Rotherham Primary Care Trust Annual Report and Financial Summary 2003/2004

CORE VALUES OF ROTHERHAM PRIMARY CARE TRUST

<table>
<thead>
<tr>
<th>Open, accessible and approachable</th>
<th>Efficient and effective</th>
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<tr>
<td>Responsive and respectful</td>
<td>Supportive and enabling</td>
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<tr>
<td>Responsible, trustworthy and accountable</td>
<td>Forward looking and dynamic</td>
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<tr>
<td>Fair and equitable; valuing diversity</td>
<td>Working to improve health in everything we do</td>
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**MEETING PATIENT NEEDS**
The role of the PCT is to improve the health of local people, commission health services to meet the needs of the local population and deliver health services.

**DELIVERING OUR SERVICES**
Rotherham Primary Care Trust was formed in April 2002 by the merging of five health service organisations - Rotherham Health Authority, Rotherham Priority Health Trust, and the three Primary Care Groups in Wentworth, Central and Rother Valley – and has responsibility for more than £250 million of NHS money spent on Rotherham’s 230,000 residents.

Primary care services are often the first, and sometimes only, contact that patients have with National Health Service (NHS).

These services include those provided by family doctors (GPs), community and practice nurses, health visitors, community therapists (including physiotherapists, speech therapists and occupational therapists), family planning services, community pharmacists, optometrists, dentists and midwives.

They are provided in a number of locations including your own home, in your doctor’s surgery, local health centres or shared premises such as those owned by Social Services and, in the near future, specially designed diagnostic and treatment centres, which will avoid many patients having to visit accident and emergency departments.

**BUILDING A BETTER FUTURE FOR HEALTH**

We are once again delighted to be able to acknowledge the excellent work undertaken by our staff over the last 12 months to deliver health care services for the people of Rotherham.

Rotherham Primary Care Trust (PCT) employs over 1,500 staff who are responsible for commissioning and providing healthcare for the local population. Our role is to establish locally-based health services by either providing them ourselves or by commissioning them from alternative providers, such as hospitals and specialist treatment centres.

Our aim is to:

“Improve the health and well-being of the people of Rotherham and to improve health services.”

The Healthcare Commission recently announced its annual star ratings for the performance of NHS trusts over the financial year 2003/2004. We are delighted that we were awarded a maximum ‘3 Star’ rating. This demonstrates that we are not only providing excellent quality health care services to the people of Rotherham but we are continually improving these services and are amongst the top performing trusts in the country.

Over the past year we have had many notable achievements, including a prestigious national Health and Social Care Award for the Primary Ear Care Centre and being awarded the status of ‘Teaching PCT’, which will help us to improve recruitment and retention of key clinical staff in deprived areas.

Rotherham Equipment and Wheelchair Services received a national award earlier this year for their services and recently moved to a new purpose-built facility on Chesterton Road and, in October, we will be moving to a new learning and development centre at Bramley. This will not only provide an office base for a significant number of staff but, more important, will provide learning and development facilities for every one of our primary care staff and increase provision for our NHS colleagues across South Yorkshire.

Other developments include the Doncaster Gate Health Village, which is due to open in the autumn and will relocate St Anne’s and Clifton Lane general practices to a purpose-built facility with a new pharmacy, to provide a one-stop-shop approach to our services for over 30,000 patients.

Throughout this report you will find various reviews and descriptions of some of the activities that we have undertaken during the past year. Our focus over the coming year includes involving patients, public and staff in developing our services; significant work with partner agencies to develop more appropriate and better premises from which we deliver health care services; making services more accessible by delivering them closer to patients’ homes and a commitment to implement the new Agenda for Change contract which will provide new and improved NHS pay and conditions for our staff.

Alan Tolhurst
Chairman

John McIvor
Chief Executive
Improving Your Health

It is a known fact that people living in disadvantaged areas tend to suffer more health problems and a reduced life expectancy than those in more affluent areas.

In working with Rotherham Metropolitan Borough Council, and other partners, we have identified the most deprived parts of Rotherham and produced a Neighbourhood Renewal Strategy (NRS) to tackle these issues through health, employment, education and crime reduction to improve quality of life.

This work identified seven priority areas: Wath, Rawmarsh, Kimberworth Park, Malsborough, Central, Maltby and Dinnington. Also a further four smaller 'pockets' were found in: Wath, Brinsworth, Wales and Maltby. Together, these account for about a fifth of the population of Rotherham.

In our 2003 Public Health Annual Report we identified the 20% of areas of Rotherham where life expectancy was lowest and identified four priority areas for health improvement. We have given a long-term commitment to addressing these issues and have already made significant progress. Below is a summary of the work undertaken over the last year.

- **Children and Under One year olds**
  - An action plan has been developed to ensure that children and young people living in the 20% most deprived areas have the opportunities to achieve their potential in life
  - Health Visitors, Nursery Nurses, Food Workers, Oral Health Workers, Therapists and Public Health Specialists work alongside the three Sure Start programmes to improve the health and well-being of young children and their families
  - School Nurses, Public Health Specialists and other colleagues, whose work takes them into schools, are all contributing to the 'Healthy Schools' scheme to promote the Healthy Schools Award and encourage children to increase their levels of physical activity by reintroducing the traditional playground games to get children to be more active in their lunch hours
  - Working in partnership with the youth services to deliver appropriate sexual health services

- **Mental Health**
  - We employ a Mental Health Awareness Worker to work with young people to enable them to have a better understanding of mental well-being
  - We have produced, with Rotherham Mind Young Person’s Project, leaflets on how young people can cope with exam stress

- **Coronary Heart Disease/Cardiovascular Disease**
  - Heart Disease registers are used in all GP practices to identify patients with heart disease and invite them for an annual review, which includes advice on smoking, diet and physical activity as well as medication
  - Chronic Heart Disease (CHD) Facilitators are working with GP practices in the most deprived areas and assisting with the heart disease register and clinic development and offering training to practice staff in heart disease
  - Cardiac Rehabilitation is available for all patients who have had a heart attack and is eligible to enter the programme. It is delivered to patients in their own home which avoids the need to travel to receive the care

Making a Difference to Your Health

To improve the health of Rotherham people we have set ourselves a number of short-term and long-term priorities. These are monitored throughout the year and are updated on an annual basis. Our progress against the priorities we set last year is shown in detail on page 6.

The achievement of these priorities will depend largely on communicating health promotion messages and educating people about how they can improve their health and prevent illness. We work closely with a number of partner organisations to establish schemes and projects that will benefit the local population and reduce the future burden on health services. Over the next two pages we have illustrated some of the work that we have undertaken to help us to achieve our objectives.

5 a Day the Rotherham Way!

The 5 A DAY programme aims to increase fruit and vegetable consumption throughout Rotherham. It was established in 2003 and has already reported many successes.

Many of the schools in Rotherham have become involved in 5 A DAY projects, including setting up Healthy Tuck Shops, a growing project or taking part in classroom activities. 5 A DAY has also trained teachers to help them set up other schemes within schools.

The National School Fruit and Vegetable Scheme starts in Rotherham this year. This will mean that children between the ages of 4 and 6 are entitled to a free piece of fruit each day.

5 A DAY has worked with community groups, looking at practical ways to have more fruit and vegetables, including groups such as 'weaning parties' and 'cook and taste!' 5 A DAY works with GP practices to help them in giving advice on 5 A DAY and healthy eating.
HEALTHIER HEARTS

Rotherham has one of the highest death rates from Chronic Heart Disease (CHD) in the country.

In our efforts to improve people’s life expectancy and prevent CHD and strokes we promote physical activity, healthy eating and are encouraging people to stop smoking.

We collaborate with the Neighbourhood Renewal Fund (NRF) to offer the Active Playground Small Grant Scheme to 27 infant and junior schools within Rotherham to support the development of active playground work.

We have also worked in partnership with other authorities and organisations to develop draft strategies that focus on healthy eating, physical activity and obesity. Examples include

- Healthy Schools team on physical activity and healthy eating initiatives
- Rotherham Metropolitan Borough Council on physical activity and green space development initiatives

The initiative is part of the national Big Lottery Fund grant programming that has provided £400 million to fund healthy living centres across the UK. It is a joint project between ourselves, Rotherham Metropolitan Borough Council, NSPCC, SCOPE and the YMCA.

Valley Healthy Living Alliance (VHLA) operates as a virtual centre that oversees six projects to provide activities and services for local residents. These projects were established in consultation with local people:

- **The Allotments Project**
  - An exciting and innovative concept to engage the local communities in the regeneration of derelict allotment sites to support people to eat healthier diets, exercise more and improve mental health. It provides a range of services including tool hire, a Box Scheme offering low cost fresh fruit and vegetables and the opportunity for people to get involved and grow their own produce.

- **Clifton Drop In (CHEx)**
  - Developed through extensive consultation with young people, this project aims to provide confidential advice and information on issues such as family planning, general health and fitness, drugs and alcohol, youth support work and counselling. Weekly sessions take place between 3.15pm and 4.45pm for young people, aged 11 plus at Ridgeway Medical Centre, with sessions focusing mainly on Sexual Health, but addressing any health concerns the young people have. Sessions to date have included helping teenagers to cope with the stress of exams, holiday health and healthy hearts. The service links in closely with services at ‘Youth Start’ and plans for the future include closer working with local schools such as Clifton Comprehensive.

- **Herringthorpe Health House**
  - Sacks to focus on young people aged 10 to 19 who are disengaged from current provision. It encourages involvement and develops self-esteem through group and individual work.

- **NSPCC – Valley Project**
  - Provides help and support for children and young people who have emotional issues and those who have experienced physical, emotional or sexual abuse. The aim is to help them to recover from the trauma of abuse and neglect, to promote good emotional attachment between parents and children and to improve the quality of family life. Activities include a drop-in session, individual counselling, play therapy and group work.

- **SCOPE – Valley Project**
  - A dedicated Community Drugs Worker provides support for drug users and ex-users in the Valley area and is developing and maintaining close working relationships with partner agencies, schools, health workers, community groups and youth workers.

In the past year, 421 people have benefited from Valley Healthy Living Centre projects – 285 were under 16 years of age. Each project has specific targets and gives a detailed quarterly report on its achievements over that period. From here, projects are able to evolve to meet local demands and respond to specific successes or problems.

**Devising Services in the Community**

- **Healthy Schools**
  - The Healthy Schools team on physical activity includes the following initiatives:

  - **Healthy Schools**
    - Our team works with primary schools across Rotherham to support their development of active playground work.

  - **Physical Activity and Obesity**
    - Working in partnership with other authorities and organisations to develop draft strategies that focus on healthy eating, physical activity and obesity.

  - **Healthy Schools**
    - We have also worked in partnership with other authorities and organisations to develop draft strategies that focus on healthy eating, physical activity and obesity.

  - **Rotherham Metropolitan Borough Council**
    - The Council is working towards developing active playgrounds.

  - **NSPCC**
    - The NSPCC is involved in the Valley Project.

  - **Substance Misuse Project**
    - The Substance Misuse Project is working with communities to support people to recover from drug and alcohol misuse.

DEVELOPING SERVICES IN THE COMMUNITY

- **Breakthrough**
  - Provides support and advice to people who are trying to stop smoking.

- **Smoking is probably the single worst thing you can do to your body in terms of your health.**
  - It can cause a number of potentially fatal conditions such as cancers, chronic heart disease and lung disease as well as visible damage such as wrinkles, yellow teeth, bad breath, psoriasis and lank hair, to name but a few.

  - Here at Rotherham PCT we offer help and support to encourage smokers to kick their habit and adopt a healthier lifestyle.

  - Throughout the past year, the Rotherham Quit Smoking Service has supported 1,299 people in their attempt to stop smoking - of these 65% (814) were successful.

- **Smoking is probably the single worst thing you can do to your body in terms of your health.**
  - We have helped a range of people and organisations to tackle the issue including young people, schools and colleges, workplaces and pregnant women and their families, through a range of different support packages based on the needs of individuals and groups.

  - Services are available across the whole of Rotherham based in local community venues or in people’s own homes. This has increased access to services in particular communities especially where travel to other villages or the town centre is not possible.

  - Workplace services have been extremely successful, providing support and advice to predominantly manual workforces, where smoking prevalence is at its highest. These services have allowed people to receive help to stop smoking while at work and have also moved to protect the health of smoking workforce from environmental tobacco smoke with the introduction of smoke free workplace policies.

  - For advice and information about the service contact Rotherham Quit Smoking on 01709 302444.
One in three people are affected by cancer at some point during their lives. In 2003, within Rotherham, 27% of all deaths were through cancer. The most common forms of cancer included lung (7%), breast (33%), stomach (2%) and prostate (2%).

There are many causes of cancer and these can vary between individuals. Smoking and an unhealthy diet are by far the most common factors that influence the likelihood of cancer occurring. While interventions aimed at lifestyles and health related behaviours have an impact, the wider context of poverty, unemployment and other broader causes of ill health form an important part of the overall picture.

Our aim is to work with the public and partners including Rotherham Metropolitan Borough Council and other stakeholders, to help prevent and reduce cancers. This year a multi-agency group within Rotherham worked in partnership with the Council to become one of the first in the UK to ban sun beds in all of its leisure centres, because of the associated risk with skin cancer.

We continue to work in partnership with other organisations and agencies to improve the mental well-being of Rotherham people of all ages.

We are making sure that we promote the physical health of people with mental health problems by providing opportunities for them to take part in walking, gardening, quit smoking and healthy eating initiatives and projects.

We work with both GP practices and Specialist Mental Health Services to improve the range of services that people with mental health problems can access. This includes offering training to staff working in GP practices and other primary healthcare staff to enable them to increase the services available to people with mental health problems as well as increasing their awareness of such problems and to reduce stigma that can be associated with mental illness.

Work has been carried out directly with GP practices to ensure that people with severe mental illness are able to have their physical health needs addressed and we have produced a support package that assists practices with this process.

The Strategy will prioritise work around sexually transmitted infections, HIV/AIDS and ensuring all pregnancies are planned and wanted.

Our staff also play key roles in reducing levels of unwanted teenage pregnancy. The latest Government statistics show that we now have the lowest rate of teenage pregnancy in South Yorkshire. We have improved advice and information for young people

and have developed more sexual health clinics across the Borough. In partnership we have improved the Sex and Relationships education in schools.

The Sure Start Plus team has led the way on improving support services for teenage parents. The Teenage Pregnancy Strategy shows the benefits for Rotherham people of partnership working in this case between the PCT, Council Directorates (Social Services, Education and Housing), Rotherham Hospital and the voluntary sector.

We are leading on developing a multi-agency Sexual Health Strategy for Rotherham, which aims to provide better co-ordination of sexual health work and to improve, even further, the quality of existing services.

The Strategy will prioritise work around sexually transmitted infections, HIV/AIDS and ensuring all pregnancies are planned and wanted.

Our staff also play key roles in reducing levels of unwanted teenage pregnancy. The latest Government statistics show that we now have the lowest rate of teenage pregnancy in South Yorkshire. We have improved advice and information for young people
USING TECHNOLOGY
FOR HEALTH IMPROVEMENT

During 2003/2004, our IT services merged with those of Rotherham General Hospitals NHS Trust to form the Rotherham Health IT Service. The new service is hosted by the PCT and will provide high quality IT services across the Rotherham health community.

We are committed to developing IT systems to ensure that patients receive better and more efficient services within both primary and secondary care. The launch of the NHS National Programme for IT reinforces the locally developed Joined-Up Information Strategy to improve IT systems across the whole health and social care community within Rotherham. This will eventually provide better access to referrals and booking of appointments between GP practices and hospital consultants and clinics – which means that patients will be able to be referred and arrange a convenient appointment during their GP visit rather than waiting for a letter from the hospital.

A large investment has been made in providing additional personal computers and network connections to support both improved communication with staff and the implementation of the National Programme for IT.

RESEARCHING THE EVIDENCE

Once again, we have had a good year promoting a culture of Research and Development (R&D) within the PCT and are working towards the implementation of Research Governance to provide public confidence in R&D carried out within the NHS.

We have established an R&D section on the staff intranet to provide a database of all research activity that has been carried out within the Trust. This aims to ensure that work is not repeated unnecessarily.

We are also working towards a Rotherham Wide Research Governance programme, which would include the Rotherham General Hospitals and South Yorkshire Ambulance Service NHS trusts and Social Services.

Research carried out over the last year has come from a variety of settings including local universities, the Medical Research Council and local researches from within the PCT. We actively encourage researchers to feed their findings back to people who have participated in research as well as to relevant planning groups so changes can be made to the provision of services if required. Researchers are encouraged to include users and carers in setting up research projects.

Joint research training has taken place over the year with the Rotherham General Hospitals Trust and Research Clinics have been well attended. A Journal Club was established which covers a variety of topics through out the year, these are run with the assistance of our Knowledge Management Service.

ACCESS TO HEALTH RECORDS

We have a duty to respond to all requests for access to health records as set out in the Access to Health Records Act 1990 and Data Protection Act 1998.

For the period 1st April 2003 to 31st March 2004, the following information was requested with regard to these Acts:

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<tr>
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<tbody>
<tr>
<td>Number of application forms sent out</td>
<td>6</td>
<td></td>
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<tr>
<td>Number of application forms completed and returned</td>
<td>4</td>
<td></td>
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<tr>
<td>Number of applications processed and records sent</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Number of applications pending</td>
<td>1</td>
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RAISING STANDARDS

The Clinical Governance structure of the PCT is designed so that all the necessary links are made to ensure that there is a consistent and continuous improvement in patient care.

A network of task based groups, or ‘working parties’, turn plans into operational reality and report to the Clinical Governance Committee on progress made. This progress is then reported to the Professional Executive and the Trust Board, by way of a six-month and annual report. The South Yorkshire Strategic Health Authority also receives copies of Clinical Governance plans and reports, in accordance with national guidance. The Clinical Governance Committee regularly monitors progress on each of the key action areas highlighted in the Clinical Governance Development Plan.

During 2003/2004 we carried out a comprehensive self-assessment process against standards set for external Clinical Governance review and areas for action highlighted. Significant progress has been made in addressing these and in achieving the targets set in the 2003/2004 Plan. This includes:

- Extension of ‘Whistle Blowing Policies’ for adoption by GP practices
- Procedures to monitor the implementation of NICE Guidance
- Programme of Clinical Audit to monitor improvements in standards to support patient care
- Agreed process of approval, review, monitoring, dissemination and training for all local clinical procedures, guidelines and protocols – including making them available on the intranet and Internet
- Process for identifying how lessons can be learned from mistakes and ‘near misses’
- Development of closer working relationships with colleagues in other agencies in order to improve the patient care pathway

Performance against key Government targets

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<tr>
<td>Patients with access to a Primary Care professional within 24 hours</td>
<td>93%</td>
<td>90%</td>
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<tr>
<td>GP Practices taking part in shared care for substance misusers</td>
<td>28%</td>
<td>16%</td>
</tr>
<tr>
<td>Number of smokers successfully quitting at 4 week stage</td>
<td>59%</td>
<td>519</td>
</tr>
<tr>
<td>Number of delayed discharges awaiting transfer from hospital care</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Patients aged over 65 receiving a flu jab</td>
<td>73%</td>
<td>70%</td>
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</table>
The role of the PCT is to improve the health of the local population, commission health services to meet the needs of the local population and deliver health services.

The starting point for improvement is the planning process. The process we are developing is based on a multi-agency approach involving statutory and voluntary partners and, to an increasing extent, service users and carers. This group then sets local needs alongside national requirements to determine our commissioning priorities.

The PCT has worked throughout 2003 to deliver on the target of offering choice to patients currently waiting more than six months for a surgical procedure. An element of this choice will be provided by the new contracts established with the Independent Service Treatment Centre - based initially at Bassetlaw.

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<tr>
<th>SHORT-TERM PRIORITIES</th>
<th>Priority</th>
<th>Deadline</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Health Improvement</td>
<td>To develop 2 Healthy Living Areas within Rotherham</td>
<td>March 2004</td>
<td>The Valley Healthy Living Alliance launched in June 2003</td>
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<td></td>
<td>To support approximately 2,500 people to stop smoking</td>
<td>March 2004</td>
<td>Brampton Healthy Living Centre launched in March 2003</td>
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<td></td>
<td>To develop plans, in partnership with the local community, to improve the health of people living in the three Wardes with the poorest health.</td>
<td>March 2004</td>
<td>2,743 people have been supported by the Quit Smoking Service since it was established in 2000</td>
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<td></td>
<td>To take forward the PCT’s Estate Strategy to ensure that all premises are Health and Safety and Disability Discrimination Act compliant</td>
<td>March 2004</td>
<td>The 20% most deprived areas have been identified along with four priority areas for health improvement</td>
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<tr>
<td></td>
<td>To reduce the waiting times for in-patient treatments to a maximum of 6 months and out-patients to 17 weeks</td>
<td>April 2004</td>
<td>All PCT owned premises are either compliant or have a delivery plan in place to ensure completion this year</td>
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<td></td>
<td>To introduce a new Patient Advocacy and Liaison Service (PALS) to all patients and residents within Rotherham</td>
<td>March 2004</td>
<td>At 31st March there were 174 people waiting more than 6 months for inpatient treatment. No one was waiting longer than 9 months for inpatient treatment and no one was waiting over 17 weeks for a first outpatient appointment</td>
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<tr>
<td></td>
<td>To provide all staff with access to information technology facilities, including their own e-mail account, to improve communications and allow research into best practice</td>
<td>March 2004</td>
<td>PALS was introduced in April 2003</td>
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<td></td>
<td>To provide ‘customer care’ training for all staff, which will be updated every two years</td>
<td>March 2004</td>
<td>All staff were issued with an e-mail address by 31st March 2004. All staff bases have access points for the Internet and further computers have been purchased. We are currently ensuring that all staff are fully trained to use e-mail and the Internet</td>
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<td>All managers (and others, where appropriate) will go ‘back to the floor’ in an area with direct patient contact for a minimum of two days each year as part of their personal development</td>
<td>March 2004</td>
<td>The general principals of Customer Care are covered in corporate and departmental induction for all staff. Piloting of a dedicated programme commenced in summer 2004 with a view to rolling it out in the autumn.</td>
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<tr>
<th>LONG-TERM PRIORITIES</th>
<th>Priority</th>
<th>Deadline</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Improvement</td>
<td>To spend an increasing proportion of the PCT’s resources on prevention of ill-health rather than treatment</td>
<td>March 2007</td>
<td>No data to know whether this is happening or not</td>
</tr>
<tr>
<td></td>
<td>To reduce the number of deaths caused by coronary heart disease between the “best off” and “worst off” Wards in Rotherham by 30%</td>
<td>March 2007</td>
<td>Heart disease registers have been introduced in all GP practices. The 5 A DAY project was launched in October 2003. We are developing an Obesity Strategy which will be published this year</td>
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<td></td>
<td>To include health within all community development plans for Rotherham communities and ensure each community has identified a local health lead from the PCT</td>
<td>March 2007</td>
<td>Our 3 localities have contributed to the community development process and will continue to strengthen links</td>
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<td></td>
<td>To develop 3 one-stop health centres in Rotherham, which include diagnostic and treatment facilities</td>
<td>March 2007</td>
<td>Further developments will take place on the site of the new Doncaster Gate Health Village. A Joint Service Centre is currently being developed in Maltby in partnership with Rotherham Metropolitan Borough Council’s Social Services</td>
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<td></td>
<td>To develop GPs and others with specialist interests (GPsWiS) in at least 6 key areas in order to provide improved health services to the population</td>
<td>March 2007</td>
<td>GPs with a Special Interest have been developed in Dermatology, Orthopaedics and Mental Health. Proposals are in place to extend this to Minor Surgery and Ear, Nose and Throat (ENT) by the end of 2004. Further areas have yet to be identified</td>
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<td></td>
<td>To have in place multi-agency teams providing services to children and adults across Rotherham</td>
<td>March 2007</td>
<td>Joint health and social care management arrangements were introduced on a pilot basis in Rother Valley from 5 April 2004 for adult services</td>
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<tr>
<td></td>
<td>To increase the number of local people employed within the Primary Care Trust by 10%</td>
<td>March 2007</td>
<td>Joint working in relation to Children’s Services is taking place under the Children’s Strategy Partnership. Some teams are already in place which provide multi-agency working to support children and families</td>
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<tr>
<td></td>
<td>To improve the working environment, within all premises used by the PCT, so that there is a 10% increase in staff satisfaction in this section of the staff survey</td>
<td>March 2007</td>
<td>35.1% of all new employees in the last 12 months live within Rotherham. We intend to raise this to 82.6% by 2007</td>
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<tr>
<td></td>
<td>To increase recruitment and retention of staff, by offering improved training and development facilities and opportunities within the PCT</td>
<td>March 2007</td>
<td>Staff satisfaction with the working environment rose by 10% from 2002 to 2003, as measured in our annual Staff Survey. As new premises have been developed and existing premises enhanced, we aim to further increase the levels of satisfaction. In future years as new premises are developed a new learning and development facility for all PCT and contractor staff is due to open in October 2004. Since the PCT was formed overall staff turnover has decreased from 13.8% to 8.3%. Formal and informal training and learning opportunities have been increased and developed for all staff to include CP contractor staff wherever possible</td>
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</table>
The PCT works closely with Rotherham Metropolitan Borough Council on a number of projects and has developed joint management arrangements and pooled budgets in our services for People with Learning Disabilities, Community Equipment and Intermediate Care and a joint management structure for the Rother Valley Locality.

These arrangements have enabled better working and have released funding to improve patient services. Below are details of some of the work we have successfully undertaken.

Services for People with Learning Disabilities - We have developed new purpose-built assessment and treatment facilities at Badlsey Moor Lane and moved patients out into purpose-built community accommodation that has provided a significant improvement in lifestyle for the individuals.

Intermediate Care - Netherfield Court - Opened in September 2003, by the Duchess of Gloucester, Netherfield Court provides a robust and effective intermediate care service that has been developed by working with the private sector to offer a wide range of intermediate care. This has enabled patients who no longer require the input of medical and nursing staff in an acute setting, to receive additional support in a more homely environment.

Rotherham Equipment and Wheelchair Service (REWS) - The community equipment service now operates a pooled budget. It recently moved into purpose-built accommodation with a combined PCT and Rotherham Metropolitan Borough Council management structure. REWS provides a range of services including the loan of equipment on a long or short-term basis and also provides a base for the wheelchair assessment clinics, staff moving and handling training and the Royal National Institute for the Deaf.

Children - Rotherham was a Children's Pathfinder and, following the findings, an integrated team working to the Children's Agenda and Partnership Board has been established.

Mental Health Services - In joint work with Rotherham Metropolitan Borough Council and users and carers we reviewed the current arrangements for the provision of Mental Health Services. A decision was taken to continue the contract with Doncaster and South Humber NHS Trust (DASH) but to implement a number of changes, including joint commissioning from 2004.

Delayed Discharges - As a consequence of improved liaisons between ourselves and Rotherham General Hospitals Trust, our delayed discharges have been reduced from 204 down to single figures. This has been achieved by innovative use of the funding to Social Services to services geared at preventing delays in discharge.

Community Strategy - The Health and Social Well Being Partnership has developed a Spoke Action Plan. Progress is being made again all the targets set out in this plan, which includes Public Service Agreement targets on children's services and access to drug treatment.

The commissioning of specialised services by all 13 South Yorkshire primary care trusts continues to be achieved through the North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium (NORCOM), hosted by Barnsley Primary Care Trust.

NORCOM is a joint sub-committee of the 13 PCT Boards. It is made up of the PCT Chief Executives who meet monthly with the Acute Trust Chief Executives to receive reports and recommendations and make collective decisions.

The Consortium is responsible for two main areas of work:
- Commissioning specialised services
- Supporting the development and maintenance of clinical networks

More recently, the NORCOM team has also been approached to take on specific project work relating to "Booking and Choice".

During 2003/2004 work was undertaken in the following work areas:
- Specialist Cardiac Services
- Specialist Cancer Services
- Neurology and Neurosurgery Services
- Renal Services
- Specialist Ophthalmology Services
- Genetics

The main achievements in each of the above areas include:
- A significant increase in service capacity to provide more heart surgery - a new operating theatre was opened in Sheffield and there is now a cardiac catheter laboratory in every local general hospital in South Yorkshire
- Waiting times for heart surgery have continued to reduce and are on target to be below 3 months by March 2005
- A further growth in the number of heart operations (CABGs and PTCA's) such that the increase since 2000 is now at 50%
- Introduction of all the specialist chemotherapy cancer drugs recommended by NICE (National Institute for Clinical Excellence)
- New and replacement equipment has been installed at Weston Park Hospital enabling improved access to the latest technology for cancer patients who need radiotherapy treatment
- Participation in the launch of a local Neurological Alliance, which represents the views and concerns of those with a neurological condition living in the NORCOM area
- Planning and construction of a renal dialysis satellite unit at Doncaster Royal Infirmary, due to open July 2004
- An increase across the NORCOM area in the number of kidney transplants performed, by approximately 50%
- The introduction of specialist photodynamic therapy services used in the treatment of age-related macular degeneration
- An expansion of the Neonatal Screening Programme to screen all newborn babies for sickle cell disease

We are an active partner in the Local Strategic Partnership (LSP) and are represented both on the Board and on a number of the related steering groups – or 'spokes'.

In particular we play a leading role in the Health and Social Well Being Partnership and Safer Rotherham Partnership.

The LSP has developed a Community Strategy and Neighbourhood Renewal Strategy for Rotherham and action plans are being implemented across all the spokes.

A number of posts have been established across the partnership with responsibility for ensuring the partnership agenda is proactively progressed.

Details of some of the health achievements so far can be found on pages 2-4 of this report.

INVESTING IN GPs

In Rotherham there were 153 individual GPs working across 56 premises as of 31st March 2004.

The number of practices opting for a Primary Medical Services (PMS) Contract rose to 26, while the remaining 12 signed up to the new General Medical Services (GMS) Contract for 1st April 2004.

During the last 12 months, schemes working under PMS have attracted an additional two whole-time equivalent GPs.

We also implemented a Human Resources service for GP practices to facilitate the development of good staff management and development, which is consistent with the arrangements and good practice available to PCT employed staff, to support the delivery of high standards of patient care.
VALUING EQUALITY AND DIVERSITY

The PCT aims to embed its core values of equity, fairness and diversity into all our policies, procedures and practices.

A Strategy for Equality and Diversity in Service Planning and Delivery is currently being developed to complement our Equality and Diversity in Employment Strategy.

We recently launched a revised Race Equality Scheme that aims to promote race equality and good race relations across all its functions in line with our core values and our legal obligations under the Race Relations (Amendment) Act.

A Diversity section has been established on our staff intranet and our external internet site. These are being continually developed as a means of improving communications to staff on Equality and Diversity initiatives, events, legal updates, and progress against objectives and targets.

In partnership with South Yorkshire Ambulance Service and Rotherham General Hospitals NHS trusts, we developed, and have begun to deliver, a new comprehensive training programme for staff on equality and diversity.

A well-received complementary training event for senior leaders, across the three Rotherham health organisations, took place in March 2004 and we have introduced Equality and Diversity Awareness training and equality-based Recruitment and Selection training for all managers as part of our ‘Managing People’ development programme.

We have introduced a zero tolerance stance towards workplace bullying and harassment that reflects our commitment to improving practice and procedures and encourages staff to report any instances witnessed or experienced so that appropriate support can be given.

LEARNING AND DEVELOPMENT

The key focus of the Learning and Development Team is to support the Trust and GP practice staff to develop the knowledge, skills and competencies they need to help them work towards the overall purpose of improving the health and well-being of the people of Rotherham and improve health services.

Recent achievements include:

- Continuing to ensure that the performance of all staff is reviewed leading to the development of Personal Development Plans
- Setting up a new system to ensure that every department across the organisation develops and implements a learning and development plan for their staff
- Involving GPs in the compulsory GP appraisal scheme, a process that reviews performance and identifies learning needs
- Identifying the mandatory training needed for all staff to work effectively
- Delivering an extensive programme of clinical skills training to meet identified needs
- Offering extensive learning opportunities to support staff and those without professional qualifications - over the last year 185 staff have accessed their NHS Individual Learning Accounts and 191 staff have achieved NVQs
- Developing management and leadership skills through 30% of GP management and leadership development programmes
- The Vocational Training Scheme for training future GPs had 23 Registrars on the scheme with nine training practices - the scheme has doubled its capacity over the last six years

IMPROVING OUR SERVICES

Over the last year we have made a number of improvements to ensure that the services we provide are being developed to meet the needs of our patients. They include:

- **Shared Care** - from a starting point of none, we met our target of 30% of GPs involved in Shared Care services by March 2004.
- A new **Aftercare Service** was commissioned to provide ongoing support to patients rehabilitating from drug abuse.
- **Orthopaedic Triage** was established to ensure only appropriate referrals were dealt with in secondary care and to reduce overall waiting times for patients. This service now sees 2,500 patients per year.
- The **Dermatology GPs With Special Interest** service was expanded and a system of direct referrals established. This service now sees 700 patients per year.
- The three **Community Dental Services** from Barnsley, Rotherham and Doncaster were brought together to enable best use to be made of scarce dental resources.
- **Services from The Gate Surgery** were expanded to provide services for the homeless as well as for asylum seekers.
- **All long stay patients in Physical Learning Disabilities** were given the opportunity to live in purpose-built community accommodation,

**DISABILITY STANDARDS**

Standards for employees and potential employees with disabilities have been maintained in line with the Employment Service Two Ticks Disability symbol.

The Managers Guide to the Disability Discrimination Act 1995 has been effective since April 2002 and sets out managerial responsibilities under the Act.

Disability is recognised as a diverse category for the purposes of the Equality and Diversity Strategy and, as such, all equal opportunities and diversity-related policies and procedures are relevant to disabled employees.

The PCT achieved its capacity over the last six years

- Work commenced on the Doncaster Gate site to provide a purpose built ‘Health Village’ involving two GP practices and a pharmacy linked to other community services.
- New GMS contracts for GPs were developed and implemented and will encourage the development of additional services in the community.
- The development of Community Services is helping to ensure patients receive the right care, right place at the right time. A consequence has been a drop of 7% in the number of emergency admissions to hospital.
- The Rotherham Job Shop was opened in the concourse of Rotherham General Hospital in March 2004. This is an exciting new project developed by a multi-agencies partnership team comprising of Rotherham Primary Care Trust, Job Centre Plus, and Action in the Community for Employment and Phoenix Enterprises.

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- **All long stay patients in Physical Learning Disabilities** were given the opportunity to live in purpose-built community accommodation,
In October 2003, we took part in a national survey of all our staff. This included a selection of locally set questions that built upon the previous local survey we undertook in March 2003.

The results showed that in most areas the level of staff satisfaction within the Trust exceeded the average of other primary care trusts nationwide and in many cases matched, and in some cases exceeded the best satisfaction levels achieved nationally. Based on the results, an action plan has established which focuses on six key areas for improvement. These are:

- Reducing long hours and work related stress
- Increasing incident reporting and reducing bullying and harassment
- Increasing awareness of flexible working options
- Valuing staff and providing feedback
- Further supporting staff to develop and attend relevant training
- Further improving team working and communications

Staff had the opportunity to contribute to identifying priorities for attention in local departmental action plans and to provide ideas to take the work forward. Work has already been undertaken as a result of the March 2003 survey, such as the introduction of Chairman’s Awards – a new award developed to recognise the outstanding contributions of our staff, a new Personal Safety Policy, a new Procedure for Care of Individuals who are Violent and Offensive and the revision of the Bullying and Harassment Procedures and accompanying Policy.

Continued efforts are being made to keep staff informed of changes to policies and procedures and issues that affect their work through a number of resources including newsletters, the staff intranet and departmental and team meetings.

As an organisation we are committed to the national Improving Working Lives initiative and successfully gained Practice Status in October 2003; achieving particularly high scores in many areas. We are now working towards the next stage, ‘Practice Plus’, which will demonstrate that we are achieving good Human Resources practice right across all staff groups and that we are committed to delivering modern working practices throughout the workforce.

### Statement of Compliance

**PAY FOR NHS MANAGERS**

The Remuneration and Terms of Service Committee awarded a 3.225% inflationary pay increase to all managers with effect from 1st April 2003, which was the same pay award made to all other staff in the PCT.

*Senior Managers includes all staff on PCT Manager grades or grade 7 A&C and above, service managers and nurse managers.*
The PCT has met the key financial duties in its second year of operation.

2003/2004, like 2002/2003, presented many challenges, with increasing demands being placed on the resources made available, to the PCT. The long awaited improved service for people with Learning Disabilities, increasing numbers of complex treatments, new drugs, inpatient waiting list and outpatient waiting time targets and other National Service Framework requirements added to existing service pressures to focus attention on effective use of the available resources.

The summary financial statements show that the PCT:

- Spent nearly £256 million on the healthcare of Rotherham residents – the equivalent of over £701,000 per day
- Under spent against its Revenue Resource Limit by £1.4m (0.54%) after planned brokerage of £1.25m and a reduction in provisions for continuing care of £1.3m
- Under spent against its Capital Resource Limit by £94,000 (3.2%)

The service developments and initiatives highlighted in this report show the progress we have made in improving services for the people of Rotherham within the framework of sound financial management. The tables on these two pages are extracts of the final accounts and present a summary of the financial performance of the Trust for the financial year ending 31st March 2004.

Andrew Spring
Executive Director
(Finance, Performance Management and Rother Valley Locality)

INDEPENDENT AUDITORS’ REPORT
ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out on pages 10 to 11.

This report is made solely to Rotherham 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 mis-statements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work 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 31st March 2004 on which we have issued an unqualified opinion.

John Prentice
District Auditor
Audit Commission
Sheffield
3 September 2004

STATEMENT OF INTERNAL CONTROL 2003/04

The PCT’s Statement of Internal Control and copies of the full accounts can be obtained from Stephen Wood, Financial Services Manager on (01709) 304900 or can be viewed and downloaded from the PCT website at: www.rotherhampct.nhs.uk

Operating Costs and Financial Performance for year ending 31 March 2004

<table>
<thead>
<tr>
<th>Commissioning</th>
<th>Provision</th>
<th>Total 2003-04</th>
<th>Total 2002-03</th>
<th>Capital 2003-04</th>
<th>Capital 2002-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
</tr>
<tr>
<td>Gross Operating Costs/Expenditure</td>
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<td>34,565</td>
<td>270,283</td>
<td>247,096</td>
<td>2,963</td>
</tr>
<tr>
<td>Less: Miscellaneous Income</td>
<td>(4,170)</td>
<td>(9,925)</td>
<td>(14,295)</td>
<td>(12,459)</td>
<td>(114)</td>
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<tr>
<td>Net Operating Costs</td>
<td>231,548</td>
<td>24,640</td>
<td>255,988</td>
<td>234,637</td>
<td>2,849</td>
</tr>
<tr>
<td>Costs met from PCT’s own Resource Limit</td>
<td>24,640</td>
<td></td>
<td></td>
<td></td>
<td>2,943</td>
</tr>
<tr>
<td>Under/(Over) Recovery of Costs</td>
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<td></td>
<td></td>
<td></td>
<td>94</td>
</tr>
<tr>
<td>Less: Prior Period Adjustment - Pre ’95 retirements</td>
<td>0</td>
<td>(363)</td>
<td></td>
<td></td>
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<tr>
<td>Non Discretionary Expenditure</td>
<td>(5,174)</td>
<td>(3,035)</td>
<td></td>
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<tr>
<td>Charge against Resource Limit</td>
<td>250,814</td>
<td>231,239</td>
<td>2,849</td>
<td>1,192</td>
<td>2,943</td>
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<tr>
<td>Resource Limit</td>
<td>252,177</td>
<td>232,550</td>
<td>1,269</td>
<td>1,269</td>
<td>94</td>
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<tr>
<td>Underspend against Resource Limit</td>
<td>1,363</td>
<td>1,311</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cash Flow Statement for year ending 31 March 2004

<table>
<thead>
<tr>
<th>Net Cash Outflow from Operating Activities</th>
<th>Capital Expenditure</th>
<th>Payments to acquire intangible assets</th>
<th>Payments to acquire tangible assets</th>
<th>Receipts from sale of tangible assets</th>
<th>Net Cash (Outflow) from Capital expenditure</th>
<th>Net Cash (Outflow) before Financing</th>
<th>Financing</th>
<th>Net Parliamentary Funding</th>
<th>Increase/(Decrease) in Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
<td>£’000s</td>
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<td>£’000s</td>
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<tr>
<td>2003-04</td>
<td>(251,887)</td>
<td>0</td>
<td>(11)</td>
<td>3,001</td>
<td>(5,700)</td>
<td>(2,809)</td>
<td>(1,823)</td>
<td>254,730</td>
<td>(37)</td>
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<tr>
<td>2002-03</td>
<td>(233,414)</td>
<td>(1)</td>
<td>5,700</td>
<td>(3,001)</td>
<td>(1,823)</td>
<td>(2,849)</td>
<td>1,192</td>
<td>234,138</td>
<td>2,849</td>
</tr>
</tbody>
</table>

Balance Sheet as at 31 March 2004

<table>
<thead>
<tr>
<th>Fixed Assets</th>
<th>Intangible</th>
<th>£’000s</th>
<th>£’000s</th>
<th>2003-04</th>
<th>2002-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible</td>
<td>£’000s</td>
<td>57</td>
<td>88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible</td>
<td>£’000s</td>
<td>23,368</td>
<td>19,959</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>£’000s</td>
<td>23,425</td>
<td>20,047</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td>Total</td>
<td>23,425</td>
<td>20,047</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>£’000s</td>
<td>90</td>
<td>121</td>
<td></td>
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</tr>
<tr>
<td>Debtors</td>
<td>£’000s</td>
<td>3,582</td>
<td>5,235</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>£’000s</td>
<td>11</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>£’000s</td>
<td>3,683</td>
<td>5,404</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors - amounts falling due within one year</td>
<td>£’000s</td>
<td>(15,649)</td>
<td>(14,015)</td>
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<td></td>
</tr>
<tr>
<td>Total Assets Employed</td>
<td>£’000s</td>
<td>9,779</td>
<td>8,950</td>
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</tr>
<tr>
<td>Financed by</td>
<td>General Fund</td>
<td>6,085</td>
<td>7,020</td>
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<tr>
<td>Revaluation Reserve</td>
<td>£’000s</td>
<td>3,649</td>
<td>1,886</td>
<td></td>
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</tr>
<tr>
<td>Donated Assets Reserve</td>
<td>£’000s</td>
<td>45</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Capital and Reserves</td>
<td>£’000s</td>
<td>9,779</td>
<td>8,950</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chairman & Non-Executive Director

HEALTHIER ROTHERHAM    11

Name   Position on the Trust Board  Declaration of Interests

Mr Alan Tolvert  Chairman  Director - ACT Consultations (Filebeck) Ltd
Mrs Ann Lawrence  Non-Executive Director  - QED Management
Mrs Pauline Fryer  Director of Human Resources and Organizational Development
Mrs Karen Mireham  Trust Board Secretary

Mr John McIvor  Chief Executive

Mr Andrew Spring  Director of Finance and Performance Management
Mrs Pat Wade  Non-Executive Director
Mrs Parveen Qureshi  Non-Executive Director
Cllr Robin Stonebridge  Non-Executive Director
Mrs Kath Atkinson  Director of Strategy and Planning
Mrs Kath Henderson  Director of Clinical Services
Dr Jason Fields  GPMember
Mr Andrew Spring  Director of Finance
Mr John McIvor  Chief Executive
Mrs Pat Wade  Non-Executive Director
Mrs Parveen Qureshi  Non-Executive Director
Dr Charles Collinson  Chairman of the Professional Exec-Committee
Mrs Kay Vickerage  Allied Health Professional Member

Mrs Ann Lawrence  Non-Executive Director

Cllr Ian St John  Non-Executive Director

Mr John Gomersall  Social Services Member
Dr Stephen Burns  GPMember
Mr Mark Hamstead  Pharmacy Member
Mrs Yvonne Weakley  Nurse Member
Mrs Sheila Bevanant  Nurse Member

Other Senior Managers

Name   Position  Declaration of Interests

Mrs Kath Atkinson  Director of Strategy and Planning
Mrs Kath Henderson  Director of Clinical Services
Mrs Pauline Fryer  Director of Human Resources and Organizational Development
Mrs Karen Mireham  Trust Board Secretary

Salary and Pension Entitlements of Senior Managers

Name and Title  Age  Salary (bands £000)  Other Remuneration (bands £000)  Golden Hello (bands of £5000)  Compensatory lump sum at age 60 (bands £5000)  Real bonus in pension at age 60 of (bands £5000)  Total accrued pension at age 60 (bands £5000)  Benefits (bands £000)

Mr Alan Tolvert  Chairman  65  20-25  0  0  0  0  0  0
Mrs Ann Lawrence  Non-Executive Director  54  5-10  0  0  0  0  0  0
Mrs Pat Wade  Non-Executive Director  56  5-10  0  0  0  0  0  0
Cllr Robin Stonebridge  Non-Executive Director  X  5-10  0  0  0  0  0  0
Mrs Parveen Qureshi  Non-Executive Director  X  0  0  0  0  0  0  0
Mr John McIvor  Chief Executive  X  105-110  0  X  X  29-29
Mr Andrew Spring  Director of Finance  X  75-90  0  X  X  29-30
Mrs Pauline Fryer  Director of HR & OECD  X  65-70  0  X  X  27-29
Dr John Radfield  Director of Public Health  48  80-85  0  X  X  34-35
Mrs Kath Henderson  Director of Clinical Services  44  70-75  0  -  15-20  0
Mrs Kath Atkinson  Director of Operations  51  75-80  0  -  20-25  26-27
Mr Mark Hamstead  Professional Exec-Committee  49  5-10  10-15  0  0  0  0
Dr David Polkinghorne  Professional Exec-Committee  49  5-10  0-5  0  0  0  0
Dr Philip Scorah  Professional Exec-Committee  49  5-10  10-15  0  0  0  0
Mr John Gomersall  Professional Exec-Committee  X  X  X  0  0  0  0
Mrs Sheila Bevanant  Professional Exec-Committee  56  5-10  35-40  0  X  0
Mrs Yvonne Weakley  Professional Exec-Committee  49  X  X  -  10-15  0
Mr Stephen Burns  Professional Exec-Committee  48  5-10  10-15  0  0  0  0
Dr Adrian Cole  Professional Exec-Committee  50  5-10  0  0  0  0  0
Dr Charles Collinson  Professional Exec-Committee  52  20-25  5-10  0  0  0  0
Mr John Gomersall  Professional Exec-Committee  X  X  X  0  0  0  0
Mrs Kay Vickerage  Professional Exec-Committee  54  X  X  X  0  0  0

The Public Sector seeks to pay suppliers within 30 days of receipt of goods or a valid receipt. Our performance is detailed below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6427</td>
<td>4,693</td>
<td></td>
</tr>
</tbody>
</table>

No interest was payable for late payment of debts in either 2003/2004 or 2002/2003.

Audit Committee Membership

Mr Pat Wade  Chairman
Mrs Ann Lawrence  Non-Executive Director
Cllr Ian St John  Non-Executive Director

Remuneration and Terms of Service Committee

Mr Alan Tolvert  Chairman
Mrs Parveen Qureshi  Non-Executive Director
Cllr Robin Stonebridge  Non-Executive Director
Mrs Pat Wade  Non-Executive Director
IMPROVING STANDARDS

The PCT welcomes complaints as an important way to improve standards of care. Under the NHS Complaints Procedure, the PCT, GPs, Dentists, Pharmacists and Opticians must all have their own local procedures for dealing with complaints.

During the year a total of 196 complaints were received. These related to GPs (168), Dentists (12), Pharmacists (0), Opticians (0) and Health Call (4). The other complaints related to the PCT’s Community Services: District Nursing/Health Visitors (2), Chiropody (1), Community Equipment and Wheelchairs (2) PCT Commissioning (1), CARAT’s (2), Contingence Products (1), Environment (1), Macmillan Nursing (1) and School Nursing (1).

Of the complaints received regarding Community Services, 100% were acknowledged within two working days, with a final response of 92% within 20 working days, which is well within the NHS final response target of 80%. The majority of complaints are responded to and resolved by the individual practices or the Chief Executive of the PCT.

Nine complaints were unable to be resolved locally and were referred to the Rotherham Conciliation Service. Of these, three were satisfactorily resolved, and the remaining six were referred for Independent Review. The decision of the Convenor in these Independent Reviews was that, in four of the cases, no action was to be taken, but in two of the cases, an independent Review Panel was established.

When we receive complaints, wherever possible, we use the learning we gain to make improvements to our services. During 2003/2004 some of these improvements, as a result of complaints, included:

- General Practice
  - BMA Guidance to GPs was reissued in July 2003 by the Local Medical Committee regarding the removal of patients from GP lists.
- Children’s Services - Ear, Nose and Throat
  - There had been a breakdown in communication regarding the referral of a young boy for a hearing test to the Hearing Clinic at Ferham. An urgent appointment was arranged and as a result of this complaint, systems and processes between professionals have been reviewed and all relevant health professional staff have been advised that they should keep patients under review until referral to other agencies/departments has been actioned.
- Macmillan Nursing Service
  - The complainant felt that there was a lack of communication between the PCT and Rotherham General Hospital’s Macmillan Nursing Services and a general lack of support following the patient’s discharge from hospital. As a result of these issues being raised, new leaflets are being produced for both service users and service providers explaining the role of the different services, the communication issues are being addressed at the Palliative Care Group Meeting, and verbal referrals are to be followed up in writing.
- Family Planning Services
  - As a result of complaints patients are now advised to inform the receptionist if they have been kept waiting, either in the waiting room or in the consulting rooms, for more than 15 minutes.

INVOLVING YOU

During the past 12 months we have focused upon our Patient and Public Involvement (PPI) Strategy, and an Action Plan has been developed to ensure that patient and public involvement is embedded within the organisation.

A Patients Forum for the Trust is now well established and we are working with the Forum Support Officers, Patient’s Support Officers, the Council’s Health Scrutiny Group, to give patients and the public a voice within the PCT.

We have continued to use the Rotherham Reachout Panel to find out what you think about our services. Rotherham Reachout is a panel of around 1,600 people who give their views on a range of health and local authority issues on a quarterly basis.

Views of members of the public are sought from events such as local Area Assembly meetings, community groups and directly from service users, their families or carers via the PALS Service and complaints. Wherever possible this information and information from our Patient Survey is used to either change services or develop new ones.

We have worked closely with Rotherham General Hospitals NHS Trust, Rotherham Metropolitan Borough Council, including Social Services and Health Scutsry, and the voluntary/community sector, to develop a Framework for Public Consultation and this has been approved and adopted by the PCT.

Aims in which we have carried out consultation/surveys includes:
- Needle Exchange Scheme Swinton
- Intermediate Care Service User Questionnaire
- Teenage Pregnancy
- Physiotherapy Services

Work is in progress, including seeking the views of patients and the public, in relation to:
- Development of an Osteoporosis Support Group
- Involving wheelchair users in the development of new assessment criteria for wheelchair allocation

In addition staff work closely with many groups including Cancer User Forums, the Health Network, Age Concern and Rotherham Older Peoples Experience of Services Group. We are continuing to obtain your views with particular emphasis on different ethnic groups and younger people.

A toolkit has also been developed to support and inform staff about involving patients and the wider public more effectively in our work and the development of our services.

If you wish to be involved in a Patient Focus Group or apply to be a Patient Forum member, please contact Stephanie Hopkins on (01709) 304892 or by e-mail: stephanie.hopkins@rotherhampct.nhs.uk.

EVERYONE NEEDS PALS

A Patient Advice and Liaison Service (PALS) was established in April 2003 to build upon the PCT’s core aim of improving the health and well-being of the people of Rotherham and improving health services to ensure that people’s experiences of using the NHS are as smooth as possible.

The number of specific PALS contacts received in the first year relating to Family Health Services and Community Services were 235. An additional 4,400 informal contacts were received via the Health Advice Centre and were mainly general requests for information relating to dental charges, GP and dentist lists, help with NHS costs such as prescription charges and information on health services and current topical health issues.

The Patient Advice and Liaison Service is designed to:
- Advise and support patients, their families and carers on health matters
- Listen to concerns, suggestions and queries
- Help to sort out problems quickly on your behalf
- Provide information on NHS services

PALS is about making sure that patients and carers have access to ‘on the spot’ help, information and advice and any issues or concerns that they raise are dealt with efficiently and quickly.

The service is confidential and members of the PALS team act independently in handling patient and family concerns, liaise with staff, managers and where appropriate, relevant organisations, to help resolve concerns quickly and efficiently at a local level. They can also direct patients and families to specific local or national-based support agencies.

You can contact the PALS team on (01709) 302481 between 9am and 5pm Monday to Friday or write to: PALS Coordinator, Health Advice Centre, RAIN Building, Eastwood Lane, Rotherham, S65 1EQ. You can also contact them by e-mail at: health.enquiries@rotherhampct.nhs.uk.

ANY COMMENTS?

If you would like to comment on this report, or would like to receive further copies, please contact: Fiona Toplis, Head of Communications, Rotherham Primary Care Trust, Bevan House, Oakwood Hall Drive, Rotherham S65 3AQ.

Tel: (01709) 302026
E-mail: fiona.toplis@rotherhampct.nhs.uk.

USEFUL CONTACTS:

John McIvor
Chief Executive
Tel: (01709) 302012
E-mail: john.mcvor@rotherhampct.nhs.uk.

Andrew Spring
Director of Finance and Performance Management
Tel: (01709) 302181
E-mail: andrew.spring@rotherhampct.nhs.uk.

For free and confidential advice and information on local health services and issues contact:

Health Advice Centre
RAIN Building
Eastwood Lane
Rotherham Primary Care Trust S65 1EQ
Tel: (01709) 302483
E-mail: health.enquiries@rotherhampct.nhs.uk.

NHS Direct
24-hour nurse advice and health information.

Tel: 0845 4647
Or visit the website: www.nhsdirect.nhs.uk.