



Reference: AHC106059  
Date: 30/04/2007

**Your details**

Trust self-declaration:

Organisation name:	Birmingham East And North PCT
Organisation code:	5PG

**General statement of compliance**

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

General statement of compliance	<p>Birmingham East and North Primary Care Trust Board is assured that the organisation has undergone an extensive process of assurance against the Core and Developmental Standards. Each standard has a nominated executive lead who has collated appropriate evidence listings. The compliance for each Standard has then been discussed at an appropriate committee with a reporting line to the Trust Board.</p> <p>On this basis, the organisation is happy to declare itself compliant against all of the Core Standards, both as a new PCT, and on behalf of its predecessor organisations - North Birmingham Primary Care Trust and Eastern Birmingham Primary Care trust. The PCT declares "fair developmental progress" against the Public Health developmental standard.</p> <p>The PCT has also received the declarations of compliance against Core and Developmental Standards from its key local Acute Providers, and has agreed a process to monitor them on an ongoing basis.</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	<p>Birmingham East and North Primary Care Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust. This includes compliance with the criteria set out in the Healthcare Commission Standards for Better Health.</p> <p>Core Standard C4a - Healthcare Associated Infections and MRSA</p>
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The Birmingham East and North Primary Care Trust strives to minimise the risk of healthcare associated infection to its patients and population by instigating the recommendations of Winning ways (DH2003), Prevention of Healthcare Associated Infection in Primary and community Care (NICE 2003), MRSA Scrutiny Committee (Birmingham City Council 2004) and Audit Tools for Monitoring Infection Control Guidelines within the Community Setting (Infection Control Nurses Association 2005). Using these documents as a template for infection prevention and control the inpatient facilities Sutton Cottage Hospital, Berwood Care Home, John Taylor Hospice and Grange Road have demonstrated that patients received safe clean care whilst an inpatient year on year.

The BENPCT inpatient facilities are the subject of rigorous and in-depth audit. The infection control link nurses conduct an annual infection control audit supervised by the ICNS and then assures that any remedial work, if necessary has been carried out. The inpatient facilities are also the subject of Patient Environment Action Team (PEAT) assessment and inspection. This means that there are several audits in any 12 month period ensuring that if remedial action is required it is quickly identified and rectified.

#### Core Standard C4c - Decontamination of Medical Devices

The BENPCT takes the safety of decontamination and decontamination facilities very seriously and understands the risks associated with reprocessing. With this in mind the BENPCT Decontamination Lead working closely with Risk Management and Infection Control has conducted investigations and audits into how decontamination takes place at its facilities.

Over the past 18 months the PCT has recommended to all those involved with local decontamination to move to single-use instruments or a sterile services provider, should suitable single use instruments be unavailable, in line with National Decontamination Programme.

Decontamination awareness sessions have been made available by BENPCT for any practitioner who is involved with the decontamination of reusable surgical instruments, These full day study days have been well attended, and a genuine interest with requests for more information on the alternatives to local reprocessing have been forthcoming. Evaluation on these sessions have provided BENPCT with a clear indication of the understanding for and willingness to change to the alternative recommended decontamination methods

For the majority of practitioners, this is now in place and the move to single-use instruments or a CSSD alternative is gaining momentum. This is an ongoing process which the Decontamination Lead and Infection Control Nurse Specialist are committed to achieving. Clinical Governance Facilitators along with the Infection Control Nurse Specialist are aiding this process by visiting our external contractors, General Practitioners, Dentists etc to ensure that they too are compliant with the Medical Devices Directive 93/42 EEC.

#### Core Standard C21 - Well designed and well maintained premises

The BENPCT understands the need to have infection control and prevention "built into" its premises and facilities. The key document that guides the PCT is, "Infection control in the built environment" (2002) which states:

"If the burden of healthcare-associated infection is to be reduced, it is imperative that architects, designers and builders be partners with healthcare staff and infection control teams when planning new facilities or renovating older buildings."

This document forms the understanding that the BENPCT Infection Control Nurse Specialist is involved at an early stage in the planning of new builds and when planning alterations or building works and when conducting infection control audits and recommending remedial repair (Audit Tools for Monitoring Infection Control Standards, Infection Control Nurses Association 2005). As the environment directly impacts on healthcare associated infection, Planning teams, Architects and Shared Services Estates and Facilities are now aware that the involvement of the Infection Control Nurse in any works undertaken is vital to ensure that infection prevention and control is considered, (and potentially cost-effective) instigated and maintained providing a well designed environment to help combat the risk of healthcare-associated infection. Requirements of the Hygiene Code

Specifically the Trust Board can confirm that:

- \* The Trust employs a full time Infection Control Nurse Specialist to take an operational lead on infection control, prevention and decontamination issues.

- \* There is a fully functional Infection Control and Decontamination Committee that meets regularly to examine, improve and sustain success in infection prevention and control.

- \* That annual infection control audits take place at all Inpatient units, various Clinic and Health Centre facilities and external contractors facilities are also audited. There is an annual infection control audit programme available as a separate document.

- \* The Birmingham East and North Primary Care Trust are supporting secondary care teams to reduce MRSA and Clostridium difficile infections with particular regards to cleanliness in hospital. We also provide advice and training on hand hygiene to reduce the transmission of the bacteria as part of the induction process as well as subsequent teaching sessions and updates. This is coupled with an emphasis on the need for early detection and advice on antibiotic prescribing and antibiotic use.

- \* That until early 2007 an infection control MRSA Online e-learning, 'Making a Difference' teaching resource was available for staff and that Infection Control Induction and updates are available. BENPCT recognises that Infection Control is a core component of the Knowledge and Skills Framework.

- \* The PCT implemented the NICE guidelines on the prevention of healthcare associated infections in primary and community care (June 2003) and subscribed to the Essential Steps campaign in 2006 implementing the recommendations outlined in the guidance issued in this initiative.

	<p>* In January of 2007 the PCT registered as a stakeholder in the Community Cleanyourhands campaign which is co-ordinated by the National Patient Safety Agency.</p> <p>* The BENPCT has updated, rewritten or instigated its own community focused Infection Control Policy and Procedure manual. This is a rolling programme to provide up-to-date evidenced based information for staff.</p> <p>* The BENPCT Inpatient, Clinic and Health Centre facilities have agreed cleaning services schedules that are available for public review.</p> <p>* That infection control training, both theory and practical are provided to new members of staff to the Trust through corporate induction training and that annual mandatory training and updates are provided and monitored by the Infection Control and Decontamination Committee.</p> <p>* The Birmingham East and North Primary Care Trust has in place the Infection Control Link Worker Role (ICLW) initiative. This means that after attendance of specific infection control training over 3 days practitioners from multidisciplinary clinical and non clinical backgrounds are empowered to act as specialists in their area of work and more importantly as additional "eyes and ears" for the Infection Control Nurse Specialist. The Birmingham East and North Primary Care Trust has several ICLWs across a multitude of different health care disciplines and specialities which meet 6 times a year to provide updates, education and support.</p> <p>* The Trust Board receives regular reports on Infection Control and these will be available as part of the public papers at <a href="http://www.benpct.nhs.uk">www.benpct.nhs.uk</a>.</p>
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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 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.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant

## Core and developmental standards declaration 2006/2007

C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
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

### 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.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that	Compliant

## Core and developmental standards declaration 2006/2007

	clinicians continuously update skills and techniques relevant to their clinical work.	
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 and met.	Compliant

### 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
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	Compliant

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	longer required.	
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 consistently applied.	Compliant

### 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	Compliant

## Core and developmental standards declaration 2006/2007

	access to, procedures to register formal complaints and feedback on the quality of services.	
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 on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

### 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:

## Core and developmental standards declaration 2006/2007

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 local authorities and other organisations and	Compliant
	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	Compliant

## Core and developmental standards declaration 2006/2007

	exercise, smoking, substance misuse and sexually transmitted infections.	
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>Eastern Birmingham PCT was an outlier for:</p> <ul style="list-style-type: none"> <li>* Perinatal Mortality Rates</li> <li>* Postneonatal Mortality Rates</li> <li>* Low birth weights</li> <li>* CHD Mortality</li> <li>* Lung cancer incidence and mortality</li> <li>* Uptake of Cervical Screening</li> </ul> <p>Whereas North Birmingham PCT was an outlier in respect of:</p> <ul style="list-style-type: none"> <li>* Lower than expected cervical cancer mortality</li> <li>* Lower than expected incidence for lung cancer</li> </ul> <p>While some Commissioning decisions are informed by information on local health improvement and inequalities, (e.g. commissioning framework, Birmingham Own Health, Health Inequalities Toolkit, Male Life Expectancy FTAP, Infant Mortality FTAP, Locality Commissioning Plans), the PCT needs to demonstrate how commissioning decisions are systematically reviewed for their impact on health inequalities including at the locality level.</p>
Your highest local priorities for improvement relating to developmental standards D13a) and b)	<p>The PCT needs to increase the involvement of patients, the public and their representatives in commissioning decisions based on reliable and regular health inequality and equity audit information.</p> <p>Whilst existing in a limited fashion, the PCT needs to increase economic analyses of the cost and effectiveness of health improvement programmes, and ensure that cost/benefit analyses are included in all commissioning decisions.</p>

	The PCT needs to further develop analyses of how the impact and outcomes of commissioning decisions on the health, health inequalities and well-being of the local population are evaluated and demonstrate how evaluations have impacted on commissioning decisions.
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**Electronic sign off - details of individual(s)**

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Dr	Mehboob Bhatti	Clinical Director, Clinical Governance
2.	Mrs	Sophia Christie	Chief Executive
3.	Mrs	Janet Down	Non-Executive Director
4.	Mr	Mark Ford	Non-Executive Director
5.	Mrs	Val Jones	Executive Nurse
6.	Mr	Richard Miner	Non-Executive Director
7.	Ms	Susan Nixon	Non-Executive Director
8.	Mr	Brendan O'Brien	Non-Executive Director
9.	Mrs	Louise Pritchard	Director of Operations
10.	Mr	Paul Sabapathy	Chairman
11.	Mrs	Tracy Taylor	Director of Performance and OD
12.	Dr	Peter Thebridge	Professional Executive Committee Chairman
13.	Mr	Jonathan Tringham	Director of Resources
14.	Dr	Doug Wulff	Director of Professional Services

**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.

Strategic health authority comments	<p>First Domain: Safety Whilst the PCT participates in the Serious Untoward Incident Reporting process, very few incidents have actually been reported to the SHA.</p> <p>However, the PCT appears to deal robustly with the SUIs that have occurred. Work needs to continue to ensure that the lessons learned from these incidents are shared across the patch.</p> <p>Fifth Domain: Accessible &amp; Responsive Care</p>
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	<p>It is likely that the PCT will achieve the 4 hour A&amp;E waiting time target. It should be noted that the PCT achieved the waiting time for walk in centre activity.</p> <p>The PCT is on trajectory to meet the numbers of Smoking quitters based on Quarter 3 information therefore there is a small risk to the full year delivery. Access to GUM services is struggling against trajectory. There is minimal risk in terms of delivery of the Early Intervention Target. Choose and Book referrals are below plan. At Q3 the PCT were underachieving the diabetic retinopathy screening target they are likely to achieve this shortly.</p> <p>Seventh Domain: Public Health Weaknesses in the assurance of the cervical screening programme have arisen in year. These are being dealt with robustly by the PCT.</p>
<p>Patient and public involvement forum comments</p>	<p>The PPIF have presented this commentary based on the findings from our work programme over the past year and they represent, to the best of our ability, views from patients and the general public viewpoint.</p> <p>We have rightly focussed the efforts of the PPIF over the past 12 months towards issues which patients and the public have prioritised around major changes in the acute sector infrastructure serving our community. We have given less focus than we would otherwise have liked during the year, on the commissioning and service provision that is the responsibility of the PCT.</p> <p>The PCT are in agreement that they will work with the Forum on any ongoing issues.</p> <p>Nevertheless the following brief observations can be made based on the issues we have reviewed and matters raised by patients and the public.</p> <ol style="list-style-type: none"> <li>1. In 2006 we raised concerns over the effectiveness of healthy lifestyles services (promotion and prevention) for young people. From the information we have received the PCT appears to be making progress in targeting stronger effort at communicating with young people over these priority concerns which were predominantly about drugs misuse and teenage conception rates (Domain C16 - information to patients and the public, and C23 - systematic disease prevention and health promotion programmes).</li> <li>2. We remain concerned at the lack of opportunities for patients visiting GPs in the BEN PCT area, to book appointments further than 48 hours in advance. We raised this in 2006 and during 2007 did our own spot check on a small sample of GPs with mixed results. We would like a better reporting system from the PCT on progress with this and better access to GPs on appointments further ahead than 48 hours, and we want swiftly to access the information from the recent GP surveys about patient access (Domain C22a - better cooperation with GP contractors and C17 - patient led services).</li> </ol> <p>Matters on this are still ongoing.</p> <ol style="list-style-type: none"> <li>3. Areas of discussion during this period has led to some work through public consultation response namely dentistry access and working practise C17 The views of patients, their carers and others are sought and taken</li> </ol>

into account in designing, planning, delivering and improving health care services.

C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

With respect to C18, C19 this is largely unknown due to a number of factors the forum may like to take forward in the coming year i.e. patient registration to NHS dentistry services or emergency access.

1. BEN PPI forum is aware of extensive initiatives on health promotion and healthier lifestyle "Health News", although promotion of public involvement we feel should feature more prominently within every edition, this could serve to scrutinise services more objectively.

C22 Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by

a) co-operating with each other and with local authorities and other organisations;

C16 Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

Matters on this are still ongoing.

4. The PCT is clearly starting to work more closely with the local authority devolved structures at Constituency level, for example through the Health Theme groups within the Constituency / District LSPs. However we think there needs to be greater active joint working with the local authority and other partners at the Ward and Neighbourhood level. We are not convinced that neighbourhood based information systems, needs analysis and service planning is happening jointly with the local authority, and there is a risk that duplication may be going on. Does the PCT map its services onto the resident based Neighbourhood Forum areas, or even know where their boundaries fall? Is this community-centred opportunity to connect with residents and active citizens being fully exploited? We believe that the quality and relevance of local primary care services and commissioning would be enhanced if a greater neighbourhood focus could become the norm. We are aware of the pilot progress in Washwood Heath and Hodge Hill but the lessons from this need to be disseminated and a 'neighbourhood management' approach needs to become the norm (Domain C22a collaboration with other partners)

5. We were impressed by the work being done to set up the new extended community pharmacy roles and received a very useful presentation on this from the PCT. We have not yet had the chance however to check whether the services actually being delivered reflect patient need or just the opportunistic provision of services wherever there happen to be pharmacists willing to volunteer for extended services. From the PCT presentation we gained the impression that the service would be reactive to provider interest not needs-led based on

	<p>what the added local service requirement was (Domain C17 - patients views being taken into account in designing and improving services)</p> <p>6. Communication between PCT and the forum has pretty much remained the same as previous years despite the best intensions of representatives from the PCT. David Stenson relayed information about the PCT activities very informatively. The newly merged PPI forum (BEN) are continuing to build relationships with PCT staff, this might take some additional time before everyone realises each other's respective role due to changing responsibilities in a larger organisation of BEN PCT.</p> <p>Finally, BEN Health Watchdog has learned extensively from carrying out its statutory powers throughout the wider Birmingham area. Resulting in a more proactive approach of working with the PCT for the forthcoming year, this would be the ideal time to monitor health issues for 417,000 people in a relatively new enlarged organisation within east and north Birmingham conurbations.</p> <p>For references of the above please refer to minutes during 2006/7 respectfully.</p> <p>These opinions are the opinions of the PPIF.</p> <p>Compiled by Tom McLoughlin and Rob Pocock (co-chairs 2006-07).</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p>Birmingham City Council Health Overview and Scrutiny Committee can only comment on those limited areas where it has had involvement with the Trust.</p> <p>Standard C6 The Committee also received regular updates on the work that the PCT is carrying out through the Local Area Agreement to address health inequalities such as male life expectancy and infant mortality. The information received demonstrated that the PCT is working with the Local Authority as well as each of the other PCTs to achieve a demonstrable change in health inequalities. It is too early to tell how successful the floor target action plans associated with each area have been but the Committee will continue to monitor the situation.</p> <p>Standard C17 The Trust has carried out one consultation process that has involved the Committee relating to the reprovision of Dermatology services into the Community. The Committee was concerned that it was not formally notified at an early enough stage about the proposals. It is noted that the PPI Forum were engaged with this process and that the lack of consultation with the Committee was not a deliberate act.</p> <p>This omission was rectified by the Trusts attendance at the February 2007 meeting of the Health Overview and Scrutiny Committee. As yet it is too early to say whether or not the views of both patients and public are reflected in the final proposals created by the PCT.</p>
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