

Agenda

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

Date	Friday 11 May 2007
Time	10.00 am
Venue	Mezzanine Room 3, County Hall, Aylesbury

9.45 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow discussion of matters such as; what line of questioning should be pursued and by whom, which areas of discussion should be covered, what members wish to achieve from the meeting etc.

10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	10.00am	
2 DECLARATIONS OF INTEREST To declare any personal and prejudicial interests	10.02am	
3 MINUTES of the meeting held on 13 April 2007 to be confirmed as a correct record	10.05am	1 - 6
4 COMMUNITY SERVICES	10.10am	7 - 10

The Strategy for Buckinghamshire

The overarching theme of this month's meeting focuses on Community Services.

The newly appointed Director of System Reform at Buckinghamshire Primary Care Trust (PCT) will set the scene to support the strategy outlined in the White Paper 'Our Health, Our Care, Our Say' that focuses on the need for an increased number of health care services based in accessible community settings. Within this context, he will provide a broad strategic outline of the PCT's plans for Buckinghamshire that will start the process to deliver this vision.

**Richard Mills Director of System Reform
Buckinghamshire PCT**

- | | | | |
|----------|--|----------------|----------------|
| 5 | PRACTICE BASED COMMISSIONING | 10.45am | 11 - 18 |
| | <p>The Chairman of the GP Collaborative, United Commissioning, based in Aylesbury Vale, will outline the principles underpinning Practice Based Commissioning. The committee will hear how GPs will work together and alongside NHS trusts and local partners to identify patients' needs, agree priorities and plan service delivery in the local community.</p> <p>Dr Johnny Marshall Chairman United Commissioning</p> | | |
| 6 | PROVIDER SERVICES | 11.30am | 19 - 30 |
| | <p>In response to the staff consultation paper released in August 2006, the Director of Provider Services for Buckinghamshire PCT will provide the Committee with an update on the range of PCT Provider Services and current staffing levels. Concerns regarding potential cuts to services in the context of the current financial constraints will be addressed.</p> <p>Katie Donlevy Director Provider Services PCT</p> | | |
| 7 | PATIENT AND PUBLIC INVOLVEMENT FORUMS (PIIF) | 12.15pm | 31 - 32 |
| | <p>The Forum Support Officer will update the committee on key patient issues arising from the forum's current work programmes.</p> | | |
| 8 | COMMITTEE UPDATE | 12.25pm | |
| | <p>An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives.</p> | | |
| 9 | DATE AND TIME OF NEXT MEETING | 12.45pm | |
| | <p>1 June 2007 – 10am</p> | | |

*For further information please contact: Clare Gray on 01296 383610
Fax No 01296 382538, email: cgray@buckscc.gov.uk*

Members

Mr M Appleyard (C)	Mrs P Bacon
Mrs P Wilkinson MBE (VC)	Mrs P Birchley
Mrs M Aston	Mrs A Davies
Mr S Adams	

District Council Members

Sir J Horsbrugh-Porter, Chiltern District Council
Mrs W Mallen, Wycombe District Council
Mr D Rowlands, Aylesbury Vale District Council
Mrs M Royston, South Bucks District Council

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 13 APRIL 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.02 AM AND CONCLUDING AT 12.40 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mrs P Wilkinson MBE, Mrs M Aston, Mr S Adams, Mrs P Bacon, Mrs M Baldwin and Mrs P Birchley

District Councils

Mrs W Mallen

Wycombe District Council

Mrs M Royston

South Bucks District Council

Mr D Rowlands

Aylesbury Vale District Council

Sir J Horsbrugh-Porter

Chiltern District Council

Officers

Mrs S Moore, Democratic Services Officer

Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Ms A Eden, Chief Executive, Buckinghamshire Hospitals Trust

Ms L Holman, Patient Safety Manager, Buckinghamshire Hospitals Trust

Dr A Kadirgamar, GP, Benjamin Road Surgery, High Wycombe

Ms C Langle, Assistant Director of Primary Care, Buckinghamshire PCT

Ms J Waldron, Chief Executive, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

No apologies for absence were received. Pam Bacon was welcomed back after an absence due to ill health.

It was noted that the Clerk to the Committee would soon be changing roles and clerking the Cabinet in future. The Chairman thanked the Clerk for her work in supporting the Committee and informed the meeting that Senior Democratic Services Officer, Clare Gray, would be clerking the PHSOSC from the May meeting.

2 DECLARATIONS OF INTEREST

Mary Baldwin declared a personal interest insofar as she is a Trustee of Age Concern, Buckinghamshire.

3 MINUTES

The Minutes of the meeting held on 2nd March 2007 were confirmed as a correct record.

The Policy Officer updated Members on progress with regard to outstanding actions from the March meeting as follows:

- Information about the Ambulance Trust's performance against the A8 target was expected shortly
- Jane Taptiklis would provide information on the criteria and guidelines for continuing care clinical assessments once the task group commenced its work
- A letter had been sent to Janet Fitzgerald about the Chesham Healthzone and the Policy Officer was awaiting a response.

4 BUCKINGHAMSHIRE HOSPITALS TRUST

The Chairman welcomed Anne Eden, Chief Executive of Buckinghamshire Hospitals Trust and Liz Holman, Patient Safety Manager to the meeting. Anne Eden gave a short presentation on the recent performance of the Trust against national targets and outlined the key challenges facing the organisation in delivering services in Buckinghamshire. (A copy of the presentation is attached to the Minutes.)

A Member commented that she had recently been an in-patient at Wycombe Hospital and had written an informal report of her experiences. These included excellent medical care despite a 5 hour wait in Accident and Emergency with very high blood pressure, inadequate nursing care and bathrooms being used as store rooms. She agreed to provide a copy of the report to Anne Eden.

Action: Pam Bacon

Anne Eden apologised that care had been sub-standard in some respects. She indicated that the Hospital Trust had recently focused on improving assessment areas and she hoped that this had been achieved. Anne Eden agreed to provide a full written response to Pam Bacon's report once the Hospital Trust had had an opportunity to consider it.

Action: Anne Eden

A Member expressed support for community hospitals and commended the excellent care they provided for older people. Anne Eden explained that community hospitals were managed by the PCT not the Hospitals' Trust. A recent PCT board meeting had agreed to make greater use of community hospitals and Janet Fitzgerald and Anne Eden would be working together in this regard.

A Member asked whether there were particular periods when meeting the 4 hours Accident and Emergency (A&E) target was especially difficult. The meeting was informed that there were peaks in A&E between 5pm and 8pm in the evening, over the weekends and following bank holidays.

In response to a question, the Chief Executive explained that the Trust had a statutory responsibility to break even and had a good history of financial balance. The issue was that the break even position had been achieved by non - recurrent income from land sales. In 2007/08 the Trust would need to cover a £16 million deficit in order to achieve financial balance. It was hoped that the financial recovery plan would not involve changes evident to the patient at the front end of service provision. In terms of income maximisation, Anne Eden hoped to expand the hospitals' provision of spinal and plastics and burns services to a national and international client base.

Concern was expressed about the sale of land being used to balance the books. A Member

estimated that the Stoke Mandeville site had previously consisted of 90 acres and Anne Eden stated that the hospital was currently operating on about 35 acres.

The issue of abuse towards staff was raised and the Chief Executive indicated that this was not a particularly widespread issue in Buckinghamshire. A red card system was in place to address this, with the ultimate sanction being the withholding of treatment.

In response to a question, Anne Eden remarked that the Hospital Trust did take account of the growth agenda in its planning.

A Member enquired about plans to address the lengthy triage process. It was responded that the Trust was looking into direct admissions for cardiac and respiratory patients. A certain number of transfers between Stoke Mandeville and Wycombe Hospitals was inevitable as there were two A&Es, but different medical specialties on different hospital sites.

In terms of C.difficile infections, it was noted that Stoke Mandeville Hospital had previously had been middle of the range in terms of infection rates but was now in the top performing quartile of hospitals.

A Member requested information about the cost to the Trust of repaying the Private Finance Initiatives (PFIs). As Anne Eden did not have the numbers to hand she agreed to provide a written response outside of the meeting. However, she pointed out that PFI was the main way in which public buildings were currently financed.

Action: Anne Eden

In response to a comment about a surplus of managerial staff, the Chief Executive stated that, in fact, there had been reduction in the number of managers in the Hospital Trust with patient orientated staffing being augmented.

A Member asked whether the Trust had difficulty obtaining payment from overseas patients. Anne Eden explained that the Trust required security up front to avoid this issue.

A Member suggested that patients required additional assistance with personal hygiene. Anne Eden was not aware that this was an issue and agreed to look into the matter further.

Action: Anne Eden

In response to the Chief Executive's question about how the Overview and Scrutiny Committee (OSC) wished to be involved with the implementation of Shaping Health Services, the Chairman explained that a monitoring group had been established to keep an eye on the developments with respect to women and children's services. The group had requested a board level gantt chart setting out the timescales for change and wished to continue to meet every few months with Hospital Trust staff.

The Chairman thanked Anne Eden and Liz Holman for attending the meeting and for the informative presentation.

5 BENJAMIN ROAD GP SURGERY

The Chairman welcomed Dr Ajit Kadirgamar, GP at the Benjamin Road Surgery in High Wycombe and Caroline Langley, Assistant Director of Primary Care, Buckinghamshire PCT to the meeting.

The Chairman informed the meeting that he, the Policy Officer and the Local Member, Wendy Mallen had met with Dr Kadirgamar several weeks previously to undertake a site visit and discuss the proposed closure of the Benjamin Road GP surgery in High Wycombe and the relocation of improved services to Cressex Road surgery.

Dr Kadirgamar outlined the case for the closure and relocation explaining that the premises at Benjamin Road were not suitable for the provision of primary care services and there was little opportunity for sustainable development of the site. Alternative high quality and easily accessible premises were available at Cressex Road and Lynton House.

Benjamin Road surgery was situated on a crowded street with very poor parking and difficulties in access for pedestrians and via public transport. There were health and safety issues and the surgery had facilities that were less than adequate to meet patient needs. There were also a number of other GP surgeries in the vicinity, whereas Cressex Road was the only surgery servicing that locality. Full-time opening at Cressex Road would support improved access for patients and an enhanced range of services could potentially be offered including phlebotomy, Ophthalmic clinics, a Lady GP and a better nursing skill-mix.

The practice had approached the Primary Care Trust and the Overview and Scrutiny Committee early on in the process. All patients over 16 had been consulted and the feedback had been extremely positive. It was thought that the majority of Dr Allim's patients would relocate with him, but patients could also be seen at Lynton House if they preferred.

Caroline Langley stated that the proposed changes were in line with PCT strategic development planning and would bring a surgery closer to where many of the patients resided. The PCT was also hoping to receive some funding from the Strategic Health Authority for GP surgery development.

The Local Member expressed her support for the proposed changes and wished the practice every success. She suggested that the Committee should ask the PCT to consider further development of GP surgeries in light of the number of residential homes planned for High Wycombe.

A Member enquired as to whether any capital released from the sale of the Benjamin Road Surgery would be reinvested into the Cressex Road Surgery and she was assured that it would be.

In summation, the Chairman concluded that the relocation of services would help to augment services in an area of deprivation and expressed the Committee's unequivocal support for the proposed changes. He indicated that the Committee would be writing a letter of support to this effect.

Action: Mike Appleyard and Angela Macpherson

6 ANNUAL HEALTH CHECK

The Committee received and considered 4 commentaries on the performance of Buckinghamshire Primary Care Trust, Buckinghamshire Hospitals Trust, Oxfordshire and Buckinghamshire Mental Health Partnership Trust and South Central Ambulance Trust respectively to be submitted to the Healthcare Commission for the 2006/2007 Annual Health Check. The Policy Officer reported that draft letters had been sent to the various Trusts and 3 of the 4 had responded. Members of the Committee indicated that they were satisfied with the content of the letters and it was agreed that the letters would be sent to the Healthcare Commission.

A Member commented that she had been very impressed by the steamed food on offer at the Waterside Unit in Amersham. It was noted that this new system of providing hospital food would be implemented at other hospitals. It was reported that John Summers had extended an invitation to Members to visit Stoke Mandeville and it was agreed that the Policy Officer would arrange the visit.

Action: Angela Macpherson

7 OXFORDSHIRE AND BUCKINGHAMSHIRE MENTAL HEALTH TRUST

The Chairman welcomed Julie Waldron, Chief Executive of Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust to the meeting. The Chief Executive gave a short presentation on the Trust's application for Foundation Trust (FT) status, a copy of which is attached to the Minutes.

A Member expressed her support for the FT application. However, she emphasised the need for the Trust to be on a secure financial footing and cited delays with Debenham House as an example of the kind of situation which should have been resolved more speedily. The Chief Executive responded that she was confident of the Trust's sound financial planning. She indicated that in March 2007 the Trust Board had agreed a consolidated estates strategy and that the Debenham House situation was progressing. Several new Non-Executive members of the Trust Board had strong financial backgrounds and Monitor would exercise financial scrutiny over the Foundation Trust once constituted. The Member requested that the Trust issue a statement to the public about progress with respect to Debenham House.

Action: Julie Waldron

In response to a question, Julie Waldron commented that the Trust had recently been successful in recruiting CAMHS consultants which should reduce waiting times for appointments.

The Chairman thanked Julie Waldron for attending the meeting and wished the Trust well with the Foundation Trust application.

8 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PIF)

Mary Arnaud, Forum Support Worker, gave a brief update on the work of the respective Patient and Public involvement Forums (PIFs).

Buckinghamshire Hospitals PPI Forum

- To date, 12 visits had been undertaken to individual wards and departments at Stoke Mandeville Hospital and Wycombe General Hospital. A report with recommendations was issued after each visit and sent to the Buckinghamshire Hospital Trust. These reports and replies received from the Trust were available to Committee Members on request.
- Other work in the current programme included investigations into infection control, hospital signage and audiology.

Buckinghamshire Primary Care PPI Forum

The work programme included

- Cancer care for patients in Bucks – with particular emphasis on the future of Mount Vernon Hospital now that planned new hospital at Hatfield was not to be built.
- Visits to service providers, including GP surgeries and Harmoni, the out of hours service
- A review of preventative services for long term conditions
- Dentistry
- Engagement with the public including black and ethnic minority groups
- Monitoring any threats to community hospitals

South Central Ambulance Service PPI Forum

- This forum covers most of South East England down to Hampshire. The whole forum (21) members met quarterly and the 3 area groups met on a monthly basis.
- The current work plan included the future of public transport services including all allied transport facilities, acute admission waiting times (patients at A&E left on ambulance trolleys whilst waiting for admission).

The Chairman welcomed the work of the PPIFs and the Committee agreed to include an update from the Forums on future PHSOSC agendas.

Action: Angela Macpherson

Upon request from a Member, Mary Arnaud undertook to provide an update on the work of the PPIF for the Mental Health Trust in her next report.

Action: Mary Arnaud

A Member requested an update on the future of Mount Vernon Hospital and the Policy Officer undertook to investigate what had happened to the task group set up to monitor this.

Action: Angela Macpherson

9 COMMITTEE UPDATE

Buckinghamshire Hospitals Trust

The report of the Shaping Health Services monitoring group was noted.

Buckinghamshire PCT

Sir John Horsbrugh-Porter reported that the Board meeting on 10 April had been informed that the Choose and Book system was operating at 11% efficiency. It was hoped that rebuilding the system would achieve 40% efficiency.

Margaret Aston reported that a single point of access to Harmoni was being proposed. There was an issue around payments for phlebotomy services as each of the previous 3 PCTs had negotiated a different rate. It was noted that the overspend currently stood at £17.7 million.

District Council Health Scrutiny

The Chairman reported that Wycombe District Council Scrutiny Committee had been tasked with looking at health for the people of Wycombe. The Chairman had made several suggestions in this regard and the outcome of discussions was not yet known.

The Chairman suggested that District Councils should take a more high profile view of the health of their communities and asked the District Council representatives on the PHSOSC to progress consideration of the Task Group's report on Eating Disorders in 11 – 16 year olds within their respective organisations.

Action: District Council representatives

10 DATE AND TIME OF NEXT MEETING

May 11th 2007 Mezzanine Room 3, County Hall, Aylesbury

Please note that this is a change in date.

CHAIRMAN

Buckinghamshire Community Services

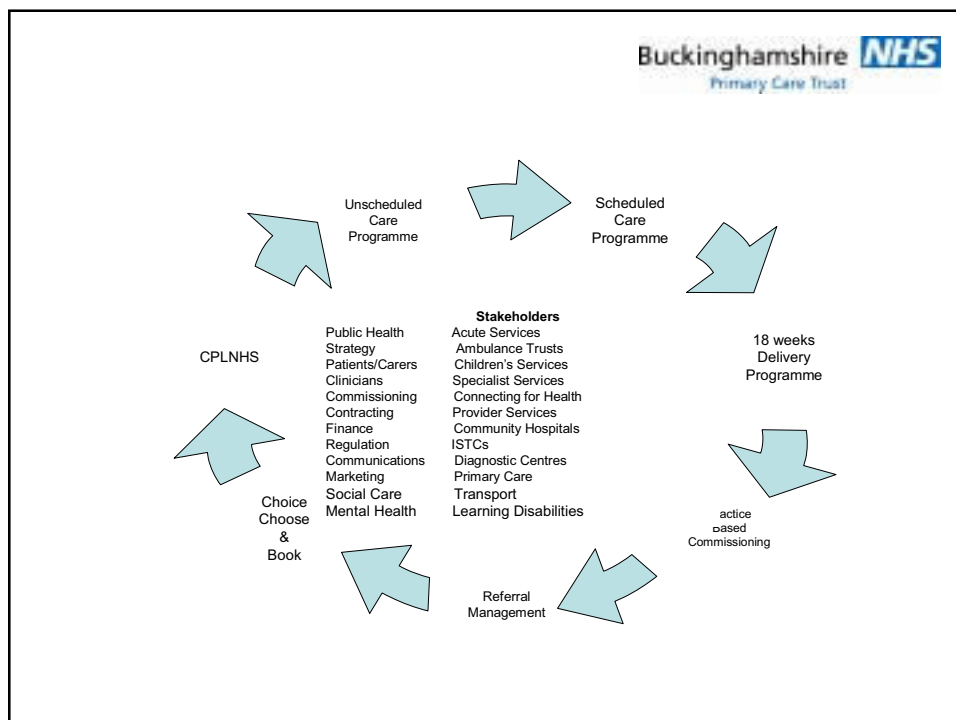
Strategic Reform & Commissioning Intentions

Our Aims

1. Ensure the earliest possible partnership approach to achieving care closer to home for the population of Buckinghamshire
2. Outline the broad principles which need to be developed together
3. Ask for your thoughts and support

Policy Context

1. Clinicians in the driving seat of change to deliver new style services
2. Patients empowered through overview
3. Engagement and choice achieved by effective communications
4. Marketing to understand and challenge proposed patient pathways
5. Ensuring plurality in the health market



Strategic Intent for Community Services

1. Focus on the prevention of ill health
2. Be increasing the provision of care in community settings
3. Ensure services are effective, safe and that the quality can be measured
4. Demonstrate engagement with the public in shaping how services will be delivered across the whole care pathways and integrates with other services.

Specifically for Community Services

1. Maximum use of all community services
2. Focus on services not buildings, its people that deliver care
3. Work with all of our clinical teams
4. Support renewal of community services in areas that are not well serviced
5. Effectively commission from a wide range of service providers

Early commitments given to Stakeholders

- Secure future for our existing five community hospitals – Buckingham, Chalfont and Gerrards Cross, Marlow, Thame, and Waterside Unit
- Move forward with Chesham healthzone
- Mapping Primary and community services in Wycombe and Aylesbury
- Emphasis on redesigning pathways of care to improve efficiencies

Practice Based Commissioning

Dr. Johnny Marshall
GP Westongrove, Wendover
Chair of United Commissioning

PBC - Overview

- What is it? Why do we need it?
- What's in it for patients?
- What is the clinician's role?
- Where might we get with it – Vision?
- What are the local arrangements?
- How does PBCers influence wider commissioning?
- Governance/support arrangements between PCT and PBCers
- User involvement

Reference documents

- The New NHS 1998
- Department of Health guidance “Engaging Practices in Commissioning”
October 2004
- “Practice Based Commissioning: Promoting clinical engagement”
December 2004
- Making Practice Based Commissioning a Reality: Technical Guidance
February 2005
- “Practice Based Commissioning: achieving universal coverage”
January 2006
- Practice based commissioning: practical implementation
November 2006

What is PBC? Why do we need it?

- Mechanism for involving GP practices in commissioning
 - Identifying needs
 - Agreeing priorities
 - Planning service delivery
 - Contracting
 - Monitoring outcomes
- Balance to Payment by Results

What are the intended patient benefits?

- Higher quality services
- Better coordination of care
- Improved patient experience
- Improvements greatest for those in greatest health need
- Better health – increased life expectancy

What is the role for Clinicians?

- Drive improvements in care
 - Clinical Leadership – changing culture
 - Service Redesign
- Working in partnership
 - PCT
 - Between GP practices and professionals
 - Other health sectors
 - Social care
 - Patients/Local Government

Insanity is continuing to do the same things and expecting different results.

Albert Einstein

Vision

- Investment in health and prevention
- Patient Empowerment
- Access to a wider range of health professionals
- Extended services at a local practice
- Greater coordination between health sectors
- Greater coordination between health and social care

Local PBC Arrangements

- Buckinghamshire PCT
- Commissioning collaboratives
 - United Commissioning
 - The Buckinghamshire Collaborative
 - Wycombe
 - C&SB
- New health provider organisations
 - Vale Health, Practice Networks, “Bucks Collaborative”

4 Commissioning Rules

- Demonstrates clear clinical benefits, quality outcomes and clear standards
- Delivers against key targets set out in government papers
- Assists in achieving financial health
- Reduces demand for NHS resources

How does PBC influence commissioning?

- Contribution to Local delivery plan
- Clinical workstreams on service redesign
- Clinical leadership
 - Scheduled care
 - Unscheduled care
 - Collaboratives
- Innovation - Invest to save schemes

Financing and Monitoring

- Indicative budgets – moving from an historical to a capitation based budget
- PCTs responsible for providing data to monitor activity and expenditure
- Practices entitled to keep at least 70% of freed up resources - unless PCT subject to formal turnaround arrangements
- Freed up resources used to address local and national priorities

Governance of service redesign

- Service specification determined with PCT
- PCT acts as approver and contractor
- PEC has governance function
- Tendering not normally required – may be if service monopoly is created

User Involvement

- Patient voice
- Public Communication

PCT Provider Services

Katie Donlevy
Director of Provider Services
Buckinghamshire PCT

Overview and Scrutiny Committee 11th May 2007

Chief Executive

Janet Fitzgerald

Chair

Stewart George

Buckinghamshire 
Primary Care Trust

Provider Services Directorate

- Patient / Client / Service User facing services
- Staff facing services
- Services provided to a range of other customers

Chief Executive

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Chair

Stewart George

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Buckinghamshire 
Primary Care Trust

Provider Services Directorate

- 5 Community Hospitals – Buckingham, Thame, Marlow, Chalfont and Gerrards Cross, Waterside
- Florence Nightingale House – 11 bedded hospice and associated community services
- Rayners Hedge – 10 bedded neuro rehabilitation unit with associated outpatient services
- Intermediate care service
- Community Physiotherapy
- Community Occupational Therapy
- District Nursing
- Out of hours nursing

Chief Executive

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Chair

Stewart George

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Buckinghamshire 
Primary Care Trust

Provider Services Directorate

- Community Equipment loans
- Wheelchair service
- Community head injury service
- Brain injury out of county service
- Specialist nursing service
- Macmillan nursing service
- Community Matrons
- Podiatry
- Dietetics
- Musculoskeletal Physiotherapy
- Family Planning

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Buckinghamshire 
Primary Care Trust

Provider Services Directorate

- Genito-Urinary Medicine services
- Health Visiting / School Nursing
- Welfare foods
- Paediatric Therapy Services (Physio, OT SLT)
- Psychology
- Paediatric palliative care
- Paediatric respite care – Wing Unit
- Community Learning Disabilities Team
- Community Paediatrics
- Child Health computer system
- Child protection team
- Smoking Cessation Service

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Buckinghamshire **NHS**
Primary Care Trust

Our workforce

- PCT staff: headcount 1700, of which 1570 are from the provider services directorate
- Over 80% PCT staff providing clinical services
- WTE reduction from April 2006 – March 2007 is 115

Chief Executive

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Chair

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Buckinghamshire **NHS**
Primary Care Trust

Our workforce 2

- Consultation from Summer 2006
- Approach to budgeting for 2007/8
- Fitness for Purpose outcomes
- Comprehensive programme of service review
- Significant potential for service development

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Buckinghamshire 
Primary Care Trust

Strategic Priorities

- Developing productive and mature relationships with commissioners
- Readiness for providing services within a market economy
- Developing a shared vision for meaningful integrated provision of services
- Preparing for independence as a provider
- Developing flexible and responsive services to a wide range of customers

Chief Executive

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Buckinghamshire 
Primary Care Trust

Key operational challenges

- Resource allocation – historic budgets
- National funding formula
- Addressing cultural differences
- Inadequate information
- Buildings and facilities
- Organisational change
- Fragmented services
- Expectation of stakeholders

Chief Executive

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Buckinghamshire 
Primary Care Trust

Some opportunities

- To commission PCT provider services effectively for the first time
- To clearly define the respective roles of commissioner and provider in a PCT environment
- To articulate a shared vision for the integrated provision of services across sectors and agencies
- To work in partnership with patients and the public to plan, design, deliver and evaluate services
- To develop and grow provider services where it is aligned to our core vision and values

Chief Executive

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Buckinghamshire 
Primary Care Trust

Contact details

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Primary Care Trust

Chief Executive

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Provider Services Directorate

Directorate Structure

Chief Executive

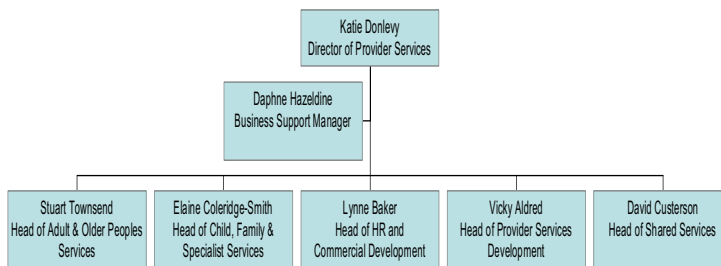
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Senior Management Team



Chief Executive

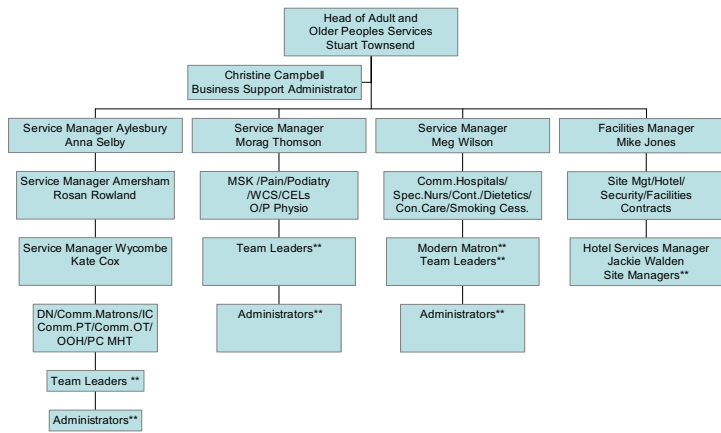
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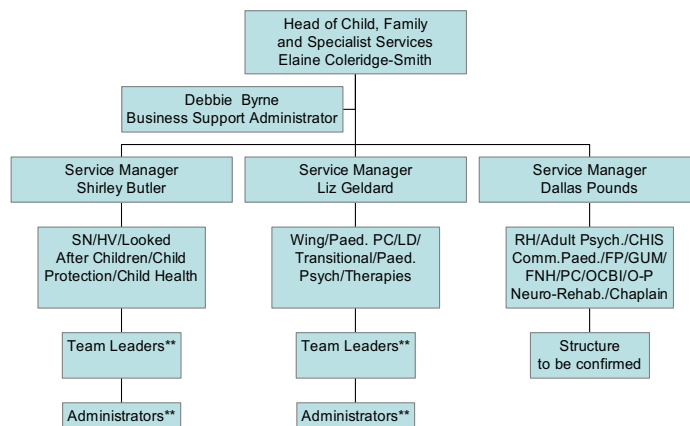


Adult & Older Peoples Services



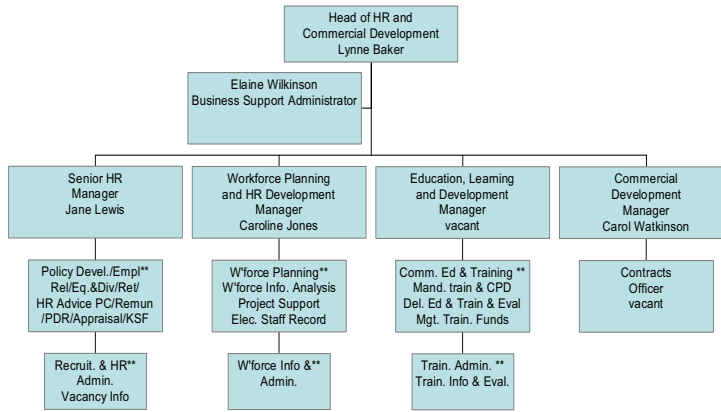
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Child, Family & Specialist Services



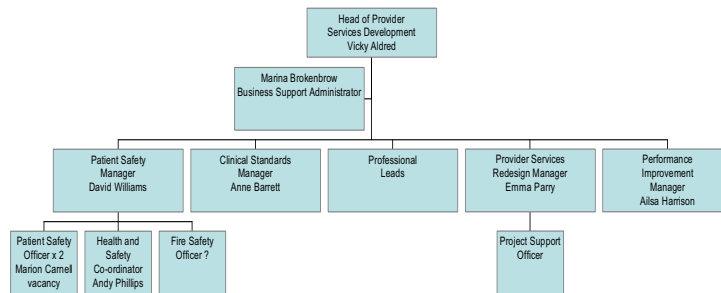
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HR and Commercial Development



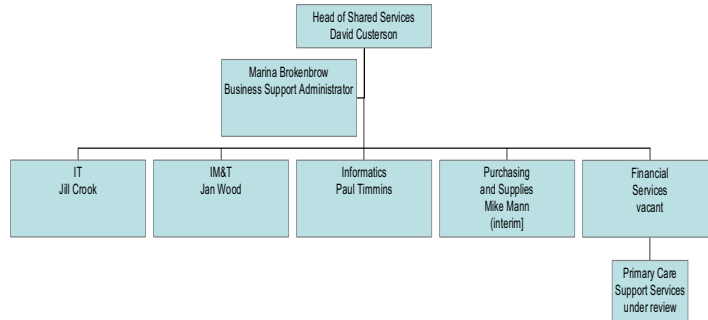
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Head of Provider Services Development



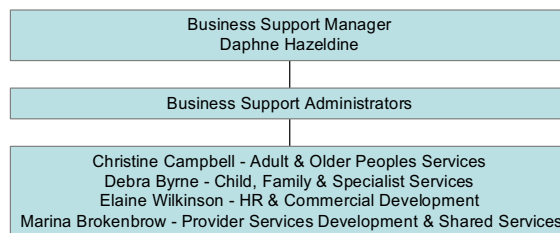
Chief Executive
Janet Fitzgerald
Chair
Stewart George

Head of Shared Services



Chief Executive
Janet Fitzgerald
Chair
Stewart George

Business Support



Chief Executive
Janet Fitzgerald
Chair
Stewart George

Janet Fitzgerald
Chief Executive

<p>Linda Morris Director of Finance and Business Mgmt</p>	<p>Richard Mills Director of System Reform</p>	<p>Judith Dean Director of Commissioning</p>	<p>Katie Donlevy Director of Provider Services</p>	<p>Jane O'Grady Director of Public Health</p>
<ul style="list-style-type: none"> • Strategic financial leadership • Financial Control • Business and Commercial • Business Assurance and Risk Management • Contract management • Turnaround • Performance management and reporting • Capital investment programme • Decision Support • Client lead for Shared Services Contracts • Audit and Counter Fraud • Board Secretariat 	<ul style="list-style-type: none"> • Strategic Planning, including Integrated Service Improvement Plans • LDP and capacity Planning • Modernisation programmes including Connecting for Health • Fitness for Purpose • Public and Patient involvement • Communications, PR and Social Marketing • Parliamentary issues • Market management • Shaping supply and managing plurality • Organisational Dev • Partnership Development 	<ul style="list-style-type: none"> • Development of Practice based commissioning • Joint working with Practice based commissioners • Care pathway development • Patient Access • Choice • Joint Commissioning with BCC • Specialist services commissioning • Primary and Community Services Commissioning • Delivering Care outside Hospitals • Implementation of National Service Frameworks • PEC Development 	<ul style="list-style-type: none"> • Strategic leadership of all PCT directly provided services • Provider development • Innovation and Lean thinking • Provider change management programmes • Human Resources • Workforce Strategy and Development • Professional leadership and advice • Education and Training • Partnership and integration with LA provider services • Development of community based metrics • Estates • Shared Services Mgmt 	<p>This is a joint post with Buckinghamshire County Council</p> <ul style="list-style-type: none"> • Strategic partnerships for health improvement • Health Inequalities and Choosing Health • Emergency Planning • Health Protection • Developing effective clinical networks • Equality and Diversity programmes • Healthcare for vulnerable populations (e.g. prisons) • Health Needs Analysis and surveillance • Local Area Agreements • Quality, Risk management and governance • Clinical Effectiveness inc Medicines Mgmt and Priorities • Clinical Audit • R&D

Buckinghamshire In House Forum Support Organisation

Report to Overview & Scrutiny Committee – May 2007

Buckinghamshire Primary Care PPI Forum

It was brought to the notice of forum members that a planned new hospital due to be built at Hatfield to treat cancer patients would not now be built. As this would have taken many patients from the Buckinghamshire area it was of concern particularly as the current facilities at Mount Vernon Hospital are now outdated. Representations via MPs have been made to the Minister for Health. It is now understood that Mount Vernon is to be upgraded with a new £21 million radiotherapy centre which is due to open later this year.

The Forum will be holding their AGM on May in the Education Centre at Amersham Hospital. If any member would like further information please let me know.

Oxfordshire & Buckinghamshire Mental Health PPI Forum

Main area of work has been a detailed submission for the Core Standards declaration.

Particular note to Buckinghamshire patients

- the development of the OT programmes at two additional sites
- concern about lack of appropriate space for patients to meet up with visitors
- conditions at Haleacre ward in Amersham
- concern regarding some security measures recently taken which restrict patients' access to gardens.

Forum has a meeting in public on Thursday 17 May in Oxford where the annual report and workplan will be presented.

