



Reference: AHC106258
Date: 01/05/2007

Your details

Trust self-declaration:

Organisation name:	Gloucestershire PCT
Organisation code:	5QH

General statement of compliance

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

<p>General statement of compliance</p>	<p>Other than Core Standards C1a, C8b and C9 the Board of Gloucestershire Primary Care Trust has reasonable assurance that there have been no significant lapses in meeting the core standards during the period April 1st 2006 to March 31st 2007. Where minor lapses have occurred, the Board is satisfied that appropriate remedial action has been taken.</p> <p>The PCT has followed a robust and evidenced process, led by the Chair of the Integrated Governance Committee and the Audit Committee, to assess its compliance against the standards contained within the seven domains, involving the directors and lead managers for each area.</p> <p>The Board wishes to acknowledge the dedication and commitment of staff to good standards of patient care. It would also like to thank Gloucestershire County Council's Health Overview and Scrutiny Committee (HOSC) and the Gloucestershire Patient and Public Involvement Forum for their involvement in our Standards for Better Health declaration</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

<p>Statement on measures to meet the Hygiene Code</p>	<p>Gloucestershire Primary Care Trust recognises that the Health Act 2006 introduces a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board is assured that it has suitable systems and arrangements in place to ensure that the code is being observed at this Trust.</p>
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Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Insufficient assurance
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled	Compliant

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	safely and securely.	
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C1a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/10/2006
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>As part of creating the new Gloucestershire PCT all three predecessor organisation were required to use a new database holding information on incidents, accidents and near misses.</p> <p>At the same time, a service level agreement was terminated with a service provider that input incident data for one of the three PCTs. Following this, delays in implementing the system for data input led to a backlog of incident forms. As a result, the Board has not been sufficiently assured that the Trust was able to make improvements in practice based on information derived from the analysis of incidents with sufficient diligence.</p>
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The remedial plans have been implemented, the backlog removed and a structure agreed for the management of the incident database.

Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available,	Compliant
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	take into account nationally agreed guidance when planning and delivering treatment and care.	
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Not met
C9	Healthcare organisations have a	Not met

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	systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C8b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	31/10/2006
End date of non-compliance or insufficient assurance (planned or	31/10/2008

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actual)	
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	All individuals' development requirements should be reviewed regularly through the appraisal process and be reflected in their personal development plans. The Board is not assured that there have been regular reviews of staff development plans through appraisals.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	By March 2008 all individuals will have had an appraisal, comprising in part a review of their personal development plans.

Please complete the details below for standard C9, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2008
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Gloucestershire PCT has received an overall score of 28% on the Information Governance Toolkit. This equates to a red rating. The Board is therefore not assured that Gloucestershire PCT has a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose for which it was collected and disposes of the information appropriately when it is no longer required.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	There is a detailed action plan with the Information Governance Toolkit. The action plan will be implemented and overseen by the Integrated Governance Committee to bring the Trust to compliance with this core standard by 31st March 2008.

Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems	Compliant
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	in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

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C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction	

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	partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Public health domain - developmental standards

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Good
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The PCT's information toolkit provides a detailed implementation plan and the Information Governance Steering Group, whose objective for 2007/08 is to improve performance in this area, will be monitoring local progress for the PCT.
Your highest local priorities for improvement relating to developmental standards D13a) and b)	<p>The local priorities for improvement relating to D13(a) are to:</p> <p>(i) Develop a countywide health improvement and well-being strategy under the auspices of Gloucestershire Healthy Living Partnership and Gloucestershire Healthy Living and Well-Being group underpinned by the PCT health improvement commissioning strategy</p> <p>(ii) further develop information systems and indicators in support of practise based commissioning and commissioning requirements, for example rolling programmes of health needs assessments and equity audits</p>

	<p>(ii) further share public health initiatives with partners and update locality profiles</p> <p>(iii) continue with rolling programme of health needs assessments and joint strategic needs assessments.</p> <p>The local priorities for improvement relating to D13(b)are to:</p> <p>(i) Review the structure of the Public Health team (as part of PCT reconfiguration) to ensure it can meet the challenges of delivering Choosing Health</p> <p>(ii) Monitor and audit effectiveness of changed ways of working</p> <p>(iii) complete evaluation of Community Counts pilot and embed learning as appropriate across the PCT area,</p> <p>(iv) develop and evaluate targeted Health Improvement pilots to test alternative delivery models.g. through PCT Obesity strategy and action plans</p>
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Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Dr	Shona Arora	Acting Director Public Health
2.	Ms	Ingrid Barker	Non Executive Director
3.	Dr	Stuart Drysdale	Chair, Interim Professional Executive Committee
4.	Mr	Alan Elkin	Non Executive Director
5.	Ms	Ruth FitzJohn	Chair
6.	Mr	Robert Graves	Non Executive Director
7.	Mr	John Harkness	Non Executive Director
8.	Ms	Anne Noble	Non Executive Director
9.	Ms	Jan Stubbings	Chief Executive Officer
10.	Ms	Margaret Styles	Non Executive Director
11.	Ms	Sarah Truelove	Director of Finance

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

<p>Strategic health authority comments</p>	<p>On the basis of the evidence available to the new Strategic Health Authority, there is no reason to disagree with the assessment made by the organisation in its declaration.</p> <p>We are confident that the newly formed Primary Care Trust is working to ensure that where any lapses have occurred, action is being taken to address this across the whole organisation.</p>
<p>Patient and public involvement forum comments</p>	<p>Gloucestershire PCT Forum response to Core Standards.</p> <p>Core Standard C4a - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection (HAI) to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).</p> <p>Comments Systems are in place for effective infection control.</p> <p>There has been a reduction in the number of reported cases of MRSA in recent months although it is above the agreed trajectory levels.</p> <p>Action plans have been formulated by the PCT in conjunction with the Hospitals Trust to reduce the number of healthcare acquired infections, especially MRSA.</p> <p>The results are reported monthly to the Board as a Key Priority area of the Local Delivery Plan.</p> <p>The Community Hospital Matrons review surveillance dates and agree any corrective action. Figures are produced quarterly.</p> <p>Evidence The PCT Forum in conjunction with the Hospitals Forum have conducted a number of hygiene inspections both in the community hospitals and the Hospitals Trust Policies are now in place and a high standard was found in the areas inspected.</p> <p>Standard C11b - Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.</p> <p>Comments Effective systems are in place for the new PCT and are being implemented. It is too early to evaluate the implementation.</p> <p>An interim Statutory and Mandatory Training Policy for the new Gloucestershire PCT is in place (December 2006) and being implemented, linked with the Personal Development Review Policy.</p>

Single policies are going before the Executive. Records are kept of all training, managers are informed and ensure that training missed takes place at a later date. A record of mandatory training undertaken forms part of the Personal Development Review papers.

Evidence

Copies of these documents have been made available to the Forum. The Forum has discussed these with the relevant managers of the PCT.

Core Standard

C14a - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

Comments

A Forum survey of GP surgeries and pharmacies was carried out in February 2007. It revealed that 75% had Complaints leaflets on display and 25% did not.

Evidence

Board Papers from Gloucestershire PCT no longer have a comprehensive Complaints section. This existed prior to the merger of the three PCTs.

Core Standard

C15 - Where food is provided healthcare organisations have systems in place to ensure that;

a) patients are provided with a choice and that it is prepared safely and provides a balanced diet.

b) patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day.

Comments

There are systems in place to ensure that patients have a good choice of food that is safely prepared and provides a balanced diet. Individual needs are catered for, including necessary help with feeding and access to food 24 hours a day.

Evidence

Outcomes of March 2007 PEAT inspections carried out with Forum involvement.

PCT Forum meeting with facilities manager of manager of community hospital.

Outcomes of PCT patient Food Satisfaction Surveys are good.

The PCT Forum has had access to the audit reports on Food Safety and all areas comply with Food Safety Hygiene regulations.

Core Standard

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

	<p>care.</p> <p>Comments Information leaflets are freely available to the patients and the public. These are frequently drawn to the attention of the patient by practitioners.</p> <p>Evidence Patients visiting community clinics and centres have the opportunity to obtain a variety of health related leaflets.</p> <p>Core Standard C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.</p> <p>Comments Strategies to achieve equal access and choice of service and treatment are being put in place but until these are fully implemented there are issues for patients.</p> <p>A draft Disability / Equality Action Plan has been drawn up for the new Gloucestershire PCT but this was done without patient or public input. Consultation is now taking place. Forum involvement with Dentistry, as part of the Workplan, has highlighted the need for better information for disabled patients regarding physical access to dental practices and surgeries within them, particularly as many of the buildings are listed. The PCT is currently working on ways to make this information available.</p> <p>Access to NHS dental care has increased, however access is dependent on patients' ability to travel some distance.</p> <p>Evidence The draft Action Plan is available on the PCT's website.</p> <p>The Forum has met with and discussed access issues with the PCT's Equality and Diversity Manager.</p> <p>Forum information from Patient Advice and Liaison service (PALS) and local groups.</p> <p>Comments Choose and Book issues have been drawn to the attention of the PCT Forum. In particular, that appointments booked at the chosen location have been changed without the patient's consent. The Forum is taking this issue up with the PCT Board.</p> <p>Evidence Complaints received from members of the public by the PCT Forum.</p> <p>Single issues have been addressed at the Choose and Book Board meetings and patients advised accordingly.</p> <p>More specialised clinical services are being added to the list of treatments available to patients. But software problems nationally have hindered the full integration of the system. Some GPs have yet to sign up to Choose and Book.</p> <p>Core</p>
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	<p>Standard C21 - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.</p> <p>Comments Strict cleanliness audits are carried out at all community hospitals and cleaning standards meet the national specification for NHS premises.</p> <p>The Forum has seen outcomes of PCT cleanliness audits.</p> <p>Evidence All cleaning staff are in training for NVQ Level one.</p> <p>Core Standard C22 - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) co-operating with each other and with local authorities and other organisations.</p> <p>c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.</p> <p>Comments Systems are in place to promote, protect and demonstrably improve the health of the community served, and narrow health inequalities.</p> <p>The Local Area Agreement Project Board is a multi-agency team on which the PCT is represented. It is comprised of five blocks; Children and Young People, Economic Development and Enterprise, Healthier Communities and Older People, Natural Built Environment and lastly Safer and Stronger Communities.</p> <p>The aims are to reduce health inequalities and priority has been given to lifestyle factors that can reduce cancer and cardiovascular disease e.g. reducing smoking, improving diet, increasing physical activity and encouraging sensible alcohol consumption. Activity will be focussed in the three most deprived areas of the county, three outcomes focus on reducing admissions to hospital, alcohol-related, self harm and falls related in the over 75s.</p> <p>A number of falls clinics are available to the over 75s. Tai-Chi and Pilates are also being encouraged by the PCT. Smoking cessation initiatives are in place throughout the county. The PCT, in liaison with the Partnership Trust, has appointed a number of key workers to help reduce admissions through self harm. The Healthy Living Scheme is in place.</p> <p>Evidence This evidence came from a meeting with the PCT Director, PCT Board papers and other relevant</p>
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	<p>documents.</p> <p>April 13th 2007</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>Gloucestershire Health Overview and Scrutiny Committee (HOSC) comments on Gloucestershire Primary Care Trust (and its three predecessor organisations)</p> <p>Standard C4, Part A - Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.</p> <p>The HOSC understands that MRSA rates are reducing in the hospitals operated by Gloucestershire Hospitals NHS Foundation Trust (GHNSSFT). The HOSC has heard anecdotal evidence suggesting that the GHNSSFT policy on staff wearing uniforms outside of work is being breached, and has expressed some concern about the risks associated with this. HOSC also has anecdotal evidence from a member of the committee suggesting that cleanliness in some areas at Gloucestershire Royal Hospital has not always been up to the standards that we would expect. However, the committee understands that the Hospitals Patient Forum has recently conducted cleanliness inspections, and that they were satisfied with the results.</p> <p>Standard C5, Part A - Health care organisations ensure that they conform to NICE technology appraisals, and where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.</p> <p>The Future of Healthcare in Gloucestershire consultation included a proposal to stop routinely providing IVF services. At the time the local NHS had only recently started routinely providing IVF treatment, and had done so in response to NICE guidance. The guidance did not change but the local NHS chose to cease routinely providing IVF treatment in order to address its financial problems, and informed the committee that it had no obligation to follow the NICE guidance. The committee was concerned that this could increase the 'postcode lottery' but ultimately did not oppose this proposal. Subsequently some local residents have expressed concern about this change in the local press because it goes against NICE guidance.</p> <p>Standard C6 - Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.</p> <p>The Future of Healthcare in Gloucestershire consultation included proposals for change to the Patient Transport Service. The committee was critical of this proposal as it felt that the NHS had failed to carry out</p>
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sufficient work with the voluntary sector or the County Council's Integrated Transport Unit to ensure that alternative arrangements were in place for those that needed transport. Following consultation these proposals were not taken forward and further work is now being undertaken in order to bring forward detailed proposals later this year.

Standard C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

The Future of Healthcare in Gloucestershire consultation included a wide range of substantial service changes. In its response to that consultation the HOSC was critical of the consultation process. The following is an extract from the HOSC response to the consultation:

"Throughout the committee's examination of these proposals concerns have been raised about the adequacy of the consultation process. One issue of concern that has been raised on a number of occasions is the extent to which the Health Community has met its obligations under Section 11 of the Health and Social Care Act to involve and consult people in the development of the proposals. In some cases it is clear that the proposals that have been put forward follow on from period of extensive involvement with the local communities, for example the proposals for the Berkeley Vale and North Cotswolds localities. However, in other cases the proposals appear to have been brought forward following little or no engagement, for example the proposals for the West Gloucestershire locality. Perhaps it is not surprising that there appears to be some correlation between the proposals that have been met with the fiercest opposition, and those where there community does not feel it was engaged in the development of the proposals. The committee recognises that the imperative to achieve financial balance by April 2007 has driven the pace of the consultation, but does note this approach to consultation on significant variations is not appropriate.

It has also been suggested to the committee that some people have found it difficult to get additional information about the proposals that they have requested. There is concern that the information in the consultation was presented in a way that was only accessible to the most literate and numerate people in the community, and that the consultation has been weak on reaching hard to reach groups."

The committee does acknowledge that these proposals were brought forward in exceptional circumstances where the local NHS had to find significant financial savings in a very short period of time, however it is hard to avoid the conclusion that engagement and consultation on this occasion were not up to standard. Despite these concerns it should be noted that the committee did not refer any element of the proposals to the Secretary of State on the grounds of inadequate consultation.

At this stage it should be noted that the consultation on these proposals was undertaken by the current PCT's predecessor organisations and that the new PCT has been clear that this approach to engagement and consultation will not be repeated.

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

It is no secret that Great Western Ambulance Service is failing to meet

the key national response time standards. Unfortunately since the merger of the three previous Ambulance Trusts performance in Gloucestershire has not improved. The Trust has recently shared plans that it believes will allow it to meet these targets by later this year, although it should be noted that the HOSC has seen numerous plans to achieve the target over the last few years that have failed to deliver. The HOSC therefore remains sceptical about the prospects of these targets being met in the near future.

Standard C22, Part A - Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations.

The HOSC believes that the levels of cooperation between different organisation have varied during the course of the year, and that there are examples that show that cooperation could be improved. The HOSC does not believe that the three previous PCTs offered the committee their full cooperation at all times during the Future of Healthcare in Gloucestershire consultation, and that they did not always provide the detailed information that the committee requested. An example of this was when the HOSC enlisted the support of consultant, Healthcare Audit, to provide an independent analysis of the consultation material to support the committee's response to the consultation. Healthcare Audit provided an initial report with a number of recommendations for additional information that should be provided by the PCTs, as they felt the consultation material was inadequate. This report was shared with the PCTs and they were asked to provide the additional information. They were also given an opportunity to meet with Healthcare Audit to discuss the findings. The response from the PCTs (via West Gloucestershire PCT) was far from helpful. For example the report asked the PCTs to provide some fairly basic information about the impact of the proposals, at the very least enough to answer the basic questions set out on page 33 of the Centre for Public Scrutiny's guide to 'substantial variations and developments of health services'. The PCTs response was that they had already provided an impact assessment on the proposals to the HOSC, and that if the HOSC did not feel that the PCTs had covered the basic questions adequately it should raise the issue at future meetings. This was a highly uncooperative response, firstly because the PCTs were aware that the impact assessment that had been completed was a 'high level' assessment undertaken at an early stage in the process that did not provide sufficient detail. It had been clear from the start that more detailed impact assessments would be required later in the process. It was also uncooperative because the information had been specifically requested in writing in order to speed up the process and avoid the need to cover the issues at future meetings.

It should be noted that the new PCT has been working closely with the HOSC in recent months in order to improve the working relationship, and that the committee has no negative comments to make about the relationship with the new organisation.