

“ The Trust aims to deliver a range of high quality local health services around the clock, as close to the patients home as possible, organised by integrated teams of health and social care staff based within local communities. ”



Annual Report & Summary Accounts

April 2002 — March 2003

Cotswold & Vale 
Primary Care Trust

Your New Health Trust
committed to IMPROVING
accessible health care in your locality



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Chairman & Chief Executive's Report:

This is the first annual report of your new Primary Health Care Trust.

The Trust was established in April 2002 as part of the reorganisation of all health services in Gloucestershire. It draws together the General Practice services, the Community Hospital and the Community Health Services which were formerly provided through predecessor Trusts and primary health care groups (Cotswold Primary Care Group; Stroud & Berkeley Primary Care Group; the community service elements of Severn NHS Trust and East Gloucestershire NHS Trust; and elements of Gloucestershire Health Authority).

Over the page you will see a snapshot of what we do and recognise that our services are your first port of call for almost all of your health care needs.

Our Primary Care Trust and all the others throughout the country were created so that:

- the organising (commissioning) and delivery (providing) of services could come together in one body
- unnecessary overhead costs could be reduced allowing more money to go to patient care services
- barriers between community based services and general practice could be abolished
- new patterns of health care could be created integrating many services
- clinical staff could become more involved in planning and delivering the new services (through, for example, the new Trust Professional Executive which supports and advises the Trust Board)

From the beginning it is intended that the Trust become Your Trust in which local people can have a say, which is openly responsible to them and in which you can take a pride. We have therefore laid down some foundations for this crucial involvement.

Good primary and community health care depends on many things. Some of them are listed below:

- services which are accessible locally
- services which target the special needs of local people
- services which join together health and social care
- services which are well supported by e.g. good communication links
- services which are based on the latest well researched evidence
- services which are always developing their scope and contribution

To achieve this, we both deliver services ourselves (for example, community nursing and community hospitals) and commission (plan and purchase) services, which reflect the needs of our patients, from specialist providers – such as Gloucestershire Hospital Trust (acute services), Gloucestershire Partnership Trust (mental health services) and Gloucestershire Ambulance Trust.

You will see in what follows how we have concentrated on making improvements in these and other areas, with some success.

Most of all, however, good health care depends on the work of committed, well trained staff. We are fortunate in our Trust to be served by over 1700 health care professionals and support staff. Their achievements are evident throughout this report.

The Trust Board wants particularly to thank all the staff who have worked so hard in this first year to adapt to a new organisation whilst maintaining the highest standards of care and professional practice.

With a first year completed we can now look forward to continuing improvements and have developed plans to invest £2 million to make yet more improvements in those areas of access, targeted needs, joined up working, good communications and the best standards of care which we have signalled out as key aims.

This year, the Trust received a 2 (out of 3) star rating in nationally conducted assessments, just missing out on a 3 star rating. We would like to congratulate everyone involved. It is a demonstration of their commitment to care and is a considerable achievement in our first year of existence.

We hope that you enjoy reading this report and can assure you that we are always happy to receive comments that would help us do even better. We would urge you, in particular, to get involved in our patient participation programmes.



Celebrating our first year, from left to right, Chief Executive, Richard James, Chair of Professional Executive Committee, Dr. Stuart Drysdale and Chair of the Primary Care Trust, Elizabeth Law.

Elizabeth Law (Chair)

A handwritten signature in black ink that reads "Elizabeth Law". The signature is written in a cursive style with a large initial 'E' and a long, sweeping underline.

Richard James (Chief Executive)

A handwritten signature in black ink that reads "Richard James". The signature is written in a cursive style with a large initial 'R' and a long, sweeping underline.

Stuart Drysdale (Chair of Professional Executive Committee)

A handwritten signature in black ink that reads "Stuart Drysdale". The signature is written in a cursive style with a large initial 'S' and a long, sweeping underline.

The Trust and its Staff:

We begin with a profile of our Trust. The Trust area stretches from Lechlade to Frampton on Severn, from Chipping Camden to Wotton under Edge. Much of the population lives in the four towns of Cirencester, Stroud, Dursley and Cam. But there are many other smaller towns and scattered rural areas. The Trust shares the same boundaries as the Cotswold District Council, Stroud District Council, Gloucestershire Social Services and Gloucestershire Constabulary.

Key Facts: The Trust

- The Trust serves 192,000 people
- The Trust's area covers 627 square miles
- The Trust employs over 1700 staff
- The Trust spends over £156 million annually on providing and buying health care
- The Trust provides a range of Primary, Community and Hospital Services
- **Primary Health Care services** are usually the first point of contact with the NHS. These include services provided by 123 GPs (Family Doctors) and their teams, based around 33 GP practices (surgeries) in the Trust's area. Community Pharmacists (40), dentists (80) and optometrists (80) also provide primary health care services.
- **Community Health Care Teams** provide a further range of services including district nursing, health visiting, physiotherapy, occupational therapy and podiatry (previously called chiropody), together with community midwifery/maternity services. These services may be provided through GP practices, health centres, local hospitals or in people's own homes. In addition, there are the specialist Sexual Health and Family Planning services.
- **Hospital Services** are centred on the two larger hospitals in Stroud and Cirencester. There are also hospitals at Berkeley, Bourton on the Water, Fairford, Moreton and Stroud Maternity Hospital. The Trust also has a close working relationship with Tetbury Hospital (an Independent Trust).

- The Trust 'buys' on behalf of the people of the Cotswold and Vale area:
 - acute hospital care
 - mental health services
 - services for those with a learning disability
 - ambulance services
- The Trust hosts a range of services county wide, including:
 - children's and maternity services
 - dental services
 - sexual health
 - information for health implementation team

Key Facts: The Staff

The quality of all that we provide depends on the excellent work of our staff.

Of the 1700 staff the Trust employs

- 50% are Nurses and Midwives
- 14% are doctors, dentists, pharmacists, therapists
- 21% are administrative support
- 12% are hotel service staff
- 3% are management staff
- 89% are women: 11% are men
- In 2002-2003 - 272 new people joined the staff
- 3% of the staff are drawn from the non-white populations
- Sickness absence is 4.2% (below the national average of 4.76%)
- 70% of the staff are over 41 years of age
- 34% of the staff are over 51

In addition, the Trust invests in county wide shared services for:

- Procurement
- Information Management & Technology (I M & T)
- Creditor payments payroll
- Human Resources
- Estates

Plus the PCT provides Hotel and Catering Services for West Gloucestershire PCT and the Partnership Trust.



Corporate Governance is the framework, largely of Board and Trust wide committees, through which the Trust exercises and safeguards the highest standards in its decision making, financial management and risk control.

A Primary Care Trust is ultimately the responsibility of the Trust Board. Its members are detailed below. The Board is the publicly accountable body and responsible for all aspects of good governance. Not least it establishes the overall strategic direction for the Trust.

The Cotswold & Vale PCT is clear about its vision for the people of its area.

The Trust aims to deliver a range of high quality local health services around the clock, as close to the patient's home as possible, organised by integrated teams of health and social care staff based within local communities.

It is equally clear that this requires a concentration on a number of strategic areas. They are:

- Improving the health of the local population
- Improving the quantity and quality of local health services
- Developing effective strategic partnerships
- Developing a strong supportive organisational network

The Board established key priorities of the Trust for this past year; they have been clearly focused on the following:

- achieving financial balance
- achieving the national targets for access
- developing a culture of modernisation with specific reference to services for older people
- developing the role and function of locally based facilities, including community hospitals to improve access and make better use of existing capacity
- improving commissioning
- improving patient and public involvement in the shaping of services
- organisational development

Organisationally this will require tight operational management against agreed targets set, combined with a flexible approach to project based change management. The involvement of clinicians and managers working together in the redesign of future systems is crucial.

An essential element of this is the existence and work of the Professional Executive Committee, which, as largely a body of clinicians, provides clinical advice, direction and focus to all that the Trust does. Its membership is listed below.

The Board has put in place a framework of necessary Policies and Procedures which include:

- Standing Orders
- Standing Financial Instructions
- The Reservation and Delegation of Board powers
- A Counter Fraud Policy
- The Codes of Conduct & Accountability

Further there has been established a network of Board and Trust wide Committees which ensures that specific aspects of good governance are safeguarded. They include:

- appointments & remuneration
- audit
- charitable funds
- clinical governance
- policies and procedures
- controls assurance
- health and safety
- strategic training and development

There are lead Directors for both clinical and management issues, e.g. the Director of Planning & Corporate Affairs for Controls Assurance.

The organisation has undertaken a self assessment exercise against the core standards in Controls Assurance. An action Plan has been developed to meet any gaps.



Controls Assurance Statement:

Statement by The Chief Executive

The Board is accountable for internal control. As Accountable Officer and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance Standards: Governance, Financial Management, Risk Management.

A Risk Management Policy and Strategy has been approved by the Professional Executive Committee and the Board.

Internal and external auditors have been appointed and work with the Trust.

Board Meetings are held monthly. All board meetings are conducted in public and there will be an open annual meeting. All board papers are published on the Trust web site. www.cotsvalepct.org.uk. Members of the public are free to attend the meetings, which are usually held at the Trust Headquarters in Cirencester Hospital, but are also held at other locations in the district 3 times a year.

Plans & Responses 2003 -2005

- The Trust Board will oversee the further development of the organisation, particularly at the level of local forums encouraging clinician and management participation
- The Board particularly intends to develop the Trust's capability for its commissioning responsibilities
- The Board will work with other Gloucestershire health bodies in the review and harmonisation of policies and procedures, both inherited and new
- The Board will ensure that an Action plan is developed, approved and implemented following the Controls Assurance assessment
- The Risk Register will be further developed
- Key Performance and Risk Indicators will be established
- The Board will want to improve the integration of our governance arrangements (clinical, corporate, risk and complaints, etc.)
- The Board will encourage further team building and support structure development for itself, its committees and all those responsible for the Trust's control and management. This will include risk awareness training for key staff.

Members of the PCT Board (12)

The Board is the ultimately accountable body and responsible for all aspects of good governance. Not least it establishes the overall strategic direction for the Trust. All board members are selected through a rigorous, open and fair appointment process conforming to national guidance.

Non Executive Members:

Mrs Elizabeth Law (Chair)
 Mrs Sylvia Humphrey (Vice Chair)
 Mr Jonathan Duckworth
 Mr John Harries
 Mr Peter Merson
 Mr David Miller (appt. Jan 2003)

Professional Executive Committee Board Members:

Dr Charles Buckley
 Dr Stuart Drysdale
 Mrs Jackie Smith

Trust Executive Board Members:

Mr Richard James - Chief Executive
 Dr Hendrik Chapel - Director of Public Health
 Mr Robert Knibbs - Director of Finance

Professional Executive Committee (12)

Largely a body of clinicians, it provides clinical advice, direction and focus to all that the Trust does. Its members have specialist areas of interest and expertise which is shown below.

Five General Practitioners

Dr Stuart Drysdale (Chair)

Dr Charles Buckley

Dr Martin Freeman
Dr Julian Tallon
Dr Tony Walsh

Service area lead for:

Primary Care
Access
Chronic Heart Disease
Diabetes
Mental Health
Renal
Out of Area Treatments
Interventions Not Normally Funded
Maternity

Management support

Amanda Fisk
Stuart Sedgwick Taylor
Amanda Fisk
Mike Adamson, Liz West
Mike Adamson
Mike Adamson, Liz West
Robert Knibbs
Amanda Fisk
Alison Melton

Two Nurse Members

Mrs Jan Jepps

Mrs Jackie Smith

Children
Sexual Health
Cancer

Alison Melton
Amanda Fisk
Julie Anne Wales

One Allied Health Professional

Mrs Michelle LeMero (Vice Chair)

Older People

Stuart Sedgwick Taylor

Social Services Representative

Carey Wallin

Three Board Directors

Mr Richard James - Chief Executive
Dr Hendrik Chapel - Director of Public Health
Mr Robert Knibbs - Director of Finance

Audit Committee (5 Non-Executives)

This committee exercises audits across the Trust, specifically its standards of financial stewardship.

Mr John Harries (Chair)

Mr Jonathan Duckworth

Mrs Sylvia Humphrey

Mr Peter Merson

Mr David Miller

Appointments & Remuneration Committee

All Non Executives are members. It appoints the Chief Executive and Executive Directors, determines terms and salaries and considers the performance of the Executive Members of the Trust Board.

Mrs Elizabeth Law (Chair)

Mr John Harries

Mr Jonathan Duckworth

Mrs Sylvia Humphrey

Mr Peter Merson

Mr David Miller

Mr Richard James

Declaration of Interests by members of the Board or PEC.

All Board Members are invited to declare interests where those interests may interact with those of the Trust. The following have declared interests as below:

Peter Merson
Cotswold Water Park Society Limited

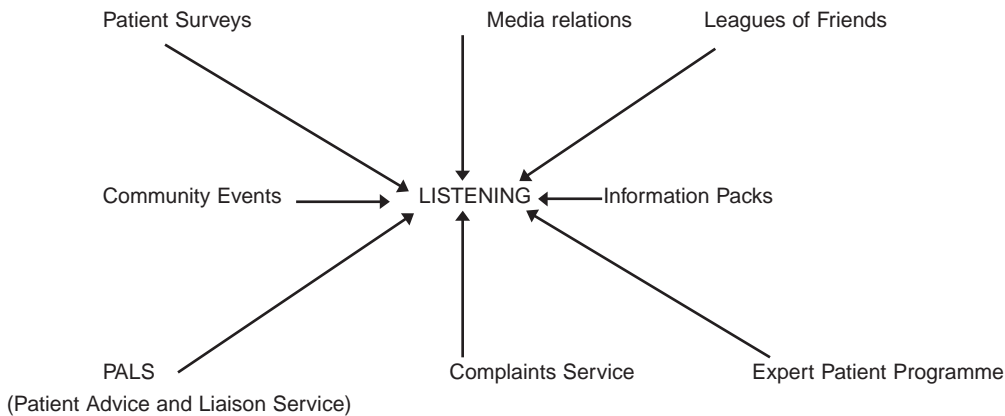
Dr Tony Walsh
Director of Clear Up Ltd

Dr Julian Tallon
Director of CDoc out of hours co-operative (Treasurer)

Improving Public Consultation and Involvement:

The Trust is committed to listening to the views of its local people and to involving them wherever possible in Trust affairs. This includes those who are or have been patients using Trust services, but also the general public expressing its concern on local health issues.

There are a great many strands to this continuous consultation which include.



The following notes describe the progress made in this first year.

The Trust took part in the national patient survey using the nationally designed format. 850 randomly chosen people were asked about their experiences of primary care services. The questions centred on such issues as access to services and waiting times; on the co-ordination of care; on the provision of patient information and choice. The response rate was high with over half of those surveyed completing the survey.

The Trust scored well in such matters as the convenience of GP surgery hours, the ease of getting hold of a GP after hours, and the amount of time that health professionals were able to offer patients. However, there were areas particularly where we need to improve. An example is the usefulness of the Trust's Guide To Local Services.

The Trust values its relationships with the local media and seeks to provide local papers both commercial and voluntary with information about the Trust's activities.

The Trust has purchased a page in the Cotswold District Council newspaper to provide important health messages, encourage public comment and provide information about the Trust.

In March 2003, the Trust held the first of a proposed series of Community Involvement events. This was an opportunity to test out patient information material such as the Patient Prospectus and the "Get Involved" information pack. It was aimed at encouraging local people with time and enthusiasm to become practically involved in the Trust's work.

People attended from most of the PCT area and there was interest from those attending in sharing in the work with older people, the work with those with mental health problems and in some aspects of community care.

The Trust is anxious to hear from any who feel able to offer practical participation in such areas. If you are one of those then please contact the Trust's Assistant Director of Communications and Public Involvement by telephoning or writing to the HQ address shown at the end of this document.

The real experts in living with and conquering any condition of ill health are the patient themselves; those who suffer from, for example, asthma, diabetes, arthritis have much to share with other sufferers from their own experience of managing their condition.

Often the issue is a simple one of sharing information about the resources that are available from the local public services and in the community.

The Trust sponsored in 2002-2003 its Expert Patient Programme, a series of group sessions which are led by patients themselves and in which this sharing can take place.

Again, if you are someone who thinks they might benefit from taking part in such a session, or who believes they have the skills to lead a group, then please contact the Expert Patient Programme Manager based at Stroud Maternity Hospital.

Within Gloucestershire there are two Patient Advice and Liaison Services (PALS). The Acute Hospital PALS was established in January 2002 using Pathfinder money. The Community PALS followed in April 2002, also supported by some Pathfinder monies and funding from the three county PCTs and the Partnership Trust. The Community PALS employs a manager, two advisors and an administrator. Between them they provide a service to the three PCTs (Cheltenham and Tewkesbury, Cotswold and Vale and West Gloucestershire) and the Partnership Trust (Mental Health and Learning Disabilities).

PALS Quarterly Reports are prepared for the PCT Board and include information about the number, type and outcome of enquiries received by PALS; these range from requests for information about local health services to more complicated queries relating to dissatisfaction with specific aspects of an individual's experiences. At its meeting in March the PCT Board approved closer links between PALS, Complaints and Clinical Governance reporting.

During this first year strong links have been established between PALS and Cotswold and Vale PCT. The PALS manager has become a member of the PCT's Patient, Public and Staff Involvement Group and is also now a member of the Countywide Patient and Public Involvement Group. A PALS pilot site is also situated at a local GP practice in Cirencester.

If you wish for advice on any aspect of your local health care provision or wish to be supported in your dealings with any of the Trusts then PALS exists to provide that independent advice or advocacy. It can be contacted at Hesters Way Community Resource Centre, Cassin Drive, Cheltenham, GL51 7SU; Tel: 01242 242156 or 08000 151 548.

The Trust received a total of 82 complaints in 2002-2003, all of which received written responses from the Chief Executive.

The complaints were in the following areas:

Maternity Services -	2
Community Hospitals -	41
Community Services -	22
Service Provision (Commissioning) -	17

The Trust aims to meet the national target of responding to all complaints within 20 days. However, we were not able to meet this target for more than 32% of the cases referred. Furthermore 6 of the complaints have led to requests for an independent review, the resolution of which issues is still ongoing. An analysis of the reasons for this unsatisfactory situation has been made and it has been concluded that:

- the geography and diversity of the new Trust presented initial problems
- there was insufficient central monitoring through the newly established Clinical Governance Team
- there was a need for a dedicated complaints manager
- many of the complaints raised were of an unusually complex nature requiring lengthy investigation

Although the overall number of complaints is still small and does not easily provide information on trends, it is clear that one of the commonest difficulties encountered is poor communication between staff and patients or their relatives. This is not restricted to any one area or profession.

Access to services is a further area where complaints are received. The poor availability of NHS Dentistry is an area of public concern. Similarly, there is sometimes a misunderstanding concerning the level of care available in the Trust's Minor Injuries Units. Another area, which can cause difficulty is in the making or cancellation of Out Patient Appointments.

The Trust recognises that every complaint requires a thorough investigation and response and that the Trust can learn a great deal from this process. All complaints are made anonymous and summarised for consideration by the Board to ensure the organisation learns from them.

Should you need to make a complaint, please contact our newly appointed Complaints Manager based at Berkeley Hospital, Berkeley, Gloucestershire, GL13 9BL. Tel: 01453 562000.

The actions necessary have been planned for the 2003-2004 year.



- the revision & publication of the Trust's Guide to Services
- the further development of the Trust website - www.cotsvalepct.org.uk
- the holding of further Community Involvement events
- the development of the Expert Patient Group Network
- the monitoring and improvement of local access to the PALS service
- the appointment of a dedicated complaints manager
- the development of the role of the Trust Clinical Governance Team
- the Trust will strengthen its internal administrative procedures



Improving Staff Support

In its first year the Trust has given a high priority to developing the support and training frameworks for its staff. We all recognise the difficulties in recruitment of NHS staff, the generally higher age of existing staff, and the special demands which are laid on staff in the provision of modern health care.

Therefore the Trust has undertaken the following initiatives in support of its staff. The Trust provides Occupational Health & Staff Support services. Health and Safety issues are managed locally through a Health & Safety Control Book Holder scheme and co-ordinated centrally through the Trust wide Health & Safety Committee. This committee monitors all health and safety incidents and ensures that a range of training and assessment initiatives are in place.

In May 2002 the Trust, working together with other local NHS bodies, adopted core employment policies for:

- Appraisal
- Attendance Management
- Disciplinary Hearings
- Grievance Hearings
- Managing Diversity
- Recruitment & Selection
- Harassment & Bullying

The Trust is committed to providing universal staff access to the Trust Intranet site.

The Trust is similarly committed to achieving Practice Status in the national NHS Improving Working Lives Initiative.

The Improving Working Lives national initiative aims to help staff strike the right balance between home and work. It sets standards in areas such as Communication, Flexible Working, Benefits & Childcare and Training and Development.

The Trust believes in involving staff at every level of decision making and therefore has developed

- Regular Staff Meetings
- A Bi-Monthly Staff Newsletter ("The View")
- Team Briefings
- An annual Staff Attitude Survey
- Regular Group Meetings of Senior Managers

In March 2003, the Trust conducted its first Staff Attitude Survey. The issues raised will form the basis of an action plan which will contribute towards the Trust gaining its national Practice Status accreditation. The Trust will be externally inspected in 2003 and 2004.

- just over 40% of PCT staff returned their surveys
- the vast majority of staff feel proud to work for the PCT, rate it as a good employer and get satisfaction from the job they do
- 78% of respondents were also generally happy or very happy with the support and encouragement received from line managers
- 87% of respondents, the vast majority, feel the PCT would be flexible with work in the case of an emergency
- 78% of respondents have discussed training needs with their manager within the last two years

Issues raised included -

- appraisals and reviews
- updated Job Descriptions
- diversity awareness training
- communication of decisions made by the Board or Committee

The survey has led to an Attitude Survey Action Plan This will ensure

- all staff have access to the IPR / Appraisal process, including review of job description.
- the Human Resources Dept will run Policy Awareness Sessions
- the exploration of external training provision for Diversity Awareness, report to Board and plan a roll out programme.
- Staff Support Service information is publicised to line managers and cascaded through to staff.
- the completion of an internal review of PCT training provision to inform development of PCT Lifelong Learning Strategy and Action Plan
- the issuing of a questionnaire to establish staff childcare needs, derive action plan from results

The Trust attaches a great importance to Staff Training & Development and can report that some staff were given the opportunity to take part in the multi-disciplinary Leading and Empowering Organisations Programme. A start was made on a Trustwide Training Needs Analysis and a Strategic Training & Development Forum has been established.

The Trust is committed to providing equal opportunities for all of its staff particularly those from overseas or from ethnic minority groupings. Hence the Trust has developed a race equality scheme which will ensure that all staff receive training in diversity, ethnicity, gender and disability issues. This training will be offered through internet technology and will provide clear understandings of the key messages and behaviours that the Trust wishes to foster.

The Trust has committed itself to gaining the Two Ticks Accreditation which means that the Employment Service will recognise that we meet commitments on the employment, retention, training and career development of employees with a disability.

Plans & Responses 2003-2005

* The creation & adoption of staff policies for:

Maternity Leave
Parental Leave
Paternity Leave
Adoption Leave
Annual Leave
Special Leave
Balancing Work & Personal Life
FlexiTime
Time Off in Lieu

* The creation & implementation of an action plan for furthering the Trust's bid for Practice Status under the Implementing Working Lives initiative

* The completion of a targeted programme of staff training in equal opportunities

* The achievement of two Ticks Accreditation (employees with a disability)

* The development of a Life Long Learning Strategy for the Trust

* The development of a Trust wide strategic and action plan programme on staff training based on the results of the needs analysis



Improving Service Provision

The Trust is fortunate in its network of Community Hospitals. [At Berkeley, Bourton, Cirencester, Fairford, Moreton, Stroud] We consider them vital elements in health care provision. Together they provide 257 beds, of which 131 are dedicated to supporting older people. They provide local access to services, often a more than satisfactory alternative to District Hospital Care, and a vital role, particularly in the Care of the Elderly.

Significant progress has been made within the county on reductions to the numbers of patients who are "delayed transfers of care" in hospitals. A "delayed transfer of care" is a patient who is medically fit to leave hospital but whose discharge is delayed due to lack of availability of the appropriate care service. At the year end, the county had met its target.

The Community Hospitals are dedicated to a continuous programme of improvements in both facilities and the range and depth of services offered.

The new Out Patients department at Berkeley is in use and a fundraising effort led by the Berkeley League of Friends will enable the provision of new bathroom and shower room facilities. The community hospitals work constantly with their local communities and the organisations within them and we were grateful to the Gloucestershire Arthritic Trust for the gift of new electric beds at both Moreton and Bourton hospitals.

As at Berkeley, the Stroud League of Friends has been active and has provided a range of new equipment including an ophthalmic machine to measure the strength of cataract lens implants, new electric beds and a laser for the treatment of diabetic retinopathy.

The Trust is very grateful to all our Leagues of Friends who provide such generous support to all our Community Hospitals.

A key to the future of the hospitals is the extension of the treatments offered. The Trust began a programme of introducing Extended Scope Practitioners (physiotherapy) into its hospital orthopaedic out patient clinics. These senior physiotherapists can receive referrals from GPs; the practitioners can assess and can order investigations with follow up treatment often without onward referral to a consultant. The scheme has resulted in a significant fall in waiting times. It is a scheme which can also be rolled out into General Practices in 2004-2005.

The hospitals provide Minor Injuries Units which can provide first aid and some GP cover. Over 37,000 people attended the units for a first appointment in 2002-2003. There is a high degree of local support for the local units. The most recent report on the units throughout the County (May 2003) concludes "The Minor Injuries Units make a major contribution to the delivery of emergency and 'unscheduled' work...that could not easily be absorbed by other providers". At Cirencester, with Stroud to follow, the Trust has developed Emergency Nurse Practitioners who, using greater autonomy, can extend emergency care offered to patients.

Stroud and Cirencester hospitals have 24 hour casualty units and Cirencester also offers round the clock medical and x-ray facilities. Patients who have to be in Cheltenham or Gloucester Royal Hospital can ask ward staff when they can be moved back to their local hospital. For many, there will be a choice of two or three community hospitals close to home. Two Surgical Nurse Practitioners have been in post since October 2002 and are now based on Beeches Ward, Cirencester Hospital. They provide an enhanced pre-admission service to routine surgical patients, which now covers all specialties and all Consultants operating at Cirencester Hospital. The SNPs have increased their extended practice to encompass consent taking for surgical patients and are developing clinical examination skills.

September 2003 sees the commencement of a 'one-stop' pre-admission service in which patients deemed to require an operation at their Outpatients Appointment will immediately be pre-assessed and a date for surgery given.

The nurse-led DVT (Deep Vein Thrombosis) Service at Cirencester Hospital was introduced in September 2002 in order to accelerate the assessment and diagnosis of patients with suspected DVT by giving them rapid access to focused and specialist expertise and diagnostics, whilst also keeping the patient at home. Traditionally patients with suspected DVT have been admitted to a hospital bed for several days until diagnosis confirmed. GPs have 24 hour access to the new service and are required to complete a simple referral form enabling same day/next working day compression ultrasound scan at Cheltenham General Hospital, to obtain a diagnosis as quickly as possible.

The service was audited after 3 months in order to obtain a perspective on service quality and user satisfaction, to ascertain whether the service standards and targets were being met and consequently to identify areas of service requiring improvement.

The response rate was good and results were particularly encouraging being generally positive and indicating in most cases that both GPs and patients found the service to be efficient and effective. A number of respondents did, however, express a desire to see a DVT Service permanently established at Cirencester Hospital to include facilities for scanning, ruling out the need for long and sometimes difficult journeys to Cheltenham.

The PCT funded an additional Consultant Geriatrician at Cirencester Hospital, ensuring a five day a week service.

A senior manager was appointed to take the lead on developing a strategy and services for Older People. A review of progress being made against the NSF targets and milestones was undertaken and the outcomes informed the older peoples work programme for the year.



The PCT appointed an Intermediate-Care Co-ordinator who made progress with mapping and evaluating our intermediate care services and agreeing our joint budget for services with social services. A project to establish intermediate care beds in sheltered housing flats got underway working with Hanover Housing Association and Stroud District Council. This is a 2 year project that will complete by March 2004.

The flats at St Peter's Court in Cirencester were visited by Professor Ian Philp, National Clinical Lead for the Older Peoples NSF, as part of his nationwide tour in January. Professor Philp went on to attend the Gloucestershire Older Peoples Champions Launch event.

A PCT Older Peoples Strategy Group was established to oversee the delivery of the NSF and set the PCTs Older Peoples strategy. This is chaired by the PCTs clinical lead for Older People's Services, Michele Le Mero, who is also a PEC member. Sub-groups to the strategy group were established for Intermediate Care, Falls Prevention, Mental Health and Promotion of health and active life. The role of these groups has been to undertake a baseline assessment and develop service plans in conjunction with our health and social care partners.

The PCT has one of 8 national pilot status awards with the National Osteoporosis Society to improve the management of osteoporosis and reduce fractures on falling in primary care. We entered the final year of a 3 year pilot during 2002/2003. 13 practices in Stroud and Berkeley Vale localities have received the support of a Specialist Nurse to help identify patients at risk of fracture and with osteoporosis. These patients were invited to clinics and given appropriate lifestyle advice and treatment. Practices who joined this work in the early phase are seeing a reduction in the number of their patients sustaining minimal trauma fractures.

Funding was secured to appoint two Continuing Health Care Nurses on a permanent basis.

These nurses are responsible for assessing patients for continuing health care placements and equipment. They have established a system of reviewing these patients to ensure they have the most appropriate equipment and placement for their needs at the time and that are most cost effective for the PCT.

A Children's Planning Group has been established for the County. A strategic framework has been agreed and each PCT will now need to consider their own population needs and develop plans accordingly for the next 5 years.

There are currently staffing pressures in acute service provision for children which requires immediate action. A risk assessment is being carried out which will result in proposals on how to address these issues.

The Child Protection Nurse Consultant is now in post and has started to make the necessary cross county linkages.

Cotswold and Vale PCT are leading on the planning processes for reviewing of acute paediatric care and maternity services.

The Trust is also leading a consultation on needs and services in these areas. 'Get involved in Gloucestershire' is leading the way in planning children's services for this Trust and the County.

The first meeting of the county planning group for Maternity Services has taken place. The role, membership and terms of reference have been agreed. The main task for the group will be to develop a longer term strategy for maternity services. Work to implement the relevant patient directions is underway. The Trust board has agreed an approach to developing strategic change in these services.

Sexual Health and Family Planning Services are a vital part of local health care provision. The Department of Health has recently published a Commissioning Toolkit and a Sexual Health Promotion Toolkit to inform local action.

A Countywide Strategic Planning Group has been established and meets regularly. Four service planning groups (Genito-Urinary Medicine, HIV, Termination Services, Contraceptive Services) have been set up with terms of reference, to meet over the summer of 2003 to develop service plans which reflect the national policy direction and local need, and to agree priorities for future investment. The process for agreeing whole service priorities is now established and will feed into the 2003/04 planning round in the autumn.

Teenage pregnancy is a significant county wide problem and it is good to report that funding has been received and training planned for summer 2003 for community pharmacists. Practice nurses are to be trained to provide Emergency Hormonal Contraception to under 25's.

Actions to reduce teenage pregnancy have included a study day on emergency contraception and ongoing support for information services specially tailored to serve the needs of young people at Cirencester, Fairford and Stow-on-the-Wold.

A Youth and Community Service Sexual Health Co-ordinator has taken on the responsibility for launching a countywide 'badging' scheme which will identify young people-friendly health related services. Criteria for this have been agreed regionally, and are based on national best practice guidance. The scheme will work on a self-assessment basis against the criteria, with applications approved by the Gloucestershire Teenage Pregnancy Partnership Board.

The provision of young people specific services has extended in the PCT area, both practice and school based.

A School Nurse has been seconded to the Local Education Authority to develop the role of the school nurse as a support for Sexual Relationship Education policy and practice in schools.

A Boys and Young Men (Sexual Health Promotion) Project Officer has established a Boys & Young Men Network and website for those who work with this target group, in partnership with the North Cotswolds Youth & Community Team Leader and a three year action plan has been agreed. The Network is providing regular training for the Local Educational Authority and other statutory, voluntary and community organisations and is extending its activity into support for young fathers.

It is good to report the increased partnership working between primary care and Youth & Community Service.

A working group was successful in raising the awareness of key staff working with young people of available sexual health services and how to access them. This will continue in 2003/4.

A priority for the PCT is the provision of NHS Dentistry. Currently, only 28% of people in the Gloucestershire area are receiving care from an NHS dentist. The national average is 45%. Local dentists have signed up to a government scheme which will look at new ways of improving access to free treatment.

The Gloucestershire Local Dental Committee has asked to be part of a project by the NHS Modernisation Agency, which is set to look at how the problem can be solved.

Personal Dental Services and Community Dental Services staff were incorporated into the PCT at the beginning of 2002. The Personal Dental Services are sufficiently resourced to meet patient demands but there remain difficulties in recruiting dental staff. Service Level Agreements for these two services are to be drawn up in 2003/04.

Transport is an issue for many people living in the Cotswolds. There has been a successful bid made to the Department of Transport for a pilot scheme, which enables provision of integrated transport services from South Cotswold Voluntary Service and Gloucestershire Ambulance Trust. Practitioners (including doctors, dentists and midwives) in the pilot will have access to a single telephone number which means that they can more easily organise transport to all health related appointments for patients requiring it. It will result in fewer total journeys and more people being transported per vehicle journey. If successful, the scheme will be rolled out across the North Cotswolds followed by the rest of the county.

Road casualties are relatively high in the Cotswolds and the SAGE programme, which enables older drivers to have their driving assessed, continues to be popular. Local support is provided for the county Safety Camera Partnership, which aims to reduce casualties due to excess speed.

There is a high rate of hospital admissions for leg and hip fractures, even after allowing for the greater proportion of elderly people in the district. Actions to prevent falls include developing physical activity programmes for older people. The Older and Bolder scheme and Peer Mentoring project are good examples of this activity.

The PCT area was included in a county wide trial to establish the acceptability of hip protectors. This trial was funded by the Department for Trade and Industry via RoSPA.

Flyers have been issued to primary care teams to raise their awareness of a Gloucestershire Home Safety Check Scheme.

Physical activity is also important for Coronary Heart Disease (CHD) prevention and mental well being. Actions include the continued operation of exercise referral schemes in Cirencester, Chipping Campden, Bourton-on-the-Water, Moreton-in-Marsh and Stow-on-the-Wold.

Programmes of walks operate in the Cotswolds and the 'Strolling in Gloucestershire' walking festival was well supported locally.

Physical and Mental Isolation is a significant problem in many areas and an action plan for 2002 onwards included the development of a gardening scheme that would provide a holistic service to people in vulnerable and isolated situations, using volunteers. The programme is intended to tackle the issues of social inclusion, physical activity, fear of crime and crisis prevention. The aim is to provide a means of regular contact with socially isolated older people.

Gardening was selected as suitable to address first because an overgrown garden is an invitation to burglars. In addition, working in the garden is less intrusive than working inside the home and it means fairly regular contact for the older person.

Community nurses report that the scheme is saving them significant time by dealing with cases of social rather than clinical, need.

Some improvements are being sought in the implementation and monitoring of the programme in order to establish its' cost effectiveness.

Smoking remains a well attested danger to health and as part of tobacco control work, a guide to smoke free eating places has been produced and distributed in co-operation with the district council.

These notes are, of course, only examples of the many improvements that have taken place throughout the Trust's services. They have all, however, been directed towards the Trust's central aims of

- Improving Health
- Improving Health Services
- Providing Local Care 24 hours a day, 7 days a week



Improving Service Quality

Although many, if not all, of the measures recorded in this annual report impact on the quality of the services the Trust offers, there is a special framework of Clinical Governance which co-ordinates and strengthens the whole. Clinical Governance therefore encompasses such issues as Audit & Standard Setting, Adverse Events and Clinical Incident reporting, and staff Continuing Professional Development. It is clearly influenced by the lessons learnt from Complaints. It also depends to a great degree on the support structures on which staff (particularly those out in the community) depend.

The Trust has established a Clinical Governance Committee which meets quarterly and reports directly to the Professional Executive Committee and Board. The Clinical Governance Committee sets the overall Clinical Governance strategy for the PCT and hosted services. It monitors performance, agrees priorities, shares experience and receives reports from locality and community hospital sub-groups. These arrangements help to ensure that all key groups within the PCT are kept involved and fully informed.

Within the PCT, the person who leads Clinical Governance is a member of both the Professional Executive Committee and Board. There are also 2 Clinical Governance Managers and the Director of Nursing heads the Directorate of Nursing, Children's Services & Quality.

The Clinical Governance Development Plan was updated during the year and recently approved by the PEC and Board, prior to its submission to the Strategic Health Authority. The development plan shows actions needed to improve and assure the quality of clinical services. The PCT has been designated lead within Gloucestershire for clinical research management and governance.

The Clinical Governance Annual Report has been submitted to the Strategic Health Authority after being approved by the PEC and Board.

Developments have included:

- the completion of a diabetes audit for patients over 75 years
- the issue of a Mental Health Toolkit to all practices, supported by the work of a Mental Health Co-ordinator
- the collaborative monthly reporting by practices of Coronary Heart Disease prevention data
- the appointment of a lead clinician for cancer care
- the institution of a programme for GP appraisal
- the approval of an Adverse Events Policy
- the achievement by the Maternity Service of level 1 compliance with national (CNST) Clinical Negligence Scheme for Trusts standards

- practice leads for child protection identified
- practices involved in the Gold Standard Framework for Palliative Care
- each GP Practice has an identified lead person for child protection
- teenage sexual health services have been established throughout the PCT, both Practice and school based.
- the Indigo Project in Cirencester improving access to services for young people
- the Staywell Project in a Cirencester Practice providing assessment, monitoring and support for Older People

The Cotswold and Vale PCT Chief Executive leads for the county in the development of a strategic approach to Information Management & Technology. This is a crucial area of work as IM&T will play a critical enabling role in allowing patient records to be transferred electronically through the health system and directly impact on the quality of patient care.

The Trust's arrangements meet the necessary national standards as recorded in HSC 1999/065 and later guidance.

Plans & Responses 2003 -2005

- * The Trust will complete its Clinical Effectiveness Strategy
- * An Action Plan will be created and implemented based on the Clinical Effectiveness Strategy
- * Training programmes will be provided for GP practice staff in support of weight reduction and smoking cessation
- * The Gold Standard Framework for Palliative Care will be introduced across the PCT
- * The implementation of plans to make available and implement National Institute for Clinical Excellence (NICE) guidelines
- * A manager to lead countywide research management and governance will be appointed



Improving Performance

Good progress has been made against targets since 1st April 2002. This performance must be seen in the context of a new organisation, which has had to maintain the normal range of services in addition to developing plans for the future.

Performance Summary on Key Priorities

Access –

The Trust is very fortunate to work with the successful 3 star rated Gloucestershire Hospitals Trust, which continues to perform well on both in-patient and out-patient activity.

Important modernisation work within the Trust has been taking place on discharge, transfer and admission care pathways for older people which will lead to significant capacity improvements for acute services together with improvements in patient care and the promotion of independence.

Targets for 9 month inpatient/day-case and 21 week outpatient appointments have both been achieved.

No patient waits over 13 weeks for an outpatient consultant appointment or for more than 9 months for in patient or day case treatment. These are steps on the way to achieving the NHS Plan target of no patients having to wait longer than 6 months for inpatient treatment by 2005 and no patients having to wait longer than 3 months for a routine outpatient appointment by 2005.

Access to GP services has also improved with 90% of patients accessing a GP within 48 hours and 97% a primary care professional within 24 hours.

The longest wait to see a GP was 3 working days. The longest wait to see a health care professional was 4 days. All practices could ensure that a patient was seen on the same day in an urgent case.

Plans & Responses 2003 -2005

The Trust will plan to implement the national targets for access within the recommended timescales.

Commissioning

More than half of the Trust's budget of £156 million is spent by the Trust on buying services for the local population. Predominantly, these services are provided locally by the Gloucestershire Acute Hospitals Trust (in patient and outpatient services) and by the Gloucestershire Partnership Trust (services for those with mental ill health or a learning disability.)

Good cross county relationships have been developed in the year.

As with the "buying" of all health services the Trust recognises its need to be much clearer about:

- the units of work on which to contract
- a clear sense of the roles of purchaser and provider
- within a county context a clarity about when to commission collectively and when to do it as individual organisations
- better developing what lead commissioning responsibilities actually mean

Outline pricing structures have been agreed, but all pricing of services is complex especially in respect of the relationship between Community and General Hospital services. This complexity continues to confuse the exact financial starting position of the Trust.

The Trust intends to use the following guiding principles for commissioning, aimed at modernising health services for local people.

Commission services based on identified need and wherever possible using a robust clinical evidence and cost effective base

Provide clear pathways for patients of diagnosis, treatment, rehabilitation and care across and between services

Involve patients; the public and staff where significant decisions are involved

Ensure any developments fit with national plans and the Trust's strategic direction

Develop proposals in collaboration with health and social care providers (such as GP Practices; hospitals, social services or specialist centres)

Ensure value for money

Review the total costs and current effectiveness of a service rather than only looking at the additional new investment that may be available

Ensure the commissioning plans form part of the Service Level Agreement with service providers

Plans & Responses 2003 -2005

- * The mapping of information flows and risk areas
- * The firming up of the pricing structure
- * The disentangling of Community and Acute Costs
- * The strengthening of the needs based approach

Emergencies

The Trust has been working with County colleagues to manage all emergency admissions. County groups have been established. These groups meet regularly and are charged with delivering the three year access plans for the County. They are also working on many initiatives designed to restrict the pressures on the Acute Hospital.

The Trust is also actively engaged in reducing emergency demand within the system. Initiatives include Ambulance "treat and leave" and establishing consistency in A & E and Minor Injury Units so that patients can be treated in these units rather than taken to the DGH.

For many older people, admission to a community hospital may be more appropriate than a District General Hospital.

Cotswold and Vale patients predominantly use their own local emergency facilities, but, nevertheless, around 10,000 Cotswold and Vale patients attend A&E in Gloucester and Cheltenham out of 100,000 attendances in all.

Capacity

One of the Trust's highest priorities is to increase the range and depth of services available to support people in their own homes. Therefore the Trust has encouraged the efforts of its managers, public health department and general practitioners to work with Local Forums to fulfil this aim. A Primary Care Development Scheme has been initiated (linked to the achievement of local prescribing budgets) which will make funds available for local GP practices to increase the community support they can offer to patients.

The Trust worked actively and with significant success during the course of the year to increase transfers of patients from the DGH to community hospitals. The overall rate of transfers rose by 40%. This increased bed capacity in the DGH. The challenge is now to work with the DGH to avoid the released capacity being absorbed by patients staying longer and to reduce admissions.

Significant progress has been made within the county and the PCT on reductions to the numbers of patients who are delayed transfers of care. At the year end, the county met its target for Delayed Discharges. However, there remains a significant problem in our Community Hospitals with an average of 45 beds occupied by patients who are Delayed Transfers of Care (people who are fit enough for discharge from medical care but there is nowhere suitable for them to be discharged to).

Further work is in place to review the provision of out patient services provided within PCT settings.

The development of a one stop centre has been delayed and is being integrated into the review of community hospitals. It is likely that such a centre will be located initially within the Cirencester area.

Community Hospital beds have been much more active with bed occupancy much higher. There is still more work to be done to reduce length of stay in the community hospitals.

Prescribing

Prescribing spend and growth rate remained relatively high during 2002/3, although the successful implementation of prescribing management action plans helped to minimise this increase. The majority of the growth was driven by NSF (and NICE guidance related prescribing cost pressures resulting in further improvements in the quality of prescribing across the PCT. Thus, containing the quality driven growth in prescribing spend to within affordable levels remains a key challenge the PCT and its prescribers, in addition to continuing to pursue further efficiency savings. Having learnt from the experience of under investment in the prescribing budget in 02/03, the PCT has invested an additional £4.5m in the 03/04 prescribing budget. This makes the target of containing prescribing spend to within budget an achievable reality in 03/04, if prescribing cost savings action plans are successfully implemented and the growth rate contained as a result.

Plans & Responses 2003 -2005

- the creation of a plan further to divert DGH admissions, where clinically appropriate
- the completion of the community hospital review and the creation of an action plan for the increase of locally based out patient facilities and one stop centres
- the achievement of consistency within the Trust's Minor Injury Units
- the creation of measures to control the prescribing budget
- formulation of a PCT Prescribing Cost Savings Action Plan as part of the PCT Prescribing and Medicines Management Strategy 03/ 04. Individual prescribing action plans have also been developed for each practice
- the delivery of the Trust's contribution to the countywide 3 year emergency access plan

Judged as a whole the Trust achieved 2 Stars in the national Performance Indicator ratings, narrowly missing out on the highest rating of 3 stars. This is an excellent start for a new organisation in the early stages of its development, but equally leaves room for improvement, particularly in the areas of complaint management, prescribing and public involvement where current performance is less strong.

Improving Partnership Working

Local Strategic Partnerships

Under guidance from the former Department of Environment, Transport and the Regions, the Trust is committed to developing Local Strategic Partnerships in order to promote the economic, social and environmental well-being of the area.

Gloucestershire has a two tier Local Authority system, and Local Strategic Partnerships (LSPs) have been set up at County and District level. This means that Cotswold & Vale PCT has relationships with 3 Partnerships and the subgroups for Gloucestershire, Cotswold and Stroud.

Representation on the Local Strategic Partnership is through the Chief Executive of Cheltenham & Tewkesbury PCT and the Chairs of the individual PCTs.

The Gloucestershire Strategic Partnership has established 7 sub-groups covering the following themes:

- Thriving economy
- Lifelong learning
- Community Safety
- Living life to the full
- Heritage, Culture and Local Environment
- Access and inclusion
- Sustainable development

Living life to the full is supported by the Gloucestershire Healthy Living Partnership (GHLP) which is sponsored by the NHS. Cotswold & Vale PCT is represented by the Director of Public Health. Cotswold and Stroud are also represented by the District Councils and the voluntary sector.

Stroud and Cotswold Strategic Partnerships

The LSPs in Stroud (SSP) and Cotswold (CSP) are still in 'shadow form' and are run and chaired by the respective District Councils. The Trust is represented on both by the Chief Executive and Director of Public Health.

The partnership has inherited the Health Improvement Plan 2002 – 05 for the Stroud area, published during 2002, which initiated programmes to reduce teenage pregnancies, to reduce falls in the elderly and to help people stop smoking.

The inherited Locality Planning Team proposals have been influential in the development of a number of projects including the establishment of a women's refuge in Cirencester, a needle exchange programme, the Indigo project (young people's health), the development of accommodation for people suffering from mental health problems and the development of a patient transport project. The future action programme includes the Churn Project (Community Development project in the Watermoor area), the promotion of active lifestyles and the promotion of Independent Living.

The most recent project is 'people for you' in the Cam and Dursley area. This is a social inclusion project for older people, to support them to remain independent and stay in their own home.

Working with Social Services

The Trust welcomes the fact that appointments have been made to two joint posts (health & social services) of Assistant Director.

A key focus for the posts in working with the health and social care operational teams is to look at ways to extend provision of domiciliary care in each locality and to build on the areas of pooled resources. Currently there are plans to have pooled resources from 1 April 2003 for equipment and there are already joint leadership and working arrangements for Occupational Therapy.

All the PCT's in Gloucestershire will have joint posts working at a strategic and operational level across health and social services which will strengthen the move to further joint and pooling of resources.

Social Services have recently agreed the funding of a project manager to support the PCT Local Development Plan as it impacts upon social care.

Improving The Future

The culmination of the Trust's first year of work is to be found in its Five Year Health & Commissioning Strategy and in its Local Development Plan.

The Strategy and Development Plan take into account the national health improvement agenda (Our Healthier Nation) and the many changes proposed in The NHS plan itself, together with the National Service Frameworks (for Cancer; Coronary Heart Disease; Older People; Mental Health and most recently Diabetes). It also builds on the local analysis of health need which recognises amongst other things that:

- the area has a higher proportion of older people than average
- there are pockets of deprivation in Cirencester, Dursley and Stonehouse
- the main causes of death - heart disease and cancers, are in line with those for the country as whole, and are likely to be key priority areas for the PCT
- in this largely rural area improving access to services is a major challenge
- the PCT has higher than average mortality and hospital admission rates for accidents, including road traffic accidents, accidents at home and falls
- hospital admission rates for hip fractures and hip replacements in the Cotswold District are also well above national averages
- breast cancer registration rates and mortality rates in Cotswold are higher than the national average.

Building on this the Trust has set a series of strategic objectives for the next 5 years which include:

- **Improving local health**, through preventative care, particularly focusing on:
 - care needs of an ageing population
 - coronary heart disease
 - avoidable accidents, with a focus on the elderly and children
 - teenage pregnancy
 - cancer
- **Improving health services**, particularly focusing on:
 - improving access to health services, across the range of services provided
 - expanding capacity, by increasing and also maximising the use of theatre, in-patient, day and out-patient facilities through the development of new models of care (primarily in community settings)
 - establishing rural access schemes; and expanding intermediate, and home care provision
 - improving service quality and information to provide building blocks for robust clinical and service decision-making which will improve services for patients and their families
 - developing and supporting the workforce to deliver service modernisation
 - developing effective partnerships with patients and the public, empowering them to become involved in decision-making and service delivery; supporting the exercise of patient choice

- developing new technology to support booked appointments and electronic patient records
- ensuring that Trust Localities and Staff are actively involved in both the day to day and longer term development of services
- developing partnership working with Social Services, moving firstly to integrate services and improve care for older people as a pre-cursor to consideration of Care Trust development
- developing partnership working with Cotswold & Stroud District Councils, particularly on local health issues, public health issues and the care of older people within the local community
- developing partnership working with other health and social care partners, in the statutory, voluntary and private sectors in order to ensure value for money, expand patient choice and promote diversity

These recognitions have led to a Modernisation Plan which will:

- concentrate on reducing inappropriate admissions to acute and community hospitals from 10% to 5% using the "right time, right place" philosophy (a Gloucestershire research project identified that 10% of admissions and 30% of bed days were inappropriate)
- providing increased and more local access by managing elective demand
- making more effective use of its own community in-patient; day and out-patient facilities
- making more effective use of local GP specialists and nurse and therapy triage.

At the same time the Trust also intends to continue to reduce the length of stay in both acute and community hospitals, particularly for older people. A reduction in acute length of stay associated with an intensive programme of work started by the Trust in 2002/3 has already been evidenced.

The Trust aims to significantly reduce the numbers of delayed transfers of care, which currently create blockages within its community hospitals.

A 24 hour, 7 day a week integrated community service will be developed to support patients at home. This will provide the infrastructure to support the early discharge of patients into the community, support older people in their own homes and prevent unnecessary admissions.

The Trust also wishes to modernise mental health services for older people which will form part of this integrated community model of care. This will aim to increase the number of older people with mental health problems cared for in their own homes, rather than in hospital.

Underpinned with all the improvements that have taken place and are planned to take place as reported in the sections of this Report above, the Trust believes that it has a clear vision and set of proposals for the future which will truly

IMPROVE HEALTH AND HEALTH CARE IN YOUR LOCALITY.

Improving Financial Management

The PCT has set up comprehensive reporting arrangements and despite the early problems arising from the new ledger system these have been in place for the majority of the year.

Standing Financial Instructions were in place at the beginning of the year and a comprehensive finance manual outlining procedures to operational managers is now near completion.

Internal and External Audit arrangements have worked well and, to date, no items of significance have been raised. All major operational units within the PCT have been subject to internal audit, as have the shared financial services.

Throughout the year we have been working with in county organisations to establish accurate budgets following the organisational change in April 2002 and the resultant dis-aggregation of finances. This work has been comprehensively worked through and is now complete.

The Trust has faced a very difficult financial climate, inheriting a £4.5m deficit in 2003/4.

In order, however, to provide a firm financial foundation for the future the Trust has a financial recovery plan, aiming to eradicate the deficit by April 2005.

The Trust does not underestimate the challenge of this task and is actively working within the whole county wide health community to resolve these pressing issues.

If the Trust is successful in changing services, drawing more activity back into the community and restricting use of the acute sector, funding for service development does become available in future years.

The Trust is setting up a Locality Development Scheme, which will encourage local practices to limit prescribing expenditure, restrict inappropriate access to the acute sector and deliver National Service Framework targets.

The Trust is committed to driving out inefficiencies within its own services and will set itself a 2% efficiency target for the next three years, 1% of which will be Cash Releasing.

Providing the Trust's strategy to redirect services is achieved and the difficulties of the first year overcome, then significant resources will become available in subsequent years to meet the required national and local targets.

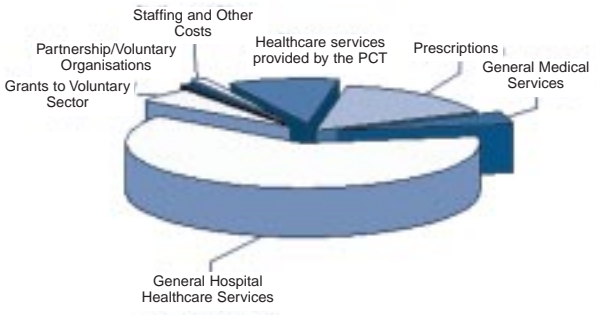
The Trust will review the financial position in detail mid 2003, and a further service and financial plan will be produced by autumn 2003. This will confirm the detailed timetable relating to any further financial improvements required.

Plans & Responses 2003 -2005

- * to deliver the financial recovery plan
- * to establish recurrent balanced budgets
- * to resolve recurrent deficits
- * to deliver the CRES programme
- * to release substantial investment monies

Last year's expenditure

We are committed to getting the most out of every pound we spend on your behalf. This pie chart shows how we spent our total allocated budget of £160million to secure and provide healthcare services for the population of Cotswold and Vale.



KEY

Prescriptions	£25.0 million
General Medical Services such as payments to GPs	£7.0 million
General Hospital Healthcare Services such as payments to NHS Trusts for services such as operations, consultant outpatient appointments, mental health and learning disability care	£99.5 million
Grants to voluntary sector, such as payments to non-NHS hospices and Charitable trusts	£8.5 million
Partnership/ Voluntary Organisations	£2.0 million
Staffing and Other Costs	£2.5 million
Healthcare services provided by the PCT through community hospitals and other services such as district nursing	£15.5 million

Figures rounded up to nearest £0.5 million

Financial Statements

INDEPENDENT AUDITORS' REPORT TO DIRECTORS OF COTSWOLD & VALE PRIMARY CARE TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out below.

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

Respective Responsibilities of Directors and Auditors

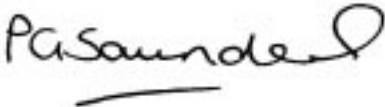
The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications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

Basis of opinion

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

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the PCT for the year ended 31 March 2003 on which we have issued an unqualified opinion.

Signature 

Date 4 September 2003

Name PETER SAUNDERS CPFA

Address Audit Manager
Audit Commission
Westward House
Lime Kiln Close
Stoke Gifford
Bristol BS32 8SU

Cotswold & Vale Primary Care Trust - Annual Accounts 2002/03

The Summary Financial Statements for Cotswold & Vale Primary Care Trust shown below are merely a summary of the information in the full accounts which are available on demand. Please contact the Director of Finance at Cotswold and Vale PCT.

OPERATING COST STATEMENT FOR THE YEAR ENDED 31 March 2003

			2001/02
	NOTE	£000	£000
Commissioning			
Gross Operating Costs	3	139,365	0
Less: Miscellaneous Income	2	(1,723)	0
Commissioner Net Operating Costs		137,642	0
Providing			
Gross Operating Costs	3	41,911	0
Less: miscellaneous income	2	(19,410)	0
Provider Net Operating Costs		22,501	0
Net Operating cost for the Financial Year		160,143	0

STATEMENT OF RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2003

		2001/02
	£000	£000
Unrealised surplus (deficit) on fixed asset revaluations/indexation	5,008	0
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	56	0
Reduction in the donated asset reserve and government grant reserve due to depreciation, impairment (loss of economic benefits), and/or disposal of donated and government grant financed assets	0	(116)
Gains and losses recognised in the financial year	4,948	0

Cotswold & Vale Primary Care Trust - Annual Accounts 2002/03

**BALANCE SHEET AS AT
31 March 2003**

Balances				Opening
	NOTE	£000	£000	£000
FIXED ASSETS				
Intangible assets	8	0		0
Tangible assets	9	36,536		31,843
			36,536	31,843
CURRENT ASSETS				
Stocks and work in progress	10	11		10
Debtors	11	6,799		1,347
Cash at bank and in hand		41		140
TOTAL CURRENT ASSETS			6,851	1,497
CREDITORS : Amounts falling due within one year	12		(15,633)	(7,379)
NET CURRENT ASSETS / (LIABILITIES)			(8,782)	(5,882)
TOTAL ASSETS LESS CURRENT LIABILITIES			27,754	25,961
CREDITORS: Amounts falling due after more than one year	12		(220)	(239)
PROVISIONS FOR LIABILITIES AND CHARGES	13		(1,493)	(123)
TOTAL ASSETS EMPLOYED			26,041	25,599
FINANCED BY:				
TAXPAYERS EQUITY				
General Fund	14		19,180	23,686
Revaluation reserve	14		4,770	0
Donated asset reserve	14		2,091	1,913
TOTAL CAPITAL AND RESERVES			26,041	25,599

Signature

Date 5 September 2003

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2003

	NOTE	£000	£000	2001/02 £000
OPERATING ACTIVITIES				
Net cash outflow from operating activities	15.1		(153,497)	0
CAPITAL EXPENDITURE				
Payments to acquire tangible fixed assets		(868)		0
Receipts from sale of tangible fixed assets		0		0
Net cash inflow/(outflow) from capital expenditure			(868)	0
Net cash inflow/(outflow) before financing			(154,365)	0
FINANCING				
Net Parliamentary Funding		154,266		0
Cash transfers (to)/from other NHS bodies		43		0
Net cash inflow/(outflow) from financing			154,309	0
Increase/(decrease) in cash			(56)	0

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NOTES TO THE ACCOUNTS

ACCOUNTING POLICIES

The financial statements have been prepared in accordance with the Resource Accounting Manual (RAM) issued by HM Treasury. The particular accounting policies adopted by the Primary Care Trust (PCT) are shown in the full accounts and have been applied in dealing with items considered material in relation to the accounts.

Note 1. Management costs

	£000	2001/02 £000
Management costs	2,559	0
Weighted Population	165,637	0
Management cost per head of weighted population	£ 15.45	£ -

Note 2. Better Payment Practice Code

Note 2.1 Better Payment Practice Code - measure of compliance

	2001/02 Number £000s	£000s	2001/02 Number
Total bills paid in the year	18,816	17,799	0
Total bills paid within target	12,535	13,330	0
Percentage of bills paid within target	66.62%	74.89%	0.00%

Note 2.2 The Late Payment of Commercial Debts (Interest) Act 1998

Amounts included within Interest Payable (Note 7) arising from claims

	£	£
made by businesses under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

Note 3. Post Balance Sheet Events

The PCT has set a balanced budget for 2003/04. However this budget relies upon the delivery of a significant financial recovery plan totalling £4,641,000. The Board acknowledges that elements of this plan are high risk and the PCT may require support from NHS brokerage from other NHS organisations to deliver the required balanced position.

Note 4. Financial Performance Targets

The PCTs' performance for 2002/03 is as follows:

	£000	2001/02 £000
Total net operating cost for the financial year	160,143	0
Prior Period adjustment for pre-6 March 1995 early retirements	(1,031)	0
Non-discretionary Expenditure		(5,138)
Operating Costs less non-discretionary expenditure	153,974	0
Revenue Resource Limit	155,152	0
Under/(over) spend against revenue resource limit	1,178	0
Unplanned brokerage received	0	0
Operational Financial Balance	1,178	0

Included in the above is planned brokerage from Avon, Gloucestershire & Wiltshire SHA totalling £400,000. This sum was received as revenue resource limit. The position also includes additional resource limit in respect of continuing care of £1528,000 for which no liabilities are included. If the additional resource limit in respect of the items stated above had not been received the PCT would have reported a deficit of £750,000 in 2002/2003. This impacts on the financial position of the PCT in 2003/2004 as reported.

Note 5 Salary and Pension entitlements of senior managers

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/compen sation for loss of office	Benefits in kind	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 2003 (bands of £5000)
		£000	£000	£000	£00s	£000	£000
Richard James Chief Executive	Withheld	85-90		0			35-40
Robert Knibbs Director of Finance	Withheld	85-90		0			
Dr Hendrik Chapel Director of Public Health	43	65-70		0	0-1		
Amanda Fisk Director of Operations	41	55-60		0	5-6		5-10
Maggie Stubbs Director of Nursing	55	35-40		0	0-1		
Sarah Wilton Director of Planning & Corporate Affairs	Unable to contact for permission to disclose information as she has emigrated						
Michael Adamson Director of Planning & Corporate Affairs	41	5-10		0			10-15
Julie Ann Wales Director of Operations	40	50-55		0			
Elizabeth Law Chair	Withheld	15-20		0	Withheld	N/A	N/A
Sylvia Humphrey Vice Chair	49	5-10		0		N/A	N/A
Jonathan Duckworth Non Executive Member	45	5-10		0	0-1	N/A	N/A
Peter Merson Non Executive Member	52	5-10		0	0-1	N/A	N/A
John Harries Non Executive Member	66	5-10		0	1-2	N/A	N/A
Dr Stuart Drysdale Chair PEC	49	30-35		0	10-11		
Dr Charles Buckley Executive Committee Member	46	10-15		0			
Mrs Jackie Smith Executive Committee Member	51	10-15	30-35	0	1-2		
Dr Julian Tallon	40	5-10		0			
Dr Anthony Walsh	With held all information						
Dr Martin Freeman	51	5-10		0	1-2		
Mrs Jan Jepps	With held all information						
Mrs Michele LeMero	44	5-10		0	2-3	N/A	N/A

Sarah Wilton was in post until 17th November 2002, Michael Adamson joined 3rd March 2003

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