



PUBLIC HEALTH
'MAKING IT BETTER
FOR YOU'
page 5



North Somerset

THE UPDATE

THE 2011 ANNUAL REPORT FOR NORTH SOMERSET PRIMARY CARE TRUST

COMMUNITY WARDS

page 8



WELCOME TO OUR NEW LOOK ANNUAL REPORT

COVERING 12 MONTHS WHICH HAVE
HERALDED SOME MOMENTOUS
CHANGES FOR ALL OF US WHO WORK
IN THE NATIONAL HEALTH SERVICE.

This report tells
you about
developments and
improvements which have
been made across the PCT
over the past year while
keeping our costs down.

It can be found on
our website and
can be downloaded,
or you can contact
our communications
department and we can
send you a copy by post.

FOREWORD

APRIL 2011



of a community hospital to meet the needs of the people of North Somerset, into exciting reality. We have also worked with Weston Area Health Trust to create a new, integrated urgent care centre with an emergency department at Weston Hospital.

We were also delighted to announce the re-appointment of Stephen Harrison as Chairman of the PCT.

Stephen has been involved with the NHS for over ten years, having been Audit Chair of Bath and West Community Trust and Chair of Mendip Primary Care Trust, before his initial appointment as Chair of NHS North Somerset in 2006. Our Board is fortunate to have the benefit of his expertise and experience at a time of such enormous change for all of us.

We were also able to thank Dr Richard Darling for his persuasive clinical leadership of our work, when he stepped down as Chair of our Professional Executive Committee. It has been a privilege to work with him and his clinical colleagues on the committee. We welcome Dr Mary Backhouse as the new chair. She has brought fantastic energy and skill to the leadership challenge for the new NHS system.

The exceptional conditions which winter brought to our patch in the closing weeks of 2010, demonstrated the courage and commitment of NHS North Somerset staff when it came to ensuring that patients received seamless, professional and compassionate care, irrespective of the weather. Much of the past year has focused on preparation for the new GP commissioning consortium for North Somerset, as well as a new social enterprise which will run our community services from April 2011. We wish them every success.

As we write a good deal of uncertainty still surrounds the timing of the changes which are coming. However what we – and all of us - can be sure of, is that the new vision for health in North Somerset will be built on very solid foundations. Thanks are due to the dedication and professionalism of our staff, practitioners and partners for making that possible.

Chris Born *Chief Executive*
 Stephen Harrison *Chairman*
 Mary Backhouse *PEC Chair*

A RADICAL NEW VISION FOR THE HEALTH SERVICE IN ENGLAND

The reconfiguration of the NHS, announced in July via the Government's white paper *Equity and Excellence: Liberating the NHS*, set out a radical new vision for the health service in England. That vision builds on the core values and principles of the NHS – that is to say, a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will put patients at the heart of everything it does; focus on continuously improving those things that really matter to patients and shift power from the centre into the hands of healthcare professionals, in particular GPs.

Its aim is to empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services. This White Paper signals the biggest reorganisation of the NHS in its history and, once implemented, the reforms will have a significant impact on almost every organisation that delivers NHS care. Under the proposed plan strategic health authorities will no

longer exist from 2012/13 and Primary Care Trusts will be abolished from 2013/14 once GP consortia are in a position to take over the statutory and other responsibilities. In the meantime, we have important roles to play in supporting the NHS through a period of change.

First of the big changes will occur when Community Services transfer out of the PCT to a new social enterprise, the North Somerset Community partnership. While considering the implications of those changes for both our workforce and our patients, NHS North Somerset, has, throughout the last 12 months, continued to focus its efforts on improving healthcare services to meet the needs and expectations of our local population.

Many examples of our vision of *Making it right* for the people of North Somerset over the past year have included the opening of new GP premises in Worle, the opening of a new dental surgery in Pill and the

opening of Health Central, our walk-in advice centre in the Centre of Weston. Two pilot community wards were rolled out in Clevedon and Weston-super-Mare, caring for vulnerable patients living at home who run the highest risk of unplanned admission to hospital. Our work to support many people at the end of their life to die in their preferred setting has resulted from our collaboration with Marie Curie Cancer Care.

Plans for the proposed new Clevedon Hospital began to take shape with the development of the first visual interpretations of the new building and plans continue to translate the concept

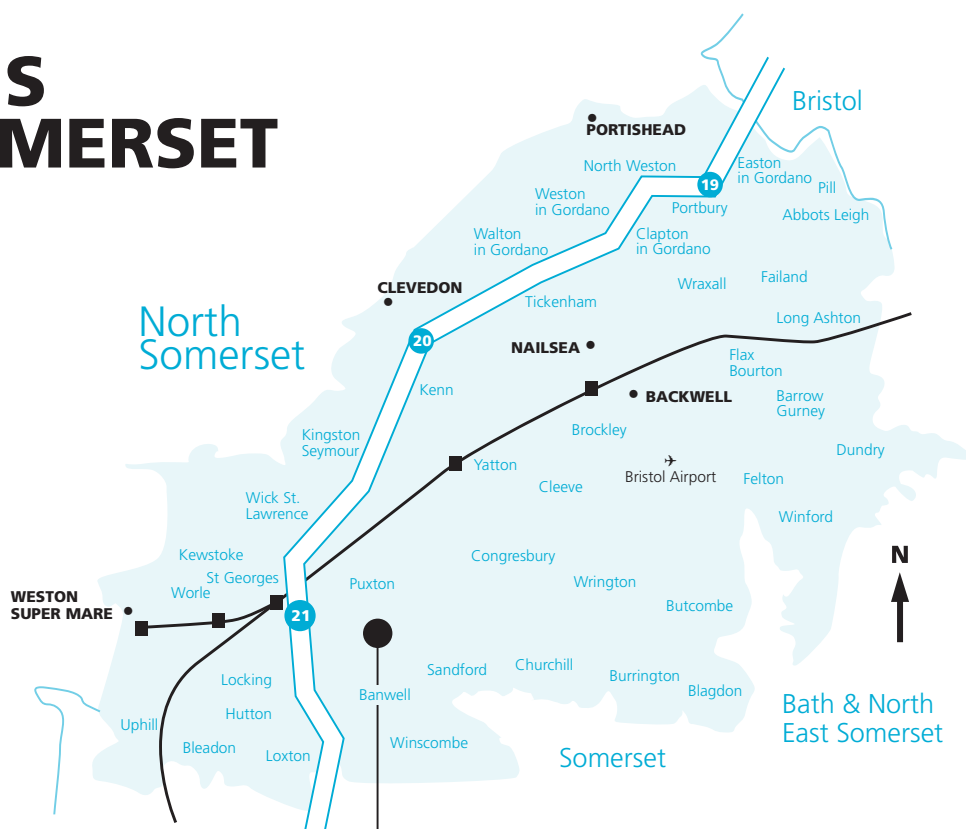


ABOUT NHS NORTH SOMERSET

NHS North Somerset was established as North Somerset Primary Care Trust in 2002 and is responsible for addressing the health needs of over 200,000 people who live in North Somerset – from Portishead to Weston-super-Mare and Long Ashton to Blagdon. The Primary Care Trust shares the same boundaries as North Somerset Council, covering approximately 145 square miles.

The PCT provides some of its services by employing teams of nurses and allied health professionals, treating patients in their own homes and in Clevedon Community Hospital. It also commissions NHS services from other primary health care professionals such as GPs, dentists, pharmacists and opticians, based in their own premises (surgeries, dental practices, high street pharmacies and opticians).

The PCT commissions and buys secondary health care services for its patients from hospitals, mental health and ambulance trusts and commercial healthcare providers. We also work closely with social services, schools, other public sector and not-for-profit bodies and community organisations.



**145
SQUARE
MILES**

THE PRIMARY CARE TRUST SHARES THE SAME BOUNDARIES AS NORTH SOMERSET COUNCIL, COVERING APPROXIMATELY 145 SQUARE MILES

THE FACTORS AFFECTING THE CARE WE PROVIDE FOR YOU

MANY FACTORS INFLUENCE HOW WE DESIGN HEALTHCARE SERVICES WE FOR THE PEOPLE OF NORTH SOMERSET:

- > We have a fast growing population;
- > We have a high proportion of people over the age of 50 compared with the rest of the South West;
- > The rate of growth in the population of people in older age groups is particularly fast, and is projected to continue;
- > More and more of these people are living alone;
- > Overall life expectancy is higher than the national average and similar to the South West, but healthy life expectancy is not keeping pace. This means more people are living longer, but in poorer health;
- > We have the widest social inequalities gap in the South West, and the eleventh biggest in England.
- > Weston-super-Mare South ward is in the 3% most deprived areas in England and Central ward is in the 1% most deprived. Linked to this is a significant health inequalities gap, and a gap in overall life expectancy;
- > We have a high number of care homes;
- > A significant proportion of our population live in rural communities where access to services and amenities is difficult;
- > The ethnic diversity within North Somerset appears to be changing

and the recent pattern in the UK of economic migration from Eastern Europe has been mirrored in North Somerset;

- > Incapacity benefits for mental illness are higher than the England average.
- > The health of people in North Somerset is generally better than the England average;
- > Rates of hospital stays for alcohol related harm illness are higher than the England average;
- > Early death rates from heart disease and stroke have decreased in North Somerset over the last ten years. These death rates are lower than the England average;
- > Smoking during pregnancy is lower than the England average. However, over 200 women in North Somerset smoked during pregnancy;
- > Rates of death from smoking in the area are better than the England

average. However, smoking kills 321 people on average each year in North Somerset;

- > The number of people diagnosed with diabetes in North Somerset is lower than the England average.





WORKING WITH OUR PARTNERS

WE WORK WITH A NUMBER OF DIFFERENT PARTNERS TO PROVIDE SERVICES. THE MAIN PROVIDERS WITH WHOM WE HAVE KEY RELATIONSHIPS INCLUDE:

- > Weston Area Health Trust, North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust for acute and community health care services;
- > Independent sector treatment centres run by United Kingdom Special Hospitals in Emerson's Green and Shepton Mallet
- > Avon and Wiltshire Mental Health Partnership Trust;
- > Bath and North East Somerset PCT for services for people with learning difficulties;
- > Great Western Ambulance Trust for emergency and non-emergency ambulance and patient transport services;
- > A number of voluntary/independent sector providers for a range of services to older people, people with mental health problems, people with learning difficulties, drug misuse services, End of Life Care services for adults and children and services for disabled people.

OUR AIMS FOR YOUR HEALTHCARE

WE AIM TO:

- > Reduce health inequalities in all areas of our work, by targeting effort in the areas and population with greatest deprivation;
- > Address the issues of care for older people, long term conditions, cardiovascular disease, cancer, self-care and increasing independent living at home;
- > Work across boundaries to improve partnership working between primary and secondary care, with other agencies, and carers
- > Get it right first time – deliver safe, effective care, by ensuring that systems and processes are efficient and reflect best practice



CLEVEDON HOSPITAL

PLANS CONTINUED TO TRANSLATE THE VISION OF A NEW STATE OF THE ART CLEVEDON COMMUNITY HOSPITAL INTO REALITY AND TOOK A STEP FORWARD IN MARCH 2010 WHEN NORTH SOMERSET COUNCIL'S NORTH AREA PLANNING COMMITTEE APPROVED THE OUTLINE PLANNING APPLICATION SUBMITTED BY US.



The application for planning permission on the Millcross site has received strong support from the community throughout the early stages of the process. Throughout the year, a consultation process involving patients, public, stakeholders, and clinicians including GPs and other healthcare professional engagement coupled with a series of public meetings, have influenced the redevelopment, design and services of the new Hospital and we are committed to continue this partnership approach with patients, service users, carers, public, staff, clinicians, partners and stakeholders.

We have invited companies to tender for the building and maintenance of the new Clevedon Community Hospital, following approval by the South West Strategic Health Authority of the Business Case endorsing the decision to find a Private Sector Partner. Our preferred partner will be announced at the end of the procurement process later this year and the new hospital is due to open its doors in 2013.



PUBLIC HEALTH

'MAKING IT BETTER FOR YOU'

THROUGHOUT THE YEAR, THE 'TOP TIPS FOR BETTER HEALTH', DEVELOPED BY FORMER CHIEF MEDICAL OFFICER SIR LIAM DONALDSON, HAVE UNDERPINNED OUR HEALTH PROMOTION WORK. THESE INCLUDE:

- > Don't smoke. If you can, stop. If you can't, cut down
- > Follow a balanced diet with plenty of fruit and vegetables.
- > Keep physically active
- > Practice safe sex.
- > Manage stress by, for example, talking things through and making time to relax
- > If you drink alcohol, do so in moderation
- > Cover up in the sun, and protect children from sunburn
- > Take up cancer screening opportunities



DURING 2010/2011 NHS NORTH SOMERSET HAS:

- > Improved access to preventive services for people in areas with the lowest life expectancy (Central, South and West Wards)
- > Increased rates of people quitting smoking in areas with the lowest life expectancy
- > Improved access to services for men
- > Received excellent feedback from service users



In 2010, the Public Health Department undertook a major review of inequalities in the health of people living in North Somerset. This revealed that overall the health of people in North Somerset is good. The average life expectancy of 79.6 years for men in North Somerset is higher than the national average of 77.6. For women in North Somerset, life expectancy is 83.8 years compared to 82.0 nationally.

Premature mortality rates (deaths before the age of 75) from cancer and circulatory disease, which include

coronary heart disease and stroke, continue to fall and are significantly below the national average. Infant mortality rates have steadily declined and remain low.

However, these average figures mask the substantial differences in the health and wellbeing of different groups of people within North Somerset. The area has the widest gap in life expectancy in the South West, representing a significant challenge to our public health team and we can report substantial improvements over the past year in several key areas.

SUPPORT TO STOP SMOKING

DON'T SMOKE AND DON'T BREATHE OTHERS' TOBACCO SMOKE



It has been a year of achievement and success for our 'stop smoking' team. Between April and January they helped 1240 smokers quit.

They have also played an important role in the work of Smokefree North Somerset, an alliance made up of representatives from different organisations including the Local Authority, NHS and the voluntary sector.

Set up in 2005, its aim is to reduce the harm caused by cigarette smoking and move towards a smoke free future in North Somerset.

The plan developed by Smoke free North Somerset reflects the three key aims of the national strategy A Smokefree Future:

- > To stop the inflow of young people recruited as smokers
- > Motivate and assist every smoker to quit
- > Protect families and communities from tobacco related harm

Smoke free North Somerset has worked hard throughout the year to raise awareness of the dangers of tobacco smoke exposure particularly to children and vulnerable adults and support initiatives to reduce underage sales to young people.

NHS North Somerset has challenging targets to support people to quit smoking. Evidence shows that smokers are 4 times more likely to quit successfully using NHS stop smoking

support. The PCT provides free support in different locations across the local area including GP practices, pharmacies and supermarkets. The service offers behavioral support and stop smoking medication. In the past 12 months, the service helped over 1,500 smokers to quit.

The service was further expanded by an additional drop-in service at Health Central, Weston-super-Mare. Group sessions were held at the *For All Healthy Living Centre* on the Bournville Estate, Weston-super-Mare. Stop Smoking Advisors continue to be trained to work in pharmacies and GP practices and A 'Stop Smoking in Secondary Care' programme with Weston General Hospital has started to provide patients with advice and support throughout their hospital journey.



Go4Life

BE PHYSICALLY ACTIVE FOR AT LEAST 30 MINUTES, FIVE TIMES A WEEK. RELAXATION AND PHYSICAL ACTIVITY CAN ALSO HELP YOU MANAGE STRESS LEVELS

"Increasing access to the natural environment can provide both mental and physical health benefits. Evidence from the Natural England/ DH Walking for Health scheme suggested that for every £1 invested into the scheme, £7 worth of health benefit is delivered."

WALKING FOR HEALTH, NOVEMBER 2010



The Health Walks programme, which has been running in North Somerset since November 2006 continues to grow in popularity and has already been accredited by the nationally recognised, *Walking for Health* scheme. Coordinated jointly by NHS North Somerset and North Somerset Council, these short walks are part of the Go4life initiative, encouraging everyone to lead healthier and more active lives. Almost 3000 people have enjoyed North Somerset's Health Walks programme since it was first launched.

The expansion of the programme in Central Weston and South Ward has been particularly successful this year.

From an original group of 6 trained volunteers who led the first walks in November 2006, there are now 60. The For All Healthy Living Centre now has a number of health walk leaders from the local community who themselves have health conditions.

- > 469 adults are registered on the Walking for Health database as active walkers and last year (April 09 – March 10) there were 256 new walkers.
- > 4474 individuals took part in walks between April 09 – March 10.
- > In addition 125 individuals have attended our health walk leader training and currently 60 volunteers regularly lead walks.

Another interesting development has taken place in Weston-super-Mare where FRIEND, a voluntary support agency for people with mild to moderate mental health problems, started running regular weekly walks, an initiative supported and developed by one of the NHS North Somerset Health Trainers. Twice weekly walks take place in the W-s-M area as well as an annual challenge walk for any members of the group keen enough and fit enough to take on longer walks. In September six new volunteers were trained to support this work and three more are due to be trained shortly. There are health walk groups meeting across North Somerset.

HEALTH CENTRAL A ONE STOP HEALTH SHOP

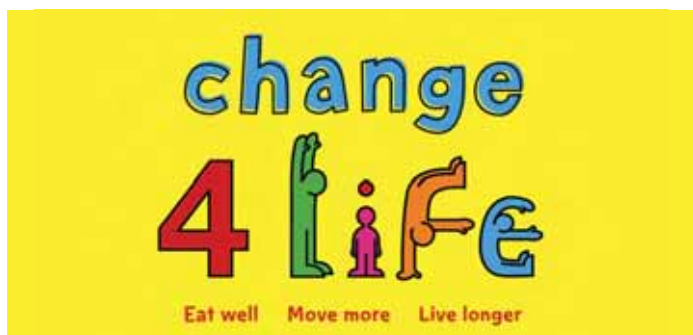
- * EAT AT LEAST 5 PORTIONS OF FRUIT AND VEG EACH DAY
- * CUT DOWN ON FAT, SALT AND ADDED SUGAR
- * MAINTAIN OR AIM FOR A HEALTHY WEIGHT
- * IF YOU DRINK ALCOHOL HAVE NO MORE THAN 2-3 UNITS A DAY (WOMEN) OR 3-3 UNITS A DAY (MEN)
- * PROTECT YOURSELF FROM THE SUN, COVER UP, KEEP IN THE SHADE, NEVER BURN AND USE 15 PLUS SUNSCREEN. TAKE EXTRA CARE TO PROTECT CHILDREN

Health Central is a highly visible, east-to-access walk-in service in a busy part of Weston-super-Mare which was opened by our Chairman Stephen Harrison 12 months ago. Staffed by local people who provide innovative best practice support to improve health, providing accessible healthcare for the people who most need it, Health Central is available to anyone wishing to drop in and receive lifestyle advice and signposting on everything from quitting smoking to exercise, healthy eating and sensible drinking and the importance of adequate sun protection.

The Health Trainers at Health Central work with clients on a one-to-one basis to assess their health and lifestyle risks. They help people change their lifestyle for the better and provide motivation

and practical support to individuals in their local communities. Trainers have proved particularly effective in the quit smoking initiatives that have been set up in and around Weston-super-Mare.

In the first six months of 2010/11 there were 59 face to face contacts per week at Health Central and the newest addition to our Health Central initiative is "The Health Pod", a mobile health shop located at the For All Healthy Living Centre in South Weston. The work at Health Central and the Health Pod is undertaken in close collaboration with other organisations such as The Carlton Centre, North Somerset Council and initiatives such as Go4Life; the excellent results are a tribute to the hard work and innovative approach of our public health directorate.



PUBLIC HEALTH REVIEW

IN NOVEMBER, A TEAM FROM THE DEPARTMENT OF HEALTH CONDUCTED A REVIEW OF ACTIONS BEING TAKEN WITH NHS NORTH SOMERSET TO REDUCE INEQUALITIES IN HEALTH.

THE HEALTH INEQUALITIES NATIONAL SUPPORT TEAM HIGHLIGHTED MANY AREAS WHERE PCT WAS DOING WELL, AND NOTED A STRONG COMMITMENT BY THE ORGANISATIONS WORKING TOGETHER IN PARTNERSHIP WITH US TO TACKLE HEALTH INEQUALITIES.



NHS NORTH SOMERSET NOW SUPPORTS A NUMBER OF SERVICES SPECIFICALLY DESIGNED TO ADDRESS SUCH INEQUALITIES. THESE INCLUDE:

> **NHS Health Checks:** The health checks programme aims to prevent heart disease and stroke, diabetes, and kidney disease. People aged 40-74 are invited to attend once every five years, and offered support and advice to help them manage or reduce their risk. The service is currently being offered to people living in Weston-super-Mare South and Central wards.

> **You Can Cook:** This is a six week cooking course designed for volunteers and those working in the community. Those attending also learn how to eat a balanced diet. Since May 2010, two courses have been run for practitioners and volunteers working in Weston-super-Mare South and Central wards. Participants come from a wide range of backgrounds, including community wardens, housing support workers, teaching assistants and parent volunteers.

PROVIDING HEALTHCARE FOR THE COMMUNITY



MENTAL HEALTH

NHS North Somerset has been working jointly with the Local Authority and Avon Wiltshire Partnership to develop a model of suggested care pathways for patients with mental health problems.

This work has been developed with wide involvement from users and carers, local GPs, local clinicians and local voluntary organisations with an interest in mental health.

What we have learned has been of enormous help in commissioning and planning mental health services and negotiating care for individuals, their families and carers.

DENTISTRY

Access to NHS dentistry across North Somerset increased significantly over the last 12 months. The collaborative work between us, dental contractors and the community dental service has resulted in an increase in the number of dentists providing NHS treatment across the region. As this report went to press there were 12 practices offering a total of 73 dentists across North Somerset who were taking on new NHS patients. The year also saw the opening of a new NHS Dental Surgery in Pill offering additional NHS dentistry to the local population and now with over 3,000 regular patients.

NHS North Somerset is now focusing on the dental needs of pre-school children in South Ward of Weston-super-Mare, an area whose population has high levels of decayed, missing and filled teeth (DMFT).

A new initiative was developed by the Community Dental Service based on a model which has proved highly successful in other parts of the country.

Throughout 2011 the project will focus on the Sure Start Centres within the locality.

The aim of the initiative is to:

- > Provide training for preschool workers to deliver tooth brushing with fluoride toothpaste to the children in their care
- > Reinforcing the importance of tooth brushing with the families to improve dental health and decrease health inequalities
- > Increase education on diet and its impact on dental health
- > Regularly provide toothbrushes and toothpaste to all the identified children involved in the programme
- > Provide targeted fluoride application to identified group, following the guidance set out in 'delivering better oral health'

We will continue to work closely with all General Dental Practitioners to provide the best possible care to patients and to increase the level of NHS access available to the population of North Somerset.





THE YEAR SAW THE INTRODUCTION OF TWO PILOT PROJECTS TO INTRODUCE COMMUNITY WARDS IN RESPONSE TO THE SIGNIFICANT AMOUNT OF NORTH SOMERSET PATIENTS BEING ADMITTED FOR UNPLANNED TREATMENT TO HOSPITAL FOR A RANGE OF LONG TERM CONDITIONS INCLUDING DIABETES, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND HEART FAILURE THIS INITIATIVE CAN ENABLE SUCH PATIENTS TO REMAIN AT HOME WITH THE AIM OF SUPPORTING INDEPENDENCE.

A Community Ward comprises a team of health and social care professionals who support people with their own homes in the community, including people in residential homes. The community ward team will cover a specific geographical area based around a cluster of GP practices, and will include GPs, Community Nurses, Therapists, Social Care Professionals and other relevant staff. Patients admitted to these virtual wards are cared for primarily in their own homes, using similar organisation, timetable and staffing to a hospital ward.

A community matron leads the day-to-day running of the ward, liaising closely with the patient's GP and with other care professionals. It is a brilliant model of care which will ultimately roll out across the entire PCT area and is a practical example of innovation, coupled with quality and productivity, which underpins current healthcare policy.

INVESTING IN GP SERVICES

THE EQUITABLE ACCESS IN PRIMARY MEDICAL CARE (EAPMC) PROGRAMME SET OUT TO PROVIDE A WALK IN CENTRE IN EVERY PRIMARY CARE TRUST (PCT) AND A NEW GP SURGERY IN THE MOST "UNDER-DOCTORED" AREAS OF THE COUNTRY.

Weston-super-Mare, and in particular the Worle area, was one of only 3 such areas that qualified in the South West Region for a new GP Practice. The St Georges practice, officially opened during the summer by Minister for Tourism and MP for Weston-super-Mare John Penrose, accepts patients from Worle in addition to Milton, Kewstoke and Wick St Lawrence, and the capacity of the practice will ultimately expand to 6000 patients.

Like its neighbouring practices, It is a modern, flexible surgery providing extended hours on evenings and Saturday mornings, which help to ensure that patients receive rapid, easy access to GP appointments. More than 600 patients registered at the practice in the first 6 months of operation. Plans for a new permanent building have now been approved and building has recently commenced.

INCREASING THE GP TRAINING CAPACITY IN NORTH SOMERSET

The PCT was successful in attracting over £1 million in capital grant from the Department of Health, to improve GP premises to enable them to become GP training practices,

particularly in areas with high social and health needs within urban areas which are under-doctored. Following an application process 10 practices across North Somerset (with a focus on Weston and Worle practices where there has been a shortage of GP Training practices) benefited from this funding.

A range of improvements have been undertaken in the practices, ranging from extensions to the practice premises (including Cedars Surgery, Yeo Vale Family Practice and Milton Road Surgery) to internal reorganisation and conversion to result in an increase in consulting rooms and improve patient

environment (including Portishead Medical Centre, Banwell Surgery and Graham Road Surgery).

Each of these practices was required to increase the number of GP trainers as a condition of getting this funding and the result is that North Somerset will have an additional 12 GP trainers with capacity for GP registrars or F1 Doctors.

This is a very important development as there is much evidence that GPs often continue to work in the area where they undertook their training.



***"A SEAMLESS AND SMOOTH
JOURNEY FROM HOSPITAL
TO HOME"***



REHABILITATION CLOSER TO HOME

OUR INITIATIVE TO TRANSFER MORE PATIENTS FROM THE BRISTOL ROYAL INFIRMARY TO CLEVEDON COMMUNITY HOSPITAL FOR THEIR REHABILITATION CONTINUED THROUGHOUT THE YEAR

Previously patients would have been transferred to Bristol General Hospital. Under the new system rehabilitation patients are transferred to Clevedon Hospital for their rehabilitation and continue their care with the same therapists once they return home. Under the scheme patients who live in North Somerset are transferred from University Hospitals Bristol (UHB) following non-elective admission and acute intervention as soon as they are medically stabilised and ready for rehabilitation.

Our aim is to expand the service to include patients admitted to North Bristol NHS Trust (NBT) in the acute phase.

THE MULTIDISCIPLINARY TEAM INCLUDES:

- > GPs
- > NURSES
- > OCCUPATIONAL THERAPISTS
- > PHYSIOTHERAPISTS
- > SPEECH AND LANGUAGE THERAPISTS
- > DIETICIAN
- > PHARMACIST
- > GENERIC SUPPORT WORKERS AND HEALTH CARE ASSISTANTS
- > GPs FROM THE CLEVEDON CONSORTIUM WHO HAVE MEDICAL RESPONSIBILITY FOR THEIR REHABILITATION PATIENTS

It all adds up to a seamless and smooth journey from hospital to home for the patient covered by the transfer scheme. These include stroke patients, frail elderly people and trauma and orthopaedic patients. Our strategy is to develop the rehabilitation model to become a centre of excellence, expanding the provision to include patients admitted to North Bristol NHS Trust (NBT) in the acute phase.

There are also effective links with social care colleagues and the service is supported by an NBT Consultant who runs a weekly multidisciplinary meeting and a ward round. Our Community In-Reach team assess patients referred by UHB before they are transferred to Clevedon Community Hospital to ensure a seamless transfer of care takes place. In addition to rehabilitation, inpatient beds are used for admission avoidance and safe haven. They will be used to support the Community Wards where patients cannot be managed safely at home, but do not require admission to secondary care. Patients who are very unwell and who need a lot of care and rehabilitation have regained their independence and have been able to go back home with the required support.

This is a result of excellent multidisciplinary working. Equally we have prevented admission to hospital through our flexibility to support the community ward model and safe haven principles. We have been able to offer a 24 hour clinical nursing and therapy support for short term periods in order to improve the wellbeing of patients to enable them to return to their home.

END OF LIFE CARE

TERMINALLY ILL PEOPLE ACROSS NORTH SOMERSET NOW HAVE MORE CHOICE THAN EVER BEFORE ABOUT WHERE THEY END THEIR LIVES, THANKS TO THE LATEST COMPONENT IN A JOINT INITIATIVE BETWEEN NHS NORTH SOMERSET AND MARIE CURIE CANCER CARE.

An End of Life Care Coordination Centre has been established by NHS North Somerset to provide coordinated care and support services for terminally ill patients, their carers and families. Based in Weston, it is a single point of access telephone centre led by a community nurse. The team comprises not only administrators but community nurses who work closely with a wider professional assessment team. They can draw on social care skills and advice and knowledge and can ensure patients' health and social care needs are managed. A continuing health care fast track coordinator is also part of the team and can support the assessment process and help develop effective care plans for people nearing the end of their lives



EQUIPMENT

The Centre will enable health professionals to make a referral by making a single call to Care Connect. The Centre can arrange extra care and contact Medequip to arrange delivery of medical equipment, specialist beds and mattresses. When equipment is no longer needed, a collection can be arranged. It all adds up to a coordinated service delivered by a range of people from the public, voluntary and independent sectors and it helps achieve choice for terminally ill people across North Somerset who would prefer to die at home surrounded by their family and friends.

Until now, district nurses had to coordinate end of life care themselves. With the introduction of the End of Life Care Coordination Centre they will have more time to spend actually caring for patients. We have been working closely with Marie Curie to ensure that the wishes and choices of terminally ill people play a pivotal role in the healthcare services they receive as they near the end of their lives. Online advice and information about care and support services for people living with terminal illness is already available for anyone living in North Somerset via a website developed in collaboration with Marie Curie Cancer Care and launched earlier this year. The care infrastructure for people nearing the end of their lives in North Somerset now includes:

END OF LIFE CARE SUPPORT WORKERS

– supporting the district nursing team, these support workers will provide health, social and personal care to patients who are terminally ill, so they can remain at home.

END OF LIFE CARE FACILITATORS

– will support GPs, district nurses and care home staff on the use of end of life care tools, helping to meet the needs of patients and carers.

SINGLE POINT OF ACCESS FOR CARE COORDINATION

– a team responsible for coordinating care packages for terminally ill patients who are cared for at home. Patients and carers will also be able to contact the Care Coordination Centre for information on the care they are receiving and on other services and support they can benefit from.

'JUST IN CASE' MEDICATION BOX

– placed in patients' homes to allow community care professionals to administer medication promptly to relieve symptoms should a patient's condition change. This helps prevent unnecessary calls to emergency services and inappropriate hospital admissions.

WEBSITE FOR PATIENTS AND CARERS

– providing useful and wide-ranging information on local care services and support, as well as practical advice on caring for someone with a terminal illness.

www.nssomersetendoflifecare.nhs.uk



MANAGING YOUR MEDICINE

ONE OF THE MOST IMPORTANT INITIATIVES UNDERTAKEN BY OUR MEDICINES MANAGEMENT TEAM IN 2010 WAS THE WASTE MEDICINES PROJECT TO RAISE PUBLIC AWARENESS OF THE COST TO THE NHS OF PRESCRIBED MEDICINES WHICH ARE UNUSED, NO LONGER NECESSARY OR SIMPLY THROWN AWAY.

In North Somerset alone, waste medicines cost the local NHS £3 million – money which could fund 600 extra hip and knee replacements, 420 more essential heart operations, 180 more MacMillan Nurses for patients with cancer and their families or 198 Neo natal cots and equipment for Special Care Baby Units. The campaign was featured in regional TV, radio and press coverage while a team of Medicines Management staff manned an Information stand for the day at Weston's Sovereign Shopping Centre.

The sheer quantity of unused medicines on show demonstrated the value and extent of unnecessary waste and aroused a lot of interest from the public. The material was also displayed at the Annual Stakeholder event – "Working together for Health and Wellbeing Exhibition" at the Winter Gardens and was awarded 1st place in the Best Stand Award.



We are confident that the raised public awareness of Medicines Waste will continue to reap benefits throughout the rest of this financial year and the years to follow.

The project is not just about saving money which can be used to improve services but also to educate patients to take their medicines appropriately to improve their health outcomes.

OUR STAFF BACKBONE OF THE PCT

ONE OF THE YEAR'S MOST SIGNIFICANT INNOVATIONS ON THE HUMAN RESOURCES FRONT WAS THE INTRODUCTION OF AN EMPLOYEE ASSISTANCE PROGRAMME WHICH HELPS STAFF PREPARE AND COPE SUCCESSFULLY WITH ALL LIFE'S EVENTS THROUGH AN INFORMATIVE WEBSITE AND ACCESS TO A COUNSELLING SERVICE.

Another welcome innovation has been the Musculoskeletal Triage Service, which allows staff with musculoskeletal problems to telephone and speak to an advisor and if necessary, be referred for treatment. Staff can receive speedy and expert care from one of a team of physiotherapists based at Clevedon Hospital and reports indicate that this is having a marked improvement on the physical well-being of our staff.

Both of these initiatives aim to help our employees in dealing with the physical and mental problems which can have an impact of their ability to either attend work or do their job as well as possible. We anticipate that this will have a positive impact on staff sickness absence figures and consequently result in the staff delivering a high quality of patient care.

STAFF SURVEY

Our annual staff survey yielded a healthy response rate of 60% - higher than the national average. We were in the top 20% of PCTs on 20 work-related issues and three where we were better than average.

We were in the best 20% of PCTs in the area of staff engagement. This looked at three areas, staff ability to contribute towards improvements at work, staff

recommendation as the Trust as a place to work or receive treatment and staff motivation at work. We also scored very highly in the area of the Trust's commitment to work life balance. Percentage of staff reported that they had completed mandatory training, including health and safety and equality and diversity.

We also had very high percentage of staff reporting that they had received an appraisal and personal development plan in the last 12 months. Staff also reported low levels of discrimination at work from patients, relatives, work colleagues or managers.

Inevitably perhaps, given the seismic changes taking place across the NHS, our staff is feeling the pressure of an increased workload and we will continue to monitor both the demands and pressures facing them and remain alert to staff working additional hours.

We will also monitor their health and well being in order to minimise reports of work related stress.



INFECTION CONTROL

IT HAS BEEN A BUSY AND CHALLENGING YEAR FOR OUR INFECTION CONTROL TEAM.

Throughout the year its members have been working closely alongside GPs and dentists throughout North Somerset to help them prepare for registration with the Care Quality Commission. By 2012 all health and social care providers must show that they are meeting essential standards of quality and safety, bringing all providers of health care and adult social care under a single set of essential standards for the first time. A key aspect of this will be a rigorous and robust infection control policy and our team is advising on every aspect of infection avoidance to ensure that all our practitioners are employing best practice in every aspect of patient care.

NOROVIRUS

The team has also done extensive work to ensure that outbreaks of Norovirus – a virulent and unpleasant gastric infection – were kept to a minimum and that patients and public alike were aware of how to minimise the chances of spreading the illness. The most common cause of infectious gastroenteritis (diarrhoea and vomiting) in England and Wales, Norovirus is generally mild and people usually recover within two to three days. However, widespread prevalence in the community, particularly during winter months, presents serious operational challenges for the NHS due to the demands placed on acute and community hospitals.

The illness is potentially serious for vulnerable and immuno-compromised patients and can also impact on NHS staffing levels. This in turn creates pressure on bed occupancy and restrictions on moving patients between settings. Norovirus is a highly contagious virus which spreads rapidly and impacts widely on hospitals, care homes and schools where it can be easily spread.

Building on the strengths gained and lessons learned during last year's swine

flu pandemic, our team joined forces with a working group based at the SHA's Taunton Headquarters to develop a toolkit of advice and information.

In collaboration with our communications team, our infection control lead undertook radio and press interviews and distributed posters, leaflets and information to care homes, schools and hospitals – places where Norovirus can spread rapidly. Community nursing staff, GP practices and their staff were advised on the importance of hand washing while members of the public were warned of the dangers of attending work or visiting friends or relatives in hospital until they had been symptom-free for three days. This emerged as the most successful and effective Norovirus awareness and prevention campaign anywhere in the South West.



WORKING WITH OUR HOSPITAL COLLEAGUES

2010/11 HAS SEEN THE PCT CONTINUE TO WORK CLOSELY WITH WAHT ON A NUMBER OF IMPROVEMENT PROGRAMMES AND SERVICE DEVELOPMENTS.



The new Emergency Department is under construction and will open in early 2011 with an integrated urgent care centre that combines the GP Health Centre resource with the hospital A&E to ensure patients are seen by the appropriate health professional on arrival.

WAHT have also set up a work programme that has led to a number of improvements in their discharge system and this has been supported by both the PCT and local authority. This has included

developing their IT system to enable information to be shared electronically as well as improving the internal process to speed up discharge for patients and coordinate better with Social Care.

A number of services have been set up to improve access for patients where GPs need urgent opinion from the hospital. These include respiratory Hot clinics for patients with acute respiratory need, urgent direct access x-ray to rule out fractures and one stop TIA clinics for stroke.

A NEW EMERGENCY DEPARTMENT FOR WESTON HOSPITAL

TRANSFORMING PATIENT EXPERIENCE OF URGENT CARE



Early last year Weston Area Health NHS Trust unveiled exciting plans for the future of the Emergency Department (A&E) and outlined its aim to refurbish and extend the Emergency Department and join it up with the on-site GP health centre by April of this year.

For a long time the hospital had been concerned that, because the existing Emergency Department was small, but busy, it caused ambulances and patients to wait longer to be seen. Plans include refurbishment and extension of the existing Emergency Department (we don't call it A&E anymore) and to integrate it with the NHS North Somerset-run GP health centre on the site.

The result will be an integrated urgent care department. The Integrated Urgent care centre will have a shared reception area and

patients arriving will be seen by appropriately experienced and qualified clinical staff who see, treat or direct patients to the most appropriate treatment area for their condition, so they will be seen at the appropriate time and in the right location by the right clinician. This system will improve the flow of patients through the department, and reduce transfer times between departments.

The new bigger department will also feature more rooms, including four new examination rooms, one new treatment bay and three new resuscitation bays. The waiting room will also be enlarged. This is a massive and exciting project for Weston Hospital and one which we believe will transform patients' experience of urgent care.

EQUALITIES

THIS HAS BEEN AN IMPORTANT AND CHALLENGING YEAR FOR EQUALITY.

The 2010 equality act has meant that a whole raft of new legislation has had to be examined, understood and implemented throughout the PCT.

The work of the Equalities manager was absorbed by staff already taking on heavy schedules and it is to their great credit that this fundamental strand of our work has been carried forward. In these difficult times the Corporate Equalities group has concentrated on leaving a solid legacy for the newly configured NHS.

The group's representation is being widened to reflect this and contacts are being strengthened with local and regional partners.

The NHS was founded to provide healthcare for all; fundamental to that principal is leadership in delivering services in an equitable and ethical manner. The Group is determined that this principal will not be lost in the changes that are occurring.





USEFUL CONTACTS

NHS North Somerset,
Waverley House,
Old Church Road,
Clevedon
BS21 6NN

01275 546770
www.northsomerset.nhs.uk

Patient Advice and Liaison Service (PALS) 0800 923 2222

Involving People Team 01275 546 721
involving.people@nsomerset-pct.nhs.uk

Care quality Commission 03000 61 61 61

Out of Hours urgent medical care 0845 121 0235 (local rate)

Out of Hours chemist rota
and dental services 0845 46 47

Hospitals Clevedon Hospital, Old Street
7am to 9pm, seven days a week
01275 872212

Southmead Hospital, Monks Park Avenue,
Southmead – 9am-9pm, seven days a week
0117 9505050
www.nbt.nhs.uk

Weston General Hospital
01934 636363
www.waht.nhs.uk

Bristol Royal Infirmary
0117 923 0000
www.ubht.nhs.uk

NHS Direct 0845 46 47
www.nhsdirect.nhs.uk

Care Connect (social care) 01275 888801

To find a NHS dentist in North Somerset 0845 120 6680

Support to stop smoking 01275 546770

NHS Choices www.nhs.uk

Weston Hospice 01934 423900

North Somerset Local
Involvement Network contact@somersetlink.co.uk
www.nsomersetlink.co.uk

JARGON BUSTER



A&E Accident and Emergency Service : this includes Casualty Departments, Minor Injury Units and Walk-In Centres.

AHPs Allied Health Professionals: Professional non-medical and non-nursing staff, e.g. Physiotherapists, Occupational Therapists.

BNSSG Bristol, North Somerset and South Gloucestershire Health Community.

Clinical Governance This is a system for ensuring high quality NHS treatment and care. NHS organisations are accountable for continuously improving the quality of their services through processes built into the organisation and through a commitment to life long learning.

Community services The health services provided in people's homes or from premises in the community such as GP surgeries, health centres, clinics and small community hospitals. Care services are also provided in the community by the social services department of North Somerset Council. Recent Government policy has stressed the need for health and social services to work together more and provide 'seamless services'.

Corporate Governance A system for ensuring that a body such as a Primary Care Trust is run properly to high standards. It incorporates processes to minimize all risks in an organisation to achieve organisational objectives.

Commissioning Commissioning is the means by which we secure the best value for patients and taxpayers. By 'best value' we mean the best possible health outcomes, including reduced health inequalities; the best possible healthcare; and within the resources made available by the taxpayer.

Diagnostic Services Tests that doctors and nurses use to work out what is wrong with you, for example x-rays, scans and blood tests.

Elective Treatment that is prearranged in a hospital setting under the care of a consultant.

Expert Patients Programme The programme encourages patients with long-term conditions to take control of their symptoms and become their own 'expert'.

Fit for Purpose An approach and framework that clearly demonstrates the necessary competence, capacity and leadership to deliver planned activity or change.

Full Time Equivalent Full Time Equivalent is the term used to quantify full-time jobs. Many jobs in the NHS are filled by part-time workers, but if the hours worked by these part-time workers are added up they equal a number of full-time jobs, or full-time equivalent.

GWAS Great Western Ambulance Service

Health Inequalities The gap between the health of different population groups. People who are better off have better health and are less likely to die under the age of 75 from all the main diseases that kill. Improving the health and life expectancy of the less well off to reduce this gap is a priority.

Hospital / Acute Trusts NHS hospitals are managed by an NHS Trust. Most trusts run more than one hospital. North Bristol NHS Trust's hospitals include Southmead and Frenchay. United Bristol Healthcare NHS Trust (UBHT) runs the hospitals in Bristol city centre including the Bristol Royal Infirmary, the Children's Hospital, the Bristol Eye Hospital and St Michael's Hospital. Weston Area Health Trust runs just Weston General Hospital.

Independent Treatment Centres These are run by private organisations to provide NHS funded treatment.



Improving Working Lives

The Improving Working Life Standard is a Government sponsored initiative that aims to make the NHS an excellent employer and a place where people want to work. The NHS believes that quality of care for staff and patient goes hand in hand and a well supported and motivated staff provides better care.

LIFT

NHS LIFT - a NHS Local Improvement Finance Trust - works by creating joint venture companies to own and invest in local healthcare facilities. Local healthcare organisations join forces with private investors and other interested public partners like the local authorities to become shareholders in the local joint venture company.

LDP

Local Delivery Plan: A local plan for the health service combining financial, workforce and activity. It shows how national and local targets will be delivered over the next three years.

LTC

Long Term Conditions: Conditions that patients suffer which are not acute e.g. diabetes, asthma, neurological diseases and arthritis.

MRSA

Methicillin resistant Staphylococcus aureus: A bacterial infection which is resistant to antibiotics.

NBT

North Bristol Trust which runs Southmead and Frenchay Hospitals

OOH

Out of Hours: Provision of GP services out of normal surgery hours.

Palliative care

Palliative care gives relief from symptoms but does not cure the disease, such as care given to people who are terminally ill.

Partnership Trusts

Partnership Trusts specialize in mental health services.

Primary Care

The term used for services based in the community which are people's first point of contact with the NHS such as GPs, walk-in centres, health visitors, district nurses and dentists. (See also Secondary Care)

Primary Care Trust (PCT):

NHS organisations responsible for planning, purchasing and providing a full range of local health services.

PCP

Primary Care Professional: A health professional usually based at a GP surgery or health centre, such as GPs, district nurses, practice nurses and health visitors.

Secondary/Acute Care

More specialist NHS services, most often provided in hospitals. Patients usually only use these services when they have been referred from primary care – most commonly their GP.

Procurement

Procurement is the process of acquiring goods, works and services, covering both acquisitions from third parties and from in-house providers. The process spans the whole life cycle from identification of needs, through to the end of a services contract or the end of the useful life of an asset. It involves options appraisal and the critical 'make or buy' decision.

Social Services

Services provided by the local authority - North Somerset Council - which includes social work, home care and community care.

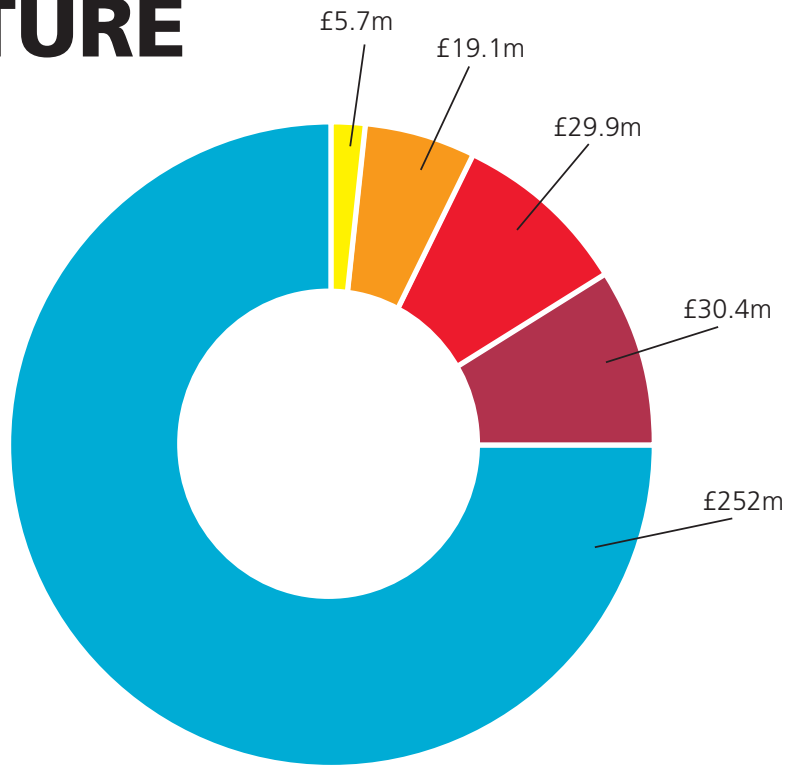
Strategic Health Authority

The Strategic Health Authority aims to provide a bridge between the Department of Health and local NHS services and to provide strategic leadership to ensure improvements in health services locally. North Somerset Primary Care Trust is now covered by NHS South West Strategic Health Authority.

UBHT

United Bristol Healthcare Trust which runs the Bristol Royal Infirmary, Bristol Eye Hospital, Bristol General Hospital and Bristol Royal Hospital for Children.

PCT EXPENDITURE 2010/2011



- Secondary Healthcare
- Prescribing
- GP & Primary Care
- PCT Provider Services
- Management Costs

