

# Quality Counts

The Quality Account of healthcare services provided by Wolverhampton City Primary Care Trust 2009/10



# NHS reports back on service quality

**WELCOME** to Wolverhampton City Primary Care Trust's Quality Counts, our first account of the standard of the health services we provide.

We have discussed this report with the public and are publishing it in a easy to read



Wolverhampton City Primary Care Trust chief executive Jon Crockett.

format and delivering it to all homes in the city.

We even changed the name from Quality Account to Quality Counts, after listening to local people.

The primary care trust is responsible for providing healthcare for Wolverhampton in partnership with family doctors and the city council.

It provides a wide range of services based at West Park Rehabilitation and Penn hospitals, health centres, and GP practices across the city as well as care in people's own homes.

The Royal Wolverhampton Hospitals NHS Trust, which provides acute healthcare at New Cross Hospital, is publishing its own Quality Account.

The PCT provides services for:

- people with mental health or addiction problems

## Introduction by PCT chief executive Jon Crockett and chairman Barry Picken

- children, young people and their families
- people who need rehabilitation or support to be able to live more independently
- people who need support at the end of their life, and their families
- people with long-term health conditions
- people who need access to urgent care in the community
- people who need help and support to live healthy lives.

This year, although we are required by the Department of Health to only publish a report on the quality of acute mental healthcare services, because quality is so important we are

reporting on the standard of all the services we provide.

In developing Quality Counts we involved and listened to a wide range of people from service users, partner organisations and local networks.

Together we identified three aspects of quality:

- safety of our services
- the public's experience of our services
- effectiveness of the services we provide.

Quality Counts uses these aspects of quality as a framework to show the standard of the services we provide, and to identify priorities for improving quality in the future.

Quality Counts will be published every year to show the residents of Wolverhampton how the PCT is improving the quality of services it provides. We want to show, through our

commitment to continually improve services, that people in the city trust our services and want to use them.

*J. Crockett*  
Jon Crockett,  
PCT chief executive



Wolverhampton City Primary Care Trust chairman Barry Picken.

# Patient safety among our top priorities

**How Wolverhampton City Primary Care Trust is improving the quality of the services we provide.**

### Safety of our services

The PCT is committed to improving patient safety as one of our top priorities.

Patient safety is very important to everyone and patients should feel confident that the care they receive is safe and of a high quality.

Below is an example of how we have improved patient safety.

### Tackling and reducing healthcare associated infections

The PCT wants to show patients and the public that services are safe and that they can expect high standards of care.

We have already made significant progress in tackling and reducing infections caught while receiving care from the NHS.

We have put in place a patient screening programme to detect and treat MRSA infections in Wolverhampton and introduced training for staff at care homes. MRSA can cause a serious blood infection, called MRSA bacteraemia and this approach is helping to protect individuals vulnerable to infection.

Since 2005/06 there has been a significant fall in the number of cases from 82 in 2005/06 to just three in 2009/10 (Table 1).

### Your experience of our services

Patient experience is important if we are to improve services, and the views of our patients help us achieve this goal.

We involve patients and the public wherever possible in improving and changing services and find out their views through surveys and by listening to their complaints, compliments or concerns.

This year we have received feedback from patients for many of our services within the community and our two hospitals.

### How patients rated their experience during 2009/10

Of the 305 patients who responded to our survey on community services for diabetes, Chronic Obstructive Pulmonary Disease (COPD), continence and wound care:

- 83 per cent were very or fairly satisfied with the personal care and treatment they received.
- 91 per cent said they were treated with respect and dignity.
- 87 per cent were satisfied with the overall quality of care received.
- 88 per cent said community services have helped with their condition.

Of the patients responding to our survey in West Park Rehabilitation Hospital:

- 93 per cent rated their care as excellent/good.
- 92 per cent rated privacy and dignity as excellent/good
- 93 per cent rated the cleanliness of the ward as excellent/good.

### What do we need to improve on?

From April 1, 2009 to March 31, 2010 we received 83 complaints and a further 128 concerns through our Patient Advice and Liaison Service (PALS).

The top three issues were:

- care and treatment
- attitude of staff
- waiting time.

### Improving care and treatment

The introduction of protected meal times on wards at West Park

Rehabilitation Hospital ensures patients who are the most vulnerable get support at meal times.

The introduction of family rounds at visiting times have now been increased to ensure all families have the opportunity to discuss informally any concerns about the care of their relative.

*Many thanks for excellent service I receive.*

Quality rounds by matron monitor standards of nursing care.

We are committed to improving patient privacy and dignity in all our inpatient services and have been working to improve single sex accommodation in hospital wards to maximise privacy.

At West Park Rehabilitation Hospital all wards have separate male and female sleeping accommodation with their own bathroom and toilet facilities. Ensuite facilities are now provided within patient sleeping areas. There are also some single rooms with adjacent toilet facilities. Communal day rooms, dining areas, outpatients and rehabilitation areas remain mixed sex as patients are fully dressed in line with the rehabilitation philosophy of these services.

The results of the hospital's external inspection of patient environment, hospital food and privacy and dignity are:

**Environment:** good

**Food:** excellent

**Privacy & dignity:** good.

**Improving staff attitude**  
The NHS Constitution (2009) makes it clear that patients have the right to be treated with dignity and respect.

All staff are expected to uphold this value and receive mandatory training in customer care. Staff who have shown poor attitude are given further training.

Ensuring patients are treated with dignity and respect is a key action in our single equality scheme action plan which draws together equality legislation around the PCT's responsibilities as a service provider.

*The services are very good. I would recommend to anyone.*

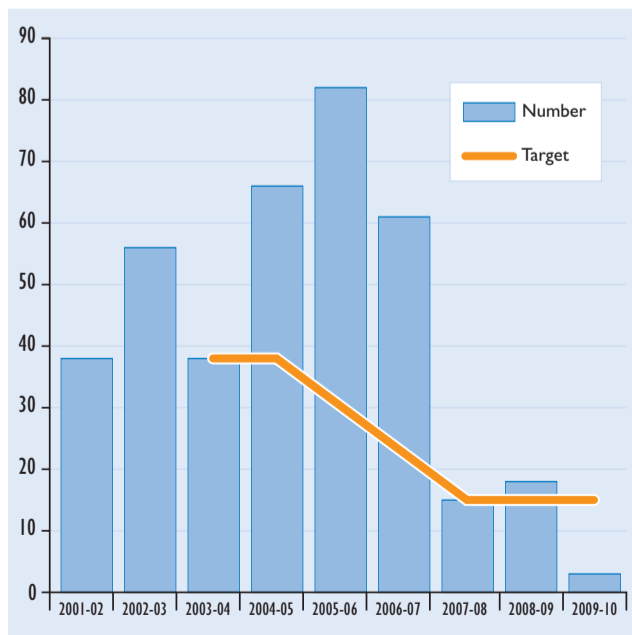


Table 1: MRSA Bacteraemia Numbers and Targets.

## Our vision and values

**“To be the providers of excellent care and patient experience within our community.”**

### Our values

- Services that are efficient, high quality and provide value for money
- Services that are safe and effective
- Services that provide choice to meet the needs of individual patients and service users
- We will work with our partners and other organisations
- We aim to meet the diverse needs of our multicultural community
- We aim to be the healthcare provider people in Wolverhampton and the surrounding areas will choose

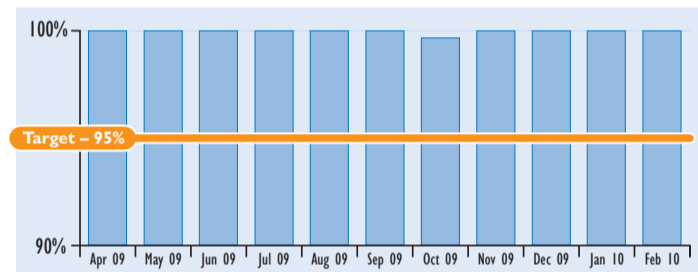
As a PCT provider we know these values will support the improvements in the quality of care the public expects and we strive to achieve.

### Improving waiting times

National targets for waiting times were set to respond to patients' concerns and state that 95 per cent of patients must receive their first treatment within 18 weeks.

This target applies to our adult mental health services, Orthopaedic Clinical Assessment Service (OCAS) and Contraception and Sexual Health Service (CASH).

In 2009/10 every patient who accessed any of these services received their first treatment within 18 weeks and 88 per cent of them received their first treatment within six weeks.



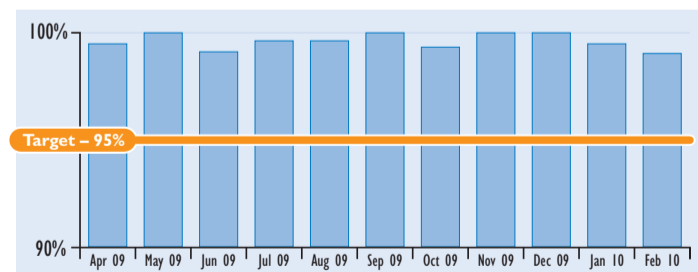
Percentage of patients seen within 18 weeks.

Also, 2009/10 saw a significant effort by staff providing foot health, hearing services, physiotherapy, occupational therapy and speech and language therapy to reduce waiting times by reviewing and redesigning some aspects of their services.

Waiting times for some of our services are shown in the following table.

Service	Waiting times Apr 2009 (weeks)	Waiting times Dec 2009 (weeks)
Foot health – Phoenix Health Centre	7	0
Occupational therapy (work rehab service)	24	12
Speech and language therapy (children)	21	9
Physiotherapy – West Park	7	3

The target is for 95 per cent of patients referred to our hearing service to be seen in 18 weeks. This was achieved every month from April 2009 to February 2010. See chart below.



All patients who require hearing diagnosis must be seen within six weeks and since April 2009 all 1,900 patients needing diagnosis were seen within this timescale.

The board has reviewed this quality account and is assured that the information in this document is accurate.

Signed  
*Jon Crockett*  
Jon Crockett  
PCT chief executive

## Wolverhampton City Primary Care Trust... our priorities for 2010/11



# Key priorities set to improve quality

**IMPROVING** quality is important for **Wolverhampton City Primary Care Trust and our local community.**

Through consultation with patients, local people and our partners in care across the city we have identified what information should be included in Quality Counts across the range of services we provide.

During consultation we also asked people and organisations to identify areas for improvement and the following three priorities have been chosen as the most important for 2010/11 out of eight options.

### Priority 1 – Safety

**To reduce the number of medication incidents, such as drugs incorrectly prescribed, drugs incorrectly prepared and drugs given in error.**

Giving the right drug is essential to patients and staff. All staff who are involved in the giving of patient medication are trained and have clear policies and procedures to follow.

Any mistakes when dealing with drugs must be reported to the PCT and recorded as an incident. These are investigated and actions taken to prevent a similar error occurring.

The number of errors are monitored on a monthly basis. We will report on the number and type of errors and give examples of actions taken to improve our performance.

### Priority 2 – Experience

**To treat patients with respect and dignity.**

One of our values is 'We value the diversity of our workforce and the public, and want to create a fair culture which respects the dignity and rights of each individual'.

As part of our feedback systems all patients and service users will be asked if they felt they were treated with respect and dignity when using our services.

We will set a target that at least 90 per cent of our patients surveyed feel they have been treated with respect and dignity. This will be reported to the PCT every three months as part of the patient experience report.

### Priority 3 – Effectiveness

**To improve waiting times for services provided by the PCT.**

As already demonstrated we have made significant progress on cutting waiting times for some of our healthcare services.

To achieve similar improvement in all services we will set targets that will be monitored and reported to the PCT.

Reducing waiting times is a national priority for the NHS.

This target has also been adopted as a local priority by Wolverhampton City Primary Care Trust.



Acute mental healthcare services

# Community services offer care close to where people live

**WOLVERHAMPTON** provides a range of inpatient and community specialist mental health and addiction services for people from the age of 16 upwards.

Many services are based in the local community or people's own homes so that people can receive treatment in an environment they are familiar with. Dedicated, specialist teams work closely with patients, their carers and families to deliver care tailored to their individual needs.

For this first Quality Counts, we are only required to publish a report on the quality of acute healthcare services provided for mental health.

Pages four and five give information to enable our performance to be compared with that of other acute mental healthcare providers and gives assurance that we are meeting essential standards required by the Care Quality Commission (CQC), the independent regulator of all health and adult social care in England.

We measure our clinical processes and performance through participation in national clinical audits and are involved in initiatives to improve quality through clinical trials and set goals with our commissioners to improve quality through innovation.

**PRIORITIES FOR QUALITY IMPROVEMENT FOR 2010/11**

Improving quality is important for mental health services and we have asked our service users and staff to identify their top three priorities for improvement:

**Priority 1 – Safety**

**To reduce the number of medication incidents, such as failure to administer prescribed medicines or missed doses.**

Ensuring patients receive their medication at the right time is a very important part of their treatment and care. Failure to give medication or missed doses may be because medication is not available and may result in patient harm or deterioration.

This is a national priority and will be monitored closely and reported every three months to the PCT.

**Priority 2 – Experience**

**Being treated with respect and dignity.**

Providing services which are of high quality and culturally sensitive is very important for our service users and staff. Reducing the stigma that people with mental health needs experience is also our priority.

We participate in two annual national surveys where patients are asked if they were treated with respect and dignity by healthcare professionals. We will develop more regular feedback systems so that this is continuously monitored and reported through the patient experience report to the PCT.

**Priority 3 – Effectiveness**

**To increase the amount of services provided in the community as close to home as possible.**

The services' aim is to improve the mental health and wellbeing of service users so they can live as independently as possible. To provide the support necessary to do this, as close as possible to the community where people live, is an important part of our model of care.

Delivering services within the community or in patients' own homes, promotes faster recovery, prevents unnecessary admissions to hospital and maximises independent living. Increasing the amount of services within the community is part of our transforming community services agenda and the opportunity for patients to be treated in their own home is closely monitored and reported every three months to the PCT.

**REVIEW OF SERVICES**

During 2009/10 Wolverhampton City Primary Care Trust provided acute mental healthcare services from Penn Hospital and the crisis resolution home treatment team.

The PCT has reviewed all the data available on the quality of care.

The income generated by these services represented 34 per cent of the total income generated from the provision of NHS services by the PCT in 2009/10.

**PARTICIPATION IN CLINICAL AUDITS**

During 2009/10 two national clinical audits and one national confidential enquiry covered the acute mental health services provided by Wolverhampton City Primary Care Trust.

During the year the PCT participated in 50 per cent of the national clinical audits and 100 per cent of the national confidential enquiries it was eligible to take part in.

These were:

- the national audit of psychological therapies for anxiety and depression
- prescribing topics in mental health services
- the national confidential inquiry into Suicide and Homicide by People with Mental Illness (NCISH).

The national audit of psychological therapies for anxiety and depression is currently in the pilot phase, which we did not participate in. However, we will be participating in the national roll out programme beginning May 2010.

We participated in the national confidential inquiry into suicides and homicide by people with mental illness questionnaire during 2009 and participated in the inquiry when contacted by the team at Manchester University.

The national clinical audit that the PCT participated in and for which data collection was completed during 2009/10 is

**Our vision and values**

**“To improve the mental health and wellbeing of people so that service users can live as independently as possible by providing support as close as possible to the community where people live.”**

**Our values are for services:**

- which are culturally sensitive
- which empower service users
- which respond to service user needs
- which are evidence based
- where intervention and treatment is delivered systematically and evaluated.

**We recognise recovery from mental illness needs to be part of a wider social context involving family, community, housing, employment and leisure.**

shown in the table below with the number of cases submitted and the actions identified following the audit. The reports of all of the prescribing topics in the mental health services national clinical audit were reviewed in 2009/10 and the PCT intends to take the actions identified to improve the quality of care provided.

National clinical audit – Prescribing topics in mental health services (POMHS)	Number of cases submitted	Actions identified
<b>Topic 1:</b> High dose and combined antipsychotics in acute adult inpatient settings	January 2009 – 46 patients January 2010 – 50 patients	Tool to calculate combined doses for all staff. Posters to remind staff of lack of evidence for high dose/ combination antipsychotic use.
<b>Topic 2:</b> Screening for the metabolic syndrome in community patients receiving antipsychotics	March 2009 – 22 patients March 2010 – 30 patients	Annual physical health checks in assertive outreach for those on antipsychotics reinforced.
<b>Topic 5:</b> Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and intensive care wards	2009/10 between 43 and 66 patients per month	Reduce 'as required' prescriptions and prescribe according to need.
<b>Topic 6:</b> Assessment of side effects of depot antipsychotics	27 patients	Introduce a simple feedback sheet for patients to raise side effects confidentially.
<b>Topic 7:</b> Monitoring of patients prescribed lithium	January 2009 – 23 patients	To be addressed by NPSA lithium alert.
<b>Topic 9:</b> Use of antipsychotic medication in people with learning disabilities	September 2009 – 18 patients	Introduce a simple feedback sheet for patients to raise side effects confidentially.



An art therapy session at Penn Hospital.

## Actions taken to improve quality of care

**LOCAL CLINICAL AUDIT**

The reports of three local clinical audits were reviewed by the mental health services clinical governance board during 2009/10 and mental health services intend to take the following steps to improve the quality of healthcare provided:

- Clinical supervision audit actions: to raise awareness of clinical supervision and training provided.
- Review of medical care pathways audit actions: to implement a frequent programme of audits to ensure validity and robustness of care pathways specific to mental health.
- Adherence to National Institute for Mental Health in England (NIMHE) standards (1, 2 & 5) for Suicide Prevention in Mental Health Service actions: to improve documentation of risks, Care Programme Approach and observations guidelines; address issues of non compliance with treatment and provide psychosocial support as required.

Quality in Alcohol and Drug Services audit (QUADS). Each year our services are audited using a nationally agreed governance protocol to ensure that all drug and alcohol services operate safely under guidance. Failure to meet these standards requires the National Treatment Agency (NTA) to look into our suitability to provide these services. The latest assessment in January 2009 showed full compliance with the national standards.

Every three months the NTA monitor and publish how many people with addiction problems are engaging in effective treatment for 12 weeks or more. Our current performance for Wolverhampton

drugs services shows that 1,205 people, against a target of 1,269, were in effective drug treatment between December 2008 and November 2009.

The NTA also monitor how many people complete their care from the service as planned and their satisfaction with the service they received. Latest figures show that since April 2009 we have improved our performance by 10 per cent to 29 per cent. Further improvement is needed to meet the national average of 44 per cent and an action plan to achieve this is in place.

**RESEARCH**

A total of 149 patients receiving NHS services provided or sub-contracted by Penn Hospital in 2009/10 were recruited to participate in research approved by a research ethics committee.

In June 2009 a research team from the PCT was successful in publishing an article on the preliminary audit of a service improvement project in the International Journal of Geriatric Psychiatry: Old Age Psychiatry Home Treatment Team.

**GOALS AGREED WITH COMMISSIONERS**

A proportion of Wolverhampton City PCT's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the PCT and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details on the agreed goals for 2009/10 and the current

year are available from the head of contracting and market, Wolverhampton City Primary Care Trust, Coniston House, Chapel Ash, Wolverhampton WV3 0XE. Telephone: 01902 444888.

**WHAT OTHERS SAY ABOUT THE PROVIDER**

- Wolverhampton City PCT's mental health service is required to register with the Care Quality Commission and its current registration status is unconditional as of March 31, 2010.
- The Care Quality Commission has not taken enforcement action against the PCT's mental health service during 2009/10.
- The PCT is not subject to periodic reviews by the CQC.
- The PCT has not participated in any special reviews or investigations by the CQC during the year.

**DATA QUALITY**

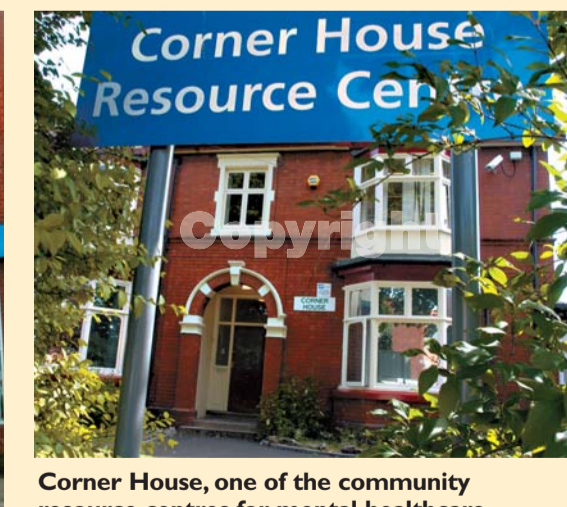
Wolverhampton City PCT submitted records during 2009/10 to the secondary uses services for inclusion in the Hospital Episode Statistics which are part of the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 99 per cent and 100 per cent included the General Medical Practice Code for admitted patient care. The PCT's score for 2009/10 for information quality and records management assessed using the information governance toolkit was 63.6 per cent.

The PCT was not subject to the Audit Commission's Payment by Results clinical coding audit in 2009/10.



Horizon House, city-centre base for addiction services.



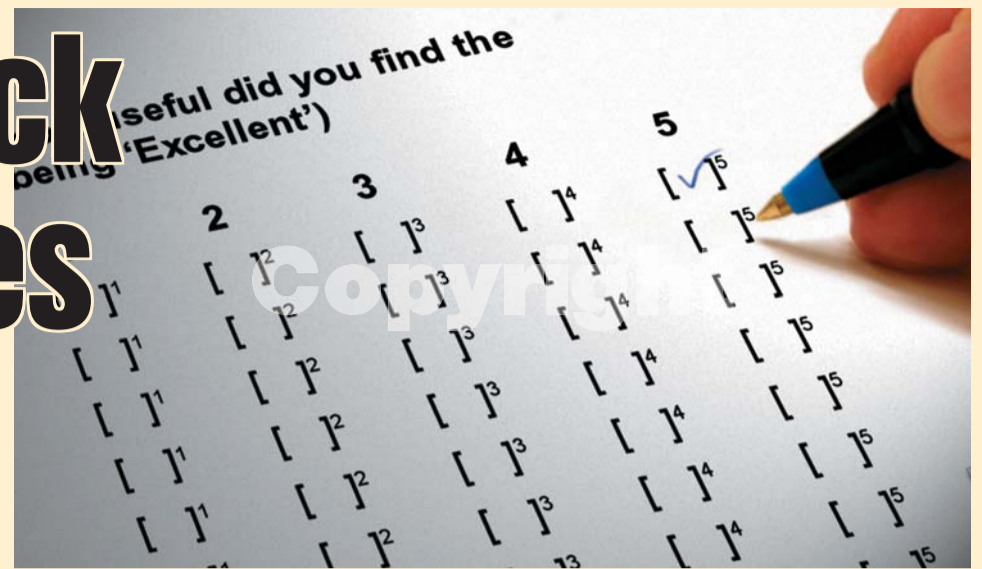
Corner House, one of the community resource centres for mental healthcare.



Penn Hospital provides inpatient and day care services for adults and older people.

## Review of quality performance for acute mental health services

# Patients feedback their experiences of our services



IN 2009/10 we received feedback from two Listening to Patients surveys of mental health service users.

A total of 57 mental health trusts and PCTs took part in the survey and Penn Hospital was one of only 25 providers achieving a response rate of more than 25 per cent.

Some 50 patients who received care in Penn Hospital responded to the survey:

- 76 per cent of patients rated care as excellent to good.

- 88 per cent of patients said they were treated with respect and dignity by staff.

- 93 per cent of patients said their hospital room or ward was very/fairly clean.

In addition, 303 patients who received services in the community responded to the survey:

- 72 per cent of patients rated their care as excellent/good compared to 74 per cent in 2008.
- 99 per cent had trust and confidence in their

Community Psychiatric Nurse (CPN) compared to 94 per cent in 2008.

- 85 per cent of patients had enough say in decisions about their care and treatment compared to 82 per cent in 2008.

### Young Onset Dementia Service – a personal experience

A 61-year-old man, newly diagnosed with a mixed type of dementia (vascular/ Alzheimer's) and his wife

found the young onset dementia service invaluable helping them to come to terms with his condition.

The monthly meetings at Penn Hospital for service users, carers and their families are not only informative, but social and fun with dancing and pottery regular activities.

"It is a place where you don't have to pretend, as you are with others who are in the same situation," explained his wife.

Two community psychiatric nurses won funding from the Queen's Nursing Institute for a project called Active Alz which provides individual and group activities for younger people with dementia.

This has enhanced the service users contact, independence and wellbeing as well as providing carers with a break.

So far the group has been bowling, on a canal boat trip, to the cinema and pantomime, on meals out and trips to the races and Baggeridge Country Park.

"This has been lovely for my husband, I know he is safe and secure, enjoying himself and I am able to relax and enjoy my own time too," she added.

### Improving Privacy and Dignity

At Penn Hospital there are two acute admission wards for younger adults aged 16-65 which are single sex.

An eight-bedded intensive care unit has dedicated male and female bathroom and bedroom facilities. Single sex day rooms are also available.

The older adult ward has single sex bays with ensuite facilities.

Privacy and dignity is

currently monitored through Patient Environment Action Team (PEAT) and the adult inpatient mental health survey.

The PCT was rated excellent for environment, food and privacy and dignity in this year's external inspection of Penn Hospital.

### Effectiveness of the Services we provide

A crisis resolution home treatment team provides intensive support for people in mental health crisis in their own home: the team stays involved until the problem is resolved.

The service is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. It is available 24 hours a day, seven days a week.

In 2009/10, PCTs were required to continue providing these services while also demonstrating that the teams in place were functioning properly as a gateway to inpatient care and also facilitating early discharge of service users. This has improved from 71 per cent in April 2009 to the current 100 per cent.



## Everything we do relates to the quality of services to the public

INFORMATION on the quality of services provided by Penn Hospital and the crisis resolution home treatment team is shown on this page.

The details show how we performed against important targets as well as what our patients and the public have said matters most to them.

### Safety of our Services

Mental healthcare for people with severe mental health problems is co-ordinated under a Care Programme Approach (CPA).

The CPA ensures that there is communication between everyone involved in the assessment of the patient's care needs and includes details of what should happen in an emergency or crisis.

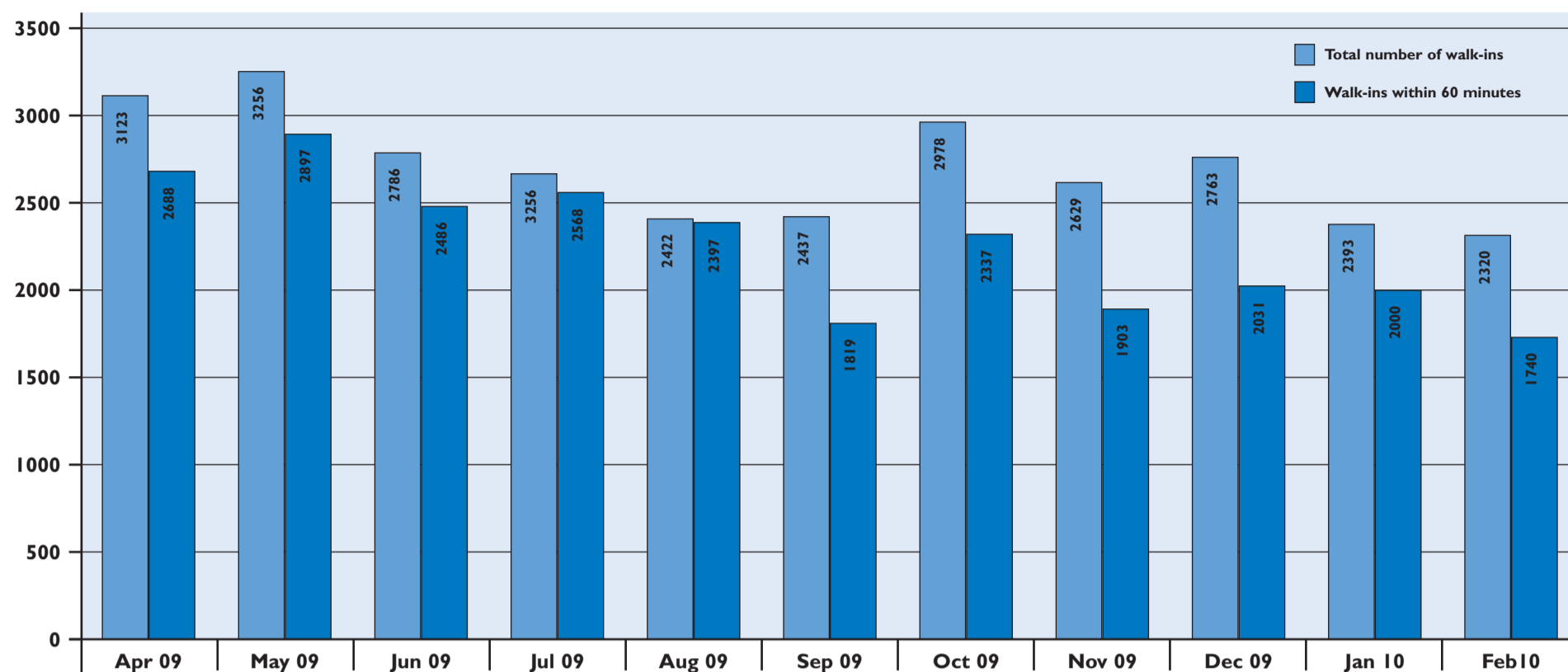
All patients who are discharged from inpatient care must be followed up within seven days of discharge.

As a result of our efforts, we have seen a significant increase in the number of patients receiving a seven day follow up from 82 per cent in 2007/08 to 91 per cent in 2009/10.

Care Programme Approach	2007/08			2008/09			2009/10		
	Discharges	373	444	395	306	425	361	67	19
Followed up within 7 days	(82%)	(96%)	(91%)	67	19	34	(18%)	(4%)	(9%)
Not followed up within 7 days									



## Review of quality performance for community services



Walk-in centre – total attendances against attendances completed within 60 minutes.

# Reflecting patients' priority to establish services close to home

THROUGHOUT our consultation and discussions with patients and service users, one of the most important and consistent messages is to increase the amount of services provided in the community as close to home as possible.

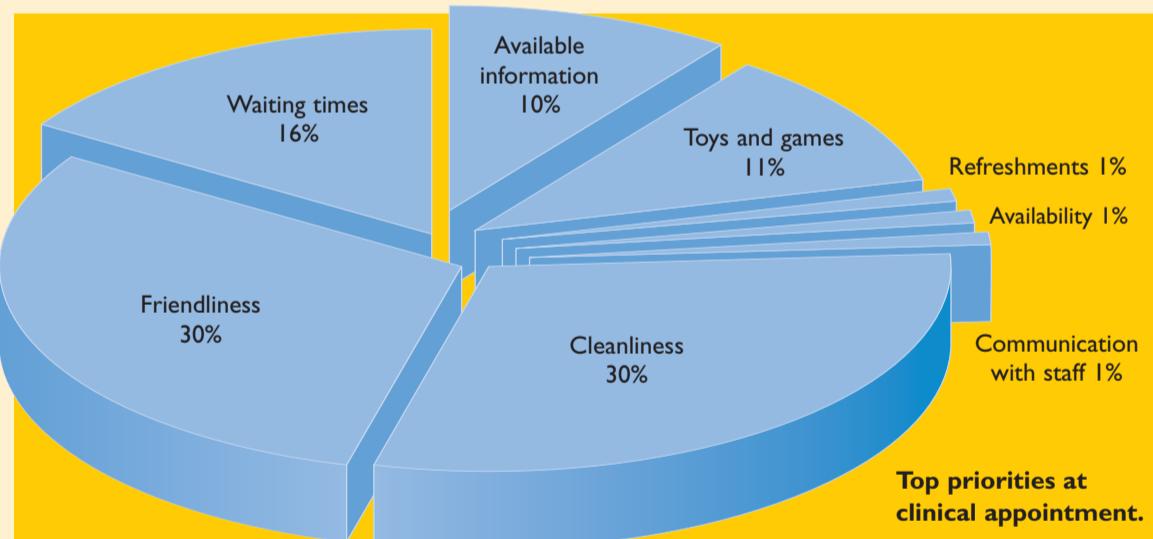
The Wolverhampton End of Life Care (EOLC) service began in July 2008. District nurses and palliative support workers provide 24 hour care and advice for patients with life-limiting illness, following best practice guidance to help patients remain at home. Every patient is given a care plan which identifies their wishes around the care they receive and where they want to receive it.

Before the service was introduced an average 18 per cent of people died (from any cause) at home in Wolverhampton. Since the service started, the number of patients referred for end of life care and who have died in their preferred place of care, was 78 per cent (April 09-December 09 figures).

A recent survey of carers of end of life care patients found:

- 100 per cent were very satisfied/ satisfied with the care delivered
- 97 per cent felt well supported by the district nursing service
- 94 per cent had all the equipment they felt was needed to keep the patient at home.

One hospital patient was told she had only a few weeks to live and wanted to return home to be in



familiar surroundings with her family around her. However this proved difficult because she needed intravenous drug therapy via a central line, which is not a procedure district nurses usually provide.

Members of staff from the hospital and community teams worked together to overcome the many difficulties preventing the patient's discharge home.

After a few days preparation, the hard work paid off and the patient was able to return home whilst still receiving the treatment she needed to keep her safe and comfortable.

The Walk-in Centre at the Phoenix Health Centre offers seven day access to highly skilled nurses for the treatment of minor injuries and illnesses as an

alternative to the accident & emergency departments at hospital. Most people are seen and treated within an hour.

### Children, Young People and Family Services

Children, young people and family services provide services for children and teenagers up to 16 years old and anyone under 19 with special needs.

Many services are based in the community, so children and young people receive treatment in an environment they are used to, including in their own home.

One example of care delivered closer to home is the Gem Centre, a purpose-built facility developed in the city bringing together services for children and young people with

special health needs.

A recent survey among 50 parents and children attending the clinical suite at the Gem Centre identified their top three priorities as:

- clean environment
- friendly staff
- waiting times.

### Maintaining Health and Wellbeing and Promoting Healthy Lifestyles

One of the PCT's key areas of work is to encourage local people to adopt healthier lifestyles.

The PCT offers a range of services to support people to improve their health including stop smoking, food health, walking for health and the new health trainer service which

provides individual health advice and support.

Other services include falls prevention, oral health improvement, sexual health and teenage pregnancy.

### Summary

The NHS Constitution (2009) contains rights and pledges relating to patients' involvement in discussions and decisions about their care and the expectation that organisations such as Wolverhampton City PCT will improve the quality of care and patient experience.

By working together we can make the best use of NHS money to improve local health, maintain mental and physical wellbeing, get better when we are ill and get the care we need at the end of our life.



## Review of Wolverhampton City PCT's Quality Counts report 2009/10

# Support backs PCT services

### Commissioners response to the Quality Account

THE Provider has a clear set of service values which have guided its work and has strived to help make improvements in relation to public perceptions and the quality of care.

The Provider has strengthened the clinical governance and clinical quality structure which has enabled a more robust reporting of clinical quality standards.

As Commissioners, we are extremely delighted that the Provider has achieved the MRSA targets within the local health economy and the positive reports from patient experience.

We are pleased that the Provider has attained and achieved the single sex accommodation standards.

The Provider has improved its performance in the number of mental health patients being assessed (gatekeeping targets).

As Commissioners, we are also delighted with the newly-commissioned end of life care service. District nurses and palliative support workers now provide 24-hour care and advice for patients with life-limiting illnesses, following best practice guidance in order to help patients remain in their own homes. All of these patients have a care plan that identifies their wishes around the care they receive and where they want to receive such care.

As Commissioners, we verify this statement as a true and accurate record of the services commissioned by community and mental health services in Wolverhampton.

### Wolverhampton LINK's response to the Quality Account



OVERALL, this seems to be a positive account of the quality being achieved by Wolverhampton City Primary Care Trust and the trust should be congratulated on the improvements it has made.

Where jargon is used within the document it is hoped that a final version will be developed for the public giving explanations of abbreviations used.

The report covers a number of valuable areas and brief comments on these are set out below.

#### Safety of our services

Performance in reducing the incidence of MRSA is excellent and reflects the focus which the trust and its partners have placed on this issue over the past few years.

However, there seems to have been a five per cent reduction in

the number of patients who received a seven day follow up on discharge from acute mental health inpatient care.

#### Your experience of our services

The inclusion of Patient Advice and Liaison Service (PALS) concerns data would have given a broader patient and public perspective of services provided by the PCT.

The protective meal time and family rounds initiatives at West Park Rehabilitation Hospital are welcomed as are the measures taken for staff that show poor attitude.

The work that has been carried out to reduce waiting times across some of the services appears to have been effective.

It would be helpful to show the numbers of patients who use

### Health Scrutiny Panel's response to the Quality Account

THE members of the Health Scrutiny Panel welcome the opportunity of submitting a commentary for inclusion in Wolverhampton City Primary Care Trust's Quality Account.

Although the PCT is only required to publish an account for acute mental healthcare services, it is welcomed that the report also provides information on the quality of other services provided. This ensures that the Quality Account is representative, giving a comprehensive coverage of the provider's services.

The members of Health Scrutiny note the excellent work which has been recognised nationally; to reduce systematically the number of hospital-associated infections such as MRSA and C Difficile, and have seen evidence of continued efforts to build on this work.

The PCT has been very proactive in engaging with the members of Health Scrutiny during the year and members have had the opportunity of examining, challenging and scrutinising the information provided.

The Health Scrutiny Panel recognises the involvement and consultation of patients, the public and local organisations in the development of the Quality Account to determine both the content included and to identify the top three priorities for acute mental health and community health services. The panel looks forward to hearing the progress made on delivering these priorities, thus further improving the quality of healthcare services for local people.

From the information available to the Health Scrutiny Panel the Quality Account appears to be a fair reflection of the services provided by the PCT and also of the priorities of the local community.

The panel is not aware of any omissions or issues of concern that have been excluded from the account.

audiology services who were not seen within six weeks without this information it is difficult to interpret the scale of patients who were not seen.

#### Our priorities for quality improvement for 2010/11

We would welcome the development of this report in 2010/11 to reflect patient involvement in the process of monitoring the priorities for quality improvement for 2010/11.

### How to contact Wolverhampton City Primary Care Trust

We welcome your comments on the content of our first Quality Counts report and any suggestions on how we can improve future publications.

**Write to:** Quality Counts  
Customer Services Department  
FREEPOST 30389  
Wolverhampton WV3 7BR

**Email:** [getinvolved@wolvespct.nhs.uk](mailto:getinvolved@wolvespct.nhs.uk)  
– mark your message Quality Counts

**Telephone:** 01902 444888 and ask for customer services

**Textphone:** 01902 444883

**Website:** [www.wolvespct.nhs.uk](http://www.wolvespct.nhs.uk)

Contact the PCT if you want this report in another format – large print, a different language or a spoken version.

Quality Counts is also available on our website which has special features to make the text larger, change the colour of the screen or read back the on-screen text.

If you wish to have a part of this publication read to you in your preferred language please contact SWIIS on 0121 633 5710

ਜੇਕਰ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਇਸ ਛੱਪੀ ਹੋਈ ਰਿਪੋਰਟ ਦਾ ਕੋਈ ਹਿੱਸਾ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਚੁਣੀ ਹੋਈ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਕੇ ਸੁਣਾਇਆ ਜਾਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਵਿਸ (SWIIS) ਨੂੰ 0121 633 5710 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

اگر آپ اس پبلیکیشن کے کسی بھی حصے کو اپنی پسند کی زبان میں پڑھوا کر سننا چاہتے ہیں تو براہ مہربانی سوس سے 0121 633 5710 پر رابطہ کریں

तमने आनां कोए पए लाग तमे समजु शको ऐवी लाचामां सांभलवा होय तो स्विसने आ नंबर पर 0121 633 5710 पर फोन करो

اگر علاقہ مند ہستید کہ قسمتی از این نشریہ بہ زبان مورد علاقہ شما برایتان خواندہ شود لطفاً با دفتر سونیس (SWIIS) بہ شماره 0121 633 5710 تماس حاصل نمائید.

अगर आप चाहते हैं कि इस प्रकाशन के विवरण के किसी भी भाग को आपको अपने पसंद की भाषा में पढकर सुनाया जाए तो कृपया स्विस (SWIIS) से 0121 633 5710 पर सघर्क कीजिए