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CONGRATULATIONS



PRIMARY CARE ORGANISATION OF THE YEAR
SANDWELL PCT



ACUTE HEALTHCARE ORGANISATION OF THE YEAR
CAMBRIDGE UNIVERSITY HOSPITALS FOUNDATION TRUST



PATIENT SAFETY
SALFORD ROYAL FOUNDATION TRUST



IMPROVING CARE WITH TECHNOLOGY
WEST MIDLANDS AMBULANCE SERVICE TRUST



REDUCING HEALTH INEQUALITIES
HOMERTON UNIVERSITY HOSPITAL FOUNDATION TRUST



WORLD CLASS COMMISSIONING
TOWER HAMLETS PCT



PATIENT CENTRED CARE
BLACKBURN WITH DARWEN PCT



MANAGING LONG TERM CARE
TORBAY CARE TRUST



DATA DRIVEN SERVICE IMPROVEMENT
EALING PCT



IMPROVING PATIENT ACCESS
LONDON NHS DIAGNOSTIC SERVICE WITH CROYDON FEDERATION



MENTAL HEALTH INNOVATION
BIRMINGHAM AND SOLIHULL MENTAL HEALTH FOUNDATION TRUST



CLINICAL SERVICE REDESIGN
KING'S COLLEGE HOSPITAL FOUNDATION TRUST



WORKFORCE DEVELOPMENT
NHS NORTH WEST



IMPROVING HEALTH WITH NICE GUIDANCE
CENTRAL AND EASTERN CHESHIRE PCT AND MID CHESHIRE PCT



BEST SOCIAL MARKETING PROJECT
STOKE-ON-TRENT PCT



CORPORATE CITIZENSHIP
NOTTINGHAM UNIVERSITY HOSPITALS TRUST



ACUTE AND PRIMARY CARE INNOVATION
BARTS AND THE LONDON TRUST

RICHARD VIZE
EDITOR

Inspiration and innovation

The winners and shortlisted organisations for the *HSJ* Awards demonstrate healthcare at its best. The hundreds of entries showed the determination of staff to promote excellence.

As always, the *HSJ* Awards have adapted to changing priorities in healthcare. We have launched categories for World Class Commissioning and the Best Social Marketing Project.

The award for chronic disease management is now Managing Long Term Care, information-based decision making has become Data Driven Service Improvement, skills development has become Workforce Development and there is now an Innovation Award covering acute and primary care.

The judging process for the awards is thorough. Once a shortlist has been drawn up from the

‘The judges make site visits to meet managers and staff and see how each trust’s vision and strategy translate into practice’

entries, the organisations that have made it have to present to their panel of judges.

For the Primary and Acute Organisation of the Year awards, the judges make site visits to meet managers and staff and see how each trust’s vision and strategy translate into practice, looking at everything from patient care to staff development and innovation.

This year’s awards ceremony at the Grosvenor House Hotel in London is our biggest ever, with 1,300 guests celebrating healthcare success.

As always we are grateful for the support of our judges and sponsors, as well as Alan Johnson for presenting the Secretary of State’s Award. This is chosen from a shortlist of those winners who the judges felt were outstanding examples of healthcare.

HSJ hopes the awards and this supplement will again help to spread innovation and inspiration across the NHS. ●

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5 key programme highlights

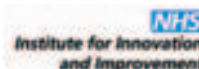
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SECRETARY OF STATE'S AWARD FOR EXCELLENCE IN HEALTHCARE MANAGEMENT

WINNER TAMESIDE AND GLOSSOP PCT, COMMUNITY-BASED SERVICE FOR PATIENTS SUFFERING FROM LYMPHOEDEMA

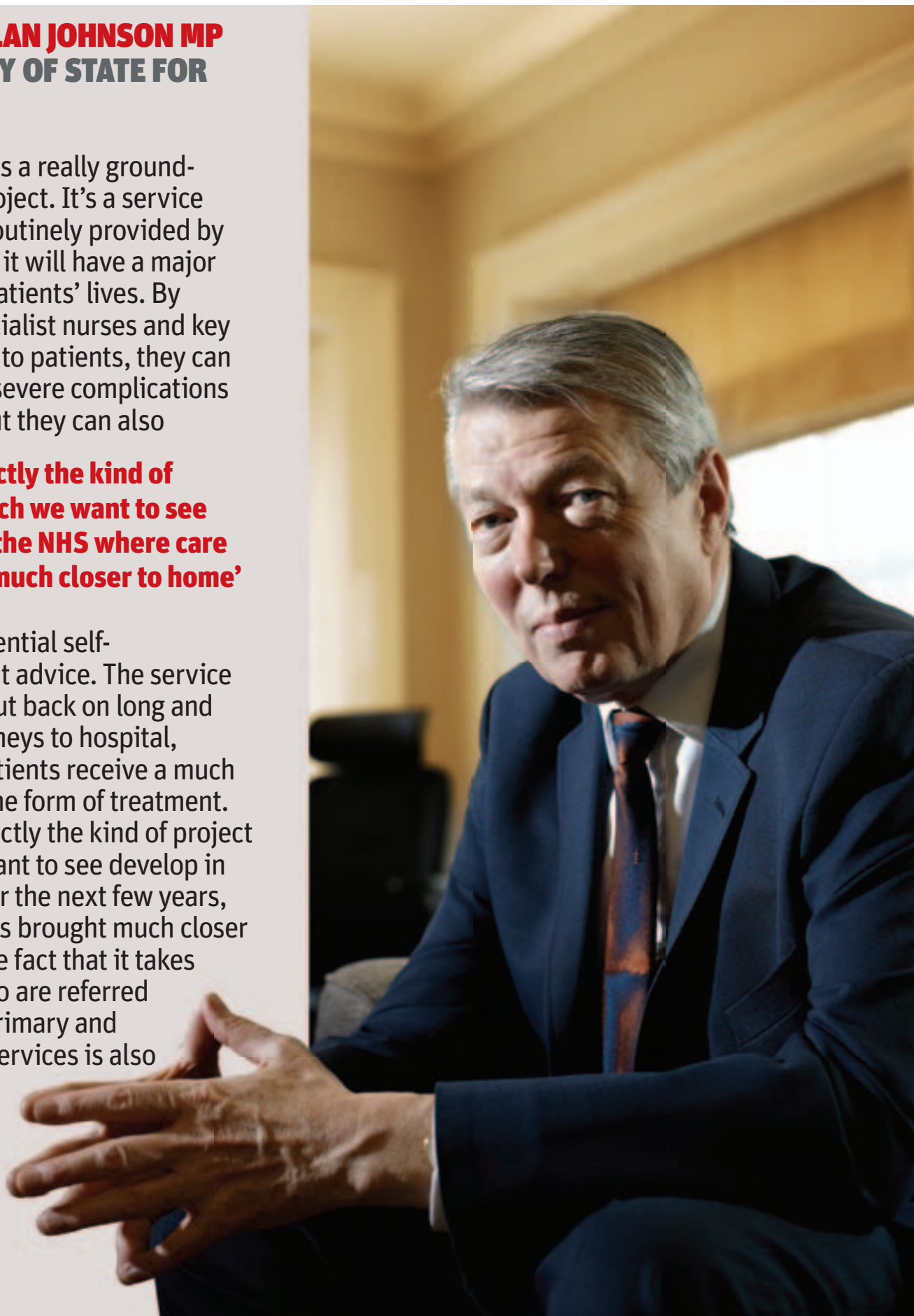
RT HON ALAN JOHNSON MP **SECRETARY OF STATE FOR** **HEALTH**

I felt this was a really ground-breaking project. It's a service that is not routinely provided by the NHS but it will have a major impact on patients' lives. By getting specialist nurses and key workers out to patients, they can tackle very severe complications and pain, but they can also

'This is exactly the kind of project which we want to see develop in the NHS where care is brought much closer to home'

provide essential self-management advice. The service also helps cut back on long and painful journeys to hospital, ensuring patients receive a much more humane form of treatment.

This is exactly the kind of project which we want to see develop in the NHS over the next few years, where care is brought much closer to home. The fact that it takes patients who are referred from both primary and secondary services is also impressive.



ACUTE ORGANISATION OF THE YEAR

SUPPORTED BY CHKS

JUDGES' REFLECTIONS

For those who have never been involved in the *HSJ* Awards, I should make it clear that for the acute organisation (and also the primary care organisation) of the year, the process is different from the other awards.

Most awards are judged by a panel, based on a series of presentations by the shortlisted bodies. For our award, the organisation is visited and given three hours to sell itself. No agenda is given – it is up to them to decide what they want to show us.

This gives rise to an interesting range of experiences, from trying out robot surgery to walking through a range of stalls and talking to staff at all levels.

The energy and enthusiasm displayed by so many staff – not just at board level – is infectious and I always come away from the visits with a buzz.

Three hours' hard concentration is required to ensure we absorb the full story being told and can properly reflect on this in the judging. Best practice – in management, leadership and clinical services abounds.

Making the decision is never easy. It is not just who impressed us but also who has most from which others can learn and who is pushing the envelope hardest.

However, one winner has to be selected so a decision is made. Now it just remains to enjoy the awards ceremony with all the staff from the shortlisted organisations.

Paul Robinson is head of market intelligence at CHKS.





Paul Robinson
Head of market
intelligence, CHKS



Simon Pleydell
Chief executive,
South Tees



Mike Farrar
Chief executive,
NHS Northwest



Helen Bevan
Director of service
transformation, NHS
Institute for Innovation
and Improvement



WINNER CAMBRIDGE UNIVERSITY HOSPITALS FOUNDATION TRUST

A comprehensive drive for transformation meant our winner slashed MRSA bacteraemias and waiting times and raised day of surgery admissions

This trust has set itself five priorities to drive through an organisational transformation that it hopes will raise standards from what is already a very high baseline. They are:

- improving the patient experience;
- improving care and safety;
- ensuring clinical excellence and effectiveness;
- valuing staff and partners;
- striving for innovation in everything.

The foundation trust has made leadership – and the part this plays in challenging, motivating and exploring more effective ways of delivering care – central to this transformation. It is an approach that looks for staff to understand their responsibility for upholding the organisation's values (to be kind, safe and excellent) while challenging practices that are of no benefit to patients.

Leadership is being embedded at all levels of the Cambridge trust through the development of a unique leadership academy. Over 200 staff have taken part so far, working on projects directly related to patient care that take leadership to the bedside.

Now staff also recognise their part in the ownership of the challenges the trust has been facing. This shared responsibility for standards has played an important part in work on at least one of Cambridge's priorities: improving patient care and safety.

During 2007-08 there were 41 MRSA bacteraemias – a 49 per cent improvement on the previous year. The trust has also launched the first central venous access service in the country, with a dedicated theatre suite and inpatient and outpatient services supporting safe line insertion.

Work to ensure clinical excellence and effectiveness is encouraging better use of

resources, shortening patient pathways, driving up operational performance and improving quality of patient care. This has seen the day of surgery admission rate increase from 34.5 per cent to 56 per cent, reduced elective and non-elective spells from 4.3 to 3.9 days and 6.0 to 5.9 days respectively, and freed up 60 beds, used to help further hospital efficiencies.

Reconfigured medical services have seen Cambridge's alert status fall from predominantly red/black to predominantly green. Improvements include a focused acute medical service in the emergency department where

'Staff uphold values while challenging practices that are of no benefit to patients'

consultants at the door triage patients, referring them back to GPs as appropriate, and the introduction of an acute elderly care assessment ward.

Reduced waiting times ensure 91.5 per cent of admitted patients receive treatment within 18 weeks from GP referral. By working with primary care trust and social care partners, Cambridge has been helping delayed transfers of care reduce from 25-30 in April 2007 to 5-10 in February 2008.

It was evidence of an impressive depth of change that persuaded the judging panel of the strength of the Cambridge entry. Judges also made particular note of the move to outcomes and values, the linkage of values with patient and staff satisfaction measures and how innovations from staff had been implemented across the organisation.



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CHKS is once again proud to sponsor the **HSJ Acute Trust of the Year Award** to celebrate excellence in UK healthcare provision



Left to right: Christie Hospital foundation trust; Luton and Dunstable Hospital FT (top); Salford Royal FT (bottom); Royal Bournemouth and Christchurch Hospitals FT.

HIGHLY COMMENDED CHRISTIE HOSPITAL FOUNDATION TRUST

The Christie Hospital's vision for its first year as a foundation trust was to treat more patients, increase life expectation and quality and improve standards of care.

To drive those strategic plans, the specialist tertiary cancer unit undertook a rigorous programme of information gathering and planning and set itself three key objectives: improving clinical outcomes; developing chemotherapy and radiotherapy services; and undertaking world-class research.

Key achievements in 2007-08 included consistently achieving the 62-day target for cancer waiting times, doubling chemotherapy day care capacity, being the first UK hospital to be invited to join the Organisation of European Cancer Institutes, and the installation of a new surgical robot. Services are consistently ranked excellent or good by over 90 per cent of patients.

Significantly, the Manchester trust has also been able to make the move from a historical recurrent financial deficit to a recurrent surplus, achieving a Monitor risk rating of four (capped) and Monitor risk ratings for quality of care and mandatory services of green. A pilot project for service line management has helped clinicians see the patient pathway differently and develop opportunities for improving care and reducing costs.

A new £35m treatment centre (opening in 2010) will provide the trust with the largest early clinical trials units in the world.

FINALIST LUTON AND DUNSTABLE HOSPITAL FOUNDATION TRUST

To achieve its ambitions for further transformation over the next three years, Luton and Dunstable has put a "road map" framework for implementation in place. This has four key strands: leading the NHS in patient safety; improving the patient and staff experience of care; ensuring the hospital is fit for 21st century healthcare; improving delivery and devolving autonomy to strategic business units.

Luton and Dunstable aspires to lead on patient safety. Its accelerating patient safety programme aims to ensure every area of the hospital has an improvement team to drive safety and quality. In addition, a number of consultants and other clinical staff work as directorate safety leads which together form the Patient Safety Committee.

A two-year development programme for 100 of the trust leaders is supporting the build of capacity and capability behind the transformational change.

There have been real gains in the reduction of harm. Mortality rates have gone from 11 per cent worse than the national average to 10 per cent better and cardiac arrests have been reduced by 50 per cent.

Innovative work to develop a new model for emergency care balances patient safety, experience and efficiency. As part of the redesign, work was undertaken with patients attending accident and emergency, to understand their experience. They participated in a video, were observed and interviewed.

FINALIST ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS FOUNDATION TRUST

Royal Bournemouth and Christchurch measures its progress against its strategic vision, *Putting Patient First*, while striving to deliver the best quality healthcare, through seven strategic goals. These range from patient-centred care to partnership working, each with a series of actions and metrics for success, tracked quarterly and shaping the annual plan and budget.

The strategy has been developed through extensive stakeholder engagement to produce the vision and the detail and has been highlighted as an example of good practice by the Foundation Trust Network.

There is evidence of people development throughout, with leadership at all levels and a culture of respect. Good partnership working with NHS and other organisations has helped to improve and develop intermediate and palliative care services, which in turn have delivered multi-million-pound savings for reinvestment in community services.

Examples of service development include: a dedicated hip and knee replacement centre with total pathways redesign; improved outcomes; and producing the best length of stay in the country.

Of the acute trusts in the Healthcare Commission's comparison indicators for 2007-08, Royal Bournemouth and Christchurch is rated as second best for MRSA incidence per 1,000 bed days and third best for 30-day mortality rate.

FINALIST SALFORD ROYAL FOUNDATION TRUST

The goal of Salford Royal's quality improvement programme, which aims to reduce mortality by eliminating avoidable harm within three years, is to become a "transformed" organisation, in which every member understands their role in delivering clinical quality and works towards that goal every day.

It is what the trust describes as part three of a bigger improvement process that began back in 2002. Within the space of a few years, Salford Royal moved from one-star to three-star status, achieving the highest NHS Litigation Authority standards of safety for both acute and maternity services.

Extensive consultation with patients and staff in 2006 guided the trust's thinking for further service improvement. Stakeholders described three key components of the healthcare they wanted to see improved: safety, cleanliness and personalised care.

Providing this to every patient, every time became Salford's mission. In 2006-07 the trust was awarded the highest standards in the Healthcare Commission assessment.

Now the trust is embarked on a whole-systems approach, paying equal attention to what it sees as four key quality drivers: culture change; clinical processes; measurement; and workforce capability. The trust is placing an emphasis on understanding its systems in greater detail and using small tests of change to build momentum.

PRIMARY CARE ORGANISATION OF THE YEAR

SUPPORTED BY BUPA COMMISSIONING

JUDGES' REFLECTIONS

It was a great privilege to be involved in judging this category and I was impressed with the high standard of the many entries received.

Entries were looked at in detail before the final stage of the process and were not judged against each other, but considered on their individual merits. We were looking for fully rounded, world class excellence.

At the primary care trusts I visited, I was struck by the enthusiasm and dedication of the staff in each organisation.

I was struck by the enthusiasm and dedication of the staff in each PCT

I also witnessed first hand the different ways in which the teams at each trust strove to deliver excellence for their patients.

The work encompassed a range of themes, such as developing patient-led services, tackling the health inequalities of the local population and working with local partners to effect change.

For the judges, the PCTs adopted a variety of styles to demonstrate their achievements. In a period of intense NHS change, this year's short-listed entries were an inspiration.

Rhiannon Williams is commercial director of Bupa Commissioning.





Rhiannon Williams
Commercial director,
Bupa Commissioning



Andy McKeon
Managing director,
health, Audit
Commission



David Stout
Director, PCT Network,
NHS Confederation



David Colin-Thomé
National clinical director
for primary care,
Department of Health



Margaret Edwards
Chief executive,
Yorkshire and the
Humber SHA



WINNER SANDWELL PCT

Reconfiguration posed a challenge that our winner more than met, notching up great achievements in public health, MRSA reduction and finances

Sandwell PCT has gone through a period of considerable development since its reconfiguration in 2006. Following Healthcare Commission ratings in 2006-07 of fair in quality of service and financial management, the trust went on to achieve all but one of its 44 Healthcare Commission standards.

It is one of only four primary care trusts in the country with a Healthcare Commission rating of “excellent” for its public health function.

The trust has also achieved the highest number of health improvement targets in the West Midlands. MRSA rates have halved since 2005, stop-smoking service access and quitters have increased by 10 per cent over the last year and waiting times for GUM access have been halved over 12 months. For the first time in Sandwell, a 90 per cent uptake for all childhood immunisations has been reached, with numbers of people attending the Expert Patient Programme also going up.

Standards of financial management and governance are high. Having inherited a deficit, Sandwell was able to achieve its financial control targets in 2007-08, maximising its use of resources.

The PCT plays an active part in local strategic partnership activities and has been part of the year-long consultation over the Sandwell plan. Fully involved in all eight priority areas of the local area agreement, the primary care organisation leads on two. These are Improving Health (including coronary heart disease reduction, smoking and obesity management) and A Better Start to Life, covering infant mortality reduction, childhood obesity and breast feeding, for which a 4.6 per cent increase in initiation rates has been achieved.

Sandwell’s vision and values have been developed through a year-long

dual-stream programme, firstly of staff engagement and then through a patient and public involvement strategy that ultimately saw community stakeholders and service users determining what the vision and values should look like.

A strong tradition of clinical involvement with protected learning events for primary care teams has been upheld. Clinical issues and management themes, such as priority setting and practice-based commissioning development, have all featured in an extensive programme.

The trust leads the Towards 2010 action plan to improve health and social

‘For the first time in Sandwell, a 90 per cent uptake for childhood immunisations has been reached’

care in Sandwell and the heart of Birmingham.

This includes extensive programmes of clinical service redesign in preventive, primary and secondary care, combining changes in service delivery and a programme of capital build – with Lyng and Oldbury health centres and the Priory Family Centre, winner of the 4Ps award for design excellence, already completed.

The public consultation exercise for Towards 2010, undertaken with Heart of Birmingham PCT, was the largest ever by the health service in the UK.

The judges said of Sandwell: “It is a primary care organisation with strength and depth, a clear strategy, strong community and local authority engagement, demonstrating significant achievement.”

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Left to right: Walsall Teaching PCT; Salford PCT (top); Milton Keynes PCT (bottom); City and Hackney Teaching PCT; Bolton PCT.



HIGHLY COMMENDED CITY AND HACKNEY TEACHING PCT

A range of public health campaigns with impressive outcomes, productive working relationships with its local acute provider trusts, a strong involvement in local regeneration schemes and an extensive and impressive use of practice-based commissioning are among the stand-out features of City and Hackney teaching PCT's work.

With a third of the working age population economically inactive, Hackney is the fifth most deprived borough in England. It is also home to significant Turkish, Kurdish, black African, black Caribbean and Jewish communities, with over a quarter of the population aged under 20.

In 2007-08, City and Hackney targeted health inequalities, reducing teenage pregnancy rates by double the national average, significantly increasing investment in psychological therapies and launching new services for homeless people, travellers and gypsies, and vulnerable pregnant women.

One-stop shops have been set up for disabled children and their families and for children's health generally, while services such as mobile dentistry, foot health and speech and language therapy have all been strengthened.

City and Hackney was the first PCT in England to commission several pharmacy-enhanced services including flu vaccination and chlamydia screening.

FINALIST BOLTON PCT

Bolton PCT's clear strategy and partnership working contain a range of innovative practices that reach into the local community and drive both quality improvements and service redesign.

One of only two European sites participating in Triple Aim, a worldwide initiative with the Institute for Healthcare Improvement, Bolton's scheme focuses on the delivery of better population health, best care and value for money.

Launched this year, Big Bolton Health Check aims to provide cardiovascular and diabetic risk screening for all residents over 45 (an estimated 88,000), with £1m being spent on enhanced services, marketing and community activity to reach the target population. Practices can enlist help from health trainers to assess their population and GPs are incentivised to achieve full take-up. By July, 44,000 people had been screened.

Work done by the PCT with two other trusts and Connecting for Health to pilot GP practice dashboards received attention in the NHS next stage review. The dashboard is a visual means of determining real-time performances at practices across a range of measures.

Bolton PCT has a risk-sharing pool to stimulate innovation in practice based commissioning – with no risk to the practices. Clusters can bid for funding to develop proposals that could generate savings in prescribing or in secondary care.

FINALIST MILTON KEYNES PCT

The PCT has made big strides to drive service improvement, turn around a financial deficit and strengthen its credibility as a commissioner. There is a clear focus on public health, and the old ways of doing things are being challenged.

Changes in the organisation's structure and partnership working have been implemented. After one year under a more organised and systematic approach, the benefits are becoming apparent.

Since April 2008, caesarean section rates have decreased and reductions in the provision of antenatal education have been reversed. The Children's Trust has helped forge strong links between the maternity service and an expanding network of children's centres.

Immediate public health improvements have resulted: more smoking cessation advice and referrals; more training of midwives to recognise and care for women who have been victims of domestic violence; and better identification of women at risk of mental ill health.

Primary care clinicians have been involved in developing a care pathway for diabetic patients. General practices are being incentivised to use a case management approach and, working with the local branch of Diabetes UK, patients are engaged in supporting this change. Specialist community input from hospital consultants is being written into the 2009-10 hospital contract.

FINALIST SALFORD PCT

Impressive partnership working across the community, strong clinical leadership and good progress engaging with the public and patients are all in evidence at Salford PCT.

The PCT leads the Healthy City Forum, overseeing the development of approaches to health and well-being, including alcohol, obesity and tobacco control strategies, providing governance for both development and implementation.

At the local level, health improvement teams deliver strategy through health action plans. These are developed using guidance models for each of the lifestyle areas: smoking, obesity, exercise, alcohol, sexual health and mental health.

Guidance models encourage the involvement of communities, promote health as a way of life and use approaches that reflect the way people live.

To raise its profile, the PCT takes health campaigns out into the community. The health MOT bus takes PCT staff on a tour of the city, encouraging residents to stop by for health checks.

Salford PCT received a rating of "excellent" for use of resources and "good" for quality of services in the 2006-07 Annual Health Check.

This put Salford as the highest performing PCT in the North West and in the top three PCTs nationally. In the 2007-08 annual health check, it was commended for its strong planning and risk management.

FINALIST WALSALL TEACHING PCT

Walsall teaching PCT has an impressive array of initiatives to improve care and address health inequalities.

Its CDR Intell, a chronic disease report system, extracts data from all GP practices overnight, giving practice based commissioners and other staff the ability to benchmark and monitor GP performance, while enabling systematic interventions.

Data intelligence and profiling has enabled the health promotion department to commission an online weight management programme as part of a social marketing obesity campaign, The Weight's Over. With the local council, the PCT uses a social marketing model to introduce healthy weight products and services, including free slimming programme membership, access to physical activity, online weight management and NHS health trainers.

During March this year, 3,000 callers responded to campaign advertisements on buses, bus shelters and in newspapers, with 80 per cent taking up a range of interventions.

In early 2008, Walsall established the first PCT membership organisation, MyNHS Walsall. Membership grew to 2,600 by May 2008 and enabled MyNHS Walsall to push ahead with elections to what BBC Radio 4 called the first "Patients' Parliament". The PCT has been in financial balance every year since its inception.

MANAGING LONG TERM CARE

SUPPORTED BY SANOFI AVENTIS



Carole Nossiter
Assistant director,
policy and development,
Sanofi Aventis



Mashkur Khan
Consultant, Epsom
and St Helier trust



Mike Sobanja
Chief officer,
NHS Alliance

WINNER TORBAY CARE TRUST

Integrated teams provide holistic care to patients in Torbay, with services accessed through a co-ordinator who takes referrals and fixes problems

Five integrated frontline teams – made up of district nurses, social workers, occupational therapists and physiotherapists working to support a group of GP practices – provide health and social care services at Torbay Care trust.

Each team has a single point of contact, staffed by health and social care co-ordinators. These experienced support staff take referrals from GPs, professionals, patients and carers and can often sort out a problem immediately. They also co-ordinate the care of the trust's most complex patients.

Launched in 2005, the health and social care co-ordinators contribute to

holistic needs-led assessments and provide short-term management of caseloads of varying complexity.

This ensures the monitoring, delivery and review of care packages that comply with all statutory and trust requirements, including the newly adopted Kaiser model approach.

Able to order simple pieces of equipment, organise meals on wheels or arrange temporary nursing home placements, the co-ordinators provide a seamless service and an invaluable continuity of care.

The care co-ordinators are considered the axis around which activity in each team revolves. Patients, carers and staff

report on how valuable the role is. Having the role allows people, particularly those needing end of life care, to be treated at home. Torbay is working with its partners to explore how the role can be expanded to further streamline access and improve response times.

Torbay, the judges agreed, was where they would want to live if they were in need of support to manage and live with a long-term condition. The approach is making a real difference to how patients experience local health and social care services.

Integration in action, contact
paula.wakeham@nhs.net



Winner: James Drummond and Mary Sweet from Torbay Care trust.



Clockwise from top left: Brighton and Hove City teaching PCT; Leeds PCT musculoskeletal service; Leeds University and Leeds PCT; Shires Healthcare; and Walsall teaching PCT.

FINALIST BRIGHTON AND HOVE CITY TEACHING PCT

Brighton and Hove City teaching primary care trust is undertaking the nurse-led quality care review project in close partnership with the city council, nursing home owners, residents and families and the Commission for Social Care Inspection.

It aims to improve clinical care for nursing home residents and support local people to make choices about long-term care.

The joint PCT and city council preferred provider list will rate homes for their clinical services alongside the CSCI rating.

Quality care review project, contact cat.tardif@bhcpct.nhs.uk

FINALIST LEEDS PCT MUSCULOSKELETAL SERVICE

The Leeds incapacity employment project was designed and implemented by Leeds musculoskeletal service and Leeds city council, in partnership with other agencies. The programme aims to improve the coping skills and physical fitness of participants and boost their confidence.

Using graded exercise and group work, the programme is delivered in local leisure and community centres and has produced significant improvements in physical, functional and mental health.

Leeds incapacity employment project, contact billy.mcclean@nhs.net

FINALIST LEEDS UNIVERSITY AND LEEDS PCT

This is a joint initiative between the University of Leeds, Leeds Teaching Hospitals trust, Leeds PCT, Takeda UK and general practices.

Its aims include working with the regional cardiology referral centre to identify patients with undiagnosed type-2 diabetes admitted with acute myocardial infarction, to reduce their cardiovascular risk. The project has improved cardiovascular risk factors and cut acute myocardial infarction rates.

Leeds cardiovascular risk project, contact charlotte.day@leedspect.nhs.uk

FINALIST SHIRES HEALTHCARE

The multiprofessional Shires Healthcare team has developed a programme for elderly patients with long-term conditions and complex needs that ensures they get a joint health and social care assessment within 24 hours of referral. The resulting patient-centred care plan can then be implemented promptly.

Benefits include: using existing specialist nursing skills to support the rest of the workforce to develop; supporting more people to live at home; and achieving preferred place of death in 99.9 per cent of cases.

Smart management support, contact wendy.sunney@nhs.net

FINALIST WALSALL TEACHING PCT

Chronic disease reporting system intelligence enables the proactive primary prevention of long-term conditions in Walsall. The system uses data exported daily from GP clinical systems.

Practices can generate lists of patients at future risk of long-term conditions and invite them in for review, initiating clinical and lifestyle interventions where appropriate.

The system provides the information platform for a primary care cardiovascular disease prevention programme pilot.

CDR Intell, contact martin.turner@walsall.nhs.uk



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Richard Jeavons
Director of IT service
implementation, NHS
Connecting for Health



Geraint Lewis
Visiting fellow at
The Nuffield Trust and
policy adviser at the
Cabinet Office

WINNER WEST MIDLANDS AMBULANCE SERVICE TRUST

A technologically impressive system that allows accident and emergency to get up to speed with patients' data as it is captured by the ambulance crew

The West Midlands Ambulance Service electronic patient record has been implemented as part of the national programme for IT.

The Emergency Care System is designed to enable the electronic capture of clinical data on ambulances and make it available at hospitals on a web viewer in areas such as accident and emergency.

The facility allows clinical areas to have an on-screen view of patients' data as it is captured by the ambulance crew, the ability to print the ambulance record from the web viewer, pre-planning before arrival at A&E, allowing data to inform the commissioning process, and

an electronic database for clinical audit. Technology updates should allow for data to be assimilated into NHS Care Record Service compliant A&E records, along with the ability to transmit ECGs to the receiving hospital.

This was an ambitious project with the high risk of interruption to operations and the maintenance of performance targets. However, it replaced what had for a long time been an unsatisfactory paper-based clinical records system that fell short of requirements in a number of areas: complaints management, data quality and security, clinical reporting and

decision making, risk management and workforce capability.

The capture and storage of electronic data will also allow for easier audit and research on improving patient care and operational efficiency.

The judges commended what they described as an extremely impressive and ambitious use of technology and its rapid introduction. They also highlighted the consultation with a large number of stakeholders.

Electronic capture of clinical data about ambulances, contact richard.dodd@wmas.nhs.uk



Winner: Dr Dhushy Kumar, Daniel Brady, Tony O'Mahoney and Benjamin Lyons.



Taking healthcare IT solutions to the next level



System C is proud to be sponsoring the 'Improving Care with Technology Award' for the 4th year running. Congratulations to all the nominees and finalists.

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Clockwise from top left: Salford Royal foundation trust; Stoke on Trent PCT; Oxleas foundation trust; Royal United Hospital Bath trust; Worcestershire Acute Hospitals trust.



HIGHLY COMMENDED SALFORD ROYAL FOUNDATION TRUST

A pilot study at Salford Royal has been evaluating the impact of mobile point-of-care technologies on the workflows of five phlebotomists equipped with portable computers or “mobile clinical assistants”. This allows them to access clinical information in real time and chart their work at the bedside, producing significant improvements to the quality, cost and efficiency of care.

Administrative tasks are cut and, when orders have been discontinued, unnecessary sample taking is avoided. Combined, these factors are reducing materials costs, enhancing phlebotomist productivity by 20 per cent and lowering potential exposure of patients to infection. These portable computers are now used in all inpatient areas.

Phlebotomy mobile clinical assistant, contact jackie.elliott@srft.nhs.uk

FINALIST OXLEAS FOUNDATION TRUST

Research shows that better informed patients have better outcomes. So mental health service users, their carers and staff at Oxleas have been working collaboratively to improve the range, quality and access to information available to patients and families about their conditions and treatments and other practical advice via multimedia technology.

Feedback from focus groups helped to develop a range of material, including jointly written text on conditions and treatments, podcasts and video diaries of service users describing their recovery. The Oxleas communications team then led a major redesign of the trust’s intranet. Staff can now use it to provide service users and carers with accessible, choice-based information.

Redesign of intranet plus multimedia podcast, video clips and e-learning sally.bryden@oxleas.nhs.uk

FINALIST ROYAL UNITED HOSPITAL BATH TRUST

Royal Bath developed a software package allowing prostate-specific antigen values – often elevated where prostate cancer is present – to be monitored remotely.

Blood samples are taken in the community and the results recorded in the database, which stores all relevant clinical information, displaying a simple one-page summary with a graphical display of PSA values and calculation of prognostic variables.

This allows for rapid clinical decisions. The software automatically generates patient letters and supporting documentation and flags up overdue tests. Efficient and safe, the package has resulted in more than 1,000 outpatient visits being saved.

Remote monitoring of PSA results, contact jonathan.mcfarlane@ruh-bath.swest.nhs.uk

FINALIST STOKE ON TRENT PCT

Stoke on Trent PCT is tackling rising levels of obesity, chronic heart disease and diabetes, and decreasing levels of physical activity with a pedometer-based motivational lifestyle programme.

With its partners Belgrave Medical Centre and Humana Europe, the trust set up the scheme for 400 patients who had a body mass index greater than 25 and other associated risk factors.

The web-enabled pedometers, programmed to meet the person’s needs, measure walking and encourage exercise.

A follow-up assessment will be conducted at the end of the one-year programme. In addition, Staffordshire University is undertaking a structured evaluation. The scheme already boasts a total weight loss equivalent of a London taxi.

Web-enabled pedometers, deborah.richardson@stokepct.nhs.uk

FINALIST WORCESTERSHIRE ACUTE HOSPITALS TRUST

The acute operative e-consent system is used by competency assessed professionals and delivers print-on-demand patient and procedure-specific consent forms and approved patient information.

It was developed following an internal audit that showed inconsistencies of approach in the completion of consent forms.

Patients receive “gold standard” patient information agreed by clinicians and approved by the Plain English Campaign early in the process, enabling an informed decision about their treatment. The system guides the user through the selection of procedures for which consent is sought, provides a PDF document for consent and watermarks duplicate copies.

PDF electronic consent form, contact neil.westwood@worcsacute.nhs.uk

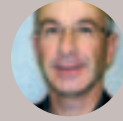
DATA DRIVEN SERVICE IMPROVEMENT SUPPORTED BY THE NHS INFORMATION CENTRE



Phil Wade
Business development
commercial director,
The NHS Information
Centre



Frank Burns
Independent healthcare
consultant



Mark Jennings
Priority programme
head, NHS Institute for
Innovation and
Improvement

WINNER EALING PCT

The introduction of patient experience tracker handset has shifted power to the front line, giving the public near-instantaneous feedback on services

Patient experience tracker handsets are one component of a patient feedback programme implemented by Ealing primary care trust, aimed at involving patients and the public in service redesign and encouraging them to take more responsibility for their own health.

Near-instantaneous feedback is being used to identify areas of improvement, encourage frontline staff, open a constant dialogue with patients and improve internal communications. More than 2,500 responses have been

generated. This compares well with the average 585 replies for two earlier annual surveys.

The trackers have been used to measure and monitor service delivery in a number of community services and have already helped to enhance the quality of care, drive service improvement and measure patient satisfaction. Twelve handsets cost £17,000 – an investment the trust feel has more than paid for itself.

Shifting power to the front line has

helped improve services and reduce inequalities. Inadvertent examples of poor patient care are revealed and addressed in a non-threatening manner.

The judges thought the PCT's achievements – demonstrating quantifiable and real improvements, based on almost instantaneous feedback among a diverse population – are at the core of health minister Lord Darzi's vision.

**Patient experience, contact
keely.khoury@drfoster.co.uk**



Winner (clockwise from top left): John O'Connell, Pat Fernandes, Sue Holland, Susanna Stratton.



Clockwise from top left: Derby City PCT; Imperial College Healthcare trust; Leeds PCT; United Lincolnshire Hospitals trust.



HIGHLY COMMENDED IMPERIAL COLLEGE HEALTHCARE TRUST

This framework approach for achieving the objectives of the Tooke report into medical training recruits and trains junior doctors in management skills, under joint senior clinical and managerial supervision.

It aims for a data-driven service development and evidence-based management culture while creating a cohort of clinician-managers.

Clinical and organisational data is analysed to support service development through shared clinical and managerial priorities. This enhances understanding between senior clinicians and managers, reducing conflicts over the data used to support development.

True value of services,
contact rn@cantab.net

FINALIST DERBY CITY PCT

Quality and outcomes framework data from general practice, admission and mortality data and other relevant outpatient data has been produced as a folder for each practice within Derby City PCT.

This goes to practices and other community staff to show the variation between need, risk factor control and outcome for each practice population.

A follow-up meeting with clinicians, a public health physician and the practice pharmacist identifies key action points for work with that population to improve outcomes and reduce health inequalities. Outcomes – and relationships between practices and PCT – have improved.

General practice key performance indicators, contact debbie.jackson@derbycitypct.nhs.uk

FINALIST LEEDS PCT

The Leeds glaucoma equity profile uses a wide range of data sources, many collected routinely, to inform and direct local action for reducing health inequalities.

The profile shows the link between late presentation in glaucoma and socioeconomic status and older age. It highlights how poorly placed private high street optometrists in Leeds are when it comes to providing primary eye care services to communities at risk.

The findings are shaping PCT service specifications for commissioning community-based eye services and the Leeds and wider UK Vision Strategy action plans and also raising awareness that local providers must develop outreach and free sight tests in areas of high need.

Glaucoma profile, contact fiona.day@leedspsct.nhs.uk

FINALIST UNITED LINCOLNSHIRE HOSPITALS TRUST

This project aims to consolidate information in the assessment of a specialty's performance – in terms of clinical effectiveness and the use of information to target service improvement and develop future plans.

The six-week process culminates in a half-day meeting between the chief executive, his team, specialty consultants and senior clinicians. At this, validated information is presented to demonstrate quality, effectiveness and best practice, and actions for future improvements are also agreed.

Specialties are now setting up systems to monitor outcomes in anticipation of their presentations.

Clinical effectiveness, contact paul.hogg@ulh.nhs.uk



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PATIENT SAFETY

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THE HEALTHCARE COMMISSION



Suzette Woodward
Senior strategic adviser,
National Patient
Safety Agency



Maureen Baker
National clinical lead for
safety, NHS Connecting
for Health



Peter Walsh
Chief executive,
Association against
Medical Accidents

WINNER SALFORD ROYAL FOUNDATION TRUST

Shortcomings in the early detection of cancer were tackled
and the process expanded to other forms of the disease

**Winner: Fiona Noden,
Pete Turkington and
Paul Downes.**



The trust's risk management systems showed that the lengthy series of events following a clinician's request for a radiology investigation meant there was no guarantee that images reported as suspicious would be seen by that clinician. A diagnosis of malignancy could be missed or delayed.

A multidisciplinary group went on to develop and introduce a system to ensure that every chest x-ray report showing suspicions of early cancer would be seen by an appropriate clinician and receive effective follow-up. Twelve months after the system was introduced, an audit identified 21 patients whose diagnosis would have been missed or delayed otherwise.

The process was considered so effective, the safety net policy was further developed to cover all findings where cancer was suspected. The radiologist indicates a trigger phrase, "code red flag", on a report when new unexpected cancer is suspected and gives it top priority on the electronic reporting systems.

Cellular pathology has now adopted the safety net for reporting unexpected malignancies. This cost-neutral system is proven to save lives. It is not dependent on any person or department and has been embedded into practice in a short time.

The judges praised the project for looking at a serious incident, learning from it and instilling significant change across the organisation. They described the work as heart-warming, innovative, evidence-based, transferable and inspiring.

They also congratulated Salford on an excellent presentation, saying it really brought the patient into the room.

**SRFT risk management systems, contact
paul.downes@srft.nhs.uk**



Flying the flag for patient safety

The Healthcare Commission and the National Patient Safety Agency are proud to sponsor the patient safety category in this year's HSJ awards.

We congratulate the winner and highly commended entries. They all demonstrated innovative and ambitious approaches to tackling difficult issues relating to the safety of patients.



Clockwise from top left: Luton and Dunstable; NHS Tayside and NHS Forth Valley; Cambridge University Hospitals; NHS Purchasing and Supply; Birmingham and Solihull; and the Skills for Health team.



HIGHLY COMMENDED NHS TAYSIDE AND NHS FORTH VALLEY

A pilot project over two years has been exploring how to develop and implement patient safety and risk management in primary care.

Participating general practices were given training, tools and support to test and implement sustainable improvements, including incident reporting, risk registers and medication projects.

From early in the project, practices have sought to inform patients of patient safety work and develop this communication into involvement. All practices developed risk registers and a review system, as well as completing projects to reduce repeat prescribing risks. Incident reporting systems were found to be inadequate and practices have been trying alternatives.

Implementing patient safety and risk management in primary care, contact fiona.gibson@nhs.net

FINALIST CAMBRIDGE UNIVERSITY HOSPITALS FOUNDATION TRUST

The foundation's Central Venous Access team ensures patient safety by reducing line-associated bloodstream infections. It is the only trust in the country with a dedicated theatre suite for both inpatients and outpatients who require central venous access lines for treatment.

The nurse-led and multidisciplinary CVA service is dedicated to inserting and maintaining central venous lines and providing after-care. The service has made an important contribution to patient care and the reduction of CVA-associated bloodstream infections; it has also saved money.

Central venous access service, contact anna-maria.saeb-parsy@addenbrookes.nhs.uk

HIGHLY COMMENDED SKILLS FOR HEALTH – WORKFORCE PROJECTS TEAM

Established as a modest pilot five years ago, the Hospital at Night programme now operates across the UK and is receiving international interest and recognition. Its fundamental principles are about safer care and safer training.

The evolving model of care – now extending from the night shift into evenings, weekends and around-the-clock care – is seen as both a whole-systems safety solution and a way of integrating teams to work and meet patient needs in a focused manner.

Many NHS organisations where Hospital at Night has been implemented report a drop in the severity of clinical incidents at night and out of hours.

Hospital at night, contact megan.finney@nwpnhs.org.uk

FINALIST LUTON AND DUNSTABLE HOSPITAL FOUNDATION TRUST

Accelerate Patient Safety is a three-year programme that focuses on releasing frontline staff to lead improvement while strengthening leadership and a culture of patient safety. It has several aims: to build capability and expertise for continuous improvement; to strengthen the leadership of the safety culture; and to give senior clinical staff across the organisation the time to lead improvement teams to embed that culture. Over the next three years, the trust will strive to demonstrate measurable improvement and share its learning across the NHS and beyond.

Accelerate patient safety, contact julie.wells@ldh.nhs.uk

FINALIST BIRMINGHAM AND SOLIHULL MENTAL HEALTH FOUNDATION TRUST

In 2006 a comprehensive systems and practices review at The Bridge substance misuse service set patient safety as the priority for all its clients (almost 400). The service sought to achieve its objective – no preventable deaths from overdose – by identifying where risk of overdose could be reduced, linking with other agencies and implementing evidence-based initiatives to prevent major health risks.

Patient education, health examinations, audits and overdose management training have contributed to reductions in overdose deaths, as well as treatment for many patients with previously undiagnosed life-threatening medical conditions.

Preventing overdose and death among heroin addicts, contact sylvie.boulay@bsmht.nhs.uk

FINALIST NHS PURCHASING AND SUPPLY AGENCY

The Purchasing for Safety project was run as a pilot study in conjunction with three NHS trusts and set out to demonstrate the role procurement could play in reducing risk in the processes associated with injectable medicines.

The project highlighted a set of risk-reduction strategies where approaches to procurement can positively impact on patient safety. A wealth of evidence has been gathered to support local, regional and national action. Recommendations for a Purchasing for Safety framework have been drawn up and are being translated into objectives.

Purchasing for safety, contact samantha.forrest@pasa.nhs.uk

REDUCING HEALTH INEQUALITIES

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Una O'Brien
Director of policy and strategy, Department of Health



Alan Maryon-Davis
President, Faculty of Public Health



Liam Hughes
National adviser, healthy communities, IDEA



Robina Shah
Chair, Stockport foundation trust

WINNER HOMERTON UNIVERSITY HOSPITAL FOUNDATION TRUST

With infant mortality rates in Hackney above the national average, the local strategic partnership funded interventions to reach vulnerable women

The action was targeted at West African and Caribbean women, pregnant women who are particularly young, and women who are failing to make contact with maternity services until late in their pregnancy or not at all. Projects that have developed since include:

- Bump Buddies, a peer education programme involving local African and Caribbean women trained as “community messengers” to befriend women and offer advice on accessing care and keeping well in pregnancy;
- a designated maternity helpline

that puts callers in touch with an experienced midwife;

- the introduction of community-based bilingual maternity support workers to support women with language needs and a midwifery group practice to give continuity of care in a particularly deprived area.

Improvements have been marked in the percentage of women accessing maternity care by 12 weeks of pregnancy (68 per cent compared to 44 per cent of women receiving standard use) and breastfeeding rates have improved.

There has also been a reduction in emergency caesarean rates and the maternity helpline has taken over 3,000 calls since September 2007.

While a reduction in infant mortality is a long-term goal, an evaluation of the programme is under way. The judges said the programme showed it had undergone a rigorous assessment and demonstrated real community engagement.

Reducing infant mortality project, contact pauline.brown@homerton.nhs.uk



Winner: Jane Woolley, Jane Walker and Pauline Brown.



Clockwise from top left:
Dance Action Leeds;
Berkshire West PCT;
NHS Tayside; Cornwall
and the Isles of Scilly
PCT; Central and Eastern
Cheshire PCT.

HIGHLY COMMENDED CENTRAL AND EASTERN CHESHIRE PCT

The Pathways project sought to engage unemployed social housing tenants with access to training and work experience, with a view to enabling them to apply for entry-level jobs in the health service.

Established by Central and Eastern Cheshire PCT, Cheshire county council, Wulvern Housing and Crewe and Nantwich borough council to improve health and well-being through increasing employability, it is a social enterprise scheme which has supported 85 long-term unemployed people to gain jobs in the NHS.

Pathways Community Interest Company, contact yvonne.clarke@cecpct.nhs.uk

HIGHLY COMMENDED DANCE ACTION ZONE LEEDS/LEEDS PCT

Dance Action Zone Leeds is supported by Leeds PCT to develop, implement and sustain dance activities to improve the health and well-being of young people, particularly girls.

Its projects include piloting a dance-based weight management project, drugs education for young people and dance projects in young offenders' institutes.

Future projects are set to target inactive children and engage them in dance and to work with 15 to 19-year-olds who have more advanced dance skills and will be given the opportunity to develop higher levels of technique.

Dance Action Zone Leeds, contact jan.burkhardt@leedspect.nhs.uk

FINALIST BERKSHIRE WEST PCT

A *My Health* booklet was devised for people with learning disabilities in Wokingham. It contains three sections: the first on general health, including a health action plan; the second a health check to be conducted annually at a GP surgery with the aim of maintaining health and identifying health issues; and the third a section for people with learning disabilities to take with them if they are admitted to hospital.

An audit of the service showed a number of new and previously unidentified health needs had been found. It also showed fear among people with learning disabilities about visiting GP practices had reduced.

My Health Booklet, contact mary.codling@berkshire.nhs.uk

FINALIST CORNWALL AND THE ISLES OF SCILLY PCT

EEFO aims to reduce the inequalities faced by young people aged 13-19 in Cornwall and the Isles of Scilly. At its inception it was recognised that young people were being inadequately served by the delivery of services, compounded by geographical barriers to access and a lack of access to transport.

The EEFO website contains information on all services for young people. These have been assessed for nine quality areas and for being "young person friendly". The site acts as a signpost to quality services for young people and professionals.

EEFO Youth Website, contact felicity.owen@ciospct.cornwall.nhs.uk

FINALIST NHS TAYSIDE

In this scheme – developed by NHS Tayside, three local authorities and local supermarkets – midwives identify pregnant women who want to give up smoking.

After being enrolled on the scheme by a community pharmacist, the women are invited to attend the pharmacy on a weekly basis for 12 weeks. After demonstrating they are free of tobacco, for each week a woman is smoke free, she is credited with £12.50 worth of vouchers to spend in a local supermarket.

The scheme continues for three months after the birth of the infant and contact with the woman is maintained to offer her the chance to participate in other activities.

Give It Up For Baby, contact andrew.radley@nhs.net

Reducing health inequalities: making a difference

Everyone should have the same chance to live a long and healthy life, but differences in health outcomes persist between parts of our society.

The NHS has a crucial role to play in tackling these inequalities and in improving the health of local communities.

Our document *Health Inequalities: Progress and Next Steps* shows how we can meet national targets and sets out the framework for the future.

Find out more at www.dh.gov.uk/en/publichealth/healthinequalities
Health Inequalities Unit, Department of Health



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Gary Belfield
Department of Health



Sophia Christie
Chief executive,
Birmingham East
and North PCT



Michael Dixon
Chair, NHS Alliance

WINNER TOWER HAMLETS PCT

A detailed, three-year commissioning plan was at the heart of a strategy to tackle health needs in the fourth most deprived borough in the country

The London borough of Tower Hamlets is ranked the fourth most deprived in the country.

The challenges facing Tower Hamlets primary care trust have included a high level of health inequalities, with significant rates of diabetes, cardiovascular disease and cancer. There is also a need to develop the capacity and quality of primary and community care services.

The award-winning strategy, Improving health and well-being, is informed by local health needs assessments to identify priorities across the borough, with key actions

determined through multi-agency events and public forums.

The commissioning approach provides a unifying and motivating framework for health and social care professionals to work together and to aspire to ambitious improvements for service users.

Implementation of the strategy has been underpinned by a detailed three-year commissioning plan aligned to the local area agreement. Benefits to date include: a newly commissioned, local enhanced service with extended hours at 34 out of the 36 GP practices in Tower Hamlets; the commissioning of a suite of pharmacy-

enhanced services; a flagship LIFT development to bring more services out of hospital and closer to local people on the Isle of Dogs; mobile dental services; and a health hotline, making it simpler for the public to access information about services in the borough.

The judging panel commented on the “superb demonstration of a committed and dynamic partnership across the whole system, tackling health inequalities to transform outcomes for deprived communities”.

Improving health and well-being, contact jacqueline.katz@thpct.nhs.uk



Winner: Alwen Williams and Ian Basnett from Tower Hamlets PCT with John Goldup from Tower Hamlets council (standing).

Better health and well-being for all
Better care for all
Better value for all



Adding life to years and years to life



Clockwise from top left: Dudley PCT; Stockport PCT with Stockport Managed Care Company; East Lancashire PCT; and West Midlands specialised commissioning team.



HIGHLY COMMENDED EAST LANCASHIRE PCT

East Lancashire is delivering demonstrable improvements in life expectancy for a disadvantaged population. The project is focused on five areas: cardiovascular disease; alcohol harm reduction; infant mortality; drug services; and geographical inequalities.

The PCT has adopted the world-class commissioning framework of vital signs, competences and governance to deliver its vision to Save a Million Years of Life by 2011.

East Lancashire stresses an understanding of the local health experience down to ward level, mapping existing services and identifying actions to address the causes of ill health. Infrastructure has been strengthened to build capacity and improve health through leadership and partnership.

Save a Million Years of Life, contact cath.galaska@eastlancspct.nhs.uk

HIGHLY COMMENDED WEST MIDLANDS SPECIALISED COMMISSIONING TEAM

This is an excellent example of collaboration in commissioning across health economies, which delivers meaningful improvements that would be difficult to achieve by an organisation standing alone.

The project has redesigned the care pathway for patients presenting with heart attacks in Dudley, Walsall and Wolverhampton. The condition is diagnosed by the ambulance crew, with patients then transferred to the Heart and Lung Centre in Wolverhampton for emergency primary angioplasty.

In its first year, the pathway was activated 646 times, with 449 patients treated with emergency angioplasty. In-hospital mortality was below 3.5 per cent and bed stay fell from 5.3 to 3.9 days.

Heart attack centre, contact rob.lusuardi@wmssc.nhs.uk

FINALIST DUDLEY PCT

Dudley PCT has been working with its local authority partners to develop a joint commissioning strategy that describes the needs and issues affecting the borough's population over the next five years.

This sets out goals to meet these changing needs, along with commissioning intentions, which will be used to make decisions on commissioning priorities.

The prioritisation tool (part of the framework) makes the views of patients and clinicians central to commissioning. The tool, which takes core national priorities along with those determined by the public and clinicians in Dudley, has been used to inform this year's local delivery plan funding and was the first step towards embedding this new commissioning approach.

Commissioning services that truly meet the needs of local people, contact laura.broster@dudley.nhs.uk

FINALIST STOCKPORT PCT WITH STOCKPORT MANAGED CARE COMPANY

Stockport Managed Care, a non-profit-making society with a management of services agreement with Stockport PCT, has 54 GP practices as "members".

It aims to assist practices to ensure world-class healthcare is, wherever possible, provided out of hospital by improving the commissioning of health services and also through clinical and management training.

The society's rules require members to remain within budget for practice-based commissioning, attend relevant training and follow accredited pathways and referral protocols. It is developing service models, detailed protocols and pathways while commissioning quality improvements in the pathways.

Accountability framework, contact jenny.graham@stockport-pct.nhs.uk

MENTAL HEALTH INNOVATION

SUPPORTED BY MENTAL HEALTH STRATEGIES



James Fitton
Director, Mental Health
Strategies



Barry Day
Chief operating officer
and deputy chief
executive, Leicestershire
Partnership trust



Kathryn Hill
Director of mental health
programmes, Mental
Health Foundation

WINNER BIRMINGHAM AND SOLIHULL MENTAL HEALTH FOUNDATION TRUST

The Meriden programme promotes family-sensitive mental health services and gives clinical staff, service users and carers skills to work with families

In this winning entry, therapists are instructed in being trainers and supervisors, and service users and carers have been taught to develop as trainers and in therapeutic roles.

Programme work has focused on areas such as family interventions within early intervention in psychosis and older adult services, the development of family work in inpatient and acute services and crisis/home treatment teams.

A caring for carers programme has been adapted for carers from black and

minority ethnic backgrounds and for those with family members using substance misuse and alcohol services. Work has also been done with children whose parents have mental health problems.

Hosted within Birmingham and Solihull Mental Health foundation trust, the scheme is celebrating its 10th anniversary. It has trained 2,500 therapists and around 140 trainers in the West Midlands region and disseminates its approach nationally and internationally.

Service users and carers report feeling

more involved in the care process, that they feel listened to by healthcare professionals and feel more in control should a family member have a relapse.

The judges said the project demonstrated a clear and passionate understanding of the model, evidence for its success and is an example of how to achieve change within an organisation, while showing great persistence in implementing their approach.

The Meriden programme, contact
grainne.fadden@bsmhft.nhs.uk



Winner: Dr Gráinne Fadden and Peter Woodhams from the Meriden family programme.



Clockwise from top left: North East Lincolnshire PCT; South London and Maudsley Foundation Trust; Southampton City PCT; Cheshire and Wirral Partnership foundation trust and Airbus UK; Torbay Care trust.

FINALIST CHESHIRE AND WIRRAL PARTNERSHIP FOUNDATION TRUST AND AIRBUS UK

The service delivers an occupational and staff support service to a major manufacturing company.

Before the project was developed, sickness absence due to mental ill health was 3.78 per cent, with the average length of time off being 45 days.

The service was provided on site, with a multidisciplinary team providing care for issues ranging from minor stress to re-integrating people with severe mental health problems back into the workplace. The time lost due to mental ill health has fallen by 10,000 hours and the average length of absence has fallen to 35 days.

Occupational psychiatry scheme, contact ian.rogerson@cwpl.nhs.uk

FINALIST NORTH EAST LINCOLNSHIRE PCT

This nurse-led team offers a community-based “one-stop shop” for families with a child with autistic spectrum disorder and related conditions. The North East Lincolnshire PCT-based service offers therapeutic and educational interventions, working directly with the parent/carer, the referred child and siblings. These include group work, whole-family work, therapeutic play sessions, one-to-one days, family days, a parent support group and parent and child peer mentors.

The service aims to improve the well-being of parents and children, reduce family violence and the risk factors for criminal and anti-social behaviour.

FAST – family action support team, contact deborah.rountree@nelpl.nhs.uk

FINALIST SOUTH LONDON AND MAUDSLEY FOUNDATION TRUST

The project aims to address the shortfall in the provision of psycho-social therapies in mental health services for a traditionally marginalised and stigmatised group: adults with severe mental illness.

It offers integrated psychological and social interventions that are as near as possible replications of those shown to be effective in research trials. The interventions, delivered by a multidisciplinary team, aim to improve social interaction, reduce persistent and distressing symptoms, improve physical well-being and social contact and reduce use of alcohol and illicit substances.

SHARP team – social inclusion, hope and recovery project, contact julie.williams@slam.nhs.uk

FINALIST SOUTHAMPTON CITY PCT

Southampton City PCT’s Saucepans project is a single point of contact for all child and adolescent mental health service referrals in the locality.

The scheme offers short-term early intervention for children and young people up to the age of 18 who would otherwise not receive input from specialist mental health services or would face a lengthy wait to get it.

Aiming to reduce inappropriate referrals and to signpost families to appropriate services where necessary, the service aims to eliminate waiting times for CAMH services. It also works to reduce the number who later become involved in anti-social behaviour.

Saucepans – community child and adolescent mental health service, contact julie.williams@scpct.nhs.uk

FINALIST TORBAY CARE TRUST

The emotional support scheme for carers gives unpaid carers access to a qualified counsellor for help with the emotional effects of their role. It provides up to 10 sessions of confidential one-to-one support with a qualified counsellor, free of charge. The sessions operate under a voucher scheme and up to 100 carers are expected to use it annually.

The scheme began in response to concerns about the significant impact on carers’ health that can arise from the psychological and emotional stress of caring and the difficulties that carers can have in accessing NHS counselling services.

The judges said the scheme had clear benefits for carers and had been well planned.

Emotional support for carers, contact paula.wakeham@nhs.net



Promoting Better Practice in Mental Health

As the leading specialist mental health consultancy, Mental Health Strategies are delighted to be helping to foster good practice and new ideas in mental health services. We are pleased to congratulate so many excellent applicants for the 2008 mental health innovation award.

Mental Health Strategies bring extensive managerial and clinical expertise to a wide range of projects at national and local level. We work across all aspects of mental healthcare, including services for children, adults of working age, older adults, substance misuse and people with a learning disability.

Current work includes:

- commissioning strategies, needs assessments and contract development for PCTs
- capacity planning and simulation modelling for both commissioners and providers
- estates strategies and building planning
- national financial mapping and service mapping systems in mental health

We also provide tailored consulting for both commissioners and service providers in the fields of:

- organisational strategy
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- finance
- public engagement and consultation
- healthcare for offenders
- equality and diversity
- general healthcare law, mental health law and ethics

To discuss how we can help, please contact James Fitton on **0161 785 1001**, email james.fitton@mentalhealthstrategies.co.uk or visit our website www.mentalhealthstrategies.co.uk

ACUTE AND PRIMARY CARE INNOVATION SUPPORTED BY BT HEALTH



Paul White
Chief executive,
London NHS programme,
BT Health



Joan Saddler
Chair, Waltham
Forest PCT



David Chilvers
Chief executive, NHS
Innovations London

WINNER BARTS AND THE LONDON TRUST

This project set out to improve cardiovascular care in north east London, an area with some of the worst figures for coronary disease outcome

Winner (left to right): Dr Charles Knight, Sotiris Antoniou, Dr Rodney de Palma, Mark Whitbread, Debbie Whitfield, Rachel Parke and Michelle O'Brien from Barts and the London trust.



The UK's first fully operational primary angioplasty pilot project is now the largest acute cardiology service in the NHS, treating 600 heart attack patients each year.

Early discharge of patients (45 per cent of the entire cohort) at 48 hours is routine and compares with the national average of six days.

Mortality and morbidity in some of the most deprived wards of east London – and across the UK – has been halved.

The headline figures are an overall hospital mortality of 4.5 per cent, a 30-day mortality of 5.9 per cent and a one-year mortality of 8 per cent.

Close collaboration across the organisations, including the London Ambulance Service, the local primary care trusts and emergency physicians, has meant a high uptake of cardiac rehabilitation and secondary prevention and is reducing the risk of future heart attacks. Furthermore, this collaboration is beginning to make improvements in other areas of cardiovascular care.

The project has transformed the London Ambulance Service into acute gatekeepers, with skills that enable them to diagnose heart attacks effectively and independently. In the face of such a challenge, a number of features made the project stand out.

These included the scale of the evidence of the benefit to patients and the decrease in secondary incidence, the integration of activities across a large geographical area and with the acute and primary care trusts and the London Ambulance service, and the work on the infrastructure to ensure reliability.

The heart attack project, contact rodney.depalma@bartsandthelondon.nhs.uk



Bringing it all together

BT - proud sponsor of the HSJ Awards 2008

BT is delighted to join the Health Service Journal in celebrating the energy, commitment and achievements of healthcare teams and organisations from across the UK at this year's HSJ Awards.

We have been supplying healthcare professionals with the technology to support the delivery of better care for patients for many years.

From providing telephone services for the very first NHS hospitals in 1948, to playing a pivotal role in the National Programme for Information Technology today, we are fully committed to helping the NHS get the best out of IT and communications systems both now and in the future.

We wish you good luck tonight.

BT Health





Clockwise from top left: Wolverhampton City PCT; Tameside and Glossop PCT; Nottingham City PCT and ABPI; City and Hackney teaching PCT; and Oldham Community Health Services.

HIGHLY COMMENDED TAMESIDE AND GLOSSOP PCT

This project involved the establishment of a completely new community-based service for people suffering from lymphoedema, a chronic and incurable condition affecting about 1 per cent of the population. Its aim is to enable patients to manage their own condition through skin care, massage, exercise and the use of pressure garments.

The service is led by a lymphoedema specialist nurse, supported by lymphoedema key workers and is transforming the lives of patients previously experiencing severe symptoms. Set up as a pilot study early in 2008, the service saw a total of 40 new patients during its first three months. Recurrent funding has now been agreed.

Community lymphoedema service, contact pwinterbottom@tiscali.co.uk

FINALIST CITY AND HACKNEY TEACHING PCT

In line with the new community pharmacy contractual framework, requirements identified in the pharmaceutical needs assessment and the need to improve access for all its communities, City and Hackney has commissioned what it believes is the widest range of community pharmacy-enhanced services in England. These include: Pharmacy First, a minor ailments service; sexual health services; flu treatment using oseltamivir; and CHARM (City and Hackney Asthma Review and Management) service.

A recent white paper recognises the potential for pharmacy and community pharmacy to promote health and deliver personalised care; it highlights City and Hackney as a beacon.

Community pharmacy services, contact pamela.froggatt@chpct.nhs.uk

FINALIST NOTTINGHAM CITY PCT AND THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY

Happy Hearts is a unique collaboration between Nottingham City PCT, the pharmaceutical industry and primary care, to identify people at risk of developing cardiovascular disease and help them make healthier lifestyle choices. This enhances the PCT's project monitoring, in line with world-class commissioning requirements, while targeting deprived areas.

Patients are prioritised by risk and the project is integrated within the PCT's wider cardiovascular disease improvement programme. In its first eight weeks, 260 high-risk patients received full CVD assessments.

Happy Hearts, contact jeanelle.degruchy@nottinghamcity-pct.nhs.uk

FINALIST OLDHAM COMMUNITY HEALTH SERVICES

A redesign of primary dental care provision means Oldham has become the first site in England to gain accreditation for a course to train dental nurses to deliver preventive techniques previously permitted only to dentists.

Starting in 2008, the clinic now provides patient-centred prevention advice and fluoride varnish treatments to children and their immediate families, to support sustainable health improvement.

The initiative targets those children most likely to experience poor dental health and offers them and their families lifestyle guidance and preventive treatment. More than 500 families have attended the clinic, with clinicians reporting improved oral hygiene in children.

Dental nurses, contact samantha.nield@nhs.net

FINALIST WOLVERHAMPTON CITY PCT

Traditionally only available in an acute hospital setting, Wolverhampton City PCT provider services have been working closely with Royal Wolverhampton trust to develop an integrated pathway service for people with multiple sclerosis suffering relapses, which offers them the chance to be treated with symptom control at home.

Developed and delivered in partnership, the nurse-led service offers patient choice, improved patient outcomes and experience and value for money.

More than 25 patients have accessed the service. An audit of the pilot scheme showed they are pleased with receiving treatment in the comfort of their homes and find the service convenient and effective.

Home MS service, contact steven.holmes@wolvespct.nhs.uk

WORKFORCE DEVELOPMENT

SUPPORTED BY SKILLS FOR HEALTH



John Rogers
Chief executive,
Skills for Health



Professor Bernard Crump
Chief executive, NHS
Institute for Innovation
and Improvement



Clare Chapman
Director general of
workforce,
Department of Health

WINNER NHS NORTH WEST

The trust takes top prize for its ambitious plan to be totally compliant with the European working-time directive a year ahead of the rest of the country

NHS North West, North West deanery and Mersey deanery joined forces last year to recruit a team of junior doctors with the aim of achieving 100 per cent compliance of the European working-time directive by August 2008, one year ahead of the rest of the UK.

This has involved providing strategic direction and support through work with local trusts, educational bodies, national regulators and representation from the region's 4,000 or more junior doctors.

The solutions have been addressed with service, training and working-time directive compliance in mind.

The project has broken new ground

on many levels. It is the only team of its kind to have junior doctors as leaders and performance managers. A number of innovative tools and processes have made project objectives attainable.

These include the use of IT applications to use doctors' time more efficiently, communication systems such as bedside tablet PCs, remote access for trainees in radiology, involvement in major paediatrics and women's services reconfiguration, training and new roles for nurses and allied healthcare professionals, and new ways for learning and development in out of hours, including surgical simulators.

The team has gained an excellent

reputation through providing innovative, practical and sustainable solutions to the workforce use and development of junior doctors. The team also provided support to trusts to comply with the directive through a range of forums, including human resources, medical staffing and junior doctors.

The judges praised the pioneering approach taken by NHS North West to delivering the working-time directive a year early. They noted that it was achieving real service benefits that put junior doctors in the driving seat.

Health and Safety EWTD Legislation,
contact omar.najim1@mac.com



Winner: Dr Deborah Kendall, Dr Mark Johnston, Dr Yasmin Ahmed-Little, Dr Omar Najim.

Clockwise from top left: Tameside Hospital foundation trust; NHS Plymouth; Mersey Care trust; Calderdale and Huddersfield foundation trust.



HIGHLY COMMENDED CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST

The Calderdale Framework is a systematic method of reviewing service skill-mix and roles with a patient focus. It uses open and objective processes and is capable of delivering a competent and flexible workforce, managing the risks associated with delegation and cross-professional skill-sharing, enabling implementation of Skills for Health competences. Across Calderdale and Huddersfield, it has led to improved quality assurance for patients, increased activity – with more direct contact and less waiting – reduced costs and a more satisfied workforce.

The Calderdale framework, contact rachael.smith@cht.nhs.uk

HIGHLY COMMENDED NHS WEST MIDLANDS

The workforce deanery at NHS West Midlands has produced a five-year strategic framework in which it sets out its vision for matching multidisciplinary workforce development with strategic and operational service priorities to deliver high-quality services. Strategic leadership, the fostering of key partnerships and a successfully implemented model of stakeholder engagement have been part of the deanery's work. Five multi-agency locality workforce stakeholder boards now fund innovation and encourage cross-agency working. In 2007-08, 176 projects benefited from £27m.

Investing for the workforce, contact caroline.donovan@westmidlands.nhs.uk

FINALIST MERSEY CARE TRUST

Mersey Care trust, which provides specialist mental health and learning disabilities services, believes service users and carers have the right to work. To support this, it invests in a wide range of flexible employment opportunities, including voluntary and paid work placements and paid sessional opportunities. The trust has teamed up with a social enterprise to "grow" service users into domestic, catering and portering vacancies and provide a painting and decorating scheme. More than 400 service users and carers have gained access to full or part-time employment.

Specialist mental health and learning disabilities services, contact lindsey.dyer@merseycare.nhs.uk

FINALIST NHS PLYMOUTH

The NHS Plymouth workforce development team has developed an integrated approach to workforce planning and development that includes workforce development leads, public health specialist input and finance guidance and advice. By developing annual workforce action plans within established financial envelopes, the PCT can meet the commissioning and provider directorates' workforce capacity and capability needs, while shifting the emphasis to health promotion services. Managers have been empowered to build workforce development plans.

Workforce development team, contact kevin.elliston@plymouth.nhs.uk

FINALIST TAMESIDE HOSPITAL FOUNDATION TRUST

Tameside developed a major programme to change the culture of staff so that every patient, carer, relative and colleague felt treated with respect when coming into contact with the hospital's services. The trust also sought to ensure that tangible evidence of change and continuous quality improvement is available on an ongoing basis to commissioners, employees and assessors. An impact evaluation has demonstrated significant improvements in patient satisfaction, organisational communications and the early detection of problems at clinical level.

Culture and staff behaviour change, contact david.wilkinson@tgh.nhs.uk



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Gillian Leng
Deputy chief executive,
National Institute for
Health and Clinical
Excellence



Peter Carter
General secretary,
Royal College of Nursing



Dr Mike Cheshire
Clinical vice-president,
Royal College of
Physicians

WINNER CENTRAL AND EASTERN CHESHIRE PCT AND MID CHESHIRE PCT

NICE guidelines were the starting point for a project that set out to reduce incidences of pressure ulcers across primary and secondary care

Compliance with NICE guidelines on pressure ulcer prevention and treatment was low and a project was developed to push this to 100 per cent over a two-year period.

The ultimate objective was to reduce the number of pressure ulcers across primary and secondary care.

The judges described this entry as: "An excellent project with lessons that could be usefully applied to other parts of the NHS and the care sector."

To standardise and implement the guidelines across two primary care trust areas and one hospital trust (which in the past have had different resources, levels of training and availability of

pressure-relieving equipment), the tissue viability service took the lead on the project on behalf of Mid Cheshire Hospital trust and Central and Eastern Cheshire PCT.

The project led to improved patient documentation, better educated and more aware staff, refined local guidelines and pathways, a new central equipment and decontamination store within the hospital, and management of pressure-relieving equipment by the tissue viability department in the community.

The project has improved adherence to the guidelines; ensured delivery of evidence-based care; created a robustly monitored service measured against

NICE guidelines; and meant no admissions into hospital or delayed discharges as a result of pressure-relieving equipment being unavailable.

It has reduced costs on dressings through a formulary across hospital and community, which ensures only modern dressings are used.

All pressure-relieving equipment is available within four hours of assessment and the community service meets infection control guidance for decontamination of pressure-relieving equipment.

Pressure ulcer prevention and treatment, contact sally.walsh@cecpcpct.nhs.uk



Winner: Rachel Richardson and Sally Walsh of Central and Eastern Cheshire PCT and Mid Cheshire PCT.

NICE guidance sets standards in four different areas

- Guidance to encourage **good public health**: for example we have recommended a range of activities to encourage people to take exercise.
- Guidance on the care and treatment of people being looked after in the NHS. These are called **clinical guidelines**, and cover a wide range of topics. For example, we have made recommendations on the best care for people with depression, for the care of pregnant women, and the care of children with a high temperature.
- Guidance about when and under what circumstances drugs and other technologies should be prescribed on the NHS. This is called **technology appraisals guidance**. The NHS is obliged to put our technology appraisal recommendations into practice within 3 months unless special circumstances apply.
- Guidance about when and under what circumstances certain surgical procedures should be offered on the NHS. This is called **interventional procedures** guidance.

As well as producing guidance, NICE works to help NHS and local authorities put our guidance into practice. This includes producing the following implementation support tools – all guidance and tools are available from www.nice.org.uk

Forward planner

This summarises published and forthcoming NICE guidance. It explains which sectors are likely to be affected, estimates the potential cost impact (maximum cost if approved for appraisals in development), and notes what the impact may be on 'Payment by results'.

Costing tools

Costing tools help assess the financial impact of implementing NICE guidance. They comprise a national costing report and a flexible Excel costing template, which can be used to estimate local costs and savings.

'How to' guides

The 'How to put NICE guidance into practice' guide is the cornerstone of our implementation support programme. It provides an implementation model to help everyone involved in improving health and wellbeing or patient care. The guide is based on experience in the NHS and work described in the published literature. The 'How to change practice' guide aims to improve patient care by giving practical advice to encourage healthcare professionals and managers to change their practice in line with the latest guidance. It is focused on the healthcare setting, but the general principles of change maybe applicable elsewhere.

Slide sets

Slide sets can help to raise awareness of new guidance at an early stage. They highlight the key priorities for implementation and offer questions that can be used in discussion. They can be adapted to suit local needs.

Implementation advice

Implementation advice provides help with action planning, points to the national support available and highlights relevant resources, tools or examples of good practice.

Audit tools

Audit support tools help organisations to carry out baseline assessments and to monitor any subsequent activities. They are available in formats that can be integrated into local audit systems.

Commissioning guides

Topic-specific commissioning guides are web-based resources to support the effective local commissioning of evidence-based care for patients. They offer detailed practical information on key clinical and service-related issues, and an interactive commissioning tool to help estimate and inform the level of service needed locally as well as the cost of local commissioning decisions.

Developing indicators

NICE is involved in a programme of work on indicator development. We are working with relevant organisations to help ensure their indicators are aligned to NICE recommendations where possible.

Field Team

We have a team of consultants who can support individual organisations – if you'd like to know more email fieldteam@nice.org.uk.



Clockwise from top left: Greater Manchester and Cheshire Cancer Network; West Midlands Ambulance Service; Islington PCT.

FINALIST GREATER MANCHESTER AND CHESHIRE CANCER NETWORK

Clinical nurse specialists in the Greater Manchester and Cheshire Cancer Network identified a deficit in the routine referral of female patients with cancer to a fertility specialist, which is recommended by NICE fertility guidance. The judges said this was: "An important and innovative project with significant learning opportunities for other cancer networks."

Fertility consultation and preservation services were implemented for these patients, in liaison with the reproductive medicine unit at St Mary's Hospital in Manchester.

Patients are contacted with an appointment to see a fertility expert within seven working days.

Cancer network's fertility project, contact sharon.foy@christie.nhs.uk

FINALIST ISLINGTON PCT

This introduced a pulmonary rehabilitation programme to primary care, in accordance with the 2004 NICE guidelines on chronic obstructive pulmonary disease.

Patients with COPD are referred through GP practices to an eight-week programme of exercise and education run by a respiratory physiotherapist and a respiratory nurse.

Quality of life has improved, with reduced breathlessness on exertion, increased exercise capacity, improved self-management and symptom control and greater independence. The programme is part of a long-term conditions team and operates across social services, primary and secondary care and the voluntary sector.

Embedding pulmonary rehabilitation into primary care, contact gisele.fabris@islingtonpct.nhs.uk

FINALIST OAK TREE SURGERY

Since its launch in October 1998, the prescribing of the anti-platelet agent clopidogrel (Plavix) had grown exponentially across Brigend, to a level significantly higher than the rest of Wales.

A local guideline was developed by doctors and pharmacists from primary and secondary care with a special interest in coronary heart disease, based on evidence from SIGN and NICE.

Practices now invite patients for review, which helps ensure those who require anti-platelet therapy receive appropriate, safe treatment, thus reducing the risk of interactions and side effects. Brigend local health board's levels of clopidogrel prescribing are now consistently below the national position.

Review of anti-platelet prescribing, contact ian.oconnor@gp-w95010.wales.nhs.uk

FINALIST WEST MIDLANDS AMBULANCE SERVICE TRUST

The trust felt that the NICE guidance on the management of febrile children was a significant change in managing this group of patients and was highly relevant. It devised an implementation plan to inform and educate clinical staff on how to use it.

The trust produced a summary of the guidelines, a laminated quick reference guide and a training package for the new guidelines; it also purchased new thermometers.

Recognition of febrile illness in children has improved, resulting in better management of these patients.

The judges said: "Good, effective piece of work, delivering benefits and improving care for young children."

Implementation plan to inform and educate staff, contact richard.dodd@wmas.nhs.uk

BEST SOCIAL MARKETING PROJECT

SUPPORTED BY THE NATIONAL
SOCIAL MARKETING CENTRE



Marie Meredith
Delivery manager
(south), National Social
Marketing Centre



Sheila Mitchell
Deputy director
(marketing),
Communications
Directorate, DH



Angela McNab
Public health delivery
director, Health
Improvement and
Protection Directorate, DH

WINNER STOKE-ON-TRENT PCT

An 'excellent' social marketing project that set out to reduce smoking rates during pregnancy in Stoke-on-Trent and was judged nationally replicable

This is a National Social Marketing Centre pilot site and used the centre's 10 benchmark criteria, initially targeting the neighbourhoods of Bentilee and Meir.

The judges praised this as an "excellent project that scored highly on all criteria". It is, they added, "highly replicable – potentially at national level".

The objective was to understand more fully the needs of pregnant smokers and identify barriers to accessing existing services.

Specifically, the project set out to: explore what it is like to be a pregnant smoker in Stoke-on-Trent; identify

factors that influence the behaviour of pregnant smokers; increase the recruitment of pregnant smokers to the stop-smoking service; and review and redesign the existing stop-smoking service.

As a result of this work, the programme gained insight into how future service delivery should be repositioned. The women said they wanted help in an informal group setting, with an element of "me time".

A pilot intervention which includes a new themed stop-smoking club was developed. Sessions at the club include

relaxation therapy, which provides the desired "me time" and helps women learn new techniques that will help them to quit smoking.

The group sessions have produced an average conversion rate of 60 per cent from a set quit date to four weeks later. Group members report increased self-esteem and well-being. At the end of 2007-08, the service had delivered 121 four-week quitters, compared with 38 in 2006-07.

**Reduce smoking rates during pregnancy,
contact deborah.richardson@stokepct.nhs.uk**



Winner: Deborah Richardson and Wendy Dudley from Stoke-on-Trent PCT.



Clockwise from top left: Forster; NHS Norfolk; North East Lincolnshire Care Trust Plus; West Midlands Cervical Screening Quality Assurance Reference Centre and Walsall teaching PCT.



HIGHLY KOMMENDED NHS NORFOLK

Staff at Breckland District Council were supported to identify, design and deliver improvements to eating behaviours at work. The council did not have a canteen and its location on a rural industrial estate meant there were no local food outlets.

The main objective was to make healthy options easiest. Interventions were designed by an unconventional mix of experts: a local chef, academics, dieticians and designers.

The greatest impact has been a culture of change. Staff have continued to introduce new interventions, including a bicycle loan scheme and weight-loss club.

The judges were impressed by the “excellent mix of interventions”.

Experience food at work, contact
martin.seymour@norfolk-pct.nhs.uk

FINALIST FORSTER

Forster carried out a social marketing campaign in Lambeth and Southwark to encourage blood pressure checks in a number of groups, including white men aged 35 to 60.

Marketing approaches were developed following research with focus groups. The men responded well to a humorous approach and a campaign called “What raises yours?” was developed, with materials placed in betting shops, pub washrooms, newsagents, Millwall Football Club and Costcutter stores.

An Ipsos Mori evaluation suggests that 35,000 people are likely to have a blood pressure check and 10,000 people may have already had one because of the campaign.

The modernisation initiative,
contact gillian@forster.co.uk

FINALIST NORTH EAST LINCOLNSHIRE CARE TRUST PLUS

Cancer mortality was diminishing overall in North East Lincolnshire, but the gap in outcomes between the most affluent and the most disadvantaged communities was getting wider. In addition to inequalities in relation to cancer tumours, there were local inequalities in civic engagement.

The project has generated a 32 per cent increased awareness of cancer symptoms and a 10 per cent increase in reported willingness to act on symptoms. Referrals increased by 29 per cent for bowel cancer, 61 per cent for prostate cancer and 8.5 per cent for gynaecological cancers.

The early presentation of cancer symptoms programme, contact
adrian@uni.gb.com

FINALIST WALSALL TEACHING PCT AND WEST MIDLANDS CERVICAL SCREENING QUALITY ASSURANCE REFERENCE CENTRE

A campaign to increase cervical screening in 25-29-year-olds by 12 per cent over three years was launched in March 2008. Young women interviewed said: “The whole experience is pants”, leading to the advertisement: “What’s pants, but could save your life?”

The campaign cost £55,000 in year one, including marketing on buses, a two-week campaign on HeartFM and on www.pants.nhs.uk.

During the first two months of the campaign, one laboratory had already reported a 27 per cent increase in tests received from women aged 25-39.

“What’s pants, but could save your life?”,
contact martin.turner@walsall.nhs.uk



Congratulations...

The National Social Marketing Centre is proud to be funded by the Department of Health and able to sponsor the Best Social Marketing Project Award.

...well done to all those who entered



For more information on the National Social Marketing Centre please go to www.nsmcentre.org.uk or call 020 7881 3045



The NSM Centre is a strategic partnership between the Department of Health and Consumer Focus in England.



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Maria Arnold
Health policy analyst,
Sustainable
Development
Commission



Martin Gibbs
Local government and
community manager,
Department of Health



Neil McKay
Chief executive,
NHS East of England



Paul Cosford
Regional director of
public health, NHS
East of England

WINNER NOTTINGHAM UNIVERSITY HOSPITALS TRUST

The winning trust's commitment to sustainability means it has already saved 90,000 food miles and cut the number of car journeys by 500,000 this year

Nottingham University Hospitals trust operates and manages its business in a sustainable way, including the local sourcing of food.

The trust's sustainable strategy supports the local economy, reduces transport miles and therefore the carbon footprint, and ensures access to fresh ingredients.

The judges praised the project's continued ambition and innovation, which is "combined with a holistic approach and board-level support".

So far, 90,000 food miles have been saved. The long-term goal is to build a food production unit with green

initiatives, including photovoltaic panels. The trust recycles 97 per cent of its clinical waste at its City Hospital site. The next step in the waste programme is to introduce a domestic co-mingled recycling waste strategy on both sites.

A choice of sustainable transport options are offered to people travelling to the trust's two hospitals, including the free Medilink bus service, which travels between the two hospitals and has served around one million passengers this financial year. This service has cut the number of car journeys on the inner ring road by 500,000 this year and reduced congestion on the trust's car parking

spaces. The hospitals trust also offers discounted bus tickets for other services, has cycles for hire and is set to introduce tax-efficient travelcard schemes that will allow people travelling to hospital to choose the best transport option for them.

The trust is committed to changing the culture at work so that staff incorporate exercise into their working day and, to that end, shower facilities have been upgraded and additional cycle storage has been created.

Sustainability at Nottingham University Hospitals trust, contact josephine.tomlinson@nuh.nhs.uk



Winner: Clive Young and John Hughes from Nottingham University Hospitals trust.

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to the Good Corporate Citizenship Award winners and finalists and all other HSJ winners!

Developed by the official Government advisory body on sustainable development and the Department of Health.



Sustainable
Development Commission



Department
of Health





Clockwise from top left: NHS Yorkshire and the Humber Commercial Procurement Collaborative; Birmingham and Solihull Mental Health foundation trust; Spokes – the NHS Cycling Network; South Essex Partnership foundation trust; and South Staffordshire and Shropshire Healthcare foundation trust.



HIGHLY COMMENDED SPOKES – THE NHS CYCLING NETWORK

Spokes, an informal network for NHS staff who cycle to work, used a mileage survey to highlight trusts' obligations to compensate workers.

The findings were that 56 per cent of NHS employers were paying the 6.2p per mile minimum rate. Twenty per cent were paying more than the minimum, with several trusts paying 40p or 50p, 22 per cent paying less than the minimum, and many paying nothing.

Four trusts paying the 6.2p minimum have subsequently raised their mileage rates, in one case to 40.6p.

The NHS carbon reduction strategy cites the results and proposes that NHS organisations offer at least 20p per mile. The judges said the network had had an "impressive impact".

Spokes, contact joe.mellor@leedsth.nhs.uk

FINALIST BIRMINGHAM AND SOLIHULL MENTAL HEALTH FOUNDATION TRUST

An energy and environmental efficiency and awareness campaign launched in April 2007 developed a corporate and strategic approach, increased awareness and kickstarted projects.

The judges were impressed with this project's "strong set of environmental initiatives".

Policies have been developed on sustainable development, waste management and energy and carbon management.

More than 1,200 employees have been trained on delivering quality healthcare in a more environmentally effective manner. An initial energy reduction of around 3 per cent has been achieved.

Environmental sustainable development, contact neil.cross@bsmhft.nhs.uk

FINALIST NHS YORKSHIRE AND THE HUMBER COMMERCIAL PROCUREMENT COLLABORATIVE

Growing the Region's Businesses with NHS Investment is a joint project between the regional development agency Yorkshire Forward and Yorkshire and Humber strategic health authority.

The project is managed by the NHS Yorkshire and the Humber Commercial Procurement Collaborative, and aims to redirect 1 per cent (£18m) of the region's total non-pay NHS spend to local businesses.

More than 600 local suppliers have been trained on NHS and public sector procurement and nine contracts have been won by regional suppliers.

Growing the region's businesses with NHS investment, contact caroline.carter-smith@yorksandhumber.nhs.uk

FINALIST SOUTH ESSEX PARTNERSHIP FOUNDATION TRUST

The judges were "extremely impressed" with the Rochford hospital modernisation programme, part of the trust's plans for developing 21st century mental health services.

The hospital opened in February 2008, with most of the site in a conservation area. The trust worked with Rochford district council's planning department to ensure the requirements of the conservation zone and local architecture were met. The buildings were designed using sustainable materials and methods for energy conservation. Events were held to engage local residents and businesses in the development process.

The judges said the result was a "very high-quality, innovative patient environment".

Rochford hospital project, contact maxine.forrest@southessex-trust.nhs.uk

FINALIST SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE FOUNDATION TRUST

The trust impressed with its holistic approach to becoming environmentally friendly. Its sites now get 26 per cent of their electrical energy from renewable sources. Carbon emissions have been reduced over the last five years from 6,819 tonnes per year to 3,500 tonnes per year, largely by ensuring that heating controls are set at the correct time and temperature.

Ten thousand pieces of decommissioned equipment have been re-used by the International Hospital Trust, and 200 tonnes of domestic commercial waste which previously went to landfill sites is now reverse-recycled and sorted off-site by a contractor.

Holistic approach to make the trust environmentally friendly, contact amanda.godfrey@ssstf.nhs.uk

IMPROVING PATIENT ACCESS

SUPPORTED BY NHS END WAITING



Bob Ricketts
Director of demand-side reform, DH



Philippa Robinson
18-week national implementation director, DH



Gail Richards
Chief executive, Oldham PCT

WINNER LONDON NHS DIAGNOSTIC SERVICE WITH CROYDON FEDERATION

The Diagnostics in the Community pilot has been able to bring ultrasound, echo and MRI diagnostics to Croydon, the largest of London's populations

Winner: Agnelo Fernandes, Adam Cooper, David Lyell, Dominic Conlin and Rachel Langley.



In response to service user feedback, the project was initiated by the Croydon GP Federation, which serves approximately 40 per cent of Croydon primary care trust patients, and backed by NHS London and Croydon PCT.

Led by Agnelo Fernandes, the pilot has been using collaboration and the desire to improve patient care to drive change.

Its aims and objectives are to offer choice and convenience, to accelerate significantly the speed of service – referral to report time is down to 10 days for example – and reduce travel time and costs, ideally with no patient travelling more than 30 minutes for a diagnostic appointment.

Staff, equipment and support for the project were provided by the London NHS Diagnostic Service, which is delivered by InHealth Netcare to help meet the PCT 18-week referral-to-treatment targets in the capital.

Performance has been closely monitored to provide measurable outcomes and ensure transferability.

The judges praised the GP leadership and partnership features that helped to drive forward this innovative major redesign project, its swift implementation, its rigorous quality assurance, the evaluation, and the genuine choice and powerful benefits afforded to patients.

Diagnostics in the community, contact rachel.langley@inhealthnetcare.com



Clockwise from top left: Tower Hamlets PCT; Torbay PCT, Devon PCT and South Devon healthcare foundation trust; Greater Manchester PCTs; Nottingham University Hospitals trust; Southampton City PCT; and the National Endoscopy team and NHS East Midlands.



HIGHLY COMMENDED TORBAY CARE TRUST, DEVON PCT AND SOUTH DEVON HEALTHCARE FOUNDATION TRUST

The Right Treatment And Choice programme was set up to review the processes supporting patient referral to secondary care. Its aim was to ensure timely access with the support of evidence-based care pathways, comprehensive service information and informed choice.

Clinicians and administration staff from primary and secondary care have been working together to develop the referral processes and improve patient experience.

Patients are being booked into the right clinics and having better experiences. Waste and waiting times are being reduced and working relationships between primary and secondary care are improving.

Right TRaC programme, contact karen.barry@nhs.net

FINALIST NOTTINGHAM UNIVERSITY HOSPITALS TRUST

Following the merger of the city's acute hospitals to form Nottingham University Hospitals trust, a stroke project team relocated all stroke services onto one Nottingham City Hospital site.

A hyper-acute stroke unit was developed with direct access, bypassing the emergency department. A new fast-track service has also improved care for transient ischaemic attack patients.

Now 92 per cent of patients admitted to the stroke service spend more than half of their hospital stay on a stroke specialist ward. GPs are able to refer those with suspected TIA within the last seven days through a dedicated stroke phone.

Hyper acute stroke services, contact dawn.good@nuh.nhs.uk



FINALIST GREATER MANCHESTER PCTs

High street pharmacies in Oldham, Stockport, Salford and Ashton, and Leigh and Wigan are offering access to quality care for the management of diabetes and/or coronary heart disease.

Services available during visits include a PC-driven protocol-led clinical consultation, with guidance on lifestyle, diet, exercise and medication, blood tests for glycated haemoglobin/lipid profile, and measurement of blood pressure, height, and weight and body mass index.

Nearly half of patients interviewed felt the care was better than that received at their GP practice. Quality-control performance for tests performed on the high street rivalled that of central labs.

High street pharmacy care, contact gilbertwieringa@hotmail.co.uk

FINALIST SOUTHAMPTON CITY PCT

Saucepans Community Child and Adolescent Mental Health Service acts as a single point of contact for all local CAMHS referrals, offering short-term, early intervention for children and young people who would otherwise not receive input or who would face a lengthy wait.

The multi-agency service aims to support families in their own community, raise awareness, provide a single point of information and advice, improve co-ordination, empower local workers and employ and train local people to relieve the pressure on overstretched primary care services.

Extensive evaluation shows that Saucepans has an impact at every level, with the greatest improvements suggested in the psycho-social components.

Saucepans, contact karen.davies@scpct.nhs.uk



FINALIST NATIONAL ENDOSCOPY TEAM AND NHS EAST MIDLANDS

Hosted by NHS East Midlands, the National Endoscopy Team has been using a range of assessment and monitoring tools, frameworks and networks to rejuvenate endoscopy, the key diagnostic test for bowel cancer, and deliver hugely reduced waiting times and patient-centred care from a highly motivated workforce.

This has been achieved in conjunction with the roll-out of the National Bowel Cancer Screening Programme. A web-based patient-centred assessment tool now used at nearly all of NHS England's 207 endoscopy units has been helping to ensure that the service is not a constraint on achieving 18 weeks. This is against a backdrop of increasing demand.

National endoscopy project, contact debbie.johnston@endoscopy.nhs.uk

FINALIST TOWER HAMLETS PCT

A partnership approach to delivering the national chlamydia screening programme means health commissioners in Tower Hamlets sub-contract Terrence Higgins Trust and Brook through the Women and Young People's Service. As part of this project, the PCT also screened for gonorrhoea. The aim was to reach 15 per cent of the target population, providing more than 5,000 screens in seven months – an enormous challenge.

Tower Hamlets developed a "performance dashboard" to keep the teams on the programme informed of progress. The target was exceeded, with 6,360 young people screened. Of these, 51 per cent were men – the highest male screening rate for all PCTs in England.

Chlamydia and gonorrhoea testing, contact geetha.subramanian@thpct.nhs.uk



WE'RE ON THE ROAD TO SUCCESS

Thanks to all your hard work, we are now providing patients with the most appropriate care, much more quickly.

Waiting for treatment while in pain or discomfort can never be easy. That's why the NHS has been working hard to transform the way that trusts deliver services locally, improve care and cut out unnecessary delays.

A landmark achievement

In the *NHS Improvement Plan* (June 2004) we were set a target to reduce the waiting time for patients to be seen for non-emergency, consultant-led treatment to under 18 weeks.

Department of Health statistics for August 2008 showed that the NHS in England treated 90% of patients who required admission to hospital and

95% of patients not needing admission, within 18 weeks of referral. This is the operational standard set for 18 weeks, which the NHS overall reached five months ahead of the December deadline.

This was a landmark achievement for the NHS and the result of the hard work and dedication of all NHS staff. Thank you and congratulations.

There remain certain areas of the country and medical specialisms that have yet to achieve the 18-week target and the Department of Health will continue to work with the NHS to help all hospitals and primary care trusts to achieve the target by the end of the year.

Congratulations to all nominees

The HSJ Improving Patient Access Award recognises the need to improve the patient experience in accessing quality healthcare. **End waiting, change lives** is proud to sponsor this award. Well done to everyone nominated.

www.18weeks.nhs.uk/endwaiting

PATIENT CENTRED CARE

SUPPORTED BY CERNER



Simon Wallace
Physician executive,
Cerner



Janice Stevens
Department of Health



Caroline Powell
Deputy chief executive,
Picker Institute

WINNER BLACKBURN WITH DARWEN TEACHING PCT

By setting up its drop-in Healthy Legs clinic offering patients fast diagnosis, the winner has prevented serious illness and saved over £500,000

Healthy Legs was launched in February 2008 by Blackburn with Darwen Teaching primary care trust as a service for patients with leg problems. It addresses the physical, psychological and social impacts of their condition.

Specialist nurses carry out comprehensive assessments, observations and diagnostic investigations to help prevent the recurrence of leg ulcers and deal with circulation and skin disorders.

The clinic is run on a drop-in basis, so there is no need for an appointment, and it offers rapid access to vascular consultants in an acute setting, providing a seamless healthcare

pathway for urgent diagnostics and treatment.

Patients with chronic leg ulceration can be socially isolated and research has shown that talking to others with similar conditions is highly beneficial to them. So the service operates in an informal, friendly atmosphere, providing patients with the opportunity to meet others with similar conditions. It has become a social event as well as a clinical one, with patients meeting for lunch or a drink in the cafeteria area before and after they attend.

This approach has improved health outcomes for the public and delivered

cost savings for the PCT. From February to May 2008, 420 patients have had their circulation assessed and been screened for peripheral arterial disease.

The service has saved £235,560 for preventing lower leg ulceration and made further savings of £369,404 through education, monitoring and actively preventing peripheral arterial disease.

The judges said: "Relatively low cost to set up and run, with potential large savings: this could be done anywhere."

Healthy Legs, contact
debbie.murphy@bwdpct.nhs.uk



**Winner: Simon Hardy,
Anne Barnish and
Debbie Murphy.**



Founded in 1979, Cerner has been established in partnership with the NHS for over 20 years.

Based on the NHS vision of an integrated care record Cerner is strongly committed to its role as a healthcare information technology provider. We are working closely with the NHS Trusts to give clinicians a more complete picture of a patient's overall health, in order to provide the best care possible.

Cerner will continue its commitment to helping the NHS transform healthcare into a better, safer and more efficient service.



Cerner is proud to be sponsoring the **patient centred care category** at the HSJ Awards 08, recognising the achievements made across every facet of healthcare.



Clockwise from left: Leeds PCT; Tameside and Glossop PCT; City and Hackney Teaching PCT; Southampton City PCT.



HIGHLY COMMENDED LEEDS PCT

Leeds PCT’s Respiratory Specialist Team has been developed to deliver evidence based care, advice and support to the 13,000 people across the city affected by chronic obstructive pulmonary disease.

The service delivers individualised interventions to patients and their carers, ensuring that they are able to manage their condition in a way that suits them. A successful telemedicine pilot is now being extended across Leeds to offer home-based support when patients are less well.

Health professionals from other disciplines are also benefitting from a range of educational programmes and expert advice made available by the team. This has promoted a greater consistency in the provision of multi-disciplinary care.

Community respiratory team, contact anne.jones6@nhs.net

HIGHLY COMMENDED TAMESIDE AND GLOSSOP PCT

Community matrons act as case managers for people living in the community with long-term conditions and co-ordinate care in the health and social care spectrum.

A multi-agency partnership was created to share data and identify patients at the greatest risk of unplanned hospital admissions.

The service has led to reductions in the following: GP consultations by 80 per cent; inappropriate hospital admissions by 56 per cent; accident and emergency attendances by 59 per cent; calls to out-of-hours services by 97 per cent.

Using King’s Fund methodology this has resulted in a minimum yearly PCT saving of £118,980.

Community matron case managers, contact elainewinterbottom@tiscali.co.uk

FINALIST CITY AND HACKNEY TEACHING PCT

The Children and Young People’s Plus service is one of four teenage health demonstration site pilots funded by the Department of Health. It addresses issues of smoking, alcohol and substance misuse, emotional well-being and mental health, reproductive and sexual health, suicide and self-harm, and obesity.

The service has improved access by giving young people a positive experience of health services that are welcoming and speak their language.

The service used the advice of a steering group of 15-19-year-olds who designed information materials, recruited staff and supported the ongoing promotion of the service.

The judges said: “Very good client/young person engagement.”

Children and young people’s plus, contact pamela.froggatt@chpct.nhs.uk

FINALIST SOUTHAMPTON CITY PCT

Saucepans Community Child and Adolescent Mental Health Service was the first multi-agency primary care service in England to work with young people aged 0-18.

It provides a single point of contact for all CAMHS referrals within the locality.

The service offers short-term, early intervention for children and young people who would otherwise not receive input from CAMHS or would have a lengthy wait to access intervention.

The team is most proud of the projects it is developing to engage with black and minority ethnic communities and aims to work effectively with people from different ethnic, cultural, political, economic and religious backgrounds.

Saucepans community CAMHS, contact karen.davies@scpct.nhs.uk

Sponsors of Clinical Service Redesign



CLINICAL SERVICE REDESIGN

SUPPORTED BY THE NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT



Lynne Maher
Head of innovation practice, NHS Institute for Innovation and Improvement



Julie Harries
Director of network development, NHS Heart Improvement Programme



Maree Barnett
Senior policy manager, Professional Regulation Implementation Team, Department of Health

WINNER KING'S COLLEGE HOSPITAL FOUNDATION TRUST

Innovative ideas, such as graffiti boards in toilets which engage with target groups, has led to remarkable success for a sexual health centre in the capital

High rates of unwanted pregnancies, teenage pregnancies and sexually transmitted infections, including HIV, in Lambeth and Southwark prompted a system-wide review of local sexual health services and revealed the need for extensive clinical service redesign.

The judges praised the project as being “ambitious and innovative”, with an “impressive range of user and client involvement”.

The Camberwell Sexual Health Centre resulted from three years of partnership working between service users, staff and stakeholders. The service includes touch-screen technology, self-management of sexual health, a modern,

dynamic and welcoming environment, one-stop-shop provision of contraception and sexually transmitted infection management and the new role of client support worker.

Innovative approaches were used to engage with traditionally hard-to-reach sexual health service users, such as using feedback from graffiti boards in toilets.

The centre is open from Monday to Friday, 9.30am to 7.30pm, and Saturday mornings, and also provides a walk-in service. It is located on the high street and is immediately identifiable as a sexual health centre.

The service has successfully attracted key target groups such as men and

young people. Overall, in the first nine months of opening, there were 15,735 attendances, compared to 9,122 for the same period in the previous year, an increase of 73 per cent. The number of chlamydia tests increased by 137 per cent, the number of blood tests (primarily for HIV testing) increased by 250 per cent and attendance for STI treatment went up by 249 per cent.

There was a 57 per cent increase in the number of coils inserted and an 85 per cent increase in contraceptive implants inserted.

The Camberwell Sexual Health Centre,
contact rachel.paxford-jenkins@kch.nhs.uk



Winner: Kez Spelman, Usha Kumar and Rachel Paxford-Jenkins.



Clockwise from top left: St Helens and Knowsley Teaching Hospitals trust; Bolton PCT; Calderdale and Huddersfield foundation trust; West Sussex Health/ West Sussex PCT.



HIGHLY COMMENDED ST HELENS AND KNOWSLEY TEACHING HOSPITALS TRUST

Turnaround times of MRSA screening and urine analysis by the microbiology department have been improved.

A five-day rapid improvement event involved looking at the end-to-end pathology of routine urine samples and MRSA screening samples through process mapping. This quickly identified areas of concern that were leading to high turnaround times. Turnaround times for MRSA screening decreased from 74-44 hours and for routine urine analysis from 41-28 hours.

The department identified a £23,000 yearly saving by improving other areas within microbiology, using lean principles. The judges said it was a “classic redesign”.

Microbiology department, contact beverley.duffy@sthk.nhs.uk

FINALIST BOLTON PCT

A programme of rapid lean redesign across 10 older people’s, adult and child clinical services - all considered high risk and unlikely to meet the elective target - has led to significant reductions in referral to treatment times and an increase in staff improvement capabilities.

From programme start in April 2007 to May 2008, referral to treatment times for these services came down from a maximum of 20 weeks to an average of four weeks.

Stronger streaming of patients to new clinical pathways and active length of stay management has seen caseload sizes halved and referral to assessment times reduced by 50 per cent.

Lean thinking programme, contact elizabeth.bradbury@bolton.nhs.uk

FINALIST CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST

Waiting times for histology results were improved, using lean methodologies and a rapid improvement event.

A first-in, first-out system was introduced for non-urgent specimens, to help reduce turnaround times. Batch sizes were decreased from more than 100 at a time to a maximum of 20 and the specimen reception area was relocated to reduce the walking required. Judges praised “fantastic results with sustainability”.

Turnaround times were reduced by 43 per cent and the time for processing specimens decreased by 32 per cent. Stock levels were reduced, with annual stock savings of £3,000 achieved.

Reduction in end-to-end turnaround times (histology department), contact emma.godfrey@cht.nhs.uk

FINALIST WEST SUSSEX HEALTH/WEST SUSSEX PCT

Twenty virtual wards were created across West Sussex, consisting of population practices of around 20,000-50,000 and aligned to practice-based commissioning clusters. The wards formed the basis for commissioning core and enhanced services, with the aim of providing care closer to home, maintaining health and preventing unnecessary admission into hospital.

“The scale and complexity is impressive,” said the judges.

Integrated teams worked 24/7 alongside partner organisations including the acute sector, ambulance trust, adult services, community hospitals and the voluntary sector. Advanced nurse practitioners worked with GPs to provide care overnight.

Virtual wards: teams without walls/ pushing the boundaries of care, contact lucy.botting@aaw.nhs.uk

The King's Fund >

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