



A Strategy for Success:

A Statement of Intent

2005/06 through to 2007/08 and beyond

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HEREFORDSHIRE PRIMARY CARE TRUST

A STRATEGY FOR SUCCESS: A STATEMENT OF INTENT

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HEREFORDSHIRE PRIMARY CARE TRUST

A STRATEGY FOR SUCCESS, A STATEMENT OF INTENT

(1) Introduction

1.1 This paper provides a summary of the strategy being adopted by Herefordshire PCT to improve the health and health services of the people of Herefordshire. It explains the policy context within which the PCT is working, describes the PCT's role and key functions, comments on the main NHS reforms currently being implemented and sets out what are the main issues that need to be addressed in our local agenda.

(2) Seeing the Woods for the Trees

2.1 The NHS has never before had a clearer strategic direction and the overall strategy for the NHS in England is supported by a raft of objectives and targets which have to be delivered at local level. There is, in fact, a plethora of strategic statements, planning documents, delivery plans and objectives reaching down to individual service, care group and departmental levels. Unfortunately, the number of initiatives being implemented within the NHS and the weight of guidance to support them is producing a situation where at local level it is difficult to see the woods for the trees. It is important, therefore, that we are explicit about this PCT's strategy for local implementation of this expansive agenda. The Local Delivery Plan for 2005/06 through to 2007/08 provides chapter and verse about the way in which the PCT is going to meet the needs of the population it serves, but in the following sections there is an attempt to pick out the key issues which will dominate the local agenda. Some of these will be common to many other parts of the country. Others will not.

(3) The Policy Context

3.1 We have never been clearer about the policy context within which we must work and we have an abundance of guidance to support both our strategic and operational work.

3.2 We are in the 5th year of a 10 year programme of change and investment set out in the NHS Plan which was published in July 2000. That Plan provides the start point for our journey, but has been supplemented by the NHS Improvement Plan which was published in June 2004 and by objectives and targets set out in NHS Planning Guidance and Standards for Better Health which was published in July 2004. Taken together with a range of White Papers, the most recent of which was the Public Health White Paper "Choosing Health" which was published in December 2004, and with a range of National Service Frameworks, we know clearly what sort of NHS we are trying to create, the improvements that are needed and the system reforms that have to be undertaken.

3.3 The vision is one where the founding principles underlying the NHS are given modern meaning and relevance in the context of people's increasing ambitions and expectations of their public services. We are trying to build an NHS which is fair to all of us and personal to each of us, by offering everyone the same access to and the power to choose from a wide range of services of high quality, based on clinical need, not ability to pay.

(4) Developing the Role of the PCT

4.1 The PCT has responsibility for the health and health services of the people of Herefordshire. Against a background of public service reform, a clear policy direction for the NHS and record levels of investment, our objective is to provide the people of Herefordshire with fairer, faster and better care than ever before. This will be achieved by giving patients more information and more choice, whilst also giving the public better value than ever before.

4.2 The **core functions** of the PCT are to:

- Protect and improve the health of the population;
- Develop and support primary care;
- Commission hospital and specialist care;
- Provide community and mental health services.

4.3 In undertaking these functions the PCT has the following **objectives**:

- To improve the health of the people of Herefordshire;
- To reduce health inequalities;
- To assist the people of Herefordshire to manage their own health and to make informed choices about healthcare services;
- To provide local communities with a greater say over how local services are run and how local priorities should be set;
- To commission from a range of NHS and Independent Sector providers high quality health services which comply with all Government standards;
- To commission services locally wherever that is safe and appropriate;
- To improve access to services, both in terms of location and speed, for all members of the population;
- To improve the management of chronic conditions so that quality of life is improved and the use of NHS resources is more effective;
- To secure the best value for money for the tax payer;
- To promote professionalism, the ethic of caring, and the dignity of individual patients

4.4 In seeking to achieve these objectives, the PCT will support and pursue all the values expected of a public service organisation and in doing so will create an organisational “personality” which demonstrates the following characteristics:

- The PCT will commission and deliver services which centre around the needs of the patient and carer
- The PCT will actively support the improvement of care provided for patients at the same time as ensuring that services are safe and meet no less than national and local minimum standards.
- The PCT will work in an open and collaborative way with its key partners.
- The PCT will encourage openness and integrity with management accessible to staff, other health and care workers, and the public.
- The PCT will promote communication and involve the public, staff, and other health and care workers in the commissioning, planning and delivery of services.
- The PCT will encourage a “no blame” culture which subscribes to the values of a “learning organisation” in which education and endeavour is encouraged and rewarded.
- The PCT will promote equality and diversity, will value every member of staff and encourage team working.

4.5 The PCT will match the pursuit of its objectives and the promotion of its values with an effective and pragmatic approach to the management and development of services which:

- Defines clearly the national and local targets which must be achieved;
- Sets and manages realistic expectations of what is achievable;
- Delivers flexible but efficient systems which enable the PCT to obtain value for money from all its resources and ensure financial balance.

(5) Taking Stock of the Here and Now

5.1 Herefordshire PCT enjoys the benefits of co-terminosity with Herefordshire Council and this is an enormous asset in simplifying the processes for partnership working. The PCT purchases 20% of the hospital care for the people of Herefordshire from hospitals outside the county, but 80% of hospital care is purchased from Hereford Hospitals NHS Trust. The PCT enjoys three forms of relationship with the Hospitals Trust; as a commissioner, as a performance manager, and as a collaborative partner in the provision of services.

5.2 Herefordshire is one of the most rural counties in England and average income per household is the lowest in the West Midlands. Over 19% of the population are aged over 65 in comparison with an England & Wales average of 16%. In common with the rest of the country, the biggest causes of mortality are cancer, coronary heart disease and other circulatory diseases although generally mortality rates are significantly lower in Herefordshire than nationally for all cancers and for all causes considered together. Mortality rates for road accidents and for suicide are significantly higher. An examination of years of life lost for selected causes of death emphasises that road accidents and suicides are major public health issues for Herefordshire. The PCT will need to focus on these challenges as well as the more general causes of ill health as it implements the White Paper, "Choosing Better Health". The advent of the White Paper heralds the start of a new era of joint working with the Local Authority which has been given a major leadership role in improving the health of the people of Herefordshire.

5.3 The PCT is subject to a range of inspections and reviews by national inspectorate bodies, Royal Colleges, peer groups, etc. In general these are favourable and the Commission for Health Improvement (now the Healthcare Commission) issued a positive report following its visit to Herefordshire in 2002. In the first two years of Star Ratings awarded by the Commission, the PCT was awarded the top rating of 3 Stars. The PCT's Mental Health Service is currently graded a 1 Star service and a range of improvement measures are in place.

5.4 The total number of people waiting for operations is increasing and stands at just under 3,000. Waiting times are reducing and the PCT is meeting the key targets of ensuring that no patients wait more than 17 weeks for outpatient appointments and no more than 9 months for inpatient care. Nevertheless, there are immediate challenges to this performance and services are under pressure, and the PCT faces an extreme challenge in delivering the NHS Improvement Plan target of ensuring that the patient's journey from GP referral to elective treatment is no more than 18 weeks, including any waits for diagnostics.

5.5 The standards of primary care in Herefordshire are high and this is likely to be reflected in the results which emerge from the Quality and Outcomes Framework component of the new GP contract. The county has not suffered some of the national difficulties in recruiting GPs, although vacancies no longer attract significant numbers of applicants. The introduction in 2003 of an out of hours service has made a significant difference to the working lives of GPs which will assist recruitment and retention. Further work needs to be undertaken to improve the out of hours service and, in particular, to integrate it more closely with other services providing non-scheduled care.

5.6 The PCT manages or commissions services from five community hospital facilities and an intermediate care facility in Hereford. Bed occupancy levels are very high and because these facilities suffer from an excess number of delayed discharges, average length of stay is longer than it should be. Further improvements need to be made in the arrangements for transferring patients between Hereford Hospitals NHS Trust and the community hospital facilities, particularly as the Hospitals Trust works hard to meet the challenge of emergency admissions and the maximum 4 hour wait in A&E.

5.7 The PCT must ensure that working with the Local Authority it provides a whole new emphasis on improving public health and, in particular, growing healthy children. This work must be aligned to the policy initiatives of "Every Child Matters" and "Change for Children – Health Services". The PCT must improve the efficiency of its existing services, particularly by implementing care pathways supported by information technology. It must invest wisely in both system reforms and in the commissioning of services from a wider range of providers which gives the people of Herefordshire more choice.

(6) The Resources at our Disposal

6.1 The PCT manages a total budget of over £170m with which it commissions or provides healthcare for the people of Herefordshire. In addition, on behalf of other PCTs in the West Midlands South, it manages the commissioning of specialist services, expending more than £100m per year. During the last three years the PCT has enjoyed record levels of funding with increases of c.9% per annum and during the first year of the period covered by this strategy, will enjoy growth of 9.2%. The PCT is implementing an ambitious programme of reform and improvement and this is placing considerable strain on its budgets. It is vital that the PCT remains in financial balance and invests wisely in a way that will ensure that improvements can be sustained into future years when the levels of growth in funding may not be so high.

6.2 Our staff and those in the PCT's partner agencies are our greatest asset. A very significant part of the new funding made available to the PCT has been invested in supporting nationally agreed pay reforms including Agenda for Change (for which the PCT was an early implementer site), new contracts for Consultants, and new contractual terms for General Medical Practitioners. Further changes to contracts are also being negotiated for Dentists and Community Pharmacists. The PCT must ensure that this significant investment in pay and in new contracts resolves long standing problems of recruitment and retention, raises morale, and results in a workforce paid fairly and enjoying good working conditions, which is motivated to work flexibly and deliver the PCT's corporate objectives.

6.3 Herefordshire's physical assets are generally good, although there are those which require improvement including, for example, some of the Community Mental Health Team bases. The standard of GP premises is high, although many practices are seeking to expand their accommodation and the lack of space may inhibit the scope for practice based developments. The forward investment plans for GP premises do not appear adequate to meet the aspirations of practices and new approaches to funding, such as private sector partnerships and LIFT (a national initiative encouraging joint ventures) will need to be explored if the GP estate is to be maintained and improved.

6.4 Hereford Hospitals NHS Trust is the PCT's main provider of hospital services and operates from a new hospital funded through PFI arrangements. Whilst there are some outstanding issues surrounding the residual estate, not resolved as part of the PFI

project, and the Trust itself continues to work to establish its maximum capacity, the Hospital is nevertheless a jewel in the crown of the local NHS.

6.5 The PCT owns 3 community hospitals which are in a good state of repair and modern in their design. Each has been, or will be extended and improved and they offer good potential for extending the range of services which can be provided in local communities. The PCT also commissions services from two community hospital facilities owned and managed by independent sector partners, and these are new facilities of the highest standards. Within the City the PCT, working with the Council, has established a highly successful intermediate care centre, which again is housed in a very high standard of accommodation.

6.6 The PCT's Mental Health acute admissions unit is housed in the Stonebow Unit alongside the County Hospital. It is a good facility which is well maintained, but it is not ideal in that it does not meet all modern standards of provision, particularly in relation to the provision of separate areas for female and male patients and adequate areas for therapies and relaxation.

6.7 The PCT owns a range of other clinics and office premises located throughout the County and although some of these, particularly the Gaol Street clinic, have been significantly extended and improved, there are others which require replacement or improvement including some of the Mental Health team bases.

6.8 The Trust Estates Strategy sets out the future direction for ensuring that we have the estates and facilities to support the services we provide. There may be the potential for further integration and co-location of primary care and community health services. There are plans to site services in areas of new development in the South Wye area and proposals are currently being examined which would lead to the development of a new Children and Young People's Centre. In taking forward all of the above the PCT will wish to resolve the future of Victoria House, the previous Headquarters of the Herefordshire Health Authority. This building lies in a very central position and the Trust will wish to ensure that this site is used to its maximum potential.

6.9 Overall, we enjoy a high quality of staffing working from good standards of accommodation. This quality is not, however, matched with quantity in all areas and there is a need to expand staffing numbers and improve skill mix, and to expand the accommodation available within which services can be provided. As well as expanding accommodation, the PCT will need to explore modern methods of working using new technology and concepts such as hot desking.

6.10 The resource that we may have failed to capture most appropriately is that which exists in the population we serve. We must continue to inform and educate our local population so that they can make more choices about the type of care they receive and from whom they receive it and we must successfully deliver our Chronic Conditions Management Project so that patients can improve their self care, receive a better quality of care from their local health services and avoid the need for crisis care.

6.11 As we engage in this work with our local public we must both increase their confidence in the services that are available to them and, at the same time, manage their expectations of what can reasonably be delivered.

(7) System Reform and Support

The NHS is undergoing system reform in order to deliver the objectives contained in the NHS Plan. These system changes can be summarised under the following headings:

7.1 Plurality and Diversity

7.1.1 The PCT must offer more choices to patients about the type of care they receive and where they receive it from. In order to do this it must encourage diversity in the way in which providers model their services and must create a broader range of providers from which patients may choose their care. The PCT will commission services from Hereford Hospitals NHS Trust, from Foundation Trusts, particularly Gloucestershire Foundation Trust and University Hospitals Birmingham, from other NHS Trusts, such as Worcestershire Hospitals NHS Trust and, in particular, will forge stronger relationships with the Independent Sector. By 2008 patients will have a choice of any accredited provider for elective treatment and the PCT must support the development of a market place which includes a greater range of high quality providers.

7.1.2 This drive for plurality and diversity may change the numbers of patients attending Hereford Hospitals NHS Trust. This will depend on the influence of practice led commissioners, the choices made by patients and the quality of care offered by Hereford Hospitals NHS Trust and its competitors. The PCT will need to work closely with Hereford Hospitals NHS Trust to ensure that the Hospitals Trust can play its full part in the new market arrangements and can respond appropriately to what the PCT assesses will be the needs for services expressed by practice led commissioners and patients.

7.1.3 The debate about plurality and diversity must be extended beyond secondary care services and the PCT will be examining the concept of plurality and diversity within primary, community and mental health services. The aim will again be to offer choice of high quality services and to meet all national targets, and the creation of plurality may mean encouraging a more significant role for the Independent Sector.

7.2 Access Booking and Choice

7.2.1 The PCT will work very closely with its major providers, especially Hereford Hospitals NHS Trust, to ensure that at the point of referral patients have the information and advice that enables them to make the appropriate choice and the means to exercise their choice by booking their appointments at a time to suit their own convenience. This will mean implementing electronic booking, supported by the appropriate information technology.

7.3 Payment by Results

7.3.1 The NHS is implementing Payment by Results. Under this scheme national tariffs are set for procedures and treatments and providers are paid in accordance with the tariff for the number of patients they treat. Payment by Results is currently in a transitional phase. It is at its most advanced in supporting the relationship between the PCT and Foundation Trusts and the PCT will wish to move towards full Payments by Results with its main provider Hereford Hospitals NHS Trust as soon as possible.

7.3.2 Plurality and Diversity, Access Booking and Choice and Payment by Results all require the PCT to develop its commissioning role, undertake a new role of market manager and develop new relationships with both existing and new providers. Hereford Hospitals NHS Trust faces the challenge of ensuring that under Payment by Results it secures sufficient income to maintain its viability. The PCT believes the people of Herefordshire will want the choice of accessing Hereford Hospitals NHS Trust for most of their services and the PCT will work closely with the Hospitals Trust so that the Trust has a clear understanding of the PCT's planning and commissioning assumptions (and its predictions of what patients will choose) and can therefore determine the capacity that it wants and is able to put in place to meet those needs.

7.3.3 At the same time as assuming a stronger role as a commissioner, the PCT and GP led commissioners must also maintain and develop collaborative working with providers, particularly to determine effective care pathways.

7.3.4 The focus of Payment by Results is currently placed on acute services, but the intention is that in due course it shall be rolled out to community and mental health services. As a provider of services the PCT must ensure that it is prepared for Payment by Results and as a commissioner the PCT must implement more formal arrangements for contracting with its provider arm.

7.4 Practice Led Commissioning

7.4.1 From 1 April 2005 practices have a right to have budgets and commission services for their patients. The PCT will work closely with practices to ensure that those who wish to exercise this right have adequate support and guidance. Practices will be given the freedom to choose the services they wish to commission for their patients and the PCT will ensure that through joint work with practice led commissioners all targets and priorities agreed in the Local Delivery Plan are met, in addition to any which the practices wish to set for themselves.

7.4.2 The PCT views practice led commissioning as a vital initiative to complement Choice and Payment by Results and in particular will wish to encourage practices to manage demand and create alternatives to secondary care.

7.5 Foundation Trusts and Children's Trusts

7.5.1 The PCT is already working with two Foundation Trusts from which it commissions services and is gaining experience of the new commissioner/ provider relationship which has to be established with Foundation Trusts which enjoy a level of independence beyond that of NHS Trusts and enter into contracts on a legally binding basis. We anticipate that more of our local providers, including in due course Hereford Hospitals NHS Trust, will aspire to become Foundation Trusts and we will need to work with them to support that ambition.

7.5.2 The Children's Act and the recently published Public Health White Paper, set out the Government's expectation that every area should establish Children's Trust arrangements. This is part of the policy drive to improve outcomes for children and Children's Trust arrangements provide a vehicle for the joint commissioning of services to children, joint planning and some elements of joint provision. The PCT will work closely with the Local Authority to establish Children's Trust arrangements as soon as possible.

7.6 Focusing on Public Health

7.6.1 In December 2004 the Government published its White Paper, "Choosing Health – Making Healthy Choices Easier". The publication of this White Paper heralds a new Government drive to improve the health of the nation. It is based on the principles that Government should provide the climate within which people can make their own choices based on trustworthy information, that services need to be personalised especially for deprived groups and that progress needs to be made by working in partnerships. The White Paper makes it clear that there is a special responsibility for children and special arrangements must be made where one person's choice would harm another, for example, passive smoking.

7.6.2 The White Paper makes it clear that there needs to be not only a general focus on improving health rather than just health services, but that there must be a special concentration on improving the health of children and growing a healthy nation. The drive to reduce health inequalities must also be accelerated.

7.6.3 The White Paper can only be implemented successfully through partnership working and especially by the PCT acting as a co-leader with the Local Authority. The PCT will commence urgently discussions with the Council with a view to establishing new collaborative arrangements for driving the Public Health agenda forward. As a first step the PCT and the Council will review the current resources they commit to improving Public Health and how through closer integration they might achieve even more effective outcomes.

7.7 Standards, Inspection and Regulation

7.7.1 The PCT will be implementing its strategy within an NHS where plurality and diversity are encouraged and where patients are able to exercise choice from a broader range of providers whose services have been accredited and meet national standards.

7.7.2 National standards have been set for most service areas and a range of regulatory bodies now inspect the PCT and other public service organisations to ensure that those standards are met. The Government published "Standards for Better Health" which set out a range of core and developmental standards against which health service organisations would be inspected.

7.7.3 The PCT must ensure through its Local Delivery Plan, its governance arrangements and its performance management framework that it is able to meet all core standards. The PCT must also set developmental standards in consultation with its practices and with its providers.

7.7.4 Regulation and inspection of the PCT and its services will become a routine and every day experience. The PCT will improve its information systems and reshape its performance management framework so that it can routinely respond to the requirements of the Healthcare Commission, the Commission for Social Care Inspection and Ofsted, etc.

(8) System Support Mechanisms

The system reforms described above will be implemented by putting in place a range of system support mechanisms. These mechanisms will include:

8.1 NPfIT – implementing an ambitious information technology programme which will ensure that information is available when and where it is required to enable clinicians to provide better care to their patients and to support the business needs of the PCT and its partners.

8.2 Agenda for Change – ensuring that not only are new pay systems and conditions of service implemented but also that the Knowledge and Skills Framework is used to support appraisal and development.

8.3 New Contracts for Dentists and Pharmacists – subject to national negotiations, implementing new contracts which will enable the PCT to ensure that all patients have access to comprehensive dental services and that pharmacists are enabled to play an enhanced role in the provision of services.

8.4 Equality and Diversity – ensuring that the PCT embraces not only the law, but the spirit in driving forward equality and diversity for all its employees and for the patients it serves. This includes a commitment to promote race equality in both service and employment issues.

8.5 Chronic Conditions Management – implementing an ambitious programme to help equip patients to care for themselves, to monitor patients conditions, avoid crises, and improve the quality of life for those with life lasting conditions.

8.6 Diagnostics – examining the range of improvements required to ensure that the services the PCT commissions or provides will allow patients to complete their journey from referral to treatment within a maximum period of 18 weeks. The PCT will ensure that it contributes to any national procurement exercises which might provide local capacity.

8.7 Control of Infection - undertaking a programme of education, information and specific initiatives to control infections. Controlling and reducing the levels of infections will improve health outcomes, enhance the patient's experience and contribute to increasing public confidence in the NHS.

8.8 Partnership Working – continuing to promote partnership working at every level, establishing stronger partnership relations with main providers on a commissioner/provider basis and in particular, strengthening partnership working with the Local Authority in the field of Public Health improvement and in improving outcomes for children.

8.9 Integrated Governance – continuing to integrate the separate streams of risk management, corporate, financial and clinical governance which are currently reviewed under the umbrella of the Risk Convergence Committee.

8.10 Efficiency and Shared Services – responding to the requirements of the Gershon enquiry, meeting annual requirements for efficiency gains and in particular looking for further opportunities for shared services for back office functions.

8.11 Improving the Estate – implementing the Trust's Estates Strategy, ensuring that all statutory requirements are met, including improving access for the disabled and developing the estate to allow an expansion of services to meet the needs of patients locally.

8.12 Financial Strategy – planning the PCT's financial affairs over a forward period of at least 3 years, ensuring that the PCT remains in financial balance and secures the very best value for money for the public. This financial strategy will need to address how to manage the risks which might arise if Choice, Plurality and Diversity and Payment by Results produce a more volatile environment.

8.13 Public Involvement – working through the Trust's Communications and Public Involvement Committee, expanding on the Trust's existing public involvement work and, in particular, responding to the requirements of the Patients Forum and the Council's Oversight and Scrutiny Committee. The PCT will also commence new work in marketing health (rather than health services) in support of the Public Health White Paper.

(9) The Major Challenges Ahead in Responding to the Needs of Care Groups and Patient Groups

The PCT must achieve all the standards and targets for all services set out in the planning guidance and in "Standards for Better Health". Some of these will be more easy to achieve than others. This section captures those issues which may present the greatest challenge locally.

9.1 Children and Young People

9.1.1 The PCT must implement the National Service Framework for Children and Young People, and for Maternity Services. It must work with Herefordshire Council to implement the Children Act, to establish Children's Trust arrangements and ensure that the emphasis on children in the Public Health White Paper becomes a reality locally.

9.1.2 The PCT aspires to establish a Child Development Centre in the City and will bring its plans to fruition during the period of this strategy. In addition, the PCT will work with the Council to understand and implement the concept of Children's Centres (based around educational facilities) as described in the White Paper. The Council is already supporting initiatives to establish three Children's Centres and more will follow.

9.1.3 There are still issues to be addressed in relation to the future of acute paediatrics in Herefordshire and a joint planning group has been established with Hereford Hospitals NHS Trust to plan the future of acute and community paediatric services.

9.2 Older People

9.2.1 Delayed discharges remain a challenge to the health and social care system. They reduce the capacity of the NHS and prevent it working to its maximum efficiency and extended delayed discharges prejudice the health of individual patients, particularly the elderly. Delayed discharges have a range of causes and some of the solutions rest entirely with the NHS. There is, however, a level of delayed discharges which can only be resolved by joint working with the Local Authority. Very significant progress has been made in resolving delayed discharges at Hereford Hospitals NHS Trust and the same success must now be achieved in the PCT's community hospital facilities. The PCT and the Local Authority will work together closely to improve systems, models of care and levels of funding. We will also need to provide better information to patients and their carers about the care pathway that they may follow and may need to be more explicit that patients may be required to move from an acute setting into an alternative care facility.

9.2.2 The introduction of the single assessment process (SAP) remains a challenge. Working with the Local Authority, the PCT will implement its SAP pilot, but the evidence is becoming clear that further progress will probably be dependent on integrating governance, funding, and commissioning of services at Authority and PCT level.

9.2.3 Stroke Services must be improved. The PCT will be commissioning improved stroke services and, in particular, will support Hereford Hospitals NHS Trust in establishing a stroke unit and implementing a stroke pathway which includes early access to CT scanning.

9.2.4 Finally, the PCT will revisit the issue of screening for osteoporosis. DEXA scanning is currently commissioned from providers outside of the county and the PCT will wish to commission a more local service.

9.3 Health Inequalities

9.3.1 The PCT will be reviewing its work on tackling health inequalities in the light of the White Paper delivery plan. Health inequalities exist in Herefordshire as elsewhere, but the numbers are often small so that a locally targeted and focused approach is needed. The PCT will work with other relevant partners on the identification of pockets of disadvantage and develop evaluated interventions which aim to reduce poor health outcome. Health inequality will be explored across disease areas and across all client groups.

9.4 Sexual Health

9.4.1 Improvements in sexual health are a key part of the Public Health White Paper. The PCT has established an integrated sexual health service and in response to the Public Health White Paper will seek to target its services at the areas of most need. Priorities will include the continued drive to reduce unwanted teenage pregnancies and to implement a programme for the screening of Chlamydia.

9.5 Mental Health

9.5.1 Some of the more recent developments in Mental Health need to be consolidated before the service can move on to make further improvements. Objectives will include extending the early intervention service and moving the crisis teams to providing a 24 hour service county wide.

9.5.2 Further work will be undertaken to implement fully the care programme approach and the PCT recognises that the Mental Health Service requires additional information and IT support.

9.5.3 The recruitment and retention of a highly skilled consultant workforce remains a constant challenge. The PCT will undertake further work to make consultant posts more attractive and will review its medical staffing plan with a view to increasing the number of consultant and other medical posts and, in particular, reducing the burden of on call. This work may involve collaboration with other provider of mental health services.

9.6 Drugs and Alcohol

9.6.1 Further initiatives are required to tackle the abuse of drugs and alcohol. The Public Health White Paper delivery strategy (due in February 2005) will provide further information about the actions which must be taken. Locally, we will wish to increase the number of drug users in treatment programmes and to review the breadth and focus of DASH which is currently working mainly with drug abusers who inject. The PCT will also wish to clarify its service level agreement with the National Treatment Agency and will wish to continue to play a full part in the Community Safety and Drugs Partnership.

9.7 Learning Disability

9.7.1 The PCT has entered into a Section 31 Agreement with the Local Authority under which the Local Authority leads the commissioning and delivery of services for people with learning disability. The PCT must however review the levels of access which people with learning disability have to mainstream health services. There is evidence that the PCT needs to improve access to services such as cervical screening and mammography.

9.8 Diabetes

9.8.1 Working with Hereford Hospitals NHS Trust the PCT has been able to stabilise the service for people with Diabetes and must now seek to move on and make further improvements. The foundation for future plans is in the Public Health White Paper and important initiatives will include the implementation of retinopathy screening so that national targets for screening are achieved, and the introduction of a programme of chronic conditions management. Hereford Hospitals NHS Trust will also be keeping under review its medical staffing plans in support of services for Diabetes.

9.9 Coronary Heart Disease

9.9.1 The Public Health White Paper will again provide the foundation on which reductions in coronary heart disease will be achieved and working with the Local Authority, the PCT will be implementing initiatives to reduce obesity and increase exercise. The establishment of a rapid access service is a vital component of the services for people with heart disease and the PCT has commissioned a service which should be in place from January 2005 at Hereford Hospitals NHS Trust.

9.9.2 There are major issues for Herefordshire about the levels of access to cardiac catheterisation and to cardiac surgery. Working with the specialist services commissioning teams and with colleagues at Hereford Hospitals NHS Trust, the PCT will agree appropriate levels of access and set targets to achieve them.

9.10 Cancer

9.10.1 Excellent progress has been made in improving cancer services through the work of the Three Counties Cancer Network. Nevertheless, there are still significant improvements required and in particular the PCT will implement the guidance on

improving outcomes, commission appropriate prescribing which adheres to NICE guidelines, implement the integrated cancer care project and enhance palliative care services. The PCT will also ensure that access targets are achieved and sustained.

9.11 Dentistry

9.11.1 Ensuring that the people of Herefordshire have access to NHS dental services is one of the most significant challenges to be faced. A dental support team has been established within the PCT which is working to increase the numbers of patients who can register with General Dental Practitioners for NHS dental services, and to secure an increased number of Dentists operating under the Personal Dental Services scheme. Progress is good and this needs to be maintained at the same time as implementing any new contract for General Dental Practitioners which is currently the subject of national negotiation.

9.11.2 The above developments may require an expansion of the estates and facilities for dentistry and the PCT will consider innovative partnerships with local dentists to improve capacity.

9.12 Specialist Services

9.12.1 The PCT on behalf of the West Midlands South manages a £100m portfolio of specialist services. There are specific issues for Herefordshire which include gaining far better access to secure services and to Tier 4 Child and Adolescent Mental Health Services, and working with partners in Worcestershire to expand renal services and develop a new renal unit. The cost of specialist services grows at a faster rate than most other services and the PCT will need to contain costs within its overall financial strategy.

(10) What Does This Strategy Mean for Our Stakeholders?

10.1 The Public

10.1.1 The PCT will commission services for the people of Herefordshire using taxpayers money to purchase services which are free at the point of delivery. Those services will, however, be provided by an increasingly diverse range of providers which will include, but not exclusively, NHS Trusts and Foundation Trusts. The Independent Sector will play a greater role, but whoever the provider is they will work to nationally agreed standards.

10.1.2 Through the implementation of the strategy the people of Herefordshire will have the support and information which will enable them to take ownership of and improve their own health. They will see a greater focus on improving the health of children and through practice led commissioning they will see their local GPs making decisions about their services which will more closely reflect their local circumstances.

10.1.3 The PCT will continue to find ways to more closely involve the public in influencing decisions about healthcare and, in particular, the public will see the Patients Forum and the Oversight and Scrutiny Committee act on their behalf to improve services.

10.2 Patients

10.2.1 Patients will be provided with better information about the type of services available to them and will have a greater choice of providers from which to obtain their care. They will increasingly find that modern technology is used to provide them with information and the means to book their appointments at their convenience.

10.2.2 For the significant number of patients who endure chronic conditions they will have the opportunity to enrol in the PCT's Chronic Conditions Management programme which will involve education and help to improve self care as well as in appropriate cases, individual case management from well qualified and experienced clinical staff.

10.2.3 Arrangements for non-scheduled and emergency care will continue to be developed and the county-wide out of hours service will be more closely integrated with other non-scheduled care services. As practice led commissioning develops patients will see more alternatives to secondary care being developed in primary care. By the conclusion of this strategy all patients in Herefordshire who wish to obtain NHS dental treatment will be able to do so.

10.3 Herefordshire Council

10.3.1 The PCT will work even more closely with Herefordshire Council. It will strengthen the current Section 31 arrangements for Mental Health and Learning Disability and consider whether further Section 31 arrangements may be needed to support new arrangements for joint commissioning and planning for children's services, services for older people and to support joint leadership by the Council and the PCT of the implementation of the Public Health White Paper.

10.3.2 The PCT will expect that over the period of this strategy the challenges associated with delayed discharges can be overcome through more efficient joint working, new models of care and increased levels of funding.

10.4 The Voluntary Sector

10.4.1 The PCT will forge more effective relationships with the voluntary sector and will use the recently signed "Compact" to facilitate the process of ensuring that the voluntary sector is given a clear view of the commissioning requirements of the PCT and social care and has the opportunity to offer itself as a provider of services.

10.5 Carers

10.5.1 The PCT acknowledges that it needs to do far more to support carers and will invest more energy in implementing its carers strategy. As well as an attempt to be more supportive of all carers across all fronts there will be specific initiatives such as the assessment and development of carers plans for those carers who support people with mental illness. A new Carers Officer, jointly funded with the Council, has been recruited to the IMPACT team.

10.6 Practitioners

10.6.1 General Medical Practitioners have recently entered into new contract arrangements with the PCT. The PCT will support them to implement the contract to the full benefit of patients and this will involve achieving the maximum points possible under the Quality and Outcomes Framework and in due course, providing a range of enhanced services. These enhanced services may well be linked to commissioning decisions taken by practice led commissioners. Every practice will have a right to a devolved budget for commissioning.

10.6.2 General Dental Practitioners will continue to be offered the opportunity to work under new Personal Dental Services arrangements. The PCT will also be looking to agree other incentives which would encourage Dentists to accept more patients under NHS arrangements. Subject to national negotiations, new contracts for Dentists and for Community Pharmacists will be implemented.

10.7 Hereford Hospitals NHS Trust

10.7.1 Hereford Hospitals NHS Trust is the main provider of acute services for the people of Herefordshire. The Trust will be positioning itself to be able to operate successfully in an environment where services are increasingly commissioned by a different range of commissioners (eg, the PCT, practice led commissioners, Children's Trusts, etc) and where ultimately patients choose the hospital they wish to attend. The Trust's viability and its ability to develop its services will depend on its ability to attract patients and secure adequate funding streams under Payment by Results.

10.7.2 The Trust is aware that there may be changes to the existing flow of patients. The PCT and other commissioners must provide patients with a choice of hospitals, and this will include the Independent Sector. The Hospitals Trust is therefore going to be operating in an increasingly competitive environment.

10.7.3 The PCT recognises that by building a new hospital under PFI arrangements, the NHS and the Hospitals Trust has made a long term commitment to maintain a major hospital facility in Hereford. The PCT will work with Hereford Hospitals NHS Trust to ensure that the Trust can create a future where it remains a major provider of services, especially emergency services, to the public of Herefordshire (and of Wales), provides a broad range of services providing it is safe and appropriate to do so and is able to operate efficiently and to the highest standards possible.

10.7.4 In its role as manager of the local marketplace the PCT must ensure that practice led commissioners have the freedom to exercise commissioning decisions which are appropriate for their localities and must give patients a real choice of hospitals for their treatment. In doing so, however, the PCT will through its LDP and through the "license to operate" which will be offered to practice based commissioners, ensure that any turbulence created by commissioners and patients choosing hospitals other than Hereford is managed in a controlled way.

10.7.5 The PCT must improve its planning and commissioning processes and provide the Hospitals Trust with clearer indications of the services which may be required of them. Increasingly, this will mean that the PCT will have to try and predict the commissioning intentions of practice led commissioners and the choices which will be made by patients. In response to these predictions, the Hospitals Trust will need to determine its capacity so that it is clear how many patients it can treat in accordance with the national and local standards which will be set.

10.7.6 The PCT will also work closely with the Hospitals Trust and with practice led commissioners to improve demand management, and to agree common pathways of care.

10.7.7 Previous plans and strategies issued by the PCT have aroused interest because of the debate about bed numbers at the Hereford Hospital and the Hospitals Trust is still working to a plan which provides for the closure of hatted wards. With the publication of this strategy the PCT is drawing a line under the bed debate. The PCT and practice led commissioners will commission services and patients will choose whether they wish to attend Hereford Hospital. Only Hereford Hospitals NHS Trust can determine how many beds it requires in order to meet the needs of the patients who choose to come to them and only Hereford Hospitals NHS Trust can determine how to use its beds most efficiently so that the Trust's overall costs can be contained within the national tariffs which will determine their income under Payment by Results. The PCT will be supportive of the Trust if it requires assistance with any modelling of its bed numbers, but ultimately the decision rests with the Trust.

10.7.8 Beds are not, however, solely sited at Hereford Hospitals NHS Trust and the PCT itself provides over 100 beds from its community hospital facilities. It will work closely with the Hospitals Trust, with the Council and with practice led commissioners to ensure that they are used efficiently for both step down and step up facilities in a way which complements the Hospitals Trust in achieving the optimum length of stay and bed occupancy in its own beds.

10.8 Other Main Providers

10.8.1 The PCT and other commissioners will continue to commission services from hospitals in Gloucester, Cheltenham, Worcester, Birmingham, Abergavenny and elsewhere. The PCT will need to develop a new form of commissioner/provider relationship with those hospitals and will need to ensure that should patients so wish,

they are able to choose those hospitals for their treatment. Two of the hospitals trusts, namely in Gloucester and University Hospitals Birmingham have already become Foundation Trusts and this has demonstrated to the PCT that it needs to be far more effective in its commissioner role, that it needs to be far more precise in setting out the terms of its contracts and more rigorous in contract monitoring. If this does not develop there is a real risk that under Payment by Results these hospital providers will attract and treat patients beyond the level that the PCT and other commissioners can afford.

10.8.2 The role of the Independent Sector is expected to grow and the PCT has been given a target of placing up to 10% of elective treatments in the Independent Sector. This is challenging because ultimately patients will choose where they are treated and at the present time there is very little presence of the Independent Sector in or near Herefordshire. The PCT will need to work closely with the Department of Health and the SHA so that in any national procurement arrangements the need to bring the Independent Sector option to Herefordshire is explicit and detailed. The PCT will also take its own steps to improve contact with the Independent Sector, but ultimately it is more likely that the local market will change as a result of patients being given options in consequence of the national procurement exercises.

10.9 Community Hospitals

10.9.1 The PCT commissions and/or provides services from 5 community hospital facilities and an intermediate care unit in the City. These play a vital role in contributing overall capacity to the local health service and enjoy enormous support from their local communities. They are in excellent or good condition, provide good standards of care and the PCT intends that they should have a very long term future.

10.9.2 Bed occupancy in the hospitals is high, but turnover has been affected by delayed discharges. In implementing this strategy the PCT will need to address how to ensure that the most appropriate patients are cared for in these hospitals. This means developing agreed care pathways and liaising even more effectively with Hereford Hospitals NHS Trust and the Social Care Directorate of Herefordshire Council. The PCT will wish to engage more actively in influencing the Council's housing strategy.

10.9.3 Some staff and local GPs have been frustrated at the PCT's inability or reluctance to expand the role of the hospitals. The advent of GP led commissioning provides a real opportunity for practices working with local staff to be more radical in the way in which the hospitals are used, providing any changes complement this strategy and meet the requirements of the Local Delivery Plan.

10.10 Our Staff

10.10.1 In preparing this strategy a wide range of discussions have been held with practitioners and staff. Whilst being supportive of most of the national and local initiatives contained within the strategy, staff have found the level of changes proposed, both in terms of system reform and improvements to services, breathtaking.

10.10.2 The PCT must keep its staff informed, help them to shape implementation strategies and ensure that there continues to be an appropriate focus on meeting the needs of individual patients at the same time as refocusing some of the PCT's efforts towards improving public health generally.

10.10.3 The PCT has implemented Agenda for Change and new contracts for Consultants and other staff. Levels of pay and conditions of service are significantly better than they have ever been before. The challenge now is to move onto the next stage of Agenda for Change and support staff with appraisal and personal development and to use all the new contracts to help direct staff energies towards achieving the PCT's objectives as contained in this strategy.

10.10.4 At any time when there is so much change taking place and, in particular, when system reform is being undertaken, there are bound to be uncertainties about the future shape of organisations. This current round of reforms will be no different and it is inevitable that the introduction of new commissioners and of new providers will raise questions about the future shape of the PCT as an organisation. As these discussions emerge, the PCT will keep its staff closely informed, consult them and offer them the opportunity to join the debate about the most appropriate shape and content of future organisations. In all this the one constant will be the need to ensure that on a daily basis we focus on the needs of the population and patients we serve.

And finally,

10.11 The PCT as an Organisation

10.11.1 By implementing this strategy the PCT can improve the health of its local population and increase the quality and choice of providers of treatment. The founding principles of the NHS will be protected and the taxpayers money will continue to be used to meet the needs of the local population and provide care free at the point of delivery.

10.11.2 The level of change and reform that is being undertaken is perhaps the greatest in the history of the NHS and the PCT will need to develop a new Organisational Development Strategy. Where the PCT remains a commissioner it will need to strengthen that role, but as commissioning becomes devolved to practice led commissioners, Children's Trusts and others, the PCT will need to develop a new role as a market manager. The introduction of new commissioners and of Choice and Payment by Results, may lead to changes in the level of services the PCT provides through its provider arm. It may gain or lose services or may simply have to reshape existing services to meet the new requirements of commissioners. A new Organisational Development Strategy will need to address how the organisation and its staff can be equipped to play a far greater role in improving public health and how it can undertake a commissioning role with a broader range of providers, some of whom will be in the Independent Sector and some of which will be Foundation Trusts, both of which will wish to enter into legally binding agreements. The strategy must also address what initiatives can be taken to manage the uncertainty which is inevitably created at a time when so many exciting initiatives and elements of system reform are being undertaken. The PCT itself is a major provider of

services and throughout this period of change it must ensure that it continues to focus on the needs of patients and that in its daily operations the PCT remains a high quality provider of services.

(11) Further Information

11.1 Extensive detail in support of this strategy is contained in the PCT's Local Delivery Plan for 2005/06 through to 2007/08. The PCT also issues corporate objectives for each financial year. These and other documents can be obtained from the Director of Health Development at Herefordshire PCT, Belmont Abbey, Belmont, Hereford, HR2 9RP.