

WELCOME TO OUR ANNUAL REPORT FOR 2007/08

This Annual Report provides an insight into the work of Birmingham East and North Primary Care Trust (BEN PCT) over the financial year 2007/08 (1st April 2007 - 31st March 2008).

BEN PCT was established on 1st October 2006, following the merger of Eastern Birmingham PCT with North Birmingham PCT. The first 18 months of BEN PCT have been both exciting and challenging, as we have worked to improve our core purpose of reducing health inequalities and improving the health and well-being of BEN residents.

We are committed to enabling all of our communities to benefit from the best local health care services possible, aiming to demonstrate clinical effectiveness and value for money. We are also very proud of the PCT's emphasis on shaping health services to meet the needs of our local communities. We pride ourselves on our approach to engage with our local residents to develop health services in ways that genuinely meet their needs – and are creative and flexible in achieving this. The following pages outline our progress towards our key aims and goals throughout the year, highlighting the achievements and the developments we have made.

It has been an eventful year, and the focus has been firmly on partnership working, to ensure we can develop appropriate ways of working with other organisations to develop new and effective services. The PCT's first stakeholder event was held in July and its theme was 'Working Together for Health'. It was a chance to bring together PCT staff, partner organisations, patients, the public and voluntary and community sector organisations to look at and discuss the PCT's work and how we could collectively work together to make continued improvements and respond to our communities' needs.

The PCT has been commended on our innovative approach to developing unique patient services, including an Independent Healthcare Award for Birmingham OwnHealth[®] and a partnership award for rehabilitation services from the Health Service Journal. BEN PCT was also shortlisted for the HSJ primary care organisation of the year and received an 'excellent' rating from the Healthcare Commission in the Annual Health Check.

The NHS is now in its 60th year, and as it matures, we know that to commission the right services for the people we serve we must develop new relationships that prioritise listening to and working with our communities. In BEN we cover some of the most diverse and vibrant communities in the UK, and we work very hard to engage with them and respond to their individual

needs. However, we are very aware that this is one area in which we can significantly build upon and we strongly welcome any suggestions or thoughts on how local residents would like to become in shaping their local health services.

As a high performing PCT there are a number of key programmes of work we are currently exploring, which will enable BEN to further develop our skills and expertise in providing high quality, patient led services. Over the forthcoming year we plan to further expand and develop Birmingham OwnHealth[®], our telephone based care management programme for people with long term conditions; making it available to more patients and increasing the use of assisted technologies within people's homes. We are also aiming to use internal and external knowledge of the communities we serve to provide more localised care in response to people's needs and preferences, together with introducing a staff wellness programme, encouraging BEN employees to benefit from the initiatives we have established for patients. We look forward to sharing these developments with you over the forthcoming year and in our 2008/09 Annual report.

We are proud of our achievements this year, and you can find out more in Highlights on pages # and #. However we know that there is still much to do in the forthcoming year to provide the best possible care to our population, and we look forward to taking on this challenge.

Sophia Christie, Chief Executive

Paul Sabapathy CBE, Chairman

Dr Peter Thebridge, Professional Executive Committee Chairman

About the PCT

Birmingham East and North Primary Care Trust (BEN PCT) was established on the 1st October 2006 following the formal amalgamation of Eastern Birmingham PCT and North Birmingham PCT. The two PCTs had been operating under a joint management structure since July 2005.

BEN PCT now forms the largest PCT in Birmingham, covering 16 diverse wards across the North and East of the city. The establishment of BEN PCT has given the opportunity to develop new models of care and replicate areas of good practice throughout the whole Birmingham East and North area.

BEN PCT works to achieve the best possible care for the local population, being creative to develop services that best meet the needs of our local communities. In order to achieve this, the PCT works to a set of challenging goals, that strive to push national boundaries and provide a set of aspiring goals for our staff to work to, and for our patients to expect of their local healthcare services.

About the PCT

BEN PCT is responsible for commissioning and providing health care services on behalf of 437,500 people living in East and North Birmingham. The PCT serves a diverse and vibrant community that includes some of the most deprived and affluent wards in the country.

PCTs exist to improve the health of the local population by:

- Tackling health inequalities and working to improve the health of local communities
- Working together with partners across traditional boundaries for the well-being of local residents
- Providing high quality health services, including community based services such as physiotherapy and district nursing as well as running Sutton Cottage Hospital and John Taylor Hospice.
- Commissioning high quality health services, including 82 GP practices, NHS dentists in 58 practices, 98 community pharmacies and 55 optometric practices.

The PCT employs approximately 1700 staff and has a budget of £597 million to spend on services for local people.

Host arrangements

The PCT also hosts the specialised commissioning team, which commissions specialised services such as specialised mental health facilities, burns services and neonatal intensive care for people living across the whole of the West Midlands. This equates to a further £640 million for which BEN PCT oversees the management of. BEN PCT also hosts the Birmingham Primary Care Shared Services Agency which provides non-clinical support, e.g. I.T, estates and facilities, procurement for BEN PCT, South Birmingham and Heart of Birmingham PCTs.

The PCT also takes responsibility for several Birmingham wide areas of work, including Complex Care, Community Nutrition and Dietetics Service, the Cardiac Network and palliative care. BEN is also the lead commissioning organisation for sexual health services and learning disability services across Birmingham.

Health Inequalities

The PCT covers 16 wards on the North and Eastern part of Birmingham which are shown on the map. Looking at the map of our PCT area, it is clear that there are some stark variations between our wards.

For example, the most densely populated wards tend to have greater levels of deprivation, as well as a larger percentage of residents from ethnic minority groups. This is most pronounced in wards such as Bordesley Green and Washwood Heath, and least apparent in Sutton Four Oaks, Trinity and New Hall wards.

It is well known that people who start their lives in deprived circumstances are at far greater risk of illness throughout their lives, they have reduced life expectancy and tend to require more NHS care.

People in deprived areas are more likely to smoke, have a poor diet, live in poor quality housing, have worse educational achievements and higher unemployment levels.

These are examples of health inequalities, which the PCT is committed to reducing. BEN PCT is working alongside South Birmingham and Heart of Birmingham PCTs and Birmingham City Council as part of the Birmingham

Health and Well-being Partnership which is focusing on issues such as increasing male life expectancy and reducing infant mortality.

Inequalities map here

Developing provider services

From April 2008 there is a national requirement for PCTs to show separation between the commissioning and provider aspects of their work. This is particularly important as commissioning becomes a central focus of PCT work. At BEN PCT we are currently undertaking a programme of work to determine how best to develop our provider services which include areas such as health visiting, district nursing, school nurses and physiotherapy, amongst others

BEN is working hard to keep staff informed and engaged in this process, which will form a key piece of development work for the forthcoming year.

Our Mission

Core Purpose

Working in partnership to tackle inequalities and improve health and well-being.

Goals

To be so responsive to the population we serve that no one waits for the quality care they need.

That the health and well-being of the population will have improved so much that people will enjoy 10 more years of healthy life.

That people regard us as the first choice organisation to work with and for.

Our communities will be the most involved, informed and empowered in the country.

Principles

Collectively and personally committed to:

- the best interested of the whole and respecting the/caring about the (perspective of the) individual
- investing wisely to do the right thing

- inspired by innovation for transformation and committed to maintaining and improving core activities
- partnerships for a purpose.

Our Communities

One key goal of BEN PCT is that our communities will be the most involved, informed and empowered in the country – a goal the organisation cannot achieve alone. There are a number of ways in which the PCT strives to actively engage local communities in the planning, improvement and delivery of their local healthcare services.

Patient and Public Involvement (PPI)

The PCT is continuing to develop appropriate and innovative ways of getting feedback from patients and the public to help us improve our services in ways that matter to the people who use them. This year, for example, the Urgent Care Centre has begun using discovery interviews to get deeper insight into patient experiences of their services. Listening to our communities is helping to improve our internal processes including planning, redesign, commissioning and delivery of services.

The Patient Focus Group

Central to the PCT's PPI agenda is a group of local patients and members of the public from all backgrounds who meet to share their views and feedback their experiences to help shape and improve services in East and North Birmingham.

Kwamina Creppy, a member of the Patient Focus Group says: "The Patient Focus Group gives the opportunity for the ordinary man/woman on the street to get involved in shaping local health services. It's a way that we - as patients and local residents - can work in partnership with the local NHS to

make sure that health services really do meet the needs of local people. It's a forum where we can say what we think, make suggestions and get people to listen to our ideas. I would encourage any local resident to get involved.”

Insert photo of Kwamina here caption: The Patient Focus Group gives Kwamina a chance to have his voice heard.

The Patient Focus Group was given an opportunity to discuss the annual report and its contents and format. Their feedback was recorded and taken into account in the production of this report.

To get involved in the work of the PCT, contact the PPI team on involvement@benpct.nhs.uk or telephone 0121 380 9115.

Community Engagement

Community engagement remains central to the PPI agenda of the PCT and the team continues to engage with local communities and maintain relationships with the voluntary and community sector.

The Neighbourhood Health Development Officers (NHDOs) represent the PCT at ward level and work with the health improvement team and locality teams to inform the PCT on local health issues and promote health and well-being.

The Big Conversation

In October the PCT engaged local communities in 'The Big Conversation'. 16 focus groups were facilitated with a representative sample of the public to gauge views on how public money is spent on health services to inform commissioning strategies and local priorities. Through engagement with the BEN PPI Forum, the subject of funding male circumcisions was included in this consultation process.

Following the feedback from our local communities, the PCT made the decision not to fund religious circumcision. Following this, a number of local focus groups were held in the community to gather feedback on a leaflet developed by the PCT to give local people information and advice on how they can arrange a safe and hygienic religious circumcision.

Consultations

Local residents were asked for their views on how they would like to see intermediate (rehabilitation) care and end of life services developed as part of a 15 week public consultation. As part of this we consulted on the future of Sutton Cottage Hospital. Following this, the PCT is investing £1million in providing state of the art rehabilitation facilities from a purpose built building,

together with an expansion of community based rehabilitation teams, to give more people the opportunity to receive care within their own homes. The PCT is also investing £2.8million in end of life services to increase the range of health care services available to patients in the last days, months or years of their life, including giving patients the choice to be supported in their own homes.

Other areas patients had a direct impact on shaping included the Diabetes Service, the Urgent Care Centre, the Heart Disease Collaborative, the Community Stroke Service and the Lower Back Pain Service. Ongoing community involvement has been undertaken around the development of the Local Improvement Finance Trust (LIFT) primary and community care facilities. More information about this programme can be found on page #.

Our people

Trust Board

The Trust Board ensures the PCT is held accountable for the services delivered to members of the public. It consists of the Chief Executive, Chairman, seven Non Executive Directors (lay people), three statutory Executive Directors, the Professional Executive Committee (PEC) Chair, two PEC members and additional non-voting Executive Directors.

Trust Board Members 2007/08

Chairman	Paul Sabapathy CBE	
Non Executive Directors (NEDs)	Janet Down	
	Dr Qulsom Fazil	
	Mark Ford	
	Richard Miner	
	Susan Nixon	
	Brendan O'Brien	
	Nicola Lloyd	
Chief Executive	Sophia Christie	
Deputy Chief Executive / Director: Redesign and Commissioning	Andrew Donald	
Director: Resources	Jonathan Tringham	
Director: Health Improvement (interim)	Nicola Bengé	
Director: Operations*	Louise Pritchard	to March 2008
	Rosemary Cripps	joint interim

		directors
	Tessa Norris	from March 2008
Director: Performance and Organisational Development*	Tracy Taylor	to June 2007
	Julian Simcox	interim from June 2007 to March 2008
	Louise Pritchard	appointed March 2008
Director: Professional Services / Medical Director	Dr Doug Wulff	
Director: Chronic Disease Systems	Dr Richard Mendelsohn	appointed November 2007
PEC Chair	Dr Peter Thebridge	
PEC Member	Dr Mehboob Bhatti	
Executive Nurse	Val Jones	

*Non-voting members

Board papers and key reports are published on BEN PCT's website every month so they are available for the public to read.

Professional Executive Committee (PEC)

The PEC primarily consists of clinicians, and exists to ensure that the PCT has clinical drive and motivation. It also has representation from the PCT's Executive Directors.

PEC Members

Clinical Director: Organisational Development and Strategy	Dr Peter Thebridge	PEC Chairman
Clinical Director: Clinical Effectiveness	Dr Mehboob Bhatti	
Clinical Director: Involving People	Stephen Eaves	
Clinical Director: Organisational Capability	Kevin Ratcliffe	
Clinical Director: Sutton Coldfield	Dr Charles Broomhead	resigned May 2007
	Dr Richard Mendelsohn	appointed November 2007
Clinical Director: Kingstanding and Oscott	Dr Parmjit Arora	

Clinical Director: Erdington	Dr Turabali Maimoon	retired March 2008
Clinical Director: Washwood Heath	Dr Waqar Malik	
Clinical Director: Shard End, Stechford and Sheldon	Dr Bhiku Pattni	
Clinical Director: Bordesley Green, South Yardley and Acocks Green	Dr Paramjit Moonga	
Chief Executive	Sophia Christie	
Director: Nursing and Clinical Development	Val Jones	
Director: Health Improvement (interim)	Nicola Benge	
Director: Resources	Jonathan Tringham	
Director: Professional Services / Medical Director	Dr Doug Wulff	
Social care: Children (Birmingham City Council)*	Cheryl Hopkins	
Social care: Adults (Birmingham City Council)*	Lesley Heale	
Deputy Chief Executive / Director: Redesign and Commissioning	Andrew Donald	
Director: Performance and Organisational Development	Louise Pritchard	see above for details of appointment
Director of Operations	Rosemary Cripps	see above for details of
	Tessa Norris	appointment

*Non-voting members

Equality and Diversity for all

BEN continues to work to improve equality of opportunity in service delivery, commissioning and employment for all staff, patients, clients and their relatives. The PCT recognises and welcomes the wealth that diversity can bring for the benefit of all and has a series of statutory duties to promote equality in a variety of areas. We published our Disability Equality Scheme in December 2006 and Gender Equality Scheme in April 2007.

We have also developed an overarching Single Equality Scheme. Within the Single Equality Scheme are a series of individual equality schemes with their own action plans including the Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme. A training programme has been run for staff in equality and diversity issues. Diversity training is also available online.

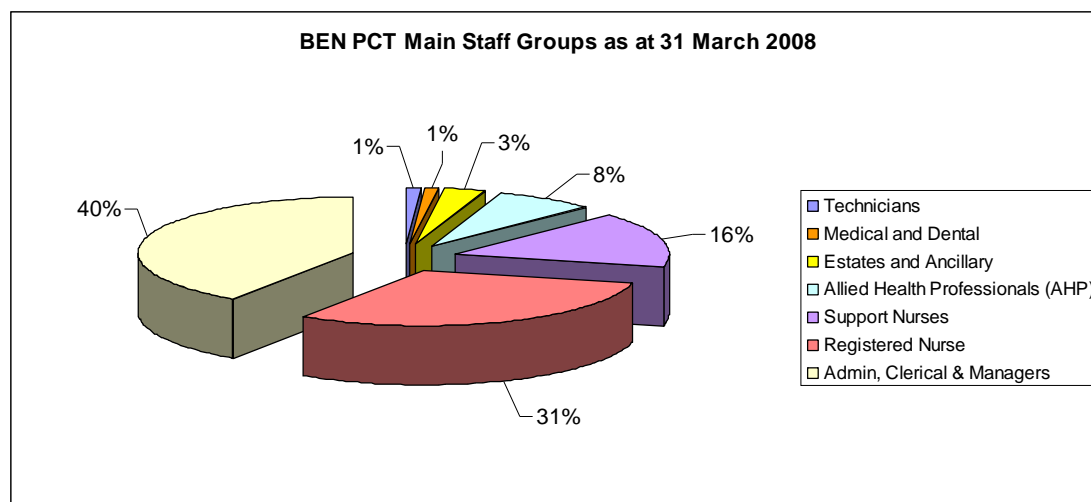
To compliment this, BEN has created an interactive Equality & Diversity Resource Library. Here staff members can access a variety of DVDs and CD ROMS conveying information to support development of knowledge and to provoke informed discussion.

All new policies, procedures and services provided or commissioned have to undergo an equality impact assessment before they will be accepted by the PCT. We are recruiting a member of staff to advise on ensuring that assessment of all services provided and commissioned by it address and conform to diversity, equality and human rights requirements. They will also support PCT staff to ensure that, in practice, equality issues are actively promoted, and they will also lead the development of an Equality and Diversity Strategy for the PCT.

The PCT has established a Diversity, Equality and Human Rights Steering Group which continues to have the responsibility of monitoring the various action plans and to consider any issues relating to equality and diversity and how the PCT should respond. The group has agreed that all PCT publications will advise people where they can get the publication in their language and who they need to contact.

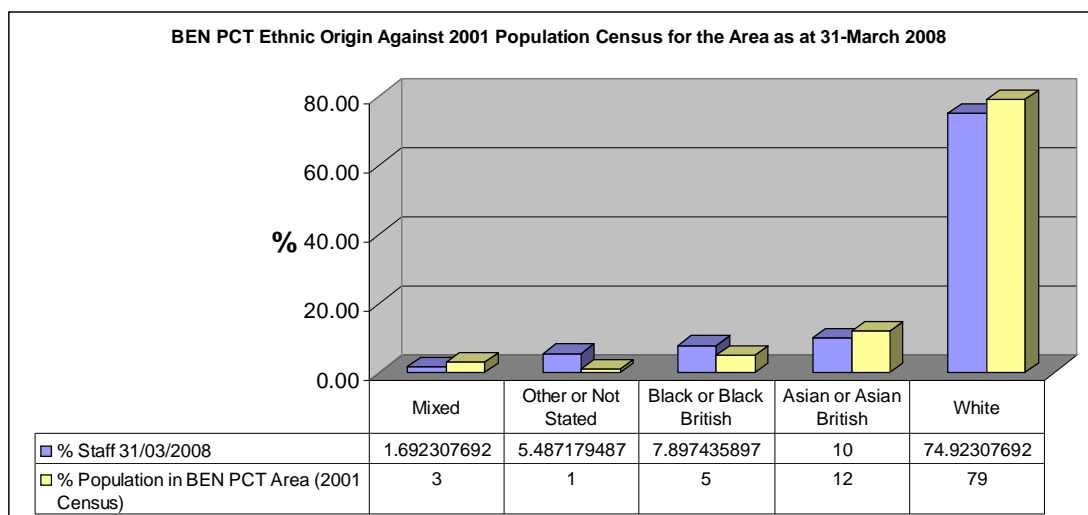
The Disability Action Group remains active involving PCT staff, patients, carers and members of the community with an interest in any disability issues. There have been several events organised in the community and for staff to raise awareness and encourage participation by all in exploring equality and diversity.

Main Staff Groups



Ethnicity

This graph shows ethnic origin for the PCT as at 31st March 2008 compared to the percentage population for the local area (2001 census).



Gender

The Trust's gender profile is 81.59% female and 18.41% male as at 31st March 2008. The gender profile of Birmingham was 52% female and 48% male (Birmingham population figures sourced from 2001 census).

	Female	Male
Gender %	81.59	18.41

Consulting staff

During 2007/08 the PCT continued to have excellent working relationships with the trade unions and continue to develop an effective partnership approach. This has involved the inclusion of staff side representation on project boards and implementation groups within the PCT. BEN PCT also started to develop a staff engagement strategy which will clearly outline how staff engagement will be developed and enhanced to ensure the trust continues to develop as an employer of choice. This was supported by the staff opinion survey which indicated that the extent of positive feeling within the organisation was above average for PCTs in England.

Volunteers

Some of BEN PCT's work is supported by volunteers, who give their own time in many different capacities. Currently, many volunteers offer invaluable services such as driving, serving refreshments and covering reception at John Taylor Hospice. There are plenty of opportunities for more people to get involved in the work of the PCT. For more information telephone 0121 465 2016 or email volunteer@benpct.nhs.uk

Delivering primary care

The first key goal of BEN PCT is 'to be responsive to the population we serve so that no one waits for the health care they need'. The PCT plans to meet this goal by commissioning the right services, in the right place at the right time.

Primary Care Commissioning within BEN PCT is the means by which the organisation procures primary care services from GPs, dentists, pharmacies and optometrists. The process of commissioning has to take account of the needs of patients and financial budgetary constraints. Services are commissioned to exacting quality standards and these are continually measured to ensure maintenance of these standards.

In determining the services to be commissioned, information from various departments within the PCT, and in particular health improvement as well as the Department of Health, national statistics and local knowledge needs to be used to ensure the best results for patients.

Pharmacy

There are now 98 community pharmacies in BEN PCT; four of them open to provide pharmaceutical services for 100 hours per week. Therefore not only has access improved, but also the number of health improvement initiatives in which selected pharmacies are involved has increased in the past year to include early pregnancy testing and a pilot Heart MOT service.

The 'Heart MOT' is a screening service principally aimed at the target group of males over 40 who have never had a cardiovascular risk assessment. The service is part of a much larger initiative to improve male life expectancy in areas of Birmingham. The pharmacist can measure blood pressure, cholesterol, weight and height and from the data identify people previously undiagnosed with cardiovascular disease.

Other services offered from our pharmacies include the supply of Emergency Hormonal Contraception (EHC), smoking cessation and services for drug misusers. Some pharmacies are also involved in providing pharmaceutical support and advice to Care Homes.

General Practice

High standards of quality

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

Now in its third year of operation, QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004.

QOF awards surgeries achievement points for:

- Managing the most common chronic diseases e.g. asthma and diabetes
- How well the practice is organised
- How patients view their experience at the practice
- The amount of extra services offered, such as child health and maternity services.

All 82 practices were visited by the PCT in 2007/08 as part of the QOF process, with varying clinical areas looked at in each. QOF results for the 2008/09 year are still being processed.

Practice Based Commissioning

Practice Based Commissioning (PBC) is about giving clinicians the resources and support to become more involved in service developments. GPs, nurses and practice teams, working along side secondary care clinicians and other primary care professionals are in the best position to translate patient needs into redesigned services that deliver what local people want. PBC places clinicians at the heart of decision making to commission services for their local population.

During 2007/08 practices have continued to focus on reviewing their referrals to secondary care using Insight, a referral management tool, and improving prescribing. Locality teams have also redesigned anti coagulation pathways, worked hard to increase the number of people who stop smoking, improved the care and management of patients with Chronic Obstructive Pulmonary Disease (COPD) through community respiratory services and pulmonary rehabilitation and improved access to and provision of sexual health services in practices.

Business plans have been developed and include objectives for the next three years (2008/11) to work towards:

- Improving services for vulnerable elderly patients including falls prevention
- Reducing teenage pregnancy
- Reducing the prevalence of obesity
- Reducing perinatal mortality rates
- Reducing deaths from cancer and coronary heart disease.

NHS Dentistry

BEN PCT is committed to maintaining and improving NHS primary care dentistry for the local population. The PCT successfully tendered out for additional dental services in the Erdington and Sutton Coldfield locality during 2007/08. The additional services were awarded to four successful bidders. Three of the bidders were already existing dentists within the PCT and the final contract went to Oasis Dental Care Ltd.

The PCT continued to invest in new capital investments for dentistry, in the drive to improve the facilities within practice premises.

During the year £15 million was spent on 66 dentistry contracts between 58 practices.

Optometry

BEN PCT currently contracts with 55 optometric practices, of these 18 practices provide digital diabetic retinopathy screening and 20 provide additional mobile services to bring primary eye care to patients unable to leave their homes unaccompanied due to illness or disability. This is further supported by 20 independent and corporate out of area mobile providers.

2007/08 has seen BEN PCT strengthen its state of the art retinopathy screening service which started in January 2007. The service offers people with diabetes specialist digital eye screening to identify retinopathy, a condition which can damage the sight of people with diabetes. All eligible patients with diabetes can be offered this service at a location convenient to them with dedicated IT equipment. The images can then be electronically transferred to the Heart of England NHS Trust Screening Centre of Excellence for specialist analysis by clinicians.

BEN PCT has, through the clinical effectiveness team, worked with optometrists, providing training around safeguarding children, risk management, record keeping and infection control. Two audits of record keeping and infection control have been provided. BEN PCT was the first PCT to adopt the national Quality in Optometry Toolkit. This enables optometric practices to measure their performance against Standards for Better Health performance measures.

Out of hours care

A range of services are provided to ensure that if patients are unwell outside of usual opening hours, they still have access to primary care facilities.

For GP practices, the out of hours period operates from 6.30pm to 8am Monday to Friday and across the whole of the weekend. Patients who need assistance during this time should telephone their GP practice where they will be put through to their out of hours provider or an answer phone message will give them the correct number to ring.

The dental out of hours service is managed by NHS Direct and Birmingham Personal Dental Service, which has been contracted to carry out this work based at the Dental Hospital. The types of calls triaged are detailed in the chart below.

Many pharmacies offer extended opening hours, and four are open for 100 hours per week, offering improved access to patients and the public.

Insert chart here

Improving health and well-being

BEN PCT is dedicated to improving the health of the communities it serves. One of the key goals is that the health and well-being of our population will have improved so much that people will enjoy ten more years of quality life, wherever they live. In the past year, the Health Improvement team has continued its work towards reducing health inequalities and promoting longevity.

Weight management services

Tackling obesity is a key priority for BEN PCT, particularly in children. The weight management service has continued to work with local schools to measure the weight and height of children as part of the National Child Measurement Programme. This has given the PCT valuable information about the prevalence of obesity in children living in the BEN area and the information is now being used to target services more effectively. On average 10.3% of five year olds and 20.3% of 11 year olds are classified as obese within our local area.

Villa Vitality is a scheme directly aimed at tackling childhood obesity, that was set up in 2007 to tackle child eating habits. A partnership between Aston Villa Football Club and the PCT, the programme is teaching children about physical activity and healthy eating in the aspirational environment of Villa Park.

[Villa Vitality photo here](#)

Breastfeeding

Evidence shows that improved breastfeeding rates can contribute greatly towards reducing infant deaths and preventing child obesity. Over the last year, the PCT has trained 17 breastfeeding peer support workers using the La Leche League Peer Counsellor Programme model. The 'Feeding Friends' (as named by the local community) will work in a variety of settings in their local areas to offer breastfeeding information and support to antenatal and breastfeeding women and their families.

The PCT has worked in partnership with the acute maternity provider to improve data collection on breastfeeding. This resulted in the PCT meeting its breastfeeding targets for 2007/08.

[Feeding Friends pics](#)

Immunisations and vaccinations

The safest way to protect children from infectious disease is through immunisation. Currently there is a national Hib (haemophilus influenza b, which can cause meningitis, blood poisoning and pneumonia) catch up campaign for children born between the 13th March 2003 and 3rd September 2005 - these children have not previously been offered a Hib booster over the age of one. The Hib booster has been combined with the preschool booster and second MMR (measles, mumps and rubella) jab and is given between three years four months and three years six months. Children in this age group who have already had their preschool booster are being invited to attend their surgery for an additional single injection.

Influenza is still a major cause of morbidity and mortality. The flu vaccination is offered to all patients aged 65 years and over and those in at risk groups. By the end of January 2008 71.4% of local patients 65 years and over had been vaccinated.

Smoking

The stop smoking service offers a range of services in a variety of locations in daytime, evenings or weekends. Any smoker can access the service by phoning 'Call to Quit' on freephone 0800 052 5855 or they can be referred by their GP, PCT or hospital staff.

44 general practices and 44 pharmacies in BEN run stop smoking services and those figures are set to rise in 2008/09. The PCT is working with supermarkets, health and community centres and even a pub to provide drop in sessions in the most accessible locations.

Once someone has decided to quit, they will receive support from a smoking advisor as well as nicotine replacement therapy, if appropriate.

Sexual health

Birmingham's sexual health services have focused on a number of workstreams in the last year, including the launch of a new website, a GP sexual health programme, an outreach service and a high profile campaign targeted at under 25s. The service has made achievements in 2007/08, including a 400% increase in chlamydia screening and greater access to GUM (Genito Urinary Medicine) clinics.

Teenage pregnancy

Areas with higher teenage conception rates generally also have raised levels of deprivation, poor educational attainment and disengagement at school.

Within BEN, the majority of teenage pregnancies occur in eight of the PCT's wards.

The PCT's strategy for reducing teenage pregnancy has produced some success and rates have fallen most significantly in wards that have received targeted interventions.

The PCT's engagement with young people focuses on prevention, particularly as one in five teenage pregnancies are second or more successive pregnancies. BEN's work during the past year has included working with young parents to reduce social exclusion and increase their participation in education, training and employment. It has also provided ten local young people's drop-in services offering advice, information and access to condoms, pregnancy testing and chlamydia screening. Some local schemes now also offer emergency contraception. The PCT has also continued to develop links with schools and children's centres in areas with high conception rates.

Cardiovascular Disease (CVD) programme

Deaths from cardiovascular disease are now greater than all the deaths from cancer and respiratory diseases combined and it is being seen in progressively younger patients.

The CVD programme team continue to work hard to support those at risk of these conditions. It has focused on:

- Identifying people at high risk of coronary heart disease and providing information
- Early diagnosis of diabetes
- Mobile health screening units taking blood pressures in the community and offering lifestyle advice
- Alternative screening clinics for men over 40 in the evenings and weekends to target men in the most deprived areas of BEN.

Exercise on prescription

BEN PCT, along with South and Heart of Birmingham PCTs, has commissioned some research to look at the effectiveness of the city's exercise on prescription scheme.

The research will be carried out by Birmingham University and the results will be used to improve and enhance the current provision. (is this next year – need to say what has been done to date)

The scheme is designed for patients over 15 years old with inactive lifestyles whose general health would be improved by regular exercise. Patients are

referred into the programme by their GP. The referral criteria has changed recently so there is no longer an upper age limit for patients entering this scheme.

Health trainers

In March 2008 BEN PCT appointed three Health Trainers who offer personally tailored plans to motivate and support people to make or maintain health changes in their lifestyle.

The Health Trainers will offer advice relating to healthy eating, physical activity and quitting smoking. This support will be offered to people who do not access health services regularly or who struggle to get the support they need.

The Health Trainers will spend up to an hour with each individual and will help to develop plans, set goals and offer ongoing support to help local residents continue with their lifestyle changes.

Expert Patients Programme

The Expert Patients Programme (EPP) is a bilingual scheme that aims to help people with long term conditions, like diabetes, to better manage their lives.

This year a total of 38 courses were successfully delivered across the BEN patch and a total of 383 patients completed the programme. The courses were delivered in a range of community settings through working with GP practices, voluntary agencies, sheltered housing schemes as well as running a very successful rolling programme with Work Directions.

Highlights

April 2007

Birmingham OwnHealth held its first session for patients to feed back on their experience of the new personalised telephone support service for people with long term conditions. The event was independently facilitated and reported excellent feedback from patients. Their experience has influenced the roll out of the service to more patients living across Birmingham.

May

Work began on a new £5.5million primary care centre in Stockland Green, which will support the relocation of three GP practices into a modern, purpose built building. The centre, which is part of the Birmingham and Solihull Local Improvement Finance Trust (LIFT) framework agreement, will also be a base for a pharmacy, school nurses, health visitors and midwives in the local area.

[Turf cutting pic](#)

June

BEN PCT, working alongside the Birmingham Health and Well-being Partnership launched initiatives to work towards reducing the high incidence of perinatal mortality in certain parts of the PCT. The PCT has invested in additional community midwives as well as pregnancy outreach workers to provide social support to pregnant women.

July

'Working Together for Health' was the theme for BEN PCT's first stakeholder event, bringing together PCT staff, partner organisations, patients, the public and voluntary and community sector organisations. Participants were given the chance to find out more about what the PCT does, suggest new ideas and how improvements can be made and even engaged in an energetic exercise session from the Bhangra Blasters!

[Stakeholder event pic](#)

August

Patients and staff at the John Taylor Hospice in Erdington celebrated receiving more than £300,000 from the Department of Health for major

refurbishments. The grant included provision for putting a large glass roof over the courtyard, turning an under-used outdoor space into a large room. Access for elderly and disabled patients would also be enhanced, with the hospice's other rooms converging off the new atrium.

Pic of hospice

September

Chief Nursing Officer at the Department of Health, Christine Beasley, visited BEN PCT to support clinical engagement in the Connecting for Health programme. Christine met with clinicians, managers and technical staff who have been involved in redesigning processes and services to implement the programme, which aims to deliver better, safer care to patients by bringing in new computer systems and services.

Chris Beasley pic

October

BEN PCT was one of two PCTs nationwide to receive an 'excellent' rating for quality of services in the Healthcare Commission's 'Annual Health Check'. The PCT was fully compliant in its assessment of core standards, which covers a range of areas including patient safety, the management of medicines and an ongoing improvement of patients' experiences.

November

Partnership working earned BEN PCT and Birmingham City Council an award at the Health Service Journal's annual ceremony. The two organisations won the category of Cost Effective Partnership Working in recognition of collaborative work around intermediate (rehabilitation) services.

December

A new breastfeeding support programme was launched by BEN PCT. 'Feeding Friends' is a group of local mothers who, after breastfeeding their own children, have made a commitment to supporting new mothers in BEN to breastfeed. Volunteers completed the 10 week Breastfeeding Peer Counsellor Programme accredited by the La Leche League of Great Britain.

Feeding Friends pic

January 2008

The Urgent Care Centre in Kingstanding celebrated its second birthday. In January 2008 it had treated more than 27,000 patients with minor injuries and illnesses since its establishment in 2006. The Urgent Care Centre has received positive feedback from patients and numbers of people attending continue to rise.

Birthday pic

February

Partnership work between Birmingham City Council and the BEN hosted Birmingham Community Nutrition and Dietetic Service saw a children's centre in Saltley named as a 'Healthy Setting' by the Council's Health Education Service. Nursery children have been provided with healthier food and have grown their own fruit and vegetables.

March

Extra investment in local services was announced, as BEN makes a commitment to increase the range of intermediate care (rehab) and end of life care services. Following a formal three month consultation, the PCT confirmed its proposal to work in partnership with Birmingham City Council and relocate current intermediate care beds to the new care centre developments. This is alongside additional community teams to deliver intermediate care and end of life services within people's homes and a redevelopment of the existing Sutton Cottage Hospital site.

Pic of Perry tree

Working with our partners

BEN PCT is committed to developing relationships with partner organisations to ensure our patients benefit from the best possible care. Over the last year we have established relationships with organisations both locally and nationally to ensure that we have access to the most up to date resources. We've also been thinking about how local health services can be delivered creatively, to meet local needs.

As a PCT, we are also keen to work in partnership with our patients, to break with traditional models of care and encourage local people to become partners with the local clinicians who provide their care. We firmly believe in the principle of motivating and educating our patients to understand how to better manage their own health and care, to ensure that people can keep themselves healthy and well, and access professional care as soon as they need it. It is vital that we continue to engage local communities, local interest groups and partners in our development work and we always welcome ideas about how we can improve our aim to create a healthier future for those living in BEN PCT.

BEN PCT is an active member of the Birmingham Strategic Partnership (BSP) and is committed to working towards the city's Local Area Agreement (LAA). This has four key themes including children and young people, healthier communities and older people, where the PCT works in partnership with other local bodies to drive change and improvements in these areas.

Birmingham Health and Well-being Partnership

The Birmingham Health and Well-being Partnership (BHWP) is made up of the three Birmingham PCTs – BEN, South Birmingham and Heart of Birmingham, Birmingham City Council and other partners from the voluntary and community sector.

During 2007/08 the Partnership's focus has been on tackling health inequalities across the city, in particular increasing male life expectancy and reducing rates of infant mortality. The work of the BHWP has initially focused on improving these areas in priority wards across Birmingham, which have the highest rates of deprivation and most likely to suffer from poor health.

Key achievements from the last year include:

- More than 2,000 Birmingham men having their blood pressure taken in the mobile health bus
- 811 women have received support from a pregnancy outreach worker
- 11 children's centres now host family support, antenatal clinics and benefit advice across HOBtPCT and BEN PCT.
- Additional community midwives have been recruited.

Pic of healthy heart bus

Partners in Health – Patients as Partners

The Partners in Health Centre is a collaboration between BEN PCT and Heart of England NHS Foundation Trust which delivers services based on the principles of education and self care.

Due to demand the centre is now open six days a week and until 7pm some evenings. This has enabled services to be more accessible to the needs of the local community.

The number and range of clinical and educational services offered at Partners in Health has increased over the last year. For example, the centre now houses an oral glucose tolerance testing service, a specialist GP led ear nose and throat clinic, weight management service and an integrated continence service. Alongside these services, women only exercise classes continue to be offered, together with free Reiki sessions.

Hodge Hill Pilot

The Hodge Hill Pilot, delivered from the Partners in Health Centre offered an employment advice service to people living in the Hodge Hill constituency, who had been unemployed for a long time, had been living with a long term health condition and were receiving incapacity benefit.

Over the year the project's two employment advisers saw 89 people for guidance in returning to work, taking up training or going on a volunteering opportunity. Of the 89 assisted, 13 individuals are now in work, five in full time and eight in part time employment. 17 are in voluntary work and 22 are in training. Others have built up their confidence and many have seen benefits in managing their health conditions.

The pilot came to a close at the end of March 2008. The findings and lessons learnt are being communicated to a newly convened city wide health and employment project.

Birmingham OwnHealth[®]

Birmingham OwnHealth[®] is a telephone-based, proactive, personalised care management service for people with long term conditions. It operates in a range of different languages, ten hours a day, five days a week. Over the last year it has served more than 2,000 people, from a range of socioeconomic backgrounds in the most deprived communities across BEN.

The programme is revolutionising the approach to self-care and shared decision making for people with long term conditions including heart failure, coronary heart disease (CHD), and diabetes. It enables people to be better informed, more engaged in their healthcare and increases their confidence to self-manage their conditions. The service, developed in partnership with Pfizer Health Solutions and NHS Direct, is delivered by nurses with experience of managing long term conditions who have received additional training in motivational counselling. This new approach is gaining increasing recognition regionally, nationally and internationally and has members registered with GPs across South and Heart of Birmingham Primary Care Trusts.

The service has received good feedback from patients, carers and staff. Over a tenth of those who use the service do so in languages other than English. Outcomes of the service are good, with members being supported to change their lifestyles and care for themselves in more positive ways. Over the next year Birmingham OwnHealth[®] plans to expand the coverage of the service across the BEN PCT area and increase support for more conditions.

Pic of man on phone

Intermediate care

BEN PCT works with Birmingham City Council to provide intermediate (rehabilitation) care to people in east and north Birmingham. A pooled budget and multi-disciplinary partnership working has created a flexibility that benefits patients and staff by breaking down traditional barriers between health and social care. It is estimated that the service has prevented hundreds of unnecessary hospital admissions, making significant financial savings and offering more appropriate community based care to local people.

In November 2007 the Health Service Journal (HSJ) honoured the service with an award for cost effective partnership working. This partnership is being reinforced with the new state of the art Care Centres being built by Birmingham City Council to be shared with BEN PCT for intermediate care.

Our community services

BEN PCT's provider arm offers a variety of different health care services across the local area, ranging from District Nurses, School Nurses and Health Visitors to podiatry, speech and language therapy to nutrition and dietetic services.

The PCT is also responsible for a number of inpatient units including the John Taylor Hospice and Sutton Cottage Hospital.

BEN PCT's provider services have seen another busy but rewarding year as services previously delivered by the two predecessor organisations have been brought together to offer safe, effective and cohesive services that are accessible to all people living in the BEN PCT area.

We have also been working to ensure that the services we are offer are suitable to meet the growing needs of our local residents, particularly in relation to the increasing number of older adults living in our communities.

Over the last year we have undertaken a detailed public consultation relating to the future development of intermediate care services (rehabilitation services) and the use of the Sutton Cottage Hospital site. Following this extensive dialogue with patients and the public BEN PCT will soon see the transfer of intermediate care beds to new state of the art Care Centres, offering specialist rehabilitation equipment that will enable people to live more independently within their own homes. The consultation outcome also saw a commitment to the development of a new community based intermediate care team, which will provide support to patients within their own homes.

The Sutton Cottage Hospital site has also been discussed over the last year, with local people citing they would like to see the site used as a base for clinics for older adults and people with long term conditions. We look forward to updating local residents on these plans as they develop further over the forthcoming months and years.

The year has also seen investment in local palliative care services, following a grant being awarded to the John Taylor Hospice in Erdington. £304,000 has been identified to undertake two projects at the Hospice that will see a new atrium erected above the existing courtyard, creating a central room within the day hospice, enhancing access for patients with disabilities. A redeveloped chapel/multi-faith room will also be established thanks to the grant from the Department of Health, which has generously been added to by the Hospice's League of Friends who have also supported the Hospice in developing the gardens and ramp access to allow more patients enjoy the outside surroundings.

Pic of Hospice here, caption: Plans to transform the courtyard into a new atrium at John Taylor Hospice.

The community health care teams have received substantial recognition throughout the year with several services being shortlisted for national and regional awards. This has included award nominations for services offered at the Partners in Health Centre, the Warren Farm Urgent Care Centre and the intermediate care team, the culmination of this immense effort being with the latter team winning the Health Service Journal (HSJ) award for effective partnership working with Birmingham City Council.

The Warren Farm Urgent Care Centre in Kingstanding was also honoured to receive a visit from Sir George Alberti, the National Clinical Director for emergency access, who was impressed with the standards of care at Warren Farm. Various staff have also presented at national conferences on intermediate care, urgent care and school nursing and John Taylor Hospice are leading on the development of pathways for supportive in patient care.

Pic of urgent care centre visit here: Sophia Christie, George Alberti, Centre Lead Gerry Peake and GP representative Dr Deedar Bhomra at the Urgent Care Centre.

Innovative services have been established, evaluated and rolled out including services for intravenous therapy, leg ulcer clinics, physiotherapy pain management, orthopaedic triage, foodnet programmes and continence triage.

Children and young people's services have been further developed over the year and the provider arm has engaged with the Brighter Futures planning for outcomes work and is developing more effective working partnerships with children's centres and extended school clusters.

The major piece of work for the whole provider arm has been a development review programme to support the national requirement for the PCT to demonstrate separation between the commissioners and providers of services. This has involved detailed service reviews being undertaken for 29 service areas, providing an evidence base for all services to enable us to demonstrate that we can provide safe, quality services that are cost effective and achieve health improvements for our client groups. This has entailed lots of hard work within very tight timescales and is a credit to all the service leads and staff involved, both within the provider arm and from support services such as finance, HR and informatics. This will be developed into a strategy early in 2008/09 and will inform the decisions around the nature of the relationship between provider services and commissioners in the future.

Performance

Every year the performance of the PCT is assessed by the Healthcare Commission; the body responsible for reviewing the performance of local NHS trusts in England. This process, called the Annual Health Check, awards annual ratings of each organisation's performance.

The ratings are based on a variety of components including how the PCT has met local and national targets including waiting times for treatment and uptake of public health services, alongside a financial assessment. This forms two key areas of assessment – the quality of health care services provided locally and the PCT's use of resources. The two ratings are scored as either weak, fair, good or excellent.

In 2006/2007 BEN PCT achieved the following ratings:

Quality of services: Excellent

Use of resources: Fair

This assessment confirms BEN PCT's reputation as one of the top performing PCTs in the country for providing high quality patient services. These results were published in October 2007 and the ratings for 2007/08 will be published in October 2008.

The PCT continues to improve on its progress in key areas, working with its partners across the city and building on previous areas of strength to benefit the health and well being of the population it serves. This can be seen in the continued achievement of a range of indicators across the Annual Health Check.

On an ongoing basis, the PCT monitors its performance against all of these targets and selected local and other indicators, to assess how we are progressing against our core mission, values and goals.

Emergency Planning

BEN PCT has a major incident plan that is fully compliant with NHS Emergency Planning Guidance 2005 and all associated guidance. Under this guidance and the Civil Contingencies Act 2004, the PCT is required to undertake a live exercise at least once every three years.

This requirement was fulfilled for Birmingham East and North PCT in August 2007 through a three day live exercise where the PCT was required to set up mass prophylaxis centres in response to a fictitious incident.

Sophia Christie, Chief Executive, took the Chair of the PCT Major Incident Team, activated both the PCT Major incident plan and mass prophylaxis plan, and established an action plan to respond to the incident. The PCT successfully completed all requirements of the live test and all 'casualties' were triaged and treated appropriately.

Independent referees and observers for the exercise collectively agreed that the PCT had fully completed its requirement to hold a live exercise, and were very pleased to see the PCT participants fully engage in the exercise, working through details as if it were an actual event giving confidence that the services would respond well to similar actual incidents. Overall, the view was that the PCT had performed well, performing beyond initial expectations, and showing areas of good practice that have been recommended to other organisations.

Live exercise photo, caption: Warren Farm Health Centre was set up as a mass prophylaxis centre during the live exercise.

Our stories

Our patients are at the heart of what we do at BEN PCT, as we work together as partners to improve the health and well-being of local people. We are committed to listening to our patients and focusing on their experiences as they access local health services.

Each of the case studies below in a separate box please

“A big thank you”

A 63 year old man from Sutton Coldfield received treatment from the multi-disciplinary lower back pain service in 2007. Delighted with the change it made to his life, he said: “It is difficult to say how so truly grateful I am to your team for taking such a caring and determined interest in me. You have given me a new freedom from pain that I realise retrospectively, has stopped me from doing many things with my life which I had subconsciously dismissed as ‘too painful’. I had despondently given up trying to get any real or lasting pain relief many years ago. Again, a big “thank you” to all concerned for your superlative efforts in “sorting me out” so well.”

“PALS have come to my rescue”

A patient contacted PALS because she was confused about the amount she had been charged for some emergency NHS dental treatment. PALS contacted the PCT Dental Advisor who explained the charges and confirmed they were correct for the patient. PALS fed this information back to the patient who said: “PALS have come to my rescue twice now and on both occasions I have been more than impressed with the response. PALS dealt with my latest query and their attitude towards helping me was again first class. Thank you again!”

Going back home

A 94 year old patient who spent 16 weeks in hospital after a bout of pneumonia received support from BEN PCT’s intermediate care team to enable him to return to his own home. The team supported the gentleman while he was still in a residential home convalescing, preparing him for returning home. They helped him get mobile and use stairs again after being so ill. The team, working closely with social workers, organised for equipment to be fitted in the man’s home to help him maintain his independence. He now lives at home with his wife with no formal care package and earlier this month they went out together for a meal to celebrate their (do we know which year?!) wedding anniversary.

“I feel much better”

A 50 year old former nurse who took part in a Size Down programme run by BEN PCT found it made a positive impact on her lifestyle. The programme offers people the chance to meet in a group on a weekly basis with a dietitian and talk about how to lead a healthier life and work towards losing weight. She said: “It was absolutely fantastic. At the start I had my doubts, but the dietitian was brilliant and the sessions were very informative.” She added: “Since doing the programme I make sure I have three meals a day, if I snack I try to make it healthy – I don’t sit in front of the telly eating a chocolate bar anymore. I feel much better. I’ve lost some weight and I’m definitely not going back to how I was.”

To share your experience of using BEN PCT's local services or to compliment care you have received please contact the PCT on email communications@benpct.nhs.uk

Complaints – an important indicator of quality

Complaints and compliments provide an important source of information about the quality of services both commissioned and provided by the PCT. They also indicate areas of concern that patients may have related to specific services. It is important that the learning from complaints is shared as part of the process of continuously improving the quality of services.

During 2008, BEN will be participating in a national pilot which is aiming to improve local resolution of complaints and support ongoing improvements in service quality.

Increasingly people use services that cross health and social care boundaries and one of the requirements is to make it easier for people to make a complaint should there be a concern about the care that is jointly provided.

Complaints received during 2007/08

Directly provided services

During the year, 44 complaints were received about the services provided by staff managed by the PCT or about the commissioning process. Of these, 89% were dealt with in a period of 25 working days and 98% were concluded within the extended timescales agreed with the complainants.

One complaint was referred to the Healthcare Commission which was resolved in local discussions.

Independent contractors

Complaints related to independent contractors - GP practices, pharmacies, optometrists and dentists - were managed by the Birmingham Primary Care Shared Services Agency on behalf of the PCT.

During the year, the Complaints Department handled 121 complaints related to services provided by GP practices. 252 complaints were made directly to GP practices in the PCT

52 complaints were received by the department relating to dental practices whilst 34 complaints were made directly to the respective dental practices.

One complaint was received about the service provided by a pharmacy and there were no complaints about optometry services.

Conciliation meetings

During the year six conciliation meetings were held related to complaints about GP practices of which four were satisfactorily resolved and in the two remaining cases, the complainants forwarded the case to the Healthcare Commission.

Four conciliation meetings were held related to dental cases; the complaint was resolved in three cases whilst one complainant referred the complaint to the Healthcare Commission.

Healthcare Commission

During the year, the Healthcare Commission upheld six complaints and no further action required to be taken in four cases.

If you have a query or concern about local health care you have received please contact the PALS team on freephone 0800 328 3205 or email palsbenpct@nhs.net

Innovations

At BEN PCT we are proud of our commitment to work creatively to address the varying health needs of the vibrant and diverse communities we serve. We believe that the people offering clinical services within BEN communities are in the best position to identify ways of improving and developing services for their patients. As such the PCT proactively encourages staff to think creatively about how to improve and redesign their clinical services to meet the needs of local patients.

There are clear ways in which BEN employees can share their ideas – no matter how undeveloped or unusual – to ensure that the organisation will continue to be creative and innovative, responding to the needs of our local communities to improve health and well-being of people living in east and north Birmingham.

Working Together for Health

Working Together for Health is an innovative change management programme committed to creating a health economy that provides integrated clinical services based on patient need. It is a partnership approach, providing multi-disciplinary care between BEN PCT and Heart of England NHS Foundation Trust

There are several ‘making the shift of care’ projects that have further developed during 2007/08 as part of the Working Together for Health scheme.

Diabetes

The community based glucose tolerance testing service has continued to develop in 2007/08, to identify more people with impaired glucose tolerance. The programme proactively engages patients in improving their lifestyles, to delay or prevent developing Type 2 diabetes. Plans are in place to increase the number of clinics and venues offering this service.

Integrated continence service

The BEN PCT Continence Service has continued to provide assessment and treatment for continence problems from six clinics across the PCT and in the home for immobile patients. Many who completed programmes reported cure, many more saw improvement.

A rolling programme of continence promotion workshops delivered by the continence team has enabled community staff to improve their continence skills and deliver appropriate evidence based care to their patients. Much of the past year has involved preparation for the introduction of a redesigned service featuring triage clinics and group education sessions for women with continence problems.

Healthy Hearts

The Healthy Hearts clinic, based at the Partners in Health Centre, deals with the management of hypertension (high blood pressure) in the community. The nurse led multi-disciplinary clinic identifies cardiovascular disease risk factors and supports patients to change their lifestyles and become more involved in their own treatment. The service is set to be extended to support patients with chronic kidney disease in the next year.

Lower back pain management

A multi-disciplinary service for patients with back pain has continued to develop. Part of its work has included the 'Active for Life' programme which has been established for patients needing intensive pain management support. The service has also organised education and training on managing chronic low back pain which was well received by healthcare professionals. An audit of long term outcomes of patients seen by the service is currently being undertaken.

Investing in the estate

The Estates and Facilities service within Birmingham Primary Care Shared Services Agency provides the support for the maintenance and improvement of the BEN PCT estate.

LIFT schemes

There has been significant progress in the investment in new purpose built facilities by the PCT with the partner organisation Birmingham & Solihull Local Improvement Finance Trust (LIFT) scheme. BEN PCT plans to open several new Primary Care Centres across the local area in the next few years.

A new state of the art facility, the Dove Primary Care Centre, has been completed at Dovedale Road. The building will house additional health care services in the Perry Common area, including a pharmacy, a range of community services and minor surgery suites and provides a new base for GPs and practice staff from the former Streetly Road practice.

Another major development under construction is the replacement of Stockland Green Health Centre. The new build, due to open to patients in summer 2008, will provide improved facilities for GPs from three existing practices. The development will also house a new minor surgery suite and a range of additional community services.

The replacement for the Stechford Health Centre, has commenced on a site at Richmond Road. Completion of this centre, which will replace old premises, is expected in May 2009. Future LIFT schemes are planned for Saltley and Washwood Heath.

Dove picture, caption: The Dove Primary Care Centre was named by the local community.

Yardley Green developments

The old Yardley Green hospital site has been acquired from the Secretary of State for the development of a new health campus and currently is in the ownership of Birmingham and Solihull Mental Health Trust (BSMHT).

The site, which will house a new medium secure hospital for men living across the West Midlands, is the result of partnership working with local trusts to provide care closer to people's homes.

Areas of land have been identified for the PCT to offer additional community based health care services, including the extension of the Partners in Health Centre.

Demolition pic here, Caption: Significant developments have taken place on the site this year, including the demolition of existing unused buildings and the development of a new site infrastructure.

Sustainability

BEN PCT has signed up to be part of the NHS Carbon Management Programme, and work has continued throughout the year, developing a policy and Carbon Implementation Plan, for the coming five years. The policy and plan was approved by the PCT Board in January 2008.

The early progress has seen the PCT achieving the target reduction for CO² (Carbon dioxide) planned for 2010. This has been achieved through a series of energy saving initiatives, including installing double glazed windows, improved insulation and procuring more energy efficient boilers. Also, through focused procurement, the PCT has secured a four year contract for electricity supply from 100% renewable sources. Full implementation of the plan will see sustainability as a mainstream issue for all aspects of the PCT service delivery.

Investment in the Owned Estate

Alongside the new developments, it has been a priority to maintain and ensure compliance in the existing building stock. To this end, over £370K has been invested to improve the condition, and address Fire and Statutory Compliance, Disability Discrimination Act (DDA), and Infection Control requirements, across the whole owned estate.

This targeted investment ensures the retained estate is a safe and comfortable environment for patients to receive services from the PCT.

Investment have also been made at John Taylor Hospice by the League of Friends to greatly improve the gardens, and a grant has been awarded to the hospice to introduce an Atrium over the central courtyard.

How available resources were used By Jonathan Tringham – Director of Resources

The emphasis during 2007/2008 has been on establishing the robust financial health of the PCT and providing a solid foundation from which to deliver our medium term financial strategy. This has been achieved through implementing stringent financial management disciplines and building on the reductions to our cost base that were implemented during 2006/2007 in order to see us through a very challenging year. This has all contributed to the PCT meeting both national and local targets in terms of both finance and performance in 2007/2008.

Before the commencement of the year, the PCT was required to plan for a surplus of 0.3% of our opening resource allocation, which represented £1.8m. In addition to this, we were required to make a £5.9m contribution to the Strategic Health Authority (SHA) to assist them in delivering financial balance across the health economy and we were also required to hold a contingency of a further £5.9m that the SHA could access if necessary.

In the summer the SHA notified us that they would not require the £5.9m and the PCT was asked to consider how it could invest this resource. We reviewed our existing investment plans and bought forward investments where possible and also identified those areas where additional investment was required to meet performance targets, including purchasing additional activity in the acute sector to assist with delivering reduced waiting times. At the same time, the PCT revised its surplus target to £3.2m, providing additional flexibility for future years and smoothing the transition to lower levels of growth funding, helping to secure a stable financial future.

The PCT has a capital investment strategy which makes a significant investment in improving primary care facilities within the area. That strategy is delivered through the Local Improvement Finance Trust (LIFT), in partnership with the other three PCTs in Birmingham and Solihull, together with the private sector. During 2007/2008, the Dove Primary Care Centre developed through this initiative was completed, with two others currently under construction and due for completion in 2008 and 2009.

The PCT achieved its year end target and delivered a surplus of £3.2m, which will be returned to the PCT for investment in 2008/2009. In doing so, it met its obligations in respect of financial standing, which were not met in 2006/2007 as a result of the deficit for that year.

During 2008/2009 we will make significant investments designed to improve the health and well being of our population and tackle the health inequalities that continue to exist across our diverse communities.

How much a year?

In 2007/08, we spent an average of £1,316 per person on providing health care to people who live in east and north Birmingham.

For each £1 spent, this is where it goes

Insert coin diagram here