



Your details

Trust self-declaration:

Organisation name:	Wirral PCT
Organisation code:	5NK

General statement of compliance

Please enter your general statement of compliance in the text box provided.

<p>General statement of compliance</p>	<p>Wirral PCT Board is agreed that the current position of the PCT, and the evidence available to support that position, provides sufficient assurance for most standards assessed as 'compliant', with the exception of those relating to consideration of NICE guidance for which there was a lapse of assurance during 2006/07. The process employed to arrive at this assessment has included assignment of a lead Director for each Standard, assignment of Subcommittee responsibilities, assessment of evidence and discussion with partner organisations. The PCT has also reviewed reports from other external agencies for Wirral and its predecessor PCTs, including CNST, Internal and External Audit and national surveys. The PCT commissioned Mersey Internal Audit Agency (MIAA) to undertake a review of the processes employed, and of the evidence made available against a number of the standards. MIAA has given the opinion of 'significant assurance' that there is a generally sound system of control in place to assess and evidence the standards.</p> <p>With respect to independent contractors, the PCT has assessed all evidence currently available and has reviewed additional information for specific indicators. Linked work has included QOF visits and reports; information from pharmacy, dental and optometric practice visits; clinical governance activity with independent contractors; discussion at meetings with contractors and their staff; complaints and comments from patients and the public; administration of professional lists and CRB monitoring.</p> <p>For commissioned services the PCT has considered a range of information including regular and ad-hoc meetings with providers; performance monitoring reports; complaints and comments from patients and healthcare providers; patient and staff surveys; information from specialist commissioners. A requirement for providers to meet core standards, and to actively pursue developmental standards, is included in contracts with all providers.</p> <p>Wirral PCT is a reconfigured PCT, formed in October 2006 by bringing together Bebington and West Wirral and Birkenhead and Wallasey PCTs. The process of reconfiguration was supported by the fact that the two predecessor organisations had a significant history of joint working, which continued and was further developed throughout the change management process. Joint management arrangements were put in place in early 2006, with Directors acting as workstream leads across both organisations and joint Committees officially constituted with reports</p>
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	<p>being made to both PCT Boards. As a result the PCT has available a set of evidence and assurances that for most core standards cover the full year from April 2006 to March 2007. For the standards relating to NICE guidance and appraisals, the two predecessor PCTs had separate systems in place. As a result of a gap between the previous arrangements ceasing and a new system being implemented the Board judge that there has been a lapse in assurance during 2006/07, but that the lapse was addressed before 31st March 2007 as described in this declaration.</p> <p>The PCT welcomes the comments received from the Overview and Scrutiny Committee, and values the positive relationships that have been built with the Local Authority. While recognising the concern expressed regarding access to NHS dentistry, it should be noted that the area is well placed in that 55 of the 58 dentists in Wirral continue to provide NHS services. End of year assessments for 2006/07 were positive, with the significant majority of providers able to meet contractual requirements. This high level of provision is reflected in the fact that the Wirral spend per capita on NHS dentistry is among the highest in the region and across England. The PCT intends to continue work with local providers to ensure adequate provision of NHS dental services across all localities.</p> <p>The PCT also welcomes and values the relationship that has been built with the PPI Forum as reflected in their positive comments, and will continue to build and support this relationship throughout the transition to new arrangements.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	Wirral Primary Care Trust accepts the statutory duty under the Health Act 2006 to meet the standards identified in the Code of Practice for the Prevention and Control of Healthcare Associated Infections. The Code of Practice was formally presented to the Board by the Director of Infection Prevention Control in March and was accepted in its entirety. As a result the Board can confirm that an assessment of full compliance will be made and an action plan developed in 2007 to ensure the PCT can demonstrate observation with the Code. This will build on ongoing work, and progress will be reported to the Board on a regular basis via the Wirral Infection Control Committee.
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Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect	Compliant

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	patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Insufficient assurance
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C3, which you have declared as not met or insufficient assurance:

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Start date of non-compliance or insufficient assurance	01/08/2006
End date of non-compliance or insufficient assurance (planned or actual)	28/02/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Bebington and West Wirral and Birkenhead and Wallasey PCTs each had systems in place to assess and where implement NICE guidelines, but these systems operated differently. The respective Groups with responsibility for NICE guidelines did not meet in the period immediately preceding reconfiguration of the PCTs, and new arrangements were for Wirral PCT were not fully operational until January 2007, meaning that assurance could not be provided to the Board.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A multi-professional group is now responsible for assessing NICE guidelines, both in terms of provision and commissioning of services, assigning responsibilities where appropriate and monitoring implementation. The group is also responsible for highlighting any issues or problems to the Board via the PCT Strategy and Performance Committee, to which it will reports regularly, and ensuring that any necessary remedial action is taken. The group is supported by an lead manager who ensures dissemination of materials to all relevant staff and acts as a contact point within and outside the organisation.

Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Insufficient assurance
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed	Compliant

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	and met.	
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Clinical and cost effectiveness domain - non-compliance/insufficient assurance

Please complete the details below for standard C5a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/08/2006
End date of non-compliance or insufficient assurance (planned or actual)	28/02/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Bebington and West Wirral and Birkenhead and Wallasey PCTs each had systems in place to assess and where implement NICE guidelines, but these systems operated differently. The respective Groups with responsibility for NICE guidelines did not meet in the period immediately preceding reconfiguration of the PCTs, and new arrangements were for Wirral PCT were not fully operational until January 2007, meaning that assurance could not be provided to the Board.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A multi-professional group is now responsible for assessing NICE guidelines, both in terms of provision and commissioning of services, assigning responsibilities where appropriate and monitoring implementation. The group is also responsible for highlighting any issues or problems to the Board via the PCT Strategy and Performance Committee, to which it will reports regularly, and ensuring that any necessary remedial action is taken. The group is supported by an lead manager who ensures dissemination of materials to all relevant staff and acts as a contact point within and outside the organisation.

Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant

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C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are	Compliant

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	consistently applied.	
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Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information	Compliant

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	on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	
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Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with	Compliant
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	local authorities and other organisations and	
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Public health domain - developmental standards

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	<p>Comments on data for Unreconfigured PCTs:</p> <p>The following addresses concerns raised on the Healthcare Commission's Developmental Standards for the former Bebington & West Wirral PCT (BWWPCT) and Birkenhead & Wallasey PCT (BKWPCT). It explains why some standards show one or both of these PCTs to be higher than expected, and provides information on how this is being addressed and reflected within planning priorities.</p>

	<p>Incidence: Breast Cancer BWWPCT has breast cancer incidence slightly higher than expected as it is just above the upper limit. BWWPCT has an older, more affluent population than nationally. Therefore, we would expect to see higher levels of breast cancer incidence as breast cancer tends to affect more affluent populations. The fact that breast cancer mortality is well within upper and lower limits, show that the population are surviving breast cancer more than in other areas. This is likely to be due to detection through screening and an informed population presenting early to their GP with symptoms. Latest data show that breast cancer incidence has fallen from 2001-2003 (shown here) to 2002-2004 for Bebington & West Wirral.</p> <p>Wirral's Breast Cancer Screening Advisory Group identified inequalities in uptake of screening and carried out a survey of women who had not attended following their invitation for screening. The information from the survey was used to set the topic of discussion in a focus group. This group resulted in a series of recommendations, particularly in relation to information that is provided being amended. New promotional materials were developed as a result and a six month campaign targeting the practice in Wirral with lowest uptake commenced. All the lessons learned from the campaign were incorporated into the Wirral wide screening programme.</p> <p>Wirral have strategic plans in place and are making excellent progress to address the risk factors for non communicable diseases such as breast cancer. This includes having extensive stop smoking and weight management services in place as well as training for front line workers to support the public to make lifestyle changes.</p> <p>Percentage of Women aged 25-64 Screened for Cervical Abnormalities BKWPCT has cervical screening rates within the lower quartile nationally. Uptake of all cancer screening programmes tends to be lower in more disadvantaged areas. Given BKWPCT has a population experiencing high levels of disadvantage, maintaining screening rates above 80% is always a challenge.</p>
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Wirral PCT is currently running a campaign in partnership with the North West Cervical Screening Quality Assurance Reference Centre to increase uptake in the areas with lowest coverage in Wirral. The campaign includes extensive use of public health messages and community health workers introducing the topic to women in disadvantaged areas. In addition, evening drop in cytology clinics have been made available as women informed us that they had problems attending practice cytology appointments during the day.

Mortality: Cervical Cancer

BWWPCT has cervical cancer mortality just within the upper limit nationally. A direct referral pathway has recently been set up to ensure that no time is lost between identifying a positive smear test and colposcopy examination. In addition, an audit of invasive cervical cancers has recently been disseminated through GP Forum meetings. This showed that in most cases, there was no smear test history and that more efforts have to be made to ensure women are proactively given an opportunity for a smear wherever they present within health services.

Incidence: Lung Cancer

BKWPCT has lung cancer incidence well above the expected and well above the upper limit. Lung cancer tends to affect areas of greater disadvantage far more than areas of affluence. This is due mainly to variations in smoking prevalence, which is far higher in disadvantaged areas. Therefore, we would expect to see higher levels of lung cancer incidence in BKWPCT where there are levels of high disadvantage compared to nationally. Lung cancer incidence in BKWPCT is falling year on year, so progress is being made to improve this situation.

Smoking is the main risk factor for lung cancer and two years ago, a stop smoking service health equity audit was carried out. An action plan to address all the inequalities identified was produced. This is reviewed annually to ensure that progress is being made.

Local Area Agreement targets have been set to ensure there is an increase in the number of front line health and social care staff

trained to give stop smoking support , in particular, those that work with young people who have the fastest growing prevalence in Wirral. A Stretch target was also agreed to increase the number of smokers from BME groups quitting smoking.

A neighbourhood renewal commissioning strategy was produced in Wirral and this has highlighted reducing smoking prevalence as one of the main commissioning priorities. As a result, a series of interventions to reduce smoking prevalence have since been implemented. This includes a programme to reduce childhood exposure in the home.

The PCT has a dedicated Smoke Free Wirral officer who is working to maximise the impact of the smoke free ban soon to come into force. This includes delivering an extensive media campaign.

Mortality: Lung Cancer

BKWPCT has lung cancer mortality well above the expected and well above the upper limit. Lung cancer tends to affect areas of greater disadvantage far more than areas of affluence. This is due mainly to variations in smoking prevalence, which is far higher in disadvantaged areas. Additionally, people in disadvantaged areas tend to present to their GP later than people in other areas when symptoms present. Because of the aggressive nature of lung cancer and the ambiguity of many of the symptoms (e.g. a persistent cough in a smoker is likely to be accepted as a 'smoke's cough' rather than seen as a sign of an underlying disease), this delay can impact significantly on survival rates. Therefore, because there are levels of high disadvantage compared to nationally in BKWPCT we would expect to see higher levels of lung cancer mortality. Lung cancer mortality in BKWPCT is falling year on year, so progress is being made to improve this situation.

The PCT has a team of Community Health Workers who focus all their work in the most disadvantaged areas of the borough. Part of their work is to provide people information about the signs and symptoms of illness and about self care. A team of Health trainers has also been recruited and they will help people in disadvantaged areas to assess their own health and set goals for improving it. This will include giving people information about symptoms of disease so they can gain

	<p>professional support.</p> <p>The PCT is currently running a men's health campaign. The purpose of this is to get health information to men in a way that it is interesting, accessible and relevant. Men often do not see information about their health and so a series of health events aim to take information directly to men rather than expecting them to visit their GP practice</p> <p>Admissions to Hospital: CABG BKWPCT has higher admissions to hospital for CABG than many other PCTs. However, they are still well within the upper limit. This is a positive situation as BKWPCT has higher rates of CHD than many other areas, and so we would expect to see higher rates of treatments, such as CABG. Historically, Wirral had an 'inverse care law' for CABG whereby the most affluent areas with the lowest levels of CHD were getting the highest rates of treatment, and the most disadvantaged areas with the highest levels of disease, were getting the lowest. This was highlighted in the Wirral CHD Equity Audit , and the Review of the Wirral CHD Equity Audit , so it is positive to see that this situation has been rectified to a more equitable one.</p> <p>Emergency Admissions for Diabetes/Diabetic Ketoacidosis and Coma BKWPCT has emergency admissions for diabetes and associated complications higher than the expected upper limit. It has recently been identified in the Wirral Diabetes Health Profile (produced March 2007) that in Wirral, people from the more disadvantaged areas are experiencing higher levels of emergency admissions for diabetes and associated complications than people in the affluent areas. Consequently, a number of recommendations have been made in the document as to how this issue could be addressed and rectified. These recommendations are being fed into the appropriate groups and acted on accordingly.</p> <p>Persons Admitted to Hospital for Alcohol Related Conditions BKWPCT has levels of admissions to hospital for alcohol related conditions considerably higher than the national upper limit</p> <p>Reasons for this could</p>
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	<p>be:</p> <ul style="list-style-type: none"> - high quality services in primary care identifying harmful/dependant drinking behaviours. This is however unlikely as service developments did not begin until July 06. - poor services in primary care, unable to identify hazardous drinking behaviour leading to more dependant drinkers in an acute condition presenting at General Practice and requiring admission. This is a possibility as service developments to improve patient management did not take place until July 06 - higher than average consumption leading to harmful drinking behaviour and admission. Whilst this is a possible reason there is no evidence of this in data regarding consumption. - coding issues. This is a possible reason in that hospital staff maybe using ARC codes to describe conditions not associated with alcohol misuse or using a code differently than elsewhere in the region. There is some evidence of issues with coding arising from the community detox project that support this. <p>Comments on data for Wirral PCT:</p> <p>The QOF data reported in the Toolkit for Wirral PCT reflect significant achievements by Wirral GPs across a range of clinical indicators. GPs and practices put significant effort into ensuring achievement of clinical indicators from the inception of the existing GP contract, and this is evidenced by the results achieved. Performance has continued to improve for most indicators, although initial results in many cases left limited scope for improvement against the set targets, and PCT staff have worked with individual practices to identify areas for improvement and agree action plans. The PCT is continuing to support practices in improving clinical quality, including reviewing performance against revised clinical indicators within the Quality and Outcomes Framework.</p>
<p>Your highest local priorities for improvement relating to developmental standards D13a) and b)</p>	<p>Our overall objective is to develop, implement and review plans to address the key components of the gap in life expectancy between Wirral and England and within Wirral. High priorities to assist in achieving that objective are:</p> <p>Further developments in the Lifestyle and</p>

	<p>Weight Management Service, in particular to ensure that support is provided to people in communities experiencing high levels of disadvantage to make lifestyle changes.</p> <p>Continuing to increase uptake and improve systems for cervical and breast cancer screening, to ensure that barriers to uptake are overcome and that positive tests acted on without delay.</p> <p>Continued focus on initiatives to reduce numbers of people smoking, in particular working with young people and those from BME groups.</p> <p>Work by the team of Health trainers to help people in disadvantaged areas to assess their own health and set goals for improving it.</p> <p>Improving services available, particularly in primary care, to help identify and provide support to people with harmful/dependent drinking behaviours.</p>
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Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mrs	Frances Street	Chair
2.	Mrs	Kathy Doran	Chief Executive
3.	Mr	Michael Roach	Non-Executive Director
4.	Mr	Peter Eaglesfield	Non-Executive Director
5.	Mr	James Kay	Non-Executive Director
6.	Mr	Francis Cassidy	Non-Executive Director
7.	Mrs	Pauline Davies	Non-Executive Director
8.	Cllr	Philip Davies	Non-Executive Director
9.	Ms	Marie Armitage	Joint Director of Public Health
10.	Ms	Jane Harvey	Joint Director of Public Health
11.	Mr	Russell Favager	Director of Finance
12.	Mr	Richard Jones	Director of Workforce
13.	Mrs	Cathy Gritzner	Director of Commissioning and Performance
14.	Mrs	Tina Long	Director of Strategic Partnerships
15.	Mr	John South	Director of Primary Care and Provider Services
16.	Dr	Jim O'Connor	Medical Director/Chair

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			Bebington W.Wirral Locality
17.	Dr	Abhi Mantgani	Medical Director/Chair Birkenhead Locality
18.	Dr	Shyamal Mukherjee	Medical Director/Chair Wallasey Locality
19.	Dr	Katy Kidd	Medical Director Provider Services, DIPC

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

<p>Strategic health authority comments</p>	<p>The SHA has reviewed the PCT action plans and performance management information and is able to comment on the following standards.</p> <p>Domain: Safety Standard C1a The PCT reports serious and untoward incidents to the SHA through the StEIS / UNIFY serious and untoward incident reporting system. The PCT has a policy and system in place to report and investigate serious and untoward incidents.</p> <p>Standard C4a The PCT is introducing and developing commissioning plans to reduce health care associated infections.</p> <p>Domain: Public Health Standard C24 The PCT has an emergency plan in place, which requires strengthening in some areas. The SHA is working with the PCT to ensure that the plan is robust.</p> <p>General Comments: The PCT has undergone the Fitness for Purpose process and has developed robust action plans, which will be monitored by the SHA. The outcomes have identified areas of improvement however strengths in public health and clinical engagement were noted in the Fitness for Purpose exercise.</p> <p>This year's commentary has been prepared within the context of the organisational changes within the NHS in 2006. Next year the SHA looks forward to working with NHS Trusts and PCTs to make patient safety, clinical excellence and care a priority.</p>
<p>Patient and public involvement forum comments</p>	<p>Wirral Health Forum (PPI) Commentary for the Declaration of the Annual Health Check</p> <p>Prior to the reconfiguration of the two PCTs on the Wirral, Bebington and West Wirral, and Birkenhead and Wallasey, the two Forums were looking at different areas of healthcare provision.</p>

- Bebington and West Wirral Forum did a survey in relation to 48 hour access to a GP.

- Difficulties within Audiology services had been brought to the attention of the Birkenhead and Wallasey Forum.

Following the merger of the two Forums in October 2006 the new Wirral Health Forum (PPI) have focussed a lot of attention on these two areas and worked together, and with the Trust, to pursue resolutions.

(C5) + (D2) The Forum had learned that there is a shortage of Audiologists nationally. The length of training required is 4 years. Time spent on the assessment and fitting and follow up visits for hearing aids is significant, and should be monitored and accounted for in the future. The Trust has invested in excess of £250k on independent providers to try to combat the problem of waiting times for hearing aids, which currently stands at approximately 8 weeks for a new patient awaiting a digital hearing aid, but up to 2 years for patients changing from analogue to digital.

(C13) The Forum took part in a National CareWatch campaign which asked the public's view on Privacy and Dignity within the Trust. (Analysis attached)

(D8) The analysis has been shared with the Trust.

(C20 + 21) The Forum drew the Trust's attention to the need for improvement in consultation when improving/designing services. (D12) The Trust and the Forum have combined efforts and recognised areas of concern within this process. The Trust have actively taken on board suggestions and recommendations of the Forum.

The Forum have been delighted with the open way in which this Trust has conducted the relationship with the Forum, and would highlight this as an example of best practice for other Forum/Trust relationships.

The Forum look forward to another year of continuing cooperation with the Trust, prior to LINKs being formed.

Robin Eley Jones
Chairman Wirral Health Forum (PPI)

Date: 20 April 2007

Attachment - CareWatch results for Wirral PCT:

1a. Were you given a space to discuss your illness/treatment in private, away from other people? Wirral PCT

Yes 97%
No 3%

1b. Were you given the option to see a doctor/nurse of the same sex?

Wirral PCT
Yes 53%
No 47%

	<p>1c. If no, would you have preferred to have seen a doctor/nurse of the same sex? Wirral PCT Yes 22% No Preference 78%</p> <p>2a. Did you feel your appointment was handled in a confidential way by the receptionist? Wirral PCT Yes 91% No 9%</p> <p>2b. Were you given enough time to discuss your illness with a Doctor/Nurse? Wirral PCT Yes 92% No 8%</p> <p>3a. If you had any concerns about your care, or the care of others around you, did you feel you could raise them with staff in the practice? Wirral PCT Yes 88% No 12%</p> <p>3c. Overall did you feel like you were treated with dignity and respect by staff? Wirral PCT Yes 97% No 3%</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>C17</p> <p>In November 2006, Wirral PCT presented detailed information to the Committee on the PCT's 2005-06 health check rating, the main points from the Healthcare Commission's assessment and an action plan.</p> <p>The PCT has provided detailed information & speakers when requested by Committee e.g. dentistry.</p> <p>The PCT and relevant GP practices have undertaken large-scale consultations on the re-location of medical centres in New Brighton, Moreton, Claughton and Prenton. It was suggested that some aspects of the consultations could be improved - e.g. by recording names and addresses of respondents. The PCT agreed to apply what has been learnt to future consultations.</p> <p>The PCT is working with the Council, Patients' Forum and the Voluntary and Community Sectors Network to develop a Wirral approach to LINKs.</p> <p>C 18</p> <p>A presentation on dentistry informed the Committee that Wirral fared well in terms of population per dentist and that the new contract gives more control to the PCT as to the location of new practices. However, three</p>
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practices had given notice of opting out of the new contract. A helpline is available for people in urgent need of dental care, and the PCT agreed to make it more prominent on their website. The Committee is concerned about future access to NHS dental provision and has asked for information on how this will be addressed.

As part of a report on the Carers' Strategy, Members were informed about the Carers Identification Project - a register of carers in GP practices starting in NRF wards.

In response to a report on audiology services from Wirral Health Forum, the Chief Executive of Wirral PCT informed the Committee that Â£250,000 was being allocated to provide additional audiology services which would mean that the backlog would be cleared during the next financial year.

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The PCT, Wirral Hospitals NHS Trust (WHT) and the Department of Adult Social Services (DASS) made a joint presentation to the Committee in September 2006 on progress in improving health and social care on Wirral and plans for the future.

The Audit Commission report on Health Improvement and Wirral Action Plan identifies how the Council, PCT and partners are working together on health and wellbeing.