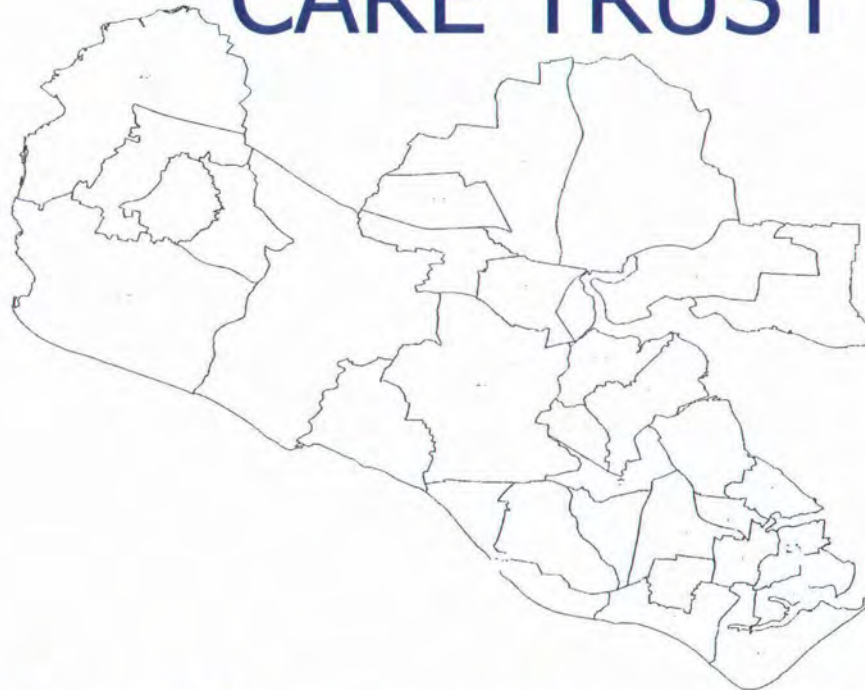


# FAREHAM & GOSPORT PRIMARY CARE TRUST



Healthcare Commission  
2004/05



# Birth of the Primary Care Trust

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- PCT established in April 2002
- Population 189,000
- Annual Budget 163m

## Features

- Two Borough Councils
- Marked areas deprivation
- Peninsula
- Fareham & Gosport (very different)

# The Services We Commission, Provide or Contract

## WE COMMISSION

Hospital Care  
Mental Health Services  
Specialist Care

## WE PROVIDE

Children's Mental Health  
Adult Learning Disability  
Community Hospital Care  
Occupational Therapy  
Community Nursing  
Physiotherapy

## WE CONTRACT

Family Doctors (GP's)  
NHS Dentists  
Pharmaceutical Services  
Optometrists



# PCT Values

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- Putting the needs of patients at our centre
- Listening to service users and carers
- Continuously improving the quality of the patient experience
- Valuing staff and contractors
- Working in honest and open partnership
- Being accountable for our actions
- Managing our resources well

**“We want to use these values in all our decisions”**



# IMPRESSIVE

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## Community Pharmacy

- Community pharmacists are being supported in implementing systems and processes that ensure they provide good quality patient care.



## Water is Cool

- The PCT has introduced a Water Is Cool In School project to encourage schools to provide drinking water for pupils and staff throughout the day.



## **Team Development Facilitator**

- The PCT has jointly appointed a team development facilitator with Southampton University to help teams of clinicians develop evidence based practice and implement change.



## **Community Enabling Service**

- The Community Enabling Service (CES) provides multidisciplinary rehabilitation and support for older people and takes referrals from a range of sources including self-referral.





## KEY MESSAGES

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- Good team working at all levels.
- Staff are friendly and committed, their commitment and enthusiasm should ensure progress is maintained.
- Members of the public praised the quality of care they received.
- The PCT has worked hard to establish good relationships with general practices and pharmacists.



- Other health and social care organisations say they have good working relationships with the PCT.
- Work is required to support staff in identifying ways of engaging patients and the public.
- Systems and processes for risk management are being developed.
- Staff say the PCT's fair blame culture encourages them to report incidents.



- Sharing learning from incidents across community and primary care need to be developed.
- The PCT is working towards providing evidence based care to patients. The PCT has no overall strategic direction for this work.
- The PCT is improving care by providing training and education opportunities for its staff.



- Performance management and other systems support the management of staff.
- Some staff are experiencing bullying and harassment from colleagues/patients/relatives and events are planned to support staff to manage and prevent this behaviour.



- Limited audits are carried out and management of these is uncoordinated.
- Staff access to technology is limited and information used to monitor rather than improve patient care.



# RECOMMENDATIONS

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- The PCT needs to continue developing systems and processes to ensure patients receive good quality care. It needs to ensure these systems are integrated across all primary and community healthcare services including those provided by GPs, dentists, optometrists and pharmacists.



- The Professional Executive Committee, the committee that involves clinicians in strategic decision making, needs to get better involved in making sure systems and processes exist to ensure patients receive good quality care.



- Action needs to be taken to develop a coordinated approach to carrying out audits of clinical work. Clinical audit systems and processes need to be linked to other clinical governance systems and processes, such as those for risk management and staff management.





- Information systems and the use of information need to be improved to help clinicians develop services and give good quality patient care.



- The PCT needs to continue to develop and incorporate quality indicators into its service level agreements with acute trusts so that it can monitor the quality of services that the acute trust provides to patients living in the PCT's area.



- The PCT needs to continue to develop its medicine management strategy and prescribing monitoring framework.



# GROUPS

Recommendations	Group	Lead
1 & 2	1	Fiona Cameron
3	2	Diane Wilson
4	3	Jane Parvin
5	4	Inger Hebden
6	5	Kathryn Rowles/ Noreen Kickham