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Précis of Key Points

There is a requirement on all NHS Primary Care Trusts (PCTs) to publish an annual Strategic Services Development Plan (SSDP), which details the services development strategy and its supporting infrastructure investments on a five-year rolling timeframe. The Dudley South Primary Care Trusts (DSPCT's) SSDP must reflect investments required to implement its Business Plan within the Local Delivery Plan (LDP) programmes. The SSDP must show how the PCT will meet the performance targets set to deliver both local and national targets for the modernisation and delivery of quality, efficient and value-for-money services to its patient population.

This document is the second SSDP; the initial SSDP was published in March 2003 as the foundation of the DSPCT's plans to establish a joint venture company (JVC) under the Government's Local Improvement Finance Trust (LIFT) initiative to assume responsibility for developing, commissioning and managing infrastructure to support the service development and delivery plans.

First tranche schemes identified in the original SSDP were for

- Brierley Hill Health and Social Care Centre
- Stourbridge Health and Social Care Centre
- Health Specialist Services for Adults with Learning Disabilities

This second SSDP identifies a list of premises to be developed as prioritised schemes up to 2015. The joint PEC/Trust Board meeting on 22 March 2005 agreed a process of ring-fencing £450,000 per annum to be specifically used to fund premises development proposals.

This second SSDP has been approved by the Dudley South PCT Trust Board on 28 April 2004.

Introduction to Dudley South PCT

Dudley South NHS Primary Care Trust (DSPCT) produced a Strategic Services Development Plan (SSDP) in January 2003 in support of its plans to develop services and supporting infrastructure. This initial SSDP established the principles of:

- locality-centred, local services delivery that appropriately shifts acute-based care to a primary care-based setting;
- under Government policy 'Valuing People', resettling Learning Disabilities clients currently accommodated at the Ridge Hill hospital site, whilst retaining, modernising and improving the health service provision required to support Adults with Learning Disabilities;
- establishing a strategic Joint Venture company as a public private partnership to invest in primary care based service delivery, under the Government's Local Improvement Finance Trust (LIFT) programme.

The development of services within the Dudley South PCT is following the strategic direction set initially at the formation of the PCT in April 2002, and which is reviewed annually to take account of emerging national and local imperatives.

In 2004, the PCT undertook the refreshment of its SSDP in the light of:

- continuing emerging national and local initiatives;
- the new General Medical Services (GMS) contract;
- the formation of the Joint Venture company, with its partners – West Midlands Ambulance Service NHS Trust, Dudley Metropolitan Borough Council and Infracare (Midlands) Ltd;
- its desire to continue developing local service delivery models with its key stakeholders, including Dudley Beacon and Castle Primary Care Trust, Dudley Group of Hospitals NHS Trust, and Dudley Metropolitan Borough Council;
- the Birmingham and Black Country Strategic Health Authority's (BBCStHA) Framework for delivering health services, including the imperatives of the Black Country Review;
- the White Paper, 'Choosing Health'.

Investment in the PCT's service delivery plans and the supporting infrastructure to delivery changes in service models is funded through the Local Delivery Plan (LDP); and is supported by infrastructure investment for GP and community services premises identified as priorities for the annual recurrent revenue allocations.

Background to Developing the Strategic Services Development Plan

The process by which the SSDP V2.0 was developed is attached as Appendix 1, and the service delivery proposals were evaluated under the following criteria, agreed by the Trust's Professional Executive Committee (PEC):

- Shaping the Future - (New Hospitals Project/Community Investment Strategy)
- 'Choosing Health' White Paper
- Quality measures
- Clinical effectiveness
- Public Health targets
- Local targets
- Enhanced Services - The new General Medical Services (GMS) contract, from 1st April 2004, provides enhanced services for delivery by GPs and PCT's that in some instances require supporting developments in infrastructure.
- Pharmacy Contract, 2005
- Dental Contract, 2006
- Ophthalmology Contract (timescale to be determined)

Facts and Figures

Dudley South PCT

Headlines	£	
<u>Annual Expenditure:</u>		
Operations and Primary Care		72,772
Modernisation		147,612
Public Health		2,319
Organisational Development		999
PCT Management		1,268
Finance, Performance Management and Estates		6,239
Income and Reserves		-18,556
Total		212,654
<u>Staff Employed:</u>	SIP	WTE
Directors	5	5
Managers	33	30.7
Clinical - PCS	294	229.13
Clinical – Nursing & Midwifery	453	348.21
Medics	10	2.10
Administration	168	123.89
No. GP Practices		36
No. GPs		122

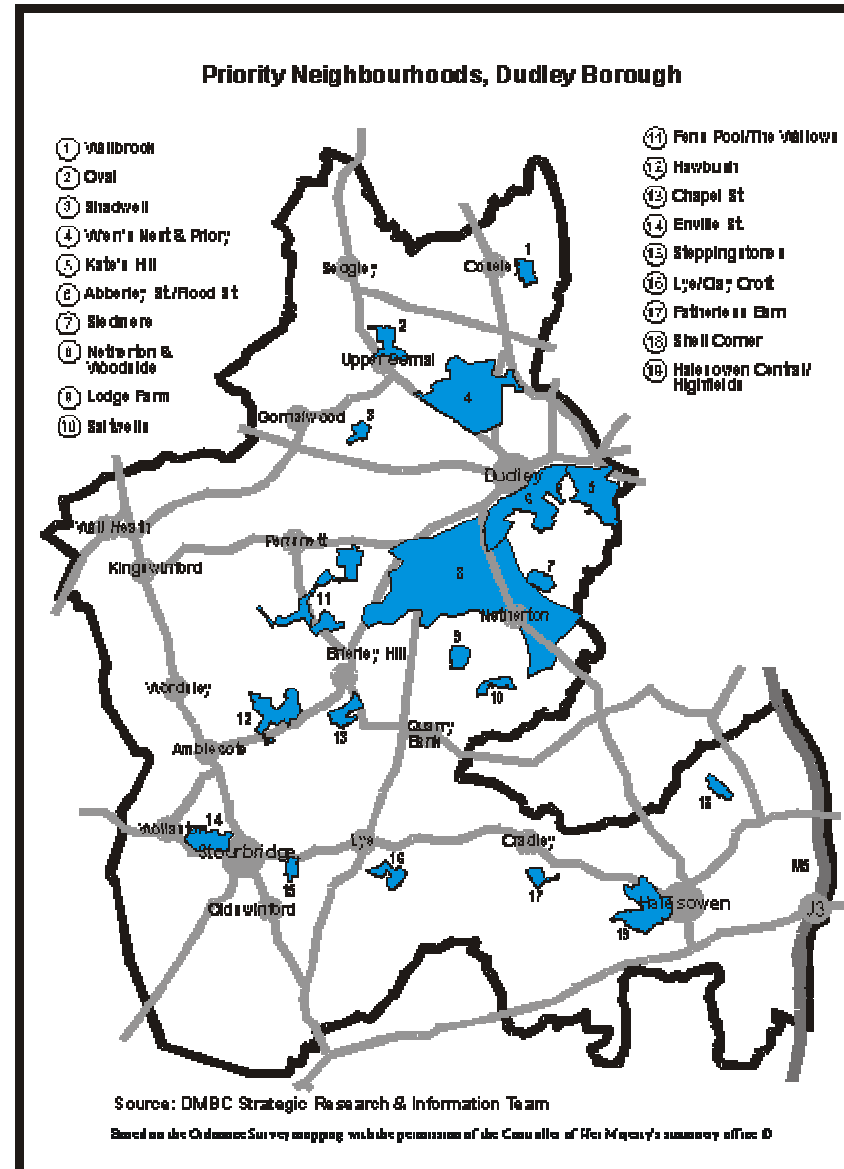
Dudley Metropolitan Borough Geography



Dudley South Electoral Ward Populations

Area	All People	30 - 44	45 - 59	60 - 64	65 - 74	75 - 84	85 - 89	90 +
Dudley Borough Total	305155	67573	60669	16898	28244	17348	3640	1611
Dudley South PCT	193196	42770	40501	10554	17488	11139	2314	1029
- Brierley Hill Locality	82722	19112	16920	4532	6826	4150	840	387
- Stourbridge Locality	55139	11796	11775	3091	5228	3374	786	341
- Halesowen Locality	55335	11862	11806	2931	5434	3615	688	301

Proposed Priority Neighbourhoods



Statutory Health and Social Care Providers

- Dudley South PCT
Ridge Hill
Brierley Hill Road
STOURBRIDGE
West Midlands
DY8 5ST
- Dudley Beacon and Castle PCT
St John's House
Union Street
Dudley
DY2 8PP
- Dudley Group of Hospitals NHS Trust
Russells Hall Hospital
Pensnett Road
Dudley
West Midlands
- Dudley Metropolitan Borough Council
Council House
Priory Road
Dudley
West Midlands
DY1 1HF

Dudley Metropolitan Borough Population Statistics

	All People	30 - 44	45 - 59	60 - 64	65 - 74	75 - 84	85 - 89	90 +
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Source: 2001 Census

Ethnicity

	All People	No. White	% White	No. Mixed	% Mixed	No. Asian	% Asian	No. Black	% Black	No. Chinese	% Chinese
Dudley Borough Total	305155	285870	93.7	3097	1.0	12124	4.0	2905	1.0	1159	0.4
Dudley South PCT	193196	184055	95.3	1563	0.8	5965	3.1	813	0.4	800	0.4
- Brierley Hill Locality	82716	79957	96.7	628	0.8	1565	1.9	303	0.4	263	0.3
- Stourbridge Locality	55141	51951	94.2	371	0.7	2451	4.4	174	0.3	194	0.4
- Halesowen Locality	55339	52147	94.2	564	1.0	1952	3.5	332	0.6	344	0.6

Deprivation Scores

Ward Name	Townsend Score
Amblecote	-1.93
Brierley Hill	5.70
Brockmoor and Pensnett	4.01
Halesowen North	0.37
Halesowen South	-2.77
Kingswinford North & Wall Heath	-2.73
Kingswinford South	-2.28
Lye & Wollescote	4.31
Norton	-1.83
Pedmore & Stourbridge East	-0.99
Quarry Bank & Cradley	1.33
Wollaston & Stourbridge West	0.42
Wordsley	-2.10

Long Term Illness Indicators

Locality	No.	% age
Dudley Borough Total	58,265	19.1
Brierley Hill	14,635	17.7
Stourbridge	10,224	18.5
Halesowen	10,381	18.8
Total Dudley South PCT	35,240	18.2

Source: 2001 Census

Cause of Death Registered in Dudley

Cause of Death	Male	% age	Female	% age	Totals
Cancer	465	29.87	419	24.22	884
Heart Disease	316	20.29	268	15.49	584
Respiratory	217	13.94	249	14.39	466
Stroke	154	9.89	235	13.58	389
Digestive	66	4.24	94	5.43	160
Accidents	27	1.73	18	1.04	45
Other	312	20.04	447	25.84	759
Totals	1557		1730		3287

Local Drivers for Change

Dudley South Primary Care Trust (DSPCT) is engaged in implementing challenging programmes to redesign healthcare services that are delivered in the primary care setting. New models of care which recognise the objectives to shift services from the acute setting into primary care, with holistic health and social care support for patients, clients and their carers, are being developed under a number of programmes, namely:

1. 'Shaping the Future': a joint acute/primary care programme that sees the reconfiguration of the Dudley Group of Hospital's acute services provision, with parallel development of complimentary healthcare services delivered in both Dudley South and Dudley Beacon and Castle PCTs' geographic boundaries. The programme is described in detail in 'Shaping the Future - Delivering a different type of healthcare service in Dudley'.
2. The redesign of community services resulting from in general, Shaping the Future, through changes brought about by the implementation of national and local programmes for health and social care services, and in particular, including the national priority to support patients with long-term conditions in the community.
3. The implementation of the Government's 'Valuing People' programme to integrate adults with Learning Disabilities from hospital-based accommodation to living within community-based homes; to reprovide new, improved accommodation for the health specialist support services.
4. The upgrading and updating of community premises to provide modern health and social care infrastructure in support of delivering new models of primary care based services, based on the PCT's strategy for locality-focused service delivery, and the shift of care from secondary to primary care.
5. Practice-base Commissioning (PbC) to be implemented during 2005/06. Clusters of GP Practices are currently forming to act as the focus for joint commissioning arrangements. A steering group of lead clinicians has been formed to recommend the range of services to be included within PbC budgets.

The first version of the PCT's Strategic Services Development Plan (SSDP), published in January 2003, set out the initial phase of proposals in support of these programmes and the strategic direction to establish the Local Improvement Finance Trust (LIFT) as a Joint Venture Company. It detailed the first three infrastructure projects as:

- A new locality-based integrated health and social care centre within the regeneration area of Brierley Hill - to include the reprovision of the health centre and GP surgeries from the Health Centre at Brierley Hill, including community nursing, chiropody, dental and physiotherapy services, a new base for the locality Social Services team of Dudley Metropolitan Borough Council (DMBC), a new base for the Hearing Centre, the Locality Team and Headquarters for DSPCT;

- A new locality-based health and social care centre to serve Stourbridge – re-provision of an up-to-date surgery for the 3 Villages GP practice including growth for the increasing population of Stourbridge, DSPCT's Locality management support team, primary care services of physiotherapy, chiropody, dental, community nursing, and a new base for the joint health and social care team for Learning Disabilities;
- New, purpose-designed and built premises for delivering the specialist health services in support of adults with Learning Disabilities living within Dudley – including both acute care services and re-integration within a co-joined unit of 10 beds, and the re-provision of specialist health support services accommodation.

The spring of 2005 will see the formation of the Joint Venture Company and the start on site of the first of these infrastructure schemes. The year 2007 will see the completion and opening of these three initial schemes in support of the delivery of modern, integrated community-based services. These building have been planned and purpose-designed/built in support of the delivery of the PCT's programmes of service changes and modernisation within its long-term strategic direction.

Public Health Agenda

FLOOR TARGETS (National)**Under 18 Conceptions**

- The under 18-conception rate in 2003 was 48.0 per 1,000 girls aged 15-17, a 12.2% decrease from 1998 (54.7 per 1,000). This is equivalent to 19 fewer conceptions.
- This is a greater decrease than the West Midlands (9.1%) or England (9.8%).
- The 2003 rate (48.0) is now lower than the rate overall for the West Midlands (54.3) though still higher than the rate for England (42.1).

Life Expectancy

- Life expectancy in Dudley has risen in line with national figures over the last twenty years.
- Overall Dudley has about the same life expectancy for both men and women as the national average.
- Life expectancy in the least deprived quintile is about 10% higher for men and 5% higher for women than that in the most deprived quintile.

Infant Mortality

- Infant mortality has fallen in Dudley as it has across the country.
- The rate of decrease in Dudley has been higher, meaning that the rate is now lower than national and regional rates.
- The decrease is largely due to a fall in mortality in the most deprived areas of Dudley since 1998.
- There has been little or no change in the less deprived areas.

Projects & Programmes

- A multi-agency stakeholder review of inequalities in health took place in December from which a strategic plan for the borough is in development in response to the floor target, which will include a charter/checklist that can be applied to all strategies, plans, policies, services to mainstream delivery to tackle health inequalities.

- Further development of 'young people friendly' contraceptive services, by redesign of existing investment.
- Differential rate of improvement in life expectancy for men between deprived and non-deprived areas of Dudley.
- Extend consideration to measures, which will improve differentials in perinatal mortality.
- Implementation of the strategy plan and charter to identify gaps and priorities. This will allow the health impact of all policy to be assessed. Align strategy with 'Choosing Health Delivery Plan'.

LOCAL TARGETS (From Dudley Community Plan)**CHD & Stroke**

- CHD and Stroke rates in the under 65s have actually increased in Dudley over the last few years.
- CHD is still within the trajectory to reach the target 33% reduction, provided it starts to fall again.
- Stroke has now gone above the target trajectory line for the first time. This is highlighted in the 2003 Directors' of Public Health Annual Report.

Accidents

- There has been a long-term downward trend in mortality from accidents in Dudley, with a slight increase in the early nineties offset by further decreases in the late nineties and early 21st century.
- National and regional rates have not shown this latter decrease.
- Rates in Dudley are now 20-30% lower than national and regional rates.
- The decrease in Dudley is largely due to a decrease in mortality rates in the over 65s.
- Hospital admissions for accidents in Dudley have remained relatively steady over the past decade; although this masks a decrease in admissions for over 65s and under 16s and a commensurate rise in admissions of people aged 16-29.

Cancers

- The steady decline in mortality from cancers seen in the eighties and nineties has levelled off in the last few years.
- No one type of cancer appears to be the main reason for this, with several of the major ones showing similar trends.

Suicides

- It is difficult to monitor suicides rate for Dudley, as the numbers are fortunately small.
- Long-term trends indicate that there was a decrease during the eighties followed by an increase during the nineties that has levelled off. However confidence intervals are very wide even for three-year rates, so it is difficult to conclude much about the actual underlying risk.

- Continued health promotion initiatives on diet (reinforce message on salt); smoking.
- Review alcohol strategy (Partnership, scope and services).
- Implement acute stroke unit in DGOH.
- Implement community stroke team.

<p>Projects & Programmes</p> <ul style="list-style-type: none"> • The Neighbourhood Renewal Strategy has been adopted. • A Health Impact Assessment has not been undertaken. • The bid for a Health Living Centre Programme was not successful • SureStart programme implemented in 3 areas. • The Smoking Cessation programme met all targets. A community volunteers programme delivering smoking cessation support within deprived wards of the borough was delivered and expanded. A Health Equity Audit was conducted on the service with positive results and additional funding has been allocated to meet LDP trajectories for the service. • In relation to healthier eating, the NOF five- a- day programme was delivered, focusing on deprived and vulnerable groups including a community café, healthy takeaways award and ‘get cooking’ programme. These programmes are run in partnership with the Local Authority. A Dudley Food for Health Award is also in operation, with a focus on schools, workplaces and café, restaurants across the borough. • A borough wide multi-agency steering group for food and nutrition has been established to ensure a committed, co-ordinated approach across all agencies, with the development of a Food for Health Plan for Dudley. This plan includes strategies to reduce health inequalities in relation to food access, knowledge and skills. • Dudley’s Physical Activity programmes are also delivered on a partnership basis. The ‘LEAP national pilot’ has seen the establishment of a physical activity programme in parks within key deprived neighbourhoods in the borough, environmental developments in parks, the creation of a new post of ‘parks physical activity leader’ within the Local Authority, and the development of a half price leisure centre scheme linked to GP referral. 	<ul style="list-style-type: none"> • Continued focus on deprived areas, smoke free homes campaign and a smoke-free Dudley. • A key barrier is the continued lack of legislation on smoke free public areas. • Expansion of current programmes to meet needs. • Development of a weight-reduction ‘get cooking’ scheme. • Development of a healthy food award for retailers. • A key barrier is resources/capacity for school meals to provide healthier options. • To continue and mainstream all programmes. • A focus on the environment in relation to walking, cycling, and the use of green spaces. • Full implementation by Dudley MBC of the ‘Activity Stations’ in parks in deprived areas as part of LEAP project.
<ul style="list-style-type: none"> • Dudley also operates a walking scheme with walking routes established across the borough with a particular focus on deprived, managed neighbourhoods, and town centres. An exercise project for older people has also been delivered –Leap over 60 and a programme of community gyms aimed at people who lack confidence to make the first step towards exercising. • A borough wide partnership group- the Physical Activity Task Group’ has also been established to ensure a committed, co-ordinated approach across all agencies and a strategy for the borough is in development. 	<ul style="list-style-type: none"> • A key barrier is national transport plans and investment – more proactive support and resource is needed to promote walking and cycling, and coordinate such initiatives with a much-improved public transport system. • The balance of investment in the LTP is not sufficiently tipped towards promotion of walking and cycling.

<ul style="list-style-type: none"> • A community volunteer’s programme was established aiming to deliver healthier lifestyle opportunities within deprived wards in the borough. This includes a community mother’s scheme; get cooking, weight reduction, healthier eating sessions, physical activity sessions and school walking buses. 	<ul style="list-style-type: none"> • Full implementation of the Volunteers’ Programme to support delivery of ‘Choosing Health’. • Focus on a joint agency community development approach at neighbourhood level.
<ul style="list-style-type: none"> • Dudley’s Health Promoting Schools programme now has 100% of its primary, secondary and special schools engaged in healthy school activity. This includes comprehensive programmes of personal, social and health education, healthy eating and physical activity, and a focus on mental health through the delivery of an extensive emotional intelligence scheme. A Children’s lifestyle survey was carried out (repeated biyearly), which ensures all schools, and agencies can plan and target need effectively. A ‘diversity’ action plan has been developed to support schools in meeting the learning and development needs of children from black and minority ethnic communities. 	<ul style="list-style-type: none"> • Working towards bringing all schools up to level 3 HPS, focusing on schools with >20% free school meals category. • Maximisation of health gain opportunities within the extended schools programme including ‘health contracts’ for extended schools.
<ul style="list-style-type: none"> • A Heart start programme was delivered providing training to key community volunteers and groups. 	<ul style="list-style-type: none"> • Focus training to deprived neighbourhoods through training of local authority neighbourhood managers.
<ul style="list-style-type: none"> • A multi-agency obesity strategy has been developed with a framework for action that incorporates action to tackle the obeseogenic environment and health inequalities, actions to develop healthy lifestyles, and weight management/reduction with the formulation of an adult care pathway. This pathway includes additional practical support for deprived areas and vulnerable communities. Funding has been allocated to establish this service. • Within Women’s Screening programmes, there has been a focus on increasing up-take of breast screening within hard to reach communities including black and minority ethnic, mental health and learning disability groups. The Quality Assurance Team as an example of good practice has identified this work. Work continues to promote breast and cervical screening with staff and communities. 	<ul style="list-style-type: none"> • Implementation of multi-agency action plan including: development of a child weight management service, a focus on developing a joined up network of walking and cycling routes, health as a key consideration in land-use planning and key public sector buildings to have active travel plans and healthy food provision in place. • Cervical screening audit to identify reasons for areas of low-uptake and the development of plans to tackle the issue.

<ul style="list-style-type: none"> • A health-screening project has been established to specifically target people with learning disabilities, to raise awareness of their health needs, and establish a system to ensure they receive physical health checks within primary care. • A breast-feeding strategy has been developed for the borough, which includes a focus on developing buddying/community mothers schemes within deprived areas of the borough. • Health awareness programmes have been delivered within key black and minority ethnic communities aimed at knowledge and skills development in relation to healthy lifestyles, diabetes awareness, mental health and service awareness. 	<ul style="list-style-type: none"> • Training and awareness programmes with GPs and other key primary care staff to disseminate the programme and ensure a high quality in delivery. • Implementation of the strategy including the establishment of baby friendly policy. • Continuation of programmes.
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One of the PCT's Community Matrons has a 50% focus on the public health agenda.

Health Equality Audit (HEA)

Health inequalities have never been given a higher priority by the Department of Health and the NHS than it has now. NHS services will have a major role to play in the achievement of the national target of reducing by 2010, inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.

The purpose of the HEA is to help services narrow health inequalities by using evidence on inequalities to inform decisions on investment, service planning, commissioning and delivery and to review the impact of action on inequalities. Health equity audits identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need.

It is vital that inequalities are properly considered as part of service planning and delivery, otherwise there is a danger that achievements are at the expense of widening inequalities. If the challenging 2010 target on inequalities is to be achieved, it is vital that the HEA is used in the planning process to have an impact on narrowing health inequalities, and the PCT will be performance managed on how well they achieve that.

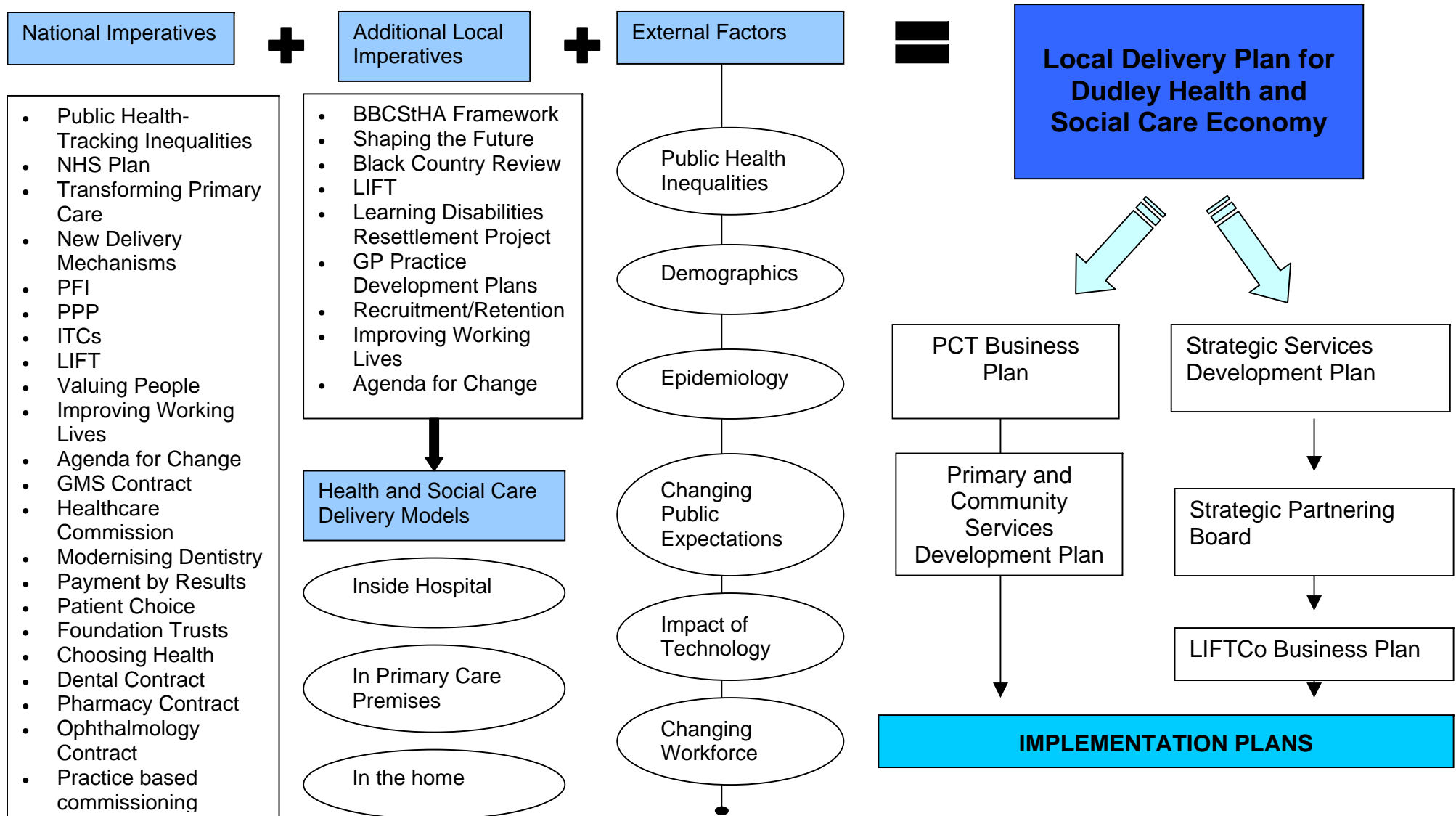
Integrated Planning

The PCT's approach to planning future service developments and supporting infrastructure investments is presented diagrammatically below. As part of the PCT's immediate plan to form a public private partnership under LIFT, the organisational development implications are now being embedded in the PCT's strategic development processes and plans. The LIFT public private partnership forms a Strategic Partnering Board (SPB) constituted by the Contracting Authorities as voting members, and any other stakeholder partners as non-voting participants. The integrated planning process now formalises the joint development of service and infrastructure proposals, and the process by which they are approved and funded. These constitutional changes are being introduced in shadow form during the next phase of the LIFT project, up to Financial Close when they formally become operational. Both the approved PCT's SSDP and the Strategic Partnering Board's SSDP can be implemented through the LIFT Business Plan.

The strategic direction of services then follows – these are not intended to provide the detailed costed service proposals but point the direction of travel of on-going work programmes – eg Shaping the Future, Community Redesign, PCT Business Plan, and the Primary and Community Services Development Plan.

The infrastructure proposals for both PCT and GP accommodation are then provided included, showing potential annual gross costs and prioritised programme timescales. Again, these are intended to show direction of travel in support of the LDP process.

Patient, Public, Stakeholder, Public/Private Partners Involvement



PCT Service Developments Drivers

Through a series of meetings and workshops with clinicians and GP practice development plans (PDPs), service developments were identified, developed and refined.

In addition, the opportunity was taken during 2004, to review the Allied Health Professional (PCS) services. The service development outcomes of these reviews have been incorporated in the on-going service development proposals that support the strategic direction and business planning processes of the Trust.

The Valuing People programme recognises Adults with Learning Disabilities as having greater health needs than the rest of the population and the aim is to enable this client group to have access to the health services designed around their individual needs, but that people with Learning Disabilities should be using mainstream services and be included in national and local targets.

Developments to enhance the provision of Specialist Health Services in line with the directives as set out in Valuing People will utilise specialist knowledge and skills to support Primary and Secondary care in the delivery of mainstream services to patients with a learning disability and to deliver direct care where appropriate with integrated professional teams of Nurses, Psychiatrists, Psychologists and PCS services.

Thirdly, the forthcoming changes in the delivery of Pharmacy services, Ophthalmology services and Dental services will need to be incorporated in the on-going service development proposals that support the strategic direction and business planning processes of the Trust.

Finally, the opportunity was taken to explore innovative new ways of working to identify future improvements for clinical service redesign.

This far-reaching exploration of service needs and requirements has resulted in the enclosed proposals for service and infrastructures developments.

Shaping the Future

The Shaping the Future project is delivering key services changes of:

Service Description
Stroke Service – a new way of providing an integrated hospital-community service for stroke patients.
Dudley Orthopaedic Community Scheme – sometimes called Hospital at Home, DOCS cares for orthopaedic patients in their home following early discharge from hospital.
Falls Prevention Service – around 425 mainly elderly people are admitted to hospital each year because of a fall. This Service aims to prevent this and improve quality of life.
Heart Failure Care – managing heart failure in the community by outing in place a specialised team which, among other services, will provide an echocardiography service.
Intermediate Care – sees development of community-based services that prevent avoidable acute admissions to hospital and eases the move from hospital to home.
Fast Track Fractured Hip Service – aims to increase quality of care by reducing the time from admission to theatre and discharging suitable patients earlier after surgery.
Anti-coagulation Nursing Service – by delivering treatment in hospital and at home, the service aims to prevent discharges delayed because of patient's anti-coagulation needs.
Community Redesign – aims to deliver a change in the management of chronic, long-term conditions by providing key worker and case management support attached to GP Premises
Diagnostics – aims to reduce inpatient-waiting times for diagnostic processes.
Respiratory Assessment and Pulmonary Rehabilitation Services – designed to enable nurse-led intervention for respiratory patients to prevent admission or shorten stays. Pulmonary Rehabilitation uses exercise classes to help with slowing the progress of disease and improve quality of life.
D Dimer Assay – aims to improve the diagnostics of patients thought to have pulmonary embolism, thus avoiding admission or reducing their stay in hospital.

A number of other developments are in the planning stage. These include; enhanced diabetes services, mental health services for older people and site rationalisation at the new hospitals.

Diagnostic and Treatment Services

As the remodelling of diagnostic and treatment services come on stream as a result of the New Hospitals Project and the Community Investment Strategy proposals, further developments for primary-care based services will evolve.

Initially, within the two new locality-based Health Centres, services are being developed to undertake enhanced minor surgical procedures, and ultrasound scanning (non obstetric).

In addition, at the Centre in Brierley Hill, provision is being included to undertake Podiatric surgery under local anaesthesia only (LA), other enhanced LA-only surgical procedures undertaken by GPs, plain film X-ray proposals, and other non-invasive diagnostic tests, such as echocardiograms, respiratory testing, etc.

It is also proposed to undertake routine phlebotomy and anti-coagulation testing within all new Health Centres.

These service proposals will continue to be developed as part of the overall programme for the redesign of community health and social care services embedded in the strategic direction of moving care to more patient-focused, local service models.

By bringing the both routine monitoring and first-stage diagnostic testing out of the acute setting, it is proposed that disease monitoring and diagnosis can be carried out quicker and that a referral for a hospital visit will be more timely and better informed.

Developing Enhanced Service

During 2004, the development of enhanced services has led to the following services being implemented:

Directed Enhanced Services

- Minor Surgery
- Cervical Cytology
- Childhood Immunisations
- Vaccinations and Immunisations
- Care of Violent Patients
- Access

National Enhanced Services

- IUCD
- Anti-coagulation Treatment
- Near Patient Testing

Local Enhanced Services – prioritised for funding

The new GMS contract provided an increased level of investment in primary care that aims to improve services to patients and promote innovation in service provision to suit local circumstances and meet patient need. Enhanced services represent a major opportunity for the PCT to expand the range of primary care services whilst improving choice, quality and value for money.

The priorities identified for 2005/06 include: -

- Diabetes Scheme – which includes GPs undertaking annual reviews building on the quality indicators for diabetes, and the development of chiropody and dietician posts and a jointly funded paediatric liaison nurse for both PCTs.
- Management of Long Term Conditions (LTC) – supporting vulnerable people with complex needs and those frequently admitted to hospital through an effective case management approach linked to a robust disease management structure and self management programmes within the overall strategy for supporting people with LTC in the community.

- Physiotherapy triage for all orthopaedic referrals – which will facilitate the implementation of choice at the point of referral to secondary care in orthopaedics (a national target for December 2005) with all orthopaedic referrals triaged by extended scope practitioners/physiotherapists through the implementation of a clinical assessment centre. This supports the commitment to develop primary care led services reducing the demand on secondary care releasing resources for re-investment in primary care development.
- Ethnicity coding bringing all practices to 50% coverage by April 2006.
- Full programme for spend of Enhanced Services floor available on request.
- Phlebotomy and anti-coagulation testing – primary care.

Emerging Priorities for 2005/06

During 2004/05 the following schemes have been developed and will be prioritised for expenditure against the Enhanced Services floor:-

- Enhanced medical cover to all care homes for Dudley responsible patient.
- Additional vaccination and immunisation programmes.
- Continuation of ethnicity coding.
- Supporting practices in respect of delivery of enhanced services to Asylum Seekers.

Out-of-Hours Service

The first stage of the Out-of-Hours process for the reprovision of GP Out-of-Hours service was achieved from the 1 December 2004. The next change to the service is that call Handling and Triage will be undertaken by NHS Direct from the 1 December 2005 and will no longer be the direct responsibility of our Out-of-Hours provider.

The PCT together with other stakeholders are now looking to develop the Out-of-Hours services to move towards a more integrated approach with Hospital Emergency services and Out-of-Hours services for Pharmacy, Dental and Mental Health services. It is anticipated that this revised service will be introduced during 2005/06.

Allied Health Professional Services (PCS Services)

The recently commissioned review of Allied Health Professional Services, namely:

- Audiology
- Chiropody
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Dental services
- Psychology

identified a number of key areas of service gaps, and requirements for development proposals in order to continue to support the on-going modernisation of service models, the local epidemiology, and the strategic plans of the PCT – such as the re-settlement of the Learning Disabilities clients, the emerging local strategic direction for Mental Health services and expanded intermediate care services.

Action plans have now been initiated to progress service development proposals. These will be incorporated through the strategic planning process as they develop into the LDP, the PCT's Business Plan and the annual refreshment of the SSDP. The service changes proposed follow.

Audiology Services

With the introduction of digital hearing aid services during 2004/05 as part of the national hearing services initiative, significant service pressures have affected Audiology with rising waiting times. The hearing aid service is finding it difficult to cope with rising demand and the new complex, quality procedures required to be undertaken under the national scheme have increased the amount of time for individual consultations, therefore reducing the number of patients who can be seen by existing staff. Hearing aid referrals are increasing exponentially with an additional 2 years waiting time for each 12 months of referrals received. The diagnostic service is also not able to meet the increasing demand for Audiology service. The clinical service review identified the need to increase Audiology staffing by 4 WTE that should be spread across the hearing aid services and the diagnostics/rehabilitation service supporting community work. The value of the staff establishment increase is £200,000 p.a. with an associated hardware budget increase for the hearing aid service of £120,000 p.a. The Professional Executive Committees of both PCTs recognise the urgency of the situation and the high levels of patient dissatisfaction with the exponentially increasing waiting time together with the daily verbal abuse of staff from service users as a result of this.

Podiatry/Chiropody Services

The clinical service reviews identified inequity in terms of access for routine chiropody with an 'age-related' only access criteria for women at aged 60 and men at aged 65. Service pressures were increasing with waiting times for this primarily 'well' service user group, identified as low risk, rising significantly to 8-9 months. As a result of the rising service pressure an extremely limited and inadequate service for biomechanical assessments was provided. In view of the statutory responsibility for equity of access, PEC agreed to change the age access criteria for women to equal men, i.e. service access at age 65 for both sexes, from April 2005. It has been further agreed that during financial year 2005/06 criteria for access to the Podiatry/Chiropody services will be developed on clinical need only basis, agreed with local GPs, and that from April 2006 the service will be provided on a clinical need only (i.e. no age related access). The re-engineering of the service will enable waiting times for high risk patients to be maintained and improved within existing resources.

A podiatric surgery service is provided, picking up referrals that would otherwise be made to secondary care. The service is restricted by the availability of appropriate operating theatre time from Dudley Group of Hospitals and this is creating a service pressure, with increasing times for surgical interventions and a current wait of 19 months. Review of theatre access with Dudley Group of Hospitals following the rationalisation of the sites to Russells Hall Hospital has demonstrated that theatre access is unlikely to be increased in the foreseeable future. Provision has been made within the Brierley Hill Health and Social Care Centre LIFT Project for a facility to house the service, enabling increased sessions and patient through put on a weekly basis. Nevertheless, in the intervening years, the waiting list will continue to grow and requests have been made to both PCT's, via the LDP process, for non-recurrent investment enabling additional theatre time to be spot purchased from private facilities to reduce the current waiting time and avoid further growth during the 2 year build programme for the new facility. Investment based on £10,000 non-recurrently would reduce the waiting time by approximately 2 months. The final outcome of the LDP is awaited.

Community Physiotherapy Service

The clinical service review identified a number of GP practices that continue to operate individual contracting arrangements for physiotherapy from other providers creating differential access across the borough. The service aims to introduce a 'Physio direct' self-referral process, which has been demonstrated nationally to be beneficial to waiting times. The review identified a service gap for people with degenerative diseases and noted the increase in referral and care of older people owing to demographic changes. Waiting time targets for the current services are 8 weeks for clinic appointments and 3 weeks for domiciliary visits. A 15% increase in referrals year-on-year is leading to a similar percentage increase in waiting times. Whilst no additional funding was agreed via the LDP process the PECs did support the physiotherapy service working with the clinical pathways reviews as part of the wider redesign of community services, and that specific issues within the service were likely to be addressed via Practice Based Commissioning.

Paediatric Physiotherapy

The clinical service review identified referrals were made to the service for neuro-developmental conditions from a wide range of professionals although access did not include self-referral by parents. Access was open to any child resident in Dudley borough. As with many services, increased demand has resulted from increased awareness of services, and owing to new treatments and technologies. The service review identified that the local education inclusion strategy was likely to further distribute children with significant needs, and lead to an increased demand on paediatric physiotherapy. Current waiting times are 8 weeks, with dyspraxia referrals waiting 12 weeks. The review identified the need for access to hydrotherapy following the closure of the Ridge Hill Site, and a number of access issues relating from relocation of the Children's Assessment Unit to Russells Hall Hospital, with resultant car parking issues and reduced accommodation enabling only a visiting clinic service rather than a clinical base. This accommodation issue also affects other therapy services within the CAU. PECs agreed to work via commissioning with the service to discuss with Consultant Paediatricians the possibility of community based paediatric service provision in the future.

Community Occupational Therapy Service

The review identified that the service had been re-engineered with significant benefits. There was an identified need to increase the community rehabilitation service, whilst waiting times for adult referrals stood at 10 weeks and paediatric referrals at 22 weeks. The review also identified a need to improve palliative care service and to continue the development of support for stroke. The service review identified the need to increase the primary care service provision by a senior occupational therapist and technical instructor and for up to 3 WTE paediatric therapists to meet national guidelines and reduce waiting. Following discussion at the PECs the service was asked to identify the good joint working pathways between hospital, community and Social Service Occupational Therapy Departments and to link future discussions with multi-disciplinary teams as part of the clinical pathway reviews.

Speech and Language Therapy

Progress has been made in recent years to address the recruitment difficulties that have faced the Speech and Language Therapy service. Nevertheless, even at full strength, the service is unable to provide a comprehensive service to the children across the borough. Access criteria have been reviewed and the service has been re-engineered to address service pressures. The service now attends half of the primary schools in the borough in any one term and no secondary schools. This alternates so that all primary schools receive a service during alternate school terms. GP referrals to the service for people in nursing homes are increasing. No service is provided for adult learning disability clients with dysphagia. The service profile demonstrates pressure on waiting times for voice referrals currently running at 4 months and communication referrals at 12 weeks with adults with learning disabilities waiting 9 months for an appointment. The clinical service review identified an urgent requirement to resource the dysphagia service which has been developed as part of a small multi-disciplinary bid to support adults with learning disabilities. Further work needs to be undertaken to develop proposals for investment in staff to meet Speech and Language Therapy service user needs and reduce waiting across both paediatric and adult services. This will in part be determined by the outcome of the Dudley MBC Inclusion Strategy, which will affect number of the locations where clinical services need to be provided.

Community Dental Services

The service review identified that the impact of the new dental contract was likely to be significant. Waiting times for the community dental service were increasing, with professions complimentary to dentistry being used to ease dentist shortages. There were significant service pressures with a long waiting time for patients with severe disability requiring a general anaesthetic due to unavailability of anaesthetists at Dudley Group of Hospitals. A limited service was currently provided to nursing or residential homes and access criteria was being reviewed as part of the move of the community dental service into a PDS contract framework from 1 June 2005. The review identified an unacceptably long waiting time for general anaesthetic consultations of 1 year for clients with severe disabilities owing to unavailability of anaesthetists. It was anticipated that the national changes to dental patient recall intervals may free up clinical time and that professions complimentary to dentistry should be used to undertake less complex work, with dentists leading the multi-disciplinary team and focusing on complex work. The review identified the community dental service should focus on vulnerable groups such as elderly people, and special needs clients and services to residential and nursing homes in the future. Currently a career structure review is being undertaken by the Chief Dental Officer nationally and suggests proposals for reform of salaried dental services.

Psychology

The service review focused on psychology provision within learning disabilities services as the mental health service element was subject to a separate review process. Waiting times for learning disabilities service users was not identified as a major problem although gaps in service for dementia assessment, forensic service and services for young people with autism and aspergers syndrome was identified. It was agreed that the service gaps would be picked up as part of the borough wide, multi-agency learning disability service strategy.

Counselling Service

The primary care based counselling service currently has a waiting time target of 13 weeks with a proposed ideal target of 4 –6 weeks from referral. However, there is a primary care view emerging from discussions at the PECs that access within 2 weeks would be preferable. The service review indicated that in order to reduce the current growing service pressure to a 4 – 6 week waiting period an additional investment was required. There was a difference of opinion between the 2 PCT PECs in moving forward. In Beacon and Castle PEC the feeling was that the primary care counselling service could not be divorced from the overall provision of mental health services and that owing to the excessive waiting times many primary care practitioners had ceased referring to the service. The feeling was that as part of the mental health service review counselling for primary care patients may be better serviced through community psychiatric nurses with appropriate training. In Dudley South, PEC members expressed a view that the counselling service was an intrinsic part of primary care and that early intervention was a significant benefit and support within primary care services. Overall, both PECs agreed that service need was likely to be moved forward through Practice Based Commissioning. It was agreed that further discussions would take place between the psychology service and Beacon and Castle PEC members.

Ophthalmology

The proposed new Ophthalmology Service contract has yet to be published. However, it is anticipated that a revised Ophthalmology service model will be developed and implemented, and these will need to be reflected in the PCT's service development proposals and infrastructure requirements.

Objective	Success Criteria	Accountability	To be achieved by
Explore opportunities through guidelines expected on new contracting arrangements for ophthalmology	Work with Public Health. Commissioning and LOC colleagues to identify opportunities provided through new guidelines expected on contracting arrangements with ophthalmologists	FHS Shared Services Commissioning Operations Directorate	Not known

Dentistry

Objective	Success Criteria	Accountability	To be achieved by
Implement new contracting arrangements for NHS Dentistry	Work with Public Health and arrangements for NHS Dentistry Commissioning Colleagues to identify dental health needs Develop Contracting arrangements with local General Dental Practitioners to enhance the scope and maintain good access to NHS Dental.	FHS Shared Services Commissioning Operations Directorate	April 2006
	Develop a Strategic Development Plan for NHS Dentistry.		May 2005
	Work closely with the LDC in the implementation of the new contract.		
	Ensure arrangements contribute to the reduction of dental health inequalities in Dudley.		

Pharmacy

The Pharmacy contract changes call for:

- The service model to be reviewed, described and implemented by 2005/2006.
- Within defined resources.
- New measurement criteria.
- An impact assessment on other health and social care providers.
- An impact assessment on patient/carers/users.
- Implement a pharmacist-led medicines advisory clinic/service for patients (including domiciliary).
- Implement a pharmacist-led Warfarin Service for patients.
- Bulk purchasing of medicines.
- Pharmacy management of repeat prescribing and clinical monitoring service for medicines in practices.
- Clinical Governance for Pharmacy.
- Medicines management plan.
- Dudley Group of Hospitals interface Pharmacists for discharge planning.
- Planning services for Learning Disabilities.

Objective	Success Criteria	Accountability	To be achieved by
Implementing new contracting arrangements for Pharmacy services	<p>Work with Public Health and Pharmaceutical Advisors to identify opportunities provided through the new contracting arrangement with local community pharmacies to enhance the scope and access to health promotion, care and information in Dudley.</p> <p>Work closely with the LPC in the Implementation of new contracting arrangements.</p> <p>Ensure arrangements contribute to the reduction of health inequalities in Dudley.</p>	Public Health Commissioning Operations Directorate	April 2005

The initial draft contract was published in February 2005 and the PCT is currently implementing the new Pharmacy contract through a project structure, which involves the key stakeholders through

Nursing Services

Enhancements in nursing services are being implemented to:

- Undertake a Service Review of health visiting services to modernise service delivery and focus on:
 - Providing and implementing a family-centred Public Health Approach, whilst working with a wide range of health issues and population groups. Responding to local health needs and addressing natural priorities.
 - Safeguarding children – providing safe, consistent, high quality service for Child Protection in line with government guidelines, Dudley Area Child Protection Committee procedures and Dudley Pan Trust Child Protection policy.
 - Child Health Screening & Surveillance – implementing a risk assessment in order to deliver a core programme of child health surveillance for 0-5 year olds in Dudley South Primary Care Trust.
 - Older people – promote, support and facilitate health and healthy lifestyles in order to maintain independent living in the community of the older person.
 - Public health – delivering a Whole System approach to allow the implementation of public health work and initiatives within Dudley South PCT.
 - Engagement with Primary Care – working with and support Primary Care with providing a family-centred, Public Health Service to a given GP Practice population.

- Strengthen and support the community nursing services both professional and managerially, within an integrated practice and community services structure;

- Extend the scope of practice to enable the shift of care models from secondary to primary care – eg Case Management and key workers for Long Term Conditions (LTC).

Further investment will be required to continue the implementation of new models of care in respect of primary- care based rapid response services, the support of chronic, complex, and frequently older adults, and the reduction in lengths of hospital stay through admission and discharge services delivered by primary care. These proposals will be developed as part of the redesign of community health services and as part of primary care development plans.

Children's Services

A strategy for the modernisation and enhancement of Children's' Service is being prepared within the common health economy. This strategy will be developed through the Children and Young Peoples Partnership and will take account of recent directives in respect of Child Protection, and forthcoming initiatives such as Partnerships for Schools (P4S). Close working with Local Authority services for education, social services, SureStart, Neighbourhood Nurseries and emerging Government policies on the development and funding of child-centred services will need to feature strongly in this strategy development. The intention to work closely with a wide range of partners will also entail the development of a coalition for change, to ensure the appropriate involvement of the voluntary and community sector, connections and the learning and skills council, police and youth family justice services.

A strategy and implementation plan for CAMHs services is being developed which reflects the commitment to partnership working in a child-centred approach. Once this strategic direction has been agreed, then the integration of health services for children within the new model will need to be implemented.

The recent Clinical Service Review of the School Health Advisers Service (school nurses) identified that significant time was spent on routine screening and surveillance, and insufficient time on the public health and promoting well being aspects of the service. School Health Advisers have identified a range of areas requiring further focus and development such as enuresis and encopresis nurse-led clinics, maintaining weekly 'drop in' sessions in senior schools and primary schools, working in partnership with Health Promoting Schools and close liaison with teachers, education, social services and other statutory voluntary agencies to support the provision of holistic care to meet children's needs. Further enhancement of the strategic direction for School Health Advisers will be detailed through the establishment of a clinical group working as part of the child health surveillance arm of the pan-PCT Ante-natal and Child Health Screening Committee. The aim of the committee will be to determine the priorities and time commitments incorporated into the School Health Adviser roles and to link explicitly the service with the public health and reducing inequalities target arising from the recent White Paper.

The Children's Assessment Unit has recently relocated to its new home at the redeveloped Russell's Hall. The accommodation provided focuses heavily on the delivery of paediatric clinics in an acute hospital setting and does not provide a large enough base to accommodate both primary and secondary care services.

A review is underway that is assessing the requirements of community-based services, particularly in the light of the proposed redevelopments of the Ridge Hill hospital site. The service planning assessments will include the acute-based Consultant Paediatricians, as well as the combined AHP services.

Once conclusions have been drawn, an accommodation strategy will follow to be considered for future premises developments.

Primary Care Practitioners with Special Interest (PCPwSI)

It is proposed to continue to develop through a number of modernisation initiatives and service developments a range of care models which can be delivered by specialist practitioners – eg GPs, clinicians, AHPs. The proposals for implementing specialist practitioners will be based on the disease register for the Borough, and in support of the local drivers for moving care from acute to primary care. Initially, the PCT is implementing specialist nurses to support long-term conditions prevalent within the DSPCT area, and will identify other demographic and epidemiological drivers in the public health agenda.

The Shaping the Future funded project for Redesigning Community services has been identified and will consider plans for the development and support of such practitioners.

Local Mental Health Services

The developing strategy for Mental Health services provides for the integration of health and social care support within the community delivered on a local by specialist practitioners, based in health and social care centres and GP premises. This developing strategy will define the provision of services and identify the infrastructure requirements in due course.

Dudley's Health and Social Care Mental Health services have set out a programme to deliver an integrated service by April 2005. Dudley South PCT will take a lead role in the commissioning of services on behalf of health and social services whilst Beacon and Castle PCT will take the lead responsibility for providing and managing services with the head of services being accountable to both the PCT Board and the Local Authority. It is intended that this will be released through a single management structure and pooled budget arrangements.

A three-year Joint Mental Health strategy will facilitate achievement of a balance between delivering national targets and new ways of working whilst recognising the demand for mental health care in primary care settings. An associated implementation plan will reflect the work plan will reflect the work plan produced by the LIT – this servicing as a vehicle for driving change in the shape of mental health services.

These will be implemented as part of strategic service development proposals, funded within the LDP.

Mental health care is not easily defined and developed into neat pathways but is a confused mixture of symptoms which are often difficult to disentangle and rarely conform to case definitions.

There has been progress made towards the achievement of some of the critical targets recognised within the health economy and contained within the mental health strategy – a project structure is in place for the redesign of existing services and implementation of the new developments with a timetable for completion that matches the strategic intent. A robust audit / evaluation of the effectiveness of specifically Crisis Resolution/Home Treatment will be required to assure confidence of the bed releasing capacity as the funding issues are in part being dealt with through

- The re-design of current services
- The planned changes in investment arising from the reduced dependence on hospital services
- New investment identified through the LDP process.

A bed management strategy will be developed to reflect a year on year reduction in acute bed usage built from a baseline set in 2003/2004 reflected in the strategy and it is expected that the impact of Crisis Resolution / Home Treatment will be reflected with effect from January 2006.

It is proposed that the LIT work plan be seen as the final working document with acknowledgement that it may be adapted based on discussions at clinical forums – particularly those focused on the development of primary care.

Work will continue within the current project arrangements – driven through the joint commissioning structure, and associated action plans will be produced which will: -

- Reflect the achievement of key national targets
- A standard project format across all work streams
- Action plans to include workforce and financial implications
- Initial risk assessments will be undertaken and further refined to include contingency planning
- Action plans will be further refined to give confidence of the project relationships and interdependencies with others and resource usage.

It is expected that the key priorities will be achieved during 2004/2005 and the action plan will be a working document reflecting the strategic direction for mental health services into the future.

An annual review process on progress made will be undertaken through the LIT, which will continue to be the driving force for change and they will endeavour to ensure that all component parts are able to sustain the scrutiny of a robust project management appraisal.

Services for People with Learning Disabilities

The Government's policy of integrating people with learning disabilities within the community, and closing the institutions in which they have lived, calls for the model of care and support to be redesigned. The PCT is jointly implementing these proposals with Dudley Beacon and Castle PCT and Dudley MBC, under the LD Resettlement Programme, working through the LD Sub-Committee of the PEC. The plans are for resettling clients in a mixture of some new, and some existing supported housing accommodation, and the support of the remaining specialist health element of service delivery through a first tranche LIFT scheme.

These proposals will see the resettlement of the client group by December 2005, and the closure of the existing Ridge Hill hospital site by April 2006.

Developments to enhance the Primary Care therapy and nursing services for these new models are included in the AHP service delivery proposals, and the emerging strategy for Services for people with LD. Such developments will be delivered through the redesign of community services and primary care development plans resulting from the shift in care models. There is an identified urgent need to establish a small specialist dysphagia team for adults with a learning disability.

Developing a Case Management Approach

The PCT is redesigning its nursing and therapy services to support a case management approach for the prevalence of complex cases within the patch. The development of a disease register is the initial strand of this approach, which will show the case mix of DSPCT's patient population by sex, age and disease prevalence.

The enhanced Nursing structure will then deliver focused services to improve the quality of care, manage the patients' long-term conditions and avoid unnecessary hospital admissions and support earlier discharge for patients to be managed at home or in the community.

This proposal will be supported by a long-term conditions focus, potentially focusing around the prevalent diseases of:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Heart Disease (CHD)
- Diabetes
- Renal
- Skin conditions

Long-term Conditions

The NHS Improvement Plan emphasises the importance of patient choice and the development of personalised services. A key element of this is to enable people who have a long-term condition to take greater control of their own treatment and gain support from health professionals in the community. There is a growing acceptance that the current focus within the NHS on managing acute episodes of care is no longer appropriate, either in terms of the type of care offered or in terms of managing increasing numbers of people who suffer from one or more long-term conditions. At present:-

- about 78% of all healthcare spend relates to people with long-term conditions
- 80% of GP consultations relate to long-term conditions
- for patients with more than one condition costs are six times higher than those with only one
- patients with long-term conditions or complications utilise over 60% of hospital bed days, often as a result of an emergency admission
- 10% of inpatients account for 55% of inpatient days; 5% account for 42% of inpatient days
- in the NHS pilots of the American Evercare system, 3% of the at-risk over 65s accounted for 35% of the unplanned admissions for that group
- between 50-80% of that cohort were not known to district nursing services or social services.

The Dudley health and social care economy is tackling the management of long-term conditions by clinical engagement in a whole systems redesign, which has at its centre a focus on the patient and carer/family. The management of long-term conditions and the redesign of patient pathways are an integral part of the economy's strategies.

The Dudley health and social care providers wish to further develop patient care based on: -

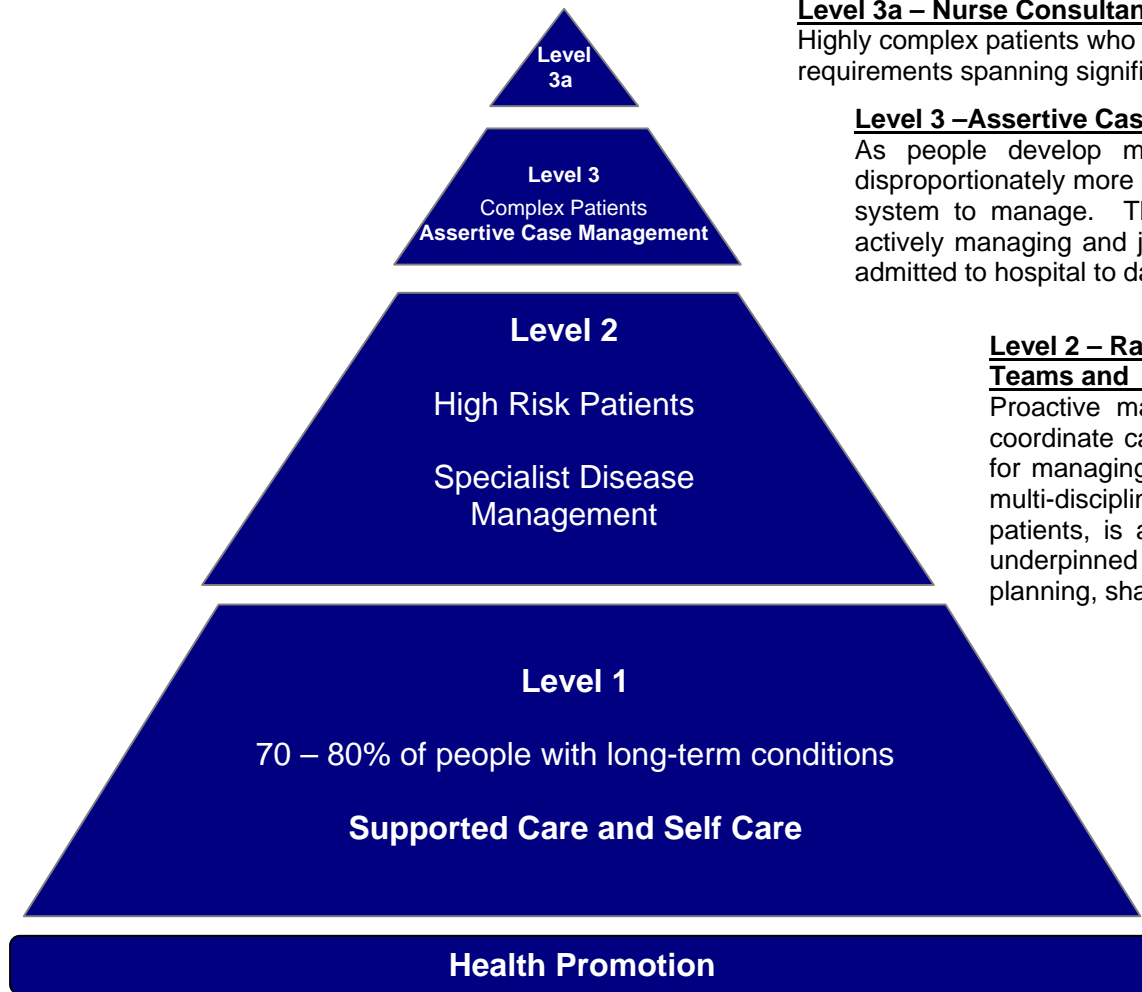
- Systems that continuously improve
- Systems that take a process view of patient flow across departmental and organisational boundaries
- A concentration on care pathways for Older People

Delivered by: -

- Focusing on the bottlenecks that prevent smooth patient flows
- Managing and reducing causes of variation in patient flows
- Implementing measurement systems for improvement that reveal the true performance of the system and the impact of any changes made in real time.

The Model being implemented in Dudley has been drawn from the Department of Health's guidelines for Chronic Disease Management and adapted for the organisational structures within the PCTs and the patient profiles within the Borough.

The Model being implemented in Dudley has been drawn from the Department of Health’s guidelines for Chronic Disease Management and adapted for the organisational structures within the PCTs and the patient profiles within the Borough. Figure 2 refers:



Level 3a – Nurse Consultant/Matron - Long Term Conditions

Highly complex patients who are consistently readmitted to hospital due to complex care requirements spanning significant chronic long-term conditions (co-morbidities).

Level 3 –Assertive Case Managers

As people develop more than one chronic condition, their care becomes disproportionately more complex and difficult for them, or the health and social care system to manage. This calls for case management – with a case manager actively managing and joining up care for these people, who may not have been admitted to hospital to date but are at risk of this.

Level 2 – Rapid Care Key Workers within Primary Health Care Teams and Disease Specific Clinical Teams

Proactive management of care, using Rapid Care Key Workers to coordinate care and support, following agreed protocols and pathways for managing specific diseases. Disease/Care Management, in which multi-disciplinary teams provide high quality evidence based care to patients, is appropriate for the majority of people at this level. It is underpinned by good information systems – patient registers, care planning, shared electronic health records.

Level 1- Expert Patients

With the right support many people can learn to be active participants in their own care, living with and managing their conditions. This can help them to prevent complications, slow down deterioration and avoid getting further conditions. The majority of people with chronic conditions fall into this category – so even small improvements can have a huge impact.

Managing Older People

Under the redesign of primary and community services, there is a need to work towards better pathways of care for older people, particularly those with mental health problems and Learning Disabilities. The work to be undertaken is driven by the following aims: -

- Effective communication mechanisms which support strategic planning and delivery of services for all older people, particularly those with mental health and Learning Disabilities needs.
- Whole systems sign up to an integrated pathway for older people
- Determination on the professional make-up of the team to delivery Older People's care
- Clear accountability and commissioning arrangements
- Increased investment in services
- Transparent and agreed care pathways with clear entrance and exit points

An Action Plan has been agreed in principle; discussions are ongoing to identify the involvement of key Acute Trust staff needed to work with PCT and Social Services colleagues in order to deliver this challenging agenda.

The care pathways will focus on retaining older people within a primary care or home setting. Any hospital stay necessary for an acute episode will ensure the earliest safe discharge, with health and social care support within the community.

GP Practice Development Plans

The PCT works closely with the GPs within Dudley South to produce annual Practice Development Plans. The process for 2005/06 has identified the following development opportunities to be explored further.

Feldon Lane Surgery, Halesowen

- Phase III Diabetes/COPD scheme.
- Continuation of clinics provided.
- Preparation for becoming a training practice.
- Complete QTD course.
- Participation in Gold Standard Framework for Cancer Care.
- Continuation of attached staff team meetings.

Further priorities for 2006/07: become a training practice; continuation of clinics provided; follow on course from QTD.

Albion House Surgery, Brierley Hill

- To retain the high quality of provision for our patients without fragmentation into a series of clinics. We feel our current provision is meeting patient's clinical needs and requirements.

Further priorities for 2006/07: options for service provision and specialist clinics continue to be under active review.

Market Street Surgery, Kingswinford

- To initiate an evening smoking cessation clinic.
-

Cradley Road Medical Practice, Cradley Heath

- Transfer CRMP from PCT salaried PMS to independent status by 1 July 2005.
- Implement Nurse Triage System by May 2005.
- Start long-term condition clinics (Diabetes, CHD and Hypertension, COPD and Athsma) by June 2005.
- Restructure A&C and nursing teams to support the above by April 2005.
- Complete an IM&T strategy of paper-light practice to support clinical and non-clinical activity in the practice by June 2005.
- All staff are to have completed appraisals/IPRs with PDP fully supported by May 2005.
- Complete a patient survey to see how the practice has developed from the patients point of view by January 2006.
- Improve OOF Aspirations from 695 to 900 points by end of March 2005.
- Apply to offer Minor Surgery Enhanced Services by October 2005.

Further priorities for 2006/07: work with the PCT to support LIFT process for new premises, continue to develop paperlight systems and develop IM&T capacity and capabilities, develop service portfolio (increased enhanced service range) and continue to develop workforce capacity to meet service needs.

Greenfield Avenue Surgery, Stourbridge

- Continue to develop and improve current services.

Further priorities for 2006/07: reassess clinical structure – assess a minor surgery and develop more specialised services provided funding is available.

Halesowen Health Centre

- We need to get the practice back on a sound footing. That means getting another doctor in and getting the nurse establishment up to strength.
 - I would like the PCT to consider us as a provider for a locality based INT and Warfarin dosing service.
 - We know we need to expand under the new contract, and we would be keen to assist in absorbing local practice lists if colleagues retire. We believe that we have an almost unique (in this area) understanding of the use of IT in the delivery of care.
 - We have also started an email discussion about commissioning and if the PCT and the practice could work in partnership to develop this.
 - We have also asked to be considered for training PRHO doctors and are being visited next week by Adrian Hulford and the educationalists to discuss this.
-

Hagley Road Surgery, Halesowen

- IT training for targets, quality and outcome framework etc
- Ophthalmology course.
- ENT course.

Further priorities for 2006/07: to increase patient satisfaction and achieve all quality targets in full.

Pedmore Road Surgery, Lye

- Cessation clinics to be set up and ongoing.
- COPD with Spirometry.
- Annual reviews for Diabetes.

Further priorities for 2006/07: obesity clinics established; sister for the elderly would like to increase age limits to 65 years for the elderly health clinics.

Kingswinford Health Centre

- Further develop our chronic disease weight management clinic.
- Review secondary care service provision eg pre-op assessment clinics, Warfarin clinics.
- Choose a book could be beneficial when working properly.
- Develop practice website and Internet appointment booking.
- Develop in house Acupuncture clinic.

Further priorities for 2006/07: new building in LIFT scheme including better access for disabled people; expand and improve services and education; liaise more closely with other organisations for 'one-stop-shop' arrangement.

Goodrest Avenue Surgery, Halesowen

Consolidation of work individual in GMS contract and maximisation of quality services and points.

St Margaret's Well Surgery, Halesowen

Consolidation and refinement of processes put in place to meet the requirements of the new contract.

Brierley Hill Health Centre - Dr Mary

- To employ Practice Nurse
 - To employ Practice Manager
 - New premises to accommodate additional staff and service provision
-

Highfield Road Surgery, Halesowen

- Further improvement in GMS2 services – assessment of end of year AOR achievements and develop areas identified.
- Develop health related clinics – funding required

Further priorities for 2006/07: reassess clinical structure – assess minor surgery and develop more specialised services provided funding is available.

Norton Medical Practice, Stourbridge

- We aim to expand the role of the Practice Nurse to run the Diabetic Clinic assisted by health care assistants.
 - Continue to work towards becoming a paper-light practice.
 - Be open minded to practice based commissioning.
-

Quarry Bank Surgery, Brierley Hill

- Specialist clinics – anti coagulation and near PT testing.
 - Service development – to go paper-light.
 - Possibly upgrade existing computers.
-

Rangeways Road Surgery, Kingswinford

- We have outgrown current surgery and the practice is not suitable for any further redevelopment.
 - The practice population is growing rapidly and to provide them with the high level of care that has always been the practice policy we need to move on.
 - To advance further the practice must have a new build or find suitable premises that could be re-developed.
 - Dr Kieren Leddy will be joining the practice as a full time partner in February 2005 to provide physiotherapy sessions (private and NHS) smoking cessation groups and an evening obesity clinic.
-

Summerhill Surgery, Kingswinford

- To run screening clinics both multi purpose and individual to ensure as far as possible patient only attends the practice for one session to obtain a complete service.
- To introduce minor illness screening by nurses for acute requests on day-to-day basis.

Further priorities for 2006/07: to continue introducing patient centred services.

Thorns Road Surgery, Brierley Hill

- To have in house physiotherapy facilities, in house dietician, nurse practitioner, IUCD clinic.

Further priorities for 2006/07: Anticoagulation clinic, ECG clinic.

Brierley Hill Health Centre - Dr Sumaria & Partners

- Movement into LIFT project and the training of clinicians with a view to further enhancing services once located within the new building.
- Redevelopment of Diabetic service – nurse led clinics Monday – Thursday (3 hours per day) for annual checks. GP led Bi-annual checks Friday morning 08.30 – 12.30.
- Redevelopment of CHD clinic – to include primary prevention.
- HCS led Hypertension/Lifestyle clinics.
- Gold standard framework for cancer care – project start March 2005.
- Practice based commissioning.

Further priorities for 2006/07: Scanning development – total paperless clinics and the scanning of all post 2002 letters onto patient electronic medical records, further develop minor surgery opportunities in new building to maximise earnings from enhanced services.

Three Villages Medical Practice, Stourbridge

- Assuming the new Health Centre is on line, we expect to alter our hours of availability to accommodate more health professionals.
-

Withymoor Village Surgery, Brierley Hill

- Review providing Contraceptive (IUD) when improved facilities in place.
 - Recruitment of Advanced Nurse Practitioner and more specialist clinic appointments.
 - Review practice nurse role when ANP in post.
 - Expand provision of minor surgery services as well as existing GP.
 - Patient participation group established with regular meetings held.
 - Look at possibility of other services holding clinics at the practice for our patients when the facilities are available – eg community psychiatric nurse.
-

Workforce

As part of the 10-year National Plan, HR in the NHS Plan describes the future workforce as “more staff; working differently”.

Locally, Shaping the Future and the Community Investment Strategy (CIS) signal a re-design of the healthcare services from which patients and local communities will benefit. The aims are to avoid unnecessary hospital admissions, to facilitate early discharge from hospital and to provide more care close to home.

The workforce needed to support the range of service changes has been assessed, and plans are in place to new recruit, specialist staff and retrain existing. CIS projects such as pulmonary rehabilitation, heart failure, integrated stroke service, community service re-design and community access to diagnostic services are having significant workforce implications. New ways of working will also become generalised over Dudley to establish a consistent, supportive and effective working and service relationship with Dudley Group of Hospitals.

In addition to these workforce changes affecting the directly employed staff in the PCT, GPs and their staff are developing their roles and skills, as members of primary care teams, aiming to provide more extended care. The PCT is supporting this integration of primary and community care; is reviewing the number of teams for optimum effectiveness; and is establishing new roles of community matron and nurse specialists at locality level to bring clinical leadership and specialist service expertise to bear.

For independent dental practitioners and community pharmacies, proposed new National contracts may well create local opportunities for new and changed services and relationships, which could have workforce and premises implications and opportunities.

The development of healthcare services in primary, community and at-home settings have a range of potential workforce implications, which are being taken into account in planning and designing facilities that support high quality care through the optimum deployment of staff and skills.

Immediate implications include:

- More clinical staff needing more, modern facilities.
- More practitioners with special interests, needing more specialist and outpatient facilities.
- More co-location of clinical staff and teams, with locally accessible diagnostic facilities to support integrated clinical practice and services, to facilitate accessible one-stop care.
- Information technology and communication systems which support and integrate patient care; with knowledge management systems, library and learning facilities which enable staff to learn, develop and demonstrate effective care.

- Modern standards of facilities, equipment and maintenance, which support and encourage safe and high standard of clinical practice, for example infection control and in the benchmark standards of nursing practice in Essence of Care.
- Built in safety and security which supports effective policies and practice to protect staff and property, proportionate to the risks, but without adversely affecting proper patient access.

The workforce and facilities implications of the service developments will be incorporated in the implementation of this and subsequent SSDPs.

Planning and detailed design of the workforce and facilities needed for new and changing healthcare services across all local communities will be constrained by the urban Planning requirement for Travel Plans, which aim to change the way that people travel to work, and promote more sustainable travel – and in which Health is expected to take a leading role. The Brierley Hill and Stourbridge schemes, in view of their large size, will be the first two, which require travel plans to be drawn up.

The facilities for staff, and the flexibility of working patterns, will also be the elements of the total package which can make our PCT “the employer of choice” in locally recruiting, training and retaining the quality and quantity of staff needed to provide high quality, accessible care to patients and local communities.

The Human Resources Strategy has been the framework within which developments have been driven including the LDP and workforce plan, development of an integrated approach to HR management and supporting the PCT in responding to change and modernisation.

2003/04 saw the introduction of a project manager to deliver Agenda for Change, successfully implementing the GP contract and a move from Pledge to Practice status for ‘Improving Working Lives’.

Through the implementation of the National Service Frameworks (NSFs) and the STF programme work has begun to identify new roles and develop existing staff to ensure that we have the right staff with the right skills in the right place at the right time. To support delivery of this demanding agenda a Workforce Planning Framework has been developed raising the profile, capacity and capability in workforce planning across the organisation.

In support of our workforce the Education, Training and Development (ETD) Board and Professional Development Unit (PDU) have already ensured that there are structures and processes in place to enable us to build upon the wealth of skills and knowledge already apparent across all of our services develop – this includes: -

- Implementation of an ETD strategy
- Development of an ETD needs assessment tool

- Making significant progress in the strengthening the Appraisal Process
- Carrying out significant work to identify clinical skills training needs

Staff are our most valuable resource and we have set out a programme to ensure that they have every opportunity to gain the greatest satisfaction from working in this organisation therefore we will support personal and professional development as part of our core business.

Proposed Development Schemes

The PCT's strategic direction for service developments has identified the need for supporting investment in infrastructure to accommodate new models of care and the shift from acute to primary care. A list of schemes has been compiled and prioritised, within indicative timescales proposed, and given below. These proposals will be developed as part of the Joint SSDP of the Strategic Partnering Board when detailed costs and timescales can be tested and approved.

Scheme	Plan development and sign off phase; funds committed	Operational Timescale	Priority	Estimated Rent Costs Per Annum	Existing Revenue Allocations	Net Revenue Increase Required
Worcester Street: Phase 1	Committed	2005/06	-	30,000	-	30,000
Withymoore	Committed	2006/07	-	150,000	50,000	100,000
Brierley Hill Health and Social Care Centre	Committed	2006/07	-	540,600	73,000	467,600
Stourbridge Health and Social Care Centre	Committed	2006/07	-	287,980	56,000	231,980
Moss Grove Surgery	When premises are available		-	30,000	-	30,000
Feldon Lane	2005/06	2007/08	High	255,680	27,000	228,680
Colley Gate Health Centre	2005/06	2007/08	High	256,360	18,000	238,360
Lye Health Centre	2006/07	2008/09	High	594,320	70,000	524,320
Cradley Road Health Centre	2006/07	2009/10	High	320,620	50,000	270,620
Quarry Bank	2006/07	2009/10	Medium	353,600	70,000	283,600
Kingswinford Health and Community Centre	2007/08	2010/11	Medium	551,480	110,500	440,980
Wordsley Green Health Centre	2008/09	2011/12	Medium	320,620	43,000	277,620
Wollaston	2008/09	2011/12	Low	256,360	17,000	239,360
Halesowen	2009/10	2012/13	High	547,400	-	547,400
Worcester Street: Phase 2	2010/11	2013/14	Low	621,520	125,000	496,520
Rangeways Road Surgery	2010/11	2013/14	Low	350,000	15,125	334,875
Total				5,466,540	140,125	4,741,915

Schemes Currently Being Implemented	Operational Timescale
<p><u>Brierley Hill Health and Social Care Centre</u></p> <ul style="list-style-type: none"> • Reprovision of Brierley Hill Health Centre • Reprovision of 3 x GP surgeries • New accommodation for Shaping the Future services 	<p>2006/07 funds allocation</p> <p>Proposed Operational: Spring 2007</p>
<p><u>Stourbridge Health and Social Care Centre</u></p> <ul style="list-style-type: none"> • Reprovision of Westhill Clinic • Reprovision of CTLD service accommodation • New accommodation for Shaping the Future services • Reprovision of 3 Villages GP Surgery from Audnam Lodge <p>Second tranche scheme following opening of Stourbridge:</p>	<p>2006/07 funds allocated</p> <p>Proposed Operational: Spring 2007</p>
<p><u>Wollaston Surgery</u></p> <ul style="list-style-type: none"> • Amalgamation of Dr Firth, and a 3 Villages Branch surgery • Second part of 1st tranche schemes 	<p>Proposed operational: 2011/2012</p>
<p><u>Health Specialist Services for Adults with Learning Disabilities</u></p> <ul style="list-style-type: none"> • Acute Assessment and Treatment (6 beds) • Short-term breaks (2 beds) • Rehabilitation services (2 beds) 	<p>Funds allocated: 2006/07</p> <p>Proposed Operational: Summer 2006</p>
<p><u>Withymoore Surgery</u></p> <ul style="list-style-type: none"> • Reprovision of inadequate 4-GP accommodation, with poor access for patients. • Third-party developer scheme already underway. 	<p>Funds allocated: 2005/06</p> <p>Proposed operational: Spring 2006</p>

Moss Grove Surgery, Kingswinford

- This scheme provides the opportunity to purchase accommodation adjacent to the existing GP practice when it becomes available for sale and allow for premises expansion to provide more locally available community services;
- Allows the integration of the community nursing team to be fully realised within the expanding premises;
- Supports the integration of the new nursing structure for the community nursing team;
- Development of enhanced services provided by PCT's community teams and the GPs are facilitated by expanding the premises;
- The delivery of both current PCT and GP services whilst good within the current premises are at full capacity and no further opportunity other than some expansion work to be undertaken in 2004/2005 to provide accommodation for Medical Student training exists;
- The delivery of both current PCT and GP services is limited through current premises, which do not meet current requisite space allocation requirements or statutory standards;
- Expansion of the existing practice is limited;
- Modern health services can be delivered from purpose designed and built accommodation that meets space and statutory standards, and allows for the development of enhanced service delivery.

Suggested order of additional costs:

1. PCT -
2. GP - £30k per annum

Timescale: when premises become available

Feldon Lane Surgery, Halesowen

- Provides modern premises for a four GP practice;
- The current premises from which PCT staff deliver services compromises staff and patient safety (Annex);
- Opportunity to provide car parking to improve patient access;
- Supports the development of enhanced services through modern buildings designed for health care delivery to current space allocation and statutory standards;
- Existing range of both PCT and GP services provided within these current premises are limited by their current infrastructure;
- Provides opportunity to provide modern and enhanced GP, Nursing and PCS services within purpose-designed premises, thus improving quality of care;
- Building is leased and therefore restricts ability to modernise or expand.

Suggested order of gross costs:

1. PCT -
2. GP - £255,680 per annum

Operational timescale: 2007/08

Colley Gate Health Centre

- Co-location of the Wychbury Branch Surgery (two GPs) and one single-handed GP practice into premises that meet current space requirements for the delivery of modern health services, which cannot be accommodated through modifications to existing premises;
- Opportunity to co-locate with Pharmacy premises site within easy access of both of the existing premises, thus supporting contractors in the delivery of modern and accessible services for the population served;
- Provides adequate car parking (which neither currently do) to improve patient access;
- Improved access to health care services to the population of a large residential estates, currently served by a limited number of GPs;
- Protecting services for patients registered with the Branch surgery of the Wychbury practice;
- Existing PCT and GP services provided within these current GP premises are limited by their present infrastructure;
- Development of enhanced services provided by PCT's community teams and the GPs are limited by the existing premises.
- Provides accommodation for PCS services from the Elms, who will need to move to provide expansion capabilities at the Elms for the CAMHS Team (LDP commitment), and to deliver expanded nursing services locally.

Suggested order of gross costs:

1. PCT -
2. GP - £256,360 per annum

Operational timescale: 2007/08

Lye Health Centre

- Area with high deprivation and within a priority neighbourhood;
- Demonstrates links with Lye Action Group and the regeneration proposals for the area;
- During initial round of consultation for SSDP V1.0, a need was identified by the public for easily-accessible (off High Street) access to health and social care services;
- Provides modern GP premises for a two GP practice, one single-handed practice and a six GP;
- Presents opportunities for co-located civic amenities and Local Authority services in support of partnership working;
- Range of both PCT and GP services provided within these current GP premises are limited by their current infrastructure;
- Services provided by our community-based staff limited by the existing health premises;
- Improved links with SureStart and Health for Lyfe;
- Statutory standards issues in current premises have led to forced relocation of a practice attached nursing team;
- Provides for the provision of some PCS services, and the community nursing team in modern, purpose-designed accommodation that meets space and statutory standards.

Suggested order of gross costs:

1. PCT -
2. GP - £594,320 per annum

Operational timescale: 2008/09

Cradley Road Medical Practice, Cradley Heath

- Existing premises (leased) restrict development of enhanced services;
- Scheme will seek to relocate practice premises more central to practice population;
- There is insufficient accommodation for the expanded staff team, four part-time GPs and two Advance Nurse Practitioners;
- Development of enhanced services provided by PCT's community teams and the GPs are limited by the existing premises;
- The delivery of both PCT and GP current services is limited through current GP premises, which do not meet current requisite space allocation requirements or statutory standards;
- Expansion of the existing practice is limited and would need relocation to meet space requirements;
- Modern health services can be delivered from purpose designed and built accommodation that meet space and statutory standards, and allows for the development of enhanced service delivery;
- Existing range of both PCT and GP services provided within these current GP premises are limited by their current infrastructure.
- Modern expanded health services, both PCS and nursing team, can be delivered from purpose-designed and built accommodation that meets space and statutory standards, and allows for the development of enhanced service delivery.

Suggested order of gross costs:

1. PCT -
2. GP - £320,620 per annum

Operational timescale: 2009/10

Quarry Bank Health Centre, Brierley Hill

- Modern practice accommodation to house 2 x two GP practice and the Quarry Bank Nursing Team, who are currently in rented premises;
- The delivery of both current PCT and GP services is limited through current premises which do not meet current requisite space allocation requirements or statutory standards;
- A single-handed GP has recently retired and neighbouring practice will pick up the vacant list and need expansion to accommodate this.
- Co-location of practices further enhances succession planning;
- GP practices are limited in the development of their enhanced range of services by current accommodation;
- Community Nursing Team cannot currently be located at GP premises.
- Adequate car parking can be provided to improve patient access.

Suggested order of additional costs:

1. PCT -
2. GP - £353,600 per annum

Operational timescale: 2009/10

Kingswinford Medical and Community Centre

- The existing Kingswinford Health Centre is currently fully utilised for both primary care and community based services and there is no opportunity for further expansion to meet delivery requirements;
- The scheme re-provides for the existing five partner Kingswinford Medical Practice (KMP) and the four partner Summerhill GP practice, in modern, purpose built accommodation designed to deliver a range of both community and primary care services;
- This development provides the opportunity to base the two existing practices, whose accommodation is limited and no opportunity exists for expansion;
- Opportunity to provide co-located complementary services, including Pharmacy, Ophthalmic and Dentistry, in support of the new contracts for these services being implemented during 2005 – supports and assists the plans of third party contractors and allows them to meet modern premises needs, statutory standards and space requirements.
- Potential for co-location with local LA services and community groups.
- Existing range of both PCT and GP services provided within these current premises are limited by their current infrastructure.

Suggested order of gross costs:

1. PCT -
2. GP - £551,480 per annum

Operational timescale: 2010/11

Wordsley Green Health Centre, Wordsley

- The Local Authority's UDP requires additional housing on the closed Wordsley and Ridge Hill hospital sites, which will need to be supported by developments in both primary and community delivered health services to the increased patient population in this location;
- The range of both PCT provided and GP services provided within the existing Health Centre are limited by their current infrastructure with limited opportunities for service expansion;
- The re-provision of services based at the existing Wordsley Green Health Centre will include premises for the current six partner GP practice together with built-in expansion capacity for additional primary care to meet the population growth. The existing PCT community-based services will also be re-provided and expanded to respond to the new demands;
- Expansion of the existing practice is limited;
- Proposal supports modern health services delivered from purpose designed and built accommodation that meets space and statutory standards, and allows for the development of enhanced service delivery;
- Opportunity to provide co-located complementary services, including Pharmacy, Ophthalmic and Dentistry, in support of the new contracts for these services being implemented during 2005 – supports and assists the plans of third-party contractors and allows them to meet modern premises needs, statutory standards and space requirements;
- Potential for co-location with local LA services and community groups;
- Existing range of both PCT and GP services provided within these current premises are limited by their current infrastructure;

Suggested order of additional costs:

1. PCT -
2. GP - £320,620 per annum

Operational timescale: 2011/12

Halesowen Health and Social Care Centre

- Third, and final plank of PCT's strategic direction to provide a comprehensive range of primary care and community services at a locality level, with the possibility of co-location with Local Authority services in town centre to serve Halesowen (Brierley Hill and Stourbridge localities provided for in SSDP V1.0 as 1st tranche LIFT Schemes on-stream in 2006);
- To include the provision of modern accommodation to house 2 x two GP Practices and two single handed Practices – such co-location of GP practices assists with the succession planning of small practices with GP due to retire in the next five years;
- The range of both PCT-provided and GP-provided services within both the existing Health Centre, and these GP premises are limited by their current infrastructure; supports new development in nursing and PCS services.
- Current services provided by our community-based staff limited by the existing health centre as it does not meet:
 - Modern premises space requirements under Health Building Notes
 - Statutory standards
- Integration of primary and community delivered nursing services can be achieved through co-location, and the scheme supports the new Nursing structure proposals within this SSDP;
- Opportunity to provide co-located complementary services, where appropriate, such as Pharmacy, Ophthalmic and Dentistry, in support of the new contracts for these services being implemented during 2005 – supports and assists the plans of third-party contractors and allows them to meet modern premises needs, statutory standards and space requirements;
- Supports the shift from acute to primary care by providing increased space for outpatient facilities in the community.

Suggested order of gross costs:

1. PCT - £547,400

Operational timescale: 2012/13

Worcester Street Surgery: Phase 2, Stourbridge

- To include the provision of modern accommodation to house a seventeen GP partner practice;
- The range of both PCT provided and GP services provided within the existing premises, are limited by their current infrastructure; supports new development in nursing and PCS services.
- Current services provided by our community-based staff limited by the existing premises as it does not meet:
 - Modern premises space requirements under Health Building Notes
 - Statutory standards
- Integration of primary and community delivered nursing services can be achieved through co-location, and the scheme supports the new Nursing structure proposals within this SSDP;
- Opportunity to provide co-located complimentary services, including Pharmacy, Ophthalmic and Dentistry, in support of the new contracts for these services being implemented during 2005 – supports and assists the plans of third-party contractors and allows them to meet modern premises needs, statutory standards and space requirements;

Suggested order of gross costs:

1. PCT -
2. GP - £621,520 per annum

Operational timescale: 2013/14

Rangeways Road Surgery, Kingswinford

- Modern practice accommodation for 3 x GP partners.
- The delivery of both current PCT and GP services is limited through current premises which do not meet current requisite space allocation requirements or statutory standards;
- GP practices are limited in the development of their enhanced range of services by current accommodation;
- Adequate car parking can be provided to improve patient access.

Suggested order of additional costs:

3. PCT -
4. GP - £350,000 per annum

Operational timescale: 2013/14

Consultation Process

Since its inception, the PCT has developed and implemented a wide-ranging communications strategy that provides both broad and targeted stakeholder involvement in its service development plans. This strategy, managed by the Head of Communications, includes:

- Continued contribution to the common health economy's quarterly free publication to the households of Dudley Borough, Healthlink, which seeks to communicate health and social care developments in a timely manner and to advise the population of emerging plans;
- Establishment and on-going management of a Health Panel, where interested volunteers are advised and asked for their feedback on emerging proposals around the health developments of the PCT;
- Establishment of patient panels in x GPs within the Dudley South patch;[Janice Cunningham to provide]
- Statutory, 3-month consultation processes for proposed changes to service provision, such as that which supported the 1st tranche schemes contained in the SSDP V1.0 and the LIFT proposals;
- Consultation and involvement of the community, with relatives, carers, clients, the Scrutiny Committee and the local public;
- Involvement with the DMBC Local Area Committees (LACs) where proposals and plans affected the localities with the Dudley South patch are communicated;
- The Patients' Forum;
- Support for Expert Patients;
- Continued contributions to the weekly Bulletin of the two PCTs serving Dudley;
- Planned Roadshows for staff covering specific and ad-hoc proposals, seeking feedback on the items discussed, such as LIFT, the SSDP proposals;
- The process by which the SSPD was developed is enclosed as Appendix 1, showing key stakeholder involvement;
- Close involvement with and support of the Local Authority service directorates in developing service proposals; in particular, the Planning Authority to identify land and support for planning permission for joint development through LIFT and for PCT-specific proposals;

- Active participation in local initiatives for the regeneration of neighbourhoods – for example, The Brierley Hill Regeneration Partnership;
- Membership of strategic development and planning committees by key stakeholders within the common health economy, such as the LIFT Project Board, the LD Sub-Committee for implementing Valuing People;
- The development of SSDPs includes involvement, communication and contributions from the key Trust meeting stakeholders, namely, PEC, Primary Care Sub Committee, PCS Heads Group, Operations Directorate Management Team and the Corporate Management Team.

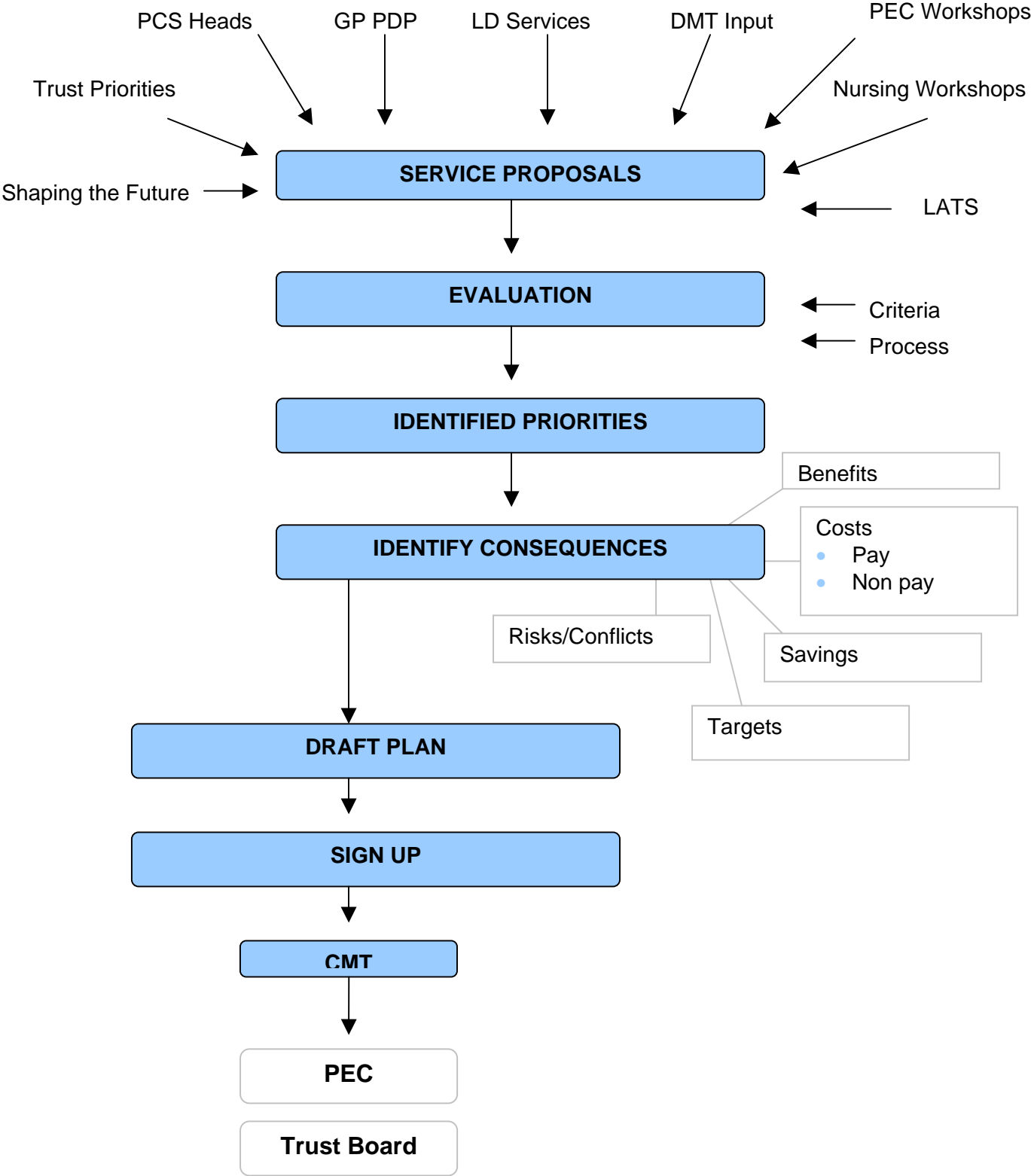
Now that the public private partnership is near to formation, it is intended that the joint venture company will be able to increase its involvement in developing local initiatives for improving services through additional resources, skills and expertise in health planning, infrastructure developments, community action networks, arts for health and regeneration initiatives.

SSDP Milestones

Original SSDP V1.0 publication	January 2003
Dudley South PCT SSDP V2.0	April 2005
Dudley South LIFT SSDP Approval	May 2005
Annual refresh process	October – December annually
Trust Board approval	January annually
Strategic Partnering Board	February annually
LIFTCo. Business Plan	March annually

- Dudley South PCT Profile 2000
- Strategic Services Development Plan, original version, published January 2003
- Shaping the Future – on-going
- Dudley South Business Plan, 2004 - 2006
- Local Delivery Plan, 2004 - 2008
- Birmingham and Black Country Strategic Health Authority Framework, 2004
- Black Country Review – on-going
- Pharmacy contract
- 'Choosing Health', 2004
- 'Valuing People'

Developing The SSDP



Current Dudley South PCT Property

Property		Tenure	Cost to achieve Stat H&S compliance Standard B	Cost to achieve Stat fire safety compliance Standard B	% of patient occ floor area not in stat fire safety compliance	% of patient occ floor area not in stat fire safety compliance	Property cost to achieve compliance with disability discrim standards	Total compliance cost (£)
Ridge Hill (Site)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold						
House 1 - Tustans (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	45000.00	57250.00	90.00	10.00	3500.00	105750.00
House 2 - Dullester (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	500.00	500.00
House 3 - Harriwood (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	500.00	500.00
House 4 - Cooknall (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	1500.00	1500.00
House 5 - Hollyrood (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	1500.00	1500.00
House 6 - Shousters (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	5400.00	5400.00
House 7 - Paytons (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	5000.00	5000.00
Ashwoodhay (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	5750.00	5750.00
Conference Centre (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	4700.00	4700.00
Gorstfields Nursing Home (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	800.00	800.00
Keeling Centre (Ridge Hill)	Ridge Hill, Brierley Hill Road, Stourbridge	Freehold	inc	inc	90.00	10.00	5730.00	5730.00
Brierley Hill Health Centre	Albion Street, Brierley Hill	Freehold	28000.00	1490.00	80.00	10.00	10000.00	39490.00
Children's Unit (Wordsley Hospital)	Wordsley Hospital, Stream Rd, Kingswinford	Leasehold	0.00	0.00	n/a	n/a	n/a	0.00
The Elms Health Centre	Slade Rd, Coley Gate, Halesowen	Freehold	0.00	0.00	100.00	0.00	1000.00	1000.00
Halesowen Health Centre	14, Birmingham St, Halesowen	Freehold	6500.00	9300.00	80.00	10.00	6500.00	22300.00
Halesview	Highfield Lane, Halesowen	Freehold	1300.00	1300.00	90.00	15.00	1300.00	3900.00
Health for Lyefe	High St, Lye	Leasehold	750.00	750.00	90.00	10.00	750.00	2250.00
Cottage Street Hearing Centre	Cottage Street, Brierley Hill	Freehold	7400.00	3700.00	90.00	10.00	7400.00	18500.00
Hill House	Corbett Hospital, High St, Amblecote	Freehold	5600.00	5600.00	80.00	20.00	5600.00	16800.00
Hill House Day Unit	Corbett Hospital, High St, Amblecote,	Freehold	0.00	0.00	80.00	n/a	n/a	0.00
Hollybush House - EMI Unit	Corbett Hospital, High St, Amblecote	Freehold	1500.00	0.00	95.00	n/a	1500.00	3000.00
Kingswinford Health Centre	Standhills Rd, Kingswinford	Freehold	0.00	0.00	100.00	0.00	4000.00	4000.00
Gate Lodge	Corbett Hospital, High St, Amblecote	Freehold	0.00	0.00	n/a	n/a	n/a	0.00
LMHU - Residential	8/10 Meres Road, Norton Road, Stourbridge	Freehold	1000.00	1000.00	95.00	5.00	1000.00	3000.00
The Poplars Health Centre	Little Cottage Street, Brierley Hill	Freehold	5600.00	5600.00	95.00	5.00	5600.00	16800.00
Quarry Bank Clinic	Sheffield Street, Quarry Bank, Brierley Hill	Leasehold	0.00	0.00	n/a	n/a	n/a	0.00
Westhill Clinic	Hagley Rd, Stourbridge	Freehold	11000.00	12200.00	80.00	20.00	4000.00	27200.00
Learning Disabilities - Respite Care	The Willows, 70 Vicarage Rd, Amblecote	Freehold	0.00	0.00	100.00	0.00	1650.00	1650.00
Withymoor Surgery	Turners Lane, Brierley Hill, Stourbridge	Leasehold	0.00	0.00	n/a	n/a	n/a	0.00
Wordsley Green Health Centre	Wordsley Green, Stourbridge	Freehold	5000.00	0.00	n/a	n/a	1300.00	6300.00
Wychbury Medical Centre	121, Oakfield Rd, Wollescote	Leasehold	0.00	0.00	n/a	n/a	n/a	0.00
Pens Meadow			0.00	0.00	0.00	n/a	n/a	0.00
Jigsaw Day Nursery			1000.00	1000.00	95.00	10.00	inc Keeling Centre	2000.00

GP Properties

	PCT Owned	Disabled Parking & Approach	Entrance	Reception	Telephone & Comms	Seating	Doors	Circulation & General	Disabled WC Upgrade	Stairs	Lift	Escape Routes	Contrast	Sub Total	Comments
		A	B	C	D	E	F	G	H	I	J	K	L	M	
Kingswinford North															
Kingswinford Health Centre	Yes														
Moss Grove Surgery, 15 Moss Grove 84 Market Street	No	1,000	2,000	2,000	4,000	0	2,000	0	11,000	0	0	1200	5000	28200	
	No	12,000	0	6,000	2,000	0	2,000	1,000	12,000	0	0	10000	5000	50000	Report identifies unsuitable building
Kingswinford South															
Kingswinford Surgery, Standhills Rd	No														
The Surgery, Summerhill	No	2,000	500	6,000	0	1,000	0	0	10,000	0	0	0	5000	24500	
Wordsley Green Health Centre	Yes														
High Acres, 33 Rangeways Road	No	1,000	0	0	0	1,000	2,000	0	10,000	2,000	0	0	5000	21000	
Brierley Hill															
Brierley Hill Health Centre	Yes														
Sumaria & Partners Brierley Hill H.C	No														
Albion House Surgery, Albion St 30 Sandringham Way, Amblecote	No	2,000		0	1,000	1,000	4,000	0	10,000	2,500	0	10000	5000	35500	
	No	0		0	0	1,000	1,000	0	10,000	0	0	2000	5000	19000	Stair lift not priced, report identifies unsuitable building
Dr Mary Lakeside District Surgery	No	9,000	inc at A	0	0	0	0	0	10,000	0	0	2000	5000	26000	Report identifies unsuitable building
Brierley Hill/ Lye															
43 Thorns Road	No	1,000	10,000	0	0	1,000	2,000	0	10,000	2,000	0	2000	5000	33000	
22 Pedmore Road	No	14,000	0	0	0	1,000	0	0	10,000	1,000	0	2000	5000	33000	Stair lift not priced
165 High Street, Quarry Bank	No	0	4,000	0	0	1,000	2,000	0	10,000	2,000	0	2000	5000	26000	
The Limes Surgery	No	0	4,000	0	2,000	1,000	1,000	0	10,000	2,000	0	2000	5000	27000	Stair lift not priced
87 Chapel Street	No	200	0	0	2,000	1,000	0	0	10,000	0	0	1000	5000	19200	
Stourbridge															
Withymoore Surgery	No	0	2,500	0	2,000	1,000	0	0	0	2,000	5000	0	0	12500	Leased facility
1 Meriden Avenue, Wollaston	No	1,000	0	1,000	2,000	1,000	0	0	10,000	2,000	0	1000	5000	23000	Stair lift not priced
Audham Lodge Wordsley/ Three Villages	No	1,000	400	0	0	1,000	500	0	10,000	2,000	0	0	5000	19900	
Wychbury Medical Centre	No	20,000	1,000	2,000	2,000	1,000	2,000	0	10,000	2,000	0	3000	5000	48000	
The Surgery, Chapel House Lane	No	10,000	inc at A	0	2,000	1,000	0	0	10,000	0	0	0	5000	28000	Report identifies unsuitable building
Norton Medical Practice	No	6,000	1,000	2,000	0	1,000	1,000	0	10,000	2,000	0	4000	5000	32000	Stairs too steep, unsuitable approach, unsuitable first floor

APPENDIX 3

	PCT Owned	Disabled Parking & Approach	Entrance	Reception	Telephone & Comms	Seating	Doors	Circulation & General	Disabled WC Upgrade	Stairs	Lift	Escape Routes	Contrast	Sub Total	Comments
		A	B	C	D	E	F	G	H	I	J	K	L	M	
80 Bridgenorth Road	No	0	500	0	2,000	1,000	500	0	10,000	1,000	0	0	5000	20000	Impractical to improve
Stourbridge Central															
1 Worcester Street	No	2,000	1,000	0	0	1,000	0	0	10,000	1,000	0	1000	5000	21000	Stair lift not priced
24 Worcester Street	No	6,000	0	400	0	1,000	0	0	10,000	1,000	0	10000	5000	33400	Stair lift not priced
11 Greenfield Avenue	No	1,000	2,000	2,000	0	1,000	2,000	200	10,000	1,000	0	2000	5000	26200	Stair lift not priced
Halesowen West															
4 Meadowbrook Road	No	0	0	0	0	0	0	0	0	0	0	0	5000	5000	
39 Highfield Road	No	6,000	500	0	2,000	1,000	0	0	10,000	0	0	1000	5000	25500	
62 Cradley Road	No	500	n/p	10,000	0	0	1,000	0	10,000	0	0	2000	5000	28500	
Halesowen Central															
St Margarets Well Surgery, 2 Quarry Lane	No	0	0	0	0	0	0	0	0	0	0	0	5000	5000	
3 Tenlands Road (Dr Modi)	No	0	1,000	4,000	0	1,000	0	0	10,000	2,000	0	2000	5000	25000	Stair lift not priced, Access to consult and treatmt rms difficult to improve
Halesowen Health Centre															
30 Hagley Road. Hayley Green	No	2,000	0	2,000	0	1,000	0	see note	10,000	2,000	0	10000	5000	32000	
Alexandra Medical Centre	No	1,000		0	0	1,000	0	0	10,000	0	0	2000	5000	19000	
Halesowen East															
Feldon Lane Surgery	No	5,000	0	2,000	2,000	1,000	0	0	10,000	0	0	1000	5000	26000	Alterations may be required to support 13
Feldon Lane Clinic	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	GP owned
6 Hawne Lane (Branch Surgery of 13)	No	2,500	0	1,000	2,000	1,000	0	0	10,000	2,000	0	0	5000	23500	Fire alarm to visual not priced
Clement Road Medical Centre	No	0	0	0	0	0	0	0	0	0	0	0	5000	5000	
95 Goodrest Avenue	No	1,000		0	0	1,000	1,000	0	10,000	500	0	1000	5000	19500	Report identifies problem areas
146 - 148 Coombs Road	No	0	0	0	0	1,000	0	1,000	10,000	1,000	0	0	5000	18000	