Wiltshire NHS
Primary Care Trust

Wiltshire Primary Care Trust

Strategic Framework

2008 - 2011

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Foreword

This is the PCT's first Strategic Framework which sets out the ambitions for the NHS in Wiltshire over the next three years from 2008 – 2011

The first full year of Wiltshire PCT has been a year of considerable challenge and change. We brought together the staff and services of our three predecessor organisations to form the new Wiltshire PCT on 1 October 2006 with a new Board and team of Executive Directors. We have made the decisions on Pathways for Change and Mainstreaming Mental Health and gained approval from the Overview & Scrutiny Committee. We have been able to make significant progress on our plans to provide improved care closer to home. The first of a new generation of buildings is currently taking shape at Malmesbury. We have also laid the foundations for new partnership arrangements with the County Council so that we can jointly plan and commission services to improve the health and well-being of all residents in Wiltshire.

At the same time, we continued to work on improving our financial position. During this year, we will have repaid £44million of our inherited debts. We had an agreed target over-spend at 31 March 2008 of £29million. At month 7, we are forecasting a £20.2million deficit, an improvement by a further £9million in our financial position. We are discussing a plan with NHS South West to restructure our remaining debts which will allow us to move forward with the strategy articulated in this framework.

We continue to face significant challenges but the first phase of our recovery programme is now substantially complete. This strategic framework moves the focus to a longer term vision. Our ambition is that Wiltshire PCT will be a amongst the best NHS commissioning organisations, promoting the health and well-being of the people of Wiltshire and securing access to first class health services for them. Under-pinning this ambition is a renewed commitment to working in partnership with our staff, NHS organisations, other providers, communities and their public representatives.

Tony Barron
Chairman

Jeff James
Chief Executive

Wiltshire PCT
Strategic Framework 2008 – 2011

1. Introduction

This Strategic Framework outlines the direction, aspirations and priorities of Wiltshire PCT. It sets the framework for decision-making over the next three years.

The Framework will be implemented through the PCT's Operational Plan for commissioned services and through the PCT's own business plan both of which will be supported by a clear performance framework and monitored by the Board to ensure success.

2. About the Primary Care Trust

Wiltshire Primary Care Trust was formed on 1 October 2006 by the merger of its three predecessor organisations (Kennet & North Wiltshire, South Wiltshire and West Wiltshire PCTs).

The main function of the PCT is to improve health and well-being through commissioning (planning and paying for) comprehensive and equitable services to meet the needs of the population of Wiltshire.

The PCT holds the NHS budget of £550million for Wiltshire, which is used to ensure that there is primary and community services, hospital care, emergency care, mental health services, and specialist treatment for those who need them.

The PCT is responsible for assessing the health needs of local people and buying the health services to meet those needs through local NHS trusts, the voluntary sector and other providers.

The PCT also works with local people to help them to live healthier lives and reduce inequalities in people's health across Wiltshire. This is delivered by tackling the biggest influences on health such as stopping smoking or increasing physical activity.

The PCT co-ordinates the planning and funding of all local NHS independent contractors including 77 GP practices, 62 dental practices, 59 opticians and 57 pharmacies.

The PCT also directly employs approximately 2900 staff, most of whom provide community and primary care services including:

- Neighbourhood Teams
- Health visiting
- Therapy services
- Maternity services
- Inpatient nursing services
- Minor injury units
- Day surgery
- School nursing
- Specialist nursing care, and
- Administrative and estates (portering, cleaning, catering and maintenance) support.

3. Vision for Wiltshire

Wiltshire PCT exists to improve the health of the population and, should they fall ill, to commission for them the best possible, seamless, effective and safe care, within its financial resources. We do this by working in partnership with our staff, providers, communities and local government.

Our vision is that people in Wiltshire will enjoy the best state of health and will have access to first class health services when they need them. To do this, we need to be amongst the best NHS commissioning organisations and that is our organisational ambition.

We will measure the achievement of this aspiration by our ability to:

- ✓ Contribute to community well-being by creating a sustainable healthcare system in terms of its environmental impact and the models of care.
- ✓ Provide access to health services in line with best performance in England
- ✓ Achieve upper quartile performance in the standards of practice in primary and secondary care
- ✓ Deliver all key NHS and LAA health targets
- ✓ Develop a diverse workforce which is responsive to the needs of our patients and actively engages in developing and delivering first class services.
- ✓ Deliver financial balance and move to financial surplus to allow flexibility for innovation and development.
- ✓ Develop or procure world-class commissioning in line with the national framework.

Achieving our vision and ambition will require changes in our approach to commissioning:

(i) We will move from a provider-led to a commissioner-led market by:
- Working in partnership with providers
- Supporting evidence-based care and commissioning effective care
- Encouraging cost effective and safe care
- Ensuring equity in our approach to care
- Creating incentives to develop primary and community-based care within a managed market
- Improving our capacity to develop providers and to manage the wider and more diverse range of services we commission
- Promoting plurality in the range of services we commission, including new community based diagnostic and assessment services
- Encouraging market contestability
- Recognising the financial constraints inherent in the system

(ii) We will continue to develop partnerships by working with the LSPs, Council, primary care, key health providers, the voluntary sector and the local community to promote actions that improve people's well-being and reduce health inequalities.

(iii) We will actively promote self care, and offer choice within managed care by supporting people to:
- Lead healthier lives
- Self care
- Choose the care which is best for them within the national frameworks
- Have access to care which commands their confidence
- Identify what information they need, and

(iv) We will involve the local community and users in commissioning. We will look at ways we can do things differently by listening to the local community, patients and their carers to commission care that best meets their needs. We will do this by ensuring that users and the public are involved systematically, in a variety of ways, in determining how their needs should be met. In this we will pay particular attention to seeking views from those groups traditionally less likely to be involved.

(v) We will develop managed care across the "whole system" by:
- Putting the patient at the centre of service delivery
- Developing the ability of users to self manage
- Supporting and empowering carers
- Creating a single point of contact and single assessment processes
- Providing an infrastructure for the management of long-term conditions, with active case management for those who need more intensive management
- Promoting integrated service provision where appropriate
- Developing the capacity of providers, especially primary care, to support patients
- Ensuring we have access to relevant information to manage the system

(vi) We will develop the most appropriate models of care by:
- Increasing the focus on the prevention of ill-health
- Working to innovate and develop models of care in line with best practice
- Focussing on the needs of different groups of people in Wiltshire,
- Supporting practice-based commissioning with appropriate incentives
- Utilising skill mix, role enhancement and service redesign to improve service delivery
- Proactively anticipating national developments

4. The Health of People in Wiltshire

Wiltshire is a generally prosperous and rural county with a number of market towns. It has low numbers of young adults and fewer people over retirement age than most of the South West.

Public health indicators relating to quality of life are favourable. 7% of residents are dependent on means-tested benefits compared with 13% of people in England, as a whole, and 1 in 10 children live in households dependent on benefits. The rate of reported violent crime is lower than for England.

In terms of lifestyle choices, binge-drinking rates are below the England average and the death rate from smoking is low (although smoking kills around 690 people in the County every year). Levels of physical activity are above the England average.

The general high quality of life and positive lifestyle choices affect the life expectancy of Wiltshire in that, on average, people in the county live longer and infants are less likely to die in their first year of life than in England as a whole.

For disease prevalence, early death rates from cancer, heart disease and stroke are lower than average. A low proportion of people rate their health as “not good” and the rate of people claiming sickness benefit because of mental health problems is lower than average. Around 10% of people in Wiltshire are living with a long-term condition such as diabetes, asthma or arthritis.

The County exceeds the England averages and the averages for the South West of England (which in general are better than the England averages) on all national indicators of people’s health with the exception of:

- Road injuries and deaths
- Children’s tooth decay, and
- Hip fractures in older people

4.1 District Level Health Indicators

As would be expected, the health profiles for the four districts in Wiltshire broadly reflect the composite picture for the county outlined above. At district level, it is however possible to draw out some issues of health inequality and some of variation in health indicators across the county:

4.1.1 Health Inequalities

The Index of Multiple Deprivation combines a number of indicators, chosen to cover seven domains including economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Indices of Multiple Deprivation are produced at Lower Super Output Area level, of which there are 32,482 in the country. It is known that people living in the most deprived situations are at more risk of ill health, which may result in ensuing and chronic health and health care problems. The following table lists the fourteen super-output areas of Wiltshire that are most deprived across all seven domains.

Rank within Wiltshire	Super output area name	Position in national rank (total 32.482)
1	John of Gaunt - Studley Green	5803
2	Trowbridge Adcroft - Seymour	5870
3	Salisbury St Martin - central	5904
4	Salisbury Bemerton - west	7237
5	Trowbridge Drynham - Lower Studley	8197
6	Salisbury Bemerton - south	9267
7	Westbury Ham - west	9425
8	Melksham North - north east	10326
9	Melksham North - south west	10572
10	Calne Abberd - south	10961
11	Wootton Bassett North - central	11220
12	Chippenham Queens - east	11931
13	Devizes North - east	11966
14	Trowbridge Drynham - central	11986

Of the areas ranked above, numbers 1 - 7 appear in the 30% most deprived areas in England, and numbers 1 - 9 appear in the 20% most deprived in the South West.

There is a **5.2 year difference** between life expectancy in the fifth least healthy wards in Wiltshire compared with the healthiest wards in Wiltshire (2002-2004). This is a low difference compared with other areas of the country where inequalities are much more pronounced.

4.1.2 Health Indicators

Wiltshire as a county is an outlier nationally and regionally on the number of road injuries / deaths, children's dental health and hip fractures in older people.

At a district level, there is some variation on this:

- Road injuries and deaths are an outlier in Kennet, North Wiltshire and Salisbury but not in West Wiltshire.
- Children's dental health is an outlier in Salisbury and West Wiltshire but not in the other two districts
- Hip fractures are an outlier in Kennet and North Wiltshire to a lesser extent in West Wiltshire but not in Salisbury.

In addition, GCSE achievement is lower than the averages for England and the South West in Kennet, West Wiltshire and Salisbury. Homelessness is a problem in North Wiltshire, and West Wiltshire has a lower proportion of adults eating a healthy diet than England as a whole:

Indicator	District	Worse than England	Worse than South West	Significantly worse than England & South West
Road injuries and deaths	Kennet	✓	✓	✓
	North	✓	✓	✓
	Salisbury	✓	✓	✓
	West			
Children's tooth decay	Kennet			
	North			
	Salisbury	✓	✓	✓
	West	✓	✓	✓
Hip fractures in older people	Kennet	✓	✓	✓
	North	✓	✓	✓
	Salisbury			
	West	✓		
GCSE Achievement	Kennet	✓	✓	
	North			
	Salisbury	✓	✓	
	West	✓	✓	✓
Homelessness	Kennet			
	North	✓	✓	✓
	Salisbury			
	West			
Health eating in adults	Kennet			
	North			
	Salisbury			
	West	✓		

4.2 Performance against National Public Health Targets

In 2006/07, the PCT delivered:

National Target	Performance
Breast cancer screening	Achieved
Cancer mortality rate	Achieved
Implementation of national guidance on cancer treatment	Achieved
Overall number of people giving up smoking	Failed
Smoking status amongst population aged 15-75years	Achieved
Percentage of women smoking at time of delivery	Achieved
Cardiovascular disease mortality	Achieved
Monitoring of people's cholestorol level in primary care	Achieved
Monitoring of people's Body Mass Index in primary care	Achieved
Monitoring of people's blood pressure in primary care	Achieved
GP practices with a register of patients at risk of CHD	Failed
Number of mothers who breastfeed	Achieved
Access to sexual health clinics	Under-achieved
Access to reproductive health services	Achieved
Teenage conception rates	Achieved
Drug misusers in treatment	Achieved
Drug misusers sustained in treatment	Achieved

Note: the reference to under-achieved or failed relates to how far away the PCT was from the national target.

4.3 Healthy Wiltshire

During 2004 a Wiltshire-wide project was established with the goal of making Wiltshire the healthiest county in which to live by 2014. It has the support and involvement of 20 organisations representing the NHS, local councils, the voluntary sector and business. The objectives of the project are:

- To secure a targeted approach that takes account of the key determinants of health to ensure that the county achieves top quartile performance by 2014 as confirmed by national indicators;
- To tackle health inequalities affecting particular sections of the Wiltshire community;
- To devise environmental and social measures that lead to improvements in health;
- To encourage individuals and local communities to take responsibility for their physical and social well-being, and to recognize how their behaviours affect the health and well-being of others

It is likely that this project will become the Health and Well-being Board of the future.

4.4 Joint Strategic Needs Assessment

Work is already underway to produce the first Joint Strategic Needs Assessment (JSNA) for Wiltshire. It will be used to identify and describe the future health needs of local populations and will take account of data and information on inequalities between differing, and overlapping, communities in local areas and support the meeting of statutory requirements in relation to equality audits.

Key components of the Wiltshire JSNA include:

- Joint analysis of current and predicted health and well being outcomes
- An account of what people in the local community want from services
- A view in the future, predicting and anticipating potential new or unmet need.
- Findings of equality impact assessment
- Analysis of current and future wider determinants of health
- Need of vulnerable groups including prisoners
- Opportunities for disinvestment and resource transfer

The JSNA will also be used to:

- Inform future planning priorities
- Inform Wiltshire sustainable community strategy
- Inform the indicators and targets for the Wiltshire LAA, due to be agreed by June 2008
- Help commissioners achieve World Class commissioning standards for equity and the reduction of health inequalities

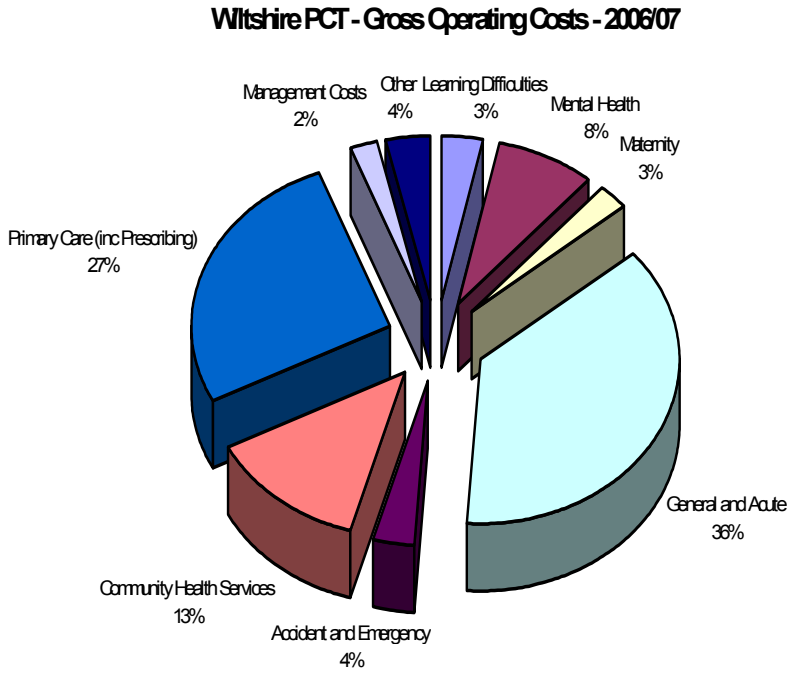
5. Financial Framework

5.1 Funding

Each year the PCT receives an allocation of funds from the Department of Health to commission health services for the people of Wiltshire. The amount of funding is based on a national formula which takes into account the size, demographics and needs of the local population.

The funding received is not sufficient to meet all the services the PCT and its local population would wish for. This means that the PCT needs to be very clear about what the priorities are for funding services for its community.

The funding is allocated in the following way:



5.2 Current Financial Position

At the start of 2007/08, the PCT faced a difficult financial position – an inherited debt from its predecessor organisations of £64.1million and a likely overspending in year of £29million due to the need to repay the inherited debt; and this in spite of a £29.3million savings plan.

By the autumn of 2007, most of the savings had been achieved, £42million of the debt will have been repaid in the year (plus a further £2million interest) and, on this basis, the SHA agreed to absorb the remaining £20.5million so that the PCT will end the year in balance.

A realistic assessment of the PCT's financial position is that in the first year (2008/09) of this three year strategic framework we will need to continue to focus heavily on achieving financial balance. There will also be a need to deliver national targets and complete the Reforming Community Services programme leaving little scope in these early years to develop additional local improvement targets. Where local targets and schemes are prioritised, they are likely to be delivered through Practice Based Commissioning and involve releasing funding from existing services to re-invest in new developments.

5.3 Medium Term Financial Strategy

Note: As at 8 February 2008, the three year financial strategy is currently being finalised and will be reported separately to the Board alongside the budgets for 2008/09.

The three year financial plan for the PCT is based on a recurring revenue allocation of £550million for 2007/08 and our plan to be in recurrent balance from 31 March 2008. Aside from our recurrent financial position, we will still need to address the £42.6million of historic debt.

The 2007 Comprehensive Spending Review provides a three year settlement for the Department of Health, increasing the overall NHS budget by 4% per year in real terms, over the period to 2011.

The PCT has assumed a level of growth of 3% which combined with our assumptions about debt repayment leads to two planning scenarios for our medium financial strategy. Appendix 1 provides the detail of both scenarios, one an optimistic position (scenario 2) and one that is more pragmatic (scenario 1).

The PCT will continue to act prudently in financial management throughout the coming three years to, at least, deliver scenario 1. In the event that scenario 2 becomes a reality then the PCT's programme of strategic development and commissioning will be adjusted to reflect our ability to move "further faster".

The PCT's prudent financial management will continue its focus on a systematic approach to delivering efficiencies across the organisation and its key providers. This will include the use of benchmarking and productivity metrics to identify priority areas to deliver upper quartile performance.

The role of clinicians and primary care teams will be fundamental to the PCT's delivery of its financial and commissioning strategies. Practice based commissioning will provide the resources and support to make clinical engagement a reality and to translate county-wide strategies into plans for local action. These plans will include the completion of the Reforming Community Services programme and the development of the Primary Care Centres.

Similarly, our strengthening relationship with local government will provide a firm basis from which to jointly plan and procure services for our local population taking maximum account of the opportunities and flexibilities created by working together.

The financial strategy underpins the aspirations set out in each programme area of this Framework. The detailed financial planning and allocation of resources will take place in the annual Local Delivery Plan. It will be important to maintain flexibility in the strategy and the annual plans to deal with emerging pressures and priorities over the coming three years.

6. Estates Strategy

The PCT has an ambitious plan to redevelop primary care and community health facilities under the Reforming Community Services in Wiltshire programme and set out in the PCT's Estates Strategy:

Site	Service Description	Target Date
Savernake Hospital	24 inpatient beds Ambulatory & outpatient services Fixed diagnostics Mobile diagnostics Mental health services Base for community & social care staff	Re-built 2005
Warminster Hospital	20 inpatient beds Ambulatory & outpatient services Day therapy unit Fixed diagnostics Mobile diagnostics GP surgery Base for community & social care staff	Already open
Melksham Community Hospital	Potential base for mental health beds for older adults Ambulatory & outpatient services Wheelchair service Base for community & social care staff	Already open
Malmesbury Primary Care Centre	Ambulatory & outpatient services GP surgery Base for community & social care staff Nursing Home Extra Care housing	July 2008
Westbury Primary Care Development	GP surgery Pharmacy Mobile diagnostics Base for community & social care staff	March 2009
Devizes Primary Care Centre	Ambulatory & outpatient services Fixed diagnostics Mobile diagnostics Dental surgery GP surgery Pharmacy Base for community & social care staff	2009

Site	Service Description	Target Date
Salisbury Primary Care Centres (2)	Ambulatory & outpatient services Fixed diagnostics Mobile diagnostics Dental surgery GP surgery Pharmacy Base for community & social care staff	2009
Trowbridge Primary Care Centre	Ambulatory & outpatient services Minor injury unit Day therapy unit Fixed diagnostics Mobile diagnostics Dental surgery Pharmacy Base for community & social care staff	2009 (best case) – January 2011 (worse case)
Chippenham	Inpatient beds Stroke unit Maternity unit Minor injury unit Day therapy unit Fixed diagnostics Mobile diagnostics Dental Surgery Base for community & social care staff.	Maternity – 2009, Main hospital - 2011

In addition, the PCT will support the development of an Independent Sector Treatment Centre in Devizes in 2009, this will be built alongside the primary care centre to create a health campus in the town.

The capital programme will deliver a modern and flexible estate within an excellent physical environment which meets all statutory and regulatory standards (disability access, health & safety, fire safety, environmental impact).

This ambitious programme will be funded by capital receipts from the sale of surplus estate combined with a bid for public capital (submitted in 2007) to fund the redevelopment of Chippenham Community Hospital.

7. Workforce Development

For Wiltshire PCT to deliver the priorities set out in this strategic framework it is essential that our workforce has the right skills and knowledge, is flexible, motivated and able to identify with the priorities which have been set. It is also important that our staff have the opportunity to influence how services are commissioned and provided.

We plan to achieve this by developing an organisational culture which supports employee development; by encouraging individuals to actively influence their environment and by working in partnership with our staff and trade unions.

This will include delivery of an HR Strategy by summer 2008 which addresses:

- Workforce Planning
- Equality and Diversity
- Recruitment and Retention
- Becoming the Employer of Choice
- Learning / Development
- Succession Planning
- Staff Engagement and Partnership Working with Trade Unions

8. Patient Safety & Quality

The Healthcare Commission, the NHS Litigation Authority and the National Patient Safety Agency promote patient safety and quality within the NHS by the implementation of Standards for Better Health, risk management systems and national patient safety initiatives. Locally, the use of patient feedback (compliments, comments and complaints) provide essential feedback on the actual experience of healthcare by our residents.

The PCT will need to ensure that it:

- Complies with all core Standards for Better Health and works towards the developmental Standards within the national timetable;
- Participates in the NHS Litigation Authorities risk management standards and systems
- Develops and maintains its systems to report and investigate untoward incidents;
- Implements the patient safety initiatives and reviews from the Patient Safety Agency including Safeguarding Patients (2007).

The PCT will ensure that these steps are taken both in its role as a provider of services and its role as a commissioner. The Audit & Assurance Committee will oversee both functions.

9. Community Engagement

The PCT has a strong history of engaging patients and communities in developing service strategy and plans through the Pathways for Change assembly process.

The PCT's Community Engagement Strategy builds on this to ensure that:

- the planning, commissioning and reconfiguration of the PCT's services is driven by the needs, views and preferences of patients, carers and our local community working in partnership, so that we are continually improving and learning from each other.
- we communicate more effectively, ensuring that patients and the public have easy access to good quality information, which is relevant and appropriate and that the PCT is open and accountable by providing honest, reliable, accurate information on how well the PCT and the services it commissions are performing
- we increase community engagement opportunities throughout the PCT and external partnerships and make sure that individuals and groups know how they can have their say, identifying new approaches and improving how we work with the local voluntary and community sector and other partners to consult and involve ethnic minorities, vulnerable and disengaged groups
- we have clear structures and mechanisms in place that enable patients and the public to provide feedback to staff and management and establish a dialogue in which their views, concerns and preferences are listened to and addressed and the outcome/impact is identified and fed back.

In 2007, we have engaged with patients and communities formally and informally over the location of primary care services, the development of the Local Involvement Network, the implementation of national guidance (cancer guidelines and continuing healthcare) and the quality of primary care, maternity and diabetes services. The result of all of this work is published on our website.

Patient and community representatives are part of our governance structures, as formal Board observers, members of Board committees and representatives on commissioning groups (such as the PBC consortia and the PCT's Exceptional Funding Committee). The newly constituted Professional Executive Committee has the power to co-opt community and patient representatives in its work on developing commissioning strategies.

The priorities within this Framework were agreed by a Stakeholder Assembly in November 2007. The Framework will be the subject of further engagement before it is finally ratified by the PCT Board in February 2008.

10. Current Performance

10.1 Annual Health Check

Wiltshire PCT's annual performance rating for 2006/07 was weak for both "use of resources" and "quality of services".

The "use of resources" indicator is composed of two elements: financial management and financial control. The Healthcare Commission rules mean that the PCT will score weak as long as it has a financial deficit although the PCT was rated as good for its financial systems.

The "quality of services" indicator is made up of performance against the national Standards for Better Health and performance against National Targets. These are described in sections 6.2 and 6.3 below.

The PCT has set a target of being at least "fair" on both indicators for 2007/08.

10.2 Standards for Better Health

For 2006/07, the PCT declared itself compliant on 27 out of 44 standards. Actions plans have been developed for all "not met" standards and significant progress has been made which is monitored by the Audit & Assurance Committee.

The PCT expects to achieve approved compliance for 2007/08 and have full compliance from 1 April 2008.

10.3 National Targets

In 2006/07, the PCT delivered:

National Target	Performance
Access to GP	Under-achieved
Access to primary care	Under-achieved
Cancer: two weeks from urgent referral to consultation	Achieved
Cancer: one month to diagnosis	Achieved
Cancer: two months to treatment	Achieved
Category A ambulance response times	Under-achieved
Inpatient waiting times	Achieved
Outpatient waiting times	Achieved
Inpatient waiting times	Achieved
Outpatient waiting times	Achieved
Total time in A&E	Under-achieved
Booking of hospital appointments	Failed
Thrombolysis – 60minute door to needle time	Achieved
Reducing emergency admissions	Achieved
Delayed transfers of care	Failed
Assessment of older people's mental health	Achieved
CPA follow-ups	Failed
Commissioning Child & Adolescent Mental Health Services	Failed
Commissioning Crisis Resolution services for mental health	Failed
Commissioning early intervention psychosis service	Failed
Community equipment availability	Under-achieved
Number of community matrons and patients supported	Failed
Diabetes reviews	Achieved

National Target	Performance
GP monitoring of blood pressure in patients	Achieved
Patient Satisfaction	Achieved
Monitoring data on ethnicity	Achieved.

Notes:
(i) the reference to under-achieved or failed relates to how far away the PCT was from the national target.
(ii) There are a number of public health targets. Performance against these is described in section 4.2

10.4 Fitness for Purpose

Wiltshire PCT undertook this assessment in January 2007. The assessment of fitness for purpose for financial management, governance and strategic planning was 'red'; the PCT was rated 'amber' on external relationships and 'green' on emergency planning.

The outcome of this assessment is an action plan which the PCT has used to strengthen its commissioning function and to focus on the quality of the clinical services it commissions for the population of Wiltshire. This action plan has been agreed by NHS South West and incorporated into the PCT's business plan for 2007/08. The PCT is on track to deliver this.

10.5 Performance Management Framework

Wiltshire PCT is committed to raising the standards of care delivered to patients and enhancing the patient's experience of healthcare services, through the attainment of national quality standards and targets.

A performance management framework is being developed to monitor progress against:

- The requirements of all aspects of the Annual Health Check;
- National Productivity Metrics
- Key aims and objectives of national plans and National Service Frameworks
- Performance targets agreed between the PCT and NHS South West
- The Local Area Agreement targets

As part of the framework, a corporate balanced scorecard is being implemented for the Board and its committees to monitor performance in four key areas of finance, national targets, quality & patient experience, and workforce. The scorecard will be in place from 1 April 2008 and during 2008/09 directorate level scorecards will be developed.

11. National Policy Drivers

11.1 Choosing Health: Making Healthier Choices

This White Paper was published in 2004; its top five aims are to:

- Reduce the number of people who smoke;
- Reduce obesity and improving diet and nutrition;
- Improve sexual health;
- Improve mental health and well-being;
- Reduce harm and encouraging sensible drinking.

11.2 Our Health, Our Care, Our Say – A New Direction for Community Services

This Government White Paper published in January 2006 sets out a vision for the reform of community services. The main goals of this are:

- Better prevention services with earlier intervention;
- More choice and a louder voice for patients;
- More on tackling inequalities and improving access to community services;
- More support for people with long term needs.

The White Paper echoes the themes within Choosing Health and continues with the shift of focus from treating illness to promoting the broader concept of well-being. Within this theme, it requires the NHS to address health inequalities in partnership with social care, voluntary sector and communities.

This guidance echoes the direction of travel that the PCT is already engaged in, by seeking to move services wherever possible from an acute hospital base and make them available nearer to the patient using settings such as health centres and the GP's surgery. In this way there is easier access for the patient and better coordination of the care provided.

11.3 Our NHS, Our Future – Darzi Review

The Prime Minister and Secretary of State for Health announced an NHS Next Stage Review in July 2007. The review is being carried by Lord Darzi, Parliamentary Under-Secretary of State, and a practising surgeon in London. It will form the basis for a vision of a world-class NHS and will be published in June 2008 in time for the NHS 60th anniversary.

The review is focussing on four areas:

(i) ensuring that clinical decision-making is at the heart of the future of the NHS and its pattern of service delivery;
(ii) improving patient care in particular ensuring that patients are treated with dignity in safe clean environments;
(iii) delivering more accessible and integrated care across secondary and primary providers, reflecting value for money and offering services in the most appropriate settings for patients;
(iv) establishing a vision which is based on personalised care, choice, and local accountability to ensure services are responsive to patients and local communities.

Lord Darzi published an Interim Report in October 2007, which recommended some immediate steps ahead of the final report:

I. The development of a comprehensive strategy for reducing health inequalities;
II. The embedding of personalised care and choice in primary care and programmes of care for patients with long term conditions. Greater flexibility in GP opening hours.
III. A stronger focus on patient safety including screening for MRSA prior to elective and emergency admissions;
IV. The establishment of clinical leadership and local accountability for major change. Change should only be initiated where there is a strong clinical basis for doing so, and where effective consultation has taken place.

11.4 World Class Commissioning

The Department of Health is currently working to help the NHS move towards world class commissioner status by improving commissioning capability.

World class commissioning is the way of obtaining the best value and health outcomes for local people by understanding their needs, and then specifying and procuring services that deliver the best possible health and social care provision and outcomes within available resources. Commissioners will work with their local partners, including local authorities, and providers from all sectors to establish long-term strategies for understanding and addressing the needs of the people they serve.

The current programme of work towards world class commissioning includes:

- articulating a vision and purpose for world class commissioning
- explaining how commissioning links to other NHS reforms and areas such as practice based commissioning
- setting out the key competencies that commissioning organisations will need in order to become world class commissioners
- creating a commissioning assurance framework to reward PCTs for delivering world class commissioning, and to hold them to account.
- putting in place a support and development framework to help PCTs attain world class commissioner status

11.5 Payment by Results

The NHS Plan (July 2000) introduced the Government's intention to link the allocation of funds to hospitals to the activity they undertake. Hospitals would be paid for the elective activity they undertake ie. Payment by Results. This reformed financial system offers the right incentives to reward good performance, to support sustainable reductions in waiting times for patients and to make the best use of available capacity.

Payment by Results has been implemented incrementally both in terms of scope and financial impact with a four-year transition path which comes to an end in 2008/09. Recent developments in the policy have included the ability to "unbundle" the tariff for individual episodes of care so that parts of patient care such as the initial diagnostics and the rehabilitation after a stay in hospital can be provided in community or primary care services. This supports the strategy to move care out of hospital and nearer to the patients' home.

12. NHS South West Strategic Framework

The South West Strategic Health Authority is responsible for the strategic leadership of the NHS in the South West; the development of NHS organisations and the NHS workforce; and the delivery of improved health and healthcare by holding Primary Care Trusts and NHS Trusts to account for their performance

Its draft Strategic Framework highlights the ambition in the South West to significantly improve health and health services. There is a real drive for change, ensuring the South West delivers the best value of any health system in England, practice and standards are up to the level of the very best in the United Kingdom and Europe, and the South West continues to be the healthiest region in the country to live.

The Framework identifies the main priority of the NHS in the South West as supporting people in living healthier lives. Prevention, rather than cure. Whilst the health of people living in the South West is generally amongst the best, there remain major inequalities. In some areas of the South West, for example, there is a 23 year difference in life expectancy depending on where people live.

The Framework identifies that the NHS will deliver more services from local hospitals, clinics, GP surgeries and other community facilities. Patients and the public will see routine health services taken out of the major hospitals and delivered more locally wherever it is safe and sensible to do so. Instead of patients traveling many miles to a distant hospital for a routine outpatient appointment or a simple x-ray, the NHS will take services to patients.

This will mean that NHS services will be increasingly provided more flexibly at the convenience of the patient rather than the convenience of the NHS. Services will be tailored to individual needs and circumstances, and planned and delivered in partnership with social services.

The Framework identifies a number of priorities:

(i) Realigning services to shift from a system based on treating illness to one focussed on keeping people well and independent;
(ii) Reducing health inequalities;
(iii) Supporting individuals to keep well and avoid illness;
(iv) Improving the speed and convenience of access to diagnosis and treatment;
(v) Maximising independent living for people with long term health or disability;
(vi) Avoiding needless urgent and emergency admissions to hospital;
(vii) Ensuring a rapid response in an emergency or where urgent care is required;
(viii) Maximising the return to independence after a hospital stay;
(ix) Ensuring dignity at the end of life;
(x) Improving the service for vulnerable groups and those who have specific diseases and conditions;
(xi) Improving clinical quality and safety;
(xii) Improving the quality of the user experience;
(xiii) Improving value for money.

13. Local Strategic Context

13.1 Wiltshire's Priorities

The thinking behind many of the priorities articulated in this Strategic Framework were developed and endorsed by a Stakeholder Assembly in November 2007.

The Assembly was attended by more than 60 representatives of local government (County, District, LSPs and Community Area Planning Partnerships), voluntary sector and patient groups from across Wiltshire. All major NHS providers were represented, as was the Wiltshire Health Overview & Scrutiny Committee.

The Assembly was asked to prioritise strategic priorities for Wiltshire for the next three years and identified their top three priorities as:

(i) Cleaner hospitals
(ii) More focus on prevention and promoting health
(iii) Improved emergency services (covering A&E, urgent care and ambulances)

Alongside these top three priorities, the Assembly endorsed the strategic objectives proposed by the PCT for a number of programme areas including older people, long term conditions, children, young people and families, and mental health.

The endorsement was accompanied by a clear desire to see:

- Services structured and delivered in a more thoughtful way, taking account of the needs of carers as well as patients;
- Better access to a whole range of services including diagnostics and GP services on Saturdays;
- The NHS thinking "outside of the box" and working with organisations across Wiltshire to promote healthy living, and a sense of well-being;
- The development of "real" partnerships (not just words) with local government and the voluntary sector;
- Providers thinking and acting holistically about the care of patients ensuring dignity, privacy and respect for spirituality;
- The NHS clearly located in a community context, working with communities to develop sustainable solutions and a sense of social capital in each community area.

The PCT will use these priorities and desires to frame it's commissioning over the next three years.

13.2 Practice Based Commissioning

Wiltshire PCT sees Practice Based Commissioning (PBC) as an important tool to facilitate closer engagement with clinicians and a means of accelerating its current commissioning strategy. A key measure of success will be the development of new care pathways, often providing assessment and treatment in local community settings as we shift the balance from secondary to primary and community care. This will allow secondary care to concentrate on the more complex cases requiring the specialist skills and facilities which logistically need to be located on main hospital sites.

The PCT also believes that PBC will provide opportunities to address health inequalities by focussing commissioning at a community area level within the wider Wiltshire strategic framework.

All practices in Wiltshire are engaged in PBC in five clusters. A county-wide framework has been developed in consultation with practices and the Local Medical Committee. The framework sets out the structure, governance and accountability of the five consortia alongside the "rules of engagement" which have been agreed between the consortia and the PCT.

13.3 Partnership working

Wiltshire PCT believes that working with its partners is integral to developing high quality health and social care services for the people of Wiltshire:

Partnership with Local Government – the partnership with Wiltshire County Council has been substantially revisited over the last 12 months. New partnership agreements are in place and provide a firm foundation on which to build joint commissioning for a variety of client groups. Our strategy is to:

- Maximise social care and health partnerships for the benefit of patients and to ensure efficient resource utilisation;
- Plan service investments on the basis of a "whole system" approach across health and social care; and
- Collaborate with social care in the development of voluntary sector provision and the market management of independent sector provision of residential and nursing home care.

The establishment of a unitary authority for Wiltshire by April 2009 will be fundamental to the development of joint working between the NHS and local government.

Partnership with providers – we must engage fully with our providers to ensure the relationships we have our collaborative. We recognise that Foundation Trusts have greater freedoms but believe it will still be essential to foster constructive relationships and work to a single strategy. We will work with local providers on:

- Productivity metrics to maximise efficiency and deliver improved services for our patients;
- Continuing implementation of the Reforming Community Services programme;
- Working to and within financial balance.

Partnership with the voluntary sector – the PCT will seek to develop partnerships with the voluntary sector to:

- Develop their role as provider of local services
- Develop and harness social capital within the community areas.
- Promote healthy living and lifestyle choices
- Provide a source of information on patient experience of health services

Partnership with the community – we will continue to engage fully with local communities and foster partnerships with them to promote healthier choices. The new community legislation (November 2007) will require closer working between health and social care on the development of a Local Involvement Network for Wiltshire.

13.4 Future of Provider Services

The PCT has already established a distinct identity for its provider arm, Wiltshire Community Services, and governance arrangements to enable the services to function at arms-length from the PCT's commissioning function.

The provider arm was created from a range of community services and providers with minimal strategic coherence. It has also suffered from a lack of commissioning focus and a national reform agenda which has been focussed largely on the acute sector.

Ultimately, the PCT will need to decide what organisational form its directly-provided services should take in future. Given the history and the heterogeneous nature of the services (with different models and levels of services provided in different localities), there are a number of possible options ranging from continuing direct provision to integration with social care or establishment of a separate Trust. It is highly likely given the heterogeneous nature of current service provision that there will be different solutions for different services.

The PCT Board in September 2007 agreed a process and timeframe for a review of its provider services with the aim of having new arrangements in place from April 2009.

13.5 Supporting Strategies

This Strategic Framework builds on a number of existing strategies within the PCT including:

(i) Clinical Priorities Policy for Commissioning Selected Services - November 2006

(ii) Commissioning & Choice Strategy – December 2006

(iii) Reforming Community Services in Wiltshire – January 2007

(iv) Urgent Care Strategy – September 2007

(v) Mental Health Strategic Framework – October 2007

(vi) Public Health Annual Report - 2007

(vii) Community Engagement Strategy – October 2007

(viii) Communications Strategy – October 2007

(ix) Estates Strategy – December 2007

13.6 Reforming Community Services

Becoming less reliant on hospital care and achieving the objectives of Our Health, Our Care, Our Say will require a significant shift in resources and a change in traditional ways of working. A key driver to the PCT's commissioning strategy is to ensure more services are provided closer to people's homes, rather than in main hospitals.

For patients too there will be a significant change in thinking. Being treated in a main hospital setting may no longer be the most appropriate way of receiving care and treatments for some groups of patients. The PCT will continue to work with healthcare professionals and the public to ensure the care delivered is responsive to and meets the needs of the local community.

The PCT has embraced the need for change by embarking on its ambitious programme of "Reforming Community Services". This approach means a change in the balance of services, with more care provided in the community. The PCT already

has staff working in the community, in GP surgeries and in hospitals. This plan places many more staff in community teams and in primary care, and fewer in a smaller number of improved Community Hospitals.

These changes are summarised below:

- **Eleven Neighbourhood Teams** will provide support to patients in their homes. The teams consist of a range of nurses, therapists and support staff to work alongside local GPs, social care and mental health services to provide targeted care to local people who would otherwise need to travel to hospital to receive treatment.

- **Five new Primary Care Centres** will be developed to provide space and facilities for GPs to expand and offer a wider range of services, many of which would otherwise be provided in hospital. Primary Care Centres will bring together primary care services (GP and their staff), community services (health visitors, therapists and the neighbourhood teams), diagnostic services (such as blood tests and x-rays), day treatments and outreach hospital services (such as consultant led clinics), often offering patients a 'one stop shop' for their health needs on a single site, away from the main hospitals.

- **Improved Community Hospitals** will provide a wide range of services for those patients who need to be treated at a hospital site. Services to be provided include outpatient and therapy clinics, increased level of diagnostic testing and inpatient beds.

- **Maternity Services** will offer women a choice of four options for giving birth. Women will be able to choose from having a consultant led birth in one of the three local District General Hospitals (DGHs), a midwife-led birth at a community hospital site, a midwife led birth at a local DGH or a midwife-led home birth.

- **Minor Injury Units** will be operating in two locations – Trowbridge 24/7 and Chippenham from 7am-1am. This will concentrate the county's dispersed expertise providing more consistent treatment and facilities to treat a wider range of injuries.

14. Commissioning Priorities

14.1 Commissioning & Choice Strategy

The PCT Board endorsed a Commissioning & Choice strategy for Wiltshire in December 2006 which set out a vision of commissioning to:

- Improve the health of the local population overall,
- Offer cost effective, modernised care pathways taking a "whole system approach,
- Bring care nearer to patients and support patient choice,
- Maximise effective joint working with partner organisations.

The 3-year priorities have been set in the context of the health needs of our population, national and local strategies and this vision for commissioning.

14.2 Maternity and Newborn Care

The policy programme for maternity and newborn care is set largely by the National Service Framework for Children, Young People & Maternity Services (the "Children's NSF") and by the more recent policy, Maternity Matters (DH, April 2007).

Maternity Matters commits the NHS to offering four choice guarantees for all women by 2009:

(i) choice of how to access maternity care
(ii) choice of type of antenatal care
(iii) choice of place of birth depending on circumstances
(iv) choice of postnatal care

Reforming Community Services in Wiltshire sets out the strategic development programme for maternity services provided and commissioned by Wiltshire PCT and includes the following commissioning objectives:

- To have locally, accessible, woman and family-centred, midwife-led maternity services that have clear pathways for joint working between local community, community hospital and acute hospital services.
- To deliver a service which offers women the choice of how and where to give birth including home-birth, midwife-led or consultant-led care.
- To ensure a service which addresses reduction in health inequalities, reduced mortality rates, and tackles the underlying determinants of ill health, specifically addressing reducing smoking rates, halting the rise in obesity amongst children and reducing teenage pregnancy.

The service model is currently being implemented and will offer:

- ✓ Women a range of choices of place of birth (home, community or hospital)
- ✓ Choice of hospital based birthing units on five sites: Salisbury, Swindon, Bath, Frome and Chippenham.
- ✓ Locally accessible antenatal and postnatal care delivered through a team approach to ensure continuity of care and a healthy and effective transition to parenthood.
- ✓ Provision of a clinically safe service with adequate staffing to ensure midwives maintain their skills and competencies.
- ✓ Delivery of the national target of 80% of mothers breastfeeding for the first six weeks.
- ✓ Delivery of the national target to reduce infant mortality by reducing the number of mothers smoking during pregnancy.

The first two stages of the service model have been successfully implemented with the closure of the small maternity units in Devizes and Malmesbury and the transition to local community midwifery teams in those areas. The Trowbridge maternity beds will be transfer to a newly-refurbished and extended community midwifery-unit on the Chippenham Hospital site in January 2009.

The PCT had developed an outcomes-focussed commissioning specification for maternity services and will be tendering for provision of the service currently provided by Wiltshire Community Health Services (the PCT's provider arm) in 2008/09. Wiltshire Community Health Services provide 53% of all the births for our residents with the remainder being delivered predominantly at Swindon and Salisbury.

In terms of health inequalities, the PCT is currently exceeding its targets for improving breast feeding rates and reducing the number of mothers who smoke during pregnancy. The Joint Strategic Needs Assessment in 2008 will provide an opportunity to set local targets which recognise the underlying health of our population and go further than national standards.

14.3 Children's Services

The PCT works closely with Wiltshire County Council and other partners through the Wiltshire Children's Trust Board to plan and commission services for children, young people and families. The Children's NSF, Every Child Matters and Change for Children set out the national priorities and standards.

The PCT has the following local priorities for improving Children's Services:

- Improving the overall health and well-being of children and young people;
- Improving Child & Adolescent Mental Health Services (CAMHS) across the county;
- Improving support for vulnerable new parents;
- Reducing childhood obesity;
- Reducing teenage pregnancy rates across the county.

The PCT will work with the Council on a number of initiatives to reduce health inequalities and improve the overall health and well-being of children. By 2010:

- There will an additional 14 Children's Centres, bringing the total to 20 across the County.
- 65% of schools will have achieved the Healthy Schools Awards
- We will have a achieved a 5% reduction year on year in the attainment gap between looked after children and the rest of Wiltshire's children
- 100% of looked after children will have at least an annual health and dental assessment

The PCT will support the Council in its role as "corporate parent" for looked after children through the implementation of the Corporate Parenting Plan for Wiltshire.

For **Child & Adolescent Mental Health Services** we will conclude the current review and implement the findings to ensure that by 2010 there is:

- 24-7 access to urgent mental health care with specialist mental health assessment conducted within 5 working days of urgent referral;
- A full service for children and young people with learning disabilities;
- An age-appropriate service for children aged 16 and 17 years including transition planning to adult services, where required.

A joint commissioning strategy for services for **vulnerable new parents** which will be developed by 2009 building on the early learning from the national pilots on intensive parenting programmes. As a first step in this we will work with the Council to extend the availability of early education and childcare provision in Children's Centres to 38 weeks / year by March 2009.

The Joint Strategic Needs Assessment will form the basis of a strategy in Wiltshire to tackle childhood (and adult) **obesity** and the level of dental caries in children (where Wiltshire is an outlier in comparison to national and regional average levels). The strategy will be agreed by the Children's Trust Board in 2008/09.

The recent data on measurement of height and weight for children in reception year and year 6 showed that we have fewer obese children than the average for the South West. For reception year, 341 (8%) children were identified as obese (89% of children were measured) and in year 6, 451 (13%) were identified as obese (69% of children were measured). This compares to 9% and 15% across the South West, on average.

The rate of **dental** caries in children in reception school year from the most deprived areas of Wiltshire (predominantly in the South and West of the county) is twice that of those leaving in the least deprived areas. Mean dental caries in the most deprived areas is 2.16 compared to 1.11 in the least deprive areas. Over the last four years the PCT has increased investment in dental services by 19%. Further development will be targeted at areas of deprivation and will require strategies for overseas recruitment.

The plan to reduce **teenage pregnancies** in Wiltshire has been agreed by the Children's Trust Board. The Board has set a trajectory of reducing teenage conceptions to 17.9 / 1000 girls aged 15-18 years by March 2009 from the current level of 28.3. The ultimate target is to reduce the number of conceptions to 50% of that in 1998 ie to 16.1 / 1000 girls from a starting point of 32.1.

Finally, the PCT will continue to contribute towards the **safeguarding children** systems including implementing the new processes for investigation of child deaths.

14.4 Staying Healthy

The Wiltshire stakeholder assembly in November 2007 identified improving health as the second highest priority (after cleaner hospitals) for people in Wiltshire and agreed that priorities areas for action would include:

- Reducing obesity rates in children and adults
- Reducing the number of people who smoke in Wiltshire
- Improving the sexual health of the population in Wiltshire
- Reducing the levels of misuse of drugs and alcohol
- Reducing the number of older people with hip fractures.

The PCT will invest 0.25% of its budget to meet these and other public health targets.

Alongside these local priorities, Wiltshire is also an outlier on the number of road traffic accidents.

14.4.1 Obesity
The Joint Strategic Needs Assessment will form the basis of an obesity strategy for the County covering weight management, exercise, diet and education. The PCT will extend its exercise referral scheme and participate in the development of a county-wide strategy for the provision of recreational and sporting facilities (to improve local access to facilities and remove disincentives to exercise).

14.4.2 Smoking Cessation
The PCT is currently not meeting the overall target for reducing smoking due to a technical error in the setting of the local plan. Underlying targets, such as those for reducing the number of pregnant women who smoke and the overall number of adult smokers are being exceeded. The PCT will review the work of its smoking cessation service in 2008 to re-focus activities on "at risk" groups (including children, adults with a long term condition, pregnant women and older adults) as well as engaging large employers in campaigns to reduce smoking and improve the overall health of their staff.

14.4.3 Sexual Health
The PCT is meeting its targets for reduction in teenage conceptions and access to early termination of pregnancy. The new chlamydia screening programme is being implemented with a local ambition to achieve 25% coverage within 2 years.

14.4.4 Drug and Alcohol Services
The drug and alcohol strategy for Wiltshire sets out the detailed plans and priorities for reducing substance misuse. Targets for access to treatment and sustaining people in treatment are currently being agreed as part of the LAA process.

14.4.5 Reducing falls in older people
In 2006/07, 1156 Wiltshire residents aged 75+ were admitted to hospital following a fall.

The incident data shows that 29% of over 65's experience a fall each year, and that 15% are likely to have two or more falls. The incidence of falls in care institutions is also higher than those in the community or people's own homes.

In 2008, the PCT will develop a commissioning framework covering:
- GP access to DEXA scanning and the development of pathways for primary and secondary prevention (including ensuring compliance with NICE guidance);
- Development of primary care based rheumatology services to improve access;
- Expansion of targeted exercise programmes for falls prevention
- Extend the Stay on Your Feet campaign targetting communication and engagement at over 75's and the care home sector.
- Expansion of current falls services including training more falls assessors
- Development of the assistant practitioner role in neighbourhood teams to increase coverage across the County.

The aim will be to increase access to falls services by 20% across the county. The increase will be targeted to those districts where performance is currently poor.

14.4.6 Road Traffic Accidents
In terms of road traffic injuries, there is a LAA target to reduce the number of adult and child casualties by 10% by March 2009 through improved access to road safety

training. Targeted initiatives have been established focussing on pedestrians, cyclists, new drivers, motorcyclists and older drivers. The aim is for 8500 people to receive road safety training each year for the next three years.

14.4.7 Cleaner Hospitals

The management and reduction of healthcare associated infection (HCAI) is a national and local priority. The Wiltshire Stakeholder Assembly rated "cleaner hospitals" as their highest priority for the NHS in Wiltshire.

Previously, plans have been focussed on the acute sector but new initiatives are bringing more emphasis on control and prevention in the wider community – especially care homes, community health services and primary care. This will be increasingly important as we succeed in our over-arching strategy of bringing care closer to home.

In 2007/08, the number of C.difficile infections in hospital is 206 below the target level of 539 but MRSA infections are 15 above the target level of 26 with differential performance across our 3 main acute providers. By end 2010/11, commissioned services will achieve a cumulative 85% reduction in MRSA levels and a cumulative reduction of 55% of C.difficile.

The PCT will also ensure that safe and effective prescribing is taking place in primary care in relation to MRSA (dentists, GPs and pharmacists).

The PCT is currently reviewing its commissioning and provision of services against the finding of the Healthcare Commission report into C.difficile at Maidstone & Tunbridge Wells NHS Trust. The review will shape the future approach to infection control.

14.5 Long-term conditions

The NHS Improvement Plan (2004) proposed a model for delivery of care for patients with long term conditions based on three tiers of self care for the majority, disease management for patients requiring more support generally for single conditions and case management for patients with more complex needs and / or multiple conditions.

At a national level, 36% of patient living with a long term condition are being treated for hypertension, 24% for arthritis, 15% for diabetes, 10% for depression and 4% for stroke. In Wiltshire, 10% of adults (43,000 people) report that they are living with a long term condition.

The PCT has identified five priorities for improving the care and treatment of patients with long-term conditions.

- Promote health & well-being
- Reduce unnecessary admissions
- Extend access to community matrons
- Promote self and supportive care
- Extend support to carers

The PCT is ahead of its target for reducing unnecessary admissions. The PCT is ahead of the national target reduction of 5% in emergency bed days by 2008. The introduction of neighbourhood teams will enable more patients with long term

conditions to receive care at home or in the community through the introduction of 24-7 nursing and therapy support.

Each neighbourhood team has been established with a link to at least one community matron in 2007/08. The PCT has plans to introduce a total of 21 community matrons across the county by 2010. Each will manage a caseload of 80 complex patients. The community matrons and the neighbourhood teams are clustered around GP practices with access to the Predictive Admission Risk Rating (PARR) tool to identify and support patients at most risk of acute admission.

The PCT is restructuring its community inpatient services and reducing the overall numbers to 54 beds, across three units. This will be achieved by March 2008 with a new service specification focussing on step-up to prevent acute admission and active rehabilitation to reduce length of stay in the acute sector. The PCT has set a target of continuing to reduce emergency admissions by 8% by end March 2009 (against 2007/08 baseline)

The stakeholder assembly in November identified addressing carers' needs alongside patient care as an essential component of an effective health and social care system for Wiltshire. The PCT has a joint Carer's strategy with the Council, the Mental Health Trust and local voluntary sector agencies focussing on four areas:

- a framework to address carers' needs.
- increasing carer recognition and identification.
- good assessment, support and services for carers.
- consulting and involving carers.

An implementation plan for the strategy is being developed. A key target for the NHS is the development of carer registers in primary care by March 2010.

The strategy mainly focuses on adult carers. A separate code of practice for supporting young carers is being developed.

The PCT has an extensive programme of self care and self management including generic expert patient programmes and programmes run by the local voluntary sector such as Arthritis Care which focus on disease-specific self care. Attendance will increase by 10% and a specific programme will be developed for carers.

The Healthcare Commission Review of diabetes services in 2007 rated the PCT as "good" overall (Wiltshire was one of only 16 PCTs out of 152 nationally to score good). The PCT is rolling out the learning from its patient-centred management of diabetes to other long term conditions such as COPD.

The PCT has a joint community equipment service with the Council and is reviewing the provision of equipment to ensure that there is same day access to equipment when required and access within 3 working days on a routine basis.

A review of wheelchair services was undertaken in 2007 and a new commissioning specification is currently being drafted with clinician and local community involvement. The aim is to tender for a new provider in 2008 so that the NHS provides routine wheelchairs within the standards set out for the Community Equipment Service and specialist wheelchairs within 18 weeks of referral (including manufacturing and delivery time).

14.6 Mental Health

Prevalence data suggests that in Wiltshire there are currently an estimated 49,000 individuals of working age and 12,000 older adults with some form of mental health problem (neurosis, psychosis or dementia). Dementia affects a wide age-range and accounts for approximately a third of mental health problems in older adults. By 2011, the overall demand for services in adults of working age is projected to grow by 3% and for older adults by 11%.

Wiltshire PCT inherited a set of strategic plans from its predecessor PCTs which have led to a re-configuration of mental health services in 2006 and 2007. Service changes included:

- A range of primary care mental health services that people with mild to moderate mental health problems can access directly through their GPs.
- Specialist community mental health services for each of the four district council areas. These include early intervention, crisis and intensive home treatment, assessment and planned care from community mental health teams.
- Specialist inpatient services offering safe and effective short – term intensive assessment and treatment for adults of working age and older people who display challenging behaviours as a result of their illness. These services work together with mainstream physical health and social care services to ensure a seamless package of treatment and care for people with both mental and physical health needs.

The remaining service change from these strategies relates to the location of inpatient beds for older adults in the County. An option appraisal is being undertaken and a decision will be made in January 2008.

As the service changes from the previous strategies are concluded, the PCT has agreed a new draft joint strategy for mental health services in Wiltshire with the Council which will form the basis of joint commissioning plans over the next 3 years. The strategy covers the full range of support and treatment services for adults with mental health problems and has a particular focus on addressing inequalities and promoting social inclusion alongside meeting national targets. The detailed plans for the next three years will follow on from the strategy when it is formally adopted in spring 2008 with agreed priority areas of:

- Reducing the number of patients delayed in inpatient beds;
- Improving the access to early intervention services for psychosis;
- Extending the access to assertive outreach services;
- Developing intermediate care services to prevent unnecessary hospital admission and facilitate discharge back into community settings;
- Establishing specialist services for people with an eating disorder;
- Establishing specialist services for people with personality disorder.

14.7 Urgent Care

The stakeholder assembly in November 2007 identified improving access to urgent care as the third highest priority for the community in Wiltshire. The assembly identified four areas of local importance in urgent care:

- Ambulance response times
- Access times for A&E
- Access to diagnostics for stroke care

- Reducing delayed transfers of care

In 2008/09, the PCT will prioritise work with the Ambulance Trust and with A&E services in the west of the County to meet and sustain national standards on access to urgent care services. This will provide a firm base across the county on which to further develop urgent care services.

By end March 2011, 95% of patients who attend an A&E department will be seen within 2 hours and no more than 2% will wait more than 4 hours. Alongside this, GP access to diagnostic tests will be improved to deliver the service within 2 weeks by March 2011.

The PCT is committed to working in partnership with the Great Western Ambulance Trust to improve ambulance response times and thrombolysis times to meet all national standards. Where improvement is not forthcoming, the PCT will explore the use of another provider under contestability.

Throughout 2007/08, the PCT has been working closely with social care and other NHS providers on a joint project to reduce the numbers of patients delayed in hospital (acute, community or mental health). As at 26 November, there were 93 patients delayed, a reduction of 52 (36.5%) on the start of the year. The number of beddays lost in the week ending 26 November was 582 compared to 785 in the first week of April, a reduction of 25.8%. Work is on-going to reduce the level further. For acute providers, there are currently 40 delays against a year end target of 11. The aim is to reduce delayed transfers of care to less than 1% of acute hospital capacity within 2008.

The joint work is increasingly focussed on keeping patients out of hospital through initiatives such as neighbourhood team support to nursing and care home providers. The target is to reduce unplanned admissions to hospital by 8% at end March 2000 (against 2007/08 baseline)

The Reforming Community Services in Wiltshire programme has resulted in a re-configuration of MIU services in Wiltshire. The neighbourhood teams and re-configured inpatient beds provide an urgent response in the community with target response times of 4 hours which is integrated with primary care (in hours and out-of-hours), secondary care and social care via a single point of access telephone line called “Access to Care”.

The PCT’s urgent care strategy (September 2007) builds on this reconfiguration and envisages a system in the future which incorporates:

- Promotion of self care and effective use of pharmacies, NHS Direct and digital technology to provide symptom management for minor illness and injury;
- Primary care working alongside the neighbourhood teams and in primary care centres to triage and offer extended urgent access to frontline services;
- The development of Access to Care to provide a single point of access for all urgent care services in Wiltshire;
- The extension of services in emergency departments to incorporate community clinician assessment to prevent unnecessary acute admission;
- The integration of minor injury services with the planned primary care centres to create community based urgent care centres.

In addition to these general priorities, urgent care services will be developed through care programme areas such as long term conditions, older people and mental health.

A full implementation plan for the urgent care strategy will be agreed in Spring 2008.

From 2009 onwards, the PCT will set local targets relating to:
- Reducing the number of older people who fall;
- Improving access for stroke patients to CT scans within 3 hours to deliver a 60-minute door to needle time for thrombolysis, where clinically indicated.

14.8 Planned Care

14.8.1 Reducing waiting times

The NHS in Wiltshire has made major progress in reducing waiting times for planned care. Over the last five years, the numbers of patients waiting for an outpatient appointment have reduced by 25% from 9882 to 7674 and the numbers waiting for inpatient treatment have reduced by half to 6647.

More importantly, the time that patients wait has reduced:
- In March 2003, a patient referred for routine surgery would wait at least 18 months for their operation (from the date of their referral).
- In March 2008, the same patient referred for routine surgery will wait no more than 18 weeks so that their operation will be in August 2008.

In national surveys, reducing waiting times for planned care is the third highest priority for patients (BMA, 2005). In Wiltshire, it is rated as the fourth highest priority (Stakeholder Assembly, November 2007).

The PCT will continue to reduce waiting times for planned care to a total time of 8 weeks from referral to treatment. During 2008, the PCT will complete detailed work on the capacity required, referral processes and operational management to deliver this target. This will include work with providers to consider how to move to a "booked" system so that patients have control over when they arrange their treatment. This will be important to minimise the risk of patients not attending for appointments.

14.8.2 New Capacity

An important part of the plan to reduce waiting time in planned surgery will be opening of the Independent Sector Treatment Centre in Devizes in 2009. The ISTC will offer local access to day surgery and diagnostics and bring new ways of working into the NHS. The Department of Health have agreed that the ISTC will go ahead subject to financial close on the contract with the provider.

14.8.3 Primary Care Access

The PCT is developing five primary care centres across Wiltshire. The first one will open in early summer 2008 in Malmesbury.

The Stakeholder Assembly rated extended access to a GP as their sixth highest priority with a particular wish to see access on Saturdays. The PCT will work with primary care providers to look at how existing GP provision combined with the primary care centres can be utilised to deliver 50% of practices working extended

hours within the next year and, at least one location in Wiltshire offering access 7 days a week.

14.8.4 Dental Services

The PCT spends just under £9million per annum on dental services for its population and is committed to ensuring that all patients have access to NHS Emergency Dental Services in accordance with national standards.

The PCT will increase the level of commissioned dental activity by 10% year on year to ensure that more people have access to primary dental services. Additional activity will be commissioned in line with the Health Needs Assessment for oral health in the areas of Wiltshire that are of highest need.

14.8.5 Cancer Services

Wiltshire has a lower rate for early deaths from Cancer and local services deliver excellent response to diagnosis of cancer. In 2006/07, 99.7% of patients were seen by a consultant within 2 weeks of urgent referral by their GP, 99.1% of these patients had a full diagnosis within 1 month and 98.1% had started treatment within 2 months.

We will continue to work towards a maximum “referral to treatment” wait of 8 weeks and by March 2010 will have reduced this so that 50% of patients commence treatment within 3 weeks.

Work be undertaken with primary care to reduce the number of cancers which are identified outside of the current “2-week wait” system. The expansion of the cancer screening programme (below) will be a key component of this.

This provides an excellent opportunity to develop services in these important clinical areas both in terms of health outcomes and clinical quality.

Wiltshire patients look three-ways for specialist cancer treatment (to Bath-Bristol, Salisbury-Southampton and Swindon-Oxford) so it will be important to ensure consistency and high standards across all providers as well as working to deliver as much care as possible (diagnosis, consultation and oncology) locally so that patients only travel to more distant tertiary centres for the very specialist elements of their care (surgery and specialist oncology).

Mirroring the work of the Darzi review Wiltshire PCT will lead clinical pathways for cancer. These pathways will ensure that clinical quality and outcome indicators identified as World Class Commissioning objectives are embedded in services for Wiltshire patients.

Plans are underway to introduce the new Bowel Screening Programme and this will be available to the target population in Wiltshire by 2009.

Breast and Cervical Screening Programmes in Wiltshire are currently performing to the required standards. By March 2011 improvements will ensure that there is greater uptake of the Breast Screening Programme with an aim to reach 90% coverage.

We will introduce the HPV (cervical cancer) vaccination programme in 2009, starting with 12 and 13 year olds, in order to reduce the future risk of developing cervical cancer.

Further improvements will also be made in relation to managing early detection and secondary prevention of disease. Coverage of disease registers in general practice will be improved further and become a more proactive tool in case finding people who are more likely to at risk from the major killers such as heart disease and cancer.

14.9 End of life care

On average over the last three years, 4145 Wiltshire residents (1936 men and 2209 women) have died each year. People living in the most deprived wards in Wiltshire are more likely to die younger and life expectancy between the least and most deprived wards varies by 1-4 years.

Cancer is the main reported primary cause of death, followed by diseases of the circulatory system, heart disease, stroke and respiratory disease. This is consistent with national data.

In terms of place of death:

- 71% of men and 80% of women die in hospital, compared to 70% and 79% of men and women across the South West,
- 27% of men and 18% of women die at home, compared to 26% and 17% of men and women across the South West, and
- 2% of both men and women die in a hospice, compared to 4% across the South West.

This contrasts starkly with people's expressed preference where national figures indicate that 64% of people would prefer to die at home, 21% in a hospice and only 4% in hospital.

The introduction of neighbourhood teams is a significant step forward for end of life care in Wiltshire. From 2008/09, patients will be able to receive nursing care in their homes 24 hours a day / 7 days a week. The performance framework for the teams sets a target of ensuring that 75% of patients end their life in accordance with their expressed preference. Milestones towards this target are currently being agreed with Wiltshire Community Health Services.

The neighbourhood teams will ensure that there is a pro-active programme of care for patients at the end of their life, which promotes independence, involves regular reviews and reduces the likelihood of crisis. The programmes will be built around the Liverpool Care Planning pathway and the Gold Standards Framework which will have been rolled out across the PCT's provider services by end 2008.

The PCT has developed a draft strategy for end of life care in conjunction with social care, the voluntary sector and patient representatives. The strategy will be approved by the Board in 2008 and set the basis for a commissioning plan incorporating:

- Choice for patients to be cared for at home,
- Improved service co-ordination
- Identification and recording of patient's needs and wishes to facilitate integrated care across all agencies
- The feedback from the Marie Curie Cancer Care pilots
- Training for staff, and
- Support for carers (linked to the Wiltshire Strategy for Carers).

The commissioning plan will be agreed by end December 2008.

15. Market Management

To realise our vision and our ambition to be a leading commissioner, we need to move from a provider-led to a commissioner-led market. This requires us to improve our competence and capacity to understand to future service needs, the current market, its strengths and weaknesses, and to be able to encourage existing or new providers to adapt and change in order to deliver high quality and greater choice for patients.

15.1 Primary Care

Primary care, self-care and community provision are central to the PCT's overall strategic direction. In the next three years we will:

- Assess capacity and capability of current primary care providers to deliver effectively against the PCT strategy for long term conditions and for reducing health inequalities.
- Provide an accessible and effective network of care via primary and community services to reduce reliance on secondary care providers.
- Utilise the changes in the new contracts for GPs, pharmacists, optometrists and dentists to maximise the opportunities for change in line with our over-arching strategies
- Work with clinicians to explore the most effective clinical management strategies and care pathways that promote care closer to home
- Develop practice based commissioning that enables service development within and between consortia. The consortia will be responsible for commissioning provision at a locality level, for making most effective use of secondary care resources and for commissioning within national frameworks and targets.
- Commission primary and community services more directly. We will be open and transparent in this process to ensure we provide information to all potential providers on a consistent basis.

15.2 Secondary Care

The access targets and the programme-specific targets for services such as cancer and coronary heart disease will continue to challenge NHS service provision. Capacity will be at a premium and because of this, and to accommodate patient choice, we believe that elective work should continue to be spread across a number of local providers. In this respect, there is a vital role for Treatment Centres in providing dedicated elective capacity and in challenging the traditional ways of delivering services.

In the next three years we will:

- Promote a dynamic relationship between secondary, primary and community services to ensure we meet targets within our financial framework
- Create capacity for less complex work to be delivered in primary and community-based settings, reserving more specialist care for the secondary sector.
- Manage the relationship between elective and emergency care in individual secondary care providers. To assist with this, we will commission unscheduled care across the whole system of primary, community and secondary care providers.
- Understand the "expected" demand for services and ensure that only specialist work is undertaken in the secondary care setting. Acute hospitals will want to

maximise their efficiency and we will want to commission against agreed pathways and standards of care.
- Implement programme-specific strategies (mental health, cancer, CHD, long term conditions etc) to deliver improved primary and community services and minimise the need for secondary care admissions.

15.3 Alternative providers

Our role as a commissioner is to manage a plurality of providers.

In the next three years we will:
- Work with social care on developing the role of the voluntary sector as a provider of services within Wiltshire
- Work with NHS South West and the DH on commissioning an Independent Sector Treatment Centre to deliver modern and local access to elective surgery
- Explore the opportunities presented by "extended" choice to deliver the PCT's overarching vision of care closer to home by, for example, developing choice menus in programmes of care for long term conditions.
- Develop a framework for commissioning from alternative providers that considers local need, provider readiness, capacity and cost.

15.4 Incentivising Change

To improve people's health and deliver high quality care, we will maximise the effectiveness of our commissioning and develop incentives that promote health, prevent illness, increase efficiency, extend choice, improve access and quality of care. We believe that there are three main mechanisms for incentivising change:
- Implement Payment by Results to support patient choice, provide strong incentives for efficient use of resources and "manage" the market
- Devolve budgets to the practice based commissioning consortia to encourage local initiatives
- Pursue joint planning and commissioning arrangements with social care.

The PCT and its communities want more care closer to home. This will mean focussing on resources available in primary care and community services. We will need to stimulate changes in practice to open up the opportunities for more effective use of clinical skills and funding across primary and community services.

15.5 Developing clinical engagement

Real and meaningful clinical engagement in commissioning decisions is crucial to delivering change.

We have already engaged all our primary care practices in the development of practice based commissioning and are some way along the process of devolving budgets. Wherever budgets are devolved there will need to be a strategy in place for the particular service or care group area. Good information and adequate management support will be key to this.

Decisions about spending on health need to be taken by the body best placed to respond to the needs of the population involved. For many day-to-day services, decisions will continue to be made in practices and neighbourhood teams. Many decisions about planned care will be taken by the PBC consortia. Decisions that affect whole networks of care – urgent care and cancer care, for example - will

continue to be taken at PCT level (or higher). The PCT commissioning processes have already been realigned to reflect the development of the consortia and ensure strong clinical engagement. In future we will encourage collaboration between consortia and will develop a county-wide framework to support this.

15.6 Service modernisation and re-design

Wiltshire's Reforming Community Services programme is an ambitious modernisation and re-design of community capacity and the interface with primary and secondary care providers. Moving beyond this programme, there is nothing in the high level needs analysis of Wiltshire's population to suggest that we face particular needs-based modernisation and re-design challenges that are different to the kinds of challenges to introduce lean processes and patient-focussed services common to the NHS in England.

Wiltshire's particular context of dispersed geography and diverse secondary and tertiary networks and pathways is our most significant modernisation and re-design challenge. Our ambition is to agree with key partners in Wiltshire care pathways that offer consistency of access, quality and joint working to people wherever they live in the county. Achieving this ambition will require a higher and more sophisticated level of joint working with neighbouring PCTs and specialist care networks.