
Select Committee on Health and Adult Social Care (HASC) – 20th November, 2008

Report of the Lead Officer to the Committee

2007/08 Annual Health Check results for Dudley Primary Care Trust

Purpose of Report

1. To consider the Health Care Commission's 2007/08 Annual Health Check results for Dudley Primary Care Trust (PCT)
2. To provide an update on the PCT's progression against the core health standard relating to decontamination of medical devices (dental) identified as having scope for improvement by HASC in March 2008.

Background

Declaration to Healthcare Commission

3. In March 2008 the Committee considered a report detailing the background to Health Care Commission's 2007/2008 Annual Health Check designed to provide a commentary of the performance of NHS bodies and to inform members of HASC's role in the statutory process.
4. As part of this report members were provided with a summary of each Trust's self-declaration to be submitted to the Healthcare Commission setting out its compliance against government health standards.
5. The Committee noted that the PCT declared itself 'met' for 23 out of 24 of the core standards for 2007/08 with the exception of Decontamination of Medical Devices (core standard c4c). This concerned instruments used in dentistry services and HASC resolved to monitor the performance against the standard in 2008/09.

The Health Check assessment

6. The Health Care Commission (HCC) published the official results of the 2007/08 Annual Health Check on 16 October for all 391 Trusts in England based on their respective declarations referred to in para 4.

7. The assessment incorporates thousands of items of data related to performance, information from patients and the public, and inspections targeted at one in five trusts. Trusts must meet a broad range of measures in areas that matter to patients including safety, waiting times, infection control and health outcomes.
8. The Commission rates each trust - as "excellent", "good", "fair" or "weak" - on both its quality of services and use of resources.
9. The **'use of resources'** indicator is based on assessments of the PCT undertaken by the Audit Commission - Auditors' Local Evaluation or 'ALE' reports. These assess the Trusts' performance in the following five areas:
 - Financial reporting
 - Financial management
 - Financial standing
 - Internal control
 - Value for money
10. The **'quality of services'** score is derived from sets of information:
 - Performance against the new 'Standards for Better Health' core standards.
 - Achievements against existing national targets.
 - Achievements against new national targets.
11. For quality of services, 100 trusts (26%) were "excellent", 139 (36%) were "good", 132 (34%) were "fair" and 20 (5%) were "weak". Two years ago, only 41% were excellent or good, while 59% were fair or weak.
12. For use of resources, 94 trusts (24%) were "excellent", 145 (37%) were "good", 132 (34%) were "fair" and 20 (5%) were "weak". Two years ago, 16% were excellent or good, while 84% were fair or weak.

PCT assessment

13. The Commission allocated the Trusts two overall ratings - one for quality of service and the other for use of resources (note : they are retrospective, so they cover the period April 2007- March 2008). The overall PCT ratings are presented in table below:

| | Dudley PCT 2007 | Dudley PCT 2008 |
|----------------------------|------------------------|------------------------|
| Quality of Services | Good | Fair |
| Use of Resources | Fair | Good |

14. The table indicates a decline in the quality rating for PCT services from last year in acquiring a fair rating in 2008 from good from 2007 PCTs. The table does, however, show improvement on 2007 in the Trusts use of resources obtaining a score of 'Good'.

Use of resources

15. HCC commented that "Dudley PCT has been given a score of good for use of resources as it is performing well. The organisation has met its financial targets for the last 2 years. It's financial management, financial reporting and consideration of value for money were assessed as good."

Quality of Services

16. The core standards referred to in para 10 cover seven key areas of health and healthcare, including safety, patient focus and clinical and cost effectiveness and contribute to the quality of services score. The PCT submitted a declaration against these standards, considered by HASC in March, and the report announced 16 October confirms the results as follows

| | Dudley PCT 2008 |
|--------------------|------------------------|
| Compliant | 42 |
| Non compliant | 1 (standard C4c) |
| Overall HCC rating | Fully met |

17. In its monitoring of PCTs performance against C4c HASC should note that, whilst the Commission's announcement confirms otherwise, the PCT is now compliant against decontamination of medical devices in relation to dentistry instruments (standard C4c). In light of this HASC may wish to monitor other areas identified by the Commission for improvement (see para 20)
18. The Committee should note that whilst PCT achieved a fair score in of quality services it achieved the following relevant targets:
- no one waits more than 18 weeks from referral to treatment (top 40% of PCTs)
 - Year on year reduction in MRSA levels
 - Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge.

Focus of services

19. The Commission also conducted specific reviews this year , on Urgent care, diabetes, Substance misuse and hospital services for people with acute mental health. The commission carried out an in-depth review of

these services taking into account results of service users surveys, the results are presented in the table below :

| | |
|---|-------------------|
| Urgent & emergency Care | Better performing |
| Hospital services for people with acute mental health | Excellent |
| Substance misuse | Good |
| Diabetes | Fair |

Underperforming areas identified by assessment

20. As referred to in para 16 the assessment revealed that the PCT has scope for improvement in the following areas which HASC may wish to monitor or scrutinise further :

- Access to a primary care professional within 24hrs
- Ensuring people are aware that they have a choice of hospital at point of referral.
- Maintain a maximum wait of 13 weeks for an outpatient appointment
- Reduce the under-18 conception rate by 2010, as part of a broader strategy to improve sexual health

Finance

21. There are no direct financial implications arising from the content of this report.

Law

22. Section 111 of the Local Government Act, 1972, enables the Council to do anything, which is calculated to facilitate or is conducive or incidental to the discharge of its functions.

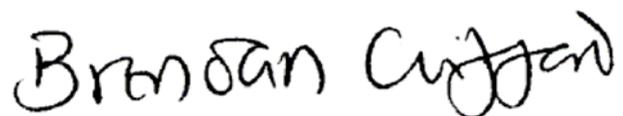
23. The National Health Service Act 2006 gives statutory provision to local authorities with social services responsibilities to review and scrutinise health services provided or commissioned by NHS trusts.

Equality Impact

24. The aims and principles of the Annual Health Check can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley

Recommendation

25. It is recommended that:
- The Committee note the contents of the report, and comment as appropriate

A handwritten signature in black ink that reads "Brendan Clifford". The signature is written in a cursive style and is positioned to the left of a vertical line.

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Brendan Clifford
Lead Officer to the Select Committee on Health and Adult Social Care

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List of Background Papers

The Healthcare Commission: Annual Health Check 2007/08, report of the Lead Officer to the Committee March 2008.