment and management support to develop PBC;
- Set out the governance and accountability arrangements associated with PBC.

In 2006/07 work will continue and the aim is for all Darlington GPs to become involved by December.

Practices are developing a range of different proposals to meet the needs of patients and deliver services more efficiently. Examples of the work under discussion with practices for 2006/07 include:

- Reducing the numbers of people going to outpatient appointments in hospital by providing a wider range of services in GP practices;
- Reviewing the needs of people with Long Term Conditions to see if more of their care needs can be met closer to home and to avoid unplanned admissions to hospital wherever possible;
- Providing more services in GP practices in some specific clinical interest areas such as dermatology, minor surgery;
- Establishment of a primary care musculo-skeletal triage service
- Improving access to diagnostic services e.g. ultrasound.

## Support for Practice Based Commissioning

Workshops, training events for practice managers and 1:1 meetings with practices are planned for the summer and will be repeated, as necessary, as the year progresses. They are designed to develop knowledge and build capacity and expertise for undertaking PBC and will include support on how to involve patients and carers in the process.

Practices are also involved in the national improvement foundation programme to support PbC.

The PCT has also appointed a PbC manager to support practices in implementing this initiative.

***(Lead Director – Carole Harder)***

## Mental Health services

Mental Health services are planned and delivered in the context of an NSF that sets out models of services and standards of performance for the whole country. Good progress has been made on the NSF in Darlington, for example through the introduction over recent years of a range of new services or staff roles including: Assertive Outreach Teams, primary care teams.

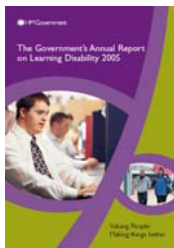


In 2006/07 we will work in partnership with Priority Services NHS Trust and Darlington Borough Council to:

- Introduce an Early Intervention in Psychosis Service for young people;
- Review residential services across the borough to ensure the right range of services to meet local needs;
- Develop the range of mental health services available in primary care settings;
- Reduce the number of young people admitted to adult MH inpatient services.

**(Lead director – Nonnie Crawford)**

## Services for people with learning disabilities



The PCT will continue to work with Darlington Borough Council (DBC), to ensure that services are increasingly designed to meet the assessed needs of people with learning disabilities.

During the course of 2006/07 the Section 31 Partnership Agreement between the PCT and Darlington Borough Council will be reviewed, with the aim of agreeing actions that will strengthen joint working between health and social services professionals through the learning disability team.

**(Lead Director – Nonnie Crawford)**

## High intensity service users

We will be introducing five Advanced Care Practitioners (ACP), to work with very high intensity users of primary and secondary care services across the town. In 2006/07 increased efforts to support this group of service users – many with Long Term Conditions (LTCs) - will include:

- Identifying children and young people with LTCs who utilize direct access facilities at the local hospital, or regularly attend A&E and diverting them to alternative, more appropriate care resources;
- Looking to expand the current Discharge Liaison Team located in Darlington Memorial Hospital by placing a ACP in A&E to work with adults with Long Term Conditions to help them better understand their symptoms, their treatment and how to manage their condition;



**(Lead director –Carole Harder)**

## Modernisation of Health Visiting services

The Health Visiting service has been reviewed to ensure that services from now on are focused onto those people in Darlington who are more vulnerable. Health visitors will also concentrate more on the promotion of public health and link directly into children's centres.

In line with the National Service Framework for Children & Young People, the new Child Health Promotion Programme will be implemented.

Actions/objectives will include:

- Health Visitors working more closely to support children and families in pre-schools and nurseries using a family health needs assessment tool;
- Following contact with all children aged 2½ years, a targeted developmental review for those who need it;
- Developmental review for all children aged 8-12 months.

***(Lead Director –Carole Harder & Nonnie Crawford)***



## Intermediate Care

The community based Intermediate Care Service has already proven very successful in supporting early discharge from hospital and reducing the length of hospital stays.

The PCT has developed a community rehabilitation team to support intermediate care, working out of a new purpose-built premises at Hundens Lane.

The PCT has also commissioned 15 beds from the private sector to provide recovery, rehabilitation and intermediate care.

In 2006/07, there will be greater focus on avoiding the need for hospital admission in the first place.

This will come through the encouragement of increased referrals to the service from primary care and community based services.

The overall aim is to move to a position where around 50% (rather than the current 30%) of the service resources are channeled towards preventing admission to hospital.

***(Lead Director – Carole Harder)***

## Improving access to Community Services

As well as continuing our review of the existing Community facilities across the Borough to generate schemes that will improve the use of resources and the quality and accessibility of services, we will focus in the year ahead on delivering a number of planned developments. These include:

- WIC usage of over 30,000 patients per year
- PCT salaried dental service, to improve access to NHS dental services
- ACP led rapid response teams to support early discharge and reduce hospital admissions
- Specialist nurses in CHD, Osteoporosis, Diabetes, & Asthma, to support people with LTC
- One-stop retinal screening service for diabetes patients

*(Lead Director – Carole Harder)*

## The Expert Patient Programme

For the period 2006/7 the Expert Patient Programme will continue to be delivered directly by the PCT. Four courses are planned to take place and it is anticipated that they will attract a minimum of 50 participants.

The four courses will follow the generic model (not disease specific) and we also propose to offer a disease specific course to run alongside them. This will focus on diabetes.



## Service Redesign and Improvement

During 2006/07, there will be an ongoing service redesign and improvement initiative, focusing on an integrated approach to maintaining and improving the quality and effectiveness of services in Darlington, as well as addressing capacity and value for money issues. This work will contribute to cost savings and link closely to other initiatives and areas of focus mentioned in this plan.

The approach will reflect the key principles of the White Paper 'Our health, Our care, Our Say' – to focus on prevention and earlier intervention and, supported by modern technologies and improved information management, provide more care outside hospitals, in more appropriate settings, closer to where people live, or in their homes.

Key Priorities include:

- Reduction of falls
- Contingence pathway
- Musculo skeletal service
- Dermatology & plastics pathway
- DVT pathway
- Review of OOH services
- Paediatric pathway

*(Lead Director – Carole Harder)*

## Managing demand for acute services

Allied to this approach will be the aims of reducing service demand and related costs in the following areas:

- Attendances in A&E;
- Emergency Bed Days;
- Emergency Admissions;
- Outpatient Attendances and follow-ups.

A key element of this approach will be to ensure the harnessing of clinical drive and engagement through local PbC arrangements. Other key areas for action include:

- Development of a primary care intermediate respiratory service
- Pilot project to analyse A&E attendances
- Development of a primary care diabetic service
- Review of paediatric admissions
- Implementation of a strategy to reduce non-elective admissions
- Development of a psychiatric liaison team to improve care & prevent inappropriate admissions

*(Lead Director – Carole Harder)*

## Planned areas for action

Building on the experiences of recent initiatives such as redesigning the care pathway for Dermatology patients, implementing a number of positive changes for people living with Long Term Conditions and introducing advanced care practitioners to support hospital avoidance initiatives, we will move ahead with enabling secondary to primary/community care shift.

## Key principles to be applied

All the work will be conducted within the framework of an Integrated Service Improvement Programme based on a number of important principles:

- Involving service users, carers and Health and Social Care partners;
- Building on existing projects and work streams;
- Focusing on initiatives that are linked to the LDP and strategic objectives agreed by the local health community;
- Using sector and national benchmarking and evidence that supports clinical effectiveness;
- Identifying benefits, achieving them and avoiding duplication;
- Clear delivery timetables and key milestones.

## Information management and communication technology

The PCT will continue to explore how technology and information can improve quality of care, achieve greater efficiency and enhance the patient experience. During 2006/07 and within the confines of available resources, we will work progressively towards a paper-light environment and focus on the following areas:



### Connecting for Health

- Continue to roll out Choose and Book to all in primary care;
- Implementation of the Electronic Prescription Service (EPS) to enable safe and efficient electronic transmission of prescriptions to pharmacists;
- Continued support to the PCT's provider arm in exploring the most cost effective options for implementing the community information system.

*(Lead Director – Paul Steward)*

### Information Governance

We will continue to develop sound and appropriate governance arrangements, so that all patient information is held in safe, secure and confidential environments.

### Workforce development

The size and complexity of the Human Resources agenda is expected to grow as the PCT reviews its commissioning and provider functions and works to deliver on a number of national initiatives including:

- The Knowledge and Skills Framework;
- Electronic Staff Record;
- The equality and diversity agenda;
- The national workforce strategy;
- Changes in employment legislation.



These initiatives and the need to support managers in leading and managing their teams to meet the PCT's organisational goals and objectives, requires the right capacity and capability within the HR and training teams. It is clear that a number of key actions will be essential in 2006/07:

- A review of the structure, roles and responsibilities of the HR and training functions in line with the review recommendations;
- Development of an up-to-date HR strategy for the PCT that supports and reflects the PCT's organisational strategy;
- Agreement of key delivery targets for HR and non-clinical training activity;

- Introduction of a 'service level agreement approach' for the delivery of HR and training services to the organisation and other primary care 'clients';
- Development of management information and monitoring processes to enable performance management against those agreements;
- Generation of effective workforce development plans to support organisational and service changes.

The PCT recognises that the quality and reputation of its services is largely dependent on the skills, abilities and attitude of the staff that provide them. It places great value on its employees. The activities planned for 2006/07 will help to ensure that we carry on recruiting, developing and retaining a workforce that is competent, confident and adaptable to the changing nature of both service delivery and the organisation.

*(Lead Director – Paul Steward)*

## Measuring our success

Managing our performance is essential to achieving our local aims and meeting the priorities set for us. There are three main ways in which the performance of the PCT will be measured in 2006/07:

- **Local accountability**

The PCT is accountable for its performance to Darlington residents & patients, partner organisations, the Local Authority's Overview & Scrutiny Committee, and the Darlington PCT Patient & Public Involvement Forum. We are committed to being open and transparent in the way we work with patients, carers and other partners in planning the range, shape and delivery of services. We will do this through working groups that include stakeholders from the early stages and later, when necessary, through formal consultation processes.

- **The Annual Health Check**

In 2005/06, a new process, called the Annual Health Check, was introduced by the Healthcare Commission. This outcomes based process replaces the old "star ratings" system and uses a set of national standards for better health to measure the performance of all NHS organisations in two areas:

- Getting the basics right - assessment of compliance against 24 core standards, existing targets and the use of resources;
- Making and sustaining progress - assessment of performance against new targets and improvement reviews.



The Healthcare Commission will publish their assessment of the PCT's performance for 2005/06 in October 2006. The 2006/07 Annual Health Check is being broadened to focus more on the improvement of services and how services are planned and commissioned.

## ■ Fitness for Purpose Evaluation

The final method for measuring performance in 2006/07 will be the Fitness for Purpose Evaluation. '*Commissioning a Patient Led NHS*' announced changes in the role and responsibilities of PCTs for 2006/07 and beyond. With this in mind, every PCT in the country is to undergo a 'fitness for purpose' evaluation this year. This will have two main components:

- An assessment of performance across a range of indicators, including finance, governance, partnership working, emergency planning, public health and strategic planning;
- A review of capacity for commissioning services that focuses on an evaluation of strategic commissioning, contracting, demand management and audit.

The evaluation is expected to be completed in the summer of 2006.

1 Health Inequalities	2 Smoking	3 Obesity	4 Sexual Health	5 Mental Health	6 Alcohol
<b>National Target:</b>  Reduce health inequalities by 10% by 2010 measured by infant mortality and life expectancy at birth	<b>National Target:</b>  Reduce adult smoking rates from 26% to 21% by 2010	<b>National Target:</b>  Halt the year-on-year rise in obesity among children under 11 by 2010	<b>National Target:</b>  Reduce the under 18 conception rate by 50% by 2010	<b>National Target:</b>  Reduce mortality rates from suicide and undetermined injury by 20% by 2010	<b>National Target:</b>  Build on the commitments within the Alcohol Harm Reduction Strategy
<b>Local Target:</b>  <b>Improve access to services for disadvantaged groups and areas</b>	<b>Local Target:</b>  Smoke-free Darlington	<b>Local Target:</b>  Increasing the no. of portions of fruit & veg eaten by children & young people by 10% by 2008	<b>Local Target:</b>  Reduce the under 18 conception rate by 50% by 2010	<b>Local Target:</b>  NSF Implementation	<b>Local Target:</b>  <b>Combating alcohol- related Crime &amp; Disorder</b>
<b>Relevant Strategies/Plans</b>  PCT RES LPSA	<b>Relevant Strategies/Plans</b>  Smoke-Free NHS	<b>Relevant Strategies/Plans</b>  Obesity Strategy LPSA	<b>Relevant Strategies/Plans</b>  Sexual Health Strategy	<b>Relevant Strategies/Plans</b>  MH Strategy NSF Suicide Audit	<b>Relevant Strategies/Plans</b>  Alcohol Strategy DAT Strategy
<b>Initiatives</b>  Equality and diversity Older People	<b>Initiatives</b>  Smoking cessation Programmes	<b>Initiatives</b>  Healthy Schools 5-a-day programme	<b>Initiatives</b>  <b>Sex and relationship education in schools</b>	<b>Initiatives</b>  Mental Health Promotion Counseling	<b>Initiatives</b>  <b>Alcohol Harm Reduction Strategy 2005-08 produced</b>

A&E	Accident and Emergency Services
ACP	Advanced Care Practitioners
BME	Black & Minority Ethnic
CHIP	Choosing Health Implementation Plan
DBC	Darlington Borough Council
DH	Department of Health
DVT	Deep Vein Thrombosis
EOHC	Emergency Oral Hormonal Contraceptive
GMS	General Medical Services
GP	General Practitioner
GUM	Genito Urinary Medicine
LAOSC	Local Authority Overview and Scrutiny Committee
LDP	Local Development Plan
LTCs	Long Term Conditions
MRSA	Methicillin-Resistant Staphylococcus Aureus
MH	Mental Health
OOH	Out of Hours
NHS	National Health Service
NSF	National Service Framework
PBC	Practice Based Commissioning
PCT	Primary Care Trust
QOF	Quality and Outcomes Framework
SFIs	Standing Financial Instructions
StHA	Strategic Health Authority