

18

Fareham & Gosport **NHS**
Primary Care Trust



a healthier **FUTURE**
annual report 2003-2004

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

ABOUT US

This is the second annual report produced by Fareham and Gosport Primary Care Trust (PCT). The PCT was established in April 2002, succeeding two primary care groups, one each for Fareham and Gosport, and two NHS bodies, the former Portsmouth HealthCare NHS Trust and the Isle of Wight, Portsmouth and South East Hampshire Health Authority, which were dissolved that year.

As a primary care trust we have one simple aim – delivering improved health for local people. It is our responsibility to provide primary and community health services to our local population – such as community nursing, community hospital and therapy care such as occupational and physiotherapy.

We ensure people in Fareham and Gosport have proper access to hospital and specialist NHS services through a process called ‘commissioning’ which essentially means we purchase the health services people locally need, from organisations which provide them.

We also work closely with GP practices, NHS Dentists, Pharmacists and Optometrists to ensure that the services provided to the NHS by these professionals are appropriate to the needs of local people.

Alongside this we have a more specialist role in managing the health provision of adult learning disability services for the whole of South East Hampshire, not just Fareham and Gosport. We provide a range of social care learning disability services to Portsmouth City Council and Hampshire County Council.

We spend around £170m each year and directly employ approximately 1,500 people – making us one of the largest employers in the area.

“ As a primary care trust we have one simple aim – delivering improved health for local people ”

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

FOREWORD

If you glance through the illustrations in this report a common theme quickly begins to emerge – that of children enjoying themselves in healthy pursuits, whatever their abilities. The pictures leave you with that ‘feel good’ factor and are no doubt typical of the many sports days held throughout Fareham and Gosport each year.

One of our many roles as a primary care trust is to promote better health amongst younger people and we have run many successful initiatives over the past year in helping parents, schools and others to encourage children to consider the benefits of a healthy lifestyle.

But we also have a duty to ensure that as they get older, and perhaps have children and grandchildren of their own, there are modern, effective NHS services around that meet whatever health needs they, or their families, may have.

The past year has seen us planning and discussing with local people some of the most significant changes to health services ever seen in the Fareham and Gosport area.

We have an unprecedented opportunity to develop modern services, in state of the art, purpose built accommodation which will serve people in this area well into the future.

The redevelopment of Queen Alexandra Hospital, the withdrawal of the Ministry of Defence from the Royal Hospital Haslar, and our participation in a private/public partnership called the Local Improvement Finance Trust are three significant factors that have helped forge this opportunity.

We acknowledge there are some tough decisions to be made, particularly with regard to some much loved local

buildings. But we also have to remember that as people’s health needs become more complex, as different models of care emerge and employment and safety legislation changes, it may be that the buildings we have cannot always meet the increasing demands placed upon them.

As well as providing the best possible care to our patients, we want to look after those who provide that care. The successes in this report reflect the wonderfully committed, hard working and innovative staff that we have and we want to ensure that they can work in safe, secure environments which enhance, not hinder, their working practices.

We greatly value the efforts of our staff and appreciate too the ongoing enthusiasm and commitment of the family doctors, dentists, opticians and pharmacists with whom we work – several new initiatives have emerged this year which help build more encouraging foundations for the future.

Much of what we have achieved this year could not have been done in isolation and the role of our main working partners should not be understated. We work with people at all levels within other local NHS organisations, the local borough and county councils and voluntary organisations, and our good working relationships have played a key part in our successes. I should also like to pay tribute to all the individual members of the public who have offered their time and energy to help us in our work. We value their input and are grateful for all the help we have had.

I hope this report will help convey to you the varied and active life of the PCT. There is much to be positive about in what we have achieved to date, and we shall maintain our enthusiasm to face the challenges of the future, rather like the children from Holbrook Primary School.

Lucy Docherty
Chairman

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FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

**CONTENTS****PAGE**

Introduction	6
What matters to us	6
Working together for our future health	7
Moving forward	9
Looking to be the best	12
Staying focused	18
Hitting our targets	22
Working together	24
Listening to ideas	28
Developing our skills	31
Rising to the challenge	34

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

INTRODUCTION

We would like to thank the children and staff at Holbrook Primary School for allowing us to use photographs taken at their sports day in this annual report.

As you will see the children there are an active, healthy bunch and we hope that it is many years before they have need of their local NHS services. But by the time they do need to use them, we want them to have access to modern, efficient health services that meet their needs, provide effective care and are placed in locations that are convenient for them.

Much of the work that we have been doing over the past year relates to this, and is moving us in the direction of being able to give all people who live in the Fareham and Gosport area the services that meet their health needs.

This is a lengthy process which has, and will, continue to involve us in some very difficult decisions along the way. But these decisions should not deter us from our goal – ensuring a healthy future for local people.

WHAT MATTERS TO US

One of the first things we did as a fledgling organisation was to establish a series of values which we could use as the framework for all the work that we undertook.

These guiding principles are there to form the backdrop to all our plans and decisions and were developed with the involvement of patients, professionals and voluntary organisations. They reflect what we think matters most in providing health services.

- **Putting the needs of patients at our centre.**
- **Listening to service users and carers.**
- **Continuously improving the quality of patient experience.**
- **Valuing, motivating and harnessing the enthusiasm and skills of all our staff and contractors.**
- **Working in honest and open partnership.**
- **Managing our resources well and delivering targets.**
- **Being accountable for our actions.**

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

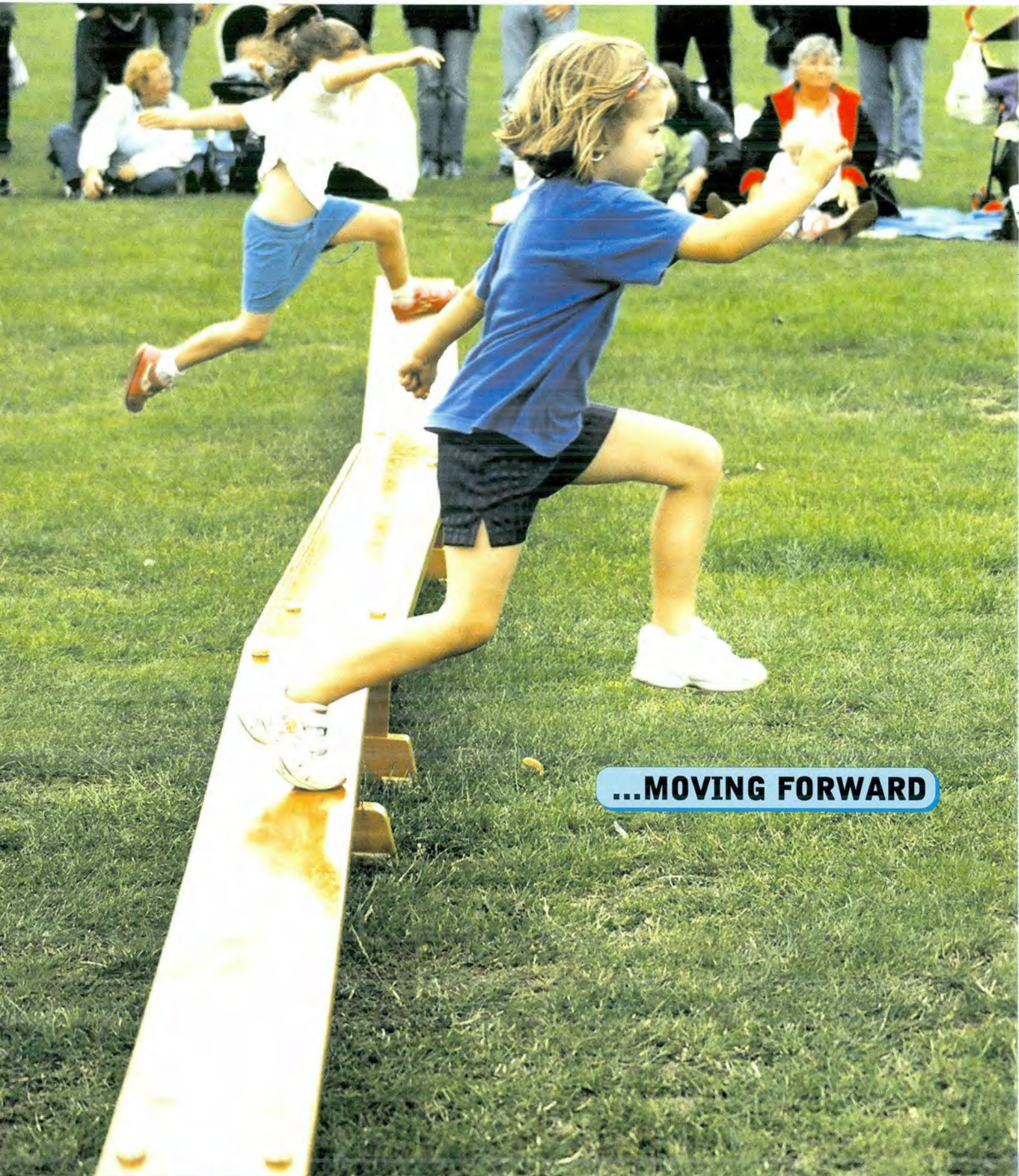
WORKING TOGETHER FOR OUR FUTURE HEALTH

In 2002 we published our five year planning document 'Working Together for our Future Health' which sets out our priorities and the way we see services developing over the next few years.

Over the past year we have been building on our progress to date in seeking to achieve the eight priorities the document outlines.

Our eight priorities

- **BETTER ACCESS TO SERVICES**
offering patients quicker and more convenient access to services in NHS priority areas.
- **IMPROVING HEALTH AND WELL BEING**
improving the health and well being of the people in the neediest parts of our population.
- **A VALUED EMPLOYER**
training and supporting our staff to provide patient focused care in new ways and new settings.
- **GAINING THE CONFIDENCE OF LOCAL PEOPLE**
and being known for our approachability, openness and accountability.
- **RESHAPING OUR SERVICES**
actively involving patients and carers in decision - making and in reshaping our services.
- **CLOSER WORKING**
integrating our day to day services more closely with those of our partners.
- **MANAGING OUR PERFORMANCE**
demonstrating that we have clear governance and performance management arrangements in place that meet or exceed required standards.
- **MANAGING OUR RESOURCES**
showing how we spend the money given to us and how we manage all our resources to benefit patients.



...MOVING FORWARD

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

MOVING FORWARD

Fareham and Gosport PCT is a developing organisation. We are constantly seeking to move forward, modernise services and establish new ways of working that will enhance the care that people expect from us.

The sheer breadth of work that we have undertaken this year has demonstrated that what we do touches

the sheer breadth of work that we have undertaken this year has demonstrated that what we do touches all levels of society in some way. And, however good the services are that people receive, sometimes they are just no

longer as effective as they could be. They may be in the wrong place, or in buildings that are no longer suitable for the tasks demanded of them. They may be provided in environments that are unsafe for our patients or our staff. New treatments or ways of working may emerge that require a change in approach, or the demands on our services from patients may increase or fall, or may become more complex.

This has been much in evidence this year, as we have debated long and hard how best to ensure the care that we provide is modern, effective and where it should be.

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Our future health in Fareham and Gosport

One of the main focuses of our attention this year, especially in planning terms, has been the discussion and consultation over the future provision of health services in our two localities.

The future of the much loved Royal Hospital Haslar has been at the centre of much of the public debate but the prime issue for the PCT has been to look at the broader picture and work out how a whole host of primary, community and hospital care services can be accommodated in the area to best serve people in both Fareham and Gosport.

Following an initial series of public discussion meetings, two firm options have been put forward – one, the **'dispersed'** model which retains part of the Haslar site and looks to provide new buildings for services when and where they need replacing on a broad 'like-for-like' basis; and the second, a **community hospitals** model which develops two community hospitals as the 'hub' of health services, one in Fareham and one (a redeveloped War Memorial Hospital) in Gosport.

Formal consultation takes place on these proposals in the summer of 2004 with a final decision anticipated later in the year.



FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Replacing St Christopher's Hospital

Aside from the attention given to Haslar, another of the area's hospitals has been the subject of a lot of attention this year. In terms of its environment, St Christopher's best days are well and truly behind it – the accommodation is now so unsatisfactory and unpredictable that it presents a risk to patients and the staff who care for them.

During 2003-04 an interim reprovion programme has been sensitively and carefully developed, in consultation with staff, patients and their carers, which will be actioned by the end of the year. Once the wider discussions over the future of health care in Fareham and Gosport have concluded, plans for long term reprovion can be drawn up.

A new scheme for new buildings

Over the past year we have been developing plans to modernise some of our buildings which are used for providing primary care. The Local Improvement Finance Trust (LIFT) scheme is a national programme which brings public sector bodies into a long term partnership with a private developer to plan, finance and build new NHS accommodation. The developer will have the first opportunity to provide and service any buildings which the Public Sector Bodies wish to see developed.

Along with East Hampshire PCT we have been developing a LIFT scheme which will see improvements to premises in both our areas. We selected Community Solutions for Primary Care as our preferred private sector partner in November

2003. We anticipate that Financial Close will be achieved in the Autumn of 2004 when the public/private partnership will be formally set up.

The first phase of the scheme for us involves replacing Rowner Health Centre with modern, purpose built facilities and, as a consequence of this, also reprovion accommodation for the practice of Dr Grocock and

partners. Preparation work for this is underway, with the health centre now operating from temporary accommodation



FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

More choice for our patients

The Department of Health undertook a national consultation on how best to improve choice, responsiveness and equity in the NHS. The vision is for patients to be able to choose how, when and where they are treated based on good information and a relationship of mutual respect with their clinician.

The three local PCTs are working collaboratively in conjunction with the main local provider of hospital care, Portsmouth Hospitals NHS Trust. A Portsmouth and South East Hampshire Choice Strategic Planning Forum has been established to co-ordinate the implementation of Choice and ensure a robust structure is developed.

In Fareham and Gosport we have plans in place to pilot 'Choice at the point of referral' with five GP practices from April 2004.

Delivering services out of hours

The introduction of a new national General Medical Services (GMS) contract will have a major impact on the way family doctor services are provided. A number of streams of work have been identified from this including enhanced services, premises, information technology and nursing development.

Perhaps most significant will be changes to the way out of hours cover is provided. The PCT has spent much of the last year in careful negotiation with local providers to prepare for appropriate services to be in place by the time the new arrangements take effect

(October 2004), hosted by Portsmouth City PCT for the area. In time there will be a greater emphasis on broadening skills in out of hours working, with specially trained nurse practitioners and paramedics taking on a greater share of the workload.

Guiding the work of nurses and health professionals

Our nurses and other professional staff who work in services such as therapy and psychology now have a long term plan which will act as a framework for the future development of their services and each individual member of staff. 'Innovation through staff development' brings together all the national initiatives and strategies which impact on these groups of staff into one flexible strategy that will:

- help enhance the quality of care
- help staff work in new ways
- strengthen leadership
- strengthen education and training

It has been derived from the views of nurses and allied health professionals over the past year and will, through a series of separate action plans, build on much of the excellent practice that exists within the PCT.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

LOOKING TO BE THE BEST

We try to ensure that day in, day out our patients get the best possible care that we can provide. We are always looking to make improvement and welcome ideas that come from patients who use our services, their carers and, of course, our frontline staff, who are often the best placed to see how best to make things better.

The next few pages carry just a few examples of what we, and others, consider to be excellent initiatives that have been introduced or enhanced over the past year or so.

GPs with a special interest

We have been supporting three GPs in the Fareham area in developing special interests, which will help improve access to services and reduce waiting times. Ultrasound, bowel and stomach investigations and Ear, Nose and Throat assessments are all part of the agreement.

Promoting independence and accelerating discharge

The spectrum of services provided continues to be developed through further pilot projects, in particular a nurse especially appointed to identify the needs of vulnerable people and the utilisation of what are known as 'acute inreach nurses' who ensure patients are returned to the care of their GPs as quickly as possible after an episode of hospital care.



FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Swallowing assessment training for nurses at Gosport War Memorial Hospital

Training nurses to undertake assessments of patients' ability to swallow when speech and language therapists are not available has enabled a more timely service to be provided and ensured that any difficulties can be acted upon much more promptly. The training covers a number of qualified nursing staff and came about as a direct result of the Commission for Health Improvement (CHI) investigation recommendations about Gosport War Memorial Hospital.

Dealing with chronic pain

Patients with chronic pain are now being seen first by a physiotherapist to see how their pain could best be managed. Reducing the need for all patients to be seen by a consultant has helped waiting times and increased the capacity of the service.

The PCT leads a local Chronic Pain Taskforce, established to explore more modern, efficient and effective ways of service delivery.



...LOOKING TO BE THE BEST

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Post natal depression

Following the development of a post natal depression strategy, health visitors locally identified the need for a resource health visitor who can provide up to date expertise, support colleagues, identify training needs, and lead on the development of services for women with post natal depression. Improvements include increased awareness among health visitors about postnatal depression and an increase in the awareness among mothers on health visiting caseloads.

Improving public health

During the year we published our first annual public health report, entitled 'How healthy are we in Fareham and Gosport'. The report looks at demographic trends and indicators and the influence these will have on the health and well being of our local population. You can view the report on our website: www.farehamandgosportpct.nhs.uk

The public health team, although small, has established an impressive array of initiatives which aim to promote better health and reduce inequalities in our areas. Many of these schemes are the result of our improving partnerships with other local organisations. You can read about some of these successful joint ventures, such as Walking Your Way to Health in Gosport, Water is Cool in School and our broader healthy schools programme on pages 25 and 26.

Innovative children's services

We have been actively pursuing two multi-agency schemes which are integrating children's services more closely and modernising the way in which these are provided.

We continue to co-ordinate the Gosport Children's Fund to ensure the delivery of a range of schemes, for example, the Breakfast Club and Family Support Workers to tackle child poverty and social exclusion.

And we have been partnered by six other Hampshire PCTs and the County Council in establishing a Child and Adolescent Mental Health (CAMH) Pathfinder Children's Trust for the county. This multi-agency Commissioning Trust was launched on 1st April 2004 and was created to develop and improve services and outcomes for families through improved commissioning arrangements and joint investment.

Patient medication reviews

The purpose of this initiative is to reduce drug wastage through the over ordering and hoarding of potentially harmful medications in patients' homes.

Patient medication reviews have been undertaken by Practice Support Pharmacists working in local GP practices. The review has focused on patients aged 75 years and above who receive more than 4 repeat prescriptions. As a result of the reviews undertaken by the practice pharmacists, the need for annual review and regular drug monitoring has been

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

highlighted. Some practices have changed existing arrangements for ordering repeat prescriptions by the elderly to minimise over ordering by patients.

National medicines management collaborative

We started the 4th wave of the national Medicines Management Collaborative in November 2003 and work with five practices to achieve the targets, including repeat prescribing and medication reviews, to improve prescribing practice and patient care is ongoing.

The collaborative seeks to help patients get the most from their medicines, improve service efficiency and reduce waste as well as identifying and addressing unmet pharmaceutical needs.

Locality nurse prescribing group

A Nurse Prescribing Group has been established within the PCT area to ensure that competencies of all nurse and supplementary prescribers are maintained, training issues are identified and issues arising from the monitoring of non-GP prescribing activity are addressed.

The membership of the group includes district nurses, health visitors, nurse development manager, practice nurse trainer, service managers for children's services and district nursing and the PCT's pharmaceutical adviser.

The group holds a minimum of three workshops a year. A district nurse prescribing policy has been produced as a result of the establishment of the group.

Clinical pharmacist at Gosport War Memorial Hospital

The appointment of a pharmacist last November to work at Gosport War Memorial Hospital has improved support for those whose roles involve prescribing. It has also enhanced prescription monitoring, ensured pharmacy input to ward rounds and maintained an ongoing audit of prescribing.

This initiative was developed in response to the CHI investigation and the pharmacist is also able to provide support to St Christopher's Hospital as well.

Annual Awards for Excellence

A new venture for the PCT this year has been the introduction of 'Annual Awards for Excellence.' These are presented to individuals and teams in four categories and provide an incentive for all employees in the organisation to seek out excellence and improve the patient experience.

Nominations are evaluated by a panel comprising senior managers and board members and we hope that by recognising the good work undertaken by employees during the year the awards will encourage

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

all others to emulate the good practice and strive to improve their own work activities.

Winners this year were:

- **Improving services for patients**

~ Sister Yvonne Astridge and Colleen Lloyd, deputy sister, at St Christopher's Hospital for their work in championing patient centred care during ward changes.

~ Also, the Glenwood Social Care Team, who have shown compassion and professionalism, in testing circumstances, in their care for service users and their families.

- **Clinical excellence and innovation**

~ The Community Enabling Service Team and their colleagues have worked extremely hard to develop the service ethos, and to work in an integrated way across disciplines and organisational boundaries.

~ Bev Durrant, Podiatry Co-ordinator who has put tremendous effort into all aspects of her work and research, continually developing and challenging her practice and that of her colleagues.

- **Partnership working/collaboration**

~ John Rawson for his work as chair of both the PCT Employee Partnership Forum and the PAN PCT Consultative Forum – two vital staff negotiating committees.

~ The health and social services occupational therapy teams of Fareham and Gosport who joined forces to offer a combined service to ensure patients receive the best care possible.

- **Improving working lives for staff**

~ The Catering Team at Gosport War Memorial Hospital adding this accolade to the many they have received lately for the quality of food and their service to staff, patients and visitors to the hospital.

~ Anne Hollis, Clinical Team Leader, a professional, warm and supportive manager who led the School Nursing Team through a time of significant change, enhancing the development of staff at all levels and all stages of their careers.



...STAYING FOCUSED



FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

STAYING FOCUSED

The importance of having safe and clinically effective health services cannot be overstated. Patients need to be assured that when they receive care from services that we provide or commission it will be effective, properly administered and of the highest possible quality.

Clinical governance is the all embracing term that we use to cover the work that we do to ensure that this is the case. It covers such things as making sure our services are run properly, that they are audited regularly and that we can see what works and what doesn't, not just through our eyes but through those of our patients, their relatives and carers and those providing services on a daily basis.

During the year we have been reviewing many aspects of our clinical governance arrangements. We have also had our first clinical governance review by the Commission for Health Improvement (who became the Healthcare Commission during the course of the review.)

Healthcare Commission - preparation for clinical governance review

The Healthcare Commission's visit was a real opportunity for us to identify our progress over the preceding year and to have an independent assessment of areas where development is required. The amount of work required of us in preparing for

the review was substantial, with over 300 documents forwarded to the Commission and around 100 interviews arranged for the review week.

The outcome of the review was very positive, and highlighted the commitment of staff, and their enthusiasm and motivation.

The PCT received good scores for Risk Management, Staff Focus and Clinical Effectiveness but lower ones for Audit and Use of Information. Whilst these are an indication of the amount of work still to be done the Healthcare Commission was very positive about our progress and their recommendations are in keeping with our own clinical governance development plan for 2004/2005. The Healthcare Commission's report is on our website - www.farehamandgosport.nhs.uk

What else did we manage to do this year?

During the past year we have been supporting our contractor services in the development of clinical governance systems and processes. A baseline assessment of clinical governance activity has now taken place in General Dentistry, Optometry and Community Pharmacy services and action plans have been developed to address the issues raised.

Meanwhile, all service areas within the PCT have generated their own clinical governance development plans and there is a clear process for reporting progress through the Community Service Reviews and quarterly Board Reports.

We have produced a separate clinical governance annual report. For a copy of this, or our clinical governance strategy (which outlines our structures and arrangements) please contact the PCT at the address on the back cover.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

This year also saw the completion of the actions associated with the Gosport War Memorial Hospital CHI investigation report. Ongoing monitoring of progress with the recommendations has been handed over to the PCT Clinical Governance Committee.

Our progress in other areas

We have worked hard to improve our systems and processes building on the considerable progress made in our first year. We have also made encouraging progress with:

- **meeting 90% of our objectives in our development plan – the rest have been carried forward into this year's plan.**
- **improving our scores in relation to Controls Assurance standards.**
- **GP appraisal - 100 per cent of principals have undergone an appraisal.**
- **highest ratings for patient environments in Learning Disability Services and Gosport War Memorial Hospital with St Christopher's one level below.**

Controls Assurance

Our second Controls Assurance self-assessment, achieved an increase in compliance scores against the Core Standards.

Managing risk

The development of our Assurance Framework provides the Board with assurance that high-level risks, which may threaten service quality/provision, have been identified and control measures put in place. This process builds on the Controls Assurance assessment (see below.) In addition, our Statement on Internal Control meets the Department of Health requirements to identify how risk management processes are maintained and developed to ensure continuing effectiveness.

Risk Assessment

Risk Assessment training is now in place in primary care and continues to be available on a rolling programme for directly employed staff.

Emergency Planning

We took on the mantle of lead PCT for emergency planning in 2003/04, facilitating training and participating in a number of multi-agency Emergency Planning exercises.

Incident reporting

A new Adverse Event Reporting form has been designed which meets the National Patient Safety Agency (NPSA) reporting requirements. The new forms were piloted across the three local PCTs (including several independent contractor sites) and are currently being amended in response to comments from staff.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

We also have in place a Clinical Incident Review Group which scrutinises all high-risk events/ medication errors and high volume, low risk events. The group reports to the Clinical Governance Committee.

Child protection

A named doctor has been appointed to lead on child protection issues in the PCT and the named nurse post has been funded for an additional day a week. In addition, we have audited ourselves against the Healthcare Commission standards and are making progress with the resulting action plan.

Clinical audit, clinical effectiveness and research

We have set up a Clinical Audit Research and Effectiveness Group (CARE) group and agreed terms of reference which include the development of an audit strategy and plan. A sub group of CARE is managing our response to the National Institute of Clinical Effectiveness guidance.

Training for staff in the fundamentals of audit has been developed and is now available through the PCT training and development department. In addition, individual teams have received training in general clinical governance issues.

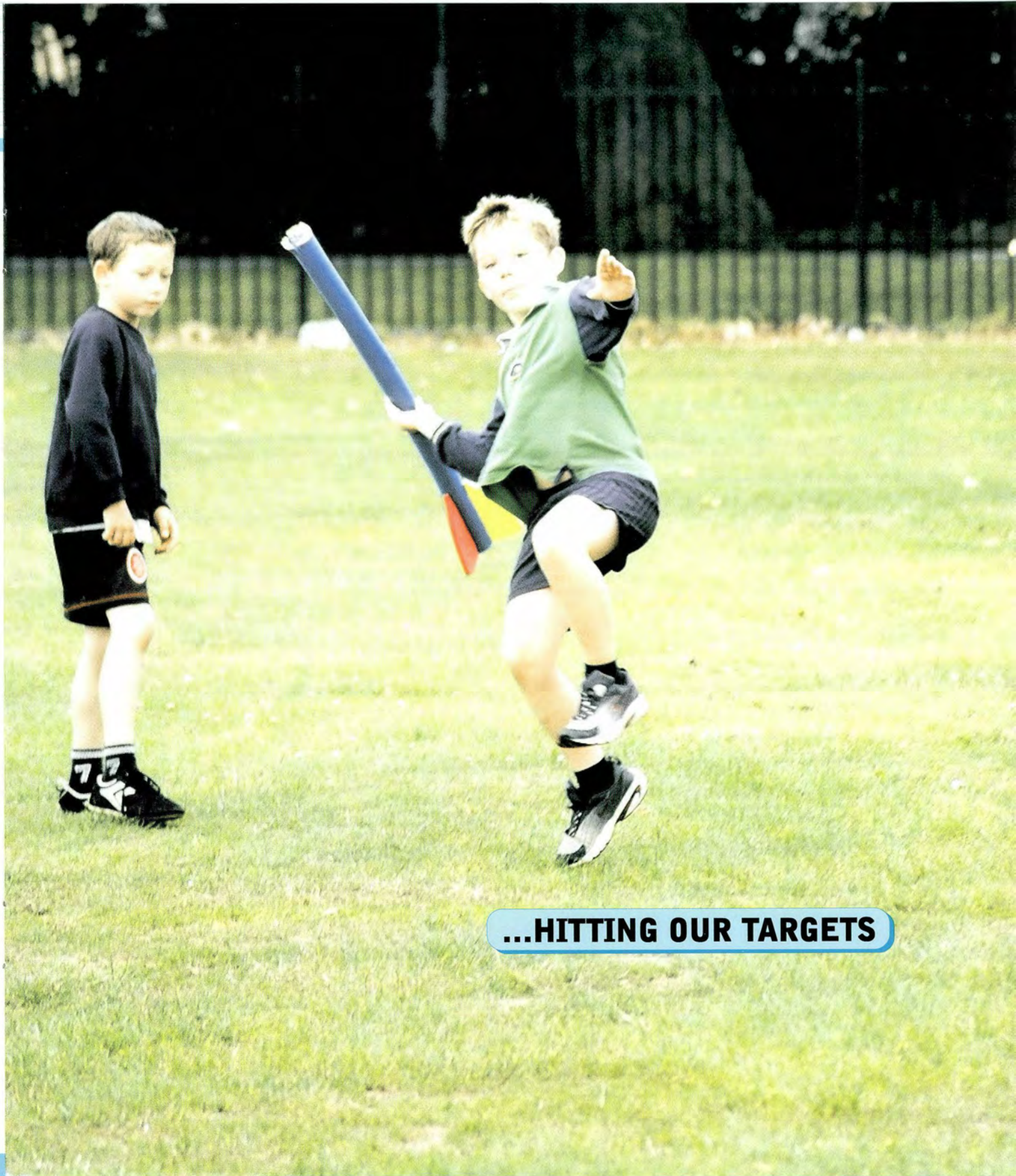
Time (for) Audit, Review, Guidelines, Education & Training (TARGET)

The first TARGET meeting was held early this year with around 330 primary care staff, including GPs, Practice Nurses and Practice Managers. The subjects covered were Diabetes and the new GMS contract. We see TARGET as a key means of supporting primary care with audit, research and effectiveness.

CHI investigation at Gosport War Memorial Hospital

This investigation took place at Gosport War Memorial Hospital in 2002 following concerns about the care provided to elderly people there. The resulting action plan was formally handed over to the PCT Clinical Governance Committee this year. Progress with the action plan is well advanced and the Clinical Governance Committee will continue to receive quarterly reports.

In 2005/06 it is intended that ongoing developments relating to the investigation report will form part of the annual clinical governance development plan. There have been a number of specific achievements against the action plan in the last year, highlighted elsewhere in this report, including: appointment of a clinical pharmacist at the hospital, training in swallowing assessment for nurses and the appointment of an activity coordinator to the continuing care ward to provide diversional activities for patients.



...HITTING OUR TARGETS

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

HITTING OUR TARGETS

We produce a business plan each year which pulls together all the main national and local targets and priorities we are expected to meet. It also provides a means for us to measure our progress against the eight main objectives set out in our five year strategic plan 'Working together for our future health' (see page 7.)

The business planning process involves staff at all levels of the organisation, and their thoughts and ideas are incorporated into their own particular service plans. These then feed into the broader business plan document. Wherever possible, objectives set in personal appraisals relate to this process too.

We have some mandatory targets we are required to meet, but we also have some flexibility in developing local objectives, depending on the needs of our local population. Our performance in achieving national targets can influence assessments such as our star ratings and other external reviews.



How we performed against the main national targets

During 2003/04, we managed to:

- match last year's achievement of delivering maximum waiting times of 9 months for elective surgery and 17 weeks for an outpatient appointment by the end of March 2004. We also ensured a significant reduction in waiting times to a maximum of 6 months for many specialities
- implement Choice at 6 months for cardiac and cataract patients, developing and delivering an implementation plan for the wider roll-out of Choice at 6 months from April 2004, which will further reduce waiting times for local residents
- ensure 85% of F&G patients waited no longer than 4 hours in A&E from arrival to admission, transfer or discharge (target 90%)
- ensure 100% of urgent patients with suspected cancer were seen within two weeks of referral
- improve access to primary care services with an average of 90% of patients able to access a primary health care professional (eg a practice nurse) within 24 hours and 79% of patients able to access a GP within 48 hours (target 100%)
- improve access to dental services through the expansion of the mini-PDS emergency dental service and the opening of an additional NHS Dental Surgery.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Our star rating

Unfortunately, in spite of the hard work of our staff and the achievement of so many positive outcomes against a number of the key targets, it wasn't quite enough for us to retain our two star rating in this year's round of performance indicators, or star ratings as they are more generally known.

We were given a one star rating for 2003/04, although we achieved seven of the nine key targets and scored well in other areas. The two targets we missed were those relating to access to a GP/primary care professional and waiting times in A&E (see page 22).

Other achievements this year

In spite of our disappointment over our star rating, this has been a very positive year for the PCT. We have met many of the other targets and priorities set out in our business plan, including:

- expansion of the smoking cessation service and the delivery of a publicity campaign resulting in 361 people quitting smoking in 2003/04.
- provision of cardiac defibrillators to all 21 GP Practices.
- reduction in radiotherapy waiting times from an average of 12 to 4 weeks.

- introduction of breast screening age extension to women aged 65 – 70 years.
- delivery of 75% flu immunisation uptake rate (against target of 70%).
- delivery of a wide range of local initiatives such as the mobile teenage pregnancy unit and a 'Survival Guide' to reduce teenage pregnancy rates.
- development and delivery of an adult mental health assertive outreach service.
- development and implementation of health action plans for all people with a learning disability and the provision of an annual health check.
- appointment of Multiple Sclerosis and Parkinson's Disease nurse specialists.
- development of a local service to ensure the continued provision of primary care services to aggressive and violent patients in a safe environment.

A full report on our star ratings can be viewed at www.healthcarecommission.org.uk

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

WORKING TOGETHER

The days of being able to provide NHS services in isolation from those run by other organisations are long gone. We need to work closely with our fellow NHS organisations, Fareham and Gosport Borough Councils, Hampshire County Council, voluntary organisations and a whole host of other agencies to ensure we get the most from every pound invested in health services. More importantly it ensures that people who seek our help are not hindered by bureaucracy or poor communication between organisations.

examples of effective joint working are evident across all our services ...

Examples of effective joint working are evident across all our services, but particularly in newer developments such as intermediate care, where we look to work together to ensure people don't necessarily have to face hospital admission, or to provide the appropriate means of support to help them leave hospital and return to familiar surroundings as soon as they can. Training and education for our staff is another area where effective joint working has been beneficial.

Successful joint working is also apparent in a range of health improvement schemes – those that follow are not an exhaustive list, but serve to emphasise the diversity of our joint working.



FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

...WORKING TOGETHER



Water is Cool initiative

Around 13,500 children across Fareham and Gosport have benefited from a joint scheme between ourselves and local schools to make drinking water available to pupils and staff during school time. Schools have reported through the evaluation that pupils have appeared less tired and more alert during the day. This project won a Strategic Health Authority Modernisation award for its contribution to reducing health inequalities in 2003.

Breathe Inn project

This project is a partnership between the PCT, the two local Borough Councils and local businesses. It aims to promote smoke free environments for customers who use venues such as pubs, restaurants, health and fitness clubs and entertainment facilities. During the year, eleven establishments in Fareham and Gosport were assessed and awarded 'smoke free' status.

Healthy Schools initiative

We are actively engaged with local schools and Hampshire County Council in implementing the National Healthy Schools Standard. During 2003/04, 63 percent of Fareham and Gosport schools (total 45) achieved level three of the Healthy Schools Standard, which seeks to promote the health of school children by providing accessible information and equipping them with skills and attitudes to make informed decisions about their health. It also raises levels of pupil achievement and promotes an environment that is conducive to learning.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Walking Your Way to Health initiative

We continued to actively support this scheme in Gosport during 2003/04 as a collaborative initiative with Gosport Borough Council and the voluntary sectors. We also provided funding to support the planning preparations for a similar scheme in Fareham. The walks are delivered by voluntary walk leaders and attract people from all ages but mainly older people. Regular walkers have reported improved physical ability, increased feelings of wellbeing and benefit from the social contact with others.

Expert Patient Programme

We have been involved in the national roll out of the Expert Patient Programme, which aims to help people living with long term conditions maintain their health and improve their quality of life through self-management courses that are led by lay tutors. Four programmes were run in the Fareham and Gosport area during 2003/4 and more are planned.



'Health is Everyone's Business' workshop

A workshop event to raise awareness and promote the importance of the wider public health role of the

Local Authorities was held in February 2004. The jointly planned workshop between the PCT's Joint Director of Public Health and officers from the two Borough Councils involved 56 participants including Local Authority councillors and officers and PCT Board members. The workshop enabled participants to gain a better understanding of the health needs of Fareham and Gosport residents, the key influences on health and how Local Authorities contribute to keep people healthy. Workshop evaluation highlighted the importance of local partnership working to improve health and address health inequalities. It provides a focus for future joint strategic work on a number of important topic specific issues.



...LISTENING TO IDEAS

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

LISTENING TO IDEAS

We will always do our best to listen and take action when people take the time to comment on our services, complain about them or send us ideas for improvement. It may not always be possible to implement the things people would like to see happen but we do try to accommodate people's views wherever possible. Over the past year a number of initiatives have emerged which will help us as we seek to engage the views of our patients and the wider public in the development of our services.

Involving patients and carers

During 2003/04 we have:

- Developed a Patient and Public Involvement Strategy and the formed a Patient and Public Involvement Group to co-ordinate delivery.
- Encouraged public/ voluntary organisation representation on all Local Implementation Teams which plan service delivery.
- Involved local stakeholders and the public in Healthfit, a programme focusing on ensuring modern, safe and efficient health services across the area into the future (with a particular emphasis in this area on provision of maternity, children's, emergency and older people's services).

- Engaged with the public and stakeholders (including a MORI poll) as part of the planning of future service provision across Fareham and Gosport.
- Expanded the PALS service.
- Established the Fareham and Gosport Patient Forum in November 2003.
- Developed and published a local Patient Prospectus.

Seeking patients' views

In common with other PCTs up and down the country we have undertaken a survey to see what our patients think of some of the services we provide.

The survey was sent to 850 people and 511 responses were returned (one of the best rates in the country, around 60%). The survey has given us some interesting feedback which we will be acting upon over the next 12 months. A summary of this was published in our 2003 Patient Prospectus.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Complaints and suggestions

In the year 2003/04 we received 25 complaints, 18 of which were investigated and responded to within the target of 20 working days (72 per cent). This is an improvement to the response rate reported last year (42 per cent.) Of the seven outside the target, four were responded to within 24 days. The remaining three complaints involved other agencies and undertaking a particularly complex external investigation. In all cases, the complainants were kept informed throughout.

As a result of complaints a number of positive changes have taken place. These include redecoration of a facility, improved communication processes, an audit of ward care plans introduced and revision of written information provided to patients awaiting appointments.

A total of three independent reviews were requested following complaints made against the PCT. One request was turned down on the basis that nothing further could be gained by holding a panel. One was referred back to us for further local resolution and a meeting arranged with the complainant to pursue this. One request for independent review proceeded to a Panel which met in December 2003.

Recommendations made by the panel have been pursued with East Hampshire Primary Care Trust, in conjunction with Portsmouth Hospitals NHS Trust. An Action Plan has been developed and shared with the complainant.

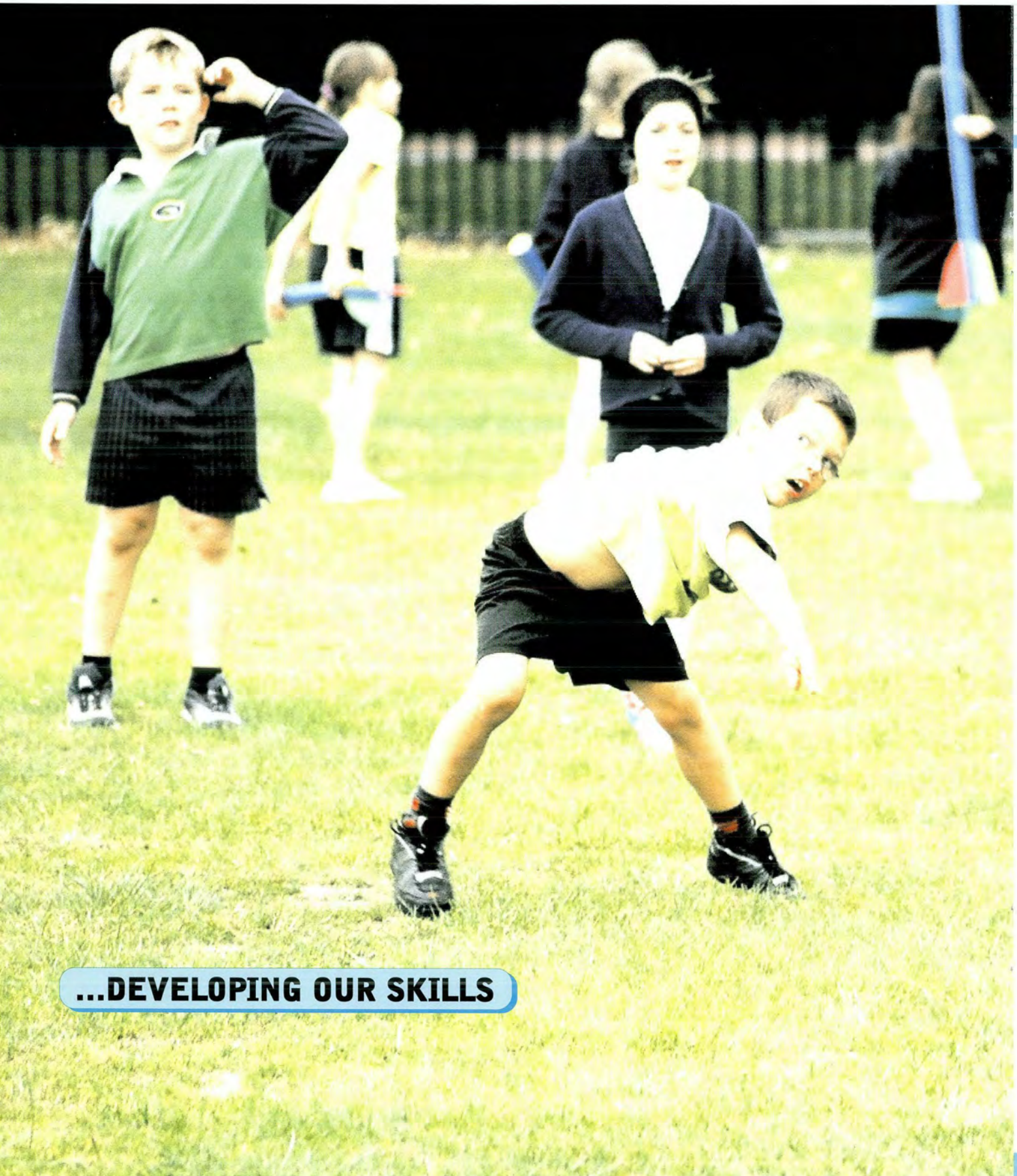
Patient and public involvement

Patient and public involvement is not a new idea for many staff in Fareham and Gosport PCT. Good clinicians have always listened to patients and used patient feedback to improve the services they deliver. Nevertheless, a PPI work plan aims to build on and expand good practice.

The PPI manager is working closely with clinical and other staff to proactively engage patients, carers and the public to gain feedback that will help us to improve the services we offer. Patients and carers are a valuable resource to help us achieve our best.

At a different level the PCT has been heavily involved with the public as we take the opportunity to plan for the future health services in Fareham and Gosport (see page 9). The PPI challenges are significant, given many strongly held local views over historic, much loved premises.

The Fareham and Gosport PCT Patient and Public Involvement Forum (PPIF) has organised itself in preparation for its scrutiny role. They have begun to evaluate the consultation process around the future health services for the community. During the last two weeks of September members of the PPIF will be visiting some of the sites that are the subject of discussion in the consultation. The PPIF will maintain an independent stance with respect to the PCT and stakeholders.



...DEVELOPING OUR SKILLS

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

DEVELOPING OUR SKILLS

Positive employment practices and good professional experiences for employees of the PCT help to maintain high standards of quality and care for patients and clients. We are very fortunate in having a very dedicated, skilled and committed workforce in our organisation and we will continue to do all we can to ensure that they are properly supported in the work that they do. A key part of this will be our ongoing efforts to ensure that people feel they can find a satisfactory work/life balance so that they, and we, get the most out of their employment with us.

Our employees

Staff numbers

Qualified Nurses	327
Learners	9
Unqualified Nurses & Healthcare Support Workers	582
Prof & Tech	128
Managers, Admin & Board	228
Doctors	7
Total	1281

Disability and cultural awareness

We are culturally sensitive to the diverse needs of our staff, patients and local communities. We are open and equally accessible to all sections of those communities, fostering a culture that encourages job applications from the whole community and supports all staff in employment with the PCT.

There is a commitment to build and retain a workforce that is valued and respected with emphasis being placed on being representative of the communities served.

Links have been established with local community groups (e.g. Fareham Disabled Access Group) and black and minority ethnic employees are being encouraged to join the BME network which is organised by Portsmouth Hospitals Trust.

We have a wide portfolio of employment related policies and procedures that are applicable to all employees and includes a Policy and Procedure for Managing Ill Health and Disability. This aims to provide clear guidance for managers and to ensure equitable, fair and sensitive management of employees who are either absent or incapable of fulfilling their full contractual duties due to ill health or disability.

Informing staff

The PCT is committed to ensuring that all employees are kept up-to-date and informed wherever possible. Aside from the Employee Partnership Forum (see page 32) we use monthly information exchange or team briefing meetings and newsletters. Special projects, such as the re-provision of inpatient services at St Christopher's Hospital, have their own communication strategies and will utilise a number of formal and informal methods for keeping staff informed.

FAREHAM AND GOSPORT PRIMARY CARE TRUST

annual report 2003-2004

Improving Working Lives

We have pledged commitment to achieving the Improving Working Lives (IWL) standard. This is a Government initiative which expects NHS organisations to create well managed, flexible working environments that support staff, promote their welfare and development and respect their need to manage a healthy and productive balance between their work and their life outside work. During the year we successfully achieved the second part (known as the 'Practice' stage) of this three part process and will be working on achieving the final stage in the year to come.

Staff conference

Over 80 staff and primary care colleagues attended last October's staff conference, held under the banner of 'celebrating and building on our success'. Our Human Resources strategy was launched and work to develop a charter for staff announced.

Employee Partnership Forum

An important voice within the PCT, the forum brings together staff representatives and managers to work through issues that staff feel are important to them. The work undertaken continues to be very positive and has been particularly helpful around strategy and policy development, the implementation of Agenda for Change (the new NHS pay arrangements) and in other matters, such as planning the staff conference, developing the charter and pay negotiation. Whistleblowing, management of poor performance,

appraisal and bullying and harassment policies are all important guiding documents that have had valuable input from the forum.

Staff charter

We have for a while been developing a staff charter and have been inviting comment on and participation in the development of this. It is likely to be launched in the autumn of 2004.

The charter will be based around rights and responsibilities for staff.

Staff survey

We had an impressive response to our annual staff survey with some very useful views and suggestions as a result. Work with the Employee Partnership Forum has helped us to work on the findings and make improvements to policies for staff, as we highlighted above.

Human resources strategy

Our new Human Resources strategy, which emerged from our aim to be a valued employer and contractor, reflects the four pillars of the 'HR in the NHS' plan: making the NHS a model employer; ensuring the NHS provides a model career; improving staff morale; and building on people management skills. It will now provide the framework for all future issues relating to employment policy and workforce planning.



...RISING TO CHALLENGES



RISING TO CHALLENGES

Overview of financial performance 2003/04

The PCT is required to meet certain financial duties at the end of each financial year. During 2003/04 we managed to:

- meet the break even duty by containing revenue spending within notified resource limit
- contain cash outgoings within the notified cash limit
- contain recorded capital expenditure within notified capital resource limit
- achieve full cost recovery on services managed and hosted directly by the PCT.

Despite a very difficult and challenging year financially, it is very encouraging, in only our second year of operation, that we have been able to meet all these duties. Pressures have included rising commitments to provide continuing care, free nursing care, access to elective surgery and rapidly rising rates of referral to A&E. Traditional cost pressures, such as prescribing and the use of agency/bank staff, have also had an impact, as have costs associated with the implementation of the new GP and consultant national contracts.

Looking ahead, the PCT has agreed its Local Delivery Plan (a framework for delivering improvements to services and meeting priority needs and targets) for 2004/05 which meets most of the criteria laid down by the Strategic Health Authority, eg. growth in referral rates, recognising the need for investment in services, additional activity in secondary care, cost pressures and prior commitments.

In addition, we inherited unavoidable priority service commitments that must be funded, relating to services that are already established or are in the process of being developed.

The cost of supporting current budgets and meeting the cost of these pressures means that required funding is in excess of our resource limit, despite an additional £13m growth monies.

We have developed a financial recovery plan which sets out the background to, and process for, achieving our statutory duty to break even whilst achieving other key performance indicators and taking forward several other major NHS reforms (eg Patient Choice). Many of these actions cannot be undertaken by the PCT in isolation and will require the support and coordination of other organisations in the health area locally.

To this end, one of the roles of the local Coalition board of the local health economy organisations has been to begin to develop pan-organisation schemes, with the support of clinicians and these are a key element of service transformation and savings.

a) Operational Financial Balance

The PCTs' performance for 2003/04 is as follows:

	2003/04	2002/03
	£000	£000
Total net operating cost for the financial year	175,433	146,613
Prior Period adjustment for pre-6 March 1995 early retirements	0	484
Non-discretionary Expenditure	11,730	6,108
Operating Costs less non-discretionary expenditure	163,703	140,021
Revenue Resource Limit	163,714	140,072
Under/(over) spend against revenue resource limit	11	51
Unplanned brokerage received	0	0
Operational Financial Balance	11	51

b) Achieving Financial Balance in 2003/04

The PCT did not receive any financial support in 2003/04 in order to achieve a breakdown position at 31 March 2004

c) Provider full cost recovery duty 2003/04

	2003/04	2002/03
	£000	£000
Provider gross operating cost	35,580	36,093
less: Miscellaneous income relating to provider functions	(15,981)	(19,386)
Net Operating Cost	19,599	16,707
Costs met from PCT's own allocation	19,599	17,129
(Under)/over recovery of costs	0	(422)

Summary Financial Statements

The financial statements shown on the following pages are a summary of the information contained in the full annual accounts. A copy of these accounts can be obtained by contacting the PCT at Unit 180, Fareham Reach, 166 Fareham Road, Gosport. PO13 0FH. Tel 01329 233 447.

1. Operating Cost Statement for the year ended 31 March 2004

	2003/04	2002/03
	£000	£000
Commissioning		
Gross Operating Costs	172,994	142,795
Less: Miscellaneous Income	(17,160)	(12,818)
Commissioner Net Operating Costs	155,834	129,977
Provider		
Gross Operating Costs	35,580	36,093
Less: miscellaneous income	(15,981)	(19,386)
Provider Net Operating Costs	19,599	16,707
Net Operating Costs before interest	175,433	146,684
Interest Receivable	0	0
Interest Payable	0	0
Net Operating cost for the Financial Year	175,433	146,684

2. Cash Flow Statement for the year ended 31 March 2004

	£000	2003/04 £000	2002/03 £000
OPERATING ACTIVITIES			
Net cash outflow from operating activities		(172,616)	(141,687)
SERVICING OF FINANCE:			
Interest paid	0		0
Interest element of finance leases	0		0
Net cash inflow/(outflow) from servicing of finance		0	0
CAPITAL EXPENDITURE			
Payments to acquire intangible assets	0		0
Receipts from sale of intangible assets	0		0
Payments to acquire tangible fixed assets	(1,117)		(1,135)
Receipts from sale of tangible fixed assets	4,218		357
Payments to acquire fixed asset investments	0		
Receipts from sale of fixed asset investments	0		
Net cash inflow/(outflow) from capital expenditure		3,101	(778)
Net cash inflow/(outflow) before financing		(169,515)	(142,465)
FINANCING			
Net Parliamentary funding	169,384		142,439
Other capital receipts surrendered	0		0
Capital grants received	0		0
Capital element of finance lease rental payments	0		(7)
Cash transfers (to)/from other NHS bodies	0		0
Net cash inflow/(outflow) from financing		169,384	142,432
Increase/(decrease) in cash		(131)	(33)

3. Statement of Recognised Gains and Losses for the year ended 31 March 2004

	2003/04	2002/03
	£000	£000
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	4,245	4,816
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	0	40
Reduction in the donated asset reserve and government grant reserve due to depreciation, impairment	(19)	(17)
Addition/(Reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	0	(713)
Additions/(reductions) in "other reserves"	(167)	0
Recognised gains and losses for the financial year	4,059	4,126
Prior Period Adjustment - pre-6 March 1995 retirements		0
Prior period adjustment - other	0	
Gains and losses recognised in the financial year	4,059	4,126

4. Balance Sheet as at 31 March 2004

	£000	31 March 2004 £000	31 March 2003 £000
FIXED ASSETS			
Intangible assets	0		0
Tangible assets	46,801		35,343
Investments	0		0
		46,801	35,343
CURRENT ASSETS			
Stocks and work in progress	7		9
Debtors	2,935		5,353
Cash at bank and in hand	26		39
TOTAL CURRENT ASSETS		2,968	5,401
CREDITORS : Amounts falling due within one year		(11,942)	(12,595)
NET CURRENT ASSETS / (LIABILITIES)		(8,974)	(7,194)
TOTAL ASSETS LESS CURRENT LIABILITIES		37,827	28,149
Creditors: Amounts falling due after more than one year		0	(242)
Provisions for liabilities and charges		(2,010)	(2,707)
TOTAL ASSETS EMPLOYED		35,817	25,200
FINANCED BY:			
TAXPAYERS EQUITY			
General Fund		28,973	20,561
Revaluation reserve		6,517	4,323
Donated asset reserve		327	316
Government grant reserve		0	0
Other reserves		0	0
TOTAL CAPITAL AND RESERVES		35,817	25,200

Ian Piper
Chief Executive

Code A

Date 18/8/04

5. Salary and Pension entitlements of senior managers: 2003/04

Name and Title	Age	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Golden hello/comp ensation for loss of office £000	Real increase in pension at age 60 (bands of £2,500) £000	Total accrued pension at age 60 (bands of £5,000) £000	Benefits in kind (bands of £100) £000
Ms L Docherty Chair	49	15-20	0	0	n/a	n/a	0
Mr M Croucher Non Executive Director	57	5-10	0	0	n/a	n/a	0
Ms K Woods Non Executive Director	43	5-10	0	0	n/a	n/a	0
Mr C Childs Non Executive Director	53	5-10	0	0	n/a	n/a	0
Mrs J Charman Non Executive Director	44	5-10	0	0	n/a	n/a	0
Mrs A Stewart Non Executive Director	*	5-10	0	0	n/a	n/a	0
Mrs M Kilbride Non Executive Director	69	5-10	0	0	0	0	0
Dr G Sommerville							
Professional Exec Committee Chair	49	5-10	20-25	0	0	0	0
Dr R Pennells GP Commissioning Lead	56	5-10	0	0	0	0	0
Dr G Du Feu							
GP Health Improvement Lead	46	5-10	0	0	0	0	0
Dr N Allen GP Prescribing Lead	41	5-10	0	0	0	0	0
Mr P Carroll Intermediary Care Lead	41	5-10	0	0	0	0	0
Mr I Piper Chief Executive	43	95-100	0	0	2.5-5	25-30	0
Mr A Pickering							
Deputy Chief Exec/Finance director	54	85-90	0	0	0-2.5	35-40	0
Miss K Rowles Director of Public Health	44	65-70	0	0	5-7.5	20-25	0
Dr N Kickham Director of Public Health	*	45-50	0	0	2-5.5	10-15	0
A Hollis							
Nurse Member (left Dec 03)	53	5-10	20-25	0	0	0	0
Mrs K Clark							
Nurse Member (start Jan 04)	*	0-5	*	0	*	*	0
Ms C Kelly Nurse member	*	5-10	0	0	n/a	n/a	0
Dr I Reid Medical Director	52	5-10	0	0	n/a	n/a	0
Dr A Paterson							
GP Clinical Governance Lead	46	10-15	0	0	0	0	0
Ms F Cameron							
Director of Nursing and Clinical Governance	45	60-65	0	0	0-2.5	10-15	0
Mrs D Wilson Director of Operations	44	50-55	0	0	*	*	0
Miss R Boyns							
Acting Director of Planning (until Oct 03)	33	40-45	0	0	0-2.5	5-7.5	0
Ms I Hebden							
Director of Strategic Development (start Oct 03)	46	25-30	0	0	0	0	0
Mrs J Parvin Director of Personnel	40	50-55	0	0	0-2.5	5-7.5	0
Ms N Pendleton							
Partnership Manager Social Services	54		0	0	0	0	0
Miss E Costello Pharmacy Lead	44	5-10	0	0	0	0	0
Ms M Smith							
Head of Primary Care (left Mar 04)	55	45-50	0	0	0-2.5	*	0

* Consent to disclosure withheld

6. Management costs

	2003/04	2002/03
	£000	£000
Management costs	3,758	3,016
Weighted population	161,228	165,675
Management cost per head of weighted population	23.31	18.20

This was the second year of the PCT as an organisation and this increase in costs reflects the capacity needed to ensure it was fit for purpose and meets all the requirements of the Secretary of state and Strategic health Authority as a fully operational and accountable body. This included the structure to manage general medical services from October 2003.

7. Better Payment Practice Code - measure of compliance

The PCT aims to pay non-NHS creditors within 30 days of receipt of goods or a valid service (whichever is the later) unless other terms have been agreed. The measure of compliance is shown below (as per note 5.1 in the annual accounts.)

	2003/04	2003/04	2002/03	2002/03
	Number	£000	Number	£000
Total bills paid in the year	13,986	22,199	13,203	19,913
Total bills paid within target	11,172	19,572	12,458	17,200
Percentage of bills paid within target	79.88%	88.17%	94.36%	86.38%

8. Value for money

During 2003/4 the PCT needed to reduce spending though cash releasing efficiency savings in order to break even on income and expenditure. The target for these savings was £4.4m in the financial plan for the year. In practice the PCT achieved its financial duty to break even at 31st March 2004 by a range of measures to manage its resources effectively. These included:

- Incentive schemes for prescribing GP's
- requiring NHS trusts which provide services to accept some of their cost pressures would be met through greater efficiency
- requiring the PCT's own service directors (community services and services for those with a learning disability) to make savings within their budgets.

In addition, prudent use of allocations received from the department of health so that any slippage on planned service developments was identified throughout the year

9. Declaration of interests 2003-2004

(BOARD AND PROFESSIONAL EXECUTIVE COMMITTEE MEMBERS)

NAME	TITLE	INTERESTS
Dr Nic Allen	Professional Executive Committee,	GP Member (Prescribing Lead) Partner with Drs Wolpe, Maguire and Millman (Gudge Heath Lane Surgery, Fareham)
Rachael Boyns	Acting Director of Planning - until Oct 2003 (Co-opted Member of Board and Professional Executive Committee)	None
Fiona Cameron	Director of Nursing and Clinical Governance (Co-opted Member of Board and Professional Executive Committee)	None
Patrick Carroll	Professional Executive Committee Member (Intermediate Care Lead), Occupational Therapist	None
Jacky Charman	Non Executive Director	Employed by Gosport Voluntary Action, working in community development in Rowner, Gosport.
Charlie Childs	Non Executive Director	Part-ownership and Director of TT Links Ltd (Importer of sports goods). Director of Mead Web Services (Internet design business) – part-time.
Kath Clark	Nurse Member, Board and Professional Executive Committee - from January 2004)	None
Eilish Costello	Professional Executive Committee (Co-opted Member – Local Pharmaceutical Committee)	None
Michael Croucher	Non Executive Director	Director and Trustee of CRY (Care and Relief for the Young). Voluntary position. CRY is a Christian Charity dedicated to caring for disadvantaged and suffering children and young people, and restoring lives broken by violence, poverty and abuse.
Lucy Docherty	Chair, Board	None
Dr Grant du Feu	Professional Executive Committee, GP Member (Health Improvement Lead)	Partner with Drs Jordan, Collins, Diggins, Dixon, Griffiths, Lewkowicz and Mustafa (Fareham Health Centre)
Inger Hebden	Director of Strategic Development – from October 2003 (Co-opted Member of Board and Professional Executive Committee)	Partner is Director of Land Securities Management Services Ltd.
Anne Hollis	Nurse Member, Board and Professional Executive Committee -until December 2003	None
Christine Kelly	Nurse Member, Board and Professional Executive Committee	Employed by Dr Grocock and Partners (Rowner Road, Gosport). Practice Nurse Trainer
Noreen Kickham	Director of Public Health	None

NAME	TITLE	INTERESTS
Mary Kilbride	Non Executive Director	Co-opted member of Fareham Borough Council's Standards Board.
Jane Parvin	Personnel Director (Co-opted Member of Board and Professional Executive Committee)	None
Dr Andrew Paterson	Board and GP Member, Professional Executive Committee (Clinical Governance Lead)	Partner with Drs Warner, Tenters, Rees, Hopkins, Robins, Vasey and Tan (The Surgery, Stubbington, Fareham). Deputy Chairman, Wessex GP Educational Trust
Nicky Pendleton	Board and Professional Executive Committee Member (Partnership Manager - Social Services)	Husband owns HGM Maintenance, which undertakes home garden and marine maintenance in the private sector. Chairman of Trustees of Canine Partners, a registered charity which trains dogs to assist disabled people to lead more active independent lives.
Dr Robert Pennells	Professional Executive Committee, GP Member (Commissioning Lead)	Partner with Drs Chilvers, Davis, Traynor and Yeo (Gosport Health Centre). Wife is Chairman of Gosport Citizens Advice Bureau.
Alan Pickering Ian Piper	Deputy Chief Executive and Director of Finance Chief Executive	None
Dr Ian Reid	Medical Director (Co-opted Board Member)	Chairman of Motiv8, a charity working with young people at risk. Wife, Dr Amanda Munden is a partner in Dr G.P Somerville and partners' Practice, (Westlands Grove Medical Centre, Portchester).
Kathryn Rowles Margaret Smith Dr Gordon Sommerville	Director of Public Health Head of Primary Care Board Member and Chair of Professional Executive Committee (Clinical Leadership Lead)	None None Partner in General Practice with Drs Bateman, Cullen, Munden, O'Byrne and Tucker (Westlands Medical Centre, Portchester).
Anne Stewart	Non Executive Director	Vice President of Fareham and District Branch Parkinsons Disease Society
Diane Wilson	Operational Director (Co-opted Member of Board and Professional Executive Committee)	None
Karen Woods	Non Executive Director	Owner/Manager of Karen Woods Journalism & Communications. Relevant clients include University of Southampton, several housing associations, Hampshire Police Authority, Gosport Borough Council, Fareham Community Action. Member of Southampton and Fareham Chamber of Commerce

10. Related Party Transactions

Fareham & Gosport Primary Care Trust is a body corporate established by order of the Secretary of State for Health.

During the year the following material related party transactions took place between Fareham & Gosport Primary Care Trust and Board members or key management staff:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Dr N Allen - Professional Executive Committee Member				
Payments to Dr Allen for Ultrasound Service	34,748			
Payments to Dr Allen for Out of Hours Service	1,620			
Payments to Dr Wolpe & Partners for Discretionary GMS	160,134			
Payments to Dr Wolpe & Partners for Access and Enhanced Services	14,185			
Payments to Dr Wolpe & Partners for Out of Hours Service	6,377			
Dr G Sommerville - Professional Executive Committee Member				
Payments to Dr Sommerville for Out of Hours Service	1,620			
Payments to Dr Sommerville & Partners for Access & Enhanced Services	14,148			
Payments to Dr Sommerville & Partners for Discretionary GMS	185,846			
Payments to Dr Sommerville for Out of Hours Service	8,100			
Dr R Pennells - Professional Executive Committee Member				
Payments to Dr Pennells for Out of Hours Service	1,620			
Payments to Dr Pennells & Partners for Access and Enhanced Services	16,723			
Payments to Dr Pennells & Partners for Discretionary GMS	319,518			
Payments to Dr Pennells for Out of Hours Service	6,480			

10. Related Party Transactions

The Department of Health is regarded as a related party. During the year Fareham & Gosport Primary Care Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below.

Hampshire & Isle Of Wight Strategic Health Authority
Portsmouth Hospitals NHS Trust
Southampton University Hospitals NHS Trust
Portsmouth City Teaching Primary Care Trust
East Hampshire Primary Care Trust
Mid Hampshire Primary Care Trust
Eastleigh & Test Valley South Primary Care Trust
Southampton City Primary Care Trust

In addition, the Primary Care Trust has had a significant number of material transactions with other Government Departments and other central and local Government bodies. These were in respect of learning disabilities, mental health and community services.

Hampshire County Council amounted to £9,069,000 and Portsmouth City council amounted to £2,448,000

The Primary Care Trust has also received revenue and capital payments from a number of charitable funds, three of the Trustees for which are also members of the Primary Care Trust Board. The funds held on Trust Committee is hosted by Portsmouth City Teaching Primary Care Trust.

Private Finance Initiative

The PCT had no Private finance transactions in the year though it remains an active partner in the Portsmouth Hospitals scheme to reprovide Queen Alexandra Hospital.

Income generation

The PCT undertakes no income generation.

Statement of Board's Responsibility in respect of internal control

The Board is accountable for Internal Control, which encompasses the maintenance of sound systems that support the achievement of the organisation's policies, aims and objectives. The Chief Executive as Accountable Officer is personally responsible for safeguarding public funds and organisation assets. The Board has prepared a detailed statement which provide the PCT with the assurances necessary in order to sign off the statement. The statement itself is produced in full in the full Annual Financial accounts for the PCT, which can be obtained on request.

External audit

In carrying out audit work the audit commission comply with the statutory requirements governing it, in particular:

- the Audit Commission Act 1988; and
- the Code of Audit Practice (the Code)

The audit is also planned to be consistent with the Commission's strategic plan 2004/07.

The Code sets out three key objectives for the audit:

- the accounts
- the financial aspects of corporate governance; and
- aspects of performance management

The Audit Commission's audit plan and associated audit fee includes work to be undertaken by the Commission's auditors at the request of the Commission for Healthcare Audit and Inspection (Healthcare Commission)."

The fees for the Code of Practice audits in 2003/04 were £78,100.

Independent Auditors' Report to the Directors of Fareham and Gosport Primary Care Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 36 - 46.

This report is made solely to the Board of Fareham and Gosport 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 Primary Care Trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

Signature

Code A

Kate Handy, District Auditor

Date 6/9/04

Audit Commission, North Wing, Southern House, Sparrowgrove, Otterbourne, Hampshire, SO21 2RU.

The PCT board

The PCT board decides the overall strategy and policies of the PCT and makes sure they are implemented.

It has six key functions, to:

- ensure effective financial stewardship
- maintain high standards of corporate governance and personal behaviour
- appoint, appraise and remunerate senior executives
- set the strategic direction of the PCT on the recommendation of the PEC
- oversee, monitor and correct performance
- ensure the Executive Committee responds to the needs of the community.

The Board also has overall responsibility for a series of sub-committees:

- Audit and assurance
- Risk management
- Personnel
- Patient and public involvement
- Clinical governance
- Performance monitoring
- Pay and Remuneration
- Child protection
- Mental health act

These committees ensure that the PCT maintains the highest standards in the way it provides care, has integrity in the way it is organised, keeps on top of the delivery of targets and ensures that staff and the community are involved in decision-making.

Professional Executive Committee

Alongside the Board is the Professional Executive Committee (PEC) whose role is to effectively be the 'engine room' of the organisation. This ensures that clinical practitioners are at the heart of all our major decisions. The PEC is chaired by a local GP and oversees, amongst other things, clinical leadership and governance, health improvement matters, commissioning, prescribing, nurse practice development.

A senior management team supports the work of the Board and the executive committee.

PCT board members 2003/2004

Name	Role
Lucy Docherty	Chair
Michael Croucher	Non executive director
Karen Woods	Non executive director
Charlie Childs	Non executive director
Jacky Charman	Non executive director
Anne Stewart	Non executive director
Mary Kilbride	Non executive director
Ian Piper	Chief Executive
Alan Pickering	Finance Director/Deputy Chief Executive
Dr Gordon Sommerville	PEC Chair
Kathryn Rowles/ Noreen Kickham	Director of Public Health (shared post)
Anne Hollis/Kath Clark/Chris Kelly	Nurse Member
Dr Andrew Paterson	GP-Clinical Governance Lead
*Dr Ian Reid	Medical Director
*Inger Hebden	Director of Strategic Development
*Fiona Cameron	Director of Nursing and Clinical Governance
*Jane Parvin	Personnel Director
*Diane Wilson	Operational Director

* *denotes co-opted members*

PEC members

Name	Role
Dr Gordon Sommerville	Chair
Dr Nic Allen	GP Prescribing Lead
Dr Grant Du Feu	GP Health Improvement Lead
Dr Andrew Paterson	GP Clinical Governance Lead
Dr Bob Pennells	GP Commissioning Lead
Chris Kelly	Nurse Member
Anne Hollis/Kath Clark	Nurse Member (to Dec 03)/Nurse Member (with effect from Jan 04)
Patrick Carroll	Occupational Therapist - Intermediary Care Lead
*Eilish Costello	Local Pharmaceutical Committee Representative
Dr Ian Reid	Medical Director
Kathryn Rowles/Noreen Kickham	Director of Public Health (shared post)
Ian Piper	Chief Executive
Alan Pickering	Finance Director/Deputy Chief Executive
Nicky Pendleton	Partnership Manager, Social Services
*Fiona Cameron	Director of Nursing and Clinical Governance
*Diane Wilson	Operational Director
*Inger Hebden	Director of Strategic Development
*Margaret Smith	Head of Primary Care (to Mar 04)

* *denotes co-opted members*

The Pay and Remuneration Committee

The remuneration for Board Members and Executive Committee Members was determined by the Remuneration Committee in line with national guidance.

The Remuneration and Terms of Service Committee was set up in 2002. It comprises: the Non-Executive Board Members of the PCT and is chaired by the Chairman of the PCT. The quorum is four members. The Chief Executive, Director of Finance and Head of Personnel attend meetings as required by the Committee but are not in attendance for discussions concerning their own remuneration. The Committee makes arrangements to receive adequate independent advice on remuneration levels elsewhere in the NHS and on trends and developments in areas of benefits and terms and conditions of employment. The Committee co-opts appropriate personnel advisors as non-voting advisory members. The agenda papers for the meeting and minute taking are co-ordinated by the Head of Personnel.

Membership

Lucy Docherty	Chair
Jacky Charman	Non executive director
Charlie Childs	Non executive director
Michael Croucher	Non executive director
Mary Kilbride	Non executive director
Anne Stewart	Non executive director
Karen Woods	Non executive director
Ian Piper	In attendance
Alan Pickering	In attendance
Jane Parvin	In attendance

The Audit and Assurance Committee

The Audit and Assurance Committee is a sub-panel of the board. Its role is to provide an objective view of the PCT's financial systems and information. It also ensures that the Board complies with legislation, national guidelines and codes of conduct.

Membership

Michael Croucher	Non executive director (Committee Chair)
Anne Stewart	Non executive director
Karen Woods	Non executive director
Lucy Docherty	In attendance
Ian Piper	In attendance
Alan Pickering	In attendance
Peter Ifold	In attendance
Head of Internal Audit	In attendance
Local Counter Fraud Specialist	In attendance
Audit Manager, Audit Commission	In attendance
District Auditor, Audit Commission	In attendance

Fareham and Gosport Primary Care Trust

Unit 180

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